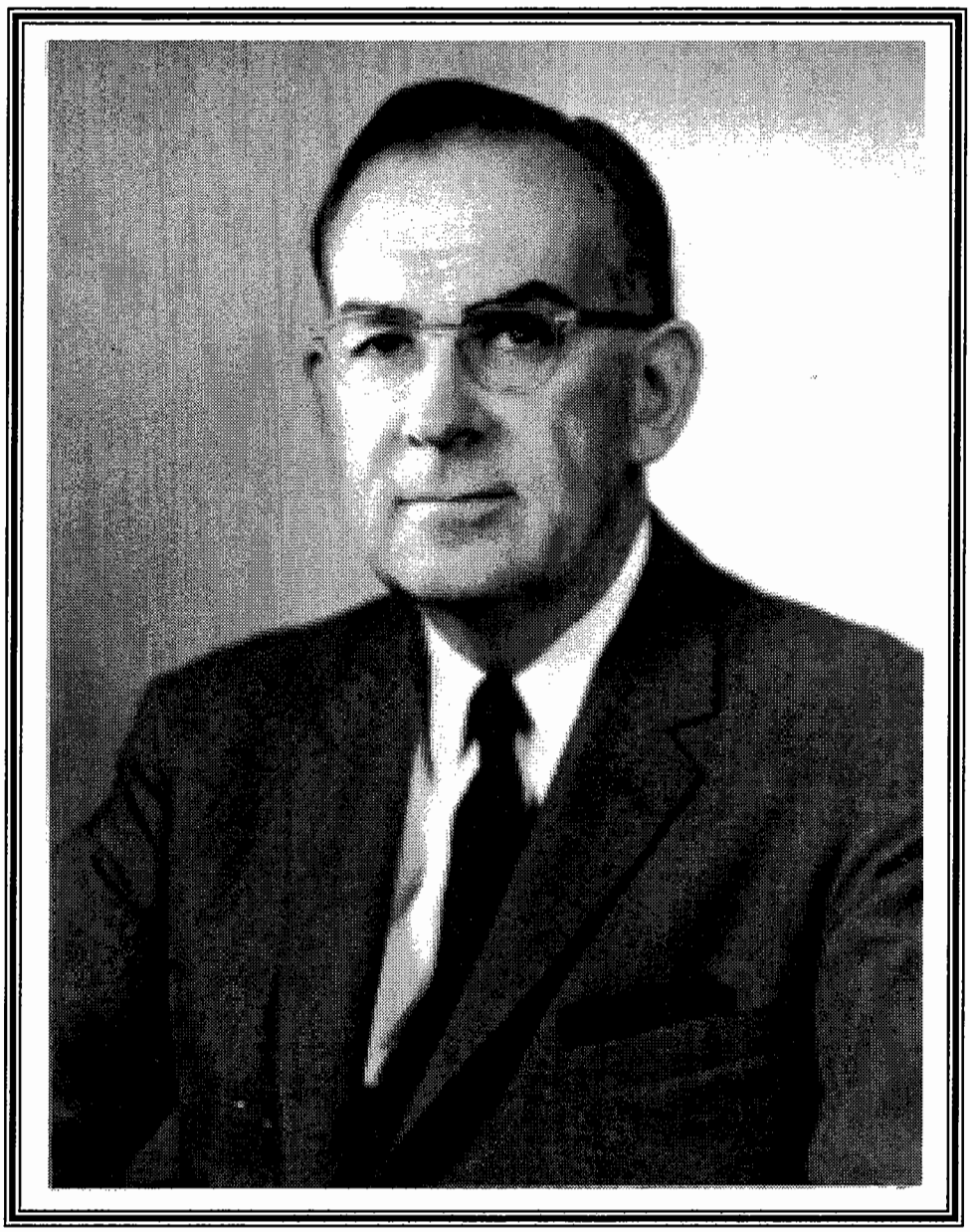
The History of the Costenbader Society: Costenbader's Challenges



Frank D. Costenbader, M.D. (1938)

Marshall M. Parks, M.D.
March 19, 2000

THE HISTORY OF THE COSTENBADER SOCIETY: COSTENBADER'S CHALLENGES

It is my pleasure to speak to you today about an important historical issue that addresses the name of this society. Do you know everything there is to know about the namesake of the Costenbader Society? Of the total membership today, younger members are unaware of the contributions of Dr. Costenbader, his trials and tribulations, since they never knew him. So, allow me speak about him and review some of the problems of medicine Dr. Costenbader had to contend with while in practice.

First, let us examine what Dr. Costenbader has done for this society. I begin at the time Dr. Costenbader was a resident at the Episcopal Eye, Ear, Nose and Throat Hospital, approximately a half mile from here. Also, barely three blocks north of where we are meeting today is the site where he began to practice. His training consisted of the usual one-year residency program of six months EYE and six months ENT. The year was 1930 in the depth of the Great Depression. I was actually twelve years old and in the seventh grade! At the time, the one-year training program was the standard time investment for an EENT specialist. Therefore, your progenitor of this proud organization was trained for otolaryngology as well as for ophthalmology.

There were only two residents per year at Episcopal, each spending six months in each of two specialties. Dr. Costenbader shared this training program with a wonderful fellow resident, Victor Alfaro, the son of the former president of Panama, then the ambassador of Panama to the United States. They formed a lifelong friendship during their training. After residency in 1932,

at the height of the Depression, Drs. Costenbader and Alfaro decided to share expenses and open a practice on Eye Street, N.W., a location having the stature equivalent to London's Harley Street at that time for the best ophthalmologists and other specialists in the city. Costenbader proposed that Alfaro purchase the ENT equipment and he buy the eye equipment, with plans to trade exam rooms according to which specialty the patient required. Within a year each decided they preferred the opposite specialty; Costenbader enjoyed ophthalmology more while Alfaro preferred ENT. Dr. Alfaro remained in the city and ultimately became the professor and Chairman of the Division of ENT at Georgetown University with a national reputation. Dr. Costenbader became an ophthalmologist, which in itself was unusual, for at that time EENT was entrenched as a combined specialty.

How did EENT become so entrenched? It evolved from general surgery at about the same time pediatrics evolved out of general practice, but for very different reasons. EENT was such a difficult technical field for the general surgeon, that as a specialty, it became a welcome development. However, pediatrics evolved from general practice for social reasons. At the end of the 18th century a movement that considered children to be a special national treasure swept across Europe. This movement marked the inception of recognizing the need for special care of children. Within a few years, hospitals dedicated to the care of children thrived in every nation of Europe. Yet, in the United States pediatrics met immediate competition from general practice and was treated with disdain. Thus, the development of pediatrics was hindered for years while EENT flourished. There is a lesson here, for 150 years later, pediatric ophthalmology began to evolve from general ophthalmology and met with a similar negative attitude from general ophthalmologists claiming they could provide the same services as the pediatric ophthalmologist.

As history tends to repeat itself, pediatric ophthalmology encountered difficulty in its early development similar to the pediatrics' problems with general practice.

It is important to note that since Dr. Costenbader was the world's first pediatric ophthalmologist, and you should appreciate what he had to contend with during his professional career. To illustrate this fact, let me relate it to an important national organization that Dr. Costenbader respected highly and participated in heavily. EENT needed a clinical society that offered the opportunity for their practitioners to receive continuous post-graduate education. Such an organization was created in 1896 and later named the American Academy of Ophthalmology and Otolaryngology (AAOO). It met with immediate success since literally every practicing EENT physician at the beginning of the twentieth century became a member. The members referred to it as "The Academy". Through its mission of offering continuous education it became the most influential force in establishing the standard of care for the EENT specialty.

Naturally, in the era of the 1930's, when Costenbader entered EENT practice, the Academy became his specialty society. His devotion to the Academy never waned throughout his career. Despite his love for the Academy after restricting his practice to children in 1943 he received subtle ridicule from his colleagues, all Academy members, for the innovation of introducing a subspecialty into ophthalmology. Comments such as, "Kids, you see only kids, which eye, right or left?" Costenbader was one of the earliest involved in the subspecialty wave-front that moved across all specialties during the immediate post World War II era. Doesn't this anecdote reveal that physicians are human, and one of the characteristics of humans is to fear and resist a proposed change in their status quo? Acceptance of the change comes only after some time had

passed. Dr. Costenbader alone sustained all those abusive taunts in breaking down the barriers resisting change, making life easy for us current pediatric ophthalmologists.

Another clinical society to which Costenbader was devoted was the American Ophthalmological Society (AOS). The AOS is an elite society with a grand history and a proud record of using its influence to guide the development of ophthalmology throughout the 137 years of its existence. Membership is awarded to mature ophthalmologists having a recognized record in teaching, research and rendering ethical high quality care, and who after being invited, have submitted a thesis that was accepted by a demanding committee. It is the oldest specialty society in the world except for The German Ophthalmological Society inaugurated in 1857, seven years before the creation of the AOS.

It is interesting to learn about the origin of the AOS. Recall during the nineteenth century EENT was emerging from general surgery, yet already a further refinement was beginning in the separation of EYE from ENT. To a degree, both movements were simultaneously occurring. For example, the AOS Organizing Committee first met in January, 1864, in New York. The Committee consisted of eight, four were general surgeons who dabbled in ophthalmology and four were EENT practitioners, much younger than the general surgeons with an average age of 29, and all had studied in Europe, where ophthalmology was beginning to evolve as a separate specialty. The purpose of the January 1864 meeting was to discuss the formation of a journal, but this was abandoned in favor of starting a society. All practicing ophthalmologists were sent an invitation to come together at the 1864 New York meeting. Thus, no ophthalmologists per se

participated in the creation of the AOS. Yet within this group of eight was an intense interest in ophthalmology.

Dr. Costenbader became a member in 1961 and several Costenbader Society members have also earned AOS membership. The process of membership is intended to accomplish the society's design to attract leaders in ophthalmology in order to best fulfill the mission of advancing the science and art of our specialty. Once the candidate is invited to prepare the thesis, three years are permitted before it must be presented to the thesis committee. Costenbader's date for submission of the thesis was 1948. He was unable to meet that date and his request for an extension was denied which profoundly disturbed him. He had pleaded overwork during the war, but without success. Sadly, his greatest ambition in ophthalmology was to become an AOS member. However, his close friend Maynard Wheeler, Sr. who sponsored Costenbader for a second time in 1959 saved him. His thesis entitled "Infantile esotropia" cleared the thesis committee in 1961 making him a member thirteen years later than had he timely submitted the thesis in 1948.

Instead of becoming a member at forty-three years of age, membership was delayed until age fifty-six. By age sixty-five, he was afflicted with Parkinson's, and he attended his last AOS meeting in 1970, which yielded him only nine meetings to enjoy. By the last one or two meetings he was ill. I felt badly for him because he was so disappointed about what he considered to be a personally inflicted thirteen-year failure.

As we follow history through the nineteenth century we have just reviewed the first significant step for separating EENT into solely EYE and ENT specialties, i.e., the creation of the AOS at the start of the last third of the century. Still this step affected only a small proportion of the total entrenched EENT pattern. Recall The Academy (AAOO), the strongest organization to support EENT has yet to be created (1896). However, a new pressure was arising that ultimately would fracture the entrenched combined EYE and ENT field forever. The new pressure derived from the need for correcting the out of control disaster of inadequately trained practitioners preying upon the public. The result was the American Board movement that began by ophthalmology leading all the other specialties to establish a special training curriculum followed by a certifying examination. Ophthalmology's Board started in 1916, Otolaryngology's began in 1924, Obstetrics and Gynecology 1930, Pediatrics 1935, etc., as the Board movement swept through all specialties.

The American Medical Association (AMA), the American College of Surgeons (ACS), the AOS, and the AAOO jointly organized the American Board of Ophthalmology (ABO). From this you can see the prime clinical society developed to support the entrenched EENT joined in the movement to disassemble itself leading ultimately to the AAOO dividing into separate academies. No doubt, however, the creation of the ABO was the death knell for EENT. But the beast did not precipitously drop dead. For example, I interned in 1943 at the San Diego Naval Hospital where I rotated through the EENT Department. Upon returning from sea duty in 1946, I was assigned to the EENT Department at the Great Lakes Naval Hospital. Although the Captain in charge of the Department was Board certified in only ENT, he did EENT, but allowed my request to do only ophthalmology.

The change was gradual but completed approximately by 1955. In 1960, I became a consultant to both Bethesda Naval Medical Center and Walter Reed Army Medical Center and each had separate Eye Departments and ENT Departments by that time. The final end of EENT came in 1977 by the AAOO decision to split into the Academy of Ophthalmology (AAO) and the Academy of Otolaryngology, some sixty years after the ABO was created.

You may notice I never refer to Dr. Costenbader as Frank – did I ever tell you why? I joined Costenbader in 1947 – he was my preceptor, and I was his "preceptee". When I became his associate in practice in 1948, gathering my nerve on the first morning in that new relationship, I approached him for the first time ever, saying, "Frank, I am grateful for the privilege to join this practice with you." I was met by silence, a painful stare and no response to shake my extended hand. I humbly retreated to my office in the basement. The message was very clear. From that day forward he was known to me only as Dr. Costenbader – never Frank. Until his death thirty years later we had a wonderful relationship. He called me Marshall - I called him Dr. Costenbader.

I once asked Dr. Costenbader why he had not taken the Boards until 1938 when he had finished his residency in 1930. His response was, "Well, nobody took the Boards if they wanted to remain good pals with the majority of ophthalmologists in town who had not taken the Boards. It was a matter of those who had taken the Boards vs. those who had not taken the Boards. Feelings were strong. Thus, I had nothing to do with them." I eventually learned how Dr. Costenbader took his boards. James Noah Greear, a leading Washington ophthalmologist and a

Virginian like Costenbader, was an Associate Examiner for the American Board. One day at the Episcopal EENT Hospital after surgery, Jim said, "Frank, you have to become a Board member. The Board system is destined to become a great thing. Frank, I'm going to give you the exam right now." So they walked across 15th Street to a hotel, and Jim asked Frank a few questions. "Frank" he said, "You are now a diplomate of the American Board of Ophthalmology."

This was not unusual. To get the Board process started, three classes of candidates were established:

A. Candidates with ten years of practice
B. Candidates with five to ten years of practice
C. Candidates with fewer than five years of practice

Such classification of candidates permitted ophthalmologists with an established reputation to be certified by neither submitting case reports nor having to pass rigorous examinations. Initially this opportunity was to be withdrawn at the close of the 1920's. Actually this grace period continued through 1939. Dr. Costenbader was certified in 1938.

Dr. Costenbader was truly a pioneer, for he became a subspecialist before the encroaching wave of subspecialization took hold. I questioned Dr. Costenbader about his motivation to become a pediatric ophthalmologist. His answer was that he enjoyed working with children more than with adults and was more fascinated with their eye problems. His motivation did not seem to include a perceived need to change a primarily geriatric specialty for the betterment of children, which had always been my incentive. The truth of the matter was that Dr. Costenbader had been enormously overworked as a civilian ophthalmologist during World War II and had more than he could do. So he split his practice and retained that which he preferred, which he named pediatric

ophthalmology. I do not believe he thought of himself as unusual in starting a subspecialty, or in naming it, but to his credit, he rose to the occasion and became the founder and leader of pediatric ophthalmology.

The Creation of the Costenbader Society

Although a pediatric ophthalmologist, Dr. Costenbader was a strabismus person simply because of the high volume of strabismus in the pediatric population. From the early 1900's there were some practitioners more interested in strabismus than the other aspects of ophthalmology, but early on, strabismologists were only interested in adult strabismus. Dr. Costenbader was unique because he brought a fresh emphasis to strabismus concerning its early recognition and care. His new thinking and methods of extracting important strabismus information from infants and young children caught the attention of the world of strabismus, just as orthoptics was being introduced in Britain and exported to America. By that time the Heed Fellowship was available to assist the trainees interested in the further training beyond residency in a certain subspecialty. The first person to receive a strabismus Heed Fellowship was Phillip Knapp in 1949 after completing the University of Iowa residency. After completing the fellowship, he joined Maynard Wheeler, Sr. on the motility service at Columbia University.

Dr. Costenbader attracted a number of the strabismus Heed Fellows who trained at different centers, such as with Wheeler, Sr. and Knapp or with Brown, all in New York, Adler in Philadelphia, Burian in Iowa, and Swan in Portland. As the Heed Fellows rotated with a three-month service at four of the five sites, they were exposed to pediatric ophthalmology in addition

to strabismus with Dr. Costenbader. This is how the Children's Hospital of Washington fellowship began as the Costenbader Heed Fellows rotated through Washington. Our first strictly pediatric fellow was Leonard Apt in 1959. Apt was a Board Certified pediatrician before entering his ophthalmology residency. Many were only three months duration, however, Apt's was for one year, and others early on were for six months.

In 1952, Dan Albert joined Costenbader in practice after I left him. Albert moved to northern Virginia and was later joined by Marty Lederman, after finishing his fellowship. Don Mousel, after more training with Dr. Costenbader, joined him in practice before moving to Reno. By that time, James Noah Greear had moved his practice to Reno because of a divorce problem. Through the personal relationship between Costenbader and Greear (recall Greear's examination of Costenbader for the ABO in 1938), Mousel brought pediatric ophthalmology westward to Reno in 1963, the same year Earl Stern brought it to San Francisco. After sixteen fellows had completed the six months to one year of training, we began to entertain the idea of creating an organization dedicated to pediatric ophthalmology. We decided it would be wonderful if we alumni could come together annually to enjoy professional and social aspects of our specialty. As a group we met to discuss the matter, as recorded in David Friendly's Departmental minutes in 1967 (Appendix 1). At this meeting, Malcolm Ing objected to there being only a social meeting, without a scientific meeting. Serving only the camaraderie issue would wear thin within a few years. A durable organization would require an annual scientific program in which we would all participate. We agreed it had to be a first class program. Today you see the results. From the organization's inception, it has always been constructed around a scientific program.

Attached to the same Friendly minutes is an invitation from Dr. Parks to attend a breakfast meeting at the Palmer House Hotel, Chicago on October 31, 1967 during the Academy meeting (Appendix 2). The breakfast was served buffet style spread out on Angeline's and my bed. Of the following attending, most were from the original sixteen fellows, the organizing committee along with the faculty, Drs. Costenbader, Albert, O'Neill, Friendly and me. This comprised the Organizing Committee. We agreed to create a pediatric ophthalmology society, named the Costenbader Society, which annually would organize a national open meeting. We would nominate one of the organizing members each year to be responsible for a 2-3 day open meeting followed by a closed session for our alumni group.

Recall, this era was 1966-1967. In September 1966, the International Congress of Ophthalmology Meeting (ICO) was in Munich, Germany. The rule was that the subspecialty international group participating in the meeting had to be located in the same country, but not necessarily meeting at the same time, nor in the same place as the ICO Meeting. At this meeting occurred the organizational meeting of the International Strabismological Association (ISA) in Gruenberg, a very small town in the Hess Province of Germany with only a motel (that did not even have soap). Just outside our room's only window was a manure pile – so Angeline and I kept the window shut. But there in Gruenberg, in a Sportsschule adjacent to the motel, we spent three days organizing the ISA. The reason the Gruenberg ISA organizational meeting occurred is that Jampolsky and Cuppers had already organized a very extensive strabismus meeting in Giessen, a city about 30 miles north of Gruenberg. Thus, their meeting became the first ISA meeting, occurring immediately following creation of the ISA.

The Giessen meeting had been organized over a period of approximately two years. I suggested the open Giessen meeting be the model proposed for future open Costenbader Society meetings. Immediately following, we could use the Gruenberg closed meeting model for our private alumni group meeting.

The intent was to have our first meeting next year in 1968, but little did we realize the vicissitudes in organizing a meeting in such a short time. Fortunately, a member of the organizing committee, Earl Stern, who proposed an idea, saved us. Stern completed his fellowship in 1963 and went directly to the University of California in San Francisco to become their pediatric ophthalmologist. In 1967 he organized a national pediatric ophthalmology meeting lasting three days. It was a wonderful meeting and so well received that he was requested to repeat a similar meeting in 1969. At the 1967 organizing meeting, Stern offered to invite the Costenbader Society to the upcoming 1969 University of California open meeting and follow it with a closed alumni meeting for the group. Stern's two meetings, in 1967 and 1969, became our model to emulate. It drew a large national audience and was an outstanding success. We had our first closed Costenbader Society meeting in San Francisco after his UC meeting as planned.

For Stern's 1967 meeting, the UC Medical Center art department drew the four stacked figures – one with swimming gear, one with baseball paraphernalia, a girl with a doll and one with a lollipop – all with assorted articles occluding one eye, as a logo which was used again for the 1969 meeting (Appendix 3). Stern then gave this logo to the Costenbader Society, which used it for meetings 1970-1974, which in turn gave it to the AAPO in 1975, which uses it to this day as

the Association's logo. The next year the open and closed meetings were held in Washington, D.C., and the next was held in Miami with Al Smith in charge. This pattern recurred annually thereafter with each meeting being more successful than the former.

The Costenbader Society success with our national meetings unfortunately caused among other pediatric ophthalmologists and strabismologists not trained in Washington the natural undesirable attitude toward us. Being sensitive to their feelings, we devoted considerable discussion as to whether we should include others beyond our alumni. Finally, at the Sea Island, Georgia meeting in 1973, it was resolved to find a solution to this problem. The answer was to create the AAPO (no S yet!), which was legally accomplished at the 1974 meeting in Los Angeles. The first AAPO meeting was in 1975 at Lake Tahoe.

Let me identify one personality who was the kingpin in the strabismus field – Art Jampolsky. He was the key to us becoming a one-body organization representing both pediatrics and strabismus. Jampolsky put his strength and leadership into this effort. He came to all the organizing committee meetings needed to get the AAPO underway. Hats off to Jampolsky, for today we now have the AAPOS – not the AAPO. I happened to become the first president of the AAPO, and between my year as the 1975 president and this year of 2000, there have been only five other Costenbader Society presidents of the AAPOS; the others being David Friendly in 1979, Al Smith in 1983, Tom France in 1986, Bill Scott in 1989, and Jack Baker in 1996. So you see we did manage to deflect the emphasis off the Costenbader Society, which was absolutely necessary in creating the AAPOS, which represents all the pediatric ophthalmologists

and strabismologists in North America. The Costenbader Society has to be proud of accomplishing this important mission.

The Costenbader Society established a lecture honoring Dr. Costenbader in 1973. The first lecture was given at the Century Plaza Hotel in Los Angeles. At the same meeting the membership passed a vote to create the AAPO. The only Costenbader Society request to its newly created AAPO was that the Costenbader Lecture be continued at future annual AAPO meetings. The Costenbader Society is most grateful to its successor AAPO for honoring this request ensuring the perpetual honoring of Costenbader. I am so proud of the Costenbader Society.

Costenbader was a man who held firm opinions about many things, a patient and attentive listener with a desire to satisfy his circle of friends and colleagues, but hard to convince his opinion could possibly be in need of change. This personality expressed itself regarding the hospital in which training was beginning to develop. Children's Hospital had pediatric training for interns and residents, but the program was entirely under the direction of voluntary staff – practitioners in the community. As training expanded in all hospitals, the deficiency became apparent with this model and a geographic full time director was becoming the model starting in the 1950's. Costenbader resisted accepting the new model. He was the force that developed the training in ophthalmology at Children's Hospital, changing it from simply a care giving service. His influence brought residents from the Episcopal Eye, Ear and Throat Hospital for training. He started the Ophthalmology Outpatient Clinic at the Children's Hospital, and gave his time, energy, and leadership to this venture. He spent Tuesday afternoons at the Children's Hospital

Outpatient Clinic; another half day a week at the Episcopal Hospital. No remuneration was ever received for these ventures.

Dr. Costenbader was in charge. This was his fiefdom. He could not imagine any benefit resulting from surrendering his control to a full-time hired replacement. His opinion at the time was the majority opinion of the other chiefs of departments. The ice was broken when the hospital hired a full-time Chief of Surgery in approximately 1964. Dr. Costenbader felt that within a short time the full-time staff would quickly increase, view the attending staff as inferior, be in charge of training, etc. Was his opinion correct? Yes. But the benefit of the change was the enormous improvement in training and the ultimate benefit to the patient.

Albert and I had been pressuring Costenbader for years to accept the new model of a full-time chief at Children's. By approximately 1966, Costenbader had made me Chairman. The three of us were in a cab en route from Costenbader's hotel in San Francisco to the UC Medical Center for Stern's first pediatric ophthalmology conference in 1967 when we extracted his consent to move on procuring a full-time person. He asked, "Who do you want?" In unison, our answer was David Friendly. Friendly accepted. How wonderful he was for our programs. Once Friendly became established as the Chief, the difference between the geographic full-time vs. the attending staff model was striking, even to Costenbader.

Dr. Costenbader's health was failing at that time. O'Neill joined him upon completion of the fellowship in 1966. John was a tremendous help and a faithful supporter to Costenbader until retirement became necessary in 1970. The Costenbaders moved to their Naples, Florida home at

the end of 1970 and within weeks he suffered a stroke and became paraplegic, diplopic and aphasic. They returned to live in Washington in 1971 with Costenbader partially bedridden until his death in 1978.

In his professional lifetime, Dr. Costenbader (1905-1978) brought us into an ophthalmological subspecialty that was so needed and one that benefits the patients over their entire lives. No one is more deserving in having his name memorialized by the group of followers he established. Thank you, Dr. Costenbader.

I am most grateful for all who participated in the preparation of this lecture presented at the 32nd Annual Costenbader Society Meeting on March 19, 2000 at the Willard Inter-Continental Hotel in Washington, D.C. This lecture was video taped by Dr. Elias Traboulsi's son Alex, and was transcribed by Elias' wife, Mayya. At the encouragement of Dr. Carolyn Lederman for distribution to the membership of the Costenbader Society, my daughter, Grace Parks Mitchell, assisted me in rewriting and editing the final manuscript.

Thank you.

Marshall M. Parks, M.D.
July 2001

Taken at the creation of the Costenbader Alumni Society at the St. Francis Hotel, San Francisco, February 10, 1969. Drs. Keith Lyle (guest), Frank Costenbader, Marshall Parks.

Appendix 1: Minutes of the Organizing Committee, October 31, 1967

Minutes of the
ORGANIZING COMMITTEE
Oct. 31, 1967

At the invitation of Dr. Marshall Parks, a breakfast meeting was held at the Palmer House on October 31, 1967. The following physicians attended:

Dr. Marshall Parks
Dr. Frank Costenbader
Dr. Dan Albert
Dr. David Friendly
Dr. Richard Simmons
Dr. Edward Reab
Dr. John O'Neill
Dr. Malcolm Ing
Dr. Earl Stern
Dr. Al Smith

These physicians are to compose the organizing committee. Membership is also to include Dr. David Hiles, who was unable to attend.

Formation of a pediatric ophthalmology society and organization of a periodic pediatric ophthalmology meeting were discussed. The committee members agreed that it would be advantageous to hold an annual scientific meeting in various regions of the country.

Dr. Parks suggested that the pattern of consecutive open and closed meetings used at the recent strabismus symposium in Germany might be adopted. This was agreed upon by the committee members. It was also the concensus that the meeting should be held in late winter of each year. A physician is to be appointed by the committee approximately two years in advance to organize the open part of the annual meeting, which will be held in his particular area. The appointed physician would be responsible for selecting the exact date and location for the gathering, as well as its format, publicity, financial, and technical arrangements.

The closed meeting is to have a membership primarily or exclusively limited to alumni of the fellowship program. However, the exact composition of this group was not determined. It was felt that it would be necessary to restrict membership so that meaningful discussions of pertinent issues might be conducted in a private setting.

The closed meeting would preferably follow the open meeting. It was agreed that the first closed meeting would be held in conjunction with the pediatric ophthalmology symposium which has been organized by Dr. Earl Stern for February 1969, in San Francisco.

Future combined meetings are tentatively scheduled to be held in Washington, D. C., in 1970, Florida in 1971, Hawaii in 1972, and Ohio or New York in 1973. When possible these meetings will be held in proximity to other meetings such as the Florida Mid-Winter and Pan Pacific.

The organization of the pediatric ophthalmology society was briefly discussed. Various suggestions were made as to qualifications for membership to such a society. These included: 1)those individuals whose practice is limited to pediatric ophthalmology, 2)to alumni of the one year pediatric ophthalmology fellowship program, and 3)open membership. No definite conclusions as to the composition or purpose of such a society were reached.

The second meeting of the Organizing Committee has been scheduled to take place during the 1969 meeting of the American Academy of Ophthalmology and Otolaryngology in Chicago. Business to be discussed at this time includes the following: 1)the format and membership of the closed meeting which is to be held in San Francisco, February, 1969, 2)further discussion as to the desirability of forming a pediatric ophthalmology society, its composition, and activity.

Dr. Friendly was selected to serve as the secretary of the Organizing Committee.

The committee members expressed their gratitude to Dr. and Mrs. Parks for their hospitality.

DSF:nlw

Appendix 2: Minutes of the Organizing Committee, April 24, 1968

CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA

2125 — 13TH STREET, N. W.
WASHINGTON, D. C. 20009

WALLACE WERBLE
PRESIDENT

ROBERT H. PARROTT, M. D
DIRECTOR

WILLIAM A. HOWARD, M. D
CHAIRMAN OF MEDICAL STAFF

DONALD F. SMITH
ADMINISTRATOR

B

TO: Members of the Organizing Committee

FROM: David S. Friendly, M.D., Secretary of the Organizing Committee

DATE: April 24, 1968

SUBJECT: Pediatric Ophthalmology Society

At the invitation of Dr. Frank Costenbader, a dinner meeting was held on April 3, 1968, for the purpose of expediting the formation and organization of the proposed Pediatric Society. This meeting was attended by Drs. Frank Costenbader, Marshall Parks, Dan Albert, John O'Neill, and David Friendly.

After considerable deliberation and discussion, agreement was reached on the following points:

1)The composition of the proposed Pediatric Society and its activities should not be post-poned until October. The members of the organizing committee should reach a concensus now to allow sufficient time for the organization of the closed portion of the February, 1969, San Francisco meeting.

2)The five members of the organizing committee present agreed that, with the approval of the other committee members, only alumni of the fellowship program, three-month fellows excluded, would be eligible to join the pediatric society. Because of their ties with the fellowship program, Drs. Roger Hiatt, Gerald Davies, and Don Mosel would also be eligible for membership. In addition, all members of the organizing committee would become members of the Society. It was felt that membership should automatically be offered to any physician who has completed six months or more of the fellowship program. Accordingly, the membership roster would include the following:

Leonard Apt
Earl Stern
Al Smith
Malcolm Ing
Gerald Davies
Larry Hamtil
Elsa Kertesz Rahn
Ed Raab
Dick Simmons
Don Manley
Dave Hiles
Roger Hiatt
Fleetwood Maddox
Don Mosel
Philip Diorio
Carl Troia
David Stager
Davis Wyatt
Marshall Parks
Frank Costenbader
Dan Albert
John O'Neill
David Friendly

3)It was the opinion of those present that the chairman of the open meetings, (Dr. Earl Stern is chairman of the San Francisco meeting in February, 1969), should provide the setting for the closed meeting and should determine whether the closed meeting is to procede or to follow the open meeting. It was thought that the closed meeting should be divided into two one-half day portions: one session would be devoted to special problems and new developments which members of the Society may wish to bring up for discussion; the other session would be devoted to an intensive discussion of a particular subject of mutual interest.

4)It was suggested that a program committee -- to be selected by the organizing committee -- should arrange the format of the closed meeting and make all the necessary technical arrangements. Three members from the organizing committee should be selected now to constitute the program committee for the closed portion of the 1969 meeting.

As a member of the organizing committee, you are requested to comment on the above recommendations. Replies should be sent to the secretary of the organizing committee c/o Children's Hospital, and should include the following: a. approval, disapproval, or alternate suggestions concerning the proposed qualifications for membership, membership roster, and the proposed organization of the closed meeting, b. please list the three members you chose for the 1969 program committee.

Dr. Parks will act as host at the next meeting of the organizing committee which will be a noon luncheon on Sunday, October 27, 1968 in Chicago at a place which will be announced at a later date.

Respectfully submitted,

David S. Friendly, M.D.
Secretary of the Organizing Committee

DSF:nlw
Enclosure: Minutes of the 1967 Chicago meeting.

cc: Dr. Marshall Parks
Dr. Frank Costenbader
Dr. Dan Albert
Dr. Richard Simmons
Dr. Edward Raab ✓
Dr. John O'Neill
Dr. Malcolm Ing
Dr. Earl Stern
Dr. Al Smith