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Meredith Campbell Memorial Lecture

By

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(From the vantage point of writing this introduction in 2003, the title of this lecture should have been “The History of Pediatric Surgery” or it might have been “The Surgical Training of C. Everett Koop”.)

I began the lecture with a tribute to Meredith Campbell, who was, in my mind, a giant among those that pioneered even before pediatric surgery had a name. I put him right up there with the great names in urology, but also names such as Ladd and Gross in pediatric surgery, called “child surgery” in its early days.

This is not only a relatively complete history of the early days of pediatric surgery and the men who made it, but also is a description of the technical problems of doing surgery in the days before plastics and how we overcame problems as simple as the absence of flexible tubing as were a more serious problems, such as the lack of understanding of pediatric anesthesia. It is also a good bit about my own surgical training, which includes the days before sulfonamides and antibiotics and tells of my summers as a medical student in a 400 bed orthopedic hospital for children where there were essentially four diagnoses: poliomyelitis and its aftermath, osteomyelitis, tuberculosis of the bone, and congenital anomalies amenable to orthopedic surgical correction – at least in part.

The student of surgical history would be interested not only in how the University of Pennsylvania came to espouse pediatric surgery and to develop me to be the one who carried its banner in Philadelphia. This also necessitated my going into the hostility of the surgical world – and at this particular meeting, sad to say, the adult urological world – (more than ten years later, I gave another named lecture to the same society in the same city, the John Duckett Jr. Memorial Lecture, and once again, felt it necessary to chide the American Urologic Association for their long hostility to the development of pediatric urology as a specialty, the only adult surgical specialty not to recognize the need for special training for surgeons in the very exacting art of urologic pediatric surgery).

The user of this archive should be surprised that as late as 1946 when I started at the Children’s Hospital of Philadelphia that the pediatric world knew so little about cancer. This is all documented here including my own investigation into neuroblastoma based upon, in the beginning, my review of all the charts in the hospitals of patients who had been diagnosed with cancer. Hardly any were alive, except those with neuroblastoma,

which set me off on a life-long interest in this peculiar tumor that has the ability to turn from malignant to benign.

There are also detailed descriptions of the way we managed pediatric cancer in the days before chemotherapy, and how much more skill it took to achieve a survival rate in Wilm's tumor of 48 per cent in those early days as compared to the relative ease of a survival of 97 per cent fifteen years later.

There are also little hints of surgical techniques in the art of practicing pediatric surgery that I learned at the Boston Children's Hospital, not as part of my formal training there, but in sitting with William E. Ladd on the side of a crib with his long legs dangling to the floor after lunch, each day, when he regaled me with anecdotes that served me well, as I developed my own life in pediatric surgery.