

A HISTORY OF

THE PEDIATRIC ORTHOPEDIC SOCIETY OF NORTH AMERICA

1971 TO 1996

TWENTY-FIVE YEARS OF
PEDIATRIC ORTHOPEDIC SURGERY
AS A
RECOGNIZED SPECIALTY IN THE USA AND CANADA



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BY

Dr. Hugh G. Watts, MD

I) THE ORIGINS OF POSNA:

The history of the Pediatric Orthopedic Society of North America is tightly intertwined with that of the development of pediatric orthopedics * as an organized specialty throughout the world. Consequently, it is easiest to discuss both elements as they relate to the remarkably rapid series of events that have taken pediatric orthopedics from virtually non-existence to a prominent position of an established specialty** of orthopedic surgery in about twenty five years.

A) The Pediatric Orthopedic Society (POS):

Prior to 1969, the practice of orthopedic surgery restricted to children alone was an unusual phenomenon. Although many orthopedists had a special interest in the treatment of children, there were only a handful of orthopedic surgeons who looked after children exclusively.

In 1969, Drs. Douglas McKay then of the Shriners Hospital in Shreveport, Paul Griffin then of Nashville and Mihran Tachdjian of Chicago believed that there was a place for an organization where pediatric orthopedists could discuss problems which were of special interest to those treating children. In the historian's report of November 1975, Dr. Burr Curtis stated that

"It was not clear who among this group generated the original idea, however, Dr. Douglas McKay was responsible for bringing this group together in January 1970" ...

at the AAOS meeting in San Francisco. However, in 1995 Dr. Anthony Bianco Jr. remembers that. . .

"The real spark plug in putting the organization together was Mike Tachdjian. He did the early hard work and kept us all interested. "

The first meeting took place in Dr. McKay's hotel room together with Drs. Griffin and Tachdjian as well as Drs. William Green of Boston, Burr Curtis of Newington and Frank Stelling of Greenville SC. Initially, they were able to list nine orthopedic surgeons (which they later were able to expand to twelve) who mostly restricted their practice to children.

On June 4 and 5, 1971, a more structured organizational meeting was arranged to see if a society of pediatric orthopedists could be established. This took place in Chicago at the Children's Hospital, with Dr. Mihran Tachdjian hosting and Dr. McKay presiding. 1vo informal clinical sessions were held as well as three organizational meetings. The meeting was attended by Drs. Anthony Bianco, Burr Curtis, William Green Sr., Paul Griffin, Dean MacEwen, Douglas McKay, Robert Samilson, Frank Stelling, and Mihran Tachdjian. Drs. Sherman Coleman, Wood Lovell and Charles Ryder had been invited but were unable to attend.

Several of those present, especially Dr. Green, felt that it was important not to isolate children's orthopedics from general orthopedics, however, the mood of separatism prevailed and a new society was born. Officers were elected: Drs. William Green, President; Burr Curtis, President-elect; Douglas McKay, Secretary; Paul Griffin, Treasurer; plus Frank Stelling and Robert Samilson as Members-at-Large on the Board of Directors.

*Many who have kindly reviewed this history have commented on my varying spelling of "orthopedic" versus "orthopaedic", I have used the spelling "orthopedic" (my preference) except where it is a direct quote. See page 44 for further discussion of this semantic argument that will probably nag us till Nicolas Andry rises from his grave,

**Originally, I used the term "sub-specialty", I have taken the suggestion (a most apt one) of Dr. Michael Goldberg to..." eliminate the term sub-specialty and just to refer to pediatric orthopaedics as a specialty, We are subservient to no one".

The next gathering was held at Newington Children's Hospital September 10th and 11th 1971 following the Scoliosis Research Society meeting. This meeting 'was declared as "the first" official meeting of the Pediatric Orthopedic Society. It was attended by twelve orthopedic surgeons... Drs. Bianco, Coleman, Curtis, Green, Griffin, Lovell, MacEwen, McKay, Ryder, Samilson, Stelling and Tachdjian. It was agreed that nine additional members be invited to join. .. Drs. William Donaldson and Albert Ferguson of Pittsburgh, John Hall and Arthur Pappas of Boston, Alvin Ingram of Memphis, Robert Salter of Toronto, Howard Steel of Philadelphia, John Wilson Jr. of Los Angeles, and Robert Winter of St. Paul.

In the early days, those interested in pediatrics were scattered, and not well known to each other. When Dr. John E. Hall of Boston, but recently moved from Toronto, was made a member, he was entered on the rolls as Dr. John I. Hall of Georgia. This delayed, considerably, the organization of a panel discussion for the annual meeting of 1975 when all of the correspondence was first sent to Georgia.

The first members of the POS seemed to have a monastic bent. Wives were to have been excluded from coming to meetings on the thinking that such serious business required "total-immersion". However, this abstemiousness lasted for only three meetings. By the 1977 meeting in Palm Beach FL, when Dr. Tachdjian was president, joie-de-vie predominated. According to Dr. John Hall. ..

"Mike Tachdjian was the chairman. He arranged a dinner at a very fine restaurant and I remember everyone remarked what a fine wine he had chosen. It wasn't until later that we found out why it was so good, when we discovered that the dinner had bankrupted the society"

The first official printed stationery appeared in 1974, however it was bereft of a logo. The matter of a Logo consumed a great deal of time and interest. Sample offerings were passed around and from the subsequent letters it was clear that many of the members felt that there was certainly no concordance between skills in pediatric orthopedics and artistic talent or sensibilities. "Awful!" was one response. Dr. Burr Curtis then made an offering to which Dr. Howard Steel suggested ("with tongue-in-cheek and twinkle in my eye")...

"Why not incorporate the della Robia which has become synonymous with pediatric practice, with Andry's tree which seems to be ours, and meld the ropes that bind the crooked tree to the straight stake into the swaddling clothes of the infant?"

Dr. Robert Salter, horrified at the thought of promoting swaddling, wrote. . .

As one who has been interested in the preventive aspects of congenital dislocation of the hip and who feels that the habit of binding newborn hips in the position of adduction and extension is deleterious to those infants who have unstable hips, I cannot help but raise the question of whether Andrea della Robia's figure of the infant in swaddling clothes is appropriate on an emblem of a society that presumably is just as interested in prevention as in treatment".

The solution was to put the matter into the hands of a committee chaired by Dr. Robert Samilson.

Finally, a logo was chosen with the intention of showing the importance of growth as the main feature that distinguished the interests of pediatric orthopedics from that of the parent body.

pediatric orthopaedic society

Initially, the society was very restrictive in order that the discussion of problems would be at a high level by people with a great deal of experience. It was recognized that many orthopedic surgeons who had made significant contributions to pediatric orthopedics did not necessarily limit their practice exclusively to children, however, the feeling was that membership should be based upon demonstrated interest and contributions made to the clinical management, teaching, or research in pediatric orthopedics. Although never written, there was a policy that there would only be one member from each of the well-known pediatric orthopedic institutions. This policy was a major impetus to the later establishment of the Pediatric Orthopedic Study Group since there would be little likelihood of membership for orthopedists such as Drs. Hamlet Peterson or Henry Cowell who were in the first assistant positions at that time. As it has turned out, their senior partners are very much alive today and only recently retired. Drs. Peterson and Cowell would have had a tedious twenty five year wait. Recently, Dr. Anthony Bianco Jr. wrote to say. . .

"I can't help but wonder what would have happened if the ridiculous rule about not having two members from the same institution had never come up. I think that the organization of the Pediatric Orthopaedic Society would have been much smoother."

Membership was firmly established to be by invitation. Dr. McKay, as secretary received so many letters of application that he was forced to draft general letter stating that membership was by invitation. This restriction put the society at odds with the principles of the American Academy of Orthopedic Surgeons. The POS members specifically chose not to affiliate with the AAOS rather than to open the membership rolls which such an affiliation would require. In 1972, the members voted to limit active members to thirty five and in 1973 to increase the membership "by no more than five per year".

The membership restrictions kept even Dr. Walter Blount out of the organization because his practice was not exclusively with children. The issue was corrected when, in 1991, he was honored by POSNA as a "Pioneer" because of his tremendous contributions to pediatric orthopedics. Dr. David Sutherland, who was the Historian at that time noted...

"In a taped response to the members in 1991, he (Dr. Blount) said rather plaintively that when the Pediatric Orthopedic Society was established 'I thought that it would really be my cup of tea.' He was disappointed that he was not invited because of his practice profile."

By 1974, some had recognized that this exclusivity was inappropriate in that there were many young pediatric orthopedists who were coming along who needed a forum for discussion. Dr. Robert Winter, who succeeded Dr. McKay as Secretary of the POS, was a strong advocate urging the other members to widen the scope of admission. As a consequence, the membership was somewhat begrudgingly opened up against a strong contingent who maintained that a high standard required careful selectivity.

B) The Pediatric Orthopedic Study Group (POSG) :

In 1974, Drs. Hamlet Peterson of the Mayo Clinic and Henry Cowell of the duPont Institute believed that the young pediatric orthopedists needed their own forum. After a meeting which took place in a hotel room during the 1974 AAOS annual meeting in Dallas, they sent out a letter inquiring about interest in such a gathering. Three months later, in July, a follow-up letter was sent:

"Dear Doctor:

"Three months ago a letter was sent to you inquiring about your interests in meeting with other orthopedists interested in pediatric orthopedics. A positive response was received from nine individuals. Though more participants would be desirable, the individuals who did respond indicated that this type of meeting has definite merit and would be worthwhile. Therefore, a one-day meeting in the Fall is planned in hopes that attendance will include all who responded positively as well as some who did not respond.

"In an attempt to avoid conflicts, Monday November 4 has been chosen as the day for the meeting. The meeting will be held at the Mayo Clinic in Rochester, Minnesota and would be limited to one day. As you recall each person attending is requested to present some subject related to pediatric orthopedics. Please let us know soon if you are interested in this meeting and indicate the subject of your presentation and the amount of time desired.

"If you know of anyone else who might be a candidate to attend this meeting, let us know, We will correspond with you as soon as the results of this letter are known"

The mailing list for this letter included: Drs. Virginia Badger of St. Louis, Walter Bobechko of Toronto, Stanley Chung of Philadelphia, Liebe Diamond of Baltimore, James Drennan of Denver, Robert Eilert of Denver, Robert Fisher of Newington, Roger Gallien of Quebec City, Robert Hensinger of Wilmington, Rudoiph Klassen of Mayo Clinic, Stephen Kopits of Baltimore, Dennis Lyne of Chicago, Maureen Malloy of Boston, E. William Schmitt of Atlanta, George Simons of Chicago and Lynn Staheli of Seattle. (The frequent changes in location, for which pediatric orthopedic surgeons have been known, can be seen by comparing the above addresses with current ones.)

Again with this new group, the individuals scattered over the continent were not well known to each other... Dr. James Drennan was listed as Robert Drennan for several years. In reply to Dr. Peterson's request for additional names of people who might be interested in joining, Dr. George Simons wrote. ..

"The only person I know of in addition to those mentioned in your list is the fellow who works at the University of Miami. I believe his name is Newton McCullough. "

So much for Dr. McCullough who later became president of POSNA and then of the AAOS.

It is interesting to note that this first group of POSG members listed three women while no women were ever invited to become members of the POS. (Currently, there are thirty eight women who are active members of POSNA representing approximately 8% of the active members).

The early exploration for other interested pediatric orthopedic surgeons was both timid and a little paranoid *. Drs. Cowell and Peterson were aware of the consternation that this upstart group was creating among some of the POS members. They did not want to have ...

"the initial meeting in conjunction with the Academy or an Instructional Course since there would be many members of the 'other group' ".

Dr. Staheli had suggested a two day meeting as being more efficient use of time. However, the choice of a one day meeting for the initial gathering, was chosen specifically to keep a low profile. Dr. Peterson replied to Dr. Staheli. . .

"The proposal for this meeting is met with considerable resistance and a sense of antagonism from several individuals. It is not wise to elaborate on this point at this time since you are probably aware of the situation.

However, Dr. Cowell states that. . .

"Rather than the choice of a one day meeting being made to keep a low profile, the one day meeting was chosen as Ham and I did not believe that nine attendees could present enough material to have a two day meeting"

As a consequence, the "Pediatric Orthopedic Travel Group" (their initial name) was established and began with a meeting in Rochester, Minnesota in September 1974 (not in the living room of Dr. Peterson's home as fable has it) but in a conference room at the Mayo Clinic with nine attendees... Drs. Cowell and Peterson as well as Badger, Eilert, Gallien, Hensinger, Lyne and Simons. Also there was Dr. Rudolph Klassen of the Mayo Clinic. Because there were only seven at the one day meeting, each person was allowed all the time they wished for their topic, and a great deal of discussion ensued.

The group had been drawn together as a reaction to the restrictions of the Pediatric Orthopedic Society. As a consequence, the spirit .of the gathering was one of openness of membership, and informality of organization. By the second meeting, the name had been changed to "The Pediatric Orthopedic Study Group" (POSG). It was originally directed by "co-chairmen" rather than a president. The only strong regulation was that each person attending a meeting had to present a paper. As the organization grew rapidly, the requirement which insisted that each attendee present a paper and the strong desire to allow as much discussion time as possible led to the development of a rapid-fire program format where subjects were brought up for 4-5 minutes of formal presentation followed by 10-20 minutes of discussion time.

*. After graciously reviewing this manuscript, Dr. Henry Cowell replied...

"First let me note, parenthetically, that some days it is not paranoid to be paranoid. Nonetheless, I believe that it is incorrect to characterize our early exploration as 'timid and a little paranoid'. Ham and I actively sought other individuals who were practicing pediatric orthopaedics. I would concur that a number of the people we approached seemed paranoid, most likely because they were told not to participate in the POSG. I myself was told to carefully consider whether I wished to participate or not. as my participation might reflect poorly on my future career. Thus one might consider Ham and I irrational for proceeding; however, the word timid is not appropriate."

Growth brought its problems to the POSG as well. The membership ballooned and they, too, began to discuss, as early as 1976, restricting the number of members.

'At the rate we're going we might have to rent out the Rose Bowl for the next meeting' wrote Dr. E William "Butch" Schmitt of Atlanta.

Openness won out, but a requirement was instituted that members had to spend 75% of their time treating children. In addition, membership in the American Academy of Orthopedic Surgeons was made a requirement. Since membership in the Academy necessitated several years of practice after the end of residency, it was anticipated that those less committed to pediatric orthopedics would become disinterested and drift away, thereby decreasing the stress on growth.

When Dr. E. William "Butch" Schmitt of Atlanta became the Secretary-Treasurer in 1975, he followed the advice of his lawyer sister and proceeded to put POSG on a more organized footing. This included making the POSG a formal legal entity incorporated in the State of Georgia. The second meeting was held in Atlanta with 18 attendees, co-chaired by Dr. Cowell, Peterson and Staheli. Those in attendance were: Dr. Marc Asher, Virginia Badger, Stanley Chung, Harry Cowell, Liebe Diamond, James Drennan, Edward Eyring, Richard Gross, Robert Hensinger, Walter Hurman, Rudolph Klassen, Dennis Lyne, Hamlet Peterson, Louis Roy, Robert Rosenthal, Lynn Staheli, Kaye Wilkins, and E. William Schmitt.

The organization now was clearly established. The enormous work done by Drs. Cowell, Peterson and Schmitt throughout the period was recognized by the members who, in 1980, presented special plaques to both honor and thank them for their efforts.

The two societies, POS and POSG appear to have had a different historical sense of themselves. Reviewing the minutes and letters of the early years of the Pediatric Orthopedic Society, there is a clear sense that its members believed that their activities were of historical significance. By the fourth annual meeting an historian was elected (Dr. Burr Curtis) who presented a report to the members by November 1975. Formal group photographs were taken of the members gathered together at each annual meeting. By contrast, the records of the early events of the Pediatric Orthopedic Study Group are skimpy. Only programs of annual meetings for 1976, '77, '78 & '79 have survived.

The POSG members appeared to have believed that they were a small specialized group like the many "Travel Clubs" that sprouted in the American orthopedic world from the '40s to the '70s*.

By 1979, some of the members of the POSG began to feel that this new organization was one which ought to have greater aspirations than just that of a "travel club", They suggested the name be changed to one more befitting an organization of significance. In addition some members were having difficulty getting funding from their parent institutions if they were going to attend a meeting with a name which did not suggest a real organization. To explore the issue, Dr. Staheli surveyed the members by mail. The results showed the following:

*Dr. Cowell states that . . .

"From the historic standpoint, I believe we felt more like 'young turks' at this stage, and not a travel club. The name was changed from the Pediatric Orthopaedic Travel Club to the Pediatric Orthopaedic Study Group by the second meeting, as we believed that we were a group concerned with education and study, rather than with travel. "

Leave name as is: 36

Change name to. . .

Association of Pediatric Orthopaedists 26

Academy of Pediatric Orthopaedics 5

Pediatric Orthopedic Association 5

Organization of Pediatric Orthopaedists 2

And one vote each for. . .

College of Pediatric Orthopaedists,

American Assoc. of Pediatric Orthopedic Surgeons, International Organization of Pediatric Orthopedic Surgeons, Pediatric Orthopedic Research Society;

Assoc. for the Study of Pediatric Orthopedics,

International Assoc. for Study of Pediatric Orthopedics,

Assoc. of Pediatric Orthopedic Surgery,

Assoc. for Orthopedic Surgeons for Children,

American Academy of Pediatric Orthopedics,

Children's Orthopaedic Assoc.,

Assoc. of Pediatric Orthopaedic Surgeons.

So the name of the organization was left unchanged. (The remainder of the survey showed that the members wanted, in regard to "organization"... Minimum: 44; Basic: 36; Complete: 8; and for "Dues". .. Oppose: 5; Favor: 82.)

C) The move to unification:

Initially, some of the members of the POS were upset at the establishment of the POSG. Others of the older set felt that membership in POSG might appear to be an affront to the POS and advised their younger colleagues to refrain from joining for fear that they would not be seen as an appropriate candidate for subsequent membership in the POS. When it came to membership into POS for Drs. Cowell and Peterson, they clearly felt ambivalent, and as if they were letting the team down *. Dr. Peterson wrote to Dr. Cowell. . .

'I was approved for membership in the Pediatric Orthopaedic Society. The next meeting will be in September 1975 and I plan to attend I feel more progress can be made for open membership from inside the Society than from outside of it and I will strive for that goal, though recognizing that I will have very little, if any, influence initially. Hopefully, I will be able to adequately convey the desires of the younger people with whom we are better acquainted'

However, over the next 3 or 4 years, the older members of the POSG became members of the POS yet retained their membership in the POSG. With the further development of this phenomenon, the POSG become the "farm club" for the POS. It was becoming evident that having two organizations was redundant. Often their programs were remarkably similar. There

*Dr. Cowell comments...

"I never had ambivalent feelings. nor did I ever believe that I would let POSG down. ... I only accepted the nomination, and subsequent membership, in the Pediatric Orthopaedic Society with the clear understanding that I would work to open the Pediatric Orthopaedic Society to younger members."

were, however, many members of the POS who felt that amalgamation would dilute the quality of the POS. In 1977 Dr. Wilber Westin wrote to Dr. Tachdjian, then the president of the POS ..

'last evening I was at a meeting... and had a discussion with a young man who is in what he calls a pediatric study group or pediatric travel club. As I asked him what they did and how they were organized he said they were not organized and had no set program. It sounds like a helter skelter type of group. Apparently they have bull sessions and not much of a real study group project... they have contributed very little to the field of pediatric orthopedics and I do not think are of the caliber that would contribute if they became members, but would only be hangers on and kibitzers".

Not all members of POSG were anxious to amalgamate.

'I will be looking forward to the Executive Committee meeting in San Francisco with the POS, but I think that I shall remain firm in my resolve to oppose a merger." wrote Dr. Lyne to Dr. Peterson. 'I personally don't think that it serves either group any particular purpose, making both too large to even come close to handling and also interfering with the natural course of events which I feel will flow toward a more functional direction than we can necessarily direct it. I still think that our efforts should be directed toward organizing the Pediatric Academy as our official organ. "

There were many members of the POSG who felt that their organization was more vibrant and stimulating and were not anxious to be dragged down by dead weight. For example, while the POSG meetings were bubbling with participant desire to be involved, Dr. Watts, the secretary of POS, had to send out a letter pleading for more participation. He wrote in 1978...

"The coming Pediatric Orthopedic Society meeting could use some more presentations. I wonder whether a search deep into your soul could bring forth some topic for presentation".

Additionally, a number of the younger members of the POSG felt that it would intimidate their participation to have some of the well-known senior members of the POS present whom the junior members held in awe.

Dr. Robert Winter was the youngest member of the POS and because he was friends with many of those in the POSG, he became the first person to push toward a union of the two groups. He wrote to Dr. Alvin Ingram in October of 1976...

'I think that the Society will fail unless it brings in all young orthopaedic surgeons whose professional careers are devoted to pediatric orthopaedics. / think anyone who is practicing 90% or more of pediatric orthopaedics should be in the Society now regardless of all other factors. / think that we must expand to include corresponding members from other countries who are in similar capacities. / think that the program style must be changed as the present format is stagnant and uninspiring and non stimulating. We tend only to hear the already well heard opinions of the experts and people come to meetings to hear what is fresh and new, not what is old and pedantic. / think now is the time to make a major turn-around in this Society or else it will fail."

Dr. Ingram replied that the items should be put on the agenda for the Executive Committee meeting as well as the first Business meeting in Palm Springs. In March 1977, Dr. Winter again wrote a strong letter, this time to Dr. Paul Griffin who was then POS president. .

"/ continue to be distressed that there are two pediatric orthopaedic societies and for the long haul, / don't think that can do anything but harm to our sub-specialty.

"I would like to propose as a method of getting this subject off dead center, that in 1979, the two societies have a joint meeting. This would be at a place and time decided by a mutual committee composed of two individuals of the Executive Committees of each society. There should be two full days of scientific program, one day planned by each society. Time should be set aside at this combined meeting for an opportunity to discuss freely and openly the future of children's orthopaedics and a way that the two societies can come together in a single union.

"There are three methods to accomplish such a union: 1) For the Pediatric Orthopaedic Society to disband and to join the Pediatric Orthopaedic Study Group. 2) The Pediatric Orthopaedic Study Group to disband and join the Pediatric Orthopaedic Society. and 3) Both Societies disband and reunite in a single new group.

"Of the three possibilities, the third is probably the only viable one This means that no one has to follow the old rules and we can set up new rules to cover a new situation.

"It is obvious to pursue this idea, that we must begin now. The Pediatric Orthopaedic Study Group will meet in Minnesota in September at the Mayo Clinic. / have asked Ham Peterson if / could attend that meeting as an interested individual in children's orthopaedics. . . "

"I would most particularly not wish to do this alone and would find it extremely pleasant if you would join me in Rochester."

Dr. Winter subsequently wrote to Dr. Tachdjian (then president of POS) who circulated a copy to the POS members. Strong letters of support came from Drs. Henry Banks, Sherman Coleman, Wood Lovell, and David Munger. Dr. Eugene Bleck's response was a particularly cogent (and prophetic) one.. .

'I have no feelings one way or the other regarding the merger, except to wonder why either group was formed. / thought that the objective of forming a special pediatric orthopaedic society was to have an opportunity once a year to talk over with one's colleagues in the field various problems in pediatric orthopaedics in the hope that a candle or two might be lit toward their solution and to share information and experiences. /n a merger you will have a larger organization and / wonder if your meetings wont drift inevitably into the formalized format so that everyone can be assured of "participation JJ in the affairs of the organization. Fairly soon, / would predict that the process will become institutionalized, as they are in practically every American endeavor. By this, / mean that the substance of the organization, which / presume to be academic, is subsumed to the process, i. e. organization and committees.

"This need not be so if we recognize the penchant that we Americans seem to have for institutionalizing the processes of everything.

'I am a devotee of Peter Drucker's theory of organizations, in which every organization should stick to it's defined purpose and not expand out of it and infringe on other organizations that are organized for some other purpose. Perhaps if we do keep our minds on the defined purpose of the organization, merger will be quite successful and maybe we will have something comparable to the French Academie.

"From the standpoint of economy, the merger makes sense. .. the merger would also make some sense intellectually... the biggest disadvantage of the merger is that it will diminish the intimacy of the group but will enlarge the number of contacts and acquaintances during the meeting. "

The idea injected into the system by Dr. Winter took another six years to come to fruition. On August 2, 1978, Dr. Winter wrote to Dr. Peterson...

" I am planning to come to the Study Group in September at the Mayo Clinic. I have been talking with Paul Griffin who is currently President of the Pediatric Orthopaedic Society and he would like to come also so that the two of us representing the Executive Committee of the Pediatric Orthopaedic Society can meet with your group to explore any feasible arrangement that might be to the benefit of professional children's orthopaedics ".

Dr. Griffin replied to Dr. Peterson thanking him for the invitation to come to the meeting.

'My purpose in wanting to talk with your executive committee is not an official function but only personal in that I want to have an opportunity to discuss with the leaders in the Pediatric Study Group things that I think are important for pediatric orthopedics in general".'

Feelings on both sides of the fence were sufficiently hostile to unification that it is notable in both of these letters, any direct mention of union is coyly omitted. After the meeting, Dr. Peterson wrote to Dr. Griffin. . .

"As you might expect, the discussion that occurred at the business meeting evoked a varied response. There are naturally concerns of some members at the thought of dissolution of our group. Nevertheless, there was a general consensus that ideas should be explored by the Executive Committee of the Pediatric Orthopedic Study Group with the Executive Committee of the Pediatric Orthopedic Society if they so desire. I Presume this will be brought up at the Pediatric Orthopedic Society meeting in October and that if the members agree, a first joint meeting of the Executive Committees could be held at the Academy Meeting in February".'

In addition to these activities at a more formal level, a sub rosa movement developed among those who were of the bridging generation to try to hasten the integration of the two organizations. During an informal lunch meeting between Drs. Lynn Staheli, John Roberts and Hugh Watts in 1978, Dr. Staheli suggested that as a first step, the members of the POS who had previously been in the POSG (such as himself and Dr. Roberts) be encouraged to maintain their activity in that organization. In addition, younger members of the POS who had never been a member of POSG (such as Dr. Watts) be encouraged to join the POSG. The goal was to get as large a group of pediatric orthopedists to become members of both organizations. Such de facto integration would make an amalgamation that much easier.

In 1979, active negotiations were initiated by the formation of an ad hoc committee arranged by Dr. Watts. The first meeting was held at the AAOS meeting in February, chaired by Dr. Sherman Coleman with Dr. Watts acting as secretary. Four groups were represented: the Pediatric Orthopedic Society (Drs. Sherman Coleman, Hugh Watts, Douglas McKay and John Hall), the Pediatric orthopedic Study Group (Drs. Lynn Staheli, Hamlet Peterson absent, Dennis Wenger-absent), the Orthopedic Section of the American Academy of Pediatrics (Drs. E. William Schmitt, Dennis Lyne, and Arthur Pappas) and Pediatric Committee of the AAOS. (Dr. John Roberts). At that meeting, it was decided that a formal committee be formed with the chair rotating around the four represented groups at yearly intervals. The initial meeting had been organized to find out what the other groups were doing, and specifically to minimize duplication and further, to explore unification.

The next meeting was set for October 1979 and was to have been chaired by Dr. Roberts. However, the AAOS had instructed him to remain as "an observer" until they had had an opportunity to see what direction things were going. Consequently, the chair fell again to Dr. Coleman. Dr. Schmitt was to chair the following meeting at the AAOS in Atlanta in Feb. 1980. By 1981 the Chair fell to Dr. Hugh Watts who presented an elaborate plan to the leaders of both groups whereby a conjoined Annual Meeting would be held in 1983 with representatives from each group sharing in significant substantive and ceremonial roles. Dr. Watts proposed that. . .

"the basic premises of the merger are: 1) One organization should not swallow up the other. This MUST be made obvious to all members of both organizations. 2) The strength of each organization would be utilized in the merged organization. 3) All members of each group would become members of the new merged organization. "

By April 1981, Dr. Watts presented the following proposal...

- "1. The name of the organization will be The Pediatric Orthopedic Society.*
- "2. The organizational base of P OS will be used with the following significant changes: a) admission to membership will be by application and not invitation. b) Members will not have to demonstrate 'a significant contribution' to pediatric orthopedics. Members will be required to demonstrate by practice profile that 75% of their practice is in the field of pediatric orthopedics, and that they are certified by the American Board of Orthopedic Surgery or the equivalent in Canada c) Guests will be accommodated after the 1983 meeting.*
- "3. All members of the Pediatric Orthopedic Study Group at the time of the merger are automatically members of the Pediatric Orthopedic Society. Members of the POSG who are practicing outside the USA and Canada will become Corresponding Members of the POS.*
- "4. The meeting format will be that of the POSG (which has been the format of the POS meeting for the last four years).*
- "5. The meeting time will be that of the POSG, i.e. Springtime.*
- "6. The assets of the two organizations will be combined.*

- 7. The first meeting will be held in the Spring of 1983 in Charlottesville. This meeting will be chaired by co-presidents representing each of the two groups, i. e. Eugene Bleck (for POS) and Butch Schmitt (for POSG). At that meeting the members will elect a new slate of officers as outlined below.*
- "8. In November of 1981 a joint planning committee was formed to arrange for the first merged meeting in the Spring of 1983. Dennis Drummond was appointed chairman of the committee, which was determined by coin toss. The current committee is composed of For the POSG- Schmitt, Drummond, Lynne, Wilkins, Gross, Schwentker, and Sussman. For POS- Bleck, Bianco, Watts, Peterson, Asher, Letts and Neal Green.*
- "9. The local host for the 1983 meeting is Michael Sussman.*
- "10. The Program Cochairmen for the 1983 meeting are Neil Green(appointed by Gene Bleck) and Ned Schwentker (appointed by Butch Schmitt)."*

This was followed by a detailed process for dividing up the representations on the various Executive Board and the committees

The same year, 1981, Dr. John Hall was the POS president. The fact that Drs. Hall and Watts worked at the same hospital in Boston facilitated matters. It was Dr. Hall who convinced the POS members (where reluctance to unite was still strongly evident) that joining the two organizations was inevitable, and that it was in the interests of all to make sure that the union was accomplished with guidance from seasoned members of the POS.

Dr. David Sutherland recalls. . .

"I remember well the meeting held in San Diego when John Hall was President. He made a very eloquent but simple talk encouraging amalgamation. I remember that he said we could either look towards the progress of our specialty and approve amalgamation or we could say, 'pull up the gang plank, Jack, I'm aboard."

By April 1983 Dr. Watts was able to report that...

"The marriage has taken place and will be consummated at the meeting in Charlottesville".

At the combined annual meeting in 1983 each member body agreed to amalgamation, so formal union took place the following year in 1984 with the election of Dr. John Roberts as it's first president. Dr. Hugh Watts was elected to be the next president , but at the start of the following annual meeting he resigned as president since he was moving to Saudi Arabia and did not feel that the organization could be properly managed from that great distance. Dr. Newton McCollough was elected to take his place.

D) The IRS influences the POS to become the POSNA:

At the combined meeting of the POS and the POSG, it was agreed that the new united society would be known as the "Pediatric Orthopedic Society".

Shortly after taking office, the new president, Dr. John Roberts, discovered that to continue the designation of POS could make the organization's members (and in particular the Officers and the Board of Directors) liable for past errors in Internal Revenue Service neglected paperwork. It was decided that a legally new organization had to be formed and the name chosen was the Pediatric Orthopedic Society of North America i.e. POSNA (however "North America" ceased to exist south of the U.S.A.). Thus the newly united Pediatric Orthopedic Society was dissolved after one year of existence and was immediately replaced by virtually the same organization under a new name. .. the Pediatric Orthopedic Society of North America.

II) POSNA

Perhaps mindful of the long arguments that the choosing of a logo had created in the POS Dr. Roberts chose a logo and attached a Latin motto ... "Pueri Providentur Melius Coniunctis" (i.e. we unite to take better care of children). The logo was contributed by Dr. John Ogden's mother, and the translation of the motto was contributed by Dr. Mercer Rang's wife, Helen. Ironically, the new logo depicted two bent trees, i.e. twice the pathology, under the influence of a single correcting stake, (rather than two stakes together exerting twice the corrective forces in unity against a single pathologically twisted tree) * .



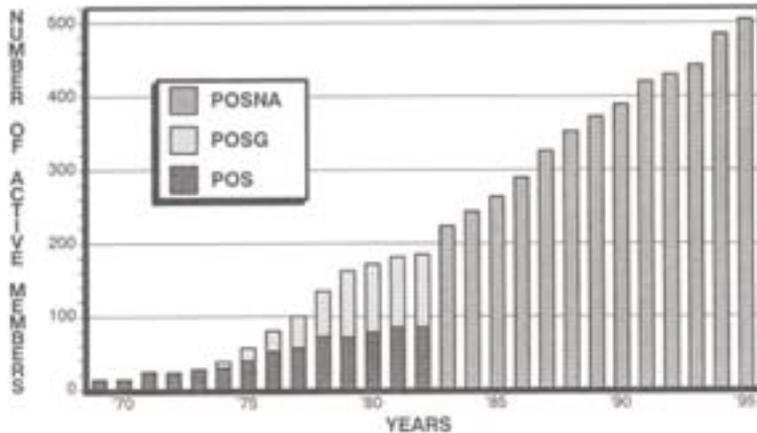
*Dr. John Roberts comments on his choice of logo. ..

"We felt that as a society, we were growing like our patients. Therefore the two trees signify the merger of POS and the POSG under the influence of the single straight stake which represented the collective leadership thinking as one. The motto is our interpretation of the symbolism. ... I would beg you to ... think of the saplings representing treaters rather than treatees much the same as the plane trees of Cos represented the Hippocratic school, notwithstanding the fact that Nicholas Andry used the analogy to describe his method for 'recovering the shape of the leg...'. If you like, you can think of twice the pathology (more members, more patients) being treated better by the kind of consensus which a single society brings to the field. I am not sure that two stakes always exert 'twice the corrective force' because the corrective influence of each stake depends upon its position relative to the deformity. Also, I thought that Andry's point was that the corrective force be applied to the leg progressively over time so that 'this compression may not hurt...'. "

Membership:

Over the subsequent years, the growth in membership has been remarkable. In 1970, POS had twelve members, by 1975 it was 38 and in 1980, 78. POSG had 15 members in 1975 and 95 in 1980. There were 244 active and senior Members in the united POS in 1984, 391 in 1990, and 505 in 1995.

GROWTH IN NUMBER OF ACTIVE MEMBERS



The membership structure of POSNA remained the same as that of the POS. There were Members, Senior Members, Corresponding Members, and Honorary Members. During the second meeting of the P~S, Dr. John Lorber, of Sheffield England, was the first to be named as an Honorary member in recognition of his work with Spina Bifida children (which he did as a pediatrician collaborating with Dr. John Sharrard also of Sheffield) Subsequently Drs. Walter Blount of Milwaukee, George Lloyd-Roberts of London England, and Peter Williams of Melbourne Australia were confirmed as Honorary members. These latter Honorary members became Active members when the membership was made more open.. No Honorary members were added to the list for the POS. Dr. Lorber's Honorary member status was carried over into POSNA until his name was inadvertently left off the rolls in 1992, but has since been re-entered. Subsequently, in 1989 the practice of naming Honorary members was resumed in POSNA with the additions of Drs. Predrag Klisik of Belgrade Yugoslavia and Ignacio Ponseti of Iowa City. In 1994 Dr. Theodore Harcke of Wilmington was also named an Honorary member.

In 1987, the by-laws were changed to allow for associate membership which could be conferred on persons who in the opinion of the society were actively engaged in a profession which directly relates to pediatric orthopedic surgery either clinically or in the field of research". The category was not listed in the annual meeting program until 1992 and no such membership was conferred until there were three members in 1993 and now four as of 1995.

Membership Restriction

A continuing source of conflict at board meetings is that of membership restriction. From the first days of both POS and POSG, the concept was that these were organizations which were a congress of orthopedic surgeons with specific interests and expertise in pediatrics. From this came the current membership requirement that 75% of the applicant's practice relate to children. This 75% activity had to be attested to by those supporting the application and by operative reports. This has become a thorny issue since a number of members have gradually drifted away from pediatrics to a point where they fall well below the 75% membership requirement while new members must fulfill that qualification. There has been a reluctance to require annual reaffirmation of the 75% commitment since a number of senior members who no longer have full pediatric activity nonetheless have a great deal of experience and can thereby contribute to the entire membership. However, membership in POSNA has, for all practical purposes, become the equivalent of a Certificate of Added Qualification (i.e.. CAQ). As a consequence, since assurance of quality is a premium, there remains a strong feeling that the membership requirement of 75% should be maintained.

The issue of the Certificate of Added Qualification (CAQs) is one which has been a bone of contention over the past decade throughout the field of Orthopedics. In Pediatric Orthopedics, some felt that if there were to be a CAQ, this would provide a better protection for children. Others felt that this was thinly disguised trade unionism while yet others were concerned that they might be excluded from additional areas of their expertise, for example spinal deformity surgery since the rules effectively excluded having a CAQ in more than one field. The members of POSNA were mixed in their desire to seek such a CAQ and were not able to give a clear mandate to the POSNA leadership as to which direction to take. As of 1995, however, AAOS membership, supported by the Board of Councilors, voted to put a moratorium on activities in the area of negotiations on CAQs (though some specialties continue to explore the issue)

As part of the membership requirement, regular attendance at annual meetings is necessary. A member must be an annual meeting attendee at least one in every three years unless excused by written request to the Board (for reasons of health for example). This has always proven to be a thorny issue at meetings of the Board of Directors. A By-Laws change passed by the members in 1995 now requires that a member has only to be present at one meeting in four years with no allowance for "excuses".

Because pediatric orthopedics is a young organization there have been few deaths (twelve) from among its members... Drs. Eugene Rogala 1981; Robert Ruderman 1982; Robert Samilson 1984; John Wilson Jr. 1984, Edward Riseborough 1984; George Lloyd-Roberts 1986; Roger Simoneau 1986; William Green Sr. 1986; Rosamond Kane 1989; Scott Decker 1989; Walter Blount 1992 and Richard Davis 1994. They are individually and collectively missed.

Annual Meetings:

The primary activity of POS, POSG and then POSNA has always been the annual scientific meeting. Originally, the POS meetings were held in small resort-type settings. The afternoons were left free for social interaction and usually a liberal amount of golf. This general format has been continued in the POSNA meeting arrangements. In the POSG according to Dr. Hamlet Peterson.. .

"At all of the early meetings, the meetings were held in meeting rooms of the institution of the host, but with social events in homes. This was true for both of the Rochester meetings, the Ann Arbor, and the Seattle meetings. The Atlanta and San Antonio meetings were held in hotels. At some of the early meetings, a cocktail party or other event was given at the home of the host. This added to the flavor of getting to know everyone on a personal basis. The last time I recall that this was done was 1979 in Seattle. The group just became too large after that. "

Each POSG meeting included a visit to the local pediatric orthopedic hospital facilities of the host. As it's membership grew, this became more and more difficult, to arrange and with the formation of POSNA, these visits ,were dropped.

The scientific meetings retain the zip of the format established by the POSG with very short formal presentations and longer times left for discussion. The very short presentation times meant that the common practice at other meetings of prolonged introductions and history were avoided on the assumption that in such a group of specialists, that the extra time required was not warranted. POSNA has followed the example of the POS and the POSG of insisting that all papers be presented by members. This is unlike most other orthopedic organizations where current practice is for a large number of presentations to be given by Residents. This has facilitated the quick-time pace of the scientific meetings.

Because of the membership restriction there was the potential problem of isolation of young orthopedists who might otherwise not be exposed to the current pediatric orthopedic thinking. This was addressed at the inception of POSNA by the institution of a liberal guests policy.

When polled for their opinion in 1991, POSNA members stated a preference for meetings in a resort-type atmosphere, where spouse and children often join in the social activities. Business meetings begin at 7:00 in the morning followed by the scientific session at 8:00 which continue through until 12 or 1 o'clock for three consecutive days. The afternoons have been left open for both organized sports, some organized group sight-seeing and a lot of non-organized conviviality. The interest in resort venues took a severe beating in 1993 when the meeting was held at the Greenbriar Hotel in West Virginia. The extraordinary high hotel costs met with considerable disgruntlement at a time of economic downturn and at a time when the social forces were pressing for a decrease in medical costs throughout the United States and Canada. The resultant fall off in attendance for that meeting led to a change in the planned venue for 1996 from the more lavish resort in Laguna Beach, California to Phoenix, Arizona.

In 1987 a one-day course on "The Behavior of the Growth Plate" was organized by Dr. Hans Uthoff to take place in Ottawa on the day preceding the start of the POSNA meeting in Toronto. The idea was that this would draw more pediatric orthopedic surgeons since many would be traveling to POSNA anyway. A further benefit was that the faculty would presumably all be members of POSNA so costs could be curtailed. This arrangement met with success and in essence extended the POSNA annual meeting by one day.

In 1990 the AAOS joined forces with POSNA to put on the one-day instructional course annually to precede the POSNA meeting. The topic was to deal with some aspect of pediatric orthopedics. The potential benefit to POSNA was that the organizational capabilities of the AAOS could be brought to bear and especially the mechanism for obtaining CME credits which was cheaper and easier to do via the AAOS. On the other hand, the AAOS would canvass the entire orthopedic community of 17,000 rather than the 400 or so pediatric orthopedists who would be the ones most likely to attend. This increased some costs. The topic chosen in 1990 was "The Spastic Child". In 1994 the AAOS decided that they were no longer willing to sponsor one-day instructional courses of any kind preferring more comprehensive programs. As a consequence, POSNA sponsored the one-day course independently in 1995. The fate of these courses is currently in abeyance.

Special Lectures:

At the second annual meeting of the POS Dr. Burr Curtis instituted the tradition of a Presidential address. He had also invited Mr. George C. Lloyd-Roberts of London England as his personal guest, and so instituted the precedent of, "The President's Guest" who was accorded time to present a formal lecture.

The issue of special lecturers and eponymous lectureships has cropped up on numerous occasions since. In 1976, the Shriners Hospitals offered to the AAOS a sum of about \$2000 to support a lecture on pediatric orthopedic surgery honoring Dr. Guy Caldwell of Tulane University to be presented at a major annual orthopedic meeting. The AAOS did not feel that this was an offer they could accept so the matter was referred to the new POS. This stimulated discussion on the merits of selecting out a single individual to honor with a named lectureship. Dr. Alvin J. Ingram, POS president in 1976, stated...

"I, personally. .. am mindful of the contributions that Dr. Caldwell has made to the advancement of orthopedic surgeons.. .. Despite these facts, I doubt if it would be appropriate for the Pediatric Orthopedic Society to establish an annual Distinguished Lectureship in his honor. I need not tell you that very significant contributions have been made throughout history to the field of pediatric orthopaedics, and I personally think it would be inappropriate for us to select one individual, and set up a lectureship in his honor, while neglecting many other individuals who had made similar, or even possibly greater contributions to our particular sphere of influence".

Dr. Howard Steel of Philadelphia, always a maverick in our group, has long maintained that we easily become narrowed and constrained by orthopedic tunnel vision. To that end, in 1994, the Steel Foundation presented POSNA with a handsome sum of money to fund an annual lectureship. The requirements for the lecturer were that the subject not be of an orthopedic nature and every effort be made to stimulate a broader interest among the membership. The inaugural Howard Steel Lecture took place at the Memphis meeting in 1994, given by Prof. Donald Johanson from the Institute of Human Origins. The topic was "Lucy" the prototypical Homo Erectus discovered in the Horn of Africa and was a great success. The lecture was scheduled to allow members' spouses to attend. In 1995, the speaker was Dr. Leroy Hood who spoke of The Human Genome Project: Catalyzing a Revolution in Medicine of the 21st Century.

Exhibits:

In 1993, posters exhibits were added to the program. These were shown in an adjacent area to the meeting rooms and remained mounted throughout the full meeting. The poster exhibits have not yet become a major activity as compared to the poster exhibits at the annual meeting of the AAOS.

Unlike most other meetings of orthopedic surgeons, there have never been any "Technical exhibits" (i.e. the display of orthopedic equipment or supplies for sale) at the annual meetings. Furthermore orthopedic equipment suppliers have not been asked to financially support any of POSNA's activities. Although these options have been discussed from time to time by the Board of Directors, they have always been rejected.

Development of POSNA as an Organizational Structure:

As the organization grew, it became evident that a better system was needed to transfer what had begun as a kitchen and part time activity to one which was capable of handling the complexities as membership expanded.

The first mid-year Board of Directors meeting became a tradition with the meeting at the AAOS in 1973. In 1989 the organization of officers was changed to include a second vice president, (the first vice-president being the president elect) to provide greater continuity of leadership. POSNA was looking more and more like the AAOS.

Over the past 20 years, the organization has grown both in size and organizational complexity. In 1974, POS inquired of the AAOS to see if they would undertake the handling of the business affairs of the organization. Nothing came of that early exploration. When Dr. Eugene Bleck became the president in 1983 he recommended that a central organizing office be used rather than leaving the business matters in the hands of an elected secretary who would change every six years. The Ruggles corporation of Richmond VA was selected. In 1986, the business affairs were transferred to the AAOS Division of Specialty Societies where Ms. Hildegard Klemm became POSNA's manager. A few months later her place was taken by Ms. Karen Jared until 1993 when the manager's job fell to Ms. Sheril King who still holds that position. Increasing costs have recently driven the AAOS into changes in their accounting structure with a demand that the peripheral organizations take-up a larger share of their costs. This increase came in 1995.

Dues began at \$50 for POS members at its inception (plus \$50 initiation fee later dropped). Dr. Sherman Coleman wrote in 1978...

"When David Sutherland was handed the treasurer's reins from Will Westin he could proudly identify approximately \$800 as the sum total in our coffers"

This led to the dues increase to \$100 in 1979. In 1995 a motion to raise the dues to \$250 per year was narrowly defeated by not reaching the required 2/3 majority having been supported by only 64% of the members.

In 1983 Dr. John Roberts initiated "The Bulletin", a publication by POSNA whereby the president could keep the members up to date on the activities of the organization during the interval between annual meetings. Dr. Roberts remained as its editor until Sept. 1985. Subsequently, the Bulletin was edited by Dr. Stuart Weinstein until 1988, followed by Dr. Andy Sullivan until 1992. Currently, the bulletin is edited by Ms Sheril King and now appears three times a year: Summer, Fall and Spring.

As POSNA has grown, so have the number and size of the committees. The permanent committees now are:

Alliance	Awards
Bylaws	CPT
Education	Coding Exhibits
Long Range Planning	Membership
Program	Research
Specialty Day	Standards of Care and Outcomes
Trauma	Treasurers
Terminology/Nomenclature	
as well as Ad Hoc committees for:	
CAQs	Core Curriculum
Gait Analysis	Health Policy
Relationship with Physical Therapy	

So too, the Board of Directors has grown. The Board now has representation from the Chairman of the AAOS Committee on Pediatrics, the Chairman of the Orthopedic Section of the American Academy of Pediatrics and has added general member representation with an increase, by three, in the number of Members at Large.

"This is a society of its members" Dr. Colin Moseley, president in 1990, wrote in the Bulletin. "One out of every four members is currently involved in the Board or in Committees and when you add to this number those who have been involved in the past, it is obvious that virtually everyone gets a chance to participate in shaping our organization"

As the committees and organization became more complex, it became necessary to develop a detailed manual outlining policies and procedures and this was first completed in 1985. This continues to be upgraded so what began as 13 pages now has grown to 48 together with a Committees' Reference Book of 129 pages!

Meetings of the board of directors have become longer and more formalized with the inclusion of written reports. Because POSNA had grown to be recognized as the voice of organized Pediatric Orthopedic Surgery in the USA and Canada many outside organizations have turned to it for direction or cooperation so that a considerable amount of the Board, of Directors meeting time has been spent in dealing with interactions with other organizations.

Awards:

THE DISTINGUISHED ACHIEVEMENT AWARD: Originally established as "the Pioneer Award", the honor was intended to acknowledge one of the members who had been instrumental in establishing Pediatric Orthopedic surgery as a specialty. The first award was given to Dr. Burr Curtis in 1988.

As time passed, it was recognized that the award was really given to honor a career of distinguished achievement so the name was changed in 1994 to reflect this. Following Dr. Curtis, the awardees have been. .. Drs. Wood Lovell 1989; Alvin Ingram 1990; Walter Blount 1991, John Hall 1992; David Sutherland 1993; Sherman Coleman 1994 Dean MacEwen 1995; and Robert Salter 1996.

AWARDS FOR THE BEST ANNUAL MEETING PRESENTATIONS:

Starting at the annual meeting in 1988. two awards were given for the best papers presented during the annual meeting, one for the Best Clinical Presentation and the other for the Best Research Presentation. The winners were chosen by the program committee based not only on the abstract, but also on the oral presentation at the annual meeting. Originally, these awards were call the Pioneer awards for Best Papers and were presented to the winners by the individual who was named the Pioneer Awardee of that year. Subsequently, the designation of Pioneer Award Presentations has been dropped.

HEUNE AWARD:

In 1991, the St. Giles Foundation inaugurated the Arthur H. Heune Memorial Award to recognize excellence and promise in pediatric orthopedics. This award of \$25,000 is intended to be applied by the recipient to continuing work in pediatric orthopedics. Subsequently, the award has been increased to \$30,000.

Dr. Donald Heune, son of Arthur H Heune provided a history of the award. One hundred years earlier,

"the House of St. Giles the Cripple was founded by Sister Sara, an Episcopalian nun, with the goal of bringing the finest orthopedic and rehabilitation care to children of every race, religion and color. Her work began with three children in a house in Brooklyn, New York.

"Although payment was accepted from parents who could afford it, care was provided irrespective of finances with additional support for the hospital coming from federal, state, and city funds, private insurers and contributions from many sources.. The hospital was governed by a Board which was, at first very closely linked to the Episcopalian Church, and was supported by the medical profession in the persons of a number of orthopedic surgeons beginning with Dr. Burr Mosher at the turn of the century and ending most recently with Dr. J William Fielding.

"St. Giles Hospital reached the pinnacle of its growth during the 1916 polio epidemic with an inpatient census of 100 patients and thousands of visits to the Outpatient Department. Following the conquest of polio, however, the need for the hospital declined and, faced with soaring deficits heavy capital outlays mandated by the State of New York, the House of St., Giles was closed in November 1977 and converted into a Foundation. Arthur H. Heune, after whom our award is named, was the President of the hospital from 1948 to 1972, and then awarded the status of President Emeritus. He was important in the deliberations that led to the conversion of the hospital into a Foundation.

"The St. Giles Foundation is an active one. It continues to receive charitable donations and to support work dedicated to the same goals as the original hospital, namely the benefit of crippled, disabled and weakened children ".

Each year, at the annual meeting, Dr. Donald Heune has presented the award with a preamble which has become a highlight and an excellent example of the art of speech-making, liberally leavened with humor.

Dr. William Cole, then of Melbourne, Australia, and now of Toronto, Canada was presented the first award at the 1992 annual meeting. Subsequent awardees have been Dr. Robert Salter of Toronto, Dr. Frederic Shapiro of Boston, Dr. Stuart Weinstein of Iowa City, and Dr. James Aronson of Little Rock.

Education:

FELLOWSHIPS:

While post-residency "Fellowships" have almost become the standard, such formal training was not available until approximately the mid-1970's. This is in stark contrast to the 57 Fellowships offered in Pediatric Orthopedic Surgery by 1990. .

The POS convened a committee on Fellowships in 1979 under the chairmanship of Dr. James Drennan. Their goal was to define the "educational experience necessary to develop special proficiency to practice pediatric orthopaedics". At about the same time, the POSG formed a committee on the issue chaired by Dr. Dennis Wenger.

Since these deliberations occurred at the time of the move to unification of the POS and the POSG, Dr. Drennan's committee formed an ad hoc association with interested members of the POSG and met in Montreal on May 15, 1980. A questionnaire had been sent out to which approximately 40% of the POS members had responded. From this response, it was evident that there was no standardized system for reporting the data. Dr. Drennan reported that.. .

"It was estimated that approximately thirty per cent of the total surgical volume in a program which included both residency and fellowship would be considered to be technically complex and, thus, the domain of the Fellow. Procedures including correction of talipes equinovarus, limb inequality, Bailey intramedullary rods, Luque posterior fixation, anterior spinal stabilization, and tumors, were included in this Fellow group.. . .

All present agreed that a Fellowship should be a minimum of one year and strong support was given for a two-year Fellowship"

At a subsequent meeting in Sept. 1980, the committee reported a "recommendation to contact Dr. William Donaldson concerning the possible role of ACORE in developing the concept and definition of this Fellowship".

From this point on, the matter of Fellowships fell under the umbrella of ACORE. They have taken on the task of accrediting Fellowships, but since there has been little support for the establishment of a Certificate of Added Qualification in Pediatric Orthopedics, (which requires having completed an accredited fellowship) the matter of Accreditation of Fellowships has become moot. A matching program was developed in 1989, but in the area of Pediatric Orthopedics, this has been honored more by disuse, since the number of applicants falls so very far short of the number of Fellowships available.

According to Dr. Vernan Tolo. . .

"During this present year (1995), there were somewhere between 15 and 20 applicants that went through the match for around 30 fellowship places that stayed within the match"

SPECIALTY DAY AT THE AAOS:

To combat increasing fragmentation of Orthopedics, the MOS struck upon the idea of setting aside one day of their annual meeting to be devoted to specialty organizations yet keeping matters under the umbrella of the MOS. The first Specialty Day was held at the 55th Annual MOS meeting in Atlanta GA in 1988. The original idea was to have the individual specialty associations use the day for their annual meeting, and allow guests to participate. The members of POSNA did not want to replace their annual meeting so have undertaken to use Specialty Day as a venue to promote better education of children's orthopedic problems to general orthopedic practitioners. The afternoon sessions have now largely been taken up with debates which have proven to be enormously popular with the audience by mixing some science with entertainment while discussing important issues in pediatric orthopedics.

TUTORIALS:

Tutorials came into being in 1985 at the suggestion of Dr. John Roberts. The idea of the "Tutorial" was to arrange for small gatherings of younger pediatric orthopedic surgeons who could meet together with someone of greater experience to learn about either a specific surgical procedure, or the management of a particularly difficult set of patients. The groups would be small, with five to ten tutees and would meet in the home town of the instructor. In 1985 - 86 there were six tutorials offered...

"Seating for the Handicapped: by Dr. R Mervin Letts, then of Winnipeg

"Myelodysplasia" by Dr. Luciano Dias of Chicago

"Elbow Injuries in Children" by Dr. Kaye Wilkins of San Antonio

"Surgical Treatment of Clubfeet" by Dr. John Roberts, then of New Orleans

"Texas Scottish Rite Hospital Spinal instrumentation", by Dr. John A. Herring of Dallas

"Cerebral Palsy" by Dr. Seymour Zimblor of Boston.

Tutorials have always been popular, but not all of the subjects have been fully subscribed. The tutorials having to do with operative spinal instrumentation, .however, have been continually in demand.

CORE CURRICULUM DEVELOPMENT

Primarily under the leadership of Dr. Richard Gross, a committee has labored to establish what we as pediatric orthopedic surgeons believe is the basic body of knowledge that orthopedic residents should know in order to function safely and competently when caring for children with orthopedic problems. They have produced, and later modified, a Core Curriculum guide which has been used successfully by those who organize residency programs. They have also monitored Orthopedic In-Training Examination questions relating to pediatric orthopedics and correspond with the OITE committee on appointments.

WORKSHOPS IN CONJUNCTION WITH THE SHRINERS HOSPITALS AND THE AAOS:

In 1990, the Shriners Hospital Corporation announced that they were setting aside \$50,000 each three years to be used to hold a symposium jointly organized with POSNA and the AAOS to establish current guidelines for treatment and directions for future research on selected topics in pediatric orthopedics. The first of these symposia was organized by Dr. Michael Sussman on the topic of "The Diplegic Child" held in Charlottesville in November 1991. The second such workshop, under the direction of Dr. Randal Betz, was held in Phoenix AZ on "The Child With A Spinal Cord Injury", in December 1994. The proceedings of these meetings are published by the AAOS as the Shriners Hospitals Symposia Series.

ELECTRONIC BULLETIN BOARD:

With the rapid growth in availability and interest in technology, an electronic bulletin board was started for POSNA members in November 1993 by Dr. Hugh Watts with help from Drs. Colin Moseley and William Oppenheim with Dr. Roy Nuzzo as the major cybernaught. The progress has been slow to catch on as the average pediatric orthopedic surgeon, while well versed in computer use of word processing and spreadsheets for research, appears to be moderately terrified of electronic telecommunication. The number of postings now average approximately 40 to 50 each month.

Research

POSNA has not had an enviable record in its involvement with research. Attempts at combined clinical research projects in POS were not widely successful, similarly with POSG. In the area of combined clinical research, participation in POSNA projects has always been lukewarm. For example, in the most recent effort, that on the "Machine Related Injuries Study", the Research Committee received only 33% responses for the known 140 children with such injuries. Board discussions have taken place on a yearly basis to try to improve the situation. Part of the difficulty is that of the uncertainty of ultimate goals. Should POSNA do research itself, should it fund the research, or should it merely stimulate research direction? However the cost of directly funding research can be prohibitive for a small organization.

Discussions on the need for fund raising possibly through wills and gifts and the awkward relationship of POSNA to OREF donations which have been directed to pediatrics are a source of lively debate at every board meeting. Dr. George Thompson recalls that when he was the Treasurer in 1990 to 1992 the POSNA Research and Education Fund was started.

"A moderate amount of money has been accumulated in this fund but it has not been distributed as yet. Hopefully, we will be in a position in the near future to have sufficient funds that the accumulated interest may be given as grants either for research (clinical or basic science) or educational projects. "

Most recently, the Research Committee has recommended that "their activities be directed to peer review of research grants in association with the OREF designated funding plan".

Development of POSNA as a Social Structure:

While there had always been an emphasis on conviviality and social interaction, the increasing complexity of the organization, brought with it a concomitant increase in ceremony and formality. At the Board meeting in Sept. 1988, Dr. Neil Green, then president, suggested to the Board that a presidential gold medal (with the appropriate royal blue ribbon) be struck as well as gold lapel pins to be worn by past presidents. The medal was first worn by Dr. Neil Green at the ceremonies of the annual meeting in 1989. Dr. John ("Tony") Herring (President in 1994) has the distinction of being the first (and hopefully the only) president who has presided while wearing a Halo (to protect his recent cervical fusion after a ski injury). The length of the presidential medal ribbon did not allow it to be slipped over such a large contraption. Presidential lapel pins were distributed first in 1991 to all past presidents of POS, POSG, and POSNA.

A formal dinner hosted by the president on the night before the meeting was instituted in 1988 and has grown to include members of the Board, Committee Chairmen guest from overseas and wives, combining to make a gathering of approximately ninety.

Ties with the POSNA logo were first made available in 1986. The women members were to make do with bow ties. With only a luke-warm response their availability was advertised in the Bulletin in 1987, but only some 58 have been sold plus four bow ties, probably bought by Drs. Walter Green and Michael Sussman. The wearing of the ties has not been a major sartorial fashion at meetings.

POSNA and the American Academy of Pediatrics:

In other surgical sub-specialties, for example Pediatric General Surgery and Pediatric Urology, the Surgical Section meetings within the AAP have long been their primary focus of sub-specialty organization. This was not the case in Pediatric Orthopedics. In August of 1974 Dr. Judson Randolph, a Pediatric General Surgeon who was the Surgeon-in-Chief of the Children's Hospital in Washington DC, notified the members of the Surgical Section of the American Academy of Pediatrics that. . .

"the American Board of Surgery was accepting correspondence with respect to application for the Certificate of Special Competence in Pediatric Surgery".

Dr. Liebe Diamond of Baltimore wrote to Dr. Randolph and copied to Dr. James Humphrys the Executive Secretary of the American Board of Surgery

"There are in the American Academy of Orthopedic Surgeons approximately 30 pediatric orthopedic surgeons who restrict their practice entirely to children and who would be therefore acceptable under the criteria established by the American Academy of Pediatrics for the surgical fellowship. I and my colleagues are concerned about any change in the rules of the American Academy of Pediatrics which might be reflected in the establishment of a Certificate of Special Competence in Pediatric Surgery by the American Board of Surgery. "

In an attempt to integrate the activities of Pediatric Orthopedics with that of Pediatrics, an effort was started to encourage Pediatric Orthopedic surgeons to also become Fellows in the AAP. This was fostered initially by Dr. Paul Griffin and subsequently by Dr. Michael Goldberg. Between 1990 and 1995, Dr. Goldberg became a central figure in the organizational structure of the AAP with a seat on the Council on Sections. This provided considerable interaction between the two organizations.

POSNA as The Voice of the Practicing Pediatric Orthopedic Surgeon:

In the early days of the POS, there was strong feeling that the organization should not be politically directed. The American Academy of Pediatrics had been the premiere force in advocacy for children's health issues and has kept a strong focus of activity in Washington, DC. Most of POSNA's advocacy work has been through the AAP. More recently, over the last two or three years, POSNA has become increasingly more involved in advocacy issues concerning children's musculo-skeletal well being. For example with the "Play It Safe" campaign and it's efforts to bring public awareness concerning lawn-mower injuries, POSNA has taken a more direct role.

POSNA, as a representative of practicing pediatric orthopedic surgeons, has become considerably more "political" in its focus on practice matters. POSNA has provided nominees for the MOS Pediatric Orthopedic Committee. The representation of pediatric orthopedics to the Council of Musculoskeletal Specialty Sections (COMSS) has been particularly strong starting with the Council's inception where the first chairman was Dr. John Roberts who was then president of POSNA. POSNA has now committees on health Policy and has been involved in the thorny issue of Certificates of Added Qualification (CAQs).

Leadership

Given the small number of pediatric orthopedic surgeons, the extent to which they have filled leadership roles throughout the orthopedic establishment is truly remarkable. In the American Academy of Orthopedic Surgeons the pediatric orthopedic surgeons represent approximately 4% of the members, yet that there have been four who have been presidents of the AAOS since 1974 (Drs. John C. Wilson Jr., William F. Donaldson, Newton C. McCollough III, Robert N. Hensinger). In the more distant past, Drs. Harold Sofield in 1960, Walter Blount in 1956 and William Green Sr. in 1957 were Academy presidents.

In the American Orthopedic Association, the pediatric representation has been 'overwhelming. Drs. Eugene E. Bleck, Sherman Coleman, Albert Ferguson, Alvin Ingram, Wood Lovell, and G. Dean MacEwen have been Presidents in the past. Dr. Harold Dick is the current President, and Drs. Paul DeRosa and Dr. Stuart Weinstein are the 1st and 2nd Presidents-Elect. The American Board of Orthopedic Surgery has also had a very strong pediatric contingent. Dr. Sherman Coleman is a Past-President, and Drs. Paul Campbell, Mark Gebhart, Neil E. Green, Harold Dick and G. Paul DeRosa, Stuart Weinstein are, or have been Directors, with Dr. DeRosa recently taking on the role as that organization's Executive Director.

Dr. Henry R. Cowell is now in a uniquely influential role by being the Editor of The Journal of Bone and Joint Surgery. Others who have attained important leadership roles are Dr. Alan Edmunson as Chairman of the Board of Councilors of the AAOS, and Sir Dennis Paterson of Adelaide Australia who has been president of SICOT.

Members of POSNA have filled many important positions as committee members and Chairs in the AAOS, with Drs. John Roberts, Robert Hensinger and Terry Canale being Chairmen of the Council of Musculoskeletal Specialty Sections, (COMSS). . Furthermore, Dr. Terry Canale has been a central figure in the development of the AAOS "Learning Center".

III) POSNA AND INTERNATIONAL PEDIATRIC ORTHOPEDICS:

POS, POSG and POSNA have always encouraged international activity. Initially in the POS, members from outside of the U.S.A. and Canada were allowed to have corresponding membership status, a feature which was carried over into POSNA. Dr. George Lloyd-Roberts of London was the first "President's Guest".

The same interests in internationalism pervaded the POSG. Shortly after its first meeting at the Mayo Clinic, Dr. Stanley, Chung, then of Philadelphia wrote to Dr. Peterson. . .

"Recently I was at a meeting, the International Congress for Pediatrics in Argentina, and had the opportunity to speak with Mr. William Sharrard (presumably John Sharrard). Several of the orthopedists there indicated an interest in developing an international society of pediatric orthopedics. Dr. Sharrard and Dr. Ted Eyring (presumably Ed) were compiling a list of pediatric orthopedists who might be interested in the group and I took the liberty of submitting the list of names that you circulated. I hope that you will not object to me having done this, but I thought that it was fairly well known that this particular group of people were interested in pediatric orthopedics anyway. If I hear anything further about the development of this group I will be in touch".

There is no further note concerning such an organization, but certainly, Mr. Sharrard was a key person in helping to establish the European Pediatric Orthopedic Society a few years later.

In the spirit of internationalism, Dr. Robert Hensinger who was President in 1986 encouraged the plan for a meeting which would bring together pediatric orthopedic surgeons from Europe (through EPOS) as well as from POSNA. The meeting was to be held in Sept. of 1990 in Montreal, tacked on to the SICOT meeting. This would make it easier to attract European visitors to North America. The choice of Montreal as a venue was even more appropriate since POSNA's president at that time, Dr. Colin Moseley, was originally from that city. Thanks to Dr. Morris Duhaime's unstinting effort the meeting was enormously successful. As successful as this meeting was, it became evident to the leaders in POSNA that EPOS did not necessarily fully represent the breadth of pediatric orthopedics in Europe. An effort was made to expand the contacts with pediatric orthopedists from around the world, and to give them the opportunity to come to POSNA meetings and be considered equals in every respect with the exception of the need to pay annual dues.

As President in 1987, Dr. Richard Lindseth proposed the "Alliance Societies". As he explained, this was done...

"in response to EPOS worries about too many POSNA members becoming members of EPOS, such that there would be more of us in their organization than they were." He also "proposed having an international meeting every five years", as well as suggesting "the reorganization of the corresponding members to make them greater participants of our organization. This proposal was made in relationship to the Alliance Society, so that individuals outside of North America could attend our meeting without having to be corresponding members."

The policies were changed to accommodate this new idea whereby the active members of the alliance organization could attend POSNA's annual meeting and special continuing education courses for the same registration fee as regular members. By the same token, members of POSNA could attend the meetings of the alliance groups. Members of both groups could present papers at each others meetings.

Various POSNA members were influential in stimulating other pediatric orthopedic groups to consider Alliance status. Dr. Stuart Weinstein had discussed the possibility of alliance with the pediatric orthopedic group in Argentina during trips there in 1988 and 1990. Dr. Andrew Sutherland of Adelaide, Australia stated that. . .

"As covenor of our own informal Paed Special Interest Group, I arranged the meeting which resolved to form the APOS (Australian Pediatric Orthopaedic Society). One of the stimuli for this was the proposal for Alliance with POSNA organized by Dr. Kaye Wilkins."

The first Alliance was established with our Italian colleagues in 1992 and shortly thereafter with the pediatric orthopedic associations of Argentina and New Zealand. In 1993 Australia joined in. By 1995 the number of alliance groups had increased to nine and included the pediatric orthopedic associations of Argentina, Australia, Austria, Brazil, Italy, Israel, Korea, Mexico, and New Zealand. The European Pediatric Orthopedic Society (EPOS) has declined to be an alliance member. According to one EPOS member, this reluctance to become an alliance member is due to their concern that the EPOS meetings might become overwhelmed by a large group of POSNA members attending from the USA

In 1992 POSNA's Board of Directors were agreed that it was in the interests of the community of pediatric orthopedic surgery to provide funds each year for POSNA's president to travel to the annual meeting of up to three foreign pediatric orthopedic associations. This has helped to develop a sense of unity between the organizations. In addition, the members had signified by a survey, their interest in participating in an international meeting every three to five years. Consequently POSNA held its first international meeting in 1995. Suggestions included holding a meeting in Ireland but since the Scoliosis Research Society was doing that the board seemed to be reluctant to imitate. Miami was suggested as the venue by Dr. Lindseth, in his role of Long Range Planning Committee chairman (as a past president). Miami was more readily accessible to orthopedic surgeons from Europe as well as South and Central America, while still allowing POSNA to retain control of the meeting's organization. This international meeting differed from the previous annual meeting formats in allowing non-members to present papers. Originally, it was felt that some quota system would need to be arranged to make sure that the international members had an ample opportunity to present their ideas since papers were to be accepted for presentation by a "blind" selection committee. Following the submission of abstracts, it became clear that there was a brisk and vigorous pediatric orthopedic activity of high quality outside of North America and no special quota was needed. I'm sure that this came as no surprise to the international orthopedists.

In 1992, Drs. Nando DeSanctis of Italy and Henri Bensahel of France began an effort to create an International Society of Pediatric Orthopedic Surgery. Dr. Thomas Renshaw has been the major POSNA representative in these negotiations. This has been met with only lukewarm support from the Board of POSNA who feel that the members of POSNA are being well served now and that yet another organization would not be viable with more limited travel funds available to general members, than in the past. Because of the lack of strong support, and without a financial commitment from POSNA , Drs. DeSanctis and Bensahel have redirected their efforts to the development of an International Federation of pediatric orthopedic societies (where societies would be members, rather than individuals). Such an organization would coordinate the scheduling of meetings around the world, and to encourage the holding of meetings in a more diverse venue than heretofore. This idea is too new to make further comment at this juncture.

IV) THE DEVELOPMENT OF. PEDIATRIC ORTHOPEDIC SURGERY AS A RECOGNIZED SPECIALTY WITHIN THE USA AND CANADA:

Journal of Pediatric Orthopedics:

Chance and Dr. Polisner played an important role in the beginnings of the Journal of Pediatric Orthopedics. Dr. Stuart Polisner of New York shared the same accountant with Dr. Alan Edelson a Ph.D. (publisher of Raven Press). They were both invited to a dinner party at their accountant's home and began chatting. Dr. Edelson had been an active biochemistry teacher and got into the publishing field when his professors complained of their inability to get their books published. He expressed to Dr. Polisner a strong interest in getting into the medical field. Dr. Polisner told him that there was no journal in pediatric orthopedics and suggested that might be a place to start. Dr. Edelson asked Dr. Polisner to try to make some contacts for him.

Over the next two and a half years Dr. Polisner worked on the problem. In 1978 Dr. Polisner wrote to Dr. Dean MacEwen to see if he was interested in being the editor of such a journal. Dr. MacEwen declined because of concern that the introduction of a new orthopedic journal was not politically appropriate, if not political suicide for the new editor. At that time there was strong feeling among many orthopedic surgeons and particularly among the political elite of orthopedics centered in Boston, New York and Chicago, that to have separate specialty journals would be destructive to the main fabric of orthopedic surgery represented by The Journal of Bone and Joint Surgery. Fragmentation, that bugaboo of central orthopedics had entered the lexicon of common discussion. By contrast, there was considerable feeling that The JBJS was not being responsive to the new interests in sub-specialization. Dr. Paul Curtiss, then editor of JBJS, was reluctant to establish the principle of having "Specialty issues".

Dr. Polisner then made overtures to Dr. Sherman Coleman who also declined for the same reasons. When this failed, Dr. Polisner dropped the issue until Dr. Edelson approached him again. Dr. Polisner suggested that the only way in which the problem could be solved was to try some of the younger orthopedists who did not feel as intimidated by the establishment. Consequently in 1980, at Dr. Edelson's request, Dr. Polisner approached Drs. Lynn Staheli and Robert Hensinger to be the editors. Both were interested, but wished to take it up as a joint editorship. When the question was brought up to the members of POSG, there was unanimous approval for starting a pediatric orthopedic journal. Drs. Staheli and Hensinger began work to initiate a separate journal. This was met with unmixed hostility by the orthopedic powers that be. Dr. Staheli was told. . .

"We aren't unhappy with you, we are VERY unhappy with you".

They believed that The Journal of Bone and Joint Surgery should be the central point of dispensing information which should be available to all orthopedic surgeons and that it would be counterproductive to isolate children's information from the JBJS. This sense of disfavor kept a number of the more prominent pediatric orthopedic surgeons from accepting positions on the Editorial Board of the newly conceived journal.

There was considerable support from overseas with enthusiastic willingness to participate. In fact, the editors felt they were more welcome abroad than in the U.S.A. Dr. Staheli stated that...

"Our original editorial board included Pietro Bartolozzi / Florence, Aloysio Campos da Paz / Brasilia, enri Carlioz/Paris, Predrag Klisic/Belgrade, Anders Langenskiold / Helsinki, Malcolm Menalaus / Melbourne, Alf Nachemson / Goteborg, and Heinz Wagner / Nuremberg. Drs. Bensahel and Sharrard were not involved in the inception of the journal and became involved as we established a European Issue Edition several years later. We established an affiliation with EPOS through that European issue and subsequently the separate JPO-B. "

Gradually, however, the enthusiasm for a separate journal grew so that the Journal of Pediatric Orthopedics became a reality and published its first issue in 1981 under the joint editorship of Drs. Staheli and Hensinger. The feeling among the younger orthopedists was that The JBJS was exclusionary and that its editors seemed to them to obstruct publication. The mission of the JPO, then, was felt to be inclusionary, broad based geographically and assistive in publishing. The JPO has flourished, not in small part because of the very strong collegial feeling between the two editors.

In 1986 the JPO became an official "Affiliate" of POSNA and of EPOS the year after. At one time, The Journal of Bone and Joint Surgery was also the official journal of POSNA in addition to the JPO. The official status of The JBJS had to be dropped because The JBJS did not allow POSNA to have two official journals.

With time, the JPO incorporated the concept (learned from the JBJS) of a separate European edition which began in 1992 under editorship of Henri Bensahel of Paris France.

Shriners Hospitals for Crippled Children:

The story of the development of pediatric orthopedics in North America cannot omit the enormous influence of the Shriners Hospitals for Crippled Children. According to A Short History of the Ancient Arabic Order Nobles of the Shrine (from the Shrine General Offices, 12/92)

'In 1919, Freeland Kendrick (Lu Lu Temple, Philadelphia) was the Imperial potentate-elect for the 363,744 Shriners. He had long been searching for a cause for the thriving group to support. In a visit to the Scottish Rite Hospital for Crippled Children in Atlanta, he became aware of the overwhelming needs of crippled children in North America. At the June 1919 Imperial Session, Kendrick proposed establishing 'The Mystic Shriners Peace Memorial for Friendless, Orphaned and Crippled Children.' His resolution never came to a vote. As Imperial Potentate in 1919 and 1929, he traveled more than 150,000 miles visiting a majority of the 146 Temples and campaigning for a Shrine philanthropy.

The climax came at the June 1920 Imperial Session in Portland, Oregon. Kendrick changed his resolution to one establishing the 'Shriners Hospital for Crippled Children' to be supported by a \$2 yearly assessment from each Shriner.

* It is interesting to note the important influence Atlanta brought to pediatric orthopedics through its Scottish Rite Hospital for crippled children and in large part to the influence of Dr. M. Hoke.

*Conservative Shriners expressed doubts about the Shrine assuming this kind of responsibility. Prospects for approval were dimming when Noble Forrest Adair (Yaarab Temple, Atlanta *) rose to speak: I was lying in bed yesterday morning, about four o'clock... and some poor fellow who had strayed from the rest of the band.. .stood down there under the window for 25 minutes playing I'm Forever Blowing Bubbles'. He said that when he awoke later, 'I thought of the wandering minstrel, and I wondered if there was not a deep significance in the tune that he was playing for Shriners, I'm Forever Blowing Bubbles. WIIJile we spent money for songs and spent money for bands, it's time for Shriners to spend money for humanity'*

When he was through Noble Adair sat down to thunderous applause. .. The resolution was passed unanimously".

By June 1922, the cornerstone was in place for the first Shriners Hospital in Shreveport LA. Subsequent hospitals were opened throughout the USA, Canada and Mexico: In 1923 Honolulu, Minneapolis/St.Paul, San Francisco. In 1924, Portland OR, St. Louis, Spokane. In 1925 Salt Lake City, Montreal and Springfield MA. In 1926 Chicago, Philadelphia and Lexington KY, and in 1927 Greenville SC. Later were added Mexico City 1945, then Houston, Los Angeles, and Winnipeg on 1952, then Erie PA 1967 and Tampa 1967. Later orthopedic research centers were established as part of the hospitals at Montreal, Portland, St. Louis, and Tampa.

The surgeons who have worked at these Shriners Hospitals have provided a huge experience in children's orthopedics. The Chief Surgeons formed a nucleus of pediatric orthopedists although almost none devoted their practice time exclusively to children. Of the initial twelve members of the POS, four were Chief Surgeons at Shriners Hospitals and Dr. Burr Curtis was on the Shriners Medical Advisor Board

Others Organizations:

As noted above, the Scottish Rite Hospitals for Crippled Children in Atlanta and other institutions such as the Scottish Rite Hospital in Texas, and the Alfred I. duPont Institute in Delaware were influential not only in treating children but in providing a venue for ,training young orthopedic surgeons who wanted to improve their abilities in pediatric orthopedics.

Dr. Mercer Rang has noted that the Easter Seal Society started by Rotary served many of the same functions in promoting interest in the care of children's orthopedic problems and started about the same time as Shriners.

"Tachdjian Courses"

Beginning in 1973 Drs. Paul Griffin, Dean MacEwen, Douglas McKay and Mihran Tachdjian decided that the interests of Pediatric orthopedic education and more importantly, their personal gastronomic pleasures, could be combined. They thought that there was a need for better instruction in the understanding and practice of orthopedic problems involving children. More importantly (so each has told me) if the course was set up well, the resulting fees could lead to some pretty good faculty dinners. Dr. George Simons, who was then recently out of his residency and working with Dr. Tachdjian, was an eager trench worker. Dr. Simons recalls reviewing the course evaluations the first year and reading one participant's complaint. . .

"Why can't you invite some famous people to give the lectures".

Subsequently, this course has become an annual event, now under the leadership of Dr. Tachdjian, and has become known colloquially as "The Tachdjian Course". The gastronomic focus of the organizing faculty led to altering the venue of the meeting in alternate years from Chicago to San Francisco.

While this "for profit" undertaking provided good food for the faculty, it also provided instruction for generations of young orthopedic surgeons (many of whom were in the throes of terror due to impending Board examinations). But perhaps its most important feature has been less recognized... that of its influence on internationalizing American pediatric orthopedics. Because of Dr. Tachdjian's interests and contacts in international orthopedics, he invited orthopedists first from Europe then later from around the world to join the faculty. It was during these faculty functions, that some of the first real contacts were made between the pediatric orthopedic leaders in the USA and Canada with those from elsewhere. This stimulus to internationalism has had an enormous impact on pediatric orthopedic surgery worldwide.

Text Books of Pediatric Orthopedics:

Historically, pediatric orthopedics began with the publication of "Orthopaedica. Or the Art of Correcting and Preventing Deformities in Children" by Nicolas Andry in 1743. Clearly, the term Pediatric Orthopedics is a tautology since "orthopaedics" has to do with children. It was only later, as musculoskeletal surgery of all types co-opted the term "Orthopaedics" as its own, that the additional modifier of Pediatric became a necessity. The debate concerning the use of "Paediatrics" versus "Pediatrics" was long ago settled in the USA in the interests of brevity, (as similarly shown by the usage of hematology, fetus, and esophagus versus haematology, foetus and oesophagus etc.). This debate between the usage of "Orthopedics" versus "Orthopaedics", however, continues, and the latter is usually combined with "Pediatric", rather than Paediatric (which the purists who insist on Orthopaedics should equally insist on), which seems singularly schizophrenic

Blount's book "Fractures in Children", first published in 1955, was a landmark addition to the American orthopedic library by singling out children's problems. Then came Dr. Albert Ferguson Jr,'s "Orthopedic Surgery in Infancy and Childhood" in 1957. This was a volume of 508 pages, to be compared to today's multi-volume text of Tachdjian, for example of 3373 pages. Dr. William Green, of Boston, always felt miffed that many of the ideas presented in Ferguson's text were his, yet Dr. Green was never able to put together a text himself, as he was not a generalizer, and always wanted to know the specifics of the child in question before giving clinical advice. Tachdjian's first edition published in 1972 paid tribute to Dr. Green for his teachings which were liberally incorporated into the book. At about the same time, Mr. John Sharrard published his Textbook of Pediatric Orthopedics in 1971 in the UK, and Dr. Mercer Rang published his "Children's Fractures" in 1974. With the publishing in 1975 of "Pediatric Orthopaedics" edited by Drs. Wood Lovell & Robert Winter pediatric orthopedics entered into the realm of multi-author texts which appear to be the format of most medical textbooks of today.

Now, Sharrard's text has reached three volumes and Tachdjian's to four with the operative plates available as a separately published two volume set and an "Atlas of Pediatric Orthopedic Surgery" Rockwood and Green's original two volume text on fractures has a separate third volume for children's fractures edited by Dr. Kaye Wilkins

There is no doubt that Pediatric Orthopedic Surgery is now a recognized specialty in its own right with a specific mission and a bright future. .

V) CHRONOLOGY:

Past Meetings

POS

(Meetings in the Fall)

1971	Newington, CT
1972	Rochester, MN
1973	Sturbridge, MA
1974	Absecon, NJ
1975	Sea Island, GA
1976	Palm Springs, CA
1977	Palm Beach, FL
1978	Phoenix, AZ
1979	New Orleans, LA
1980	Rancho Santa Fe, CA
1981	Palm Beach, FL
1982	Carmel, CA

POSG

(Meetings in the Spring)

1975	Atlanta, GA
1976	Ann Arbor, MI
1977	San Antonio, TX
1978	Rochester, MN
1979	Seattle, WA
1980	Montreal, PQ
1981	Nashville, TN
1982	San Diego, CA

(Meetings in the Spring)

1983	Charlottesville, VA	(Combined meeting but still separate organizations)
1984	Vancouver, BC	First meeting after unification, but named the "Pediatric Orthopedic Society"
1985	San Antonio, TX	Change of name to "Pediatric Orthopedic Society of North America"
1986	Boston, MA	
1987	Toronto, Ont.	
1988	Colorado Springs, CO	
1989	Hilton Head, SC	
1990	San Francisco, CA	(Sept.) Montreal, PQ – Combined POSNA/EPOS
1991	Dallas, TX	
1992	Newport, RI	
1993	Greenbriar, WV	
1994	Memphis, TN	
1995	Miami, FL	First International Meeting
1996	Phoenix, AZ	Silver Jubilee (25 th Anniversary)

The Pediatric Orthopedic Society:

Charter Members:

Anthony J. Bianco, Jr	Paul P. Griffin	Charles T. Ryder
Sherman S. Coleman	Wood W. Lovell	Robert L. Samilson
Burr H. Curtis	G. Dean MacEwan	Frank H. Stelling
William T. Green	Douglas W. McKay	Mihran O. Tachdjian

President:

1971	William T. Green	1978	Paul P. Griffin
1972	Burr H. Curtis	1979	Sherman S. Coleman
1973	G. Dean MacEwan	1980	John E. Hall
1974	Frank H. Stelling	1981	Douglas W. McKay
1975	Wood W. Lovell	1982	Anthony J. Bianco, Jr
1976	Alvin J. Ingram	1983	Eugene E. Bleck
1977	Mihran O. Tachdjian		

Secretary:

1971	Douglas McKay	1974	Robert B. Winter	1975	Hugh G. Watts
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Treasurer:

1971	Paul P. Griffin	1978	David H. Sutherland
1974	G. Wilber Westin	1981	Hamlet A. Peterson

Executive Board "At Large" Members

1971	Robert L. Samilson	Frank H. Stelling
1972	Wood W. Lovell	Robert L. Samilson
1973	Anthony J. Bianco, Jr.	Wood W. Lovell
1974	Albert B. Ferguson, Jr.	Anthony J. Bianco, Jr.
1975	John C. Wilson, Jr.	Albert B. Ferguson, Jr.
1976	Seymour Zimblor	John C. Wilson, Jr.
1977	Henry R. Cowell	Seymour Zimblor
1978	Lynn T. Staheli	Henry. R. Cowell
1979	Robert N. Hensinger	Lynn T. Staheli
1980	Mervyn R. Letts	Robert N. Hensinger
1981	Marc A. Asher	Mervyn R. Letts

Pediatric Orthopedic Study Group**Co-Chair:**

1975	Henry R. Cowell
1977	Hamlet A. Peterson
	Lynn T. Staheli

Chair:

1978	Henry R. Cowell
	Hamlet A. Peterson

President:

1980	Lynn T. Staheli
1981	Dennis E. Lynne
1982	Denis S. Drummond
1983	E. William Schmitt, Jr.

Secretary-Treasurer:

1975 – 1979 E. William Schmitt, Jr.
1980 – 1983 Kaye E. Wilkins

The Pediatric Orthopedic Society (Unified)

1983 – 84

President: John M. Roberts
Secretary: Kaye E. Wilkins
Treasurer: Hamlet A. Peterson
At-Large Members: Newton C. McCollough III Colin F. Mosley
Historian: Henry R. Cowell

The Pediatric Orthopedic Society of North America

President:

1984 – 85 Hugh G. Watts (resigned May 1984)
Newton C. McCullough III
1985 – 86 Robert N. Hensinger
1986 – 87 Richard E. Lindseth
1987 – 88 Kaye E. Wilkins
1988 – 89 Neil E. Green
1989 – 90 S. Terry Canale
1990 – 91 Colin F. Moseley
1991 – 92 Stuart L. Weinstein
1992 – 93 Thomas S. Renshaw
1993 – 94 John A. Herring
1994 – 95 Vernon T. Tolo
1995 – 96 Morris O. Duhaime

Secretary:

1984 – 1985 Kaye E. Wilkins
1986 – 1988 Stuart L. Weinstein
1989 – 1992 J. Andy Sullivan
1993 – 1995 Stephen J. Tredwell
1996 - James H. Beaty

Treasurer:

1984 – 86 Hamlet A. Peterson
1987 – 89 Marc Asher
1990 – 92 George H. Thompson
1993 – 95 Wallace B. Lehman
1996 - David D. Aronsson

**At-Large
Members**

1984 – 85 Colin F. Moseley Neil E. Green
1985 – 86 Neil E. Green Morris O. Duhaime
1986 – 87 Morris O. Duhaime Raymond T. Morrissy

1987 – 88	Raymond T. Morrissy		Stephen J. Tredwell
1988 – 89	Stephen T. Tredwell	John A. Herring	Peter F. Armstrong
1989 – 90	John A. Herrint	Brian L. Hotchkiss	James R. Kasser
1990 – 91	Brian L. Hotchkiss	G. Paul DeRosa	Laura L. Tosi
1991 – 92	G. Paul DeRosa	Peter D. Pizzutillo	Deborah F. Bell
1992 – 93	Peter D. Pizzutillo	Mary Williams Clark	John F. Sarwark
1993 – 94	Mary Williams Clark	Paul D. Sponsellar	William W. Robertson, Jr.
1994 – 95	William W. Robertson, Jr.	Robert D. Galpin	John P. Dormans
1995 – 96	Robert d. Galpin	Charles T. Price	William J. Shaughnessy

Historian:

1984 – 86	Henry R. Cowell
1987 – 92	David H. Sutherland
1993 -	Hugh G. Watts

Acknowledgments:

The history of an event, or series of events, is very personal. Any legal trial demonstrates that each witness usually has a different version of what happened. While I lived through much of the POS and POSNA history, I know that I have some dates and names wrong. Undoubtedly, I have omitted significant issues and people.

Attempting to minimize errors I sent out a draft to a selected few who had been central figures in the events and asked for their help. The response was rapid, warm, and voluminous, for which I am grateful.

Any errors and biases which remain I accept as my own and apologize to the members of POSNA. To those whom I have inadvertently omitted, again I apologize, and ask that you let me know so that the information can be corrected when subsequent histories of the organization are written (for surely we will continue as a viable organization for decades to come).

Hugh G. Watts, MD
March 1996