

Saving Lifetimes

Celebrating the 50th Anniversary of the American Pediatric Surgical Association

The 50th anniversary of the founding of the American Pediatric Surgical Association (APSA) celebrates those who dedicated their lives to the surgical care of infants and children. William Ladd founded the specialty through the disciplined study of the conditions that beset his patients and devised specific operations that addressed them. Undaunted by conditions that defied operative solutions and confronted by repeated failures, Robert Gross, Orvar Swenson, and Cameron Haight eventually met success with landmark operations that were centerpieces of an era of spectacular surgical advances.

The campaign for formal recognition of pediatric surgery as a specialty of surgery was met with fierce resistance from powerful figures in the surgical establishment. In part a reaction to repeated failures to win board certification status, APSA was formed as a surgical society entirely dedicated to the new field of pediatric surgery and the traditions of patient care, education, and research of its surgical forebears. The success of the Association is a monument to the vision of a discipline dedicated to the care of infants and children.

If you find this book valuable, we would be most grateful if you would make a donation to the APSA Foundation.

www.EAPSA.org/Give

| Saving Lifetimes | |
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| $Celebrating\ the\ 50th\ Anniversary\ of\ the$ $American\ Pediatric\ Surgical\ Association$ | |
| "We were saving whole lifetimes that had never been saved before." $-H$. William Clatworthy | |

Saving Lifetimes

Celebrating the 50th Anniversary of the American Pediatric Surgical Association

By:

Don Nakayama

 $David\ Powell$

Mary Fallat

George W. Holcomb III

Presented as part of the 50th anniversary of the American Pediatric Surgical Association meeting in Boston, Massachusetts, May 19–22, 2019.

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Mike Allshouse (left) with patient

This book is dedicated to all who care for pediatric surgical patients.

Foreword

It is fitting to include this summary of the history of the American Pediatric Surgical Association and its presidents as part of the fiftieth anniversary meeting. All presidents were elected by their peers to lead this organization from its founding to the present day. In the short descriptions, one can peer through the arc of history and understand their achievements within the era in which they lived and get a sense of their character by the manner in which they effected the surgical care of children. The history of APSA is woven within the fabric of the history of pediatric surgery and it is no surprise that the presidents of this organization were also the pioneers of the field - creating surgical and scientific solutions for life-threatening and poorly understood anomalies and conditions in children thereby converting hopelessness to hope. An important lesson in these histories and in the field is that hopeless does not exist for our patients and that hope comes with commitment and creativity.

Our society and culture today bear little resemblance to that of fifty years ago. As well, the care of patients and the health care system of the past bear little resemblance to what we do and the systems we work in today. However, children still become ill, get injured and are diagnosed and born with anomalies. Reading these histories will be important for all of us to understand the guiding principles of our profession which are unchanged and will keep us on the steady trajectory of making the best care of the patient our highest priority. We must always train the young surgeons to provide the best of current care, innovate to constantly improve care and teach future generations to carry this torch in the surgical care of children. Fifty years hence, our future will be their history and we can be proud to have contributed to the one hundredth anniversary celebration.

J. P. Vacanti

Preface

The preface to the inaugural edition of the two-volume text <u>Pediatric Surgery</u> states, "Because we feel that the current state of knowledge is best understood in the light of its development, we have prefaced many subjects with an historical résumé." Similarly, a book was conceptualized to celebrate the 50th anniversary of the American Pediatric Surgical Association that would include the story of the creation of the organization and the personalities and achievements of the specialty. The scope of the book has been expanded to briefly chronicle the history of the field from the 19th century to the present.

Past presidents, their families and associates were asked to submit personal photos, anecdotes and summaries of their professional accomplishments - the latter an impossible task because each is so accomplished. Important articles were chosen on the basis of impact on the field and frequency of citation. Editing of text, events, images and articles was therefore needed and heartfelt apologies are given for any oversights and unintentional changes in context.

When the time came to give the book a title, the decision came quickly: <u>Saving Lifetimes</u>, APSA's new motto. In a letter to Judson Randolph, H. William Clatworthy, Jr., remembered the heady early days of pediatric surgery. "We were saving whole lifetimes that had never been saved before," he wrote. "Saving lifetimes" crystallized the essence of pediatric surgery so perfectly that it became the title of this book.



Don Nakayama wrote the summaries for the decades before APSA and the profiles of most of the early presidents.

David Powell acted as an editor and culled presidential addresses and Board of Governors meeting minutes for many of the quotations and events, respectively. Whit Holcomb joined the effort given the role that the *Journal of Pediatric Surgery* has played in our specialty. Krista Walker created a publication that met professional standards of readability and stylish design. Mary Fallat served as editor-in-chief.

There was one memorable marathon work session in Louisville that cemented the overall concept and content of the book.

We hope you will enjoy reading it as much as we have enjoyed putting it together.

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Introduction

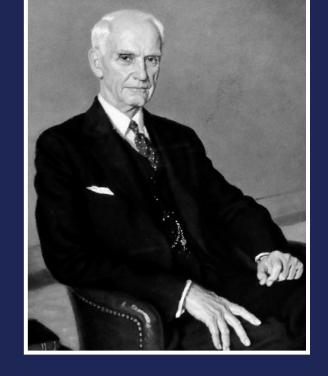
History, it seems, becomes more interesting as one gets older. Perhaps one has to create a little history before the history made by others can be appreciated. This is a shame. Youth sometimes minimizes the past. We know this because we were young once. While the current advances in pediatric surgery may occasionally pre-empt the clinical dictums of the past there is still so much more to learn.

In this volume are descriptions of the formative events and personalities that shaped pediatric surgery in the United States – including the prescient surgeons who imagined, founded and presided over the organization we know as the American Pediatric Surgical Association. When reading about them, it is difficult not to be humbled by their dedication to their patients and contributions to our specialty. These surgeons identified a need for a specialty to care for the smallest and weakest of patients. Often at personal sacrifice, usually overcoming great obstacles and by working together as colleagues they made it their life's goal to meet these needs. The goal of this book is to describe not just the rewards, but to appreciate the journey. We dedicate this book to those who mentored us on our own journeys.

Those familiar with APSA recognize that the real moving force of the organization is the membership. The level of APSA volunteerism has no peer. In this book we have tried to highlight some of the tremendous efforts made by APSA members, either individually or by working in teams.

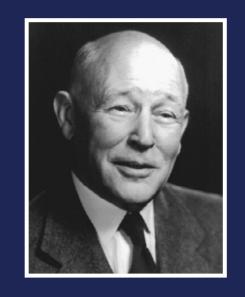
Thank you for being a pediatric surgeon. Thank you for supporting APSA. Thank you for making your own history by saving lifetimes.

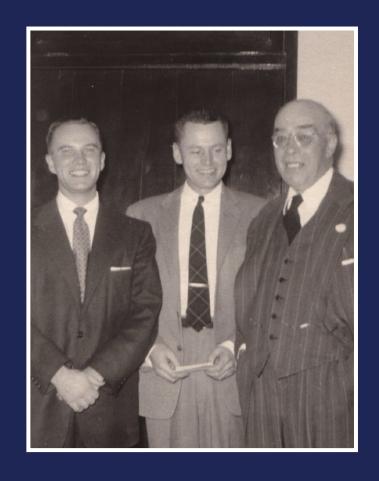
Don, David, Mary, & Whit



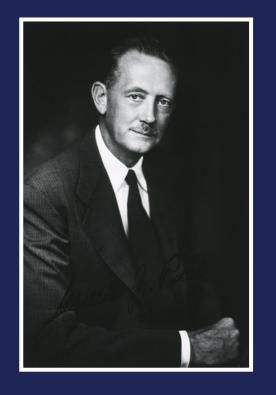


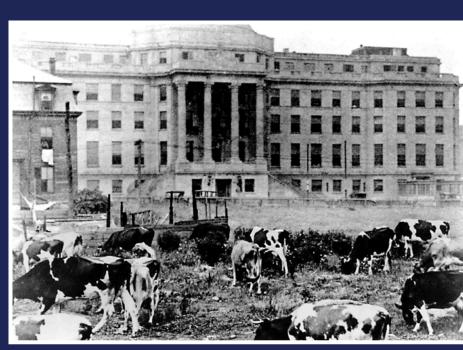












1918 and Before

In 1769 George Armstrong organizes a clinic in London devoted exclusively to children's disease - the Dispensary for the Infant Poor. In 1802 the first inpatient infirmary for children opens in Paris, L'Hôpital des Enfants Malades. In 1852 the Hospital for Sick Children accepts patients in two private houses at No. 49 Great Ormond Street in London. Philadelphia (1855) and Boston (1869) open similar inpatient facilities. Most admissions are for the management of bone and joint infections, particularly tuberculosis, and repair of cleft lip and palate. The mortality of conditions that are common among children (appendicitis and empyema) and specific to infancy and childhood (pyloric stenosis and intussusception) begin to yield as clinicians begin to become aware of their existence and devise effective surgical operations.

William Ladd of Boston begins to devote his attention to surgical conditions in infancy and childhood and thus takes the first steps that define the modern discipline. Folklore sets the date of the birth of pediatric surgery on December 6, 1917 when Ladd leads a medical relief mission to Halifax to treat hundreds of children maimed in a massive explosion in Halifax Harbor. But Ladd's abiding interest in children's surgery had begun years earlier with his appointment to The Children's Hospital visiting staff in 1910. Frustrated by an alarmingly high mortality from intussusception, surgeon-in-chief James Stone and Ladd decide to care for all such cases themselves. Using the strategy of early diagnosis and surgery, advocated by Charles Clubbe in Australia in 1907, they are able to bring the death rate down from 90 to 45 percent. Ladd's life-long devotion to children's surgery begins.

Events

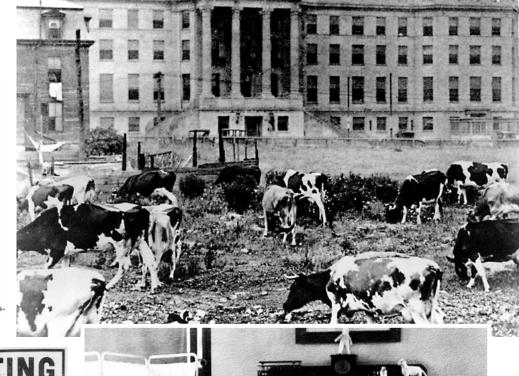
J. Cooper Forster publishes the first textbook on children's surgery.
 Charles McBurney publishes the seminal paper on the surgical management of appendicitis.

1910 Pierre Frédet describes extramucosal pyloromyotomy with horizontal closure of the muscularis for hypertrophic pyloric stenosis (HPS). He adds a gastrojejunostomy in most of his patients.

1912 Conrad Ramstedt shows that extramucosal pyloromyotomy alone is sufficient treatment for HPS.



DR WILLIAM E. LADD,
In Charge of Medical Unit Which Started T
day for Halifax.



MASS MEETING FANEUIL HALL

Today at 12 O'clock

Massachusetts-Halifax Relief Committee

SPEAKERS—Governor Samuel W. McCall,
Mayor James M. Curley,
Charles H. McIntyre,
Treatment British Imported Relief Fund.
Frederick J. Macleod,

NO COLLECTION

JAMES J. PHELAN, Vice Chairman MATTHEW LUCE, Secretary ROBERT WINDOR, Treasures JAMES J. STORMOW ROBERT J. REMICK W. MURRAY ORANE GEORGE M. LYMAN ASSACHUSENTS-HAIlifax Relief Committee
HERIFY R. BERICOTY, Chairman.

R. BARNO STARRIES, THAYER
A. PARAM OPLANE
GENARES R. BARYER
EUWIR U. GURTIS
GEORGE C. LES
VERLYER G. BARYER
CONTRACTOR C. BARYER

Clockwise from top left: Ladd in 1917; cows, a source of tuberculosis-free milk, graze in front of The Children's Hospital, Boston; boys convalescing at The Children's Hospital; headlines and notices in the Boston Daily Globe two days after the Halifax Explosion.



The Boston Daily Globe
BOSTON, SATURDAY MORNING, DECEMBER, 8, 1917-FOURTEEN PAGES

lobe EXTRA

BLIZZARD CUTS OFF HALIFAX 20,000 SURVIVORS DESTITUTE

Trains Carrying Injured to Nearby Places For Treatment and Rushing
Aid to Homeless Thousands Stalled in Deep Snow Drifts--List of Dead May Reach 2800 With 3000 or More Hurt

All surgeons on the visiting staff of The Children's Hospital in Boston, including Ladd, are part time practitioners at the facility and have outside private practices in adult surgery. However, as Ladd builds his clinical expertise in children's surgery mortality begins to fall. The publications that document his experience become the foundation of the discipline: intussusception (1913), pyloric stenosis (1918, 1927), duodenal obstruction and malrotation (1932), biliary atresia (1935), surgery for intestinal conditions of the newborn (1936), and Wilms tumor (1938).

Still in the part time practice of pediatric surgery, Ladd is named surgeon-in-chief in 1927. Herbert Coe in Seattle (1919) and Oswald Wyatt (1928) in Minneapolis predate him as full time child surgeons. Through careful study and devotion to the care of children Ladd creates treatments for conditions that had been fatal because of ignorance and misapplication of surgical operations developed in adults. From his experience he creates a new surgical entity - the pediatric surgeon.







Opposite page: Gertrude Herzfeld; right, William
Ladd operating. Above: Herbert Coe; right, Oswald
Wyatt (right) with his partners Bernie Spencer
(left) and Tague Chisholm (center).



Events

- 1919 Morris and Bullock demonstrate the importance of the spleen in resistance to infection.
- 1923 A hospital-based pediatric specialty service is established at The Children's Hospital, creating the model for a corresponding group of full time surgeons a decade and a half later.
- 1925 Gertrude Herzfeld, surgeon to the Royal Hospital for Sick Children in Edinburgh, reports her series of 2,100 hernia repairs over five years, a "radical cure" vastly better than the use of groin trusses. She advocates for repair at any age ("I do not hesitate to operate even within the first month of life when such a case arises") and outpatient surgery ("the operation may be done at the patient's home without much difficulty").

Having defined a specialty in pediatric general surgery, Ladd recruits surgeons to do the same in the acknowledged surgical specialties:

- Thomas Lanman in urology and as his associate in surgery (who joins him on staff in 1927)
- Franc Ingraham in neurosurgery (1929)
- Carlyle Flake in otolaryngology (1937)
- · Donald MacCollum in plastic surgery (late 1930s).

In appreciation of Ladd's contributions, the hospital and medical school adds him onto its full time staff in 1937, along with Lanman, Ingraham, and MacCollum. Despite a salary from the hospital and Harvard Medical School, his acceptance comes at a financial sacrifice as he has to close his adult practice.

Ladd establishes a training program in the new discipline, informally called the "Boston School" of pediatric surgery. He identifies promising medical students and junior residents and encourages them to join him for a year on his service as resident. A formal arrangement with the residency at the Peter Bent Brigham Hospital from 1936 to 1943 brings a stream of eager trainees to The Children's Hospital. Ladd hand selects those who will spend a full two-year exposure to general pediatric surgery. Among them are two who will continue his legacy through clinical innovation and education - Robert Gross and Orvar Swenson.





HARVARD MEDICAL SCHOOL DEPARTMENT OF PEDIATRICS

Ghildren's Hospital
300 Longwood Avenue

Boston, January 30, 1931.



Opposite page: Lorraine Sweeney, Gross's first patient with a PDA, 1937 (left); Gross. This page: Thomas Lanman, Gross' associate and pioneer in surgery for esophageal atresia (left); Gross' letter of recommendation for a position as a trainee under Ladd.

Dr. william E. Ladd, 66 Commonwealth Ave., Boston, Mass.

My dear Dr. Ladd:

Mr. R. E. Gross, a member of the Fourth Year class at the Harvard Medical School, has asked me to write you concerning his qualifications for the position of house officer in the Children's Hospital.

Mr. Gross is an interested, eager and accurate student, somewhat above the average, has a pleasant personality and a good appearance. He should make a satisfactory house officer.

Very sincerely yours,

CFM: HW

Charles F. McKhann, M. D.

Events

- 1932 First successful repair of congenital diaphragmatic hernia in an infant cyanotic at birth by Henry Johnson and Albert Bower.
- Ladd documents improvements in mortality in his quarter-century in practice: zero from 10 percent in pyloric stenosis; 14 from 59 percent in intussusception; 24 percent from a uniformly fatal outcome for his eponymous procedure for malrotation and volvulus. Intestinal atresia remains stubbornly resistant to improvement with only 10 survivors in a series of 53 patients.
- 1938 Gross, then chief resident at The Children's Hospital in Boston, ligates a ductus arteriosus in a seven year-old the first successful elective cardiovascular operation in history. He performs the procedure during Ladd's vacation despite a direct order by his boss not to do the procedure in his absence. Ladd tries to fire Gross, who eventually succeeds Ladd as surgeon-in-chief two years after the latter's retirement in 1945. The relationship between mentor and protégé, once so close, is sundered so completely that their enmity, in the words of C. Everett Koop, "probably slowed the speed of development of child surgery more than we will ever know."

Spectacular surgical operations on children are seen by the lay public as medical miracles: the first successful ligation of a patent ductus arteriosus (PDA) by Gross in 1938, the first "blue baby" bypass operation for Tetralogy of Fallot by Alfred Blalock, Vivien Thomas, and Helen Taussig in 1944. Not as much in the public eye but with equal significance are the successful correction of esophageal atresia with distal tracheoesophageal fistula by Cameron Haight in 1941, and the first effective operation for Hirschsprung disease by Orvar Swenson in 1948. In a true *annus mirabilis*, Mark Ravitch publishes three landmark papers in 1948-1949 that will become standard procedures: barium enema reduction of intussusception; mucosal proctectomy and ileoanal pullthrough for benign colon disease; and pectus excavatum repair.

The first modern textbook of pediatric surgery, *Abdominal Surgery of Infancy and Childhood*, is published by Ladd and Gross in 1941. It is in Lieutenant Colonel Willis Pott's billet in the South Pacific where he serves as commanding officer of the 25th Evacuation Hospital during World War II. At war's end he spends three months at The Children's Hospital in Boston, then returns as surgeon-in-chief of Children's Memorial Hospital in Chicago. He transforms the facility into a major center of pediatric and cardiac surgery. In 1948 he invents the modern vascular clamp, the workhorse instrument in cardiac and vascular surgery to the present day.



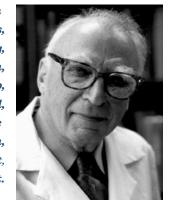




From left: Willis Potts; Orvar Swenson; C. Everett Koop.



Above: The charter meeting of the Section on
Surgery of the American Academy of Pediatrics,
Atlantic City, November 21, 1948. Standing,
from left: Henry Swan, Jr., J. Robert Bowman,
Willis Potts, Jesus Lozoya-Solis, C. Everett Koop,
Professor Fontana of Uruguay (guest). Seated,
from left: William Ladd, Herbert Coe, Franc
Ingraham, Oswald Wyatt, Thomas Lanman,
Clifford Sweet (guest). Left: Mark Ravitch; right,
Cameron Haight.





Events

- 1940 Thomas Lanman establishes the basic principles of management of esophageal atresia in a review of 32 cases, all fatal.
- 1943 Fletcher Woodward endorses bronchoscopy as a standard procedure in infancy.
- 1945 Ladd retires. Two years later Gross is named surgeon-in-chief at The Children's Hospital.
 - Koop, aged 30, is named surgeon-in-chief at CHOP.
- John Caffey suggests that non-accidental injury is the cause of a syndrome of long bone fractures and chronic subdural hematoma in infancy.
- Coe organizes the first professional society of pediatric surgeons, the 'Section on Surgery' under the American Academy of Pediatrics.

The Scottish Surgical Paediatric Club holds its first meeting in Glasgow in December.

American women enter the field. In 1949 Rowena Spencer completes her training with Koop, then in 1953 begins her practice at Charity Hospital in New Orleans. In 1958 Benjy Brooks, trained in Boston and Glasgow, returns to the Texas Children's Hospital and the Baylor University School of Medicine in Houston as the first woman pediatric surgeon in the state.

The international scope of pediatric surgery is exemplified in the surgical treatment of Hirschsprung disease: Swenson in Boston (publications in 1948 and 1949), Bernard Duhamel in Paris (1956) and Franco Soave in Genoa (1962). Soave's procedure was actually applied a decade before in an adult patient by Asa Yancey, an African American surgeon at the segregated Veterans Administration Hospital in Tuskegee, AL (1952).

Convinced that the field has developed into a bona fide surgical specialty, Koop leads an effort to establish a formal certifying board of pediatric surgery. His application before the Advisory Board for Medical Specialties (ABMS) meets resistance from all the major surgical organizations – the American Board of Surgery, the American Surgical Association, and the American College of Surgeons. The surgical establishment, in Koop's words, "rejects the notion that there were now upstarts who said they could do any type of surgery in infants better than the designated anatomic specialists whose practices were centered around adult populations." In 1957 the ABMS rejects the application. It would do so again in 1961 and 1967.





Left: Barnes Hospital
(St. Louis) house staff,
mid 1950s. Jessie
Ternberg is number 36.
Right: Ternberg.





Left, Benjy Brooks; right, The Children's Hospital surgical staff, mid-1950s. Brooks is in rear row, fifth from left. Also present are Robert Allen (first row, far left), Robert Izant (first row, second from right), and Morton Woolley (second row, far right), all future presidents of APSA. Luther Longino is front row, second from left; Gross, third.

Events

1950 Gross and Edwin Neuhauser report that adding radiotherapy after nephrectomy for Wilms tumor improves survival to 47 percent, an improvement over the 32 percent for surgery alone reported by Ladd in 1938.

1952 Harold King and Harris Shumacker, Jr., describe overwhelming sepsis in five patients who had splenectomy in infancy.

1953 Robert Gross publishes *Surgery of Infancy and Childhood*, the definitive text of pediatric surgery for nearly a decade.

Fourteen surgeons, including two women, form the British Association of Paediatric Surgeons; Sir Denis Browne is its first president.

Advances in Intestinal atresia: Jan Louw and Christian Barnard demonstrate a vascular origin for its pathogenesis; improved survival with resection and primary anastomosis reported by Clifford Benson in Detroit (71%) and Harold Nixon in London (67%).

The Acute Leukemia Chemotherapy Cooperative Study Group A is formed. It will evolve into the Children's Cancer Study Group (1967), one of the four legacy organizations that will form the Children's Oncology Group in 2000.

Koop, after a second rejection for specialty board status in 1961, gets a candid summary from the ABMS: "You have no body of knowledge, no certified training programs, and no journal." Institutions that will establish pediatric surgery as a distinct discipline begin to form. Stephen Gans leads the development of the *Journal of Pediatric Surgery*, its first issue appearing February 1966, with Koop as its first editor-in-chief.

In part to control a proliferation of training programs widely seen as substandard, in 1966 the Surgical Section forms an education and training committee to define the essential requirements for training in pediatric surgery.

They recommend the approval of 12 U.S. programs and provisional approval to 4 Canadian programs, and reject 9.

However, these steps are still not enough. In 1967 the ABS and ABMS yet again refuse certification status in pediatric surgery. In Cleveland, Robert Izant speaks to his chief, William Holden, who is also chair of the ABS. Holden says, "As long as the pediatric surgery organization is tied to another organization, and therefore, not an independent one, the problems with affiliation with the ABS would be difficult if not impossible. The importance of a strong national and independent pediatric surgery organization ... cannot be overemphasized."

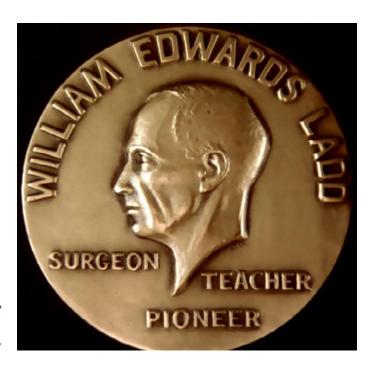
A group of surgeons hold an ad hoc meeting in October 1968 at a café in Atlantic City at the ACS meeting. Frustrated by the inability of the leadership of the Surgical Section to make headway toward certification, they discuss the need for a society devoted to pediatric surgery, independent of the AAP and the established surgical organizations like the ACS. Younger and outside of the leadership hierarchy of the Surgical Section, the attendees form the core of the nascent American Pediatric Surgical Association.











Opposite page, from left:
Mark Ravitch, Morio
Kasai, Stanley Dudrick,
Stephen Gans. This
page: the Ladd Medal.

Events

- 1959 Mark Ravitch, on a Cold War U.S. State Department visit to Russia, returns with a box full of surgical stapling devices, the birth of the multi-billion-dollar surgical device industry.
- 1962 Publication of the two-volume multiauthored text, *Pediatric Surgery*, which becomes the definitive reference for the field.
- 1963 Thomas Starzl reports the first survivors after liver transplantation; his first patient, a three-year-old with biliary atresia.
- 1964 Description of the clinical features of necrotizing enterocolitis by William Berdon.
- As Surgical Section publications committee chair in 1964, Stephen Gans begins to organize a publication devoted entirely to pediatric surgery. The inaugural issue of the *Journal of Pediatric Surgery* appears in 1966, with Koop its first editor-in-chief.
- The Canadian Association of Paediatric Surgeons holds its first meeting. Harvey Beardmore is elected its first president.

Samuel Schuster introduces the use of synthetic abdominal prostheses for the staged closure of abdominal wall defects.

Publication of the first randomized trial for nonmetastatic Wilms tumor.

Douglas Wilmore and Stanley Dudrick report the first patient to receive total nutritional support by intravenous infusion, a newborn infant born with near-complete intestinal atresia.

The first description in the English literature of Morio Kasai's life-saving operation for biliary atresia.

In March, Lucian Leape, unable to find accommodations at the American Burn Association meeting in Atlanta, shares a room with E. Thomas Boles. During an all-night conversation they begin to lay the groundwork for a new association. Moreover, such a group may be more likely to win approval as a specialty with board certification status by the ABMS and the ABS - a task the "old guard" in the Surgical Section appears constitutionally unable to do.

From an initial group of 24 surgeons 16 gather on May 23 and 24, 1969, at the O'Hare airport hotel outside Chicago, the first meeting of the American Pediatric Surgical Association (APSA). Over the next six months, in hundreds of phone conversations and three often contentious meetings, they struggle whether the society will be open or selective, a decision that will determine the criteria for membership. A priority is to get Robert Gross to accept the inaugural presidency of the fledgling association.

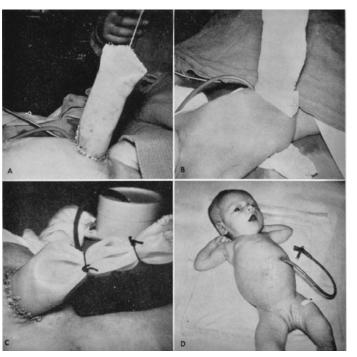
On April 17, 1970, 96 of 191 charter members gather at Pheasant Run, a resort outside of Chicago. The first business meeting, chaired by Boles with Leape acting as secretary, is especially lively, with 32 amendments to the association's proposed bylaws. Leape and Boles' intent is to accept as members only those surgeons with training in certified programs who have passed a formal board examination in pediatric surgery. Until they reach that point, they accept board certification in general surgery and a practice entirely devoted to pediatric surgery, with a two-year hiatus after training before eligibility for membership to assure commitment to the field.

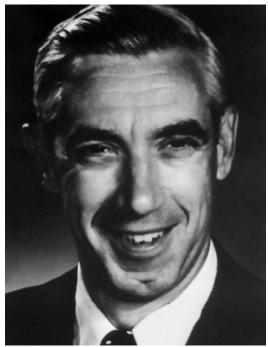
They elect the inaugural slate of officers. Gross takes over the meeting as President to a prolonged standing ovation. In Leape's words, "We finally had a home of our own."

"We finally had a home of our own."

-Lucien Leape







Clockwise from top: Pheasant Run Resort dinnerware; Leape; images from Allen and Wrenn's paper on the use of a prosthetic silo in gastroschisis.

Events

1969 The National Wilms Tumor Study Group begins.

Robert Allen and Earle Wrenn, Jr., describe a temporary prosthetic cylinder to manage omphalocele and gastroschisis.

Hardy Hendren reports his experience in ureteroplasty and reimplantation to treat megaureter.

Helen Noblett in Melbourne, Australia, makes two significant contributions to the field: a suction rectal biopsy device for the diagnosis of Hirschsprung disease, and Gastrograffin™ enema to treat uncomplicated meconium ileus.



The Presidents of the American Pediatric Surgical Association

The Soave Cup

Franco Soave, on the occasion of being hosted as the Overseas Guest at the 1984 annual meeting of the American Pediatric Surgical Association in Marco Island, FL, presented to the organization an engraved silver cup. President Lester Martin accepted the gift on behalf of the organization. Martin passed it to the incoming president Judson Randolph, who then gave it to Dale Johnson, who was president-elect. The gesture established the tradition of charging care of the cup to the president-elect each year as one of the duties of the position.

The Soave Cup, as it became known, has a handsome wooden box. It has the following inscription:

All'American Pediatric Surgical Association recordo di Franco Soave in occasione dell'Annual Meeting

Marco Island, May 9-12-1984

One of the icons of the organization, it also has the more recent tradition as being the receptacle for spirits for post banquet parties.

1970 to 2019

Robert Gross

More than his landmark operations, notably ligation of patent ductus arteriosus (PDA) and surgery for coarctation of the aorta and vascular ring anomalies, Robert Gross (1905-1988) is a dominant figure in pediatric surgery through the generations of leaders in pediatric surgery that he trained.

As a boy he was given small clocks to take apart and reassemble by his father to help him overcome the handicap of a congenital cataract. After taking his medical degree at Harvard Medical School, Gross trained under Elliott Cutler, surgeon-in-chief at Peter Bent Brigham Hospital, and Ladd at The Children's Hospital in Boston. As Ladd's protégé, he was his coauthor of the seminal textbook, Abdominal Surgery of Infancy and Childhood. Their relationship fell apart in 1938 after Gross' insubordination in performing the original PDA ligation during Ladd's absence. Gross succeeded Ladd as surgeon-in-chief in 1947 and was named the William E. Ladd Professor of Surgery at the Harvard Medical School. In 1953 he published Surgery of Infancy in Childhood, an update of his and Ladd's previous text that added his vascular and thoracic operations. The textbook became the definitive text for nearly a decade.

He was the center of the "Boston School" of pediatric surgery - the training program at The Children's Hospital. Over the next two decades until his own retirement as surgeon-in-chief in 1966. Gross trained 69 pediatric surgeons including trainees who would go on to establish their own training programs; notably Potts (who trained with Gross in 1945), Koop (1947) and Clatworthy (1946 to 1948). A measure of the impact of the Boston School is a 1979 survey conducted by Philip Glick and Richard Azizkhan that showed that 75 percent of all pediatric surgeons and 73 percent of training directors could trace their training lineage to Ladd.

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far left: Gross' handwritten This page: Gross in the late 1940s

Opposite page, homograft records.

Between cases [Dr. Gross] couldn't sit and do nothing. He would look around the operating room for something to do. If a light was out, he would fix it. He had a little rolling tool kit that was kept in the operating room. If a light was not staying steady, the supervisor, rather than calling maintenance, would tell Dr. Gross and he would fix it between cases. Sometimes you would catch him with a mop to get the room ready for the next case. He just had to be doing something.

-Thomas Holder

Picture if you can, an ever youthful, vibrant individual who literally charges the air and stimulates the people about him.

-Robert Allen

"I cannot bear the thought of medicine as merely a means of 'making a living'. For me it is a way to live."

"You know Lorraine [the first PDA ligation patient], if you hadn't made it, I might have ended up here in Vermont as a farmer."

-Robert Gross

Important Articles

Gans SL, Berci G. Advances in endoscopy of infants and children. J Pediatr Surg 1971;6(2):199-233. PMID: 4254542

DeParedes CG. Pierce WS. Johnson DG, Waldhausen JA. Pulmonary sequestration in infants and children: a 20-year experience and review of the literature. J Pediatr Surg. 1970 Apr;5(2):136-47. PMID: 5419067

Douglas GJ, Simpson JS. The conservative management of splenic trauma. J Pediatr Surg 1971;6(5):565-70

Johnson DG. Total intravenous nutrition in newborn surgical patients: a threeyear perspective. J Pediatr Surg. 1970 Dec;5(6):601-5. PMID: 4993832

C. Everett Koop

C. Everett Koop had an immense impact on pediatric surgery and the country. Just 30 years old when he was named surgeon-in-chief at the Children's Hospital of Philadelphia (CHOP) in 1946, he became known for innovative (e.g. Bishop-Koop ileoileostomy for meconium ileus) and bold operations (CHOP's fame for separation of conjoined twins began under his tenure). In 1957 and 1961 he led the first applications for American Board of Surgery recognition. In 1966 he was the natural choice to be the inaugural editor-in-chief of the *Journal of Pediatric Surgery*.

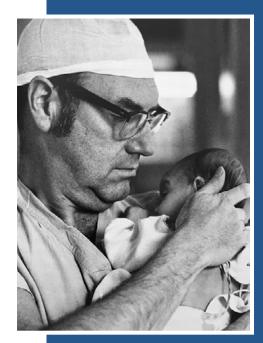
After his retirement from active practice he was named U.S. Surgeon General in 1982. He transformed the post into a platform for the country's most pressing public health issues such as smoking and the AIDS epidemic. A fundamentalist Christian, he was unafraid to express his religious beliefs. Still, as the leader of the nation's public health service, he promoted the use of condoms in the prevention of AIDS and refused to state whether abortion had a negative impact on women's health because a proper prospective study could not be done. His public criticism of the decision not to operate on Baby Doe (an infant born with trisomy 21 and esophageal atresia) led to the Baby Doe Amendment to the 1984 Child Abuse Act that widened the definition of child abuse to the withholding of medically indicated treatment from disabled children.











"I doubt he and I agreed on any political issue. Yet I don't think I have ever met anyone for whom I had more respect. ... [He] managed to transform his job into the most electrifying bully pulpit in medicine. And he did it in the most unexpected way: by telling the truth."

-Michael Specter, writer at the New Yorker magazine

Events

Jessie Ternberg is named professor and chief of a new division of pediatric surgery at the Washington University School of Medicine.

James Simpson of Toronto reports on the conservative management of splenic trauma, a strategy originally advanced by Benjy Brooks.

Judah Folkman discovers tumor angiogenesis factor. In an editorial in the *New England Journal of Medicine* he suggests that drugs that target angiogenesis may be useful in cancer chemotherapy.

"You can't talk of the dangers of snake poisoning and not mention snakes"

 $-C.\ Everett\ Koop$

Important Articles

Eraklis AJ, Filler RM. Splenectomy in childhood: a review of 1413 cases. J Pediatr Surg. 1972 Aug-Sep;7(4):382-8. PMID: 5049847

Haller JA Jr, Andrews HG, White JJ, et al. Pathophysiology and management of acute corrosive burns of the esophagus: results of treatment in 285 children. J Pediatr Surg. 1971 Oct;6(5):578-84. PMID: 5126277

H. William Clatworthy, Jr.

"Bill Clatworthy was a teacher's teacher," wrote Jay Grosfeld. In a 2010 survey of his 70 trainees at the Columbus Children's Hospital, more than half were chiefs of divisions in major universities; eight, directors of accredited training programs; and two, chairs of departments of surgery. Seven, including Grosfeld, were elected presidents of APSA. He was, in Grosfeld's words, "a major force in American pediatric surgery."

He had the distinction of being the last resident trained by both William Ladd and Robert Gross at The Children's Hospital in Boston. When he arrived as surgeon-in-chief, the Columbus Children's Hospital was a facility with three archaic operating rooms where surgeons, all volunteers, brought their own instruments. There was no recovery room. Clatworthy created a major center for children's surgery in all the recognized surgical specialties. Columbus was the first hospital in the U.S. to routinely perform outpatient surgery in children.

The success of his training program and his superb trainees contrasted with the many substandard programs that proliferated in the 1950s and early 1960s. Largely at Clatworthy's initiative, in 1966 the Surgical Section formed an education and training committee to establish standards for pediatric surgical training, with himself as its chair. Known familiarly as the "Clatworthy Committee," the group published "Special Requirements for Training in General Pediatric Surgery." To Clatworthy they were not "special;" all of them were "essential." The committee set the basic structure of pediatric surgical training, including two-years of training after a full five-year residency in surgery, and required an adequate exposure to index cases, what he called, "the good stuff." Clatworthy's "essentials" and "good stuff" created the foundation of today's training programs.







Opposite page, left: Nancy and Bill Clatworthy. This page, above: Claworthy and Columbus Children's Hospital surgical staff, late 1960s. In the front row Clatworthy is third from left and E. Thomas Boles is at far left. In second row James O'Neill, Jr., is far left and Jay Grosfeld is next to him. All became APSA presidents.

Events

Acute Leukemia Group B, Children's Cancer Study Group, and the Southwest

Oncology Group form the Intergroup Rhabdomyosarcoma Study.

Among the first to delve into ethics in pediatric surgery, Anthony Shaw writes an article in the New York Times on the morality of corrective surgery on babies born with trisomy 21. It starts a public debate that will reach a climax with the Baby Doe Amendment to the 1984 Child Abuse Act.

In June the American Board of Surgery approves Harvey Beardmore's application for board certifying status for pediatric surgery, under two conditions: the primary emphasis will be on surgery of newborns and small infants, and the field will remain under the aegis of general surgery. Awardees receive a certificate for special competence in pediatric surgery.

"What this baby really needed was a doctor."

"When treating seriously ill babies, it's the little things that count."

-H. William Clatworthy, Jr.

Important Articles

Swenson O, Sherman JO, Fisher JH.

Diagnosis of congenital megacolon: an analysis of 501 patients. J Pediatr Surg
1973 8(5):587-94. PMID: 4752993

Broviac JW, Cole JJ, Scribner BH. A silicone rubber atrial catheter for prolonged parenteral alimentation. Surg Gynecol Obstet 1973, 136(4):602-6. PMID 4632149



1919

Herbert Coe of Seattle spends several months observing William Ladd in Boston.

1945

Ladd retires; Gross is named surgeon-in-chief two years later. He has a four year, three-tiered pyramidal training program that at its peak starts a new junior resident every two months. Over his two decades as chief Gross trains 69 pediatric surgeons.



1946

Willis J. Potts, just appointed surgeon-in-chief of the Children's Memorial Hospital in Chicago, spends three months with Gross. He then starts his own training program, finishing his first trainee in 1948.



1952

Herbert Coe, founding chair of the Surgical Section, appoints a committee to review training programs. It approves 11.

1966

A booklet published by the American Academy of Pediatrics (AAP) lists 18 U.S. and 2 Canadian "fellowships," plus 17 U.S. and 4 Canadian "residencies" in pediatric surgery.

1966-1967

The "Clatworthy Committee" begins its work to develop standards for pediatric surgical training. In 1967 it publishes "Special Requirements for Training in General Pediatric Surgery," which includes today's system of a two-year fellowship that follows a full five-year residency in general surgery.

1970

1971

The Clatworthy Committee begins a two-year transfer of its activities to the APSA Education Committee chaired by Judson Randolph.

The Clatworthy Committee specifies index cases

(congenital anomalies, tumors, and special conditions;

what Clatworthy calls "the good stuff") that define the



Mark Ravitch conducts the first pediatric surgical workforce study. He advocates for a limitation of the number of surgeons and specialty centers for children's surgery.

1975

A pediatric surgery residency matching program is planned with the APSA education committee.

1978-1980

The RRC approves the first five programs in pediatric surgery, followed by 10 in 1978, and one each in 1979 and 1980, the first group of 17 sites.

1989

The Association of Pediatric Surgical Training Program Directors is incorporated.

1991

There are 22 approved programs.

APSA establishes candidate membership allowing pediatric surgery trainees to become members.

1927

1936

demands take precedence.

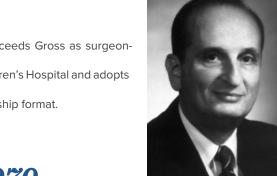
Oswald Wyatt of Minnesota closes his office and goes to St Louis and Chicago for additional experience in clinical pediatrics and children's surgery.



1948

1949

There are 11 children's hospitals listed under 'Surgery' in the catalog of approved residencies published in the Journal of the American Medical Association.



Rowena Spencer completes her fellowship at the Children's Hospital of Philadelphia, the first woman to be trained in pediatric surgery in the U.S.

1968

Judah Folkman succeeds Gross as surgeonin-chief at The Children's Hospital and adopts the two-year fellowship format.



1969-1970

Two teams from the Clatworthy Committee conduct on-site surveys to evaluate 25 teaching sites in pediatric surgery based on the "Special Requirements" standards. By October 1970 12 programs are approved; 8, rejected; 5, tabled.

1972

specialty and are essential for training.

Samuel Rosser completes his fellowship at the Washington, D.C., Children's Hospital, its first African American trainee.

1973

The American Board of Medical Specialties (ABMS) approves certification for special competence in pediatric surgery under the aegis of the American Board of Surgery (ABS) at their April 1973 meeting.

1976

In his Presidential Address Thomas Holder warns against the overproduction of practitioners.

The Liaison Committee on Graduate Medical Education (LCGME) takes over the evaluation of training programs. All programs are invited to

reapply for approval by the Residency Review Committee (RRC) for Surgery.

In a formal letter to the RRC for Surgery, the ABS and APSA recommend that the number of approved fellowships be limited to 14.

Holder forms a training directors committee, the forerunner to the Association of Pediatric Surgery Training Program Directors.

1992

The pediatric surgery "match" is turned over to the National Resident Matching Program.

2019

There are 59 accredited training programs.

Top row, from left: Coe, Gross (above), Potts (below), Randolph (above), Clatworthy (below), Ravitch. Bottom row: Wyatt, Folkman, Holder.

Training Program Timeline | American Pediatric Surgical Association 50th Anniversary

Ladd brings residents from the Peter Bent Brigham Hospital to the Children's

Hospital. Each year he hand-selects one or two to spend a full two-year exposure to

general pediatric surgery, an arrangement that continues until 1943 when wartime

Orvar Swenson

Orvar Swenson, the son of Swedish immigrants, clarified the pathophysiology of Hirschsprung disease and devised the first effective operation for its correction - one of the major achievements in pediatric surgery. After a succession of school boy business ventures, he attended Harvard Medical School and trained at the Ohio State University, the Peter Bent Brigham Hospital and The Children's Hospital. He then accepted Ladd's invitation to stay as staff surgeon and director of research.

Swenson deduced the pathophysiology of Hirschsprung disease when he performed a sigmoid colostomy on a child thought to have ulcerative colitis – in retrospect, enterocolitis from Hirschsprung disease. He saw that the stoma relieved the colonic obstruction. Using borrowed lab equipment he then discovered that the intestine above the stoma had peristalsis but the segment below did not.

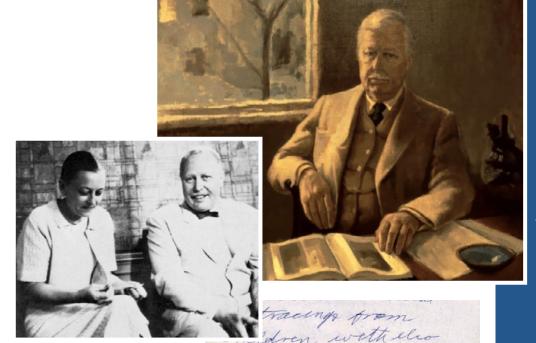
When Swenson closed the stoma the obstruction recurred. A barium enema showed that the rectum was patent but the proximal sigmoid was dilated. Obstruction was thus a functional disorder and not a physical blockage. Convinced that removal of the distal rectosigmoid would ameliorate the child's condition, he performed his eponymous procedure in 1948 - the first effective operation for Hirschsprung disease.

Swenson, on the wrong side of the Gross-Ladd feud, was unprotected with Ladd's retirement in 1945. Gross, given the position of surgeon-in-chief in 1947, tried to scuttle Swenson's work on Hirschsprung disease. Without recourse, Swenson moved to Tufts University as surgeon-in-chief of the Floating Hospital in 1950 then took the same position in 1960 at the Children's Memorial Hospital in Chicago. He moved to the University of Miami in 1973 where he ended his remarkable career in pediatric surgery six years later. Swenson's extraordinary longevity – he died in 2012 at the age of 103 – allowed a 40-year review of his operation co-authored by some of his many trainees in the U.S. and in other countries.

Events

In April 1973 the ABMS approves special certification for pediatric surgery under the aegis of the ABS.

Harvey Beardmore, Judson Randolph, and Marc Rowe write the first certifying examination in 1974, which will be administered the following year.



transverse colostomy fallowing resection of undwerble intersucretion Later it dawned on ne as I observed bennifical iffect colostomy and the review of old barum eneme films with Dr Neanhauser that the probem was a physiologica partial obstruction in the destal colon, Subsequent studies with there belloom demonstrated abscent progressive perestatsis

Clockwise from top
left: Melva and Orvar
Swenson; Swenson's
portrait at the
Children's Memorial
Hospital (Chicago);
Swenson's handwritten
notes to Randolph
describing his discovery;
Swenson and his
first patient with
Hirschsprung disease.



"The next morning after surgery, this kid, whose abdomen had been blown up like a balloon for years, was absolutely flat – like a balloon that had been pricked."

—Orvar Swenson

Important Articles

Anderson KD, Randolph JG. The gastric tube for esophageal atresia in infants. J Thorac Cardiovasc Surg 1973, 66(3):333-42 PMID: 4582102

Ravitch MM, Barton BA. The need for pediatric surgeons as determined by the volume of work and the mode of delivery of surgical care. Surgery 1974;76:754-63

Gay JH, Daily WJ, Meyer BH, et al. Ligation of the patent ductus arteriosus in premature infants: report of 45 cases. J Pediatr Surg. 1973 Oct;8(5):677-83. PMID: 4753003

Raphaely RC, Downes JJ Jr. Congenital diaphragmatic hernia: prediction of survival. J Pediatr Surg. 1973 Oct;8(5):815-23. PMID: 4753015

Harvey Beardmore

Harvey Beardmore's entire educational and professional life was associated with McGill University interrupted only by his time in the Canadian infantry during World War II. He was staff surgeon at the Children's Memorial Hospital (today the Montreal Children's Hospital) and training program director from 1974 to 1981. He led the formation of the Canadian Association of Paediatric Surgeons and became its inaugural president in 1967.

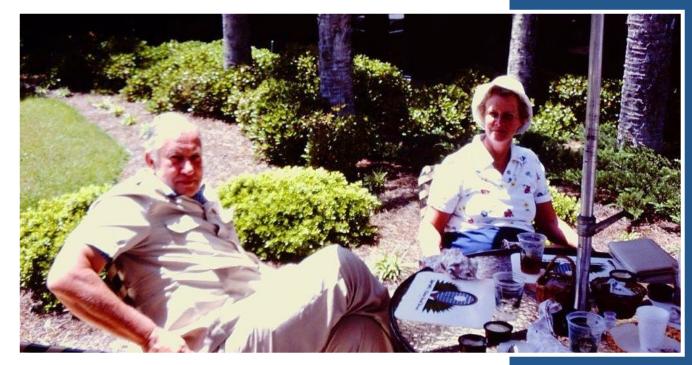
His most significant impact on pediatric surgery, however, was in the United States. As chair of the Surgical Section from 1969 to 1971, he led another run at the ABS with what Judson Randolph described as "a unique brand of diplomacy, humor and purpose." In June 1972 the ABS endorsed a certificate of special competence in pediatric surgery under its aegis - an arrangement that was approved by the ABMS in April 1973.

"Some people think my being Canadian was an advantage," Beardmore said. "It was the presence of a Canadian who had no real axe to grind who pulled it off." At the sixth APSA meeting in April 1975 in Puerto Rico, more than 250 surgeons took the three-hour test, written by Beardmore, Randolph and Marc Rowe. Nearly all passed and achieved certification. After the test Beardmore recounted his odyssey. In closing he said, "Gentlemen, you have your boards!"



The Bible tells us that a prophet is not without honor save in his own land. I hope you young folks never forget what Harvey Beardmore did to secure us the recognition that we now enjoy. We have never suitably honored and thanked [him] for the tremendous favor he did us with his persuasive way in convincing former antagonists that we were indeed surgeons, worthy of recognition.

-C. Everett Koop



Frances and Harvey Beardmore.

Events

Barbara Barlow harvests breast milk from nursing mother rats, keeps and feeds newborn rats in a closet in her New York apartment, and finds that breast milk protects against experimental neonatal enterocolitis.

Mark Ravitch conducts the first workforce study of pediatric surgeons in the country.

"Gentlemen, you have your boards."

-Harvey Beardmore

$Important\,Articles$

Barlow B, Santulli TV, Heird WC, et al. An experimental study of acute neonatal enterocolitis – the importance of breast milk. J Pediatr Surg 1974, 9(5):587-95. PMID 4138917

Altman RP, Randolph JG, Lilly JR.
Sacrococcygeal teratoma: American
Academy of Pediatrics Surgical Section
Survey-1973. J Pediatr Surg. 1974
9(3):389-98. PMID: 4843993

Dibbins AW, Wiener ES. Mortality from neonatal diaphragmatic hernia. J Pediatr Surg. 1974 Oct;9(5):653-62. PMID: 4417679



1955

C. Everett Koop, representing the Surgical Section, makes the first request to establish a process for certification in pediatric surgery under aegis of the American Board of Surgery (ABS).

1960-1961

A second attempt is initiated in 1960 by the executive director of the AAP with the argument that payment for hospitalization under governmental programs requires care by certified specialists. The ABS rejects the request in April 1961.



1966-1967

In 1966 the ABS board responds to a proposal headed by Lawrence Pickett with what Mark Ravitch calls "vigorous, if not frankly hostile" opposition. A strategy to emphasize improved resident education by certified pediatric surgeons is no more successful in 1967.

The details and chronology come from Dale Johnson's article from his presidential address, "Excellence in search of recognition," published in the December 1986 issue of the *Journal of Pediatric Surgery*. An oral history interview of Harvey Beardmore, conducted by Jay Grosfeld, gives important personal insights into the final successful effort at achieving board certification status by its leader. Additional details come from informative articles by C. Everett Koop, who led the first efforts at board certification status, Judson Randolph, and Moritz Ziegler.

irosfeld JL. Pediatric History Center, American Academy of Pediatrics oral history project. Harvey E. Beardmore, MD. Elk Grove, IL, American Academy of Pediatrics, 2005, Available from: https://www.aap.org/en-us/about-the-aap/Pediatric-History-Center/Documents/Beardmore.pd

> Johnson DG. Excellence in search of recognition. J Pediatr Surg 1986;21(12):1019-31. Koop CE. A perspective on the early days of Pediatric Surgery. J Pediatr Surg 1999;34(5).

Randolph JG. History of the Section on Surgery, the American Academy of Pediatrics: the first 25 years (1948-1973). J Pediatr Surg 1999;34(5

Ziegler MM. Pediatric surgical training: An historic perspective, a formula for change. J Pediatr Surg 2004;39(8):1159-72.

In March the Advisory Board for Medical Specialties (ABMS) tables the proposal after strong opposition from the boards of urology and orthopedics. The ABS withdraws its support in May.



1964-1966

Unable to find journals for papers presented at the 1964 Surgical Section meeting, Stephen Gans organizes a publication devoted to pediatric surgery. The first issue of the Journal of Pediatric Surgery (JPS) appears in February 1966, with Koop as its editor-in-chief. It thus helps to establish pediatric surgery as a distinct discipline with its

1966-1970

The Postgraduate Education and Residency Training Committee of the Surgical Section, better known as the "Clatworthy Committee" for its chair, H. William Clatworthy, Jr., is organized in 1966. They set standards for education, training, and operative experience that defines the specialty. They are used by the committee to certify training programs based on site visits conducted from 1969-1970.



1969-1970

APSA has its first organizational meeting in May 1969 and its first general business meeting in April 1970. As a surgical organization separate from pediatrics, it thus meets an unwritten requirement for approval as a specialty under the ABS.



1974-1975

In 1974 Beardmore, Randolph (representing the Surgical Section), and Marc Rowe of Miami (APSA), write the first ABS exam. Only two are exempted: Gross, awarded diploma number 1; and Swenson, 2. Beardmore, Randolph, and Rowe take the exam themselves; in Randolph's words, they "fortunately passed." Beardmore receives diploma number 3; Randolph, 4; and Rowe, 5. In April 1975 the first certifying examination in pediatric surgery is held the day before



the fifth annual meeting of APSA at Cerromar Beach, Puerto Rico. More than 250 take the test; 238 are certified. At a dinner talk after the exam Beardmore describes his odyssey. "Gentlemen," Beardmore says in closing, "you have your boards!"

1969

The American College of Surgeons establishes an Advisory Council for Pediatric Surgery, Koop as its chair, a sign that the surgical establishment has begun to recognize the field as a surgical specialty.



1969-1973

In 1969 Beardmore, now chair of the Surgical Section, leads what will be a successful effort to win certification status for pediatric surgery. He crisscrosses the country building support among prominent surgeons and other specialty organizations. He makes his pitch to the ABS in 1971. In June 1972 the ABS unanimously approves certification in the "special competence in pediatric surgery" under its aegis. The ABMS makes it official the following April.

2019

There are 1057 American Board of Surgery certified pediatric surgeons.

Top row, from left: Koop, Pickett, Clatworthy, Beardmore. Bottom row: Gans, ABS Logo.

Board Certification Timeline | American Pediatric Surgical Association 50th Anniversary

Thomas Holder

Thomas Holder's practice, exceptional in that it included congenital heart surgery and pediatric urology, was a major part of the training program at the Children's Mercy Hospital in Kansas City. Holder and his associate Keith Ashcraft were co-editors of *Pediatric Surgery*, a textbook that becomes popular for its readability and practicality.

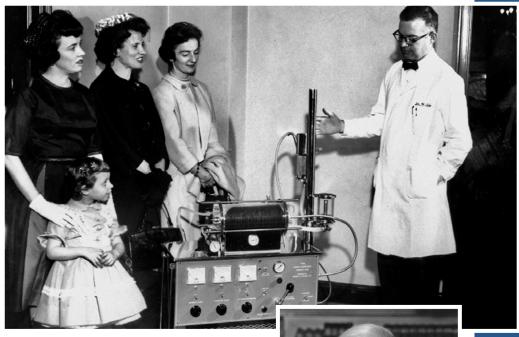
As a Wake Forest University medical student on a community hospital rotation in Johnson City, TN, he met J. Robert Bowman, a pediatrician who also had trained in pediatric surgery under Gross in Boston. Far from the big cities, Bowman was a member of the small pediatric surgery fraternity and one of the founding members of the Surgical Section. Holder noticed that under Bowman's care children did better than patients with the same condition at the medical school. "He knew something that most other people didn't know," Holder said, "and I wanted to know it." Bowman helps Holder get a training position with Gross during his residency at the Jefferson Medical College.

After training he was recruited in 1960 to the Children's Mercy Hospital in Kansas City. Despite his superb background it took some time for pediatricians to feel comfortable to have him care for their patients. "There were a lot of turf battles at home in those days," he said. "Over time, people realized that surgeons with pediatric surgical training could do a better job."

In 1997 he received the Ladd Medal from the Surgical Section. "I felt very fortunate to come along at the time of early definition and growth of our specialty, to know the early giants, and perhaps be able to help a bit along the way," he said.

When a resident/fellow was told how to do a surgical technique, and failed to do it correctly, he or she would be asked the following: "There are three reasons you aren't doing what you were told: 1. You think you know more than I do (and you don't), 2. You weren't paying attention, or 3. You can't follow simple instructions." The trainee would then be made to select one of the answers before proceeding.

 $-Charles\,Snyder$





"When I came night, I felt lil done somethi was worthwh

 $\textit{Top:} \textbf{\textit{Holder and heart-lung machine;}} \ bottom \ left: \textbf{\textit{Holder and E. Ide Smith}}$

Events

J. Alex Haller opens the first pediatric trauma center at the Children's Medical and Surgical Center at the Johns Hopkins Hospital.

Steven Gans introduces flexible endoscopy in pediatric surgery.

Dennis Shermeta and Haller design a preformed silo with a coiled spring at its base for the treatment of abdominal wall defects, anticipating the design used today.

"When I came home at night, I felt like I had done something that was worthwhile and that maybe some days I saved a life."

—Dr. Thomas Holder

Important Articles

Exelby PR, Filler RM, Grosfeld JL. Liver tumors in children in the particular reference to hepatoblastoma and hepatocellular carcinoma: American Academy of Pediatrics Surgical Section Survey--1974. J Pediatr Surg 1975
Jun;10(3):329-37. PMID 49416

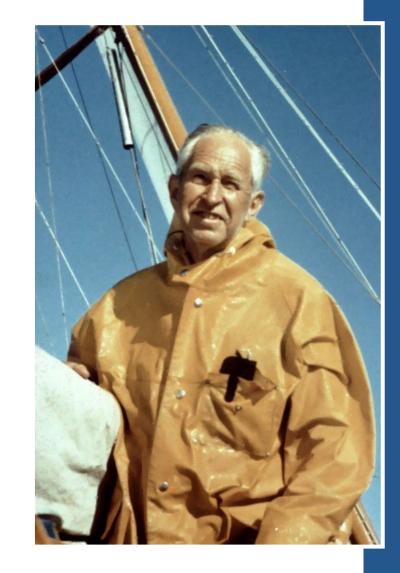
Alexander Bill

Born in Cambridge, MA, and a product of Harvard College, Harvard Medical School and residencies at the Peter Bent Brigham Hospital and The Children's Hospital, Alexander "Sandy" Bill made a bold step of moving to Seattle for his professional career where he became a national and international leader in pediatric surgery. A co-author on Swenson's seminal paper on Hirschsprung disease, his greatest legacies were the clinical practice he built at the Children's Orthopedic Hospital and its fellowship in pediatric surgery, one of the original twelve sites that met criteria for training set by the Clatworthy Committee.

He was on the board of the Surgical Section when he was chosen to serve out the second year of Robert Gross's term as chair in 1960 after Gross abruptly resigned the position, piqued when Kenneth Welch organized a multi-author textbook that he took as a threat to his own single-authored book. Bill was "a great favorite" in the words of Judson Randolph, "a popular substitution." The Surgical Section "was only minimally disrupted" given Bill's

popularity and the mercurial personality of his predecessor. He was on the inaugural board of directors of the Pacific Association of Pediatric Surgeons when it was formed in 1968 and served as its third president from 1971 to 1972.

Bill's popularity in national and international organizations reflected the regard with which he was held in Seattle. David Tapper, who succeeded Bill as chair of surgery in Seattle, remembered that above his desk Bill tacked a note that reflected his generous character. "Welcome a stranger," it read. "Seek out a forgotten friend. Keep a promise. Laugh. Listen. Brighten the heart of a child. Encourage the young. Express gratitude. Be gentle. Take pleasure in the beauty and wonder of the earth. Speak your love. Speak it once again."



have as our goal the fostering of excellence in all types of surgical care for children."

"I believe we must

-Alexander Bill

Important Articles

Gans SL, Ament M, Christie DL, Liebman WM. Pediatric endoscopy with flexible fiberscopes. J Pediatr Surg 1975;10(3):375-80 PMID 1079868

O'Neill JA Jr, Stahlman MT, Meng HC. Necrotizing enterocolitis in the newborn: operative indications. Ann Surg 1975;182(3):274-8 PMID 1164056

Swenson O, Sherman JO, Fisher JH, et al. The treatment and postoperative complications of congenital megacolon: A 25 year follow up. Ann Surg 1975;182(3):266-73. PMID 1164055

D'Angio GJ, Evans AE, Breslow N, et al. The treatment of Wilms tumor: results of the National Wilms Tumor Study. Cancer 1976;38:633. PMID 184912

Haller JA, Signer RD, Golladay ES, et al. Use of trauma registry in the management of children with lifethreatening injuries. J Pediatr Surg 1976:11(3):381-90. PMID 957062

Rodgers BM, Talbert JL. Thoracoscopy for diagnosis of intrathoracic lesions in children. J Pediatr Surg 1976;11(5): 703-8. PMID 993940

Events

Stephen Gans succeeds C. Everett Koop as editor-in-chief of the *Journal of Pediatric Surgery*.

The New York City Board of Health requires that window guards be in place in apartments where children 10 years old and younger reside. Four years later Barbara Barlow and her associates at Harlem Hospital document a 96 percent decrease in injuries from falls from heights in its pediatric population.

E. Thomas Boles

A true buckeye, Boles was born in Cleveland and raised in a Columbus suburb. In 1954 he joined H. William Clatworthy as the second full time pediatric surgeon at the Columbus Children's Hospital after training with Gross in pediatric surgery in Boston. Boles earned a reputation as an exacting technician unafraid to perform challenging tumor resections and tackle complicated congenital malformations. At Columbus Children's Hospital he founded a unique surgical neonatal unit devoted to the surgical care of congenital anomalies. A corollary outpatient clinic, called the Surgical Index Clinic, was organized for long term follow-up. He also cofounded a fully accredited children's burn unit.

He assumed the directorship of the fellowship program after Clatworthy's retirement. During Boles' tenure 22 surgeons trained in Columbus.

Pediatric surgery to Boles was all in the attention to details: the position of the lights, making sure the skin prep was applied without dripping, and the nine steps to an orchiopexy – in the same order, every time.

He expected a daily report in his office from the chief resident after the resident team completed their morning rounds – by memory, without notes. Afterwards he would make rounds on his own. I lived in fear that he would discover something that I had overlooked.

-Donna Caniano, one of his trainees and his successor as surgeon-in-chief



The founding of APSA reflected the same attention to detail and high standards.

Thus, the organization took on the habits and personality of one of its founders:

an expectation of performance and excellence.

He was the best operating surgeon I ever met, and I tried to do everything just the way he taught me. For the next 40 years, every time I went into an operating room it was as if he were there with me.

 $-Burton\, Harris$



Above, from left: Tom
Boles with sons Bob and
Steve and daughter Jan
with her husband.

I first met Tom Boles my first day as a pediatric surgical fellow at Columbus Children's Hospital. He appeared stern but when you looked closely he had a twinkle in his eye. He was a superb surgeon and physician with a brilliant mind and endless intellectual curiosity. During my training he was a role model, a standard of surgical technical excellence and a teacher. Later I was honored to be his friend.

-Marc Rowe

Dr. Boles saved my life when I was 9 years old. At the time, I had long been suffering from intestinal pains. I was eventually diagnosed with a ruptured appendix. Dr. Boles performed my surgery at Children's Hospital. I have lived a long and prosperous life. I am eternally grateful to Dr. Boles to be alive today.

 $-A\ patient$

"Pay attention to the details."

-E. Thomas Boles

Important Articles

Ein SH, Marshall DG, Girvan D.
Peritoneal drainage under local
anesthesia for necrotizing enterocolitis.
J Pediatr Surg 1977;12(6):963-7. PMID
592076

German JC, Gazzaniga AB, Amlie R, Bartlett RH et al. Management of pulmonary insufficiency in diaphragmatic hernia using extracorporeal circulation with a membrane oxygenator (ECMO). J Pediatr Surg 1977;12(6):905-12. PMID: 592070

Hendren WH. Surgical management of urogenital sinus abnormalities. J Pediatr Surg 1977;12(3):339-57. PMID: 559737

Martin LW, LeCoultre C, Schubert WK. Total colectomy and mucosal proctectomy with preservation of continence in ulcerative colitis. Ann Surg 1977;186(4):477-9. PMID: 907392

Shaw A, Randolph JG, Manard B. Ethical issues in pediatric surgery: a national survey of pediatricians and pediatric surgeons. Pediatrics 1977;60 (Suppl):588-99. PMID: 263270

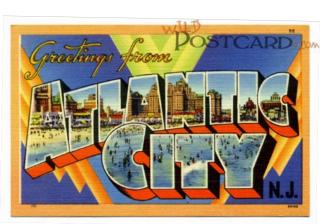
Ratner MH, Garrow E, Valda V, et al. Surgical repair of the injured spleen. J Pediatr Surg. 1977 Dec;12(6):1019-25. PMID: 592056



1965

Robert Izant meets with American Board of Surgery (ABS) chair

William Holden, who tells him that a surgical organization of
pediatric surgeons, independent of pediatrics, is a necessary
prerequisite to specialty recognition by the ABS.



October 1968

In an impromptu gathering at an American College of Surgeons conference,

Lucien Leape says, "Pediatric surgery is never going to get anywhere until we
stand alone as surgeons. We have to have our own organization." "It is not
going to happen," says C. Everett Koop," unless you younger people do it."

May 1969

An organizing group of 16 surgeons gather at the hotel at
O'Hare airport in Chicago, the first meeting of the American
Pediatric Surgical Association (APSA).

July 1969

executive committee of the Surgical Section. Under debate is the composition of membership: an elite association *versus* an inclusive one open to all qualified pediatric surgeons who confine their practice to children. They unanimously agree that Robert Gross serve as the first president of the association.

The second meeting, also at O'Hare, includes "old guard," the





February 1970

After cajoling and wooing by Lawrence Pickett, Thomas Holder, and Robert Filler, Gross finally agrees to serve as first president of APSA. Nearly as important to establishing the stature of the organization is the election of Koop as president-elect and Gross's successor.

January 1970

A letter is sent to 210 pediatric surgeons inviting them to apply for charter membership; 191 ultimately join.

March 1970

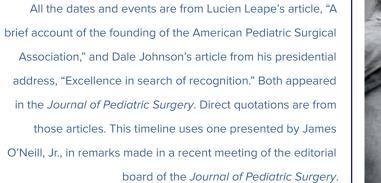
The organizing committee has its fourth meeting at the site of the inaugural conference, the Pheasant Run Resort west of Chicago. They confirm a draft of bylaws and the slate of officers.



2019

There are 1481 members.

Top row, from left: Izant, Pickett, Filler, Gross, new APSA logo. Bottom row, from left: Ravitch, Boles, old APSA logo.



Johnson DG. Excellence in search of recognition. J Pediatr Surg 1986;21(12):1019-31.

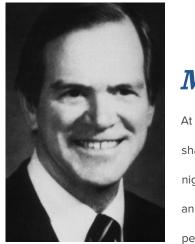
Leape LL. A brief account of the founding of the American Pediatric Surgical Association. J Pediatr Surg 1996;31(1):12-8.

O'Neill JA Jr. Comments at the editorial board meeting, Journal of Pediatric Surgery, Hollywood, FL, May 5, 2017.



June 1967

The ABS refuses to accept pediatric surgery as a specialty with board certification authority, the third such rejection in a decade. Mark Ravitch, the leader of the effort, recommends "laying low for a while."



March 1969

At an overbooked convention hotel Leape shares a room with Tom Boles. During an all-night conversation they begin to organize an independent surgical organization for pediatric surgeons.

October 1969

During the third meeting of the organizing committee, the selection of members becomes increasingly arbitrary and confused. Boles and Leape scramble by phone and mail to reestablish a coherent set of membership criteria.

Until formal training program accreditation and board certification specific for pediatric surgery become official, criteria for membership include certification in general surgery, a practice restricted to infants and children, and at least two years experience in practice after completion of residency.

April 17, 1970

Ninety-one attend the founding meeting of APSA at Pheasant Run with Boles as chair and Leape as secretary. Approval of the founding resolution is unanimous:

Be it resolved that a new society, The American Pediatric Surgical Association, now be formed to encourage specialization in the field of pediatric surgery, to promote

and maintain the quality of education in pediatric surgery, to raise the standards of the specialty by fostering and encouraging research in pediatric surgery, to establish standards of excellence in the surgical care of infants and children, and to provide a forum for the dissemination of information with regard to pediatric surgery.

Most of the two-day business meeting is spent considering the bylaws, including a requirement of a practice devoted entirely to pediatric surgery and establishment of the *Journal of Pediatric Surgery* as the official journal of the association. They approve an official logo that uses Keith Ashcraft as its model. Gross accepts the presidency to a prolonged standing ovation.

APSA Timeline | American Pediatric Surgical Association 50th Anniversary

Morton Woolley

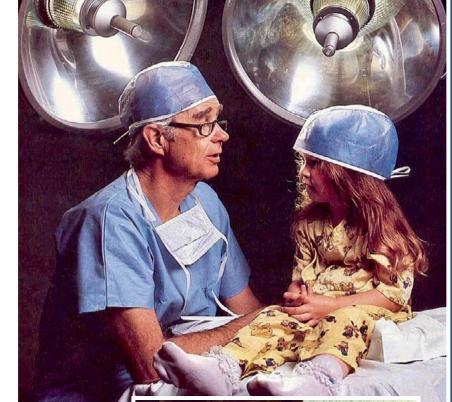
Under Morton Woolley's leadership, the Children's Hospital of Los Angeles (CHLA) developed into an international referral center and a leading training program. During his tenure 19 pediatric surgeons trained under him including APSA president Michael Harrison and chair of surgery at the University of Texas, Richard Andrassy.

After service in the Navy during World War II, he entered the College of Medical Evangelists in Loma Linda, CA, and graduated as class president in 1951. He trained in surgery at the Los Angeles County Hospital, then in Boston with Gross from 1957 to 1959. Upon his return to Los Angeles in 1960 Woolley first divided his time between CHLA and the White Memorial Hospital. He became full time at CHLA when he was named its surgeon-in-chief in 1975. Besides the presidency of APSA, he served as president of the Pacific Association of Pediatric Surgeons from 1991 to 1992.

While his publications drew on his voluminous clinical caseload at CHLA, in 1977 Woolley authored one of the most profound articles in pediatric surgery: a two-page summary of a questionnaire sent to parents who had the death of a child, published in the *Journal of Pediatric Surgery*. He wrote:

Without exception, each of us has experienced the death of our own child or observed the response of parents to the death of their child. ... You may have wondered how you might help the parents, and, after doing your best, wondered if your actions, or lack thereof, have been truly beneficial, unhelpful, or harmful.

With words that came from wisdom and humanity, Woolley offered heartfelt advice to his colleagues, present and future, that bears reading and re-reading, and sharing with the next generation of pediatric surgeons.







Middle: Woolley (second from left) with (from left)
Thomas Holder, Robert Allen, and Robert Gross.

"You know how to
work, you love your
work, and you love
those little patients
and their parents who
expect so much from
you. Every year is the
Year of the Child for
the child's surgeon."

-Morton Woolley

Important Articles

Altman RP. The portoenterostomy procedure for biliary atresia: a five-year experience. Ann Surg 1978;188(3):351-61. PMID 567461

Bell MJ, Ternberg JL, et al. Neonatal necrotizing enterocolitis. Therapeutic decisions based upon clinical staging. Ann Surg 1978;187(1):1-7. PMID 413500

Leape LL, Breslow NE, Bishop HC.
The surgical treatment of Wilms tumor.
Results of the National Wilms Tumor
Study. Ann Surg 1978;187(4):351-6. PMID
206214

Harrison MR, Bjordal RI, Langmark F, Knutrud O. Congenital diaphragmatic hernia: the hidden mortality. J Pediatr Surg. 1978 Jun;13(3):227-30. PMID: 671187

Kleinhaus S, Boley SJ, Sheran M, Sieber WK. Hirschsprung disease -- a survey of the members of the Surgical Section of the American Academy of Pediatrics. J Pediatr Surg. 1979 Oct;14(5):588-97. PMID 512801

Robert Allen

Robert "Bobby" Allen was a rarity in the specialty – a surgeon whose primary practice was congenital heart surgery. During his short career at the LeBonheur Children's Hospital in Memphis, he performed more than 2,500 heart operations, 1,000 on cardiac bypass. Still involved in general pediatric surgery, Allen and his fellow Memphian Earle Wrenn, Jr., made a fundamental contribution to the management of abdominal wall defects – the use of a prosthetic silo for gastroschisis, a practical improvement over the staged approach of multiple operations using gradual resection of a Teflon patch described by Samuel Schuster the year before.

A native Tennessean, he studied medicine and trained in surgery in the state. After service in the U.S. Navy, he trained with Gross in Boston, then returned to Memphis in 1959. He was among the charter members of APSA. An active contributor to the pediatric surgical literature, he served as publications chair for the Surgical Section. He was one of the original members of the Lilliputian Society.

Allen was a popular figure in Memphis society, which valued him as a person as well as a lynchpin of its pediatric medical community. His colleague Robert Hollabaugh remembered him making rounds in a tuxedo late at night after getting a call coming home from a formal function. His risk-taking avocations — Corvettes, motorbiking and skiing — provided some relief from the demands of his profession but led to his early death at the age of 53 from injuries suffered in a car crash. Mourners filled the chapel as they remembered him. "He was one of those rare people who made you feel you've known them all your life five minutes after you've met them," said one. Another gave him the ultimate accolade for a surgeon: "He had great hands."

Bobby Allen started the pediatric heart program in addition to all branches of pediatric surgery in Memphis TN and practiced all his life until his unexpected and early death. He was innovative, a skilled surgeon and was willing to change with time. He never got upset with difficult cases, resident mistakes, or unusual complications, and worked with the medical staff to solve problems. He always promoted pediatric surgical education and worked hard with other leaders in pediatric surgery to establish APSA and the surgical section of AAP. He was great mentor to many pediatric surgeons in this country and abroad.

-Raj Nagaraj







Clockwise from top left: Allen (far right) at a formal function with (from left) Hardy Hendren, Morton Woolley, Robert Gross, and Robert Filler; Allen in less formal attire with Filler (at left) and Woolley (center); his colleague in Memphis Earle Wrenn, Jr.

Events

Biemann Othersen, a future president of APSA, documents his group's experience with incorporating a new concept of service delivery, the physician assistant, into its practice.

"The first year was spent assisting the Chief and learning how easy it seemed to perform pediatric surgery. Then, as a senior resident you learned just how hard it was to perform pediatric surgery."

-Robert Allen

Important Articles

Gauderer MWL, Ponsky JL, Izant RJ Jr. Gastrostomy without laparotomy: A percutaneous endoscopic technique. J Pediatr Surg 1980;15(6):872-5. PMID: 6780678

Thomas Santulli

Thomas Santulli was APSA's 11th President serving from 1980 to 1981. Santulli was a native New Yorker and spent his entire academic career at Columbia University and Babies Hospital in New York City. He joined the Department of Surgery at Columbia in 1945 and became the Division Chief in 1955. Over the ensuing 25 years, he made significant contributions to clinical pediatric surgery. He is credited with advances in the understanding of anorectal malformations and the pathogenesis and treatment of infants with intestinal atresia and meconium ileus. In the mid-1960s, a collaboration between Santulli and his colleagues in pediatric radiology and pediatric pathology yielded what became our modern description of necrotizing enterocolitis (NEC) in premature infants. His interest in NEC was intense and the subsequent investigative efforts of his trainees resulted in a better understanding of the roles of hypoxia, stress, and the preventive importance of breast milk in the pathogenesis of NEC. As one of the first surgeons in New York City to dedicate his career to pediatric patients, Santulli played an important role in the education of those seeking specific expertise in pediatric surgery. He began offering 6-12 month training positions

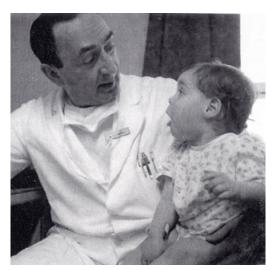


in 1958 and the Babies Hospital became one of only 7 centers in North America to offer such an experience. Between 1958 and 1980, he provided pediatric surgical education to 30 trainees with 16 of these subsequently dedicating their careers to pediatric surgery. Nine of his trainees became chiefs of pediatric surgery and two eventually became APSA presidents, Raymond Amoury and Robert Touloukian. In his APSA Presidential Address, published in the *Journal of Pediatric Surgery* in December 1981, he clearly reiterated the belief of many in the audience that "the Pediatric Surgeon can render the best surgical care for infants, children, and adolescents."





Top: Santulli with colleagues
Edward Donovan (left) and
George Humphreys, II (center).
Center: Santulli (seated, center)
with the surgical staff at
Babies' Hospital. Barbara
Barlow, who will become
the first woman director of
surgery at Harlem Hospital,
is standing second from left.
Robert Touloukian, future
president of APSA, is second
from right.



"If our main concern is the welfare of children, then we must encourage every measure that will assure the best available care for children everywhere."

-Thomas Santulli

Important Articles

Nagaraj HS, Sandhu AS, Cook LN, Buchino JJ, Groff DB. Gastrointestinal perforation following indomethacin therapy in very low birth weight infants. J Pediatr Surg. 1981 Dec;16(6):1003-7. PMID: 7338750

William Kiesewetter

William Kiesewetter started one of the first training programs in pediatric surgery at the Children's Hospital of Pittsburgh in 1955. For the next 26 years, until his untimely death in 1981, he had 64 trainees from 27 states and 22 countries. His main professional interest was surgery for imperforate anus. In 1970 Kiesewetter, Thomas Santulli and Alexander Bill led an international consortium that devised the low-intermediate-high classification scheme for imperforate anus.

The Kiesewetters of Abington Township in southeastern Pennsylvania were close friends with the Kellys of Philadelphia, with whom they shared a deep fundamentalist Christian faith. One, Howard Kelly of Johns Hopkins, was the inspiration for young William's aspirations for a career in surgery. After graduating Phi Beta Kappa from Davidson College, he took his medical degree at Penn in 1942. Upon his return from service in World War II as a flight surgeon in the US Army Air Force, he trained in surgery at Yale from 1946-1950, including a year with Koop at the Children's Hospital of Philadelphia. Kiesewetter stayed on as Koop's junior associate until he left for Pittsburgh five years later.

Kiesewetter died on Christmas Eve 1981, his presidential year. His colleagues remembered him as an elegant figure at national conferences. His trainees saw his skill as a surgeon and kindness in treating children and their families. In short, he was the model of an academic pediatric surgeon.

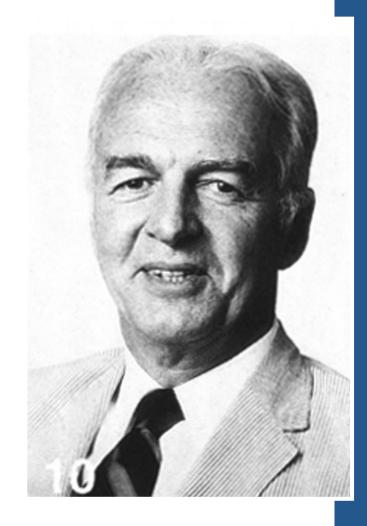


"He enjoyed life fully, and was unfailingly graceful, whether on the tennis court, the golf course, in a social gathering, at the podium, or in the operating room."

-Judson Randolph

The many pediatric surgeons from this country and abroad trained by Dr. Kiesewetter have extended to countless children the precise care, concern for people, and the meticulous surgical approach taught so skillfully by Dr. K."

-Robert Telander



Events

Michael Harrison in San Francisco performs an open operation on a human fetus with obstructive uropathy.

Vazquez describes the peel-away sheath for central venous cannulation.

Denis King, Thom Lobe, and Tom Boles report an 86 percent salvage rate for non-operative management of splenic injuries.

Important Articles

Barlow B, Niemirska M, Gandhi R, et al. Ten years' experience with pediatric gunshot wounds. J Pediatr Surg 1982;17(6):927-32. PMID: 7161681

Harrison MR, Ross NA, de Lorimier AA.

Correction of congenital diaphragmatic hernia in utero. III. Development of a successful surgical technique using abdominoplasty to avoid compromise of umbilical blood flow. J Pediatr Surg. 1981

Dec;16(6):934-42. PMID: 7200135

W. Hardy Hendren, III

W. Hardy Hendren is known for his groundbreaking operations for megaureter and genitourinary malformations, procedures so revolutionary that he was accused of using intravenous pyelograms of normal children for his "after" comparison figures. A single procedure could take him long into the night and into the next morning, giving him one of the iconic nicknames in pediatric surgery: "Hardly Human." Ultimately no one doubted his success. One of his patients with a cloacal malformation conceived and delivered a child – per vaginum – as an adult.

After Hendren's service as a Navy pilot he completed his baccalaureate and spent his first two years of medical study at Dartmouth, then completed his medical studies at Harvard Medical School. He did his residency at the Massachusetts General Hospital, not before he led a rising against the first resident match in 1951, resetting the original match algorithm to a selection process that favored students' preferences.

After training in pediatric surgery at The Children's Hospital in Boston he stayed on staff. In no time Hendren ran afoul of Gross, so he restarted his practice at the MGH where he built a highly successful academic and clinical program with Samuel Kim and Patricia Donahoe. Hendren returned to The Children's Hospital in 1982, succeeding Judah Folkman as surgeon-in-chief.

The long procedures never bothered him. "What was important was that you do a good job in the operation," he said. "You never walk away from the table knowing that you had not done well." Jay Vacanti, who eventually succeeded Hendren as surgeon-in-chief at the MGH, was the latter's first chief resident at The Children's Hospital.



"With his scrub nurse Dorothy Enos, they worked seamlessly," Vacanti said. "It was like a silent ballet, or poetry in motion, so fluid were their movements. I decided that he was the surgeon I was going to model as I learned the craft of surgery."

Events

J. Alex Haller in Baltimore and Max Ramenofsky, then in Mobile, AL, propose the certification of pediatric trauma centers and the establishment of regional systems of trauma care for children. Haller leads the development of a statewide pediatric trauma care system in Maryland.





Top: Hendren as a pilot
in the US Navy; center
left, Eleanor and Hardy
Hendren; center right, with
one of his patients who had
undergone reconstruction
of a cloaca malformation
as an infant, who as an
adult had just given birth;
right, with long time
colleague Patricia Donahoe.





"One of the qualities that sets pediatric surgeons apart is their caring attitude and deep concern for children and their families, and their realization that it is a very special responsibility and privilege to care for a little child."

-W. Hardy Hendren

Important Articles

Peña A, DeVries PA: Posterior sagittal anorectoplasty: Important technical considerations and new applications. J Pediatr Surg 17(6):796-811, 1982. PMID: 6761417

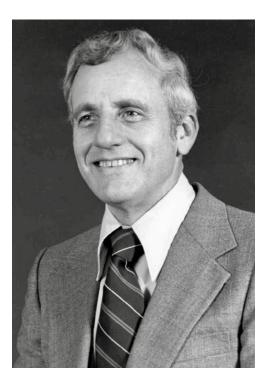
Niederhuber JE, Ensminger W, Gyves JW, et al. Totally implanted venous and arterial access system to replace external catheters in cancer treatment. Surgery 1982;92(4):706-12. PMID: 7123491

Ramenofsky ML, Morse TS. Standards of care for the critically injured pediatric patient. J Trauma 1982;22(11):921-33. PMID: 7143498

Lester Martin

Working in a lab at The Children's Hospital to help pay for Harvard Medical School, Lester Martin, born on a Missouri cattle farm, came in contact with Gross' residents, who took the eager student on their morning rounds. In his fourth year Martin spent a day with Gross in the operating room: a hernia, an orchiopexy, a vascular ring, and a Wilms tumor. Done at 1 p.m., the professor invited him to lunch. "It was the greatest day in my entire four years of medical school," Martin said.

He trained in surgery at Cornell and pediatric surgery with Gross in Boston. Of his many job offers he chose Cincinnati, to him an opportunity because there were 85 pediatricians in the city but no surgeon with a practice solely devoted to pediatric surgery. On his first day – no one there knew he was coming – his hospital tour was interrupted by a call to the emergency department to see a child with a diaphragmatic hernia who had stopped breathing. They didn't have an endotracheal tube, so Martin grabbed the infant and ran up five flights of stairs to the OR. He found a tube but no laryngoscope. He did a blind intubation, found an anesthetist, and repaired the defect.



Martin recalled the death of a high school boy with ulcerative colitis who abjectly rejected an ileostomy. "It really bothered me," he said. "There had to be a better way." He combined the Soave procedure with total colectomy to devise an operation that gave fecal continence to patients with ulcerative colitis. His ten years of clinical work was published in an landmark article in the *Annals of Surgery* in 1977.

In a facility that once lacked an endotracheal tube and a laryngoscope when he needed one, Martin built a 30-year practice that was the foundation of one of the premier training programs in the country, one of the great legacies in pediatric surgery.



Above: seated at far right with
(from left) Lawrence Pickett, Hugh
Lynn, Willis Potts, and Clifford
Benson, left, with Moritz Ziegler,
his successor as surgeon-in-chief
in Cincinnati.

Harrison MR, Golbus MS, Filly RA. The

Important Articles

-Lester Martin

unborn patient: prenatal diagnosis and treatment. Orlando, FL, Grune and Stratton, 1984.

"The evolution of the

residency training

program in pediatric

surgery has probably

single factor in the

pediatric surgery."

advancement of

been the most important

Folkman J. Toward a new understanding of vascular proliferative disease in children. Pediatrics 1984:74(5):850-6.

Haller JA Jr, Shorter N, Miller D, et al.

Organization and function of a regional pediatric trauma center: does a system of management improve outcome? J

Trauma 1983 Aug;23(8):691-6. PMID 6887285

Barlow B, Niemirska M, Gandhi RP, et al. Ten years of experience with falls from a height in children. J Pediatr Surg 1983;18(4):509-11. PMID: 6620098

Finn MC, Glowacki J, Mulliken JB.
Congenital vascular lesions: clinical
application of a new classification. J
Pediatr Surg. 1983 Dec;18(6):894-900.
PMID: 6663421

McKoy C, Bell MJ. Preventable traumatic deaths in children. J Pediatr Surg. 1983 Aug;18(4):505-8. PMID: 6620097

Events

Joseph Tepas leads a panel that creates the National Pediatric Trauma Registry, the first multi-institutional database on pediatric trauma patients. Accumulating data in 1985, the group publishes its first report of data from the registry in 1989, a summary of more than 10,000 patients from 44 participating hospitals.

Patricia Donahoe named chief of the division of pediatric surgery at the Massachusetts General Hospital.

The Baby Doe Amendment to the Child Abuse Law establishes guidelines for the treatment of seriously ill and disabled newborns, regardless of the wishes of the parents. At the center of the controversy is U.S. Surgeon General C. Everett Koop, who argues that the infant at the center of the case, a baby with esophageal atresia and trisomy 21, had care withheld not because treatment was futile, but because of his intellectual disability.

Judson Randolph

"Jud" Randolph was born July 19, 1927, in Macon, Georgia and grew up in Nashville. He served in the U.S. Navy from 1945-1946 aboard the USS Alabama. He returned to Nashville, where he graduated from Vanderbilt University in 1950 and from Vanderbilt Medical School in 1953.

Dr. Randolph trained in pediatric surgery at the Boston Children's Hospital under Dr. Robert Gross. After Boston, he accepted the position as surgeon-in-chief of the Children's National Medical Center in Washington D.C., a post he held for almost 30 years. Dr. Randolph was adored by his patients and families and played an active role in the care of complicated patients until well into their adulthood. He was one of the first pediatric surgeons who focused on children's burn care and was a leader in the advancement of surgical care of children with cancer. He published widely, educated wisely, acknowledged failures along with accomplishments, and ignored the typewriter in favor of the characteristic handwritten notes that became one of his trademarks and are still cherished by those who have received and saved them.

Dr. Randolph provided significant leadership in developing the specialty of pediatric surgery in America. Along with Dr. William Clatworthy, who chaired a newly formed education committee within the Surgical Section of the American Academy of Pediatrics, Dr. Randolph was instrumental in establishing the requirements for the two-year training program in pediatric surgery for the United States and Canada in the late 1960's. He was on the committee that successfully approached the American Board of Surgery to obtain specialty board certification, resulting in the certificate of special competence in pediatric surgery. He was the first pediatric surgeon to represent the specialty as a director on the American Board of Surgery. He, along with Drs. Harvey Beardmore and Marc Rowe, developed the first written examination in pediatric surgery.

While in Washington Dr. Randolph served as Chair of the Surgical Section of the American Academy of Pediatrics and President of the American Pediatric Surgical Association. He was the recipient of both the Arnold Salzberg Award and the Ladd Medal by the American Academy of Pediatrics for his surgical mentorship and surgical service to children, respectively, and the Distinguished Graduate Medal by Vanderbilt Medical School.

His own death was a "death with dignity" on May 17, 2015: he made a choice that was right for him, respected by his family, and he died peacefully in the company of people he loved. Dr. Randolph will be remembered for quoting Dr. Gross and crediting his proteges: "A good pupil will always outshine his teacher."







Above left: Comfort and Jud Randolph.
Right, the Randolph family: front row, from
left, Jud and Comfort with son Somers
and daughter Comfort; back row, Adam,
Garrett, and Judson.

"Pediatric surgery is not hard to do. It's hard to get to do."

"Pediatric surgeons are physicians plus something more, plus something more, plus something yet again."

 $-Judson\,Randolph$

Important Articles

Wung J-T, James LS, Kilchevsky E, et al. Management of infants with severe respiratory failure and persistence of the fetal circulation, without hyperventilation. Pediatrics 1985;76(4):488-94. PMID 4047792

Cotton RT. Pediatric laryngotracheal stenosis. J Pediatr Surg. 1984 Dec;19(6):699-704. PMID: 6520674

Gauderer MW, Picha GJ, Izant RJ Jr. The gastrostomy "button"--a simple, skinlevel, nonrefluxing device for long-term enteral feedings. J Pediatr Surg. 1984 Dec;19(6):803-5. PMID: 6440973

Dale Johnson

After flunking a dexterity test for entry to dental school when a cake of soap from which he was trying to carve a tooth crumbled in his hands, Dale Johnson turned to medicine (University of Utah, 1956), an inspiration that came during mission service in South Africa. He trained in surgery at the Massachusetts General Hospital (completed 1961) and in pediatric surgery at the Children's Hospital of Philadelphia (completed 1963), where he stayed as an attending surgeon.

In 1967, covering for an infant near death from dehydration and malnutrition after surgery for a near-total intestinal atresia, Johnson asked Stanley Dudrick and Douglas Willmore at the University of Pennsylvania to give the infant a parenteral formula they had used on dogs and adult patients. Johnson used insulation from a copper wire as the first central line in an infant. While the researchers did their measurements, Johnson took care of the child, dealing with the complications associated with parenteral nutrition for the first time.

In 1971 he went to Salt Lake City as chief of surgery at the Primary Children's Hospital, where he became nationally known (president, APSA, 1985; president, Pacific Association of Pediatric Surgeons, 1990; Arnold M. Salzberg Award, 2002). He sang baritone with the Mormon Tabernacle Choir and enjoyed powder skiing well into his 80s. Johnson and his wife Beverly recently celebrated their 66th wedding anniversary with their four children, 13 grandchildren, 34 great-grandchildren, and 1 great-grandchild.



Johnson's kindness and wisdom are legendary.

His kind and compassionate soul has illuminated and inspired all whom have had the good fortune to serve at his side.

-Rebecka Meyers, Johnson's successor at Primary Children's Hospital, Salt Lake City







"The old ways



Clockwise from top: Beverly
and Dale Johnson;
standing at right with
Koop; with a patient
in Chile; the Johnsons'
wedding photo.



Important Articles

Carthlidge PHT, Mann NP, Kapila L.
Perioperative stabilization in congenital diaphragmatic hernia. Arch Dis Child
1986;1226-8. PMID: 3813616

Manning PB, Morgan RA Coran AG, et al. Fifty years' experience with esophageal atresia and tracheoesophageal fistula. Beginning with Cameron Haight's first operation in 1935. Ann Surg 1986;204(4):446-51

Bartlett RH, Roloff DW, Cornell RG, et al. Extracorporeal circulation in neonatal respiratory failure: A prospective randomized study. Pediatrics 1985;76:479-87. PMID: 3900904

Adzick NS, Harrison MR, Glick PL, et al. Diaphragmatic hernia in the fetus: prenatal diagnosis and outcome in 94 cases. J Pediatr Surg. 1985 Aug;20(4):357-61. PMID: 4045660

J. Alex Haller

Alex Haller was one of the leading children's surgeons, innovators, and advocates of our time. The son of a dentist in Pulaski, VA, he attended Vanderbilt University (B.A., 1947) where he met his future wife Emily Sims. She stayed at Vanderbilt for her own medical education while he went to Johns Hopkins for medical school (M.D., 1951). They married in 1951, a union that lasted 67 years, with four children and 16 grandchildren.

Following his internship in surgery at Hopkins (completed 1952), he did a year of pathology in Zurich. He joined the Coast Guard (1953) then transferred to the National Heart Institute. (1953-1955). He returned to complete the residency in surgery under Alfred Blalock (completed 1959). He took a position at the University of Louisville as chief of adult and pediatric heart surgery and joined an established practice in pediatric surgery with Hugh Lynn. Lured back to Hopkins in 1963 by Blalock as a pediatric surgeon under David Sabiston, he became children's surgeon-in-charge at Hopkins in 1964 and Robert Garrett Professor of Pediatric Surgery in 1967.

Haller made outstanding contributions to children's surgery. He established the first training program that required a year of research. His laboratory was one of the first to study fetal surgery and physiology. He established the first pediatric trauma center in the U.S., the centerpiece of the first statewide pediatric trauma system. He was

instrumental in the development of the Pediatric Advanced Life Support course.

He worked with governmental organizations to support pediatric trauma research and prevention.

His impact in the field is represented by his authorship of more than 400 publications, particularly in the repair of chest wall deformities. Chair of the Surgical Section and president of APSA, he also held office in major surgical organizations such as the Southern Surgical Association (president, 2001-2002). As program director at Hopkins he influenced and mentored many young surgeons along the way.









Events

Lucien Leape starts work with the Harvard Medical Practice Study, beginning a second career as one of the nation's foremost experts on patient safety.

Martin Eichelberger and public relations expert Herta Feely establish

Safe Kids, the highly successful international program devoted to injury

prevention among infants and children.

"We have traditionally learned the art and craft of surgery rather than just the science of medicine."

-J. Alex Haller

Important Articles

Steichen FM, Spigland NA, Nunez D.
The modified Duhamel operation for
Hirschsprung disease performed entirely
with mechanical sutures. J Pediatr Surg
1987;22(5):436-8. PMID: 3295173

Tepas JJ 3rd, Mollitt DL, Talbert JL, et al. The pediatric trauma score as a predictor of injury severity in the injured child. J Pediatr Surg 1987;22(1):14-8.
PMID: 3102714

Golladay ES, Mollitt DL. Percutaneous placement of a venous access port in a pediatric patient population. J Pediatr Surg 1986;21(8):683-4. PMID: 3746601

Guo J, Ma X, Zhou Q. Results of air pressure enema reduction of intussusception: 6,396 case in 13 years. Results of air pressure enema. J Pediatr Surg 1986;21:1201-3. PMID: 3794988

Chilvers C, Dudley NE, Gough MH, et al. Undescended testis: the effect of treatment on subsequent risk of subfertility and malignancy. J Pediatr Surg. 1986 Aug;21(8):691-6. PMID: 2875145

Robert Izant Jr.

"The Big I," as he was affectionately known by his colleagues, was the first chief of pediatric surgery at the Rainbow Babies and Children's Hospital and professor of surgery and pediatrics at Case Western Reserve School of Medicine in Cleveland. A meticulous clinician, superb technician, inspiring educator, and gifted artist, he was a classic Renaissance man and "compleat" academic surgeon, the archaic spelling in reference to his expertise as a fly fisherman. Izant developed surgical procedures that became standard in the medical community. He built a firstrate program at Rainbow, training hundreds of residents and medical students and lecturing throughout the country. He was one of the founding members of APSA and was elected its president in 1987. He received the Arnold Salzberg Mentorship Award from the Surgical Section in 2001. His imprimatur remains indelibly etched on the walls of the institution, the memories of his trainees and colleagues, and the hearts of his patients and their families.

A Cleveland native, he took his baccalaureate at Amherst College followed by a medical degree from the Western Reserve (now Case Western Reserve University) School of Medicine, where he trained in surgery. He trained at The Children's Hospital in Boston under Gross. He returned to Ohio to join Clatworthy in Columbus for three

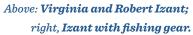
years, after which he returned to Cleveland where he remained the rest of his professional career.

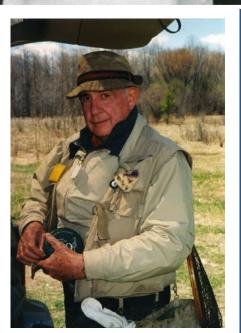
He published widely on a variety of subjects, including the physiology of the newborn infant, cancer, and trauma. He and his associate Howard Filston coauthored the first book to focus on the surgical care of the newborn infant, Surgical Neonate: Evaluation and Care (1978), that became a standard text for many years. Izant was an expert fly fisher and his paintings were displayed at Cleveland area exhibitions.











He was a splendid human being... His intelligence, his gifted hands, his insatiable curiosity and his warm, generous and caring personality made him a special person.

-E. Thomas Boles

Important Articles

Vacanti JP, Morse MA, Saltzman WM, et al. Selective cell transplantation using bioabsorbable artificial polymers as matrices. J Pediatr Surg 1988;23(1):3-9. PMID: 2895175

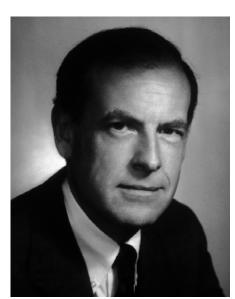
Esquivel CO, Iwatsuki S, Gordon RD, et al (Starzl). Indications for pediatric liver transplantation. J Pediatr 1987;111(6 Pt 2):1039-45. PMID: 3316578

Haller JA, Kramer SS, Lietman SA. Use of CT scans in selection of patients for pectus excavatum surgery: a preliminary report. J Pediatr Surg. 1987 Oct;22(10):904-6. PMID: 3681619

James O'Neill, Jr.

James O'Neill, Sr., an orphan with a grade school education who rose to the presidency of the New York Produce Exchange, inculcated in his son duty and hard work. When his mother fell ill with cancer, it became the son's job to prepare dinner while his father made daily visits to the hospital. When money became tight, a scholarship to Georgetown University helped James Jr. support his premedical studies. He needed work-study grant support to make ends meet during medical school at Yale University (1955-1959).

O'Neill was a medical student on his pediatrics rotation when he saw a general surgeon make the diagnosis of intussusception in an infant with "fainting spells" and reduce the intestine at surgery, an indelible memory that sparked his interest in children's surgery. He decided to train in surgery at Vanderbilt (1959-1965) under H. William Scott, because it had a dedicated pediatric surgical rotation. Enlisting in the U.S. Army as part of the Berry Plan, O'Neill was assigned to the Surgical Research Unit at the Brooke Army Medical Center and assigned as chief of its Burn Study Branch where he studied burn wound sepsis. He then trained at Columbus Children's Hospital with Clatworthy (1967-1968).



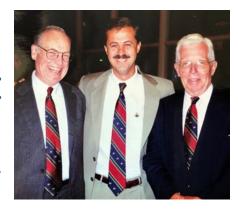
After appointments in New Orleans at the Louisiana State University (1969) and Vanderbilt (1971), in 1981 he was named surgeon-in-chief at the Children's Hospital of Philadelphia. In 1995 he returned to Vanderbilt as chair of the Section of Surgical Sciences at Vanderbilt University, Scott's old position. He was chair of the AAP Surgical Section (1980-1981), president of APSA (1988-1989), and recipient of the Ladd Medal (2007). After stepping down as chair, he has continued to perform pediatric surgery and train residents in Africa long into his retirement, an endeavor for which he received the International Volunteerism Award from the American College of Surgeons (2016), an honor to his father's lesson of duty and hard work.







From top: Susan and Jim O'Neill;
O'Neills with Margie and Jay
Grosfeld, friends from their training
with Clatworthy in Columbus,
and Eduardo Lizarralde (center),
honorary member from Guatemala;
with his cherished orchids; with
then-trainee Andre Hebra (center)
and colleague Harry Bishop.



"If we do not fulfill the responsibility of being surgical advocates for children, who will?"

-James O'Neill, Jr.

Important Articles

Pearl RH, Wesson DE, Spence LJ, et al. Splenic injury: A 5-year update with improved results and changing criteria for conservative management. J Pediatr Surg 1989;24:428-31. PMID: 2738806

Hazebroek FWJ, Tibboel D, Bos A et al (Molenaar). Congenital diaphragmatic hernia: impact of preoperative stabilization. A prospective study in 13 patients. J Pediatr Surg 1988;23(12):1139-46. PMID: 3236179

Tepas JJ 3rd, Ramenofsky ML, Barlow B, et al. National Pediatric Trauma Registry. J Pediatr Surg 1989;24(2):156-8. PMID: 2724004

Longaker MT, Laberge JM, Dansereau J, et al. Primary fetal hydrothorax: natural history and management. J Pediatr Surg. 1989 Jun;24(6):573-6. PMID: 2661800

Eric Fonkalsrud

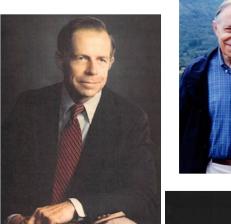
Eric Fonkalsrud was an enormous success in academic surgery at the University of California, Los Angeles (UCLA), a continent away from the traditional power centers on the East Coast. Early in his career he also did cardiothoracic surgery and liver transplantation. Later he became known for surgery of inflammatory bowel disease and chest wall deformities, including pectus excavatum. Fonkalsrud was a busy clinician, performing over 15,000 operations during his career. With more than 460 peer-reviewed articles, 124 book chapters, and 7 books he was also a success in academic surgery, president of both mainstream and pediatric surgical societies, including the presidency of APSA and the chair of the Surgical Section. Among his numerous awards were the William Ladd Medal in 2006 and the Arnold Salzberg Award in 2000 for his mentorship of a generation of leaders in pediatric surgery, even though he never practiced as a member of a fellowship training program.

For all his success, it is difficult to imagine that as an intern at Hopkins, Fonkalsrud didn't make the final cut for a position as resident under Alfred Blalock. But the chief called his protégé at UCLA, William Longmire, and Fonkalsrud's training as a surgeon was set. After residency, Fonkalsrud felt it was obvious that pediatric surgery was where he was needed. When an infant needed surgery, surgeons took Gross's textbook to the operating room, opened to the appropriate page, then followed the descriptions. "It was clear that we needed someone who had

a focused interest in babies and children if we were going to teach others here," Fonkalsrud said. After completing his fellowship with Dr. Clatworthy in Columbus in 1965, Fonkalsrud was appointed the first chief of pediatric surgery at UCLA, and served in that capacity (his one and only position) for 36 years.

Fonkalsrud was an avid athlete for his entire life, from his national championship rowing crew team at the University of Washington to ocean swims and triathlons as a senior citizen. In later years, when asked why he had so many gold medals and blue ribbons, he would joke, "I'm the only one in my age group who is still alive."







This page, from top: Peggy and Eric Fonkalsrud with former trainee Duncan Phillips; the Fonkalsruds with Susan O'Neill (right); Peggy and Eric Fonkalsrud.

"We must give more attention to purpose, and choose a life - not a lifestyle."

"Accept nothing less than your best effort in all things and make decisions you can live with for years to come."

-Eric Fonkalsrud

Important Articles

Harrison MR, Adzick NS, Longaker MT, et al. Successful repair in utero of a fetal diagphragmatic hernia after removal of herniated viscera from the left thorax.

N Engl J Med 1990;322:1582-4. PMID: 2336088

Leape LL. Unnecessary surgery. Health Serv Res 1989;24(3):351-407. PMID: 2668237

Sherman JO, Snyder ME, Weitzman JJ, et al (Swenson). A 40-year multinational retrospective study of 880 Swenson procedures. J Pediatr Surg 1989;24(8):833-8. PMID: 2769553

Longaker MT, Whitby DJ, Adzick NS, et al. Studies in fetal wound healing, VI. Second and early third trimester fetal wounds demonstrate rapid collagen deposition without scar formation. J Pediatr Surg. 1990 Jan;25(1):63-8; discussion 68-9. PMID: 2299547

Robert Filler

Robert Filler, a native of Brooklyn, NY, received his undergraduate degree from Cornell University in 1952. He graduated cum laude in 1956 from Washington University School of Medicine in St. Louis and moved to Boston, completing his general surgery residency at the Brigham and his pediatric surgery fellowship under Dr. Gross at Boston Children's Hospital. He distinguished himself as an outstanding Harvard Medical School faculty member at Boston Children's Hospital and then moved to the Hospital for Sick Children in Toronto. There he served an unprecedented 18-year term as the surgeon-in-chief, mentoring a generation of pediatric surgeons. He is now Professor of Surgery and Pediatrics, Emeritus at the University of Toronto. The Hospital for Sick Children has endowed the Chair in Pediatric Surgery in his name.

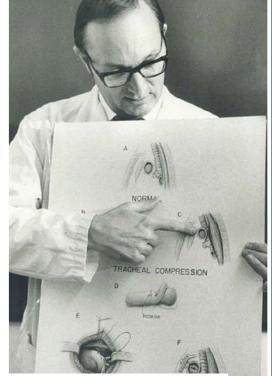
A leader in academic and clinical pediatric surgery, Filler was elected president of APSA in 1990. He also served for six years as governor of the American College of Surgeons. A consummate clinical surgeon, he was noted for surgery for conjoined twins and tracheal reconstruction. His curriculum vitae lists more than 170 peer-reviewed articles and 80 book chapters. His pro bono aortopexy in 1979 in Toronto on a baby flown up from Brooklyn led to the founding of the eponymous Herbie Fund, which has raised over \$20 million to date and which over the decades has supported specialized medical care for almost a thousand children from over 100 countries. Filler was an early



adapter of emerging technology, initiating a telemedicine program at Sick Kids in 1995. He was a founding member of the Canadian Society of Telehealth, serving as President from 2000 to 2002 and as Chairman of the Board of the 600-site Ontario Telemedicine Network from 2006-2009. He was awarded the Bronze Star Medal by the U.S. Army for his treatment of Vietnamese children during his surgical tour of duty during the Vietnam War.

Jane Filler, his wife and essential partner in their life's journey, have three sons, Stephen, Richard, and Lawrence.







Clockwise from top left: With Hardy Hendren (right); with chart explaining aortopexy operation; Jane and Robert Filler.

"No function of the organization has been more important than our annual scientific program."

-Robert Filler

Important Articles

Connors RH, Tracy T Jr, Bailey PV, et al. Congenital diaphragmatic hernia repair on ECMO. J Pediatr Surg 1990;25(10):1043-6. PMID: 2262855

Anderson KD, Rouse TM, Randolph JG. A controlled trial of corticosteroids in children with corrosive injury of the esophagus. N Engl J Med 1990;323(10):637-40. PMID: 2200966

Gauderer MW. Percutaneous endoscopic gastrostomy: a 10-year experience with 220 children. J Pediatr Surg. 1991 Mar;26(3):288-92. PMID: 2030474

Al de Lorimier

Albert de Lorimier, the first academic pediatric surgeon in Northern California, founded the division of pediatric surgery at the University of California, San Francisco (UCSF). He and his associate Michael Harrison built a unit that would become among the most prominent in the field. Born in San Francisco and a champion track and field athlete as an undergraduate at Berkeley, he graduated from medical school and trained in general surgery at UCSF, a time when adult surgeons operated on infants and children.

He decided that with specialty training he could do better. Despite fierce resistance from the UCSF surgical establishment he went to the Columbus Children's Hospital to train under Clatworthy. A leadership change in surgery at UCSF in 1964 led to his return to San Francisco as its first fulltime pediatric surgeon.

A thoughtful and inventive surgeon, he reported on innovative approaches to complex surgical problems, such as bilateral nephrectomy and immediate transplantation for bilateral Wilms tumor and intestinal plication for the dilated proximal bowel for intestinal atresia. Among the first to adopt minimally invasive surgery, he established the superiority of laparoscopic splenectomy over an open operation in terms of return of bowel function and length of hospital stay in a case-control study published in 1995. He also had federal funding for research on diaphragmatic hernia using a fetal sheep model.

He was a champion yachtsman on San Francisco Bay and an award-winning viticulturist in the Northern California
Wine Country. Still talked about is the legendary residents' gathering at the Surgical Section meeting in San Francisco,

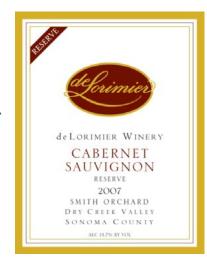
highlighted by a visit to the de Lorimier winery for al fresco dining and winetasting. Called "Big Al" behind his back with respect, he was famous among the trainees at UCSF for doing all the "cool things" extraordinarily well.

Events

In the October issue of the *Journal of Pediatric Surgery* are five articles on laparoscopic surgery, three on cholecystectomy, one on pyloromyotomy, and one on untwisting of torsion of the ovary, introducing a technical revolution in pediatric surgery.



This page, from top: from left, de Lorimier, Marc Rowe, Al Dibbins, Jim O'Neill; Sandy and Al de Lorimier; label from de Lorimier Winery.



"There is nothing more definitive than an incision."

"The more I study the learned and widely divergent opinions of economists, the more I sense that my perspective is no less warped than many."

-Al de Lorimier

Important Articles

Alain JL, Grousseau D, Terrier G.
Extramucosal pyloromyotomy by
laparoscopy. J Pediatr Surg 1991;26:11912. PMID: 1838119

Sackier JM. Laparoscopy in pediatric surgery. J Pediatr Surg 1991;26(10):1145-7. PMID: 1838114

Sigman HH, Lberge JM, Croitoru D (Guttman FM). Laparoscopic cholecystectomy: a treatment option for gall bladder disease in children. J Pediatr Surg 1991;26(10):1181-3. PMID: 1838116

Dick Ellis

Dick Gibbs Ellis was just five when Clyde Barrow and Bonnie Parker visited his North Texas hometown of Wellington during their famous depression era crime spree. Unaffected by their criminal notoriety, he excelled in public school then took both his baccalaureate and his medical degree from Baylor University. He interned at the St. Louis City Hospital, followed by two years in the U.S. Air Force before returning to St. Louis to complete his surgical training. He trained with Clatworthy in Columbus then returned to Fort Worth where he began practice at both the Fort Worth Children's Hospital and the Cook Children's Hospital as the first fulltime surgical specialist in both facilities. As president of the medical staff and chief of surgery at both hospitals he led a 30-year effort to merge the two institutions into a single entity, today's Cook Children's Medical Center, one of the country's largest children's inpatient hospital systems.

He is clinical professor of surgery at the University of Texas Southwestern Medical Center. Active in pediatric surgical societies, he served as chair of the Surgical Section (1988-1989) and president of APSA (1992-1993). Not confined to the U.S., he had honorary memberships of the pediatric surgical societies of both Poland and Turkey.

Ellis is known as a staunch defender of the physician-patient relationship and an opponent of the malign influence of the medical malpractice environment, administrative bureaucracy, and popular culture on the practice of medicine, the message of his presidential address to APSA in 1993. "We must lift the field to a 'calling'" he said, "and inspire our graduates to a deeply held and passionate commitment to serving people."

Dick and Kay Ellis have been married for more than 60 years. They have traveled to more than 100 countries and all the continents. Their three children have doctorate degrees in dentistry, medicine, and law.

I feel you have saved my child's life and I will never forget you or stop thanking God for giving you such a special gift.

-Denise, patient's mother

This is where Dick Ellis comes in. He was able to open Jon up and find the dead part of the intestinal track. Without Dr. Ellis' surgical expertise I don't think the outcome would have been as good. Jon was darn lucky. If he had been anywhere other than Fort Worth at the time, I don't know if he would have made it. At that point in time, Dr. Ellis' expertise was rare.

-William Scroggie, discussing the treatment of Jon Bonnell, now a renowned chef in Fort Worth.









Top: Ellis with Hardy Hendren and Kathy Anderson; bottom left, Kay and Dick Ellis.



"We need to listen with our minds and hearts to what patients and families are trying to tell us."

"The act of caring is the first step in the power to heal."

 $-Dick\,Ellis$

Important Articles

Lobe TE, Schropp KP, Lunsford K. Laparoscopic Nissen fundoplication in childhood. J Pediatr Surg 1993;28(3):358-61. PMID: 8468646

Tulman S. Holcomb GW III, Karamanoukian HL, et al. Pediatric laparoscopic splenectomy. J Pediatr Surg 1993;28(5):689-92. PMID: 8340860

Lally KP, Paranka MS, Roden J, et al. Congenital diaphragmatic hernia. Stabilization and repair on ECMO. Ann Surg 1992;216(5):569-73. PMID: 1444648

Pigula FA, Wald SL, Shackford SR, et al. The effect of hypotension and hypoxia on children with severe head injuries. J Pediatr Surg. 1993 Mar;28(3):310-4. PMID: 8468638

Events

The APSA Foundation is established. To date it has raised over \$1.6 million from 723 member donors and awarded more than \$700,000 in grants to Foundation Scholars.

Raymond Amoury

Dr. Amoury was born on Staten Island, New York. In his senior year of high school, he enlisted in the military. Shortly after graduation, he went through basic training and then served overseas in the U.S. Army, Far East Command. He returned home in time to enroll (through the GI Bill) at Wagner College, Staten Island and was accepted into the College of Medicine, State University of New York, Downstate Medical Center, Brooklyn, graduating in 1955. His internship was on the First (Columbia) Surgical Division, Bellevue Hospital, New York City, which was followed by residencies in general and thoracic surgery in the combined Bellevue/Columbia Presbyterian Medical Center Program. His pediatric surgery residency training was at Babies Hospital (now Morgan Stanley Children's Hospital) in New York City. Following his training, Dr. Amoury remained on the surgical faculty at Columbia's College of Physicians & Surgeons as an assistant professor and an attending surgeon. In September, 1968, he was recruited to be the first surgeon-in-chief at Children's Mercy Hospital in Kansas City. He remained in this position until he retired in September, 1994.

Dr. Amoury was the Katharine Berry Richardson Professor of Surgery, University of Missouri, Kansas City School of Medicine. He was also Director of the Pediatric Surgical Residency Training Program. With Drs. Tom Holder and Keith Ashcraft, the program proved to be unusually diverse and was granted initial approval in 1975. The training program faculty has now increased to 10 full-time general surgeons with academic appointments at the UMKC School of Medicine.

Dr. Amoury received a number of honors and awards during his career and was a member of all the major pediatric surgical societies. Between 1989 and 1991, he served as President of the Association of Pediatric Surgical Training

Program Directors. He served as Secretary of the American Pediatric Surgical
Association between 1985 and 1988, and was President between 1993 and 1994.

Dr. Amoury passed away August 27, 2014 at the age of 86.

Ray taught us the importance of complete assessment, hard work and factual knowledge about the patient's condition.

-Robert Touloukian



Above: Amoury with Pat Murphy (right).

A less than stellar resident rotated through the pediatric service at Children's Mercy Hospital many years ago. We once entered a hospital room to find a young patient eating a cheeseburger with an NG tube in place, since the resident did not understand that 'advance his diet' included removing the NG tube. The same individual was confused about pediatric surgical terminology, and described one patient as "having a Lord procedure for a Merkels". For unknown reasons, this stuck, and long after he left it was common for patients to be described as "having a Merkel's", or needing a "Lord procedure" for malrotation.

Dr. Amoury was in the habit of doing "Chief's rounds" once a week. About 2 weeks from completing fellowship, the senior fellow mentioned on these 'Amoury rounds' that a child had a 'Merkel's diverticulum' resected. Dr. Amoury said nothing, but after rounds were completed called the senior fellow aside to politely inform him, "Actually, it's called a Meckel's diverticulum" - this was the same fellow who had previously co-authored a textbook chapter on Meckel's diverticulum with Dr. Amoury.

-Charles Snyder

"Like every good
matchmaker (and
every good pediatric
surgical faculty)
Yente [the professional
matchmaker in
Fiddler on the Roof]
uses all her skills to
make all her matches
successes."

-Raymond Amoury

Important Articles

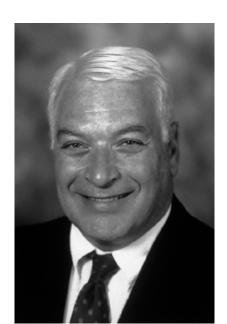
Cilley RE, Statter MB, Hirschl RB, Coran AG. Definitive treatment of Hirschsprung disease in the newborn with a one-stage procedure. Surgery 1994;115(5):551-6.

DiFiore JW, Fauza DO, Slavin R, et al.
Experimental fetal tracheal ligation
reverses the structural and physiological
effects of pulmonary hypoplasia in
congenital diaphragmatic hernia .J
Pediatr Surg. 1994 Feb;29(2):248-56;
discussion 256-7. PMID: 8176601

Jay Grosfeld

Jay Grosfeld embodied pediatric surgery, as president of APSA, chair of the Surgical Section, editor of the *Journal* of *Pediatric Surgery*, editor of the two-volume definitive text of the field, and its foremost figure in the major organizations in surgery, including the presidency of the American Surgical Association. As the first pediatric surgeon in the state of Indiana at the James Whitcomb Riley Hospital for Children, his practice was at the leading edge of the field, instituting a level I pediatric trauma center, an ECMO service, and a training fellowship in pediatric surgery. Of Grosfeld's many honors, the awards of which he was most proud were the Arnold Salzman Mentorship Award and the Ladd Medal from the Surgical Section. He was chair of surgery at Indiana University, the first pediatric surgeon to lead a major university department.

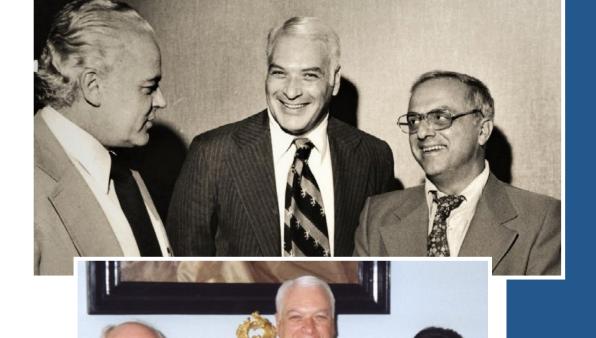
Above all he was a clinical surgeon. His clinical experience set highwater marks that represented the generation of pediatric surgeons that followed Gross, Swenson, Clatworthy, and Potts. His residents knew when he was dissatisfied. When he said, "What this baby needs is a doctor," it was a direct echo of his mentor Bill Clatworthy. His directive was a succinct, "Just do what's right." His approach to the challenges of modern health care were based on two immutable principles, quality care and high standards for medical education. His passion on the care of children went beyond pediatric surgery.



Grosfeld considered his family his greatest legacy. He and Margie, his wife of 54 years, enjoyed a close and warm family of five children and 17 grandchildren, four of whom are planning careers in pediatric surgery.

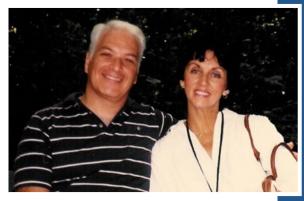
Events

Kevin Lally of Houston leads the formation of a 62-center multiinstitutional group registry to study congenital diaphragmatic hernia. The group's first publication documents the spectrum of approaches to CDH and an overall survival of 63 percent. It becomes the model for multiinstitutional prospective studies in pediatric surgery.











"How a society cares for its children demonstrates the moral and spiritual standards that it embraces and endows its progeny."

-Jay Grosfeld

Important Articles

Wung JT, Sahni R, Moffitt ST,et al. Congenital diaphragmatic hernia: survival treated with very delayed surgery, spontaneous respiration, and no chest tube. J Pediatr Surg. 1995 Mar;30(3):406-9. PMID: 7760230

Arvin Philippart

Arvin Philippart attended the University of Michigan, where he heard Robert E. Gross speak at a Galen Society meeting. That sent him on to Harvard Medical School and a surgical residency at the Peter Bent Brigham, interrupted by service during the Vietnam War.

On returning to Boston he was Robert Gross' last Chief Resident and Judah Folkman's first at the Children's Hospital.

In 1972 Jack Hertzler visited Boston to evaluate the training program, where he met Arvin and offered him a job.

Arvin brought new surgical techniques and a laboratory research program to Detroit.

Arvin made many contributions to pediatric surgical care. He described the successful use of portacaval shunt for glycogen storage disease and estimated the acute volume requirements in infants with abdominal wall defects. He described the neonatal small left colon syndrome and made it clear that these patients did not have Hirschsprung disease and would not require an operation. He also wrote several early papers on the nonoperative management of trauma for which he was locally unpopular for a long time.

Arvin's greatest contributions were as surgeon and teacher. He turned down many prestigious posts, preferring to stay in Detroit to maintain the training program there and operate and talk with his residents. He insisted that a surgeon should devote himself/herself to excellence in the operating room. He always placed the patient and the family at the center of care, with one surgeon having responsibility for that patient and all aspects of the disease that was being treated. The ethic was his motivation to have the first surgical critical care training program in the nation created at the Children's Hospital of Michigan. Everyone, especially the candidates for his program, knew that training pediatric surgeons was his first interest and the foremost achievement of his department.





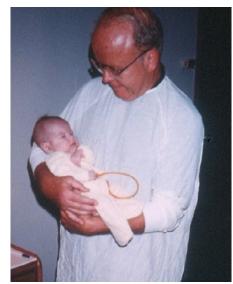












"I am a contrarian, always willing to question the collective wisdom of the moment."

-Arvin Philippart

Important Articles

Bond SJ, Eichelberger MR, Gotschall CS, et al. Nonoperative management of blunt hepatic and splenic injury in children. Ann Surg 1996;223(3):286-9. PMID: 8604909

Metkus AP, Filly RA, Stringer MD, et al. Sonographic predictors of survival in fetal diaphragmatic hernia. J Pediatr Surg. 1996 Jan;31(1):148-51; discussion 151-2. PMID 8632269

Hirschl RB, Praikoff T, Gauger P, et al (Bartlett RH). Liquid ventilation in adults, children, and full-term neonates. Lancet 1995;346(8984):1201-2. PMID: 7475663

Georgeson KE, Fuenfer MM, Hardin WD. Primary laparoscopic pull-through for Hirschsprung disease in infants and children. J Pediatr Surg 1995;30(7):1017-21. PMID: 7472924

Fischer JD, Chun K, Moores DC, et al. Gastroschisis: a simple technique for staged silo closure. J Pediatr Surg 1975;30(8):1169-71. PMID 7472975

Keith Ashcraft

Keith Ashcraft was born in 1935 and raised in the small Kansas town of Hillsboro. He went to college for two years at Kansas State College with the intention of becoming a veterinarian. However, his zoology professor suggested one day that he should be a surgeon based on his anatomic dissections. He took this advice to heart and while doing a two year tour of duty in the Army, he decided to matriculate at the University of Kansas where he received his BA degree and subsequently his medical doctorate.

While in medical school, he happened to hear a presentation by Dr. Tom Holder on the repair of congenital heart defects in children, and this lecture determined his career path. Dr. Holder became his primary mentor and subsequent partner, and they have been lifelong friends. He received his general surgery training at the University of Kansas Medical Center, followed by two years of pediatric surgery training there with Drs. Holder and Lucian Leape. Following his pediatric surgery training, he spent a year in London at Great Ormond Street doing additional training in cardiac surgery. After his year in London, he spent a brief period of time in Galveston, but was recruited to return to Kansas City and join Dr. Holder in the private practice of pediatric surgery. For 20 years, Drs. Ashcraft and Holder were the primary clinical surgeons at Children's Mercy Hospital in Kansas City. During much of that time, Dr. Ray Amoury was the Surgeon-in-Chief and Residency Program Training Director. When Dr. Amoury retired in 1993 as surgeon-in-chief, Dr. Ashcraft assumed that position and held it until his retirement in 1999.

Following retirement, Dr. Ashcraft has remained very busy with multiple endeavors, including close in fund-raising for a number of nonprofit social service agencies on whose boards he serves. Hobbies have included watercolor painting which he has pursued for more than 20 years.



He remains married to the love of his life, Connie, and they have been married 62 years. They have four children and seven grandchildren. Most of the grandchildren live nearby, except for one who is in the Marines.

A hundred years from now it will not matter what sort of house I lived in, what my bank balance was or what sort of car I drove, but the world may be different because I was important in the life of a child.

-sign in Keith Ashcraft's clinic





From top: with Tom Holder (left); one of Ashcraft's watercolors.

Events

APSA receives certification from the Accreditation Council for Continuing

Medical Education, the body that oversees CME credit hours, the *lingua*franca of postgraduate education.

"It is essential to remember that all of us are important in the lives of our children and other people's children."

"Mentor/mentee relationships happen to those who look for them."

-Keith Ashcraft

Important Articles

Woolley MM. The death of a child – the parent's perspective and advice. J
Pediatr Surg 1997;32(1):73-4. PMID:

H. Bieman Otherson

With his characteristic whimsical good nature Biemann Othersen embraced the nickname one of his young patients gave him, "Dr. Bee," by having Janelle, his wife, embroider a small bee on each of his signature blue lab coats. His reputation grew from his total devotion to his home of Charleston and his professional home, the Medical University of South Carolina (MUSC).

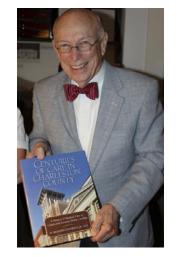
After taking his medical degree from MUSC (1953) he did his post graduate surgical training at the Philadelphia General Hospital, the Hospital of the University of Pennsylvania, the Massachusetts General Hospital, and MUSC. After completing his training in Columbus with Bill Clatworthy in 1965 he returned to Charleston as the first chief of pediatric surgery at MUSC and the first pediatric surgeon in the Southeast.



H cas

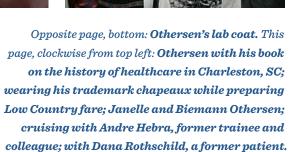
A tireless worker in the care of children in the Carolina Low Country region, he was highly involved in local, state, and national professional societies. He was part of the original National Wilms Tumor Study group and the organizing committee of APSA. As the association's first local arrangements chair, he was responsible for all aspects of the meeting, from site selection to arranging for continuing medical education credits, then as now an onerous process.

His greatest impact was at his home institution, where he served in all capacities of medical leadership at MUSC, including medical directorship of the Medical University Hospital and the first medical director of its Children's Hospital. He is so respected that the Othersen name seems to be everywhere: an endowed chair in pediatric surgery and the medical alumnus of the year award, both in his name; an operating suite in his honor at the new Children's Hospital; and the Janelle L. Othersen visiting professorship at the College of Nursing. The embroidered bees are a winsome reminder of the gentleman behind the honors.













–Н. Bieman Otherson

destroys."

"Just as a captain of a

'Happy Ship' must not

only show discipline

and concern for the

crew, a loving father

needs to do the same

for his children. He

must lead in word

always encourages

never humiliates or

and develops and

and in deed. He

and order but also love



Nuss D, Kelly RE Jr, Croitoru DP, Katz ME. A 10-year review of a minimally invasive technique for the correction of pectus excavatum. J Pediatr Surg 1998;33(4):545-52. PMID: 9574749

Lipshutz GS, Albanese CT, Feldstein VA, et al. Prospective analysis of lung-to-head ratio predicts survival for patients with prenatally diagnosed congenital diaphragmatic hernia. J Pediatr Surg. 1997 Nov;32(11):1634-6. PMID: 9396544

Marc Rowe

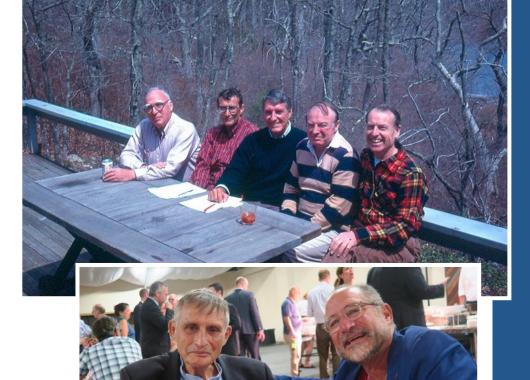
Marc Rowe was in his general surgery residency at Tufts University when he decided to pursue a career in pediatric surgery after talking his way into a rotation with Robert Gross at The Children's Hospital in Boston. He trained with Bill Clatworthy in Columbus. Under Clatworthy's influence he developed a lifelong fascination with the differences in babies compared with adults. His first job after residency was with Mark Ravtich at the University of Chicago where he won an NIH grant to study how newborn infants respond to life-threatening challenges. He subsequently moved to the University of Miami where he was the first fulltime pediatric surgeon. He set up a lab in the VA in Miami to continue studying neonatal physiology. He wrote one of the first papers demonstrating right to left shunting in congenital diaphragmatic hernia and developed one of the first neonatal critical care units in the country. He was



a founder of American Pediatric Surgery Association and helped write the original test given by the American Board of Surgery to establish board certification for pediatric surgery. He was recruited to the University of Pittsburgh to be the Chief of Pediatric Surgery and take over the Pediatric Surgical Residency program where he was an inspiring mentor. He trained over 13 pediatric surgery residents. He said it was important to teach his residents all the skills needed to be a pediatric surgeon including research, writing, teaching, leadership in the hospital and clinical pediatric surgery.

Events

The first APSA strategic planning meeting is held.





Top: editorial board of the two-volume text, Pediatric
Surgery; (from left) Mark Ravitch, Rowe, Judson
Randolph; Kenneth Welch; James O'Neill, Jr. Middle:
Rowe with Humberto Lugo-Vicente. Bottom: Joyce and
Marc Rowe.

"Sometimes a little bit of you has to die for a critically ill baby to live."

-Marc Rowe

Important Articles

Lobe TE, Rothenberg S, Waldschmidt J, et al. Thoracoscopic repair of esophageal atresia in an infant: a surgical first. Ped Endosurg Innov Techniques 1999;3:141-8.

Rothenberg SS, Bealer JF, Chang JH. Primary laparoscopic placement of gastrostomy buttons for feeding tubes. A safer and simpler technique. Surg Endosc 1999;13(10):995-7. PMID: 10526034

Adzick NS, Sutton LS, Crombleholme TM, et al. Successful fetal surgery for spina bifida. Lancet 1998;352(9141):1675-6. PMID: 9853442

De la Torre-Mondragón L, Ortega-Salgado JA. Transanal endorectal pull-through for Hirschsprung disease. J Pediatr Surg 1998;33(8):1283-6. PMID: 9722005

Kathryn Anderson

Kathryn Anderson was born in Lancashire, England, and began her medical studies at Girton College, Cambridge. There she met her husband, French Anderson, in an anatomy class, married and emigrated to the US where both graduated from Harvard Medical School. She spent a year in pediatric medicine and then completed a surgical residency at Georgetown University Hospital in Washington DC. Anderson trained in pediatric surgery at Children's National Medical Center in Washington, D.C., and joined the faculty at George Washington University, advancing to Professor and Vice Chair of the Department of Surgery.

She moved to California to the Children's Hospital Los Angeles in 1992 where she became surgeon-in-chief, with a concurrent appointment as Professor and Vice Chairman of Surgery at the University of Southern California. She retired in June 2004 and is Emerita Professor of Surgery at USC.

Anderson is a participating member of numerous national and international surgical societies. She held the title of Secretary of the American College of Surgeons for 9 years and then became First Vice-President. She served as President of the American Pediatric Surgical Association from 1999-2000. In 1999 Anderson was elected a Fellow of the Royal College of Surgeons of England. She holds Honorary Fellowships in the Royal College of Surgeons of Ireland and Edinburgh, Scotland, and is an Honorary Fellow of several international Pediatric Surgery Associations. In 2005 she became the first woman president of the ACS and was chosen as one of the College's "Icons in Surgery" in 2016.

She cherished the positions and honors that came her way, but she hopes that "first" and a gender assignment will soon be made obsolete by their frequency.



Events

The Children's Oncology Group is formed by an amalgamation of the Children's Cancer Group, the Pediatric Oncology Group, the National Wilms Tumor Study Group, and the Intergroup Rhabodmyosarcoma Study Group.

APSA initiates an Outcomes and Clinical Trails Center which eventually becomes a standing committee.







This page, from top: Anderson in the OR; Anderson with colleagues (from left) Marty Eichelberger, Jud Randolph, Mary Fallat, Phil Guzzetta, and Tom Rouse; Anderson as president of the ACS; Anderson performing a reverse gastric tube interposition.

"There is surely no better career than that of restoring life and function to our children. It is a legacy that is not limited by time or dimension."

"We have not caught up with the necessity of finding some way of paying for all our inventions without destroying our safety nets."

-Kathryn Anderson

Important Articles

Alqahtani A, Nguyen LT, Flageole H, et al. 25 years' experience with lymphangiomas in children. J Pediatr Surg. 1999 Jul;34(7):1164-8. PMID: 10442614

1925

Gertrude Herzfeld proposes her "radical cure" for infant hernia: operative repair as an outpatient. In her report she advocates for repair at any age ("I do not hesitate to operate even within the first month of life, when such a case arises") and outpatient surgery ("the operation may be done at the patient's home without much difficulty").



1957

Louise Schnaufer completes her training with Koop in Philadelphia. She begins practice in Baltimore, first at the Union Memorial Hospital, then the Johns Hopkins Hospital. She returns to join Koop's fulltime staff at the Children's Hospital of Philadelphia in 1971.



After her chief residency at Barnes
Hospital in St. Louis, Jessie Ternberg
receives a junior faculty appointment
at the Washington University School
of Medicine as its first specialty trained
pediatric surgeon. She is named the
inaugural chief of the division of pediatric
surgery at Washington University in 1972.



1961

Elizabeth Coryllos completes her fellowship in pediatric surgery at the Hospital for Sick Children in Toronto, its first woman graduate.



1972

Kathryn Anderson completes her training at the Children's Hospital National Medical Center in Washington, D.C., and begins her practice at Georgetown University before returning to take a fulltime job with Jud Randolph at Children's and George Washington University.

1974

Barbara Barlow publishes
her study that shows
the protective effect of
breast milk in preventing
necrotizing enterocolitis.



1976

Ann Kosloske begins her practice in New Mexico as the state's first pediatric surgeon.

1985

Anderson is named chair of the Surgical Section, the first woman elected to the position.

1999

Donahoe is named editor of the Proceedings of the National Academy of Sciences.

The American Pediatric Surgical Association (APSA) elects Anderson as its first woman President. In 2005 she is the first woman elected to lead the American College of Surgeons, the largest organization of surgeons in the world.

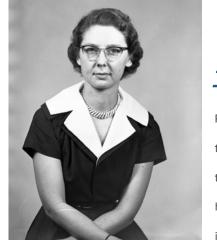
2007

In the electronic version of the *Journal of Pediatric*Surgery, Andrea Hayes-Jordan publishes her first cases of the use of aggressive cytoreductive surgery followed by hyperthermic intraperitoneal chemotherapy for desmoplastic small round cell tumor, a condition that had a 5 percent survival. By 2018 she reports a phase 2 clinical trial and a 79 percent 3-year survival.



| 201

27% of APSA members and 43% of new members are women.



1949

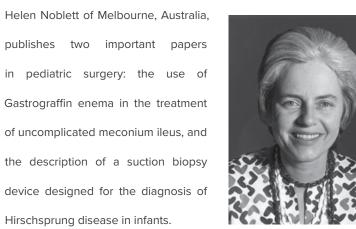
Rowena Spencer completes her training with Koop as his second trainee in Philadelphia. She begins her practice at the Charity Hospital in New Orleans in 1953.

1953

Two women, Isabella Forshall of Liverpool and Rosie MacKay of Edinburgh, are among the 14 founding members that meet at Great Ormond Street to form the British Association of Paediatric Surgeons.



Benjy Brooks, trained in pediatric surgery at the Children's Medical Center in Boston and the Royal Hospital for Sick Children in Glasgow, returns to the Texas Children's Hospital and the Baylor University School of Medicine in Houston as its first pediatric surgeon. In 1973 she becomes the founding chief of the division of pediatric surgery at the new University of Texas Health Science



1970

1969

Patricia Moynihan is the first woman pediatric surgery fellow at the Johns Hopkins Hospital.

1973

Patricia Donahoe, after training at the Alder Hey Children's Hospital in Liverpool, returns to join W. Hardy Hendren at the Massachusetts General Hospital (MGH). She convinces him to redirect the pediatric surgery laboratory to study the developmental effects of a recently described inhibitory growth factor on urogenital development.



1983

Barlow and her associates at the Harlem Hospital document a 96

percent decrease in injuries from falls from heights in its pediatric

population, the result of a city-wide "Children Can't Fly" campaign

to place window guards in apartments where children 10 years

and younger reside.

Donahoe is awarded a patent for a method of purification of Müllerian Inhibiting Substance.

1984

Donahoe succeeds Hendren as chief of the MGH division of pediatric surgery.

2000

Barlow is named director of surgery at the Harlem Hospital

Center, the first woman to hold the position.



2006

Donahoe is elected president of APSA.

19% of new APSA members in 2006 are women.

Top row, from left: Schnaufer; Schnaufer at surgery; Ternberg at surgery; Anderson; Barlow;
Hayes-Jordan. Bottom row, from left: Spencer; Brooks (at left); Noblett; Donahoe; woman
presidents of APSA (from left) Mary Fallat, Anderson, Diana Farmer, Donahoe, with Patricia
Numann, past president of the ACS.

Women in Pediatric Surgery Timeline | American Pediatric Surgical Association 50th Anniversary

David Tapper

David Tapper grew up in Baltimore and attended the University of Maryland for undergraduate and medical school.

As fortune would have it, as a medical student on an orthopedic rotation at the Children's National Medical Center he was introduced to Jud Randolph who convinced him that his future was as a pediatric surgeon.

Tapper began his surgical residency at the University of California at San Francisco. During his training he took two years for a research fellowship at The Children's Hospital of Boston with Judah Folkman working on angiogenesis. He then returned to Boston for his pediatric surgery training. Remaining on its faculty, he established an NIH R01-supported laboratory that focused on growth factor research. His research activities did not interfere with his establishing a reputation as an outstanding clinical surgeon, and a revered teacher.

In 1983, at age 38, Tapper was chosen as the first full-time surgeon-in-chief at the Children's Orthopedic Hospital in Seattle (now Seattle Children's Hospital) and just the third pediatric surgeon to have a faculty appointment at the University of Washington. The Seattle pediatric surgery fellowship was threatened with suspension shortly before his arrival. With his characteristic vision, patience, persistence and strong leadership, Dr. Tapper restored the quality of the training program until it was considered to be one of the nation's strongest. He took pride in his trainees, 10 of whom would become chiefs of pediatric surgery throughout the country.



A phenomenal leader who seemed to know and care for everyone, Dr. Tapper held many leadership positions in surgery, most notably as chair of the Pediatric Surgery Board and governor and president of APSA. His presidential address in 2001, "The Achievement of Audacious Goals" was inspirational and moving, as he was battling cancer at the time. Sadly, he left us prematurely in 2002 at the age of 57.

Events

Arnold Coran becomes the president of the World Federation of Associations of Pediatric Surgeons.









From top: Tapper with family and friends at his
APSA presidential meeting; with fellows (from
left) John Waldhausen, Eugene McGahren,
and Mark Holterman; left photo, Susan Tapper;
right photo, with mentor Judah Folkman and
his former trainee, colleague, and successor as
surgeon-in-chief Robert Sawin.

"We should be clock builders, preserving and enhancing our organizational strategies and values, not time tellers, interested only in market share and product strategies."

-David Tapper

Important Articles

North PE, Waner M, Mizeracki A, et al. A unique microvascular phenotype shared by juvenile hemangiomas and human placenta. Arch Dermatol 2001;137(5):559-70. PMID: 11346333

Skari H, Bjornland K, Haugen G, et al. Congenital diaphragmatic hernia: a meta-analysis of mortality factors. J Pediatr Surg. 2000 Aug;35(8):1187-97. PMID: 10945692

Flake AW, Crombleholme TM, Johnson MP, et al (Adzick). Treatment of severe congenital diaphragmatic hernia by fetal tracheal occlusion. Clinical experience with fifteen cases. Am J Obstet Gynecol 2000;183(5):1059-66. PMID: 11084541

Graf JL, Albanese CT, Jennings RW, et al (Harrison). Successful fetal sacrococcygeal teratoma resection in a hydropic fetus. J Pediatr Surg 2000;35(10):1489-91. PMID: 11051157

Arnold Coran

In looking back at my career as a pediatric surgeon, I think about how it all started. In the fall of 1962, during my fourth year at Harvard Medical School, I attended a lecture in the amphitheater of the Peter Bent Brigham Hospital. The speaker was Robert E. Gross, the father of pediatric surgery and cardiac surgery. I was so impressed with his lecture and his accomplishments that I considered becoming a pediatric surgeon, too. I was fortunate to be accepted to the surgical residency at the Peter Bent Brigham Hospital where I rotated for my second year at Boston Children's Hospital. Dr. Gross was in his heyday then, doing general pediatric surgery, cardiac pediatric surgery and pediatric urology. He was a master technician who said very few words in the operating room. I solidified my plans to become a pediatric surgeon after my time with Dr. Gross. Following completion of my general and thoracic surgery training at the Brigham, I returned to Children's as a senior resident, and subsequently chief resident. This coincided with the year Dr. Gross retired and Dr. Judah Folkman assumed his position.

Going forward, in 1974 I used the framework of my experience in Boston to develop the pediatric surgery program at the C.S. Mott Children's Hospital at the University of Michigan Medical Center in Ann Arbor, where I remain to

this day. The program continues to flourish under the leadership of my successor Ronald Hirschl.

Events

The International Relations Committee (later renamed the Global Pediatric Surgery Committee) is formed.

The administration of APSA enters the information age as it inaugurates online membership application and abstract submission.







From top: making rounds in Israel; with colleague Robert
Bartlett; Susan and Arnie Coran with (from left) Ron
Hirschl, Shaun Kunasaki, and Matthew Harting

"Every child has the right to love, happiness, and health."

"When we retire we will ask if we made a difference in the surgical care of infants and children, not just in our own local area, but throughout our nation and even around the world."

-Arnold Coran

Important Articles

Brown RL, Brunn MA, Garcia VF. Cervical spine injuries in children: a review of 103 patients treated consecutively at a level 1 pediatric trauma center. J Pediatr Surg. 2001 Aug;36(8):1107-14. PMID: 11479837

R. Peter Altman

A baseball standout at Colgate (1955) who cracked wise with the dean (Question: "Peter, can you explain 4 F's and a D?" Answer: "I guess I spent too much time on one subject."), once Peter Altman buckled down on his studies, he became the top-ranked student at New York Medical College (1961) and on his way to prominence in pediatric surgery. A New Yorker who switched his allegiance to the Yankees after the Dodgers lost his loyalty by moving to California, he trained in surgery at Tufts-New England Medical Center in surgery (completed 1967) despite its location in the heart of Red Sox territory.

He entered pediatric surgery by "being just plain lucky," inspired as an intern when he helped out on a hernia repair and found out that the surgeon got paid for it ("You get paid for this?"). Offered a training position at Tufts, he opted to apply to only one program – Children's Hospital in Washington, D.C. (now the Children's National Medical Center), then in its old downtown facility ("It was a miserable dump."). "I got accepted by some miracle." He stayed at Children's Hospital as an attending surgeon after his fellowship.

John Lilly, then at D.C., and Altman brought the Kasai procedure to America. Lilly, who had gone to Japan to observe Kasai, suggested trying the procedure on one of Altman's patients with biliary atresia. "Sure, we have nothing to lose," said Altman. "And it worked." That started a personal series of more than 200 Kasai operations. Even after Altman moved to the Babies Hospital in Manhattan (now Morgan Stanley Children's Hospital) as surgeon-in-chief and subsequently its vice-president for medical affairs (1998), he kept in touch with many of his biliary atresia

patients. Despite his prominence as a leader in pediatric surgery, he later said, he later said that hearing from his patients "is the most satisfying thing in my life."

Events

APSA adds "associate" and "international" memberships.

Tom Tracy is appointed to the American College of Surgeons Advisory

Council for Pediatric Surgery.

APSA Board of Governors declines to take a position on human cloning.







From top: touch football before a New York (football) Giants game; news clippings reporting the success of the first Kasai procedure in Washington, D.C., with colleague John Lilly (left); Hanna and Peter Altman. "To make an impact
you must be an
instrument of change.
To make change you
must take risks."

"The message for me
is not only how far we
have come, but, how
far we still have to go."

-Peter Altman

Important Articles

Albanese CT, Sydorak RM, Tsao K, et al. Thoracoscopic lobectomy for prenatally diagnosed lung lesions. J Pediatr Surg 2003;38(4):553-5. PMID: 12677564

Kim HB, Fauza D, Garza J, et al. Serial transverse enteroplasty (STEP); a novel bowel lengthening procedure. J Pediatr Surg 2003;38(3):425-9. PMID: 12632361

Rothenberg SS. Experience with thoracoscopic lobectomy in infants and children. J Pediatr Surg 2003;38(1):102-4. PMID: 12592629

Boloker J, Bateman DA, Wung JT, et al. Congenital diaphragmatic hernia in 120 infants treated consecutively with permissive hypercapnea/spontaneous respiration/elective repair. J Pediatr Surg. 2002 Mar;37(3):357-66. PMID: 11877648

Brad Rodgers

My association with APSA began in 1977, shortly after I started at the University of Florida with Jim Talbert after completion of my training at Duke and the Montreal Children's Hospital. Just four years later I was local arrangements chair, a job that allowed me to go to the Board of Governors meetings, where I voiced interest in being involved in the pediatric surgery match. Bill Kiesewetter, then president, asked me to manage it. The size of our match wasn't big enough for the National Residency Matching Program (NRMP), so I asked the information technology staff at the University of Virginia, where I had just moved, to write a computer program that did the job along the same lines. I continued to do the job until 1992 when the NMRP took it over.

Probably because of this exposure I began a succession of positions with APSA that included treasurer (1990), APSA representative to the America Board of Surgery (ABS; 1997), inaugural chair of the Pediatric Surgery Board of the ABS, ABS representative on the Residency Review Committee for Surgery, and APSA President-Elect (2002) and President from 2003 to 2004. One of my objectives was to establish a pediatric surgery version of the National Surgery Quality Improvement Program (NSQIP) of the American College of Surgeons (ACS), an organization that I had worked with closely as Chair of its Advisory Council for Pediatric Surgery. Another advantage was Scott Jones, then in charge of NSQIP, was my colleague at Virginia.

After my year as President, I returned to my clinical practice of pediatric surgery at Charlottesville, retiring in 2017.

APSA, an organization that gave me so much, honored me once again in 2014, with the first Robert Gross Award for Surgical Innovation for my work with thoracoscopy in children.

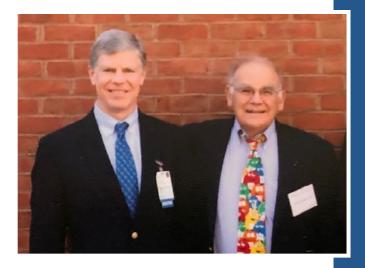


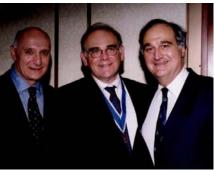
He taught me to be technically precise, thorough in preparation, diligent in care and magnanimous in the face of disappointment. On a more humorous note, he once bet me whether a child had appendicitis. He wrote on a note card, "will eat [the card] if appendicitis.

 $-John\ Waldhausen$

Brad taught me, maybe more than anyone else, the importance of taking ownership of the care of patients. He demonstrated this always and was a wonderful steward of this responsibility.

-Eugene McGahren





From top: with colleague Eugene McGahren; with Peter Altman (left) and Robert Touloukian.



Events

Rodgers calls a meeting of all the leading organizations of pediatric surgery

– APSA, the Surgical Section, the Pediatric Surgery Board, the Residency

Review Committee, and the Association of Pediatric Surgery Program

Directors – to address pressing issues of training and practice.

 $\label{eq:appointment} \mbox{ APSA adopts a standardized appointment process to encourage participation} \\ \mbox{ in its committees.}$

"Each and every one of us has a role to play and each and every one of us can have a part in the success of our organization and of our specialty."

-Brad Rodgers

Important Articles

Leape LL. Robert E. Gross lecture.

Making health care safe: are we up to it?

J Pediatr Surg 2004;39(3):258-66. PMID:
15017534

Sandler A, Lawrence J, Meehan J; et al (Soper). A "plastic" sutureless abdominal wall closure in gastroschisis. J Pediatr Surg 2004;39(5):738-41. PMID: 15137009

Smink DS, Finkelstein JA, Garcia Peña BM, et al (Fishman). Diagnosis of acute appendicitis in children using a clinical practice guideline. J Pediatr Surg 2004:39(3):458-63. PMID: 15017570

Langer JC, Durrant AC, de la Torre L, et al. One-stage transanal Soave pullthrough for Hirschsprung disease: a multicenter experience with 141 children. Ann Surg 2003;238(4):569-85. PMID: 14530728

Harrison MR, Keller RL, Hawgood SB, et al. A randomized trial of fetal endoscopic tracheal occlusion for severe fetal congenital diaphragmatic hernia. N Engl J Med 2003;349(20):1916-24. PMID: 14614166

Robert Touloukian

Indelible memories of my career in pediatric surgery involve APSA presidents. Tom Santulli (11th President), my surgical mentor, inspired an academic career with a worn index card that listed his patients with the not-yet-described surgical problem of necrotizing enterocolitis, which became the subject of my first presentation at the Surgical Section in 1967.

I am a proud charter member of APSA and attended the first meeting at Pheasant Run in 1970. Five years later I sat beside all my seniors in a smoke-filled room in Puerto Rico as our nerves were calmed by Jud Randolph (15th President), proctor of the first certifying examination in pediatric surgery of the American Board of Surgery.

As APSA Secretary (1979-1982) I had the sad but urgent task of telephoning each member of the Board of Governors on Christmas Eve 1981 that Bill Kiesewetter (12th President) had died. Informing the membership was by postal service using individual address plates and an electric addressograph machine passed to me by my predecessor as secretary, Jim O'Neill (19th President).

When Peter Altman (33rd President) gave me the "good news – bad news" option, knowing his personality I asked for the "bad news" first: I had to give the APSA Presidential Address. I created the "Ultimate Commencement" to congratulate new members and to inspire others to choose a career as a pediatric surgeon. As I passed the gavel to Judah Folkman (36th President) we joked about a professor from Yale giving way to one from Harvard. Instead of yet another plaque to a figure who received so many during his career, I presented Judah with dinner and tickets to a play in New York for him and his wife. Later I received a hand-written letter of appreciation that I will always treasure. Now I look forward to the 50th anniversary celebration of APSA.

Events

Kathryn Anderson is elected president of the American College of Surgeons, the first woman to lead the organization, the largest professional society of surgeons in the world.

The APSA Task Force on Family Issues is created.









Top photo: Touloukian with (top row, from left) David
Tapper, Alex Haller, Jay Grosfeld, (bottom row) Dennis
Vane and Karen West. Middle: Touloukian and staff
with Alberto Peña (second from right) at Yale. Bottom:
Janice and Robert Touloukian (couple at left) with
Susan and Jim O'Neill.

"In the city hospital system the elevator service was provided by pressing up for down and the only law and order was administered by the chief resident."

-Robert Touloukian

Important Articles

Javid PJ, Collier S, Richardson D, et al (Jaksic). The role of enteral nutrition in the reversal of parenteral utrition-associated liver dysfunction in infants. J Pediatr Surg 2005;40(6):1015-8. PMID: 15991188

Safford SD, Pietrobon R, Safford KM, et al (Skinner, Rice). A study of 11,003 patients with hypertrophic pyloric stenosis and the association between surgeon and hospital volume and outcomes. J Pediatr Surg 2005;40(967-73). PMID: 15991179

Inge TH, Krebs NF, Garcia VF, et al. Bariatric surgery for severely overweight adolescents: concerns and recommendations. Pediatrics 2004;114(1):217-23. PMID: 15231931

Davenport M, Warne SA, Cacciaguerra S, et al. Current outcome of antenally diagnosed cystic lung disease. J Pediatr Surg. 2004 Apr;39(4):549-56. PMID: 15065026

Judah Folkman

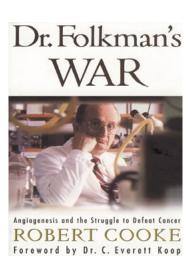
M. Judah Folkman lived a life of consequence. Raised in Columbus, Ohio, he was shaped by his family and strongly influenced by his father who was a rabbi. When he told his father at the age of ten that he had decided to become a physician rather than a rabbi, his father counseled him to be a "rabbi-like" doctor. His career as a pediatric surgeon was characterized by that devotion: to his patients and their families, to teaching the art of medicine and the craft of surgery, and by his passion and curiosity which drove his innovation and his science.

After graduation from Harvard Medical School in 1957, he trained in General Surgery at Massachusetts General Hospital where he had become a legend as a resident. As Chief Surgical Resident, when his request for access to their experimental dialysis program was denied for one of his patients in renal failure following aortic aneurysm repair, he built a dialysis circuit to meet his patient's need. He is also reported to never have left the walls of the hospital as the Chief Surgical Resident. Following his training he joined Dr. William McDermott's Fifth Harvard Surgical Service at the Boston City Hospital. There he pursued what would become his lifelong scientific passion, the creation of the field of angiogenesis and the inhibition of tumor growth by controlling the vessels that arose to feed the tumor.

As a result of his reputation as a surgeon and his growing notoriety as a scientist pioneering a new field in 1967 he was appointed to succeed Robert Gross as surgeon-in-chief at Boston Children's Hospital at the age 34, becoming the youngest Professor of Surgery at Harvard Medical School. Since he had had no formal training in pediatric

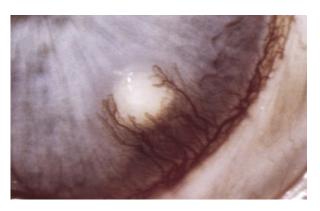


surgery, the decision produced controversy and resentment from the beginning. He was sent to Dr. C. Everett Koop at Children's Hospital of Philadelphia for an accelerated and intense training in pediatric surgery and then returned to Boston to build his department. There, over the next 40 years, he trained many leaders in pediatric surgery, firmly established the field of angiogenesis and saw its successful application in patient care, and inspired many generations of surgeons, physicians and scientists to pursue the noble goal of alleviating human suffering. He died suddenly just before his 75th birthday but his legacy is large and lasting.





Clockwise from top left:
Cover of a biography
of Folkman and
his work; with
Patricia Donahoe;
experimental
angiogenesis in
rabbit cornea.



Events

Initiated by Brad Rodgers and led by Mory Ziegler and Peter Dillon, APSA and its Outcomes Committee begins a partnership with the American College of Surgeons to develop a surgical outcomes program using the National Surgical Quality Improvement Program as a model.

APSA holds its first new member induction ceremony at the annual meeting.

In response to the need for specialty-specific continued medical education, the Pediatric Surgery Self Assessment Program committee is formed.

"It is becoming clear that the angiogenesis process itself may be an organizing principle in biology and medicine."

—Judah Folkman

Important Articles

Moss RL, Dimmitt RA, Barnhart DC, et al. Laparotomy versus peritoneal drainage for necrotizing enterocolitis and perforation. N Engl J Med 2006;354(21):2225-34.

Holcomb GW III, Rothenberg SS, Bax KM, et al. Thoracoscopic repair of esophageal atresia and tracheoesophageal fistula: a multiinstitutional analysis. Ann Surg 2005;242(3):422-30. PMID: 16135928

Harrison MR, Lee H, Albanese CT, et al (Farmer). Subcutaneous endoscopic assisted ligation (SEAL) of the internal ring for repair of inguinal hernias in children: a novel technique. J Pediatr Surg 2005;40(7):1177-80. PMID: 16034766

Holschneider A, Hutson J, Peña A, , et al.
Preliminary report on the International
Conference for the Development of
Standards for the Treatment of Anorectal
Malformations. J Pediatr Surg. 2005
Oct;40(10):1521-6. PMID: 16226976

Patricia Donahoe

Born and raised in Boston, Dr. Donahoe was an avid athlete at Braintree High School and Boston University from which she graduated in 1958 in physical education. However, exposure to anatomy and physiology and to Nobel Laureate lecturers at the adjacent Harvard Bio Labs turned her sight towards medicine. After two years at Indiana University completing her premedical requirements while teaching, Dr. Donahoe matriculated at Columbia College of Physicians & Surgeons, graduating in 1964. She then completed a surgical residency at the Tufts New England Medical Center in Boston, followed by a research fellowship with Dr. Judah Folkman at Boston Children's Hospital, a clinical research fellowship with Dr. Hardy Hendren at the Massachusetts General Hospital, and clinical training as a registrar at Alder Hey Children's Hospital in Liverpool.

Dr. Donahoe joined the Department of Surgery at MGH in 1973, returning to the laboratory she initiated as a fellow, and 13 years later, becoming the Marshall K. Bartlett Professor of Surgery at Harvard Medical School. She served as Chief of Pediatric Surgical Services from 1984-2003, continuing as Director of the Pediatric Surgery Research Laboratories. Dr. Donahoe is a fellow of the National Academy of Sciences, the American Academy of Arts and Sciences and the National Academy of Medicine. She is a Past-President of the Boston Surgical Society and the New England Surgical Society. As President (2007) of the American Pediatric Surgical Association, she led a strategic planning effort, now in its second iteration.

Dr. Donahoe's research focuses on the genetics of congenital diaphragmatic hernia, gender differentiation, and the role of Müllerian Inhibiting Substance in development, oncogenesis, and oncoprotection. Her research has been continuously funded by the National Institutes of Health since 1976. She has authored 300 peer-reviewed publications, has trained and mentored over 100 fellows, and takes great pride in their accomplishments.



Events

The second ASPA strategic planning meeting creates initiatives to define the optimal care of children's surgery, support continuous competency, encourage new information, formulate public policy and evaluate workforce. Each APSA committee writes a mission statement, strengthening the coherent purpose of the organization.

A Quality and Safety Committee is established.









Opposite page: Donahoe, photo by Amanda
Kowalski. From top left, clockwise: Donahoe
at surgery; with attending staff at MGH;
receiving award from Mary Fallat, APSA
president and former research fellow
in her lab; on motorcycle with longtime
colleague and mentor Hardy Hendren.

"It is the pediatric surgeons of APSA who must inspire, mentor, direct, and determine our own future in such a way as to provide the best care possible for the children of America."

-Patricia Donahoe

Important Articles

Albanese CT, Rothenberg SS.

Experience with 144 consecutive pediatric thoracoscopic lobectomies.

J Laparoendosc Adv Surg Techniques 2007;17(3):339-41.

Christison-Lagay ER, Burrows PE, Alomari A,et al. Hepatic hemangiomas: subtype classification and development of a clinical practice algorithm and registry. J Pediatr Surg. 2007 Jan;42(1):62-7. PMID: 17208542

Moritz Ziegler

Growing up in Dexter, MI, a small town just outside Ann Arbor, Mory Ziegler's childhood qualified as "All-American:" sports, especially baseball; music, specifically the French horn; and honors that included touchstones of popularity and leadership: class officer, Wolverine Boys' State, "Best Camper" for citizenship and leadership at the National Music Camp at Interlochen. After taking his baccalaureate at the Capital University in hostile territory in Columbus, OH (where he was recognized as its best all-around male student), he returned home to take his medical degree at the University of Michigan (where naturally he chaired its honor council as a senior).

He then went to Philadelphia where he trained in surgery at the Hospital of the University of Pennsylvania. After research training in transplantation at Penn and oncology at the Fox Chase Cancer Center, Ziegler trained in pediatric surgery at the Children's Hospital of Philadelphia (CHOP) with C. Everett Koop. After his appointment to the staff at CHOP in 1977, he started its nutritional support service and solid organ transplantation program.

Then began a succession of appointments as surgeon-in-chief at some of the foremost divisions of pediatric surgery in the country: in 1989, the Cincinnati Children's Hospital Medical Center; in 1998, the Children's Hospital Boston; in 2004, the Children's Hospital of Colorado. At each locale he instituted programs that added to the academic and clinical vitality of already-strong institutions.

Now retired in Cincinnati, Ziegler still champions national quality initiatives such the National Surgical Quality Improvement Program, Pediatric. Most proud of his nearly 100 trainees who are now faculty members, residents

and fellows, he continues to teach and mentor trainees and students.

Mory and Barbara have been married for 48 years, and are proud
parents of two sons, Matthew and David. They are grateful to be able
to enjoy their four grandchildren.

Events

The APSA practice committee, led by Charles Stolar, releases a position paper on the "Best Practices for Infant General Surgery." It is the forerunner of the "Optimal Resources for Children's Surgical Care," the standards for the Children's Surgery Verification program of the ACS and APSA.







top: Ziegler with colleagues
Harry Bishop (center) and
Michael Gauderer at Koop's
90th birthday celebration;
Barbara and Mory Ziegler;
at a fantasy baseball camp
with (from left) Tom Keon
(anesthesiology), former
Phillies star Richie Ashburn,
and colleague Jack Templeton;
Ziegler as a young musician
(also plays the piano).

Clockwise from second photo from





"The weakest patient requires the best surgeon doing the most complete operation."

"A common goal of pediatric surgeons ought to be a change from a "very good" field of professional endeavor to one of unbridled "greatness."

-Moritz Ziegler

Important Articles

Burnett MW, Spinella PC, Azarow KS, et al. Pediatric care as part of the US Army Medical Mission in the Global War on Terrorism in Afghanistan and Iraq, December 2001 to December 2004. Pediatrics 2008;121(2):261. PMID: 18245416

Dillon P, Hammermeister K, Morrato E, et al. Developing a NSQIP module to measure outcomes in children's surgical care: opportunity and challenge. Semin Pediatr Surg 2008;17(2):131-40. PMID: 18395663

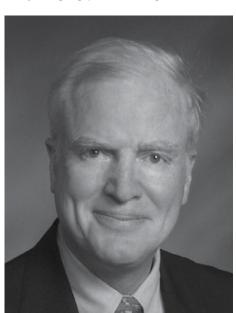
Modi BP, Langer M, Ching YA, et al. Improved survival in a multidisciplinary short bowel syndrome program. J Pediatr Surg. 2008 Jan;43(1):20-4. PMID: 18206449

Michael Harrison

Michael Harrison used the classic bench-to-bedside approach to medical research to create the field of fetal surgery. After proving the concept in fetal animal models, he recruited colleagues at the University of California, San Francisco (UCSF) to form a multidisciplinary fetal treatment center analogous to that used in cancer treatment. He included ethicists on his team to guide difficult decisions on whether to embark on invasive prenatal procedures. In so doing he built a consensus to support a radical hypothesis: that the fetus was a patient and that lives could be saved by treating patients before birth.

In 1982 Harrison performed the first open fetal surgical operation, bilateral ureterostomies, on a 21-week fetus in utero, then returning the fetus into the womb to complete gestation. He showed that surgery could be performed on the fetus, with recovery and maintenance of the pregnancy to near term. While fetal surgery would prove ineffective for hydronephrosis and congenital diaphragmatic hernia (1990), it would have proven benefit in twinto-twin transfusion syndrome and spina bifida, work for the latter condition led by Scott Adzick, Alan Flake, Diana Farmer, and Tim Crombleholme, all former lab fellows and his greatest legacy.

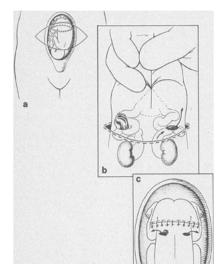
Harrison had an interest outside of surgery that showed his enthusiasm and off-beat personality that attracted so many fledgling pediatric surgeons to work with him at UCSF. Soon after he settled in San Francisco he bought



property in Northern California redwood country that was barren from clear-cut logging. After clearing giant stumps and debris from the rugged hillsides he began to plant redwood seedlings and an olive grove. Nurturing the new growth was a welcome added duty for his cadre of fellows. At his presidential address in 2008 he proudly showed an aerial photo of his property, covered by a canopy of 30-year redwoods.

Events

APSA begins a "Go Green" initiative to decrease paper generated at its annual meeting, and ceases publication of paper programs.







Clockwise from upper left:
Figure from his landmark
paper on his first fetal
surgical operation; with Mary
Fallat (left) and former UCSF
colleague Diana Farmer;
Gretchen and Michael
Harrison with former UCSF
colleagues Shin Hirose and
Rebecca Stark.



"When I started medical school, I had every intention of being a good, old-fashioned, country doctor in a small town."

"What if?" and "Why not?" I believe that these two questions define the professional lives of all pediatric surgeons."

-Michael Harrison

Important Articles

Rees CM, Eaton S, Kiely EM et al.
Peritoneal drainage or laparotomy
for neonatal bowel perforation? A
randomized controlled trial. Ann Surg
2008;248(1):44-51. PMID: 18580206

Keith Georgeson

I was born into a farming family in California's Central Valley. Early on, my father realized that his only son was an unlikely heir to the family farm because I did not share his passion for raising crops. I often read books while driving a tractor which usually did not produce the perfectly straight rows dad desired for his cotton crops.

During the senior year in medical school, my wife and I enjoyed a three-month foreign fellowship in a remote hospital in Nepal. We delivered babies and treated many ill children including 8 boys who required abdominal exploration for mid-gut volvulus. The cause of the volvulus in each case was a large ball of ascaris worms lodged in their intestines. In hindsight, the surgical experiences in Nepal were a major factor in my decision to become a pediatric surgeon.

Limiting perioperative pain and expediting post-operative recovery became dominant goals in my surgical practice. Sophisticated minimally invasive pediatric surgery (MIPS) is an attractive tool for achieving both of these goals. The early days of children's laparoscopy and thoracoscopy were spent trying to convince adult-oriented companies to develop instruments compatible for use in infants and children. Another barrier to the rapid advancement of pediatric MIS was the healthy skepticism of senior colleagues. I recall one panel discussion on the various surgical approaches to anorectal malformations entitled; "Shootout at the Anal Canal".

One of the best lessons I learned in developing new endosurgical techniques was to listen to the constructive criticism of surgical colleagues. When I first met Adrian Bianchi, an innovative pediatric surgeon from Manchester, England, I was excited to tell him about the new laparoscopic-assisted operation for Hirschsprung Disease (HD). The



procedure was initially designed as a two-stage operation which was the common practice using open techniques at that time. Mr. Bianchi listened carefully and then proceeded to tell me that my new procedure was already a dinosaur. He felt that the trend in the repair for children with HD should be a single-stage operation. I swallowed my pride and discovered that a one-stage laparoscopic assisted trans-anal pull-through for HD was much easier to perform with more elegant outcomes than the initial two-stage technique.

Pediatric surgery has been an amazing and most satisfying passion.





From top: Georgeson operating in India; Evelyn and Keith Georgeson.

Events

The online Pediatric Surgery Self-Assessment Program (now known as ExPERT) debuts.

NSQIP-Peds phase II begins data collection.

"I don't do much of anything the same way that I was taught in fellowship."

"Surgical innovation is evolutionary. It is the engine that drives progress in pediatric surgery."

-Keith Georgeson

Important Articles

Fitzgibbons SC, Ching Y, Yu D, et al. Mortality of necrotizing enterocolitis expressed by birth weight categories. J Pediatr Surg. 2009 Jun;44(6):1072-5. PMID: 19524719

St Peter SD, Aguayo P, Fraser JD, et al. Initial laparoscopic appendectomy versus initial nonoperative management and interval appendectomy for perforated appendicitis with abscess: a prospective, randomized trial. J Pediatr Surg. 2010 Jan;45(1):236-40. PMID: 20105610

Marshall Schwartz

Perhaps I was destined to become a pediatric surgeon. At three weeks of age, Dr. Oswald Wyatt in Minneapolis performed my pyloromyotomy. Seventeen years earlier (1928) he became the second general surgeon in America to restrict his practice to only children. How fortunate for me! My undergraduate, medical school, and surgical training all were completed at the University of Minnesota. While in medical school, I initiated the first pediatric surgery elective with Wyatt's first partner, Tague Chisholm, to get exposure to pediatric surgery and my desire to be a pediatric surgeon was sealed.

My junior partner during pediatric surgery at Boston Children's Hospital was David Tapper, soon to become my best friend and cigar smoking partner at APSA meetings (in the early days of the late 70s and 80s). As young members of APSA we had many discussions about the direction of pediatric surgery and how to enhance the academic and overall presence of pediatric surgery in the upper echelons of Surgery. I had a significant basic science exposure in GI physiology at the University of Minnesota and wanted to remain in that arena. We had both trained in major academic surgical programs and understood that pediatric surgery was lacking visibility.

It was important to me to become a contributor to APSA. I served on many committees (rewrote the bylaws to allow first time APSA applicants to become members after one year of practice and originated a lecture at the annual meeting in honor of Robert Gross). APSA also provided a great opportunity for my research residents and me to present our GI research on growth factors and intestinal failure as well as clinical papers.

The highlight of my pediatric surgery career was being elected president of APSA! As APSA president, through the named lectures, given by distinguished pediatric surgery representatives, my goal was to provide an historical perspective of the origins of our field of pediatric surgery in the US, UK, and Japan. I have always felt strongly that pediatric surgeons should know where we started and who were the leaders at the beginning, and through my address, emphasized the importance of pediatric surgeons to understand their role in influencing health policy as it applies to the care of children.

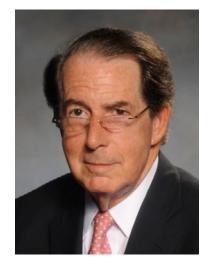
Events

The Annual Meeting features for the first time a session from the Children's Oncology Group and one on innovation in pediatric surgery.

APSA adds a new category of membership for surgical residents.









Top photo: Schwartz at a gathering of Judah Folkman and some of his former fellows (1982): front row, from left: John Noseworthy, Pedro Rosello, Folkman, Howard Snyder, Albert Peña, Steve Shochat, Arvin Philippart, Schwartz. Back row: Willis Williams, Tad Ballantine, Tim Canty, C.D. Smith, Jay Vacanti, Rick Harmel, Theo Polley, David Tapper, Arnie Coran. Middle photo: Schwartz with grandchildren. Bottom photo: Michele and Marshall Schwartz with Susan and David Tapper.

"The definition
of "quality health
care" depends on
who you ask. As
pediatric surgeons we
inherently know what
we mean and we strive
to deliver it."

-Marshall Schwartz

Important Articles

Raval MV, Dillon PW, Bruny JL, et al (ACS NSQIP Pediatric Steering Committee).

Pediatric American College of Surgeons
National Surgical Quality Improvement
Program: feasibility of a novel,
prospective assessment of surgical
outcomes. J Pediatr Surg 2011;46:115-21.

PMID: 21238651

Adzick NS, Thom EA, Spong CY, et al (Farmer). A randomized trial of prenatal versus postnatal care of myelomeningocele. N Engl J Med 2011;364(11):993-1004. PMID: 21306277

Robert Shamberger

Robert Cooper Shamberger was born and raised in Columbia, originally a small farming community in central Missouri, but home to the University of Missouri. His parents were both schoolteachers and education always carried a high priority. His father earned a PhD and worked for most of his career for the Missouri State Teacher's Organization. His mother remained a schoolteacher until her retirement. His older brother Jim graduated from Georgetown Law School and practiced for many years in Washington, D.C. Bob is still remembered is his hometown for his legendary winning touchdown against football archrivals from St. Joseph's.

He attended college at the University of Missouri, graduating Phi Beta Kappa in Zoology. Thereafter he traveled to Harvard Medical School, from which he graduated AOA in 1975. After his first year in medical school he married his college sweetheart, Kathleen Erin Ellis. They recently celebrated their 45th wedding anniversary with their 3 children; Jason, Patrick & Lindsay and 6 grandchildren.

After medical school Bob immediately began his surgical residency at Massachusetts General Hospital. After his third year of training the young family moved to Bethesda for 2 years of intense research study at the National Cancer Institute under the tutelage of Dr. Murray Brennan. These were very productive years and set the stage for his lifelong work in surgical oncology. He returned to complete his residency training and was selected to spend an additional year as administrative chief resident of the West surgical service at MGH.



Bob completed his two-year fellowship in pediatric surgery at the Boston Children's Hospital under Hardy Hendren and Judah Folkman. Upon graduation he was appointed to the fulltime surgical staff. He rose through the academic ranks at Harvard Medical School to full Professor in 2000, becoming Chief of Surgery at Boston Children's Hospital in 2003 and the Robert E. Gross Professor of Surgery at Harvard Medical School in 2004.

As a young pediatric surgeon at Boston Children's Hospital he performed the entire spectrum of pediatric surgical cases. However, he focused and developed particular expertise in the areas of chest wall deformities, inflammatory bowel disease and surgical oncology, all topics on which he published extensively.



He was actively involved in cooperative clinical trials within the National Wilms Tumor Study Group (NWTSG), Pediatric Oncology Group (POG) and Children's Oncology Group (COG). He was Chair of the Surgery Committee for POG for 5 years and then of COG for an additional 5 years.

He was president of APSA, the Boston Surgical Society, and the International Society of Pediatric Surgical Oncology. The former chair of the Surgical Section, he recently received the group's highest honor, the Ladd Medal.

Events

The American Nurses Association recognizes the American Pediatric

Surgical Nurses Association as one of its organizational affiliates, giving the

discipline formal recognition as a nursing specialty.

APSA supports changes to the pediatric surgery resident match process.

The Pediatric Surgical Critical Care committee is formed.

"Entry into
cooperative group
studies offers children
the best hope for cure
while continuing
to advance our
knowledge and basis
for future treatments."

"Overall cure rates for pediatric tumors have improved from less than 10% when the cooperative groups were founded to almost 80% at the present time."

-Robert Shamberger

Important Articles

Ozgediz D, Poenaru D. The burden of pediatric surgical conditions in low- and middle-income countries: a call to action.

J Pediatr Surg 2012;47(12):2305-11.

Wang Q, Dong J, Zhu Y. Probiotic supplement reduces risk of necrotizing enterocolitis and mortality in preterm very low-birth-weight infants: an updated meta-analysis of 20 randomized, controlled trials. J Pediatr Surg. 2012 Jan;47(1):241-8. PMID: 22244424

Keith Oldham

It is an extraordinary privilege for every pediatric surgeon to be able to impact the lives of children and families in intimate and important ways. I have been particularly fortunate in my career to have opportunities which allowed me to extend this privilege through trainees, colleagues and a number of institutions, beginning with APSA.

During my time as APSA President, I worked with colleagues in pediatric surgery and other surgical and medical disciplines to develop the optimal resource standards for children's surgery that now serve as the basis for the American College of Surgeons Children's Surgery Verification Program. I am joined in this work by altruistic and talented colleagues who will carry this forward beyond my own career. As I write these words, we are beginning to prepare the second edition of these standards and the program is firmly established within the American College of Surgeons. Drs. David Hoyt and Cliff Ko among the ACS leadership were early and key supporters of this work. The entire ACS Children's Surgery Verification Committee team has been crucial. I am particularly indebted to Drs. Mary Fallat, Doug Barnhart, Ron Hirschl, David Tuggle, David Mooney, Bob Sawin, Larry Moss and Keith Georgeson in pediatric surgery for making this program a reality. I believe it does support a vision consistent with that of the founders of pediatric surgery and APSA that every child who requires surgical care will receive this care in an environment with resources appropriate to his/her individual need. This vision has been taken up also by the Global Initiative for Children's Surgery to advocate for a similar approach for all children around the world.

I am forever grateful to the trainees, partners and colleagues with whom I have shared this unique opportunity to make a lasting difference for children around the world and for the next generation of pediatric surgeons.

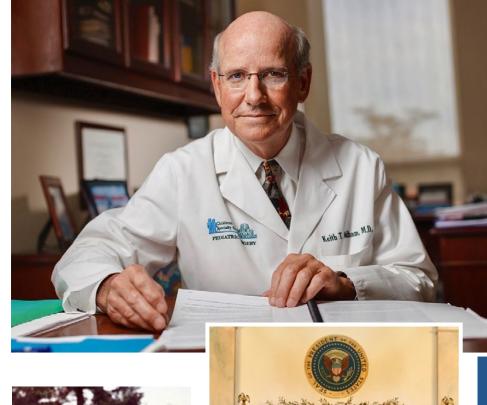
Events

APSA and the APSA Foundation begin the Travel Fellow program.

Jay Grosfeld receives the ASPA Distinguished Service Award.

APSA supports trainee minimum case requirements for certification.

APSA approves a formal process for the increasing number of position statements including Optimal Resources for Children's Surgical Care.











"I think surgeons
are generally good
at achieving clearly
defined goals, whether
it means mastering an
operation, becoming
a pediatric surgeon,
or reaching some
other finish line or
mountaintop."

"I submit to you that we can and should do better in matching the needs of individual children to the right environment for their surgical care."

-Keith Oldham

Important Articles

Stolar CJ, Aspelund G. First employment characteristics for the 2011 pediatric surgery fellowship graduates. J Pediatr Surg. 2013;48(1):99-103. PMID: 23331800

Bruny JL, Hall BL, Barnhart DC, et al. American College of Surgeons National Surgical Quality Improvement Program Pediatric: a beta phase report. J Pediatr Surg. 2013 Jan;48(1):74-80. PMID: 23331796

Thomas Krummel

A Wisconsin native, I have been married to the love of my life, Susie Q, for almost 40 years. We have been blessed with 3 terrific daughters, 2 sons-in-law, and 2 grandkids. FAMILY FIRST!

I am forever grateful to Arnold Salzberg for his extraordinary mentorship – RIP Arnie. He prodded me to pursue ECMO in the early days and under Bob Bartlett's gracious tutelage we got it started at MCV. Arnie's comment "Bartlett proved ECMO could be done, Krummel proved anybody could do it."

During a pediatric surgical career of over 35 years, roles as surgeon, innovator, mentor and leader presented themselves, for which I am truly grateful. Countless students and trainees at multiple institutions have been encouraged and unleashed. Fetal tissue repair, simulation, virtual reality training and robotics provided research opportunities. The Chair job at Penn State followed, succeeding my dear friend John Waldhausen, MD. His mentorship paved the way for the Holman Professorship/Chair of Surgery at Stanford University.

On the strength of those experiences, I have co-directed the Stanford Byers Center for Biodesign for 15 years; teaching medtech innovation to teams of docs, engineers and business people. There are now 18 similar programs on 3 continents, countless graduates and more than 1.5 million patients have now been treated with tools and technologies originating in this program. Love that "leverage".

In the same workspace, I joined Tom Fogarty on his board and shortly thereafter was named Chair of the Board of Directors at the Fogarty Institute for Innovation, a not-for-profit medtech educational incubator which is the logical external extension of the Biodesign program and have served on SABs and BODs of more than 20 successful medical device startups.

Now retired from the operating room, patient care becomes leveraged through all of these people and devices.

Proud to be an APSA/APSAF member, Past President and in my spare time a weekend athlete.

Events

APSA publishes a Firearms and Injuries in Children statement

The APSA annual meeting features a Quality award, simulation and endosurgical courses and its first mobile app.









Susie and Tom
Krummel at
recreational and
family events. Right:
Krummel's mentor,
Arnold Salzberg.

"A scientist seeks
understanding. An
inventor seeks a
solution. An innovator
seeks an application."

"Try again. Fail again.
Fail better. Entire
fields have been
created out of serial
failures."

-Thomas Krummel

Important Articles

Task Force for Children's Surgical
Care (Oldham). Optimal resources for
children's surgical care in the United
States. J Am Coll Surg 2014;218:479-87.
PMID: 24468231

Zitsman JL, Inge TH, Reichard KW, et al. Pediatric and adolescent obesity: management, options for surgery, and outcomes. J Pediatr Surg. 2014 Mar;49(3):491-4. PMID 24650484

Michael Klein

Michael Klein began his academic career in medieval history as an undergraduate at the University of Chicago and then in graduate school at Princeton (as a Woodrow Wilson Fellow). He is returning to those interests in retirement studying the life and work of St. Peter Damian.

He served the Children's Hospital of Michigan in Detroit for nearly 40 years as chief of pediatric surgery, director of the pediatric surgical and critical care training programs and surgeon-in-chief. His swan song in clinical surgery was a recent two months in Liberia with Doctors Without Borders. Dr. Klein's investigative career was centered in six areas: tumor angiogenesis factor (in the laboratory of Judah Folkman), immobilized enzymes, extracorporeal life support, congenital abdominal wall defects, robotic surgery and the use of Raman spectroscopy for tissue diagnosis.

His second greatest joy was in the support and success of the students, residents and fellows who were his teachers. Second only to his children (Alisa, Andrew, and Elizabeth) and especially to his wife, Peggy, who for 40 years was his best teacher.

Among his services to pediatric surgery were the founding of the Organization of Children's Hospital Surgeons-in-Chief, the establishment of critical care training programs in children's hospitals and a greater visibility and integration of children's surgery with the American Academy of Pediatrics (AAP). These have not gone unrecognized. He has served APSA in many roles, including that of president where he brought the changing role of the pediatric surgeon into critical focus. He has been the only (and unsuccessful) surgeon nominated to run for president of the

surgeon into critical focus. He has be

AAP and has received both the Clifford Grulee Award and the William Ladd

Medal (awarded by the Section on Surgery) from that organization.

Events

The first APSA Travel Fellowship is awarded.

APSA receives commendation from the Accreditation Council for Continuing Medical Education for the ExPERT CME platform.

APSA joins the American College of Surgeons in funding a pediatric surgery workforce study.







Top photo: Klein in the minimally invasive surgery laboratory. Middle photo: Children's Hospital of Michigan (CHM) ECMO team when it received its ELSO Award of Excellence; Klein (seated, third from right) with Paul Stockmann (seated, center), seated from left Christina Shanti and Scott Langenburg, standing second and third from left Lydia Donoghue and Raquel Gonzalez. Bottom photo: Early ECMO picnic of parents and former ECMO patients, including (standing from left) Grant Whittlesey, Linda Sell, and Klein.

"Children are the most powerful engine for human progress.
Whatever the question, the answer is children."

"You could not do
any of this without
courage, the courage
to be wrong and to
keep going. No time to
rest and consider in
between."

-Michael Klein

Important Articles

Nolan TL, Kandel JJ, Nakayama DK.

Quality and extent of locum tenens
coverage in pediatric surgical practices.

Am Surg 2015;81:377-80. PMID:
25831184

Aboagye J, Goldstein SD, Salazar JH, et al. Age at presentation of common pediatric surgical conditions: Reexamining dogma. J Pediatr Surg. 2014 Jun;49(6):995-9. PMID: 24888850

Kotagai M, Richards MK, Flum DR, et al. Use and accuracy of diagnostic imaging in the evaluation of pediatric appendicitis. J Pediatr Surg. 2015 Apr;50(4):642-6. PMID 25840079

Mary Fallat

Mary Fallat grew up in Auburn, N.Y., and received undergraduate and medical degrees from Northwestern University and Upstate Medical University, respectively. In Syracuse she was influenced by her mentor, Dr. Patricia Numann, to interview at the University of Louisville for general surgery. Dr. Hiram Polk arranged for her to do research with Dr. Patricia Donahoe, leading to a career research interest in reproductive endocrinology. She trained in pediatric surgery in Washington D.C. with Judson Randolph and Kathryn Anderson and returned to Louisville, where she spent her entire career after meeting her future husband, who sold her a house (and a little more). The couple have 3 adult children. She is currently the Hirikati S. Nagaraj Professor of Surgery at the University of Louisville, Division Director of Pediatric Surgery, and Surgeon-in-Chief at Norton Children's Hospital.

Dr. Fallat was the first surgeon to Chair the Committee on Bioethics for the American Academy of Pediatrics (AAP). However, her career passion has been in trauma and emergency care. She started the first pediatric trauma service in Louisville, while developing a leadership role in the American College of Surgeons Committee on Trauma. She led the initiative in Kentucky for Trauma System Legislation. She has been funded as program director for KY EMS for Children for over 20 years. She participated in the Institute of Medicine project "The Future of Emergency Care in the U.S. Health System". She developed an educational program to train EMS providers to cope with pediatric cardiopulmonary arrest and field death and represented the "Trauma Surgeons" sector on the National EMS Advisory Council (NEMSAC).



During her APSA Presidency, Dr. Fallat highlighted the challenge for pediatric surgeons to provide optimal access to surgical, emergency, and trauma care for all children in the United States, which continues as a consequential interest.

Events

APSA begins the development of an online textbook. Its editorial staff creates an educational resource that is "not a textbook," giving it the acronym "NaT."

Digital-only subscriptions to the Journal of Pediatric Surgery are offered.









"Traumatic injuries
that we see in children
today are largely
the result of rapid
technological advances
that outpaced the
recognition that injury
prevention would
also be of paramount
importance."

-Mary Fallat

Important Articles

Svensson JF, Patkova B, Almström M, et al. Nonoperative treatment with antibiotics versus surgery for acute nonperforated appendicitis in children: a pilot randomized controlled trial. Ann Surg. 2015 Jan;261(1):67-71. PMID: 25072441

Feng C, Sidhwa F, Anandalwar S, et al.

Variation in bowel preparation among
pediatric surgeons for elective colorectal
surgery: A problem of equipoise or
a knowledge gap of the available
clinical evidence? J Pediatr Surg. 2015
Jun;50(6):967-71. PMID: 25818321

Langer R, Vacanti J. Advances in tissue engineering. J Pediatr Surg. 2016 Jan;51(1):8-12. PMID: 26711689

Falcone RA, Edmunds P, Lee E, et al. Volunteer driven home safety intervention results in significant reduction in pediatric injuries: A model for community based injury reduction. J Pediatr Surg. 2016 Jul;51(7):1162-9. PMID: 26792663

Diana Farmer

Diana L. Farmer is the 48th President of the American Pediatric Surgical Association. She holds the Pearl Stamps

Stewart Endowed Chair, is Professor and Chair of the Department of Surgery, and the Surgeon-in-Chief of the

University of California, Davis Children's Hospital.

Dr. Farmer came to UC Davis in 2011 from UC San Francisco, where she was Chief of Pediatric Surgery, Vice Chair of Surgery, and Surgeon-in-Chief of the UCSF Benioff Children's Hospital where she worked and trained with APSA past-presidents Al de Lorimier and Michael Harrison.

After receiving a bachelor's degree in marine and molecular biology at Wellesley College, she then spent a year in Singapore as a Luce Scholar studying Acupuncture and Chinese medicine before completing her medical degree and internship at the University of Washington in Seattle. She finished her general surgery residency training at UC San Francisco where she spent three years studying cellular immunotherapy. She received her pediatric surgical training at Children's Hospital of Michigan.

In 2010 Dr. Farmer was elected a member of the Royal College of Surgeons of England, and in 2011 became a member of the Institute of Medicine, one of the highest honors in medicine.

A recognized leader in pediatric and fetal surgery, she has been continuously funded throughout her career. She was a leading force in the development of the "MOMS" trial of safety and effectiveness of providing spina bifida treatments before birth and now codirects a bioengineering lab exploring fetal stem cell therapies. Dr. Farmer consistently has been recognized for her teaching and mentorship, having mentored over 100 students, residents,

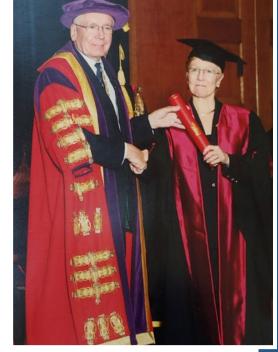
and junior faculty. Dr. Farmer resides in Carmichael, California with her husband Dr. Charles Cauldwell, a retired pediatric anesthesiologist. An avid runner and bicyclist, she recently completed her first half-Ironman.

Events

The Global Initiative for Children's Surgery meets in London.

George "Whit" Holcomb, III, is named to succeed Jay Grosfeld as editor-in-chief of the *Journal of Pediatric Surgery*. Daniel Ostlie is named editor-in-chief of Seminars in Pediatric Surgery.







Clockwise from top left:
Farmer at surgery
with Arvin Phillipart
during fellowship in
Detroit; becoming a
member of the RCS
(Eng.); accepting
presidency from
past president Mary
Fallat.; with UCSF
attending staff; with
UCSF colleagues Mike
Harrison (left) and
Craig Albanese.





"Scientific progress
is inspired by human
dreams, driven by
human will, redirected
by human politics,
saved by human
faith, and sometimes
doomed by human
hubris."

-Diana Farmer

Important Articles

Cairo SB, Chiu P, Dasgupta R, et al.

Transitions in care from pediatric to adult general surgery: Evaluating an unmet need for patients with anorectal malformation and Hirschsprung disease. J Pediatr Surg.

2018 Aug;53(8):1566-1572. PMID: 29079318

Rogers AP, Zens TJ, Leys CM, et al. A call for a standardized definition of perforated appendicitis. J Pediatr Surg. 2017 Jan;52(1):89-92. PMID: 27884453

Weaver KL, Poola AS, Gould JL, et al. The risk of developing a symptomatic inguinal hernia in children with an asymptomatic patent processus vaginalis. J Pediatr Surg. 2017 Jan;52(1):60-64. PMID: 27842956

Henri Ford

Henri R. Ford, M.D., MHA, became dean and chief academic officer of the University of Miami Leonard M. Miller School of Medicine on June 1, 2018. Dr. Ford is a Haitian-born pediatric surgeon who maintains close ties with his native country. In 2010, he traveled to Haiti after the earthquake to provide surgical care to children injured in the catastrophe. Since then, Dr. Ford has returned to Haiti regularly to provide medical care to its residents. In May 2015, he performed the first successful separation of conjoined twins in Haiti, alongside surgeons he helped train.

Motivated by a desire to have a positive impact on the world and drive change, Dr. Ford has conducted groundbreaking research on the pathogenesis of necrotizing enterocolitis and has been funded by the NIH and the RWJ Foundation, among others. He is the author of more than 300 publications, book chapters, invited manuscripts, abstracts, and presentations.

Dr. Ford is a fellow of the American College of Surgeons, the Royal College of Surgeons (England), and the American Academy of Pediatrics. He serves on the editorial board of numerous scientific journals, the Harvard Medical School Visiting Committee and the Executive Committee of the Board of Trustees of Princeton University. He received his bachelor's degree in public and international affairs from Princeton University and his M.D. from Harvard Medical School. He trained in pediatric surgery at the Children's Hospital of Pittsburgh under Marc Rowe. He also received his M.H.A. (Master of Health Administration) degree from the School of Policy, Planning and Development at the University of Southern California. He is the recipient of numerous honors, including the Gold Humanism in Medicine Award from the AAMC.



Events

APSA adopts a new logo as part of its re-branding campaign.



The NaT receives a Silver certificate from the Health Information Resource Center as part of its 2017 Digital Health Awards program.

APSA supports the new continuous certification process of the American Board of Surgery.

Revised ASPA Parent-Patient education sheets are released.





"At an early age, I
learned from my
father, the hard
way, that there is
truly no satisfactory
substitute for
excellence."

-Henri Ford





From top: Ford with conjoined twins separated in Haiti; Donna and Henri Ford; with Diana Farmer accepting APSA presidential medal.

Important Articles

Hirschl RB, Minneci P, Gadepalli S, et al.

Development of a multi-institutional clinical research consortium for pediatric surgery.

J Pediatr Surg. 2017 Jul;52(7):1084-1088.

PMID: 28081853

Ricketts TC, Adamson WT, Fraher EP, et al. Future supply of pediatric surgeons: analytical study of the current and projected supply of pediatric surgeons in the context of a rapidly changing process for specialty and subspecialty training.

Ann Surg. 2017 Mar;265(3):609-615. PMID: 27280514

Butler M, Drum E, Evans FM, dt al.
Guidelines and checklists for short-term
missions in global pediatric surgery. J
Pediatr Surg. 2018 Apr;53(4):828-836.
PMID: 29223665

Berman L, Rangel S, Goldin A, et al.
Safety culture among pediatric surgeons:
A national survey of attitudes and
perceptions of patient safety. J Pediatr Surg.
2018 Mar;53(3):381-395. PMID: 29111082

Ronald Hirschl

Ronald Hirschl was born and raised in the Panama Canal Zone and moved to Ann Arbor to attend college, medical school and general surgery residency at the University of Michigan. His pediatric surgery fellowship was at the Children's Hospital of Philadelphia. He subsequently joined the faculty at the University of Michigan in 1991 and obtained his master's degree in Clinical Research Design and Statistical Analysis shortly thereafter.

In addition to general and pediatric surgery, he is board certified in and performs research related to surgical critical care - specifically the management of respiratory failure with liquid perfluorocarbon ventilation and extracorporeal life support (ECLS, ECMO). Dr. Hirschl is funded by the NIH to develop a wearable, artificial lung for pediatric patients with respiratory failure.

He is a general pediatric surgeon and has been the section head of pediatric surgery at C.S. Mott Children's Hospital for the past 14 years. Dr. Hirschl also has expertise in applied informatics and was the Chief Medical Information Officer for the University of Michigan Health System. He enjoys innovation in surgical education and was a program director for the pediatric surgery fellowship and an associate program director for the surgical critical care fellowship at the University of Michigan. He also was a director on the American Board of Surgery, chair of the Pediatric Surgery Board, and a member of the Residency Review Committee for Surgery. He is currently serving on the ABMS Commission on the Future of Continuous Certification and is developing competency-based



training paradigms for pediatric surgery. Barbara and Ron have three children, Jake, Noah, and Allie. He is currently the President of APSA and will complete his term in 2019.

Events

Governance, Wellness and Diversity task forces are created.

The first US pediatric surgical fellows "boot camp" is held in Baltimore.

Presidents of international pediatric surgical societies are invited to the APSA 2019 meeting.







From top: in OR with fellow Meghan Arnold; with family (from left) Allie, Jake, Barb, Ron, and Noah; with mentors Bob Bartlett (left) and Arnie Coran.

"As we look forward, it will be essential for us to move beyond individual diseases and better understand and solve the societal issues that so greatly affect the health and welfare of our patients."

-Ronald Hirschl

Important Articles

Cairo SB, Lautz TB, Schaefer B, et al.Risk factors for venous thromboembolic events in pediatric surgical patients:

Defining indications for prophylaxis. J
Pediatr Surg. 2018 Oct;53(10):1996-2002.

PMID: 29370891

Dasgupta R, Renaud E, Goldin A, et al. Ovarian torsion in pediatric and adolescent patients: A systematic review. J Pediatr Surg. 2018 Jul;53(7):1387-1391. PMID: 29153467

Litz CN, Amankwah EK, Polo RL, et al. Outpatient management of intussusception: a systematic review and meta-analysis. J Pediatr Surg. 2018 Oct 22. pii: S0022-3468(18)30660-2. PMID: 30503194











Pursuing the Mission

Featuring the people and the passion behind the organization





Pediatric Surgeons in the Military

In late November 1944 LTJG Luke Able, Medical Officer of the U.S.S. Aulick in the Leyte Gulf, suffered open fractures of both legs and multiple other wounds during an attack that left 32 men killed and missing and 64 wounded. Stubbornly he refused aid for himself and directed life-saving efforts on others more grievously injured until he passed out, for which he received the Silver Star and Purple Heart. After a two-year hospitalization, Able trained in pediatric surgery at The Children's Hospital in Boston and practiced for more than three decades at the Texas Children's Hospital in Houston.

An ill-fated attempt to compile a list of APSA members in the military fell far short of Ken Azarow's 2010 estimate that 11 percent of the APSA membership had served in the military, significantly higher than the 7 percent of the general U.S. population. With regret and apologies to the APSA service members and veterans that were missed, and to commemorate the tradition of the Association and the military, here are the names we obtained:

Army & Army Reserves

| Alan Andersen | Michael Fuenfer | John Horton | Arvin Philipart | Anthony Shaw |
|---------------------|---------------------|--------------------------|-----------------|------------------|
| H.Paulson Armstrong | Maggie Gallagher | Eric Jensen | Louis Plzak | Steven Stylianos |
| James Armstrong | Victor Garcia | Stephen Jolley | Nicholas Poulos | Benjamin Tabak |
| Keith Ashcraft | Brian Gilchrist | Frederick "Fritz" Karrer | Carmen Ramos | Kristine Thayer |
| Kenneth Azarow | James Green | David Lawlor | Troy Reyna | Jeffrey Upperman |
| Charels Cox | Jay Grosfeld | Robert Letton | Frank Robertson | Francisca Velcek |
| Paul Danielson | Burton Harris | Lester Martin | Daniel Robie | Howard "Warner" |
| Mary Edwards | Mark Hoffman | Christopher Newton | Bradley Rodgers | Webb |
| Robert Filler | George Holcomb, Jr. | James O'Neill, Jr. | Nelson Rosen | Eugene Wiener |
| Howard Filston | Pandall Holland | Pick Pearl | Marc Powe | |





This page, from left: Arvin
Phillipart (third from left)
in Vietnam; Romeo Ignacio
and Marion Henry. Opposite
page, from left: Rick Pearl in
Vietnam; Tim Weiner in Iraq.

Air Force & Air National Guard

| Richard Andrassy | Steve Fenton | Colin Knight | Michael Ratner | David Trump |
|---------------------|----------------------|--------------------|------------------|---------------|
| Chris Breuer | Colleen Fitzpatrick | Kevin Lally | Stephen Shochat | David Vazquez |
| Barry Cofer | Edward Ford | Lucas Neff | Melvin Smith | |
| Christopher Coppola | Marcene McVay Gillam | Dan Ostlie | Don Sorrells | |
| John Doski | Leon Hicks | Lewis Pinch | Jacob Stephenson | |
| J. Craig Egan | Earl Hodin | Cedric Priebe, Jr. | Francois Trappey | |

Navy & Navy Reserves

| Michael Allshouse | Frazier Frantz | Russell Jennings | Randy Powell | Sandra Tomita |
|---------------------|----------------------|-------------------|--------------------|-------------------|
| Mary Arbuthnot | Ivan Gutierrez | Stephanie Kapfer | Howard Pryor | Megan Vu |
| James Armstrong | Dale Hall | Donald Lucas | John Raffensperger | Walker Andrew |
| Patrick Bailey | W. Hardy Hendren III | Jeff Lukish | Max Ramenofsky | Malvin Weinberger |
| James Borger | Marion Henry | Franklin Margaron | Robert Ricca | Thomas Whalen |
| Martin Eichelberger | Jonathan Halbach | Meera Menon | Perry Stafford | Tim Weiner |
| Judah Folkman | Romeo Ignacio | Stephen Morrow | Shawn Safford | Albert Wilkinson |

Marine Corps

Patrick Jewell Lester Martin Numa Perez





Canadian Association of Paediatric Surgeons

The Toronto Hospital for Sick Children opened in 1875 and the Montreal Children's Hospital opened in 1903. Then, as in the United States, virtually all surgery in children was performed by adult surgeons. Most of the initial surgery was orthopedic and related to tuberculosis. Specifically trained pediatric surgeons started practicing in Canada in the 1940s. The first Canadian pediatric surgery training program began in Montreal.



Started by Barry Shandling and Jean Desjardins, the Canadian Association of Pediatric Surgery was born in 1967 (three years before APSA) with Harvey Beardmore as president.

Known for many innovative approaches to pediatric surgery, the nonoperative management of solid organ injury was pioneered in Toronto by James Simpson in 1951.

Over 75 dedicated pediatric surgeons now practice in Canada.





Left: Inaugural meeting of the Canadian Association of Paediatric Surgeons; in front row, Frank Guttman is at far left, Jean Desjardins is second from left, president Harvey Beardmore fourth, Barry Shandling fifth. Right: Shandling and Beardmore.

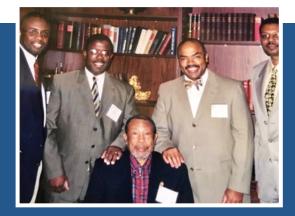
Pioneering Black Pediatric Surgeons

The 50th anniversary of APSA coincides with a half-century of African Americans in the field, notably James Densler and Samuel Rosser. A Savannah native, Densler's experience as an Army medic led to medical school at Meharry Medical College (graduation in 1961) and training in general surgery in Staten Island (completion in 1966) and in pediatric surgery in Newark (1968). He returned to Atlanta in 1969 as the first African American pediatric surgeon in the U.S. He has been on the clinical faculty of the Morehouse School of Medicine since its inception in 1975. "Dr Densler was one of a group of Black physicians who helped start the school," wrote W. Lynn Weaver, past chair at Morehouse. "I was lucky to have him on the faculty."

Densler was the first African American member of the Surgical Section (1971) and the second to receive certification in pediatric surgery by the American Board of Surgery (1976). Never a member of APSA, he will receive an honorary membership in the association at the 50th anniversary meeting.

The son of teachers in a segregated industrial Georgia town of 2,000, Samuel Rosser took his medical degree at Howard University (1960) and trained in surgery at Freedmen's Hospital and pediatric surgery under Judson Randolph (completed in 1972). He returned to Howard as chief of pediatric surgery. Rosser was among the first group to take the first certifying examination in pediatric surgery in 1975 and thus became the first African American surgeon certified in pediatric surgery.

From their upbringing in the segregated Jim Crow South, Densler and Rosser lived to see African American pediatric surgeons attain prominence in the specialty and become leaders in academic medical schools.





Left: Densler (seated, center) with (standing, left to right) Tony Stallion, Ed Barksdale, Henri Ford, and James Gilbert. Right: Rosser.

Cancer

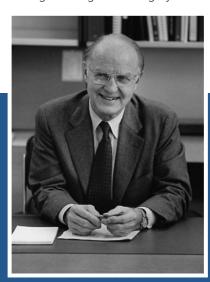
The Cancer Committee acts as a liaison between the membership and the Children's Oncology Group. Through concise handbooks, quarterly literature reviews and activities at the annual meeting, the committee assures that each child undergoing surgery for cancer has access to current protocols and standards of treatment. A unique service of the committee are surgeons available for individual consultation who have extensive knowledge for each kind of tumor.

The committee continues the legacy of collegiality established by Judson Randolph who established with Giulio D'Angio and Audrey Evans the tradition of cooperative multidisciplinary care. In 1978, Lucien Leape and Harry Bishop affirmed the power and potential of randomized prospective multi-institutional studies in surgery for Wilms tumor. Thereafter the ethic of multi-institutional cooperative care, demonstrated by enrollment of eligible patients and adherence to treatment protocols, has characterized the surgical treatment of pediatric cancer.

Childhood Obesity

The mission of the APSA Childhood Obesity committee is to increase member awareness and understanding about the myriad of health, safety, advocacy, scientific and treatment issues related to pediatric obesity.

The committee currently focuses on the education of the general pediatric surgeon on the overall care of the obese patient as well as primary care physicians of patients who are candidates for weight-loss surgery or have undergone weight-loss surgery.



The committee also supports clinical outcomes-based projects and highlights independent research by committee members and colleagues.

Daniel Hays of Los Angeles, the head of surgery of the Children's Cancer Study Group, one of the forerunner organizations of today's Children's Oncology Group.

Education

With the founding of APSA, the Education committee under chair Judson Randolph assumed oversight of pediatric surgery residency education and training from the original "Clatworthy Committee" of the Surgical Section. The committee evaluated programs and recommended approval by the organization until 1977 when the Residency Review Committee for Surgery assumed control of the process under the Accreditation Council for Graduate Medical Education.

Also assigned the responsibility for the educational program of the annual meeting, the committee is responsible for APSA's accreditation with commendation from the Accreditation Council for Continuing Medical Education.

Not confined to presentations and symposia in hotel conference rooms, the Professional Development committee now prioritizes and distributes content via pedsurglibrary.com including the Pediatric Surgery NaT (Not a Textbook) and ExPERT. These programs are held as models for web-based professional education.

Expanding beyond its responsibility to the practicing members of APSA the committee also produces educational resources for trainees, medical students, patients, their families and the public at large.



2014 ExPERT committee, from left: Marjorie Arca, Craig Lillehei, David Powell, Eugene McGahren, Charlie Snyder, Kurt Heiss, Carroll "Mac" Harmon, and John Waldhausen.

Extracorporeal Life Support

Extracorporeal membrane oxygenation (ECMO) is an example of a landmark in medical science that had its origin in pediatric surgery. First applied in adults, ECMO was nearly abandoned completely in the late 1970s when a trial in adult patients with ARDS failed to show benefit. Robert Bartlett (photo below, upper left), first in Loma Linda, CA, then at the University of Michigan, refined the technology for use in infants with conditions complicated by intractable pulmonary hypertension. In 1985 he published a series of 12 infants who failed conventional ventilator therapy of which 11 survived, all receiving ECMO support.

Advances in membrane and pump technology and catheter design improved gas exchange and permitted venovenous ECMO, thus avoiding the risks of arterial cannulation. ECMO began to be used in older pediatric age groups for a range of conditions, such as near drowning, RSV pneumonia, status asthmaticus, and postoperative cardiac failure after congenital heart surgery. When ECMO saved adults with ARDS during the 2009 H1N1 influenza pandemic, ECMO again became part of adult critical care.







Top right: Robert Bartlett.

Ethics

Medical ethics are part of the heritage of pediatric surgery. In a 1972 article Anthony Shaw brought to a national readership the dilemma of whether corrective surgery should be performed in babies with trisomy 21. C. Everett Koop pointed out that the child's genetic condition had no relevance to the need for surgery. In 1982 the tacit practice of non-intervention climaxed in the Baby Doe case, a trisomy 21 infant allowed to die without repair of an esophageal atresia and distal tracheoesophageal fistula. Within months Koop, now U.S. Surgeon General, led the passage of the first of the Baby Doe regulations that became the Baby Doe Amendment to the 1984 Child Abuse and Treatment Act, the legal framework that influences surgical decisions to the present day.

The Ethics Committee educates the membership of the Association on issues that impact the day-to-day practice of pediatric surgery. It specifically addresses ethical issues that surgeons find challenging. The committee provides resources for resolution of difficult dilemmas and a forum for discussion of specific cases.

Fetal Diagnosis and Treatment

The scope of pediatric surgery extended to include the prenatal period when Mike Harrison performed the first successful fetal operation in 1981. The field has since developed to an accepted part of maternal-fetal obstetrics due to his efforts and those who trained with his research team, notably Scott Adzick, Tim Crombleholme, Mike Longaker, and Diana Farmer. The Fetal Diagnosis and Treatment Committee assures that the Association keeps up-to-date with current developments in this rapidly-evolving field.



Kuojen Tsao performing fetoscopy

Global Pediatric Surgery

APSA has long recognized the need to support the surgical care of children outside of the U.S. The mission of the APSA Global Pediatric Surgery committee is to

- Develop partnerships with overseas colleagues to facilitate the exchange of information and resources.
- Advocate and encourage responsible international service and surgical education by members and trainees.
- Facilitate the educational opportunities and areas of research relevant to surgeons caring for children in resource-limited settings.

The committee is also responsible for the travel fellow program.







This page, clockwise from top left: Ai-Xuan Holterman and her Pediatric Acute Surgical Support training class in Hanoi; Tony Shaw and children; Holterman operating.









Pediatric surgeons with their partners in global surgery. This page, clockwise from top left: Drew Rideout (far left) and Erik Hansen (far right); Timothy Lee (right); Michael Skinner (right); Michael Matlak (right); Holterman with children; Hansen (behind front row of children), and Susan and Jim O'Neill (upper right) with African trainees George Ngockm (back row, carrying baby) and Amon Ngongola (in rear, red shirt).







Health Policy and Advocacy

Pediatric surgeons and APSA have long been involved in advocacy efforts for children. From the earliest days of the organization, with the focus on creating a specialty which prioritizes the surgical care of children, the role of advocate has been a natural one.

C. Everett Koop, as surgeon general of the U.S. from 1982-1989, is perhaps the most well recognized pediatric surgeon turned advocate. He is remembered for his public health policies on abortion, tobacco, AIDS and the rights of handicapped children.

In 1981, after recognizing the high number of preventable injuries to children in the Bronx and Harlem, Barbara Barlow established an injury prevention program which developed into the Injury Free Coalition for Kids. She developed a model of injury prevention that focused on eliminating community hazards and developing safe play spaces and positive peer groups.

Martin Eichelberger, in his work in pediatric trauma and emergency surgical care, recognized a need for a nationwide childhood injury prevention campaign. He helped launch the National SAFE Kids campaign in 1987. SAFE Kids Worldwide is now a nonprofit organization working with more than 430 national and international coalitions to prevent traffic injuries, drownings, falls, burns, poisonings and more.

In 2015, the APSA Board of Governors established the Health Policy and Advocacy committee. The committee works to educate members on advocacy issues and plays a national role in policy issues of concern to pediatric surgical patients, their families and their caregivers. APSA has issued statements on access to quality pediatric surgical care, firearm violence, optimizing resources, all-terrain vehicles and innovative therapies.





Left: Randolph (at lectern) and Koop announce the Safe Kids campaign to prevent childhood injury. Right: Regan Williams, child safety advocate.

Journal of Pediatric Surgery

The founding of the *Journal of Pediatric Surgery* (JPS) in 1965 was instrumental in the organization of pediatric surgery as a formal surgical specialty with Board Certification in the United States. Creation of the Journal followed the claim by the American Board of Surgery (ABS) that pediatric surgery did not have a "body of knowledge, certified training programs or a journal". Following the development of the *Journal of Pediatric Surgery*, special certification by the ABS followed in 1973 and certification of pediatric surgery training programs soon followed. APSA agreed that JPS would be its official journal in 1971 and this was a significant event in the journal's early growth.

The guiding vision behind the development of the journal was Dr. Stephen Gans. Through his efforts, a formal relationship with BAPS had started in 1964 and Dr. Gans found a publisher (Grune & Stratton) later that year. Dr. Gans did not feel that he had the stature to lead the journal and Dr. Koop became its first editor-in-chief.

Dr. Gans succeeded Dr. Koop as editor-in-chief in 1976 and led the journal for 18 years until he died. During that time, JPS became the official journal of CAPS and PAPS. In 1994, Dr. Jay Grosfeld became the editor-in-chief and held that position for 22 years until he died. During Dr. Grosfeld's tenure, the journal grew into what it is today, the leading pediatric surgery journal in the world. "Outside his family and patients, JPS was Jay's first love. He truly loved this journal and thought it was so important because it meant so much worldwide" (Marge Grosfeld). The journal continues to grow and evolve in the digital and social media world, and it is currently in its 54th year of publication. Dr. George W. Holcomb, III is the 4th editor-in-chief.

lethich the governed has done more to advance childrens. surgery, not only here let around the world, above anything else in the last couple of diesdes.

But Groso

This page: Letter from Robert Gross to Stephen Gans, 1977.

Informatics and Telemedicine

The Informatics and Telemedicine committee envisions APSA as a national organization with evidence-based, valueadded information systems that promote and disseminate health information for children with surgical diseases.

The committee helps to strengthen the external face of APSA by improving the website, maintaining an active social media presence, improving information technology and communications for members and supporting pediatric surgery education for families and the public audience.

Currently, the committee maintains and updates the APSA website and APSA's social media presence.

New Technology

The mission of the New Technology committee is to update, inform, promote dialogue and critically assess novel techniques and technologies in pediatric surgery so that our members can continue to provide the highest standards of care for infants and children. The committee strives to provide the means to utilize and incorporate emerging technologies and techniques into practice by

- · Critically reviewing and evaluating current and future approaches to pediatric surgical problems
- Sponsoring surgical innovation and new technology
- Updating APSA members on new and evolving techniques through blogs, videos, toolkits for new products and utilizing social media for quick blasts of information.

Practice

The Practice Committee monitors the practice of pediatric surgery in North America, reports trends in practice patterns and offers guidance to members for improvement and optimization of care delivery. This includes analyzing various trends in the organization and delivery of pediatric surgical care as well as financial factors which influence the ability of pediatric surgical practices to deliver high quality surgical care. In order to accomplish this, the committee:

- Works to assure adequate representation and participation on national committees regarding reimbursement issues.
- · Offers education about billing, coding, office/practice management and hospital contracting
- Encourages integration of the varied pediatric surgery practice models
- Develops practice documents which enable members to interact more successfully with patients, families,
 colleagues and payers.

Outcomes

The Outcomes and Evidence-based Practice Committee facilitates efforts to develop clinical outcomes data and evidence-based recommendations relevant to the practice of pediatric surgery. It identifies important areas of clinical guidelines and research in order to formulate and disseminate appropriate recommendations. The committee:

- · Is a central resource promoting clinical and outcomes research in pediatric surgery
- Researches, presents and publishes topic-based systematic reviews
- Prepares monthly reviews of the scientific literature which may impact pediatric surgery practice
- · Examines and improves member surveys to quantify member opinion and experience.

Research

Pediatric surgery has included many successful surgeon-scientists.

The APSA Research committee has a mandate to empower our membership through the dissemination of research and support the next generation of pediatric surgeon-scientists. This task is simplified by following in the footsteps of pediatric surgeon scientists who came before us and showed us how dedication and perseverance towards a focused topic of inquiry could yield a lasting impact on our field:

Judah Folkman, whose pioneering studies on the role of angiogenesis as a requirement for tumor growth, created a new field of study in oncology resulting in the discovery of drugs that reverse angiogenesis to treat tumors and other diseases.

Patricia Donahoe unraveled the molecular and endocrinological determinants of gonadal development through the study of Mullerian Inhibiting Substance.

Michael Harrison proved that the pediatric surgeon need not limit his/her practice to the care of the child outside the womb, and opened up the field of fetal surgery as a scientifically driven discipline grounded in safety and a focus on outcome measures in comparison with open procedures.

We acknowledge that there is a wonderful and inspiring cadre of contemporary pediatric surgeon-scientists who are actively changing the field today and who we expect will have enduring impact on how we practice pediatric surgery tomorrow.







From left: Robert Gross, Patricia Donahoe, Judah Folkman (pictured with the first dog with an external pacemaker).

Surgical Critical Care

In 1956, Dr. Koop established the first discrete pediatric unit for postoperative care in the United States at the Children's Hospital of Philadelphia, which was subsequently expanded to create the first intensive care unit primarily caring for neonates and infants. Surgeons have participated in many innovative intensive pediatric therapies including parenteral nutrition, vascular access and extracorporeal life support.

Conversely, the rate of surgical involvement in ICUs is variable with a perceived slow attrition of pediatric surgical opinion and expertise. It is unclear if this is due to a lack of credentials, interest, skills and resources or the models of care. Regardless, pediatric surgical patients still comprise a significant proportion of the patients admitted to the ICU and surgical leadership in critical care is essential to good care of our sickest patients. In response, it is the mission of the APSA Surgical Critical Care Committee to promote the optimal care of pediatric surgical patients with critical illness by educating pediatric surgeons, developing guidelines, promoting research, collaborating with pediatric colleagues and pursuing patient advocacy.

Surgical Quality and Safety

Pediatric surgeons have always been involved in quality and safety programs. Born as a collaboration between APSA and the American College of Surgeons, the NSQIP-Peds pilot program of four hospitals began in 2008.

The mission of the Quality and Safety Committee is to develop, support and promote initiatives and programs that serve to improve the quality and safety of pediatric surgical care. The committee serves as leaders, innovators and a resource for patient safety and the highest quality of care through education, training, and mentorship.

The goals of the committee are to:

- Educate pediatric surgeons on the fundamental principles of patient safety and quality improvement and
 promote participation in programs that monitor quality and safety in surgical practice particularly those that
 provide a benchmarking framework for comparative performance analyses and collaborative knowledge
 sharing
- Support efforts that promote high value surgical care with an emphasis on improving outcomes while at the same time reducing resource utilization
- · Define safety standards and other quality benchmarks for pediatric surgical conditions.

Trauma

Caring for injured children has always been part of pediatric surgery.

The APSA trauma committee contributed to a set of standards for the care of critically injured pediatric patients in 1982. Alex Haller and Nick Shorter organized an early pediatric trauma center at Johns Hopkins as the hub of a state-wide pediatric trauma system in Maryland. A national multi-institutional pediatric trauma registry was led by Joseph Tepas in 1983.

In the 1960s and 70s pediatric surgeons including Purushottam Upadhyayua, James Simpson and Benjy Brooks, pioneered a nonoperative approach to injuries to the spleen-a strategy that arose from alarming reports that children who had undergone splenectomy were at risk for lifethreatening infections. Sheldon Bond and Martin Eichelberger subsequently reported in 1996 that more than 95 percent of splenic and liver injuries could be managed without operation, sparing generations from the morbidity of splenectomy and unnecessary surgery.

Pediatric surgeons have developed injury prevention programs that have saved thousands of lives. In 1983 Barbara Barlow reported a 96 percent reduction in falls from heights in New York City as the result of a city health department "Children Can't Fly" education program and a requirement for window guards in any apartment where children resided. In 1987 Eichelberger and Herta Feeley founded the Safe Kids Campaign, a national pediatric injury prevention program. Since its inception there has been a 60 percent decrease in unintentional childhood injuries nationwide.

This page: The three streams
of a pediatric trauma
system. From Mary Fallat's
2016 Presidential Address.
Figure by Tanya Gerber,
graphic recorder, the
Tremendousness Collective,
St. Louis, MO.



International Medical Graduates in American Pediatric Surgery

International medical graduates have contributed to pediatric surgery at every level of the specialty. Some have made fundamental contributions, such as Alberto Peña (graduate of the Military Medical School and the Central Military Hospital in Mexico City), Donald Nuss (Faculty of Health Sciences, University of Cape Town, South Africa), and Michael Gauderer (Faculdade de Medicina da Universidade Federal do Rio de Janeiro, Brazil). They have headed training programs, such as Peter Kottmeier (SUNY Downstate; graduate of the University of Munich), Matias Bruzoni (Stanford, University of Buenos Aires), Walter Chwals (Tufts, Jagiellonian University School of Medicine; formerly Copernicus Medical Academy, Krakow, Poland), Francois Luks (Brown University, Universitaire Instelling Antwerpen, Catholic University, Leuven, Belgium), and Benedict Nwomeh (Columbus Children's Hospital, University of Lagos Medical School, Nigeria). They have been essential contributors to major teaching programs, such as Hirikati Nagaraj (Kosair Children's Hospital, Mysore Medical College, Mysore, India) and Kamthorn Sukarochana (Children's Hospital of Pittsburgh, Siriraj Hospital, Bankok). They provided essential services to large communities, such as Hernan Reyes (Chicago, University of Santo Tomas College of Medicine, Manila), Francesca Velcek (Brooklyn, University of the Philippines) and Prabhakar Pendse (Greensboro, NC, University of Mumbai).





All pediatric surgeons have worked with, known of, and marveled at our colleagues who were educated in other countries. Their medical school scarcely registers a thought. What counts is their dedication to our craft and our patients. "I am sure there are many more IMGs in our organization that we don't know ourselves," Velcek wrote. "I wish there is a way that we can identify them. Our limited list demonstrates our contribution to the care of our sick children in our adopted country." Velcek and Reyes provided the following list of pediatric surgeons from international medical schools who have contributed so much to our field and our association.

| Kathryn Anderson | Shashi Kumar | P. Prithvi Reddy |
|----------------------|------------------|-------------------|
| Nishith Bhattacharya | Francois Luks | Rodrigo Romao |
| Matias Bruzoni | Hirikati Nagaraj | Hernan Reyes |
| Walter Chwals | Victor Nanagas | Michel Slim |
| Rajindar Gandhi | Maria Niemirska | Henry So |
| Michael Gauderer | Donald Nuss | Roberta Sonnino |
| Saleem Islam | Benedict Nwomeh | Felicity Steichen |

Tolulope Oyetunji

Faraz Khan Alberto Peña

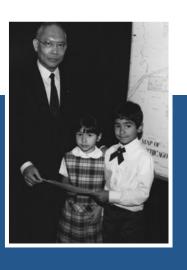
Edmund Kessler

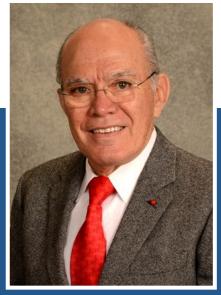
Ken Kimura Prabhakar Pendse

Peter Kottmeier Rafael Pieretti

Dominique Jan Subhash Puranik

A.P. Mahesh Kumar Jayant Radhakrishnan





Gustavo Stringer

Victor Valda

Kamthorn Sukarochana

Mary Christina Whyte

Opposite page, from left:

Matias Bruzoni, Saleem
Islam. This page, from left:
Hernan Reyes, Alberto Peña.

APSA Administrative Staff

When William Kiesewetter, then president of APSA, died on Christmas Eve, 1981, Bob Touloukian, then secretary of the Association, used a mechanical address machine that had individual metal plates to notify the entire membership. It was obvious that the organization had outgrown the expediency of depending on the part-time efforts of whoever held key offices. When Tony Shaw succeeded Touloukian as secretary in 1982 one of his key achievements was hiring APSA's first fulltime manager. With it went the addressograph.

Today's management team directs teleconferences, on-line libraries, electronic resources such as NaT, ExPERT, and pedsurglibrary.com, and assures that the online identities of the membership remain secure. They make certain that APSA satisfies the Byzantine requirements for continuing medical education accreditation. They are our essential partners as we enter our next 50 years.



Top left, from left: Marina Petrulla,
Pam Reid, Lee Ann Clark, Michael
Patti, Meagan Comerford. Bottom, from
left: Annie Cox, Liz Freyn, Lee Ann
Clark, Meagan Comerford, Marina
Petrulla, Raven Hardin, Brenda Howe,
Katherine Segreti.



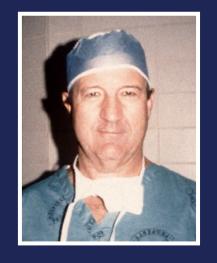
Contributors

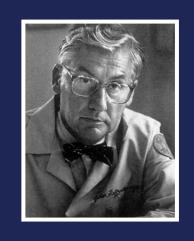
This project depended on hundreds of APSA members to provide stories, memories and anecdotes. When it came time for acknowledgments, our list of contributors seemed far less than the total number who provided us with, using Clatworthy's words, "the good stuff." With regret and apologies to our overlooked colleagues here is an incomplete list of contributors who aided in the compilation of this work:

| Mohammed Aboud | Holly Frey | Marc Levitt | Katie Russell |
|--|------------------------|-------------------------|-------------------|
| Michael Allshouse | Keith Georgeson | Linda Li | David Schmeling |
| Kathryn Anderson | Allan Goldstein | Craig Lillehei | Andrew Schulman |
| Marjorie Arca | Margie Grosfeld | Humberto Lugo-Vicente | Robert Shamberger |
| Boston Children's Hospital | David Hackam | Betsy Mantor | Anthony Shaw |
| Archives | Erik Hansen | Eugene McGahren | Pam Sloat |
| Edward Barksdale | Burton Harris | Ian Mitchell | Charles Snyder |
| Gail Besner | Gerald Hasse | Alina Morris | Karen Speck |
| Matias Bruzoni | Teresa Hauser | Don Nakayama | Mindy Statter |
| Children's Mercy Hospital Kansas City | Andre Hebra | Victor Ortiz-Justiniano | Shawn St. Peter |
| Lee Clark Ann | Marion Henry | James O'Neill | Christian Streck |
| Paul Colombani | George W. Holcomb, III | Becky Parr | Steven Stylianos |
| Susi Coran | John Horton | Marina Petrulla | Robert Touloukian |
| Maria Corvino | Romeo Ignacio | Duncan Phillips | John Waldhausen |
| Robert Cowles | Thomas Inge | Agostino Pierro | Krista Walker |
| Paula Darradji | Barbara Juarez | Carmen Ramos | James Wall |
| Arlene Ein | Michael Klein | Judson Randolph | Brad Warner |
| Mauricio Escobar | David Lal | Hernan Reyes | Martha Wheeler |
| Mary Fallat | Kevin Lally | Cynthia Reyes-Ferral | Regan Williams |
| Diana Farmer | Scott Langenburg | Marleta Reynolds | Moritz Zeigler |
| Diana i alliici | | | |

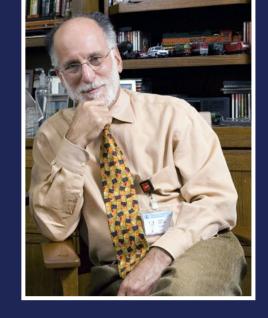
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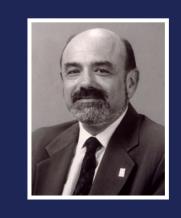










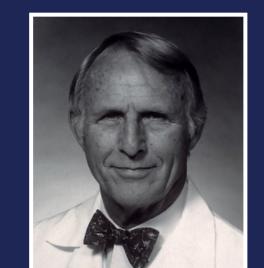
















"Absolutely wonderful. This book will serve as a centerpiece and lasting memory of the 50th celebration."

-Ronald Hirschl

"An outstanding work that is humanistic as well as historical."

-James O'Neill

"Well done and certainly does justice to the organization, the field, and the individuals highlighted."

-J. P. Vacanti

"Great, great piece of work and so very timely for the anniversary - almost irreplaceable."

 $-Moritz\,Ziegler$

