Thomas M. Holder, MD

Interviewed by
George W. Holcomb, III, MD, MBA

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Prairie Village, Kansas

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PREFACE

Oral history has its roots in the sharing of stories which has occurred throughout the centuries. It is a primary source of historical data, gathering information from living individuals via recorded interviews. Outstanding pediatricians and other leaders in child health care are being interviewed as part of the Oral History Project at the Pediatric History Center of the American Academy of Pediatrics. Under the direction of the Historical Archives Advisory Committee, its purpose is to record and preserve the recollections of those who have made important contributions to the advancement of the health care of children through the collection of spoken memories and personal narrations.

This volume is the written record of one oral history interview. The reader is reminded that this is a verbatim transcript of spoken rather than written prose. It is intended to supplement other available sources of information about the individuals, organizations, institutions, and events that are discussed. The use of face-to-face interviews provides a unique opportunity to capture a firsthand, eyewitness account of events in an interactive session. Its importance lies less in the recitation of facts, names, and dates than in the interpretation of these by the speaker.

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ABOUT THE INTERVIEWER

George W. Holcomb, III, MD, MBA

Dr. Holcomb is the Katherine Berry Richardson Professor of Surgery and Surgeon-in-Chief at the Children’s Mercy Hospital in Kansas City, Missouri. In addition, he is also Director of the Pediatric Surgery Residency Training Program and the Center for Minimally Invasive Surgery. Dr. Holcomb is a graduate of the Vanderbilt University School of Medicine in Nashville, Tennessee. He completed his general surgery residency at Vanderbilt and his pediatric surgery residency at the Children’s Hospital of Philadelphia. Following completion of his pediatric surgery training, he was an Assistant and subsequently an Associate Professor of Surgery and Pediatrics at Vanderbilt. In 1999, he moved to Kansas City to replace Dr. Keith Ashcraft as Surgeon-in-Chief and Director of the Pediatric Surgery Residency Training Program at Children’s Mercy Hospital.

Dr. Holcomb has been a member of the AAP for almost 20 years. He has been a member and subsequently Chairman of both the Section on Surgery Publications and Program Committees. He is a past member of the APSA Board of Governors. He currently serves as President of the Association of Pediatric Surgery Training Program Directors and is the President-Elect of IPEG. He has known Dr. Holder for over 15 years.
Interview of Thomas M. Holder, MD

DR. HOLCOMB: This is Dr. Whit Holcomb in Kansas City. It is June 5, 2006. I am interviewing Dr. Thomas Holder in Dr. Holder’s home in Prairie Village, Kansas. Dr. Holder was the 1997 recipient of the William E. Ladd Medal from the Section on Surgery in the American Academy of Pediatrics.

Dr. Holder, I am delighted that you could be here today and share with us some of your background. I am going to ask you a series of questions regarding some things about you personally and will ask you to respond. Tell me about where you were born and about your parents and your siblings; give us a little background about your family life with any specific events in your childhood that had an influence on your career choice.

DR. HOLDER: I was born in Corinth, Mississippi on September 1, 1926. My father was a civil engineer who, for most of his professional life, worked for the Mississippi State Highway Department. In my early years, we moved from the construction of one road to another which resulted in my attending six different schools during the first eight grades. As a small boy, I enjoyed going to the construction site with Dad and watching the steam shovels, drag lines and pile drivers at work. It was before the days of large earthmoving equipment and most of the dirt was moved by a man, a mule, and a slip. There was a lot of interesting activity.

During my high school years, Dad was district engineer and less mobile. We lived in Houston, Mississippi, small town USA, in William Faulkner country. Mother was a housewife as were most women of that time. She was somewhat reserved, tolerated the many moves, and made friends easily. Dad was more gregarious. Both were supportive, helpful, and expected a good performance at school and in other activities. Dad never missed one of my high school football games. They gave us a fairly long tether and expected us to be responsible. I have one sister who lived in Mississippi most of her life.

DR. HOLCOMB: Is she still alive?

DR. HOLDER: No, she died of carcinoma of the breast several years ago. She went to Ole Miss [University of Mississippi], taught mathematics at Gulf Park College and married a fighter pilot. They subsequently owned a construction company in Jackson.

DR. HOLCOMB: What was attending the University of Mississippi like back in the 1940’s?

DR. HOLDER: Just last week, I went through Oxford to take a look at it. It was 60 years after going there in 1946 following my time in the Navy. It
was packed with people compared to my days there. The majority of students in the 1940s were just coming back from the service. It was a congenial place. Ole Miss had always been a rather social school. Like many others, I tried to make up the time that I had lost in the service. I carried a heavy academic load, worked hard, played hard, and had a good time. Because of the war, the student body was older and a little more mature than in the pre-war days.

DR. HOLCOMB: Tell me about your time in World War II; what was your position during the war?

DR. HOLDER: I graduated from high school at 17 and volunteered for the Navy rather than waiting to be drafted into the Army. There was no question about feeling the war was just and it was your duty to go. I went to boot camp in Virginia and then to the west coast. Shortly before the end of the war, I was transferred to a base just south of San Francisco and was in town on liberty V-J [Victory over Japan] night, quite a celebration. I never shot at anybody or got shot at by anybody. From the time the war was over until the next spring, I was on a net layer. We pulled up the submarine nets in San Francisco Bay and then went through the Panama Canal to Orange, Texas where we put a number of Merchant Marine ships in mothballs. My Navy time was in uniform but not in action.

DR. HOLCOMB: How did you decide to enter Bowman Gray School of Medicine? What drew you to medicine as a career choice?

DR. HOLDER: We lived my four years of high school in Houston, Mississippi. The hospital was just down the street from our home and I walked past it going to school every day. We had a science teacher who had been in pre-med and was hoping to get into medical school. From what I had observed and what he said, medicine interested me. I thought I might like it so I spoke with the surgeon at the hospital to see if I could watch some operations. He said, “Come on up,” and so I did. The first operation I watched was a tonsillectomy on an adult under local anesthesia. Before long the room began to spin; I walked out, fell and skinned my nose in a very obvious way. There were a lot of questions about how I got a skinned nose. None of my friends thought I would ever get back into the operating room, but I did. What the doctor was doing was interesting and helpful. Sciences were fascinating and not particularly difficult for me.

I didn’t start out with surgery in mind. Most of the doctors I knew were general practitioners in our small town. One was a neighbor. They seemed to do things that were not only worthwhile but interesting as well.

DR. HOLCOMB: How did you decide to go to Bowman Gray?
DR. HOLDER: While I was an undergraduate, I got a job at the medical school helping on research projects with a parasitologist. As a matter of fact, the first paper I had my name on was one from that time and was entitled, “Incidence of Trichinosis in Mississippi.” The University of Mississippi had a two year medical school at that time and I thought I would like to go one place the whole four years and Dr. Brooks, for whom I worked, painted a very good picture of Wake Forest; so I applied there and was accepted.

DR. HOLCOMB: What was it like applying to medical school in those days. Was it nearly as complicated as it appears to be today?

DR. HOLDER: No, it was before the days of the match. It was, however, very competitive. A large number of men interested in medicine had just returned from the service and there weren’t enough places. You applied to the school and you were either accepted or rejected. Admission criteria were perhaps more liberal. There were a number of applicants who had not been very motivated before going into the service but were focused after returning. I know that the University of Mississippi School of Medicine took one whole class of veterans using just their post-service grades. I understand that it was one of the better classes.

DR. HOLCOMB: How did you decide on Jefferson Medical Center for your surgical residency?

DR. HOLDER: I hadn’t decided 100% on what specialty I wanted to pursue. Pennsylvania, at the time, was one of the few places in the country that required a rotating internship. I thought going where there were both rotating and straight internships, a rotator might end up one rung further down on the ladder. Several of my class went to Philadelphia. I chose Jefferson and was accepted. That turned out to be a good choice.

DR. HOLCOMB: How did you eventually decide on surgery?

DR. HOLDER: I rotated through the surgical services and the medical services, pediatrics and OB [obstetrics and gynecology], etc. The one I liked the most was where you not only thought about things but actively did something. All of it was interesting and I liked it all but I just liked surgery best.

DR. HOLCOMB: You spent three years in Jefferson and four years in Boston at Boston Children’s [Children’s Hospital Boston] with Dr. [Robert] Gross from 1955 to 1959. What were your three years like in general surgery at Jefferson and why did you decide to move to Boston for pediatric surgery training?
DR. HOLDER: I think I will go back and tell you what interested me in pediatric surgery first; it will make that easier. At Wake Forest [University] in those days, the class was divided into four groups. Three groups rotated on different services at the medical school hospital and the other group was encouraged to work in some hospital in the area to see what medicine in the real world was like. In the fall of my senior year, a friend and I went to Johnson City, Tennessee to work in a hospital there. Actually, it turned out to be a good medical community for the day. As I recall, there were about 25 or 30 board certified people working there and they had a wonderful, rather gregarious surgeon there by the name of Carroll Hardy Long who took us under his wing. But the one that really caught my fancy was Bob [Robert] Bowman, who was the senior member of a pediatric group of four or five people who had done a surgical residency at the Boston Children’s. Dr. Bowman was compulsive but was very likable. He had been a resident at Children’s during the war because he had an ulcer and was not eligible for military service. He operated on a number of patients during the time I was in Johnson City, several of which were similar to cases I had been assigned to at the medical school on the pediatric or surgical rotation. His kids did a lot better than the kids at the medical school. I remember a couple of patients with imperforate anus that I helped take care of at school and a couple of Dr. Bowman’s. His healed up just like they were supposed to. He knew something that I and most other people didn’t know and I wanted to know it. It was just as simple as that. Dr. Bowman, I think, was maybe the only person in the country at that time who was practicing pediatrics and pediatric surgery. He was one of the founding members of the Surgical Section. I know I have seen his picture with an early group of pediatric surgeons.

Anyway, I got interested in pediatric surgery when I was in medical school and once I found out that surgery was much more appealing to me than other things; it was natural that I gravitate to it. I called Dr. Bowman and said that I wanted to go into pediatric surgery and asked how I should go about it. He said I should talk to Dr. Gross and to Dr. [Orvar] Swenson. Dr. Bowman had been at the Children’s and he preferred that program, though he had a very high regard for Swenny. At that time, Swenny was at the Boston Floating Hospital. But Dr Bowman thought the program at the Children’s was the better one if I could get in it. I am sure that his letter and phone call to Dr. Gross on my behalf was instrumental in my being accepted. I actually shifted back and forth between Boston and Philadelphia. I was on Dr. [John H.] Gibbon’s [Jr.] service in Philadelphia for general and thoracic surgical residencies. Dr. Gibbon, as you know, was the person who did the first successful heart/lung bypass operation after working on it in the laboratory for twenty odd years. He was a real scientist.

Dr. Gibbon encouraged me in my interest in pediatric surgery. He made it possible for me to fit into the time schedule at the Boston Children’s and then

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return to Jefferson to complete general and thoracic surgical residencies. Both Dr. Gross and Dr. Gibbon were very good at helping me get the time thing worked out.

DR. HOLCOMB: What was training at Boston Children’s like at that time? Who was there and what operations were you doing?

DR. HOLDER: First of all, it was a great academic teaching institution with a wonderful esprit de corps. At the time I was there, it was a four year program, six first year junior assistant residents, two second and third year senior assistant residents and one chief resident in the fourth year. When I arrived in 1954, the first year people came from everywhere with varying degrees of surgical training. Many already had their general surgery boards and only wanted a year of pediatric surgical training before going into a general surgical practice. Later, all the junior assistant residents came from the Brigham [Peter Bent Brigham Hospital]. Senior assistant residents usually, but not always, came from the juniors. The chief resident was selected by Dr. Gross from the senior assistant residents. There was a bit of anxiety during the first part of the third year not knowing whether to get out and start looking for a job or sign another year lease on your apartment.

The residents who were there at the same time I was were truly outstanding. Earl Wrenn was the chief resident when I was the senior assistant resident. Arnold Colodny and Jud [Judson] Randolph were the senior assistant residents when I was the chief resident. Bob [Robert] Allen and Lester Martin preceded me as chief resident and [W.] Hardy Hendren [III] followed me as the chief resident. Others there at the same time included Mort [Morton M.] Woolley, Dave [David] Collins, [E.] Ide Smith, and Bob [Robert M.] Filler.

DR. HOLCOMB: What was Dr. Gross like?

DR. HOLDER: Dr. Gross was the chief and he was sort of all business with not much small talk. He had a remarkable ability to sort out the central issues with very complicated clinical problems. Often, after being presented a problem patient, he would ask a couple of questions and then unravel the principle issues and suggest a logical approach.

He expected a lot of you. He was a master technical surgeon. He was a very aggressive operator. He got into trouble from time to time because of his aggressiveness but he could get out of it. It was a pleasure to assist him. He did everything the same way every time. He had a scrub nurse who had been with him for years and he never had to say anything. Marie put whatever he needed in his hands and he gave hand signals for what he wanted. I guess that many of us picked that up from him. The residents would usually open and close and would help him or he would help them. I must say, doing my
first ductus and having the surgeon who did the first one as an assistant was a real high point for me. But between cases, he couldn’t sit and do nothing. He always immediately dictated an operative note following each operation and that’s where I picked up that good habit. He would look around the operating room for something to do. If a light was out, he would fix it. He had a little rolling tool kit that was kept in the operating room for Dr. Gross and if a light was not staying steady, the supervisor, rather than calling maintenance, would tell Dr. Gross and he would fix it between cases. Sometimes you would catch him with a mop to get the room ready for the next case. He just had to be doing something.

Dr. Gross was always perfectly groomed. I remember seeing him on a tractor at his home in Framingham with every hair in place and sharp creases in his Bermuda shorts. His expectations extended to his house staff. Occasionally, a resident would receive a call from his secretary with an appointment for the barber. After Dr. Gross personally cleaned one junior resident’s blood-stained white shoes, all the house staff were more careful.

Years later, after he had retired, I was talking with him at one time, and he said, “Well, I understand that everybody on the staff is doing things differently and doing things the way they want to. How in the world are you ever going to find out the result of one form of therapy without doing something one way, I just don’t know.” We had one way and that was Dr. Gross’ way. You knew what you were supposed to do because there was a set way to do it. Luther Longino, a superb surgeon, was the ward chief and very helpful.

DR. HOLCOMB: Was Dr. Ladd still around?

DR. HOLDER: I saw Dr. Ladd one time when he came in after we had a new operating suite. I was helping Dr. Gross do a coarctation when Dr. Ladd stuck his head in the room with his nose hanging over the mask. Dr. Gross said, “Why Dr. Ladd, come on in!”

DR. HOLCOMB: Did Dr. Gross and Dr. Ladd get along well?

DR. HOLDER: Dr. Ladd was gone before I got there in 1954. There were some rumors and old stories that they did and they didn’t. I don’t know anything about the facts of that matter though.

DR. HOLCOMB: What advances in pediatric surgery were being made in Boston?

DR. HOLDER: I was there between 1954 and 1959. There were advances being made everywhere—the refinement of the use of antibiotics and fluids and electrolytes in postoperative care. I think we did a better job
of pre- and postoperative care than had been done in the past. The results for premature patients with esophageal atresia was improved with staging. Diaphragmatic hernia results were so bad for awhile that Dr. Gross took over doing all those himself. Sam [Samuel R.] Schuster started putting patches and silos in patients with gastroschisis and large omphalocoeles.

DR. HOLCOMB: What cardiac operations was Dr. Gross advancing at that time?

DR. HOLDER: When I went there, they didn’t have a pump. I worked in the surgical lab for a couple of months on a pump. The heart program is really the thing that took a lot of Dr. Gross’s energy and direction. A large number of kids with congenital heart disease came there. Dr. [Alexander] Nadas was the chief of cardiology and was a superb clinician and teacher. Abe [Abraham M.] Rudolph, who incidentally is giving the Gross Lecture this year, was there in the cath [catheterization] lab. Cardiac catheterization was all diagnostic at that time rather than therapeutic. There was more movement in the cardiovascular field than there was in the general pediatric surgery. Many of the urologic problems were being treated more vigorously. Vesicoureteral reflux correction was a frequent procedure.

DR. HOLCOMB: Then you said you came back to Jefferson for six months?

DR. HOLDER: Yes, to get some TB time to qualify for thoracic boards. And I did and I never operated on a thoracic TB case afterwards.

DR. HOLCOMB: When you finished at Jefferson, what were your thoughts about your future? What factors were influencing where you would go to start your practice and your career?

DR. HOLDER: I think I had that decided before I went back to Jefferson. I had been around and looked at medical schools that did not have a pediatric surgeon or had one and maybe wanted another. One of the residents who was in Boston at the time that I was there was Lester Martin. He went to Cincinnati and he was looking for somebody to come help as he already had things going well there. That was one of the places that I thought about going. I knew Les and we got along well together, but I had the idea that I wanted to do hearts and that wasn’t possible there. Herb [Herbert C.] Miller was the chief of pediatrics at KU [University of Kansas] and director at Children’s Mercy [Hospital]. He was the person who recruited me.

DR. HOLCOMB: Did you consider staying at Boston and starting your career there?
DR. HOLDER: I had that opportunity but I decided against it. In spite of it being a wonderful place to train, it was all from the top down. I thought I was ready to get out and put to practice some of the things I had learned. Those were wonderful years, probably professionally the happiest years because nothing is much better than learning and we were learning. The people we were working with were a great cast of characters. There was a good volume and variety of cases. We residents were responsible for the results and we had a lot of responsibility and good supervision. It was a great place, but I thought it was a happier place for residents than for junior staff.

DR. HOLCOMB: At that time, I assume you were married. Did you have a family and were they factors in moving to Kansas City?

DR. HOLDER: Yes, toward the end of my intern year, I married the wonderful, bright, upbeat, and interesting Kathryn Robinson. After 53 years, she still has all those qualities. We obviously looked for a job with opportunity for professional advancement. We had one daughter and wanted a nice place to live and bring up a family. Kansas City appeared to be fill the bill. We were welcomed by the people at [Children’s] Mercy [Hospital] and at KU. Herb Miller, in particular, and his lovely wife, Polly, made us happy to be here.

DR. HOLCOMB: So when you moved to Kansas City in 1960, did you practice primarily at Children’s Mercy or at the University of Kansas or both?

DR. HOLDER: I practiced totally at Mercy until Mercy changed its university affiliation from Kansas to the University of Missouri at Columbia in 1963. My faculty appointment was at KU so I stayed with that university. Considering my training and desire to be an academic surgeon, it seemed desirable to stay with the more academic institution. I was full time at KU until 1971. I left the university in one of those political turmoils that happen at universities from time to time and I thought I might leave town. Some good pediatric surgery friends suggested I come work with them. The pediatricians in Kansas City got together on their own and asked me to go into practice and they would be sure I didn’t starve. Ned Smull was the director at Mercy at the time and Ray [Raymond] Amoury was chief of surgery. Both encouraged me to come to Mercy. I went into private practice and I had a half-time position at Mercy. What evolved over the years was that I spent 85% of my time at Mercy and made most of my income out of the private office.

DR. HOLCOMB: During the 1960s, when you were at KU, another former chairman of the section of surgery, Dr. Ide Smith, was at Children’s Mercy. Tell me about working with him and collaborating with him.
DR. HOLDER: Ide followed me as chief of surgery at Mercy. He and I had been residents at the Boston Children’s at the same time and were good friends. While Ide was here, we had combined teaching conferences once a month alternating between Mercy and KU. During the time I was at KU, Lucian Leape joined me, and Vic [Victor G.] McDonald [Jr.] joined Ide. We looked forward to those monthly meetings. It was a congenial relation that we had. Then when Ide left, Ray Amoury came. Everybody loved Ray. He made everybody feel good. We continued the combined conferences.

DR. HOLCOMB: What was the practice of pediatric surgery like in the decade of the 1960s? What advances were being made in this decade in the care of children with surgical problems?

DR. HOLDER: For a while we pursued staging for esophageal atresia. There were premature infants with associated anomalies and severe respiratory difficulties with whom we had better results with pre-repair gastrostomy and division of the tracheoesophageal fistula. Over time, we realized that division was not necessary and usually a preoperative gastrostomy could be avoided for most of these infants. Patients with gastroschisis, necrotizing enterocolitis, and diaphragmatic hernia were major problems with slow progress.

DR. HOLCOMB: You mentioned that the pediatricians really welcomed you with open arms and were very willing to support you. How about the general surgeons? When you came to town, I imagine the general surgeons were doing some of the pediatric cases. Did they also embrace you?

DR. HOLDER: I wouldn’t say that we were welcomed with open arms by the general pediatricians but they certainly came around sooner than the surgeons. The surgeons who had been providing the care at Children’s Mercy were the ones with whom I had the most contact. They were all cordial. I kept all of them on staff if they wanted to take a rotation. Some were glad to get out from under it because they had other things to do. Children’s Mercy was something that they had taken on because they thought it was a worthwhile endeavor. Others in the community continued to do pediatric surgery but, over time, they too began to send patients to Children’s Mercy. I suspect the pediatricians had something to do with that.

DR. HOLCOMB: Were general surgeons practicing at Children’s Mercy?

DR. HOLDER: None of the surgeons practiced there. They gave of their time. It was a 100% charitable hospital. As a matter of fact, shortly before I came, Children’s Mercy changed its charter so that it could accept money. Up until the 1950s, as I understand it, the charter prevented them from accepting any money. As people began to have insurance, the charter was changed. I think I had one or two private patients my first year there.
All the rest were patients who came to the hospital. Over time, I began to get more patients. Something I had learned on the ENT service as an intern at Jefferson was to keep the referring physicians informed. I did that. It was not only good public relations, it was good medicine.

DR. HOLCOMB: I noticed that you spent some time at Queen Victoria Hospital in Sussex, England in 1969 and 1970. What were your duties there and how would you characterize this experience?

DR. HOLDER: The Queen Victoria Hospital was the location of plastic surgeon, Sir Archibald McIndoe’s burn unit during World War II. Most of the patients were RAF [Royal Air Force] air crew shot down during the Battle of Britain. They were the heroes of that battle and McIndoe was their doctor. His results were remarkable. He reasoned that to make a quantum leap in burn care would require skin transplantation. He was instrumental after the war in establishing a research lab dedicated to transplantation immunology.

The University of Kansas Department of Surgery had a sabbatical program that allowed faculty to take a year away to pursue any interest that was academically worthwhile. Christiaan Barnard had just done the first successful heart transplant. I thought there might be a significant need for cardiac transplantation in pediatrics.

The immunology I learned was more basic than clinical. I did, however, scrub and make rounds with the kidney transplant team at Guy’s Hospital. I never was involved with cardiac transplantation which had been the original stimulus.

So was it worthwhile? I don’t think anyone could spend a year in England without enjoying it. I learned a lot and enjoyed the non-medical aspects as well. My laboratory technician went to college one day a week. I took those days in London either at Guy’s or at Great Ormond Street Hospital for Children. David Waterston and Eoin Aberdeen had a very active cardiac surgical program there which I visited frequently.

Most weeks, Kathryn came up for dinner and a show and we would catch the last train back from Victoria Station to East Grinstead.

DR. HOLCOMB: For most of your career, you practiced cardiac surgery, urological surgery and general surgery. What was it like to practice these specialties and were other pediatric surgeons around the country also practicing all of these specialties?

DR. HOLDER: That is what I was trained to do at Boston Children’s and all of that was pediatric surgery. In Boston, the specialties weren’t split
off in anyway, except the hearts were all in one particular ward. The others were all in the same wards and were cared for by the same people. There was no cardiac surgeon, no urologic surgeon—they were all pediatric surgeons. And so that’s what I did when I came here. When I went from Mercy to KU, I went with the agreement that no specialist would be excluded from doing the kids and I would not be excluded from those areas in which I was trained and felt comfortable. The pediatricians were the ones who recruited me and they were supportive. All of their consultations were answered before I went home that night. That wasn’t always true of some other services and just working hard made a lot of difference. As things developed over time, it became apparent that what was happening in general surgery was also going to happen in pediatric surgery. We encouraged Pat [J. Patrick] Murphy, after he completed pediatric surgery training, to get his urology credentials and come back to Children’s Mercy and do pediatric urology as well as pediatric general surgery. However, none of us stopped doing urologic cases at the time. There were no other cardiac surgeons at Children’s Mercy at the time I retired. Both Keith Ashcraft and I were trained in pediatric cardiac surgery and I think we did a pretty reasonable job of it. Now, all the hearts are done by very competent pediatric cardiac surgeons.

DR. HOLCOMB: You mentioned Dr. Ashcraft. He is a well known person in pediatric surgery. When did he join you and how did it come about that you were able to get him to join you in practice?

DR. HOLDER: Keith Ashcraft was a medical student when I first met him. I think somewhere along the line he decided he wanted to go into pediatric surgery and I was the only pediatric surgeon around so he showed up, was a hard worker, and bright. By the time he finished his general surgery residency at Kansas, we had been approved at Kansas for a pediatric surgical residency program. We gladly took him as a resident. He was a very good surgeon and when he finished his pediatric surgical residency, he was interested in doing hearts. I contacted David Waterston at Great Ormond Street and Keith went over for a year with David. When he came back, we didn’t have a spot for him. About that time I went into private practice.

DR. HOLCOMB: Is that when you moved from KU to Mercy?

DR. HOLDER: Yes, to Mercy and to private practice. I didn’t know how that was going to go at that time when he finished so he took a job elsewhere and then . . .

DR. HOLCOMB: That was at Galveston?
DR. HOLDER: Right, Galveston. By the end of a year or two, it was obvious that there was work for more than one surgeon and I was getting tired of being the only one on call. I had dealt with that much of the time at KU. So, Keith joined me in 1972. Keith was the person I wanted because I knew he was really good. We got along well together and we worked together for the next couple of decades.

DR. HOLCOMB: When you left KU and you went into practice, did you shift your practice to Children’s Mercy and had Dr. Amoury already come to Mercy?

DR. HOLDER: Yes, he was chief of surgery and I made a commitment to myself to give to Caesar what was Caesar’s and did not in any way want to encroach on Ray’s territory. On the other hand, Ray was very free in discussing things with me and with Keith. I don’t think there was any real tension between the three of us the whole time we were there. Not certainly on my part.

DR. HOLCOMB: In the decade of the 1970s, what advances were being made?

DR. HOLDER: Probably one of the biggest advances was total parenteral nutrition and its clinical application. Stan [Stanley] Dudrick and Doug [Douglas] Wilmore did the work in the lab at the University of Pennsylvania. Wilmore had been a KU medical student and was a cousin of Keith Ashcraft.

DR. HOLCOMB: Did you know him at KU when you were there?

DR. HOLDER: Yes, he was one of the better students there.

DR. HOLCOMB: Did he rotate on your service?

DR. HOLDER: I think so.

DR. HOLCOMB: The residency training program was started at Children’s Mercy in the early 1970s. What were your early residents like and did you enjoy being associated with the residency training program?

DR. HOLDER: Our training program at KU had only two residents. I think that both of them were outstanding. One of them was Keith Ashcraft and the other was Charlie Mann. I supported our application at Children’s Mercy for a training program and was very much part of the program the whole time that I was there. I think that it continues to do well. At first we had just one person for two years and those poor guys were really busy. An 80-hour week was a dream for the future.
DR. HOLCOMB: What changes have you noticed over the twenty years that you were associated with the residency program at Children’s Mercy?

DR. HOLDER: I think that it assumed a little more equanimity with the addition of the second resident in 1989, that is, a resident each year. That was a major step forward. The philosophy was to try to provide a broad spectrum of experience for the residents. There was a rare one who wanted to go into cardiac surgery but for the most part, we provided education and operative experience in general, thoracic, and urologic surgery. Upon completion of their two years of training, we expected them to have enough experience to be able to take care of those surgical problems in children.

DR. HOLCOMB: You and Dr. Ashcraft began to publish a textbook in the early 1980s. How did this textbook come about and how did you find the publisher or did the publisher find you?

DR. HOLDER: The publisher found me. When I was a resident on Dr. Gibbon’s service in Philadelphia, there was a man at W.B. Saunders by the name of Bob Rowan who was responsible for their surgical publications. He happened to be a friend of Dr. Gibbon. Dr. Gibbon was a gregarious person and he had good parties. Bob Rowan often came to his parties. I, along with other residents, got to know Bob Rowan. Over the years, I wrote chapters for several Saunders surgical texts. Saunders had published Dr. Gross’ book and they had tried and tried to get him to do a second edition. They finally gave up on that. I think they really would have liked to have Chick [C. Everett] Koop edit the second edition but for some reason, he apparently didn’t want to take on that project. Then Bob Rowan asked me to do it. By that time, Keith had come back. When Keith was a resident, we had written several papers together and he was eager to help and I was eager to have the help. I had been chairman of the program committee of the Surgical Section of the American Academy of Pediatrics [AAP] for three years so I knew who was writing about what. I had been out and around the block a couple of times and I knew people in general and thoracic surgery from meetings.

Keith and I organized the book together and I contacted most of the authors because I knew them. Then, when manuscripts come in, it very soon became apparent to me that Keith was a much better editor than I. He had grown up in a family that published the newspaper in Hillsboro, Kansas so he knew what all the editorial squiggles meant. But he didn’t know the hierarchy of the authors enough to be intimidated by any of them. He was merciless in his editing, but the result was a book that had more consistency in the way the chapters were written than many multi-author books. In fact, after I edited some of the chapters, he would move paragraphs around, do some cutting and pasting and it was a much better book because of him. I think the organization, choosing and contacting the authors were probably my major contributions and the tight editing was Keith’s. But anyway, that’s the way
it started and I guess Saunders has been satisfied enough to keep on publishing new editions.

DR. HOLCOMB: Now that the book is in fourth edition, how do you feel this book has been received by the pediatric surgical community?

DR. HOLDER: I know that I have been pleased with the new edition. I don’t really have any good way to judge the general acceptance except that the publishers keep coming back to have more editions so they must have enough demand for the book. They must feel that what’s been done is good enough that they would want to stay with the same approach. One other thing about the book which I guess might be of some interest is that when it became time to put it out, we had to have a name for it. Dr. Gross book was entitled *Surgery of Infancy and Childhood* and I kind of liked that and the publishers liked it as well. But we didn’t know what Dr. Gross would think about it so we asked him. He told us not to use that title. We named it simply *Pediatric Surgery*.

We started out with the idea that it ought to be a one volume text since we were following Dr. Gross classic, which was a one volume text. We elected not to include cardiac surgery because, at the time of our book, few pediatric surgeons were involved in the care of congenital heart disease. We included general, thoracic, and urologic surgery and a little ENT. We would try to keep it at one volume and still cover most of what was important.

DR. HOLCOMB: Tell me about the development of the *Journal of Pediatric Surgery*. How important was the development of this journal?

DR. HOLDER: I think it was important. Without a doubt, I think the publication that did the most to establish the field of pediatric surgery was Dr. Gross’ book. And after that, having a journal devoted exclusively to pediatric surgery also helped to define the specialty. In that sense, having a journal that was all pediatric surgery provided much of what was needed in one place. It was a journal that was pertinent from cover to cover.

DR. HOLCOMB: Were you part of the process of organizing this journal? How were Dr. Koop and Dr. [Stephen L.] Gans selected as the first two editors?

DR. HOLDER: Steve Gans was, I believe, the original pusher for the *Journal of Pediatric Surgery*, although Chick Koop was involved early on. I am sure his presence and stature were helpful in getting it going.

DR. HOLCOMB: Tell me about pediatric surgery being recognized as an entity by the American Board of Surgery and creating a certificate of special competency. Were you part of that process?
DR. HOLDER: I was on the executive committee of the Surgical Section of the American Academy of Pediatrics [AAP], the only national surgical organization for pediatric surgery at that time. The Surgical Section had discussed with the American Board of Surgery [ABS] certification in pediatric surgery several times over the years. In the late 1950’s, the ABS recommended to the American Board of Medical Specialties certification of proficiency in pediatric surgery. This was strongly opposed by several of the surgical specialties which had an interest in the pediatric age group. The ABS expressed the idea that ABS certification and membership in the Surgical Section of the AAP did indeed signify proficiency in surgery of infants and children. During the 1960’s, leadership of the Surgical Section had favorable contact with the ABS.

In 1971, when Dr. Harvey Beardmore met with the ABS, it was apparent that a separate board for pediatric surgery was not possible. The ABS was, however, agreeable to a Certificate of Special Competency in Pediatric Surgery for the surgeons who had special training and passed a board administered examination. The American Board of Medical Specialties approved.

DR. HOLCOMB: So there was a lot of desire by pediatric surgeons to have a special certificate for pediatric surgery?

DR. HOLDER: Actually, there was almost universal support for that among the people who felt they were eligible to get one.

DR. HOLCOMB: Tell me about the first exam. Were you one of the surgeons who took the first exam for the special certificate and did that occur in Puerto Rico? What was that like?

DR. HOLDER: There was a group which included Harvey Beardmore and Jud Randolph and, I think, one other person, who were selected by the ABS to draw up the first examination. Eligibility was then not quite as well-defined as it is today. There weren’t many training programs in those days. The Surgical Section had established guidelines for training programs, site visiting to existing programs, and sanctioned those that met the required standards. In general, surgeons who had special pediatric surgical training in one of these programs and limited their practice to pediatric surgery were admitted to the examination. We all took the written examination. I don’t know the exact pass/fail numbers but surely most passed. Tom [E. Thomas] Boles [Jr.] and I and someone else (whose name I cannot recall) went on the Board to help prepare and administer future written and oral examinations.

Jud Randolph was the first regular member of the ABS elected after recommendation by national pediatric surgical organizations. The American Pediatric Surgical Association (APSA) was established by that time and was
the organization chosen by the Board to recommend the pediatric surgical members.

DR. HOLCOMB: How did that exam come to take place in Puerto Rico?

DR. HOLDER: That’s where APSA was meeting that year and that was where most of the pediatric surgeons would congregate and the Board was accommodating. The examination was only a written examination at that time.

DR. HOLCOMB: You along with Drs. Ashcraft and Amoury from Children’s Mercy have been presidents of APSA. Were you involved in the creation of APSA and how did that come about?

DR. HOLDER: Over the years, there had been a number of discussions about a stand-alone national pediatric surgical organization. So far as I know, really doing something about it started when Lucian Leape and Tom Boles shared a room at some meeting. Lucian came back from that meeting all fired up about forming a new organization. They talked with Drs. Gross, Koop, Swenson, and other leaders about a new organization. They then got an organizing group together. Lucian wrote an account of their activities leading to APSA that was published in the *Journal of Pediatric Surgery* in about the mid 1990’s. I was on a year sabbatical in England at the time and received a letter from Lucian saying that I was to be the secretary. There was a problem in getting Dr. Gross to accept the presidency. It was suggested that I should give him a call and encourage him to accept. Bob Filler was at the Boston Children’s at the time and it was he who was effective in encouraging Dr. Gross to accept. We were all very glad that he did finally accept. Not only did it add prestige to the organization, but anything he did was done just right. He even made a dry run to Bermuda prior to the first meeting to be sure that the venue was satisfactory and all arrangements were in order.

DR. HOLCOMB: Why was the creation of APSA so important?

DR. HOLDER: We felt that pediatric surgery had reached the point that it deserved a primary organization rather than being a part of a larger organization. This is what most the specialties had done. We had support from the AAP and support from the ACS [American College of Surgeons], but we were a small part of those two big organizations. The only reservation I had about APSA, having been the chairman of the Program Committee for the Surgical Section, was whether there would be enough good papers for two annual meetings. I think we may have been a little bit thin for a year or two but before long, it was obvious there were more papers than there was time to present them. So that was a temporary concern.
DR. HOLCOMB: How would you characterize APSA and the Surgical Section of the AAP? How are they similar and how are they different?

DR. HOLDER: Their objectives, the improvement in the surgical care of pediatric patients and education of pediatric surgeons, are common to both organizations. The Surgical Section as well as the AAP, in general, is concerned with the pediatricians and child health issues. The College, in addition to the education of surgeons and standards of care for surgical patients, represents all surgeons in the socioeconomic and political spheres. They are a bigger bat than APSA, but we need to have representation in that field. APSA is effective in education, encouraging research, dissemination of new information, and ethics.

DR. HOLCOMB: You were chairman of the Surgical Section of the AAP in 1971 and 1972. The Surgical Section has been around for over fifty years. How has the Surgical Section changed from the early years to the 1990’s and even this decade?

DR. HOLDER: When I first joined the Surgical Section in 1960, there were 60 members so it was more informal. The Executive Committee would go up to Evanston a couple of times a year, have dinner, and have a meeting the next day to take on the issues as we saw them and organize the annual scientific meeting. There were a lot of turf battles at home in those days. Pediatric surgery had not been accepted as a separate specialty and there was concern about patients that had not been properly cared for when there were trained pediatric surgeons available in the community. Over time, these things worked out and people realized that surgeons with pediatric surgical training could do a better job. The pediatricians did not support us as much as we thought they should because a number of the patients that we saw secondhand had been sent to other people originally but, in time, that took care of itself. These were educational years for all of us and for the pediatricians as well.

I did make a change in the organization of the Surgical Section. I was elected chairman for two years which was the procedure at the time. I looked at the committee and there was Lester Martin and others who had spent three or four years as secretary doing most of the work and then they rotated off, having never had a chance to be chairman. So I resigned after one year, permitting someone who clearly should become chairman to assume that position the next year. Now, when elected to the committee, one eventually progresses on to become chairman.

DR. HOLCOMB: Who would you say helped you most in your career?

DR. HOLDER: Dr. Gross, because it was on his service that I received my pediatric surgical education. Training with Dr. Gross was stimulating. It
had those elements which are paramount to a good clinical surgical educational experience—enough structure to see that you are exposed to those things that you need to learn, being able to get the operative experience under supervision, having to make decisions and then carry them out, being able to support what you have done and why, keeping up with what’s going on in the field, and being encouraged to write.

Then there was Bob Bowman who engendered my interest in pediatric surgery in the first place. If chance hadn’t taken me to his operating room, I no doubt would have gone off in another direction. Mentors are important and he was a good one. One of the nice things that happened to me was that after Johnson City got a medical school, I was invited back as a visiting professor. Dr. Bowman had retired to Florida but came back for the occasion and I was able to present him with a copy of our book.

DR. HOLCOMB: So where do you think the practice of pediatric surgery will go in the next twenty years? Can you envision that?

DR. HOLDER: I would never have envisioned minimally invasive surgery 25 years ago to the extent that it has come down the road. I saw enough of it to know that there is a learning curve and there wasn’t any use in wasting that learning curve on me because I wasn’t going to be around long enough to get good at it. I have no doubt there is going to be something else that comes along. I don’t know what it is going to be but there will be progress of all kinds. We are in the midst of technological decades and I would expect that there is going to be more technology in the future. I can remember the staplers. Some things come and go and are fads but that obviously was not a fad and there is more, much more to come. There was a paper at the American Surgical [Association] about a decade ago that envisioned the surgeon back in the United States taking care of some battle injury somewhere around the world with a couple of technicians and a nurse doing the operation. Well, at that time, I thought that was so much “pie in the sky” and now robotics is a reality.

DR. HOLCOMB: You retired in 1993. For the younger surgeons, how does one know when it is time to retire?

DR. HOLDER: That’s a hard question. I have watched my generation and it’s been a pretty broad spectrum of reasons why and when surgeons retire. For me, it wasn’t that hard a decision. I didn’t want to be told some day that my time had come or that something has happened that shouldn’t have happened because I didn’t do it right. We had sent Peter Manning off to get training in cardiac surgery. When he came back, I felt that, at age 67, maybe this was the time to retire while I still had all my faculties and could pick up some of the activities I had missed along the way. But if you don’t have that obvious door open to you, it might be a little bit harder. I would
have retired even a little bit earlier because I had reached the point where I couldn’t work twelve hour days and not get a good night’s sleep. I could work a twelve hour day and I could take care of an active call that night but, by the time the next afternoon came around, I just couldn’t do it and I was ready to retire. But fortunately my partners took pity on me and said that I could take the nights off except for the heart calls. Therefore, I could get a good night sleep most nights so I could keep on doing what the days demanded. But if you don’t have some issue come up that opens a door, the decision may be difficult. For those who can’t wait to get on the golf course or those who can’t imagine a life without operating, the decision has usually worked out well. Even old war horses get tired.

DR. HOLCOMB: Who informed you about receiving the Ladd Medal and tell us about the ceremony?

DR. HOLDER: I guess I got a letter from the Academy saying that I had been chosen as a recipient. Of course, I was very pleased and honored. I can’t say I’ve done anything that spectacular, but I was very happy to be so honored. I remember it was a very nice ceremony. Ide Smith, a friend since residency days, was Section Chairman. Another friend from those years, Joel [J.] Alpert, was the President of the Academy. I felt very fortunate to come along at the time of early definition and growth of our specialty, to know the early giants, and perhaps be able to help a bit along the way.

DR. HOLCOMB: What do you remember most about your practice in pediatric surgery?

DR. HOLDER: I enjoyed getting up and going to work every day. That doesn’t mean that every day was a happy and successful day. But, by and large, when I came home at night, I felt like I had done something that was worthwhile and that maybe some days I saved a life. It was interesting and challenging. I felt good about what I was doing. By and large, people who care for kids are nice people. Another thing was that I was very fortunate to have outstanding associates. I couldn’t have asked for two nicer or more interesting people than Lucian Leape and Keith Ashcraft. They were great.

DR. HOLCOMB: Well, Dr. Holder, I want to congratulate you on being awarded the Ladd Medal. It is certainly one of the highlights in someone’s career to be recognized as someone in the surgical field who has contributed something so very special. This concludes the interview with Dr. Tom Holder, the 1997 William E. Ladd Medal winner.
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Thomas Martin Holder, M.D.

CURRICULUM VITAE

PERSONAL DATA
Office Address: Children's Mercy Hospital
2401 Gillham Road
Kansas City, MO  64108

Home Address: 16 Compton Court
Prairie Village, KS  66208

Date, Place of Birth: September 1, 1926, Corinth, Mississippi

Marital Status: Married - Wife, Kathryn Robinson Holder
Children: Jean Celeste, Thomas Martin, Jr., Kathryn Hendry

EDUCATION
High School Houston High School, Houston, Mississippi

College University of Mississippi, Oxford, Mississippi

Medical School Bowman Gray School of Medicine of Wake Forest
University, Winston Salem, North Carolina
1948-1952 (MD)

Internship Jefferson Medical College Hospital, Philadelphia
1952-1953

Residencies General and Thoracic Surgery - Jefferson Medical
College Hospital, Philadelphia 1953-1955 and
1959-1960

Pediatric Surgery - Children's Hospital, Boston,
Mass. 1955-1959

BOARD CERTIFICATION
American Board of Surgery - 1959
American Board of Thoracic Surgery - 1960
American Board of Surgery Certificate of Special Competence in Pediatric Surgery - 1975
(Recertified - 1984)
LICENCED BY STATES OF:

Kansas, Missouri and Mississippi (inactive 1994)

TEACHING AND RESEARCH APPOINTMENTS HELD

Assistant Professor of Surgery, University of Kansas (1960-1965) Associate Professor of Surgery, University of Kansas (1965-1970)
Visiting Scientist, McIndoe Memorial Research Unit, Queen Victoria Hospital, East Grenstead, Sussex, England (1969-1970)
Professor of Surgery, University of Kansas (1970-1972)
Clinical Professor of Surgery, University of Missouri at Kansas City School of Medicine (1972 to 1992)
Professor of Surgery, University of Missouri at Kansas City School of Medicine (1992 to 1993)
Associate Dean, University of Missouri-Kansas City School of Medicine/Children's Mercy Hospital (1990-1992)
Emeritus Professor of Surgery, University of Missouri at Kansas City School of Medicine (Sept. 1, 1993 to present)

STAFF POSITIONS HELD

Surgeon-in-Chief, The Children's Mercy Hospital, Kansas City, Missouri (1960-1963)
Head, Section of Pediatric Surgery, University of Kansas Medical Center (1963-1972)
Chief, Thoracic and Cardiovascular Surgery, The Children's Mercy Hospital, Kansas City, Missouri (1972-1993)
Emeritus Professor of Surgery, University of Missouri-Kansas City School of Medicine (1993-present)
Honorary Staff Member, The Children's Mercy Hospital, Kansas City, Missouri (Sept. 1993 - present)
Medical Affairs Consul, The Children's Mercy Hospital, Kansas City, Missouri (June, 1994 - present)

HONORS

Alpha Omega Alpha
Sigma Xi
Jayhawker M.D. Award (Medical Student Teaching Award) University of Kansas School of Medicine - 1966
Distinguished Alumnus Award, Bowman Gray School of Medicine of Wake Forest University - 1977
Honorary Alumnus Award, University of Kansas School of Medicine - 1990
Honorary Member of British Association of Pediatric Surgeons – 1993
American Pediatric Surgical Association Distinguished Service Award - 1995
Thomas M. Holder and Keith W. Ashcraft Chair in Pediatric Surgical Research, established at Children's Mercy Hospital - 2000
The Merit Award, Metropolitan Medical Society - 2002

SOCIETIES

American Academy of Pediatrics, Surgical Section
American Association for Advancement of Science
American Association for Thoracic Surgery
American College of Surgeons
American Medical Association
SOCIETIES (continued)

American Pediatric Surgical Association
American Surgical Association
British Association of Pediatric Surgeons
Central Surgical Association
Kansas City Southwest Clinical Society
Kansas City Southwest Pediatric Society
Kansas City Surgical Society
Lilliputian Surgical Society
Missouri State Medical Association
Pediatric Surgery Biology Club
Society of University Surgeons
Societe International de Chirurgie
World Federation of Associations of Pediatric Surgeons

OFFICES HELD AND COMMITTEE APPOINTMENTS

American Academy of Pediatrics, Surgical Section
   Executive Committee (1968-1972)
   Chairman (1971-1972)
American Pediatric Surgical Association
   Secretary (1970-1973)
   President (1975-1976)
American Academy of Pediatrics
   Scientific Program Committee (1971)
American College of Surgeons,
   Advisory Council for Pediatric Surgery (1974-1979)
   Chairman, Advisory Council for Pediatric Surgery (1977-1979)
American Board of Surgery
   Member (1978-1983)
   Senior Member (1984-1991)
British Association of Pediatric Surgeons
   Executive Council (1977-1979)
World Federation of Associations of Pediatric Surgeons
   Executive Council (1977-1983)
Central Surgical Association
   Program Committee (1980-1983)
The Children's Mercy Hospital, Kansas City, Missouri
   President of Medical Staff (1980-1982)
   Member of the Central Governing Board (1988 to 1993)

OTHER PROFESSIONAL ACTIVITIES

Associate Editor - Journal of Pediatric Surgery (1975-1995)
Site Visitor for Pediatric Surgery, Residency Program (1977-1991)
OTHER PROFESSIONAL ACTIVITIES (continued)

Visiting Professor

Harvard University, Children's Hospital Medical Center, Boston, Mass.
Johns Hopkins University, Baltimore, Maryland
George Washington Univ., National Children's Hospital, Washington, DC
University of Pittsburgh, Pittsburgh Children's Hospital
University of Tennessee, LeBonheur Children's Hospital
Washington University, St. Louis Children's Hospital
Medical College of Georgia, Augusta, Georgia
Eastern Tennessee College of Medicine, Johnson City, Tennessee
Vanderbilt University Medical Center, Nashville, Tennessee
Baylor College of Medicine, Texas Children's Hospital, Houston, Texas
University of Harbin, Harbin, People's Republic of China
Veterans General Hospital and Medical School, Taipei, Taiwan
Royal Children's Hospital, Melbourne, Australia

Named Lectures

Kieswetter Lecture, University of Pittsburgh, Pittsburgh, PA
Ternberg Lecture, Washington University, St. Louis, MO
Robert E. Gross Memorial Lecture, Harvard University, Boston, MA (June 17, 1993)
Keith Schneider Memorial Lecture, Cornell University, Manhasset, NY (Oct. 6, 1993)
Holcomb Lecture, Vanderbilt University School of Medicine (1994)

PUBLICATIONS

Journal articles and book chapters - 133

Medical books published - 3