

OPERATIVE NOTES

American Academy of Pediatrics - Section on Surgery Newsletter

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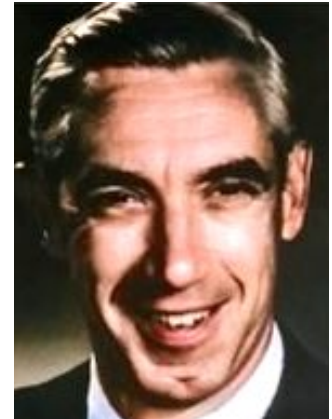
Our Sister Organizations

Herbert Coe began the American Academy of Pediatrics, Section on Surgery in 1948. At the time, it was the first such group of pediatric surgeons focused on improving overall care for children and the training of our future colleagues. Since that time 76 years ago, other organizations have formed including the **American Pediatric Surgical Association, British Association of Pediatric Surgeons, Canadian Association of Paediatric Surgeons, Pacific Association of Pediatric Surgeons, and the World Federation of Pediatric Surgeons.** Over this next year, we plan to review the formation of each of our sister organizations in an effort to highlight the ties between each of these important groups. As you will see, many pediatric surgeons have played prominent roles in several organizations, highlighting how small a world our field truly is. We hope you will be as fascinated by these stories as we have been. This month, we highlight the origin of the American Pediatric Surgical Association.



The American Pediatric Surgical Association

Towards the end of the 1960's, the field of pediatric surgery was about 30 to 40 years into its development. There were about 10 training programs and no board certification. The concept of an independent surgical association for pediatric surgeons had been bounced around for a few years but crystalized as it became clear that such an entity would be instrumental in the recognition of the field and the long sought after boards. The AAP Section on Surgery was in existence, but many felt that a distinct group was needed – what was considered, as **Lucian L Leape** stated, “*a home of our own*”.



Lucian L Leape, MD

March 14, 1969: Leape and **Tom Boles** both attended the American Burn Association meeting in Atlanta. They raised the concept again and this time, they decided to make it a reality. They contacted 20 other pediatric surgeons and selected those that had not been officers of the SOSu, were in academic medicine, and had established practices. On May 23 and 24, 1969, 16 members of the organizing group met at the O'Hare Inn in Chicago. They decided that members would be those who devoted themselves exclusively to pediatric surgery. The group's name would be the American Pediatric Surgical Association, echoing the prestigious American Surgical Association (ASA). Ide Smith oversaw membership, Robert Soper oversaw program, and Tom Boles was the liaison with the SOSu. Bob Izant worked on the constitution and bylaws. Leape and the team decided to solicit the help and participation of former SOSu Chairs. Many pediatric surgeons would be contacted to solicit interest in membership.



Thomas Boles, Jr., MD



Pheasant Run Resort

July 18-19, 1969: The formation of APSA garnered much support, but pockets of resistance arose primarily among what was referred to as the “establishment” on the East coast. Nevertheless, the effort progressed and the second meeting was held. The SOSu Executive Committee attended, including Harvey Beardmore, Bill Kiesewetter, Dan Cloud, and George Dorman. In addition, three former chairs, Hugh Lynn, Larry Pickett, and Mark Ravitch, also attended.

There was discussion as to who would qualify for membership – would APSA be an inclusive or an exclusive group? The latter would be difficult since fellowship training had yet to be standardized. After much discourse, it was decided that the initial

American Pediatric Surgical Association / cont'd

members would be a select group with future members admitted after application and consideration by a credentials committee. Robert E Gross was unanimously selected as the first president of APSA.

October 18, 1969: The third meeting to discuss the formation of APSA was held in association with the AAP SOSu meeting. At this meeting, the first APSA members were selected with Ide Smith presiding. The criteria for membership included: i) US or Canadian citizenship, ii) practice confined to the surgery of infants and children, iii) certification by the American Board of Surgery or Fellowship in the Royal Canadian College of Surgeons, and iv) at least 2 year's experience in practice after completion of residency. On January 19, 1970, a letter was sent to approximately 200 pediatric surgeon inviting them to apply for charter membership.

March 8, 1970: Another meeting at Pheasant Run involved Boles, Leape, Izant, Filler, Raffensperger, and Soper. The pressing matter at the gathering was the lack of confirmation from Robert Gross as president. Fortunately, Filler arrived with confirmation of Gross' acceptance. A series of other decisions included the appointments of C Everett Koop as president-elect, Tom Holder for Secretary, Al de Lorimier for treasurer, and Fred Arcari and Bob Izant as governors at large. Further, the Journal of Pediatric Surgery would become the official journal.

April 17, 1970: The inaugural APSA meeting opened with 96 pediatric surgeons from the US and Canada assembled at Pheasant Run Resort. The group unanimously approved the founding of APSA *"to encourage specialization in the field of pediatric surgery, to promote and maintain the quality of education in pediatric surgery, to raise the standards of the specialty by fostering and encouraging research in pediatric surgery, to establish standards of excellence in the surgical care of infants and children, and to provide a forum for the dissemination of information"*. Several discussions were also held to finalize details of the organization. One important item was the APSA logo. The design was an arched triangle surrounding a surgeon holding an infant. However, it wasn't until Leape recruited his resident, Keith Ashcraft, to pose for the illustrator that the final design was cemented. A dinner party was held followed by another day of reviewing and amending bylaws. Gross was installed as first APSA president. And the rest is history.

Pheasant Run Resort

- Most of the meetings on the formation of APSA occurred at the Pheasant Run Resort.
- The resort, located in St. Charles (1 hour away from Chicago), opened on February 15, 1963 on the site of the 175-acre showplace dairy farm of Colonel E J Baker, a wealthy local philanthropist known for horse racing and building the Baker Hotel.
- It featured the first hotel indoor-outdoor pool, theaters, a spa, comedy club, a Bourbon Street replica, golf course, and 100,000 square feet of meeting space.
- In 2022, it suffered a major fire and recently, it was decided that the rest of the site would be demolished.

American Pediatric Surgical Association / cont'd

Lucian L Leape

Leape completed his AB from Cornell University in 1952. He then served in the US Navy for 3 years before graduating from Harvard Medical School in 1959. He trained in general and thoracic surgery at the Massachusetts General Hospital and in pediatric surgery under Robert E Gross in 1962. He joined the faculty of the University of Kansas. He then served as Professor of Surgery and Chief of Pediatric Surgery at Tufts University Medical Center for 13 years. In 1986, he began a new career in health policy. After a Pew fellowship at RAND, he joined the Harvard Medical Practice Study (MPS) of medical injury and was stunned by the extent of medical errors. In 1994, he wrote the seminal article "*Error in Medicine*", published in JAMA. Three years later, he testified before a subcommittee of the US Senate with his recommendation for improving medical safety in 1997. He helped found the National Patient Safety Foundation and participated in the Institute of Medicine's committee that published "*To Err is Human*" in 1999.

Leape was awarded the Distinguished Service Award from APSA.

Ewing Thomas Boles, Jr. (1921-2018)

Boles spent two years at The Ohio State University, transferred to the College of William and Mary, and then attended Harvard Medical School, graduating in 1945. Following a surgical internship at St. Luke's Hospital, New York City, Boles entered the US Army Medical Corps, serving from 1946-48. After this he returned to St. Luke's and completed two years of a surgical residency. In 1950, he continued his surgical training at The Ohio State University College of Medicine. During a rotation at the Columbus Children's Hospital, he met Dr. H William Clatworthy, Jr. and decided to train in pediatric surgery. Boles went to Boston Children's Hospital and trained under Robert E Gross. In 1954, he returned to Columbus Children's Hospital, serving as Chief of Pediatric Surgery from 1969-1991 and program director until his retirement in 1991.

Boles served as APSA president in 1977.

References

Leape LL. A Brief Account of the Founding of The American Pediatric Surgical Association. *J Pediatr Surg* 31(1):12-18, 1996.

Consider joining the Firearm Injury Prevention Special Interest Group (SIG)

Every day, children are injured or killed by guns in this country. As a public health epidemic, gun violence is preventable using clinical and public health approaches that combine sensible policy, improved surveillance, research to identify best practices, and evidence-informed cross-sectoral primary prevention and intervention efforts.

The **Firearm Injury Prevention Special Interest Group (SIG)** provides a forum for pediatricians and health care professionals focusing on firearm injury and violence prevention to share successes and strategies, promote educational programs, engage in advocacy efforts, and foster connections among members to address problems specific to local or regional care of children, adolescents, and young adults.

If interested in joining, please go [HERE](#).

The group is offering a webinar entitled, “**Advocating for Stronger State Gun Law to Protect Children**” on **Tuesday, January 23, 2024 7-8 PM CST**.

Gun injuries are the leading cause of death in children and the number of gun deaths in children under 18 rose 50% from 2019 to 2021. Recognizing this distressing trend, states are making continued progress to enact evidence-based firearm safety laws. The 2023 state legislative session brought noteworthy progress on firearm safety laws across the country, but much more work is needed. Hear from AAP advocacy experts on how pediatricians can work with AAP chapter leaders to advance your gun violence prevention agenda at the state level.

If interested in attending this webinar, please register [HERE](#).

Quick Facts:

- In 2020, firearm-related injuries became the leading cause of death for US children and teens aged 1-19.
- About 1/3 of US children live in homes with firearms. Of these households, 43% contain at least 1 unlocked firearm while 13% contain at least 1 firearm that is unlocked and loaded or stored with ammunition.
- Like counseling on seat belt use or pool safety, counseling parents on firearm ownership and safe storage practices is important and helps mitigate the risk of death and injury to children.
- In controlled studies, individuals who received physician counseling were more likely to report the adoption of 1 more safe gun-storage practices.
- 78% of AAP members said they believe that anticipatory guidance about gun injury prevention can help to reduce gun injury.

"Trends and Disparities in Firearms Deaths Among Children", Pediatrics, September 2023

Disparities of pediatric firearm mortalities have been described historically, with Black children, adolescents and males being disproportionately affected and differences based on geographic location. Given that the significant uptick in firearm injuries in 2020 coincided with a global pandemic, the aim of this study was to assess recent trends in firearm injuries and to evaluate existing disparities among these deaths. Using the CDC Wonder database for years 2018-2021, firearm related mortalities for children aged 0-19 were assessed and analyzed.

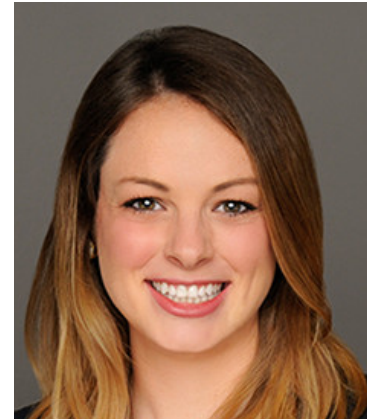
There was a increase of 41.5% in pediatric firearm deaths, including an 8.8% increase over and above the already very high 2020 death rate. Most deaths were homicides, followed by suicides and a small proportion were unintentional. Firearms were the leading cause of death at younger ages each year—decreasing from 14 and above in 2018 and 2019, to 12 and above in 2021.

Older adolescents accounted for over 80% of firearm deaths in 2021, yet all age groups have increasing deaths. Homicide was the largest driver of firearm deaths for all ages, however firearm suicide deaths increased for ages 10-19. Males accounted for most pediatric firearm mortalities over all four years.

Black children have historically been disproportionately affected by firearm mortalities, and continued to account for the highest death rate, as well as the greatest increase in death rate over the four years. The driver of these mortalities is homicides, and this gap continue to widen; homicide rate in Black children increased >7 times the rate of increase over any other race. American Indian and Alaskan Native (AIAN) children have the highest suicide rate, followed by White and then Black children. While AIAN suicide rate is stabilizing, there has been an increase in firearm suicides by both White and Black children.

Geographically, Southeastern United States and some Western states note a higher burden of firearm deaths that is worsening from 2018-2021. There is significant state variability with laws, access to firearms, resources, and preventative strategies, though states with higher poverty showed a positive correlation with increased pediatric firearm mortality.

This research highlights that firearms continue to be the leading cause of death among US children and adolescents. With the unexpected sharp uptick of pediatric firearm deaths noted in 2020, rates did not return to pre-pandemic levels in 2021, but rather continued to increase and surpassed initial pandemic levels. Widening disparities were noted with adolescents and Black males disproportionately affected. These findings highlight the necessity of real time surveillance and implementation of strategies targeting prevention of pediatric firearm mortalities of those at highest risk.



Bailey Roberts, MD

This article has highlighted as one of the 10 most popular 2023 articles in the journal, Pediatrics.

SOsu Trainee and Early Career Surgeons Committee (TECS) Announcements

The **Trainees and Early Career Surgeons Committee (TECS)** is pleased to announce our next Webinar on “How to successfully develop subspecialty programs” with our expert panelists **Dr. Rebecca Rentea** (colorectal program – Kansas City, MO), **Dr. Regan Williams** (vascular anomalies program, Memphis, TN), **Dr. Jamie Robinson** (aero-digestive program, Nashville, TN), and **Dr. Kirk Reichard** (bariatric program, Wilmington, DE) on **February 7th at 6:00 PM EST**. If you are interested in joining this Webinar, please register [HERE](#).

The TECS committee is also planning a **Virtual Mock Oral Boards** for Early Career Surgeons taking their boards this spring. The planned date is **February 18th 6-8 pm EST**. Please send an email to Lindel Dewberry (lindel.krige@gmail.com) if you are interested in registering as an examinee or examiner. The first 30 examinees will be selected. We plan to have groups of 5 fellows with 2 faculty members each on zoom for 2 hours.

We are currently still gathering evaluations for our mentorship program that started in October 2022. If you have not done so yet, please fill out our survey [HERE](#) so we can improve our program for the next

Educating our Pediatric Colleagues

The AAP National Conference and Exhibition provides numerous opportunities for all who are invested in providing the best care for children to collaborate across silos. However, timing and schedules sometimes prevent medical and surgical specialists from collaborating to share knowledge and best practices.

These observations were voiced during a casual conversation at the NCE between a pediatric surgery research resident and an AAP staff member, who then connected the resident with the editorial board of **Pediatrics in Review**. What followed were several weeks of email correspondence between **Dr. Tolulope Oyetunji** and his colleagues from Children’s Mercy in Kansas City along with pediatric educators detailing the specifics of the future document. The common goal was to share the most current surgical evidence on common conditions with medical colleagues, using an avenue that is already established and easy to obtain. The culmination of those conversations is a publication entitled, “*Bridging the Gap: Pediatric General Surgery for the Pediatrician*”. Published in *Pediatrics in Review* in November 2023 44(11): 632-43, the paper summarizes the most modern evidence in the management of acute appendicitis, inguinal and umbilical hernias, pyloric stenosis and empyema.



Tolulope Oyetunji, MD, FAAP

And if you need a quick reference for your pediatric colleagues on topics that they should be familiar with, direct them to Dr. Oyetunji and colleagues’ article, which can be found [HERE](#).

Passages:

Peter Klaus Kottmeier, MD, FACS, FAAP (1928-2023)

Peter K. Kottmeier, was born on February 1, 1928 in Munich, Germany. Following a year of mandatory military service, he was admitted to the Munich Medical University at the age of 17 years. After a year of internship, he moved into the field of Pathology, eventually transferring from Munich University to Landstuhl and on to the Armed Forces Institute of Pathology in San Antonio, Texas. He completed his general and thoracic surgical residency at SUNY, Downstate in Brooklyn, NY, and worked with Dr. Clarence Dennis in building the first cardiac bypass pump. Dr. Dennis called Dr. **H. William Clatworthy**, his former intern, and sent Dr. Kottmeier to Columbus for his Pediatric Surgical training. Following this training, Dr. Kottmeier organized the pediatric surgical service at **Kings County Hospital in Brooklyn**. It included a surgical ward, burn ward, ICU and children's receiving ward, all which were only for surgical patients and run by the surgical service with an average census of 100 patients. There he created the first pediatric trauma service in the USA. The pediatric surgery fellowship was established in 1966 and trained 17 surgeons in pediatric surgery. In April 1970 Dr. Kottmeier and 17 others created the **American Pediatric Surgical Association**. His program was the only one integrated into a general hospital. Dr. Kottmeier passed on October 29, 2023.



Thank you to Dr. Charles Coren for this summary of Dr. Kottmeier's life.

John N Schullinger, MD, FAAP (1929-2023)

John N Schullinger was born in New York City. He was a graduate of Princeton University (1951) and The College of Physicians and Surgeons at Columbia University (1955). His post-graduate training in general surgery was at the Columbia Presbyterian Medical Center in New York City from 1955-1963, interrupted by 2 ½ years as ship's surgeon in the Arctic and Antarctic with the U.S. Navy. He completed his pediatric surgery fellowship in 1964 under the guidance of **Thomas Santulli, MD** and then joined the full-time staff of the affiliated **Babies Hospital (now the Morgan Stanley Children's Hospital at the Columbia University Medical Center in New York City)**. His primary interests were the surgical problems of infants and children, especially those with cancer. For 35 years, he was the editor of the International Abstracts of Pediatric Surgery in the Journal of Pediatric Surgery. He retired in 1997 as Professor Emeritus of Clinical Surgery. He passed on November 13, 2023.



Passages:

Robert Peter Foglia MD, FAAP (1948-2023)

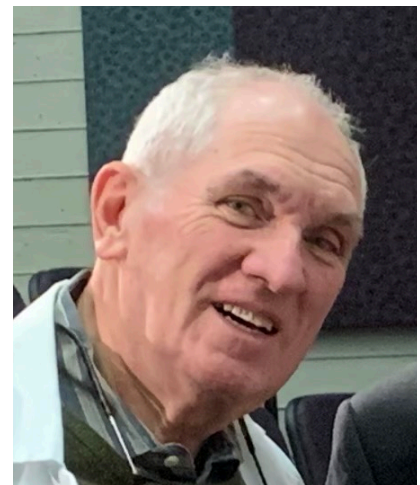
Robert Foglia grew up in Flushing, New York. He completed a BS Biology at Georgetown University and continued at Georgetown University School of Medicine completing his MD degree in 1974. He undertook his Surgery Residency at UCLA and completed this in 1980. He then undertook his Pediatric Surgical Fellowship at Children's National Medical Center and completed it in 1983. Afterwards, his career began at Harvard Medical School until 1986 when he moved to UCLA School of Medicine where he remained until 1990 when he became Chief of the Division Pediatric Surgery at Washington University. In 2006, he would become Chief, Division of Pediatric Surgery, Helen J. and Robert S. Strauss and Diana K. and Richard C Strauss Distinguished Chair in Pediatric Surgery, Department of Surgery, University of Texas Southwestern School of Medicine. He passed on December 10, 2023.



Dr. Foglia was a member of the AAP Section on Surgery and the Section on Critical Care. He was on the AAP SOSu Program Committee from 1990-92.

Nathan Elliot Wiseman, MD, FACS (1944-2023)

Nate Wiseman was born on December 16, 1944 in Winnipeg, MB. He received his MD from the University of Manitoba in 1968, subsequently completing his General Surgery residency at the University of Manitoba and went on to complete a fellowship in Pediatric Surgery at Boston Children's Hospital. He would return to his home of Winnipeg and practice for almost half a century at Children's Hospital of Winnipeg. He was a gifted surgeon and had a keen memory for the patients that he operated on. Countless trainees also benefitted from his guidance and words of wisdom. He served as Chief of Surgery in his hospital, President of the Canadian Association of Paediatric Surgeons, as a Governor of the American College of Surgeons. He had no intention of ever fully retiring and operated until his very last day. colleagues, trainees, nurses, another health care workers that enriched his day-to-day life and brought him much happiness and fulfillment. He passed on December 13, 2023.



AAP Section on Surgery Famous Figures: Hugh Bailey Lynn Sr. (1914 - 2015)



Hugh Lynn, MD, FAAP

Born in Verona, NJ on August 13, 1914, **Hugh B. Lynn, Sr.** graduated from Blair Academy and Princeton University. He attended Medical School at the Columbia University College of Physicians and Surgeons, graduating in 1940. He served in the US Army during WWII from 1941 to 1946, attaining the rank of major.

Following the war, he trained as a surgical resident at the Boston Children's Hospital and the Philadelphia Children's Hospital. In 1950, he was named the first Professor of Pediatric Surgery at the University of Louisville School of Medicine and served as surgeon-in-chief at the Louisville Children's Hospital. He was a member of the first generation of surgeons who dedicated their careers to pediatric surgery. In 1959, he, along with others,

formed the Lilliputian Surgical Society.

In 1960, Lynn moved to Rochester, MN as the Head of the Department of Pediatric Surgery at the Mayo Clinic where he practiced until the mid-1970s. He was a skilled surgeon and known for his work in esophageal surgery including replacement procedures and the management of achalasia. He was an early advocate of the use of rectal myectomy in patients with very low segment Hirschsprung disease and had an interest in overwhelming post splenectomy infection and fostered the use of splenorrhaphy.

He was very involved with the AAP, becoming chair from 1963 to 1964. He was a charter member of the American Pediatric Surgical Association and a Fellow of the American College of Surgeons. He was a strong advocate for the development of an advisory council for pediatric surgery at the College which was successfully implemented years later. He concluded his clinical practice by accepting a position as Professor of Surgery at the University of Alabama School of Medicine in Birmingham, AL, working with Dr. Luther Longing at Birmingham Children's Hospital.

Following his retirement in the early 1980s, he moved to Plains, Virginia. He died at the age of 101 years on November 10, 2015.

He served on the AAP Section on Surgery Executive Committee from 1961 to 62 and assumed the Chair from 1963 to 64.

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