History of the American Association of Plastic Surgeons, 1921–1996

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The 75th Anniversary of the American Association of Plastic Surgeons, “the oldest plastic surgical society in existence,” is a fitting time for review and reflection. The task, however, is somewhat daunting in that there are several published histories of the organization, and its past has been chronicled on other occasions as well. Dr. Frederick Figg reviewed and published the history of the Association as his Presidential Address in 1949. Dr. Robert H. Ivy, a founding member and the Association’s sixth president, published his recollections both in his autobiography—A Link with the Past—and in a paper published in Plastic and Reconstructive Surgery in 1971. Dr. Frank McDowell, who was president in 1962–1963, published a lengthy history illustrated with photographs of many of the founding members. On the occasion of the 50th Anniversary Meeting, Dr. James Hendrix, with Laura D. S. Harrell, prepared a comprehensive history that was printed in booklet form as part of the program. Follow-up histories also were prepared by Robert Ryan, Bruce Williams, and Robert Goldwyn, all historians of the Association.

THE BEGINNINGS

Dr. McDowell described the founding members as “the ‘young Turks’ who came back from World War I and formed the Association and were newly found plastic surgeons.” Yet Truman W. Brophy (Fig. 1), who is credited as the prime mover, the first president, and president for the next three scientific programs, was 73 years of age when it was founded in 1921 and probably had not been in military uniform.

In all likelihood it was probably due to the groundwork of Dr. William Shearer (Fig. 2), of Omaha, Nebraska, that the impetus to form the first plastic surgery professional society was developed. In 1914, he expressed a strong belief that “surgeons with a special interest in plastic surgery should join together to form an organization in which they might exchange ideas and experiences and help educate others in their own interest.” Dr. McDowell reported

FIG. 1. Truman W. Brophy, of Chicago, founder and first president. All illustrations, unless otherwise noted, are from the National Archives of Plastic Surgery, Countway Library, Harvard Medical School.
that "in a letter dated November 1962, Dr. William Shearer writes as follows, 'In 1914, Dr. Brophy asked me to go to London to attend the meeting of the Clinical Congress of Surgeons of North America. That year, the first World War broke out. I got the vision of need of an organization of a society of surgeons better trained in war tragedies. When I returned to America, I stopped in Washington, D.C., to see Surgeon General Gorgas and told him of my vision. He said, 'Dr. Shearer, this is war to the death.' I worked seven years to get it formed. Finally, I told Dr. Brophy if he did not call a few men together and organize the society and take out a charter in Illinois, that I would. So in 1921, it was done. He called by phone to come to Chicago as the society was thought of by me and "you are the real father of it." One of my family was sick, so I told him to go ahead.""

Thus it was largely at Dr. Shearer's urging that Dr. Truman Brophy brought together three men in the Chicago Athletic Club on August 8, 1921, and the Association was born. These men included Dr. Brophy and Dr. Frederick B. Moorehead (Fig. 3) (also of Chicago), and Dr. Henry Sage Dunning (Fig. 4), of New York City. One can speculate that had not a family illness prevented Dr. Shearer from attending that meeting, the picture might have been quite different. For example, Shearer was strongly opposed to the initial membership requirement of both the M.D. and D.D.S. degrees. Dr. Shearer, at age 41, was considerably the junior of his former chief, but Dr. Brophy was a "take charge" person. He was strongly in favor of the requirement of "double degree," having graduated from the Pennsylvania College of Dental Surgery in 1872 and from Rush Medical College in 1880. The very next year, Brophy organized the Chicago Dental Infirmary, which later became the Chicago College of Dental Surgery. He became the first dean and held that position until 1920. In his obituary, it states that "if a path to a desired end were not beaten, he never hesitated to break the virgin soil.""
Lyons only the D.D.S. The original typewritten minutes (Fig. 17) have these two names added in longhand, and it is not clear whether they were elected in Chicago or added later that year at the clinical meeting in Philadelphia in October. At the Philadelphia meeting, the category for associate membership, for those holding only one degree, was established. It was decided that one person from each discipline would be eligible for membership each year, and it seems more likely that this was the occasion when Dr. Blair and Dr. Lyons were elected. They are recorded as “absent Associate Members”—a strange notation, since the category of associate membership did not exist until this meeting.

At the third annual meeting in Chicago in 1923, the dental degree requirement was dropped, and at that time, Dr. Ferris Smith (Fig. 18) and Dr. Varaztad H. Kazanjian (Fig. 19) were elected to membership. The motion also included the requirement of “fellowship in the American College of Surgeons for those who had distinguished themselves in the field of oral

Fig. 4. Dr. Henry Sage Dunning, of New York, founder and fourth president.

Fig. 5. Dr. Thomas L. Gilmer, of Chicago, founder and second president.
Plastic Surgery—Its Principles and Practice, the first complete textbook in plastic surgery, had been published in 1919. This presented a much broader scope of plastic surgery than the founders had originally envisioned. Plastic surgery was still a field to be defined, and also to be recognized. At that time, Drs. Blair, Ivy, Dorrance, and Davis were probably the only men in the country who limited their practices strictly to plastic surgery.

Since its founding, the Association has always limited the number of members. Originally, the maximum was 40; later, this was increased to 75; and in 1958, the membership voted to increase the number by 10 each year to a maximum of 125. Membership was further restricted in 1923 by the following motion: “that the By-Laws and Constitution be amended to provide for admission to membership of outstanding practitioners of either medicine or dentistry who were pre-eminently qualified to practice the specialty of Oral and Plastic Surgery. Upon the unanimous recommendation of the Board of Trustees, and the unanimous election by the members of the Association.” This motion carried

and plastic surgery and should have been at least five years from graduating either from medicine or dental school and at least five years of practice in the specialty, and the man who possessed only the dental degree may also become a candidate for membership in this Association by reason of eminent work in oral and plastic surgery.” This motion apparently was not acted on until a later time. Dr. Ivy did propose that the name of the Association be changed to the American Association of Oral and Plastic Surgeons, and this was passed; however, it was not officially changed in the charter for another 10 years. The current name of the Association, however, was not adopted until 1942. Dr. Matthew Federspiel (Fig. 20) and Dr. John Stajge Davis (Fig. 21) were elected to membership (it says Dr. Budge was also elected to membership). Dr. Davis had not met the original “two degrees requirement,” and furthermore, he was an advocate of plastic surgeons having responsibility “from the top of the head to the soles of the feet.” His textbook,
The system of essentially a double “blackball” led to a number of hard feelings and probably was the impetus for the establishment of the more inclusive American Society of Plastic and Reconstructive Surgeons in 1931. "Originally [it was a] purely clinical society to afford members the opportunity to visit one another’s clinics and to watch operations." 12

At the first clinical meeting held at the Bellevue-Stratford Hotel (Fig. 22) in Philadelphia, Dr. Ivy suggested that the Association “meet in the same place and at approximately the same time as the American College of Surgeons,” and this motion carried (Fig. 23). The Constitution and By-laws, presented in Chicago and after much discussion accepted in Philadelphia, were “closely copied from those of The American Society of Gynecologists.” 10 At the next meeting in Boston, Dr. Franklin H. Martin, president of the College, addressed the meeting, welcoming the new society and wishing them well. "He expressed the hope that we would become an affiliate with his organization and gave such information as would guide us in the eligibility for our members for Fellowship in the College. Dr. Martin suggested that such papers as were read by our Association and were of interest to general surgeons could be published without discussion in the same journal that published the proceedings of The American College of Surgeons" (Surgey Gynecology and Obstetrics). 10

At that time, plastic surgery hardly existed as a distinct specialty. The scope of interest was also in question, as witness the confusion concerning the name and indeed the anatomic areas of the body to be considered within this surgical discipline. Dr. Vilray P. Blair had been put in charge of a section of plastic surgery in the U.S. Army during World War I. Dr. Robert H. Ivy was his "strong right hand," and they developed a maxillofacial team at the Walter Reed Hospital that included prosthodontISTRY, oral surgery, otolaryngology, and when needed, ophthalmology and neurosurgery. Trench warfare was producing extreme facial injuries, and this type of interdisciplinary team set a standard for the care of complex maxillofacial injuries. Many of the early plastic surgeons graduated from a series of "short courses" that were given at Walter Reed Hospital.
concept also probably provided the impetus for Dr. Ivy and Dr. Herbert Cooper of Lancaster, Pennsylvania, to develop at a later time the team approach to the care of clefts, and this, in turn, has set the stage for the development of the team approach to many other medical problems.

Blair, a general surgeon, and Ivy, with both medical and dental degrees, traveled in the European theater of war and visited Leon Dufourmentel, of Paris, and Sir Arbuthnot Lane, who with Major Harold Gillies and Major Kelsey Fry, of the Dental Corps at Basingstoke, England, were important in coordinating work in this area. Dr. Blair, unfortunately, did not meet Brophy’s criteria for membership even though his book, *Surgery and Disease of the Mouth and Jaws*, published in 1912, had gone through three editions, and furthermore, he had published some 32 papers in the field. We do not have an accurate record of the first meeting program in Philadelphia, although most of it was consumed in the business of the new Association. Cleft lip and palate, fractures of the mandible, and cancer of the oral cavity were foremost in their minds. Unfortunately, Dr. Cryer had died just before the meeting.

Dr. Ivy stated that “prior to 1921, my chief annual contacts with most of these men [the founders of the Association] were in the then-existing Section on Stomatolgy of the American Medical Association. The section had regularly elected officers and a representative to the House of Delegates . . . and was in existence from 1881 to 1926, when owing to dwindling attendance at the annual meeting, it was replaced by the new Section on Radiology. . . . The Section on Stomatolgy . . . was the principal national activity and common meeting ground for those interested in the medical and surgical aspects of diseases and malformations of the region of the mouth and jaws.”

The second meeting in Boston in October of 1922 was a near disaster. Only four members attended (Drs. Brophy, Schammer, Risdon, and host Leroy Miner). There were six guests: Drs. Ladd, Kazanjian, Richardson, Monks, Parker, and Straith. Since a quorum was not present (later questioned), the same officers were asked to serve for another year.
At this meeting, individual scientific papers were presented. One was by Dr. Frank Richards, of Boston, entitled "Preparation and After Care of Patients in General Anesthesia." "Monks gave an illustrated talk on 'Some Phases of Facial Expression in Plastic Surgery.' Following the papers of the afternoon session, members of the Association of Oral and Plastic Surgeons were invited to the Huntington Hospital where Dr. Greenough of Boston gave a clinical demonstration of the treatment of neoplasms of the mouth and jaw. After this, we were shown through the hospital where powerful x-ray machines were demonstrated and the means whereby radium needles and seeds were prepared for cancer cases." The papers the next morning included one by Leroy Miner, of Boston, entitled "The Teaching of Oral Surgery in the Medical and Dental Schools." The latter paper presaged the continuing interest of the Association in educational and academic affairs. As will be discussed subsequently, the Association hosted a meeting in 1937 in Saint Louis to make plans for the establishment of the American Board of Plastic Surgery and in 1964 sponsored the first meeting of Program Directors in Plastic Surgery.

The third meeting was held in October of 1923 in the Congress Hotel in Chicago. On this occasion, 14 members attended and 11 guests were registered. From this meeting on, an increasing attendance was noted. At this meeting, it was voted that candidates for membership would be required to "present 50 case histories and to prepare a thesis." No mention was made as to who was to review this submitted material. "Dr. Vilray P. Blair of St. Louis delivered a most interesting address on 'The Repair of Facial Defects' illustrated with lantern slides." It was the custom at that time to defer reconstruction of ablative surgical defects for several years to be sure that the tumor had been completely eradicated.

Dr. Gordon B. New, of Rochester, Minnesota, reported on "Actinomycosis of the Head and Neck—A Report of 107 Cases" (with lantern slides). "A real enjoyable dinner was held at the Chicago Athletic Club for which our generous President signed the check after protests from
until the 1948 meeting that it was decided that “those present should be assessed for cost of the meetings and entertainment and that the host would no longer be expected to pay for the luncheons.”

Before the fourth annual meeting, held in New York in 1924 under the presidency of Thomas L. Gilmer, “it was decided to try to change the meeting from a didactic purpose to ‘wet’ operative clinics, at least in part, when members would observe operations, and examine patients together.”

At the fifth meeting, in the Bellevue-Stratford Hotel in Philadelphia in October of 1925, Dr. Dunning proposed that Sir Arbuthnot Lane, who had worked with Major Harold Gillies and Major Kelsey Fry during World War I, be elected as the first honorary member in this newly established category. This proposal was unanimously approved.

At the sixth annual meeting, in November of 1926 in Ann Arbor, Michigan (a postponed meeting), there were 17 members, and it was the first meeting with recording of “committee reports.” Chairman Moorehead of “Publica-
FIG. 17. The original typewritten minutes of the meeting held at the Chicago Athletic Club on August 8, 1921.

...tions and Proceedings" reported "that in view of the change in character of the Association from a didactic to a clinical one, publication of proceedings in the future be not needed, except in special instances." Dr. C. Waldron reported for the "Committee on the Classification of Tumors." Operations that were done as demonstrations in Ann Arbor included Dr. Ferris Smith demonstrating a resection of a mucocele of the maxillary antrum and an operation for traumatic nasal saddle deformity and reconstruction with an inorganic prosthesis. Dr. Straatsma operated on a fibroma of the velum; Dr. Ferris Smith corrected a burn cervical contracture and repaired it with an arm pedicle. Dr. Straatsma also operated for microstomia. Dr. Ferris Smith continued with a Wolfe graft for cervical contracture, a pedicle flap for a nevus of the upper arm, and a rib cartilage graft for a luetic saddle-nose deformity. Dr. Risdon moved to officially change the name to the "American Association of Oral and Plastic Surgeons," the name that had been used but had not been formally adopted. Dr. Blair amended this motion to read "The American Association of Plastic Surgeons." The vote on the amendment failed, and the vote on the original motion carried. With small groups, "wet" operative clinics were not difficult. As the attendance grew, the meetings were actually held in two cities, and the group traveled from one to the other, first in Ann Arbor and then in Grand Rapids, Michigan.

In 1927, the seventh annual meeting was held in New York City (Fig. 24), and the operative program (see table next page) was rather extensive (making it unnecessary to meet in another city).

"In the PM each of two days—surgery in several hospitals was carried out simultaneously."

In 1928, the cities were Minneapolis and Rochester, Minnesota. In the spring of 1929, Toronto and Boston. In October of that year, a special meeting was held in St. Louis because Sir Harold Gillies was to attend as a special guest. Dr. Blair had planned special entertainment in his home high on a bluff above the Missouri River and quickly canceled the entertainment
when Dr. Gillies wanted to "present and discuss a few cases," which occupied most of the evening. The following year, the host cities were Omaha and Denver, and then Baltimore and Philadelphia in 1931. A meeting in Ann Arbor and Detroit in 1932 was canceled and then scheduled the next year because the host, President-Elect Chalmers Lyons, was ill. The two-city format then included Dallas and Houston, Rochester (Minnesota) and Minneapolis, and Los Angeles and San Francisco, and then continued intermittently until 1947 when it was held in Nashville and Memphis. Dr. Milton Adams, however, said that "the group had become so large that it was impossible for everyone to see while in one operating room." Consequently, the "wet" clinics were discontinued. "Dry" clinics with a presentation of patients continued for a long time thereafter.

The 1928 meeting was partly held in Minneapolis and Rochester, Minnesota, in June. The death of Dr. Brophy was noted, and the meeting was addressed by both Drs. Will and Charles Mayo. In April of 1929, the meeting started in Toronto with a clinical program in the morning at the Western Hospital with Dr. Risdon, later at the Christie Street Hospital, and in the afternoon at The Hospital for Sick Children with Dr. W. E. Gallie and Drs. Le Mesurier and Harris. The group left early in the evening for Boston, where the program included didactic papers in the morning, and in the afternoon, Dr. Ladd at the Children’s Hospital did "two hare lips and one cleft palate." There was a symposium on "Hare Lip and Palate" by Drs. Blair, Dorrance, Davis, Lyons, and Ritchie.

At the meeting in St. Louis in October of 1929 (the second meeting that year), the minutes noted that "Drs. Blair and Brown did a series of cleft lip and cleft palate operations and demonstrations, and Dr. Fischel presented cancer work." Drs. Blair and Brown had published their design for cleft lip repair, which was one of the first that furnished details on measurement. Dr. Fischel had been given a large amount of radium (the largest quantity west of the Mississippi River) and was best known for his cancer surgery and radium treatments. He treated malignancies not only of the oral cavity but also of the breast and cervix. Even into the 1950s, the St. Louis group carried out its own implantation of radium needles and radon seeds for intraoral malignancies. Low-dose radium seeds (with a half-life of about 28 days) were used routinely for enlarging hemangiomas. "Sir Harold D. Gillies was elected to Honorary Fellowship [the second] and Dr. Dantique of Paris to Associate Fellowship." This was the first use of the term fellowship as applied to the Association membership.

**The Second Decade**

The second decade was to see the establishment of more and more standardization. There was the founding of many of the surgical boards, including the American Board of Plastic Surgery—first as a subsidiary board (1937) of the American Board of Surgery and then as a free-standing board (1941)—and the strengthening of the American College of Surgeons. The American Society of Plastic and Reconstructive Surgeons was founded, and as a joint effort with the Association, the journal *Plastic and Reconstructive Surgery* was later founded. There was more regulation in training, yet even into the 1940s, most of the training in plastic
Fig. 18. Dr. Ferris Smith, ninth president.

Fig. 19. Dr. Varaztad H. Kazanjian, president in 1940.

Fig. 20. Dr. Matthew Federspiel.

Fig. 21. Dr. John Staige Davis, president in 1944 and 1945.
surgery in the United States and Canada was by preceptorship. While most of those senior in the field did indeed do a wide variety of plastic surgical procedures, they had started their careers, for the most part, “earning their spurs” by treating severe burns, compound facial injuries, chronic leg ulcers, decubitus ulcers, and the many anomalies of the head and hands. Most of us in time seem to narrow our fields of interest and expertise, so it can be seen that many of these preceptorships were not comprehensive but heavy, for example, in cosmetic surgery and light in cancer and burn treatment. They might have a preponderance of pediatric surgical problems but be lacking in afflictions of the aged. The Residency Review Committee was still 15 to 20 years in the future.

Dr. Borden S. Veder, a distinguished professor of pediatrics at Washington University in St. Louis, once asked his friend, Dr. V. P. Blair “just what is a plastic surgeon?” Blair thought a while and then said, “just a damn fool who takes on things that no one else will.” Dr. McDowell wrote that “the Founders believed that the time for the development of this new specialty had arrived, that it would require the undivided attention of the men who had explored the farthest in these directions, that mutual and frequent exchange of findings were sine qua non, that training programs must be devised to bring new surgeons up to the limit of current knowledge as rapidly as possible. . . . seldom has any organization survived so many wrong starts, and so much adversity and even perversity. One could only conclude that if the Association is not indeed immortal, it must, at the very least, be indestructible.”

The meeting in 1931 in Baltimore and Philadelphia was the first meeting that lasted for 3 days. On October 16, Dr. John Staige Davis performed five to six operations at Johns Hopkins, with a didactic program in the afternoon by Drs. Dean Lewis, Howard Kerr, Ferdinand Lee, William Inahoff, Edward Kitowski, and Geschicter of the faculty of Johns Hopkins Hospital. The group then moved to Philadelphia, where a clinical program was conducted on October 17 by Drs. Ivy and Dorrance at the Presbyterian Hospital and on the following day by Dr. Warren B. Davis at the Jefferson Hospital. Drs. John Kemper and James T. Mills were elected to membership.

1932 saw the depths of the Great Depression, and for economic reasons, the annual meeting was canceled. However, the next year (1933) the Association seemed to have rebounded, and there were 24 members present in New York. Dr. Jerome P. Webster (Fig. 25), a member of 4 years’ standing, gave an “instructive and most interesting report . . . on ‘Recent Documentary Discoveries Concerning the Life and Work of Gaspar Tagliacozzi (1545–1599), the Father of Plastic Surgery.’” It was moved by Dr. Straith and seconded by Dr. Ladd “that the Association adopt as its official seal the one prepared by Dr. Webster from an illustration [a wood cut] in Tagliacozzi’s book” (Fig. 26). The motion passed.

Dr. J. Eastman Sheehan presented a paper entitled “Facial Paralysis” (with motion pictures). Dr. John Wheeler (by invitation) carried out a “Lid Plastic for Graves’ Disease” and presented a paper on the same subject. Also, Dr. Ramon Castroviejo (by invitation) gave a paper entitled “Grafts of Corneal Tissue.” The next meeting was scheduled in Ann Arbor, Michi-
gan, in 1934, with Dr. Chalmers Lyons as the host, but due to his illness, he requested that the meeting be postponed until 1935, which was done.

Sir Harold Gillies was again a guest in St. Louis in October of 1934, and Drs. Blair and Brown called a "special meeting" in his honor in place of the Ann Arbor meeting. "Sir Harold was good enough to suggest that if it met with the approval of the Association that sometime (not earlier than 1936) he would hope to have the pleasure of the Association visiting London." Unfortunately, they were unable to avail themselves of this kind invitation.

In 1935, the "postponed meeting" was held in Ann Arbor in January, hosted by Dr. Lyons. Unfortunately, he died later that same year. Young Dr. Reed O. Dingman, who was to be his successor, presented a paper entitled "Anatomie Demonstration Showing Relations of Muscles in Cleft Palate." Dr. Clair Straith conducted an operative clinic the next day in Detroit. Following lunch, the members were treated to "an interesting series of motion pictures and demarcation of techniques as evolved by the late Dr. Edward Davidson in the 'Tannic Acid Treatment of Burns.' The presentation was made by Dr. Grove C. Penberthy."
It was moved by Dr. Blair and seconded by Dr. Federspiel that “in view of the substantial balance in the treasury ($2000.15) the 1935 dues be dispensed with and those already paid be refunded.” The motion passed. Dr. Risdon had been the treasurer, with the funds of the Association largely being invested in Canadian securities that seem to have done quite well. In fact, the dues (which were $10) also were suspended for the years 1936, 1937, and 1938. The assets of the Association were $2095.70.

Dr. J. Eastman Sheehan (Fig. 27) was president for the Ann Arbor meeting and was the subject of a controversy that nearly caused the demise of the Association. This rather handsome and somewhat colorful gentleman of Irish birth (Dublin, 1885) had presented a paper to the New York Police Academy “on the possibility of criminals getting distinguishing marks and appearances changed.” The presentation was given wide press coverage and appeared in Time Magazine “in a flamboyant article—together with mention of Dr. Sheehan’s office staff and a photograph of him [on the cover] in a manner that offended the sense and propriety
of many of the members of the Association even though it was later shown that much of this was due to the reporter, many members tendered their resignations.47 “After examination of the situation, it was found that Dr. Sheehan had acted unwisely in some respects, but was not responsible for the chief items of complaint. It was moved by Dr. Dorrance and seconded by Dr. Straith that all members that had sent their resignations be asked to reconsider them.” The motion passed.47 Indeed, most of the members did reconsider their resignations, but at a meeting in Philadelphia later that same year, only 10 members were in attendance.

Dr. Sheehan had graduated from the Yale School of Medicine in 1908 and subsequently studied in Oxford, London, Paris, Bern, Berlin, Budapest, and Vienna. He was a prolific writer. He had “strong convictions and prejudices. He was never a hypocrite and frequently so frankly expressed his appraisal and opinion as to offend or alienate an acquaintance. . . . He was blessed with a fund of conversational information and a sense of humor that fitted him into almost any situation. . . . He had] a flair for showmanship and the spectacular which was frequently misunderstood by his associates. He was a founder of the American Board of Plastic Surgery, and an exponent of muscular transplantation for facial paralysis, rhinoplasty and skin grafting and a pioneer in color photography. He spent his winters in New York City and his summers in London where he was a close friend of Lord and Lady Nuffield.49 It is likely that he was influential in the appointment of Professor T. Pomfret Kilner to the first endowed chair (Nuffield) of plastic surgery at Oxford. At the 1935 meeting, Dr. Sheehan “read a rather lengthy apology and explanation expressing his regret [and] the loss of one departed—Chalmers Lyons and the further loss that comes through resignations that have been tendered.”10 The letter from the trustees to those who had resigned requesting that they reconsider seemed to have pretty much quieted the matter, though it did not “settle it.” “The Constitution was amended with a proviso that the retiring President should not become a Trustee unless elected.”48 Retiring President Sheehan was not elected. Dr. Blair was elected to Honorary Fellowship—the third such election and the first American so honored.10

The 1936 meeting was held in Boston, and “it was apparent that the rift was healed,”48 since 24 members plus many guests attended. “Wet and dry clinics were presented by Drs. Ladd, Lam-
nan, MacCollum, Kazanjian, and Dalan. Dr. V. P. Blair spoke at some length on the relation of the specialist and general surgeon to reconstructive surgery. This talk seemed to have been an early declaration of the movement toward the establishment of a Board in Plastic Surgery. Dr. Blair had spoken about this often with Dr. Everts Graham, the Bixby Professor of Surgery at Washington University. Early in the 1930s when Dr. Graham became active in the American College of Surgeons, he felt that it lacked a great deal of depth in its academic programs and needed more stringent requirements for fellowship. Though his opinions were opposed to begin with, they eventually prevailed, and he was a strong force in the establishment of the American Board of Surgery. In 1937, there was no regular meeting, but on June 14, fourteen members of the Association met in St. Louis at the invitation of Dr. Blair to found and organize the American Board of Plastic Surgery (Fig. 28). Dr. Blair had not only spoken to members of the Association on this matter but also had requested permission to present this to the newly formed American Society of Plastic Surgery. His thoughts were not always well received and in answer to a letter from Dr. Dorrance [Fig. 29], who was then President of the Association (July 2, 1936), the following is included: "My Dear George: I received your 'go to hell' letter. . . . If you have a better suggestion, I will be very glad to back your plan. However, I do think that with the probable formation of a surgical board that there may be a chance to get the backing of the surgical board for a plastic surgical board, the opportunity amounts to practically an obligation." The meeting in St. Louis at Dr. Blair's home apparently was productive, and when this proposal was presented in October at the Association meeting in Boston, the minutes contained the following remarks: "6:30 annual business meeting at the Harvard Club. Dinner followed by remarks by Dr. Blair on the formation of the Plastic Surgery Board." Although the Association is not recorded as having taken any official action at this time, there was good support from its members from that time onward. In fact,

**Fig. 28.** A 1937 meeting of three members of the Association at the home of Dr. Blair in St. Louis held to organize the American Board of Plastic Surgery. Left to right: Dr. William S. Kiskadden (Los Angeles), Dr. Vilray P. Blair (St. Louis), and Dr. H. L. D. Kirkham (Houston).
the annual meetings of the American Board of Plastic Surgery have been held in conjunction with the annual meetings of the Association in the same area for many years.

The Association (in 1936) was honored in having as its guest Mr. Archibald McIndoe (later "Sir Archy"), who again invited the Association to meet in London in the summer of 1937. This led to a round of confusion, since the first European Congress on Structurc Surgery had been held in Brussels in 1936 and the second was to be held in London in 1937, but in October. The thought had been held that the Association meeting abroad would be in June or July. A poll of the members indicated that only 9 of the 44 members would attend such a meeting. Consequently, there was no meeting in 1937, and the next meeting was held in Dallas and Houston in January of 1938.

Under the presidency of H. L. D. Kirkham (Fig. 30), at the 1938 meeting, Drs. Byars, Douglas, Farmer, Hamm, Haven, Kitlowski, Kiskadden, T. W. Stevenson, and Padgett were elected to membership, making a total of 50 active fellows and 10 honorary fellows. The quota of active members was increased to 60, and "Dr. Waldron moved that on account of the fact that such a large number of members are attending the clinical meetings, satisfactory close-up observation of the operative details has become most difficult. ... Provisions should be made ... for demonstration materials such as charts, diagrams, anatomical models, etc. ... which would enable the surgeon to fully explain the steps of the operative procedure." The secretary requested that "in August 1938, the members were advised of the third meeting of the European Congress of Plastic Surgeons to be held in September in Milano, Italy." Dr. Jacques W. Maliniac had earlier written to the secretary of the Association requesting "how the Association came to be started, who the founders were, and its aims and objects, and the conditions for membership." We do not have a copy of the secretary's reply, but the custom was well established that membership was by invitation and required a unanimous vote, by both the board of trustees and the membership. This was an obviously impossible barrier for any contentious candidate. In October of 1931, "Dr. Jacques W. Maliniac invited 10 men representing every field in which plastic problems were encountered to meet in New York.

Fig. 29. Dr. George M. Dorrance, twelfth president.

Fig. 30. Dr. H. L. D. Kirkham, fourteenth president.
York City to found a [new] organization. The first annual meeting of the American Society of Plastic and Reconstructive Surgeons was held in New York in October of 1932.

At the May 1939 meeting, held in Rochester and Minneapolis, Dr. John Staige Davis suggested that "a Senior List for the Association be created to erase the pressures on available places for new members." Also, it was moved that "unless a definitive excuse be submitted in writing to the Secretary, a member who fails to attend the meeting for more than three years shall be barred from membership." The two-city meeting in June of 1940 was held in Kansas City and St. Louis, "with 34 members and many guests." Ten different operations were done in Kansas City, including a "fascial transplant for facial paralysis" and a "ureteral transplant for ectopia vesical." After taking "the midnight train to St. Louis," eight different operations were done, including one for ankylosis, another for hypospadias, and another for reconstruction of the orbit.

Thus ended the second decade of the Association. There had been considerable strife, with low points and high points and the birth of another plastic surgery society in the United States, as well as several in Europe. Plastic surgery was now a recognized specialty with its own board, albeit a subsidiary of the American Board of Surgery. The two-city format for meetings had become established, except in large cities such as New York. However, with large numbers in attendance, this was becoming difficult. The Association still had not met west of Denver and still had not settled on its current name.

The Third Decade

Yet to come in the next decade were antibiotic therapy, pneumonectomy, the first "blue baby" operation, the beginning of a heart-lung pump, and a practical shunt for hydrocephalus. Residency training in plastic surgery was just beginning to replace preceptorships. The Residency Review Committee (RRC) had not yet been established. The American Society of Plastic and Reconstructive Surgery surpassed the Association in number of members, and the United States became embroiled in the greatest conflict of this century. With combat widely dispersed literally in two hemispheres, the handling of a great variety of military injuries was extremely difficult. Specialized services for plastic surgery were developed in both the Army and the Navy, including the 2500-bed General Hospital at Valley Forge, Pennsylvania—the largest plastic surgery unit anywhere (1800 beds). Many courses were given for those going to the forward war zone areas, and again, the variety and severity of war injuries taxed the most ingenious. There was a much wider use of blood and plasma transfusions, and rapid evacuation allowed the survival from injuries that had not been possible in the past. By the end of the war in 1945, there were 168 diplomats of the American Board of Plastic Surgery.

The term plastic surgery became recognized and appreciated. Instead of applying just to orofacial surgical problems, the discipline now met the criteria of John Staige Davis extending "from the top of the head to the soles of the feet, and its object is primarily the restoration of function and comfort and incidentally the improvement of appearance." As noted by Hendrix, "great progress was made in the treatment of burn cases during World War II. The intelligent care of shock, the prevention of loss of fluids by nonadherent pressure dressings, steps for the prevention of primary and secondary infection, the acceleration of healing by skin grafting as early as possible, and the maintenance of electrolyte balance and appropriate fluid therapy and adequate nutritional care became standard procedure.... Earlier, resurfacing of burns was facilitated by the use of the Blair knife, as well as the recently invented Padgett dermatome." Pollicization was refined, and the early studies of Brown, Cannon, McDowell, Gibson, and Medawar on the rejection phenomena of "homografts" of skin was laying the groundwork for clinical organ transplantation.

The members also voted in 1941 to change the name of the organization to "The American Association of Plastic Surgeons" (as recommended by the board of trustees) and to adopt a revised version of the constitution and by-laws. This included, among other things, limiting the number of fellows to 60 and decreasing the number of possible honorary fellows from 15 to 10, with a limit of 5 from the United States, and creating a new class of "Senior Fellow not to exceed 20 in number who would have the right to hold office and to vote." It was in May of 1941, while meeting for the first time on the West Coast (Los Angeles and San Francisco), that the name was changed to "The American Association of Plastic Surgeons." The minutes state that "the Board of
Trustees noted that the term plastic surgery comprises all branches of this specialty, including oral surgery.

A "special meeting" was held in December of 1941, just 4 days after Pearl Harbor, under the presidency of Dr. Jerome P. Webster to again honor Sir Harold Gillies, who was visiting New York City (Fig. 31). England was at war, and Sir Harold addressed the Association at the New York Academy of Medicine. There were 60 members from 21 states. Hendrix noted that the meeting "presaged the joint effort of American and British plastic surgeons working together as teams during war time." Operations were scheduled on the first day at the Lenox Hill Hospital, the St. Charles Hospital, the Post Graduate Hospital, and the Columbia-Presbyterian Medical Center and on the next day at the Bellevue Hospital, the Lenox Hill Hospital, the Polyclinic Hospital, and the Columbia-Presbyterian Medical Center. On Saturday, there were operations at the Doctors Hospital, plus a session at the College of Physicians of Surgeons and another at the Vanderbilt Clinic.

Another meeting was held in New York in May of 1942. Hendrix wrote that "developments in the field of anesthesiology had a great effect on plastic surgery procedures. Foremost in this field in Great Britain was Sir Ivan Magill, whose work extended through both world wars [and who worked very closely with Sir Harold Gillies]. His great contribution was the perfection of endotracheal anesthesia which assured an open airway during surgery, and made possible the safe performance of surgery on the head and neck. At the Mayo Clinic, in 1930, Dr. John Lundy demonstrated to Sir Ivan the first successful use of a barbiturate for intravenous anesthesia. Later, the use of sodium pentothal and the introduction of curarizing agents in the induction phase of anesthesia added further refinement to the endotracheal method. Sir Ivan McGill [would subsequently receive] . . . the honorary award of the American Association of

Fig. 31. Luncheon hosted by Dr. Jerome P. Webster at a special meeting to honor Sir Harold Gillies, University Club, New York City, December 12, 1941. Note the hanging of the American (left) and British (right) flags.
Plastic Surgeons in 1965." 

Papers were limited to 10 minutes and were to be presented by "out of town members." At this meeting, certification by the American Board of Plastic Surgeons was made a requirement for membership, and "the election of three of the proposed members was made contingent upon their satisfying this requirement." 

The entertainment included a Thursday afternoon and evening at the home of Dr. Jerome P. Webster, along the Hudson, and the invitation stated "swimming and lawn bowling, cocktails and informal buffet supper. (Those wishing to swim, please bring suits.)" The operations included one by Dr. T. W. Stevenson—plastic surgery and orthopedic problems; Dr. Webster—a patient with webbed fingers; Dr. Dunning—resection of the mandible for prognathism; and Dr. Aufricht—two nasal plastic operations. Dr. Aufricht had just been elected to membership.

The papers included the initial report by Dr. James Barrett Brown (Fig. 32), entitled "Internal Wire Fixation of Fractured Jaws," while Dr. Fulton Risdon presented a paper entitled "The Risdon Method of Treating Fractured Jaws." Dr. Frederick Moorehead spoke on "Elastic Traction in Plastic Surgery," and Dr. Beverly Douglas reported on "A New Method of Testing the Efficiency of Circulation in Pedicle Flaps." Dr. Kiskadden spoke on hypospadias, and Dr. Dupertuis on "The Experimental Studies on Growth of Cartilage Transplants."

Due to the war, the 1943 meeting was canceled because "transportation was virtually impossible." In May of 1944, when many plastic surgeons were on active duty, the meeting was held in Philadelphia and at the U.S. Army Hospital in Valley Forge, Pennsylvania. Virtually all the physicians performing plastic surgery were reserve officers, and it was felt that since there was not a single career Army officer at that time in the field, plastic surgery was not given independent status. Yet, by 1947, there were seven Army hospitals in the United States that were established especially for the care of patients receiving plastic and reconstructive surgery. Colonel Brown in a later editorial published in the first issue of Plastic and Reconstructive Surgery noted that these units had as many as 1800 patients (presumably Valley Forge). He noted that a "smooth operation was maintained on the simple and humble basis of the need to care for wounded soldiers. The soldiers themselves showed the finest spirit imaginable and made a remarkable recovery rate to useful life of close to 90 percent. The death rate in spite of the most formidable procedures was practically nil, and this record of high tribute is due to anesthesia, medical and nursing services. . . . One Service to date has done about 8000 operations without a death, and the nurses have done the major part of over 100,000 dressings." He listed 25 premises that contributed to this unusual record, including in particular "gentle wound care, early grafting of burns and gunshot wounds, the development of young surgeons to take on details of plastic surgery in mass production, widespread application of skin grafts to wounds by general and orthopedic surgeons, close cooperation of plastic surgeons with dentists, orthopedic surgeons, and neurological surgeons for the best care of wounded soldiers, the use of direct flaps for the repair of deformities." (This last was "one of the most significant contributions as far as saving time for the wounded soldiers and in giving them the best result." 

"Colonel James Barrett Brown was selected by the Surgeon General of the Army to head the plastic surgery group and to be consultant for the European Theater of Operations. For the first time, the term 'Plastic Surgery' was used in American Military Terminology . . . and instead of applying only to maxillofacial or facial plastic and oral surgery, the field of plastic surgery
extends from the top of the head to the soles of the feet.”

Dr. Ferris Smith had written in the Military Manual of Standard Practice of Plastic and Maxillofacial Surgery that “the casualty from the field of battle has a right to expect and demand the optimal results which can accrue from a highly cooperative professional service and a skill which results from utilization of all that is best in the general and special experience related to his particular problem.” There were a number of short courses that had been given in plastic surgery centers for both the Army and the Navy. Yet, by 1947, there were still only nine formal residencies in plastic surgery.

The first day of the 1944 wartime meeting was held in Philadelphia at Jefferson and Graduate Hospitals with Dr. Warren B. Davis and Dr. John Reese operating in the morning at the former (and demonstrating the new Reese dermatome with dermatape) and Drs. Ivy, Curtis, and H. A. Miller in the evening at the latter. Dr. L. T. Byars reported on tattooing of skin grafts and flaps, Dr. E. M. Daland on the “Treatment of Radiation Ulcers of the Feet,” Dr. Beverly Douglas on the “Effect of Implantation of Gelatin in Experimental and Clinical Wounds,” and Dr. G. B. New on “Sickle Flaps in Nasal Reconstruction.” Dr. Jerome P. Webster reported on “Refrigerated Skin Grafts,” and Major John M. Converse (by invitation) gave a paper on “Reconstruction of the Mandible on French Battle Casualties in North Italy.” The following day was spent at Valley Forge Army General Hospital, where Lieutenant Colonel James Barrett Brown presented an unusually impressive program assisted by Captain Bradford Cannon. “The meeting was devoted to surgical and dry clinics showing correction of deformities due to injuries received in military service. In the afternoon, the members were taken on a tour of inspection . . . following which a program was presented showing the relationship of the different medical and surgical specialties to plastic surgery.” It should be noted that in addition to Dr. Brown and Dr. Cannon becoming presidents of the Association, the following junior officers at Valley Forge eventually assumed that office as well: Drs. J. E. Murray, R. M. McCormack, M. T. Edgerton, and A. Moore. Many others had their initiation to plastic surgery through these unusual facilities.

Surgery also was carried out at the Oncologic Hospital by Dr. George M. Dorrance. Short papers had been given by the out-of-town members on the same evening.

There was no meeting in 1945 because of the war, and the next meeting was in June of 1946 in Toronto. Plans for a plastic surgery journal had been discussed at the Association meeting in 1945, but the first issue of Plastic and Reconstructive Surgery, co-sponsored by the Association and the American Society of Plastic and Reconstructive Surgeons, did not appear until July of 1946. Dr. Warren B. Davis was elected as first editor and served in that capacity until his death in 1947 (which included only the first volume). Dr. Ivy succeeded him as editor-in-chief until 1965, when Dr. Kathryn L. Stephenson, who had been coeditor, became editor and Dr. Ivy was appointed editor emeritus. Dr. Frank McDowell assumed the editorship in 1968.

The Toronto meeting in 1946 was the 25th Anniversary Meeting and was attended by 51 members and 22 guests. “Because of the presence at the meeting of a number of visitors . . . some of the members were unable to observe the clinic satisfactorily, and it was decided to issue admission cards hereafter . . . it was agreed that in the future each member should request issuance of an official invitation to only one guest.”

The 1947 meeting was held in Nashville and Memphis, Tennessee, with an attendance of 52 members and 36 guests. A “precedent was established by inviting the ladies to participate in a number of the social activities.”

Dr. Beverly Douglas demonstrated a new vacuum dermatome using a pump that was located in the basement and connected with a tube that came up through a hole drilled in the floor. He also reported on “Further Results of Labiobuccal Suture for Micrognathia.” He was only allowed to operate on the most severely obstructed patients with micrognathia. He reported only one death in 31 patients, while the mortality in 21 less severe patients treated “conservatively” was 65 percent. Dr. Webster reported on “Mammaplasty with Free Transplant of the Nipple,” and Dr. Robert E. Moran reported on “Decompression of the Orbit and Exophthalmos.” Dr. Josef Warkany (by invitation) spoke on “Congenital Malformations Induced by Maternal Nutritional Deficiency,” a topic that gained him considerable renown. Dr. Barnie Brooks gave a paper on “The Effect of Temperature on the Durability of Vitality During Ischemia,” and Dr. John Burch reported on “The First Use of Tantalum in Surgery.” There
was a section entitled "Demonstration of Research in Plastic Surgical Problems." Drs. Douglas, Goodpasture, and Anderson described "Grafts of Human Skin and Fetal Membranes on Chorioallantoic Membranes of the Chick Embryo," and Dr. Douglas and Dr. Glenn A. Millikan reported on "A Photo-Electric Test of the Efficiency of Circulation in Pedicle Flaps."

Dr. Douglas was extremely anxious that all the members and guests board a particular night train from Nashville to Memphis, and to be certain that everyone was on board, he brought his automobile and waited until the train left to see if there were any late stragglers. He had planned to go to the next station, since the train did not move rapidly, and to board the train himself at that location. Unfortunately, that was the one train that did not stop at that particular station. While all of Dr. Douglas' friends waved to him through the windows, he had to drive his car between the two cities. Dr. J. Curtis Lamp recalled that the train moved so slowly that a number of the members would get out and walk alongside the track during the evening so that they could enjoy a little exercise and the southern countryside.¹⁷

Mr. Osbourne, who was with a delegation of six members of the newly formed British Association of Plastic Surgeons, reported in the British medical press that they had "sailed on the Mauritania and that it took 24 hours to get from New York City to Nashville. In the first evening, Dr. and Mrs. Douglas who expected just the overseas guests, owing to a misunderstanding, found that all the registrants arrived with over 80 people. But not a trace of this last minute upheaval was noted. Dr. Beverly Douglas demonstrated an overhead cine camera in the operating room light that could be operated by a foot switch. . . . Sir Harold Gillies, who was given a tumultuous reception, responded to the toast to the Overseas Visitors given by Dr. Warren Pierce introducing in turn the British, French, South African, and Greek visitors. On traveling overnight by train to Memphis, buses transported the guests to the hotel and were accompanied by police on motorcycles with sirens at full blast. The dinner that night was a 'stag' party—the fun waxed fast and furious. The last day of the meeting was made up with papers with each of the English visitors giving a paper. This was followed by a dinner dance with a first rate piano recital by Dr. Preston C. Iverson and an excruciatingly amusing address [about folklore] by Neil Owens." The English delegation included Sir Harold Gillies, Mr. and Mrs. Rainesford Mowlem, Mr. and Mrs. John Grocott, C. M. Fitzgibbon, J. P. Reidy, and R. P. Osbourne.

The Memphis papers included reports by Mr. Mowlem on "Observations in the Treatment of Lymphedema," Drs. Paul Hawn and C. W. Sheppard on "Uses of Atomic Isotopes in the Selective Radiation of Tumor Masses by Infiltration," Rollin A. Daniel on "Reconstruction of the Trachea—An Experimental Study," Bradford Cannon on "Open Jump Flap Repair of the Lower Extremity," Sir Harold Gillies on "Phalloplasty with Congenital Absence of the Penis," and Dr. Preston C. Iverson on "A Method of Removing Traumatic Tattoos" (probably the first report on dermabrasion). Dr. Milton Adams, the Memphis host, had objected to so many people in the operating rooms, so he and his associates conducted an excellent clinic. "This consisted of showing of motion pictures of operative procedures followed immediately by the presentation of these same patients along with others who had similar operations so that the results might be observed. . . . It was decided that because of the increased size of the Association, the presentation of a clinical program had to a great extent become impractical and hereafter, the program of the Annual Sessions should consist of academic papers, case reports, motion pictures, etc., with ample time allowed for discussion."¹⁴

In September of 1947, a letter was received from Mr. J. M. Baron, secretary of the British Association, "noting publication of the new British Journal of Plastic Surgery, and inviting members of the American Association to apply for Associate Membership in the new British Association."¹⁵

In 1948, the meeting was held in Boston, with attendance by 56 members and 29 guests. Patients were presented, but there was no operative surgery. At Children's Hospital, Dr. Edward B. D. Neuhauser spoke on "The Role of X-Ray Therapy in the Treatment of Hemangiomata." Dr. Francis D. Ingram presented material on the "Treatment of Craniosynostosis," a prediction of the development of craniofacial surgery yet another two decades away. Radford Tanzer (by invitation) with J. William Littler recounted their experience on "Reconstruction of the Thumb by Use of Transposed Adjacent Digit," and Dr. G. M. Dorrance with John Bransfield spoke on "The Correct Age for Operation of the Cleft Palate Child." "The authors felt it was advisable to wait until the child was in their fourth
or fifth year before operating as there are then less anatomical failures and less loss of flaps and the speech is better than that obtained with early operations." Dr. Robert E. Moran spoke on the "Use of the Pharyngeal Flap as a Speech Aid in Short Palates," and Dr. Fred Squire Dunn reported on "Observations on the Use of the Pharyngeal Flap."

Professor T. Pomfret Kilner, of Oxford, was a guest and was elected an honorary fellow. It is also interesting to note that it was not until the Boston meeting that the Association voted that "it would fund the obligations for the annual banquet and the luncheons. And further, to assess each member $10 to help defray the expense of the meeting."  

The 1949 meeting, in Ann Arbor, was almost entirely made up of didactic presentations. The enlarging size of the organization was a considerable worry to some of the older members. "It was voted that guest invitations be limited to one guest for each member and that no guest would be invited more frequently than once every three years and that he must be accompanied by his sponsor."

Dr. Truman G. Blocker spoke on the "Surgical Treatment of Elephantiasis of the Lower Extremity," Dr. Brandon Macomber on the "Relationship of Superficial and Deep Reconstructive Surgery of the Hand," and Dr. Harland Bloomer on the "Use of Sound Spectrograms in the Evaluation of Cleft Palate Speech." Dr. Frederick Figgiewas president, and in his presidential address he reviewed the founding and development of the Association.

At the 1950 meeting, in Washington, D.C., the by-laws were further changed so that it would take "four negative votes to deny membership." It also was voted that the examiners who took their board examinations just prior to the meeting would be extended invitations to attend the scientific sessions. The scientific program included a paper by Dr. Ernest M. Daland on "The Treatment of Irradiation Ulcers of the Back." Drs. Kiskadden and Donald E. Barker (by invitation) spoke on "Experimental Work in Homotransplantation of Skin," and Gustave Aufricht discussed "Further Observations on the Geometric and Empiric Planning in Mammaplasty." Fred Z. Havens presented a paper on "Congenital Absence of the Vagina: Reconstruction by the Use of a Skin Graft."

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**The Fourth Decade**

As the fourth decade opened, 245 surgeons had been certified by the American Board of Plastic Surgery. While plastic surgery had become recognized as a distinct surgical discipline, many large community hospitals still had no staff plastic surgeons and depended on periodic visits by "itinerant" plastic surgeons from larger metropolitan hospitals or academic centers. However, societal changes were afoot, demanding elective surgical reconstruction for correction of aesthetic as well as functional deformities. The requests for elective cosmetic surgery, including rhinoplasties and face lifts, began to increase dramatically.

The Plastic Surgery Forum of the American College of Surgeons held its first session in 1951 and came into being largely through the efforts of Dr. Bradford Cannon. This task was later taken over by Dr. Joseph E. Murray, who did such an outstanding job that one of the later surgical forums was dedicated to him.

The Plastic Surgery Research Council was founded at Johns Hopkins Hospital in 1955. Of the 17 founding members of that organization, 4 were to become presidents of the Association, and 5 were to become presidents of the American Society of Plastic and Reconstructive Surgeons. As written by Owen Wangensteen, chairman of the Program Committee for the Surgical Forum in his Foreword, "In the preface to *Heartbreak House*, George Bernard Shaw spoke of the chemistry of medicine and the carpentry of surgery. Today, the chemistry of surgery has superseded its technical aspects as the most absorbing concern of the surgeon in many areas of his work."

Transplantation research was pioneered by plastic surgeons. Converse and Rogers organized a series of meetings at the New York Academy of Medicine, and these planted the seeds of clinical transplantation. Attention was more and more placed on the transplantation of tissues and organs from one person to another, methods of suppressing the rejection phenomena, and the intricacies of wound healing. The first successful monzygotic twin kidney transplant was performed in 1954 by Dr. Joseph E. Murray and the first successful dizygotic twin transplant in 1959. Dr. Murray was president of the Association in 1965 and won the Nobel Prize in Medicine in 1990.

The widespread use of antibiotics allowed more successful surgical reconstructions; there
was, for example, more use of facial bone grafting. Other advances included the development of elective mandibular osteotomies, especially for the correction of prognathism. Reconstructive hand surgery progressed, mainly as a result of experience gained during World War II. It was an era when tube flaps were practiced widely. Multidisciplinary cleft palate centers became more widespread, and ear reconstruction, especially the correction of microtia, became more common and precise.

Other surgical advances included improved results in aesthetic surgical procedures, hypospadias repair, skin grafting of burns, and maxillary orthopedics. The Korean War provided considerable extremity surgical experience, and one of the significant developments was the concept of limb salvage with the newly perfected techniques of vascular reconstruction. Malt of Boston performed one of the first extremity replantations.

The First Congress of the International Society of Plastic Surgeons was held in Stockholm and Uppsala in August of 1955 with plastic surgeon representatives from 40 countries. Sir Harold Gillies of London was elected the Honorary President and Per Erik Aschon of Finland was the President. D. Ralph Millard presented the rotation-advancement method of unilateral cleft lip repair and started giving his lecture while walking down the aisle to get an extra 2 minutes—a few eyebrows were raised.

The Second Congress was held in London in July of 1959. The chairman was Mr. Rainsford Mowlem. The name of the sponsoring organization was changed to the International Confederation of Plastic Surgeons. Kenneth Pickrell and Truman Blocker were invited to attend the meetings of the council, and the latter surgeon represented the American Association of Plastic Surgeons. In London, special honors were awarded to the following Americans: V. H. Kazanjian, Robert Ivy, and Jerome P. Webster, all of whom were members and past presidents of the Association.

At the June meeting in 1951 in Chicago, Truman G. Blocker described his “Experiences with the Exposure Method” of Burn Therapy.” Herbert Conway and Richard B. Stark (by invitation) described “Experiences with the Use of ACTH in the Field of Plastic Surgery,” and Bradford Cannon with Philip Weisman (by invitation) described “The Failure of Adrenal Cortical Hormone to Alter the Survival of a Homologous Skin Graft.”

Dr. Milton W. Adams and his brother, Lorenzo Adams (by invitation), described “A Method Not to Use in the Repair of Bilateral Cleft Lip.” Dr. Lyndon A. Peer described “Early Nourishment and Developing Blood Vessels in Free Skin Grafts.” There was an attempt by the Association to develop a standardized plastic surgery nomenclature and a proposal to develop a centrally located plastic surgery library.

At the 1952 meeting in St. Louis, it became apparent that the Association had grown enormously, since 100 registered members and guests were in attendance, a number making even “dry” clinics difficult. The question of the public’s appreciation and understanding of plastic surgery had come to the fore. “Dr. Leon Sutton, chairman of the Public Relations Committee of the American Society of Plastic and Reconstructive Surgeons, presented in detail the objectives and aims of this committee in establishing a liaison with the press and educating the general public on the scope, limitations, and recent advancements of plastic surgery. It was voted unanimously by the membership that Dr. Sutton’s committee be given power to act for and work in cooperation with the American Association of Plastic Surgeons in furthering their aims.” It should be noted that no invitation was extended to host the 1953 meeting.10

In 1952, Carl Moyer, the Bixby Professor of Surgery at Washington University, spoke on “Fluid Balance and Electrolytes in Burns.” There were five papers on cleft palate speech, the use of obturators, and the place for orthodontic therapy and conservation in patients with cleft palate. There were eight papers by the Barnes Hospital plastic surgery staff and fellows, including combined neck dissection and resection of the thyroid gland for cancer, melanoma of the foot, experimental preservation of skin, homotransplantation in pregnancy, parabiosis and wound healing, experimental work in polyvinyl alcohol subcutaneous prostheses, and the multiple suture technique for hemangiomas.

The meeting in 1953 was held in Edgewater Park (Biloxi), Mississippi, and there was no “official host.” For the first time the meeting was held on the “American plan” basis. It was voted to increase the number of active fellows from 60 to 75.

“The Association’s representative to the joint Public Relations Committee [with the Society] announced that a public relations expert, Mrs. Alice Lake, had been engaged as an advisor and
press representative. She was familiar with the medical problems and had been recommended by people doing this work for the American Medical Association and other medical organizations. The increasing numbers attending the annual meeting continued to be a problem, and “the advisability of including wives and guests at the annual banquet was referred to the Board of Trustees for decision.”

The subjects on the program continued to increase in diversity. Dr. W. Brandon Macomber spoke on “Carcinoma of the Eyelid,” Robert Clifford (by invitation) on “Resurfacing the Sole of the Foot,” Frederick Figi on “Intraoral Skin Grafts,” and Kenneth Pickerel with Charles Horton (by invitation) on “The Behavior of Split-Thickness and Dermal Skin Grafts in the Peritoneal Cavity—An Experimental Study.” Dr. Clifford Kiehn described the “Revascularization of Bone Grafts by Means of Radioactive Isotopes.” Hamilton Baxter (by invitation) described “Studies on Acute Radiation Syndrome in Animals,” and J. B. Brown with Minot P. Fryer and P. Randall (by invitation) spoke on “The Use of Silicones in Plastic Surgery.” The evening’s entertainment was enlivened by a $50 bet by Dr. Truman Blocker that Dr. “Pete” Moran would not dive into the swimming pool with all his clothes on. Dr. Moran won the bet to the delight of all, and of course, the dress for the evening was black tie.

In 1954, an extensive meeting was held in Galveston, complete with a western party and cowboy attire (Fig. 33). Discussion at the business meeting was lively. The matter of public relations again surfaced when the joint Public Relations Committee was presented with a bill for $2000, said to be due from the Association for one-third of the expenses of the committee. No record of this division of expenses could be found in the minutes or correspondence. It was noted that there was a disproportion when
comparing the membership and the dues of the two societies, and a committee was appointed to look into the matter.\textsuperscript{10} Some members questioned the editorship of \textit{Plastic and Reconstructive Surgery} because of the quality of some papers that had been accepted.

Stuart Gordon, of Toronto, spoke on "Dupuytren's Contracture—The Significance of Its Etiology," and Drs. Kiskadden and Dietrich (by invitation) spoke on "Electrical Burns of the Mouth in Children." Dr. R. E. Moran presented a paper on "Pectus Excavatum," and James E. Hemphill (by invitation) on "Tissue Banking." John Gerrie spoke on "Facial Injuries in Sports," followed by a symposium by the Galveston group on burn research, including bacterial flora, histochemistry of the burn wound, use of isotopes in the study of protein metabolism, and electrophoretic studies on serum protein. Clifford C. Snyder presented a paper on the "General Management of the Severe Burn," and Steve Lewis on "Present Evaluation of Local Therapy in the Burn Patient." Truman G. Blocker spoke on "Clinical and Laboratory Studies on the Use and Storage of Homografts."

At the same meeting, Dr. Bradford Cannon and Joseph E. Murray gave a paper that reflected the trend in larger clinics, entitled "Radical Surgery and Immediate Repair for Intraoral Cancer."

The minutes state that "President Brown's address at the banquet paid a fine tribute to Mrs. Brown for the part she had played in his life and work." There also was an address by Dr. Charles Pomerantz of the Galveston Faculty on "Growth and Form in Action." He described many examples in humans and elsewhere in nature and showed an unusual ability to illustrate his talk while speaking and while using his right and left hands simultaneously for illustrations.

At the 1954 meeting, there was prolonged voting on the location for the 1955 meeting. Invitations were received for Colorado Springs, Chicago, New York, White Sulfur Springs, and Washington, D.C. The decision was to be left to the board of trustees, but with Dr. Clarence Straatsma coming in as the president, all the New York members voted to have the meeting in New York. Subsequently, Dr. Moran "enthusiastically invited the Association to Washington, D.C., for the 1955 meeting and promised some recognition by President and Mrs. Eisenhower." The board of trustees were again circulated by mail and voted to meet in Washington.\textsuperscript{10} At the same meeting, the members approved a recommendation that "papers or essays submitted should be sent to the editor of the Journal of \textit{Plastic and Reconstructive Surgery} for publication." Dr. Kiskadden further spoke on "The Need for Public Education Regarding Electrical Burns in Children" and suggested that all those belonging to service clubs should give educational talks about the need for precautionary means. A committee was appointed by Dr. Brown with Dr. Kiskadden as chairman to help carry out this project.

It was at this meeting that a small group of younger surgeons, with encouragement from Bill Byars and Bradford Cannon, met to discuss organization of the Plastic Surgery Research Council. Its first meeting was held in Baltimore at Johns Hopkins University in 1955.

At the 1955 annual meeting in Washington, there was considerable controversy because several nonmember plastic surgeons were turned away at the registration desk. The persistent nagging public relations problem did not disappear, especially that of the press attempting to do "curbside interviews" of presenters of papers with public interest. It was felt that this could be avoided if the essayists presented their reports in writing well in advance of the meeting. The guest speaker was the Rev. Dr. Norman Vincent Peale of New York.

Dr. Minot Fryer spoke on "The Limits and Inadequacies of Microscopic Interpretations of Tumors," Dr. Lyndon Peep on "The Behavior of Entire Finger Bones Buried in Abdominal Fat," Dr. Richard Stark on "Plastic Surgery During the Civil War," and Drs. Herbert Conway and Anthony Jerome (by invitation) on "Branchial Cysts and Fistula: A Review of 90 Cases."

Truman G. Blocker (Fig. 34) was the president at the 1956 annual meeting in Toronto. The membership voted to increase the number of fellows, and it is noteworthy that the tradition of dry clinics was continued with only a single afternoon session at The Hospital for Sick Children and the Toronto General Hospital.

Drs. J. Barrett Brown and Minot P. Fryer presented a paper on "Repair of Industrial Electric Burns," Dr. R. E. Moran on "levator Spasm," Dr. A. B. Lemesurier on "Hare Lip," and Dr. Jerome P. Webster on a "Tribute to Dr. Vilray P. Blair."

The Association met in 1957 in the Pocono Mountains at the Skytop Club, which was the country home of Robert Ivy. It was well known for trout fishing and lawn bowls. Sixty-five guests and 59 members were registered, and
honorary fellowship was presented to V. H. Kazanjian.

For the first time abstracts were printed in the program. Dr. V. H. Kazanjian spoke on "The Repair of Eyelid Defects," Dr. Gustave Aufricht on "Surgery of the Radix Nasi: Narrowing of the Bony Nose," Dr. Harry Buncke (by invitation) on "Manometric Evaluation of Palatal Function in Cleft Palate Patients," and Dr. Richard B. Stark on "A Classification of Cleft Anomalies of the Lip and Palate."

At the 1959 annual meeting in Boston, the opening session was chaired by Lyndon Peer because of the health problems of President R. E. Moran. There were several papers dealing with human transplantation by Harvard surgeons, and Blair Rogers reported on the genetics of "homografting" and the canine head reimplantations in Russia, the latter having received considerable media attention. Dinner and cocktails were served at the Harvard Club.

At the business meeting, three members of the Association were appointed to the Academic Council of Plastic Surgery of the American College of Surgeons. It also was voted that the Canadian F.R.C.S. would be regarded as the equivalent of certification by the American Board of Plastic Surgery for membership in the Association. Drs. Fulton Risdon and Robert E. Moran were made honorary fellows of the Association, and V. H. Kazanjian received the honorary award. In 1959 there were 83 active members, 28 senior members, and 5 honorary members.

It also was voted that Truman Blocker would represent the Association at the upcoming International Congress in London. He was also instructed to extend an invitation for the Third Congress to be held in Washington in 1963, with the Association and American Society of Plastic and Reconstructive Surgeons acting as cohosts. It is also noteworthy that an annual assessment of $25 would be made for the members of the Association over 4 years in order to cover the expenses of the proposed International Congress in Washington.

Dr. Clifford Snyder reported on "The Surgical Treatment of Carcinoma of the Lip," Dr. William L. White on "The Unique, Accessible and Useful Plantaris Tendon," Mr. Edward W. Gibson on "A Method of Treating Macroductyly," and Dr. Blair O. Rogers on "The Genetics of Skin Homografting."

At the annual meeting held in Milwaukee in 1960, Lyndon A. Peer was the president (Fig.

Fig. 34. Dr. Truman G. Blocker, president in 1956.
Kenneth Pickrell was voted the general secretary of the proposed Washington Congress by the trustees of the Association and the Executive Committee of the American Society of Plastic and Reconstructive Surgeons.

The reservations secretary at the hotel had been fired shortly before the meeting and had managed to “erase” many of the reservations. Chaos reigned supreme, and tempers flared. Some of the more athletic (though not necessarily the younger) members were observed standing on the reception desk shaking fists at the hapless employees.

The Association established an honorary award/medal, and the first recipient was Claude Guthrie, an American colleague of Alexis Carrell, who published a landmark paper in the Journal of the American Medical Association on the feasibility and technical aspects of the anastomosis of blood vessels. In many ways this research laid the foundation for the subsequent development of vascular surgery, transplantation surgery, and microsurgery. The medal had been designed by Jerome Webster and was presented in absentia to Guthrie’s son. In 1959, however, V. H. Kazanjian had been presented an honorary award.

At the business meeting, there was an amendment to permit nominations for officers from the floor, and a survey showed that the membership preferred to have the annual meeting at resort hotels. It also was emphasized that the examinees of the American Board of Plastic Surgery were still welcome at the annual meeting.

A sampling of papers included “A Comparison of Cleft Lip and Palate Management in Sixteen European Clinics” by Peter Randall, “A Follow-Up Survey on 100 Paraplegics” by Dr. Robert L. Harding, “Thumb Reconstruction with Contiguous Skin Bone Pedicle” by Drs. T. Ray Broadent and Robert M. Woolf (by invitation), and “Radiation Surgery and Chemo-therapy for Recurrent Sarcoma of Orbit in Children” by Dr. Joseph E. Murray.

THE FIFTH DECADE

In the United States, there was considerable social turmoil exacerbated by the Vietnam conflict. There were civil rights demonstrations, and many university campuses, including medical schools, became the stages for student unrest, all of which became evening fare on the television. It is noteworthy that Medicare became a fact of life in 1965, an event portending major government involvement (and control) in American medicine.

In plastic surgery, several key textbooks were published: Converse’s five-volume comprehensive set, entitled Reconstructive Plastic Surgery, and the Grabb and Smith introductory text, entitled Plastic Surgery. In flap surgery, there were reports that culminated in the revolution in flap technology in the 1970s. Ger developed and popularized the concept of the muscle flap, and Bakamjian introduced the deltopectoral flap, which destroyed the long-held concept of length-to-width ratio. Jacobson and Buncke individually presented laboratory studies that laid the foundation for the development of clinical microsurgery. The decade also witnessed the introduction of the silicone breast implant. Burn survival improved dramatically with the development of burn centers, a variety of topical treatments, and the concept of early eschar debridement and skin coverage.

The Third International Congress was held in Washington in 1963 (see below), and the Fourth International Congress of Plastic and Reconstructive Surgery took place in Rome (October 1967) under the chairmanship of Professor G. Sanvenero-Roselli of Milan. The secretary general was T. Ray Broadent. It should be noted that the adjective reconstructive was

**Fig. 35. Dr. Lyndon A. Peer, president in 1960.**
added to the name of the organizing group. At the 1967 Congress, Paul Tessier presented his remarkable paper on craniofacial surgery, and Hans Luhr introduced the concept of miniplate fixation of mandibular fractures.

By 1961, 510 surgeons had been certified by the American Board of Plastic Surgery. The annual meeting at the Hotel Commodore in New York was significant in that closed-circuit television was used for the first time to demonstrate operations performed at various New York hospitals. There were still dry clinics. Dr. Herbert Conway (Fig. 36) presented about half a dozen women with breast augmentation. Each was carefully robed and disguised using an operating room cap, a mask, and sheet as a wrap-around skirt and another over the shoulders and across the front so that it could be opened. When this “chorus” line marched briskly in succession into the meeting, the only thing missing was appropriate music.

At this meeting, Dr. Pickrell asked to be relieved as general secretary of the upcoming Washington Congress, and he was replaced by Dr. Leslie Backus. The latter died, and therefore, Dr. Broadbent was elected general secretary with Dr. McCormack serving as associate general secretary.

Some of the presentations included “Management of Mandibular Fragments in Mandibular Resection for Carcinoma” by Dr. John C. Gaisford, “Technique of Cleft Palate Surgery” by Mr. Eric Peet, “Gas Sterilization of Cartilage and Bone Implants” by Dr. Clifford Snyder, and “A One-Stage Operation for Hypospadias” by Dr. Charles Horton.

There was later a special joint meeting of ASPRS and the Association in New Orleans in September of 1961 to elect jointly the president of the Third International Congress in Plastic Surgery. This position was awarded to Dr. Truman Blocker.

At the Coronado (San Diego) annual meeting in 1962 there were 288 in attendance. It was preceded by the annual meeting of the California Society of Plastic Surgeons (the first regional society), and all members of both organizations were invited to attend both meetings. The members attended a bullfight and dinner in Tijuana and one evening watched “adventure” movies taken by various members.

The second honorary award/medal was presented to Dr. Warkany for his work on the etiology of developmental anomalies. There was a symposium on “Reconstructive Surgery of the Eyelids,” and the scientific program included 29 papers. Some of the presented papers included “Histochemical Activity of Skin Autografts and Homografts” by Dr. John M. Converse, “Prolonged Survival of a Skin Homograft from an Unrelated Donor” by Drs. Melvin Spira (by invitation) and S. Baron Hardy, and “The Correction of Prominent Ears” by Dr. Radford C. Tanzer.

There was no separate annual meeting of the Association in 1963 because it met in conjunction with the Third Congress in Washington, where 3500 attendees from around the world had the opportunity of simultaneous translation in four languages. It should be noted that the registration fee was only $50, and this included all social events. This economy was due to the planning and assessment of members and officers of the Association. Dr. Frank McDowell (Fig. 37) served as president of the Association and also was vice president, along with Dr. Willie White, of the Third Congress.

In 1964, the Association met at the Drake Hotel in Chicago, and President Thomas D. Cronin appointed a “Residency and Preceptor Committee” chaired by Clifford Kiehn, who arranged a “Conference on Plastic Surgery Training Programs (PSTP) in the United States and Canada”—a forerunner of what has become the
American Association of Academic Chairmen in Plastic Surgery.

The honorary award/medal was presented to Professor Rupert E. Billinghain for his contributions to transplantation research.


The Association traveled to Boca Raton in 1965 for its annual meeting, with Joseph E. Murray serving as president. The new “Residency and Preceptor Committee” was renamed the “Education Committee,” and Dr. Kiehn remained as chairman.

Sir Ivan W. Magill, K.C.V.O., was presented the honorary award/medal for his development of endotracheal anesthesia. His son and wife were present for this award.

Some of the scientific presentations included “The First and Second Branchial Arch Syndrome” by Dr. William C. Grubb, “A Study of Untreated Adult Cleft Lip–Cleft Palate Patients” by Drs. Fernando Ortiz-Monasterio (by invitation) and Alfonso Serrano-Rebelo (by invitation), “Naso-orbital Fractures” by Drs. John M. Converse and Byron Smith (by invitation), “Reconstruction of the Cervical Esophagus by a Transplant of Small Intestine” by Dr. M. J. Jurkiewicz (by invitation), and “The Experimental Transference of Composite Grafts by Microsurgery” by Drs. Thomas Kriek (by invitation), Clifford L. Kiehn, John D. Des Prez, and Henry C. Damm (by invitation).

In 1966 the Association met in the home town (Cleveland) of its president, Clifford Kiehn. He was the last president (six in number) to host the annual meeting in his home town until Stephen Miller in San Diego in 1995. The program emphasized the educational aspects of plastic surgery. William P. Holden, professor and chairman of the Surgery Department at Case Western Reserve University, gave a lecture entitled “Challenges to Academic Surgery.” It is noteworthy that other papers prophesied the growing medicolegal challenges: “The Hospital Incident—Guidelines in Medical and Forensic Management,” by Drs. J. W. Curtin and J. D. Ellenby, and “Practical Solutions to the Malpractice Problem,” by Dr. J. T. Metzger.

Dr. Franklin L. Ashley was chairman of the Education Committee in 1966–1967. The Honorary award/medal was presented to Mr. Paul Brand of Vellore, India, for his contributions to reconstruction of hands crippled by leprosy in the subcontinent.

Dr. D. Ralph Millard presented a paper on “Bilateral Cleft Lip and a Primary Forked Flap: A Preliminary Report,” Dr. Erle E. Peacock on “Uncontrolled Cell Movement and Cell Division,” and Drs. J. William Litler (by invitation) and Charles S. Li (by invitation) on “Primary Restoration of Opposition Following Median Nerve Decompression.”

At the 1967 Toronto meeting in the Royal York Hotel, Henry P. Royster was president, and lectures were presented by William R. Drucker on “The Role of Surgeons in Undergraduate Education: A New Curriculum at Toronto,” Dr. Robert McCormack on “Plastic Surgery Self-Instruction in Medical Education,” and Drs. Reed O. Dingman and Robert M. Oneal on “Teaching of Plastic Surgery Techniques to Medical Students.”

A lively annual banquet was heightened by an
unusual "soft shoe" dancer who turned out to be President Royster showing some of the talents that had been honed in the Princeton Triangle Show.

At the scientific session, Dr. Martin A. Entin spoke on "Salvaging the Basic Hand," Dr. Clifford C. Snyder on "The Treatment of Snakebite," Dr. D. Ralph Millard on "Hemi-Rhinoplasty," and Dr. Radford C. Tanzer on "Total Reconstruction of the Auricle." Dr. V. Bakamjian presented a movie on "A Method for Immediate Pharyngoesophageal Reconstruction."

Minot P. Fryer presided at the 1968 annual meeting at the Shamrock Hotel in Houston. Dr. Edwin Leonard, of the Department of Health, Education and Welfare, presented a timely lecture entitled "The Medicare Program and Plastic Surgery." The honorary award/medal was presented to Dr. Sumner L. Koch, of Chicago, for his contributions in establishing the field of hand surgery.


At this meeting, Dr. James W. Smith, of New York, was appointed chairman of the Education Committee for the years 1968–1970. It should be noted that eventually the first formal and regular meeting of the Training Program Directors occurred at the 1971 Association meeting in Williamsburg (although a "conference" was held at the 1964 meeting and a program directors' symposium also was held in 1969 in Indianapolis under James Bennett). The 1971 meeting was organized by Erle E. Peacock. Because of its success, Milton T. Edgerton was elected chairman, and it was voted to hold the meeting the following year. In 1972 the Association voted to sponsor and support an annual meeting of the program directors. Held in conjunction with the annual Association meeting, the 1972 Program Directors' meeting was the first "open meeting" of the group, and 84 of the 101 of the directors attended.

The Association's commitment to plastic surgery education was reflected in the following relevant resolution passed several years later at the 1972 Salt Lake City Annual meeting: "The American Association of Plastic Surgeons has particular interest in the development of educational methods of aid to medical students and residents undergoing training in plastic surgery. The Association is aware of the major responsibilities that rest on the shoulders of the Directors of the approved Residency Training Programs in producing plastic surgeons of sufficient skill and in sufficient numbers to meet the medical needs of our citizens.

"The Association, therefore, invites the organization of Training Program Directors to accept the Association's sponsorship of an annual meeting of all program directors, to be held in conjunction with the spring meeting of the American Association of Plastic Surgeons. All Chiefs of approved training programs, or their designated representatives, will be extended automatic invitations to attend the scientific sessions of the Association. The Association will undertake provision of an adequate meeting room and facilities for the Program Directors at a time that will be free from conflict with the scientific sessions or major committee meetings of the Association.

"Further, the Association will undertake to budget up to $1500.00 per year to aid with costs relating to the meeting of Program Directors, including speakers, honoraria, travel expenses, printing, mailing, projections, recording, etc. The officers and actions of the Program Directors group will remain entirely in the hands of that body, but a report on these activities to the AAPS will be expected each year."

In 1969 the Association met at the Fairmont Hotel in San Francisco under the leadership of Robert M. McCormack. It should be noted that the Association was elected as the first plastic surgery component in the Council of American Societies of the Association of American Medical Colleges. The honorary award/medal was presented to Dr. Joseph E. Murray (the 38th president), of Boston, for his role in the development of clinical renal transplantation.

The program for the first time listed the individual who would discuss each paper, including "Supraorbital and Glabellar Fractures," by Dr. Richard C. Schultz, "Proline Hydroxylation in Healing of Irradiated Wounds," by Paul M. Weeks, "The Use of Flaps in Orbital Reconstruction," by Mr. John C. Mustardé, and "Useful Techniques in Face Lifting," by Drs. Tord Skoog and J. D. Ellenby. Drs. Michael E. Jabeley and Milton T. Edgerton presented a movie on "Osteotomy and Advancement of the Midface for Congenital Retrusion."
It should be noted that during 1969 the first symposium of program directors and educational leaders in plastic surgery was held in Indianapolis, and it was sponsored jointly by the Association, the Educational Foundation of the American Society of Plastic and Reconstructive Surgeons, and the American Society of Plastic and Reconstructive Surgeons.

Dr. W. Brandon Macomber, of Albany, was the president at the 1970 annual meeting held at the Broadmoor Hotel in Colorado Springs. Two educational programs were presented: "Plastic Surgery and the Medical Student," discussed by Drs. Graham, Gittleman, Bennett, Lindquist, and Berggren, and Mr. Kaye, and "A Core Curriculum as Preparation for Education in Plastic Surgery," discussed by Drs. Eiseman, Chase, Peacock, and Smythe. Another panel was the "Rationale for Combined Radiation and Surgery in Treatment of Cancer of the Head and Neck."

Among the presented papers were "Nasal and Upper Lip Morphology in Adult Bilateral Cleft Lip and Palate Patients," by Drs. L. G. Farkas and W. K. Lindsay, "Multiple Gold Implants for Lagophthalmos in Facial Palsy," by Dr. Richard Jobe, and "Nasal Glioma: Embryology and Management," by Drs. Rodney S. Lowe, David W. Robinson, Lynn D. Ketchum, and Frank W. Masters.

THE SIXTH DECADE

As the decade of the 1970s opened, 1152 surgeons had been certified by the American Board of Plastic Surgery. The decade was characterized by significant advances in plastic surgery. At least three techniques essential to the practice of plastic surgery at the time that this history is being written (1995) were developed: microsurgery, craniofacial surgery, and musculocutaneous flap surgery. Scientific presentations at the Association annual meetings paralleled these developments in plastic surgery. By the late 1970s, approximately half the scientific presentations at the Association annual meetings concerned either craniofacial surgery, microsurgery, or musculocutaneous flaps.

The Fifth International Congress was held in Melbourne in 1971, the Sixth Congress in Paris in 1975, and the Seventh Congress in Rio de Janeiro in 1979.

Three awards given by the Association were initiated in this decade: the Kiskadden Lecture, the Clinician of the Year Award, and the James Barrett Brown Award.

A landmark in the history of the Association was the 50th Anniversary Meeting, held at Williamsburg in 1971, under the presidency of Dr. William K. Lindsay (Fig. 38). A fifty-year history was published in the meeting program but unfortunately did not have wider publication. Dr. Ross Musgrave, with the considerable help of Dr. Robin Anderson, presented a memorable skit on the history of the Association, complete with video footage of World War I and various leaders of the Association.

The meeting of the directors of plastic surgery residencies became known as the Training Program Directors meeting, and it had its first regular meeting immediately preceding the Williamsburg meeting. Dr. Milton T. Edgerton was elected chairman of the group. As is common with many organizations, the attendees at the first official meeting of the TPD recognized the commonality of their goals, problems, and potential solutions. In an interesting parallel to 1996, the concerns of the TPD included anticipated changes by the federal government in relationship to the reimbursement of plastic surgery residents.

A landmark paper on "The Groin Flap" was presented by Mr. Ian A. McGregor. Panels on the "Ideal Operation for Unilateral Cleft Lip Repair," "Current Concepts of Growth and Development," "Surgical Orthodontics," and "Improving the End Results of Cosmetic Surgery" were held. The scientific meeting was primarily a mixture of reports on breast surgery, hand surgery, treatment of burn injuries, and treatment of congenital deformities of the head and neck.

Dr. William S. Kiskadden had been president of the Association in 1952. To honor his memory, a lectureship was begun in 1971. The lectureship has continued over the subsequent 2½ decades. The purpose of the lectureship is to have an annual address by someone of international stature on a subject related to plastic surgery. The lecturer is chosen by the president of the Association, and the lecture is given at the annual meeting of the Association. The first Kiskadden Lecture was entitled "Precision and Empiricism in Plastic Surgery," and was given by Mr. Thomas Gibson of Scotland. Dr. Robert Ivey, one of the founders, received the honorary award.

In 1972, Dr. Radford C. Tanzer was president at the annual meeting held in Salt Lake City. Dr. Jerome P. Webster received the honorary award. The Association trustees passed a formal
resolution to sponsor an annual meeting of the Training Program Directors to be held at the time of the annual meeting of the Association. In 1972, over 80 percent of the Training Program Directors attended the second meeting of the directors.

A panel discussed “Conflicts of Interest Among Surgical Specialists: Is There a Rational Solution?” For the first time, Dr. Paul Weeks gave “A Report on the In-Training Examinations.” The in-training examination was originally started by a travel group, of which Dr. Weeks was a member. Other panels discussed “Tumors of the Head and Neck,” “Unfavorable Results and Complications,” and “Moles and Melanoma.”

In parallel with developments in plastic surgery at large, the first microsurgery papers appeared in the Association program. Drs. Clifford C. Snyder and Robin M. Stevenson were authors of a presentation on “Successful Replantation of Totally Severed Fingers.” Drs. Stanley Jaffe and Elias Husni reported on “Experiences with Extremity Replantation at the Wrist Level.”

The 1973 meeting was held at the Waldorf-Astoria in New York City under the leadership of President Clarence W. Monroe. A significant addition was made to the scientific program in that the James Barrett Brown Foundation established the James Barrett Brown Award. The concept of the prize was similar to that of the Pulitzer Prize. Originally the prize was given to “the most significant article published in Plastic and Reconstructive Surgery during the calendar year.” Although the recipient is officially chosen by the trustees of the Association, in actual fact, the winner is selected by a mail ballot of all members of the Association. The prize consists of a certificate and award of $2000. The prize is awarded at the annual meeting of the Association and usually is presented by a member of the Brown family. One of the authors of the winning scientific article also gives a summary of the paper at the meeting. The first award was presented in 1974.
In parallel with developments in plastic surgery, craniofacial surgery became a part of the scientific program of the Association. Dr. Fernando Ortiz-Monasterio presented a paper on "A System for Training of a Team for Craniofacial Surgery," and Drs. John M. Converse, Donald Wood-Smith, and Fred Epstein presented a paper on "Two Unusual Cases Treated by Craniofacial Surgery: Traumatic Ocular Hypertelorism and Congenital Ocular Hypertelorism." A group of papers related to the plastic surgery education of the graduate medical student and the premedical student was given by Drs. Monroe, Snyder, Browne, McCormack, Ryan, Coleman, Krizek, Weeks, and Graham. In 1973, cosmetic surgery papers were slightly more common than in prior years and constituted approximately 10 percent of the total program.

Dr. Milton T. Edgerton presided over the 1974 annual meeting held in Seattle. Dr. Truman Blocker received the honorary award. The agenda for the Program Directors' meeting was printed in the official program of the meeting. The various committees of the American Society of Plastic and Reconstructive Surgeons discontinued the long-term practice of having an interim meeting at the time of the annual Association meeting.

The first presentation of the James Barrett Brown Award occurred at the 1974 meeting. The first awardees were Drs. Rollin K. Daniel and H. Bruce Williams.

A third major award to be given by the Association was initiated in 1974. The Clinician of the Year Award recipient must be a member of the Association and is selected by the president. At the annual meeting the awardee gives a presentation on his or her lifetime experience in treating a particular surgical problem. The first clinician of the year was Dr. David W. Robinson.

Scientific papers regarding academic endeavors, teaching, and interspecialty relations had been presented for many years at the Association meeting. However, in 1974, the Program Directors Session was formally established, and a panel on "Graduate Education in Plastic and Reconstructive Surgery: Centripetal Factors" was held. Other panels discussed "Selection of Patients for Aesthetic Surgery: The Evaluation of Conflicts Motivation" and "Tissue Transplantation and Replantation by Microsurgical Techniques." The last panel had equal representation from the United States and other countries.

Dr. Robert Harding was president of the annual meeting held in 1975 in Scottsdale. The era of myocutaneous flaps was introduced to the Association through a paper authored by Drs. John B. McCraw and Fred Massey on "Vaginal Reconstruction Using Gracilis Myocutaneous Flaps." The Training Program Directors conducted a panel on continuing surgical education and another panel discussed the treatment of melanoma.

At the business meeting, eulogies were given for three of the most distinguished members, all honorary fellows: Drs. Jerome P. Webster, Robert Ivy, and V. H. Kazanjian.

Dr. Clifford C. Snyder, who had presented one of the first papers on microsurgery to the Association (see above), was president of the annual meeting held in 1976 in Atlanta. The Training Program Directors' panel discussed "The Resident: Definition of Responsibility—Ehvaluation of Performance." Other panels were held on hand surgery and head and neck cancer therapy. In keeping with the Utah background of Dr. Snyder, the Kiskadden Lecturer was Dr. Willem J. Kolff, the inventor of the hemodialysis machine. His address was entitled "An Update on Artificial Organs—Artificial Kidneys, Hearts, Eyes, Ears, and Arms." The scientific content of the meeting continued to emphasize congenital deformities of the head and neck and facial trauma, but a surprising number of basic science research papers were presented.

Dr. Clarke Fraser received the honorary award/medal for his work on the embryopathogenesis of craniofacial malformations.

In 1977, the president, Dr. Carl E. Chism, was seriously ill and Vice-President Andrew M. Moore presided. The last of the original founding members of the Association—Dr. Carl W. Waldron—had died in the year since the 1976 meeting. He had been a member of the Association for 56 years.

The Training Program Directors' panel had an unusual debate: "Resolved: Integrated Residency Programs in Plastic Surgery Should Be Encouraged," Drs. Donald Laub and Earle Peacock argued for the affirmative, and Drs. James Bennett and Thomas Krizek argued for the negative. A panel on "The Dissatisfied Patient after Aesthetic Surgery: An Unwanted Challenge" had as a panelist Dr. Robert M. Goldwyn. His prior publications made him well qualified to serve this role. The changes in the types of flaps being used for reconstruction were emphasized.

Dr. Nicholas G. Georgiade presided over the 1978 meeting in San Francisco. Presaging a still current debate, the Training Program Directors’ panel was entitled “The Development of Specialty Boards in the Future.” Dr. Thomas Rees argued eloquently that aesthetic surgery should remain firmly within the field of plastic surgery. Again, the developments in plastic surgery at large were reflected by a panel on “Reconstruction After Mastectomy: Who, When, and How.” Other panels included “State of the Art” and “Problem Cases,” attempting to involve the audience. Further mimicking the trends in plastic surgery at large, over half the scientific papers were about craniofacial surgery, musculocutaneous and muscle flaps, and microsurgery.

The Breakers Resort in Palm Beach was the site of the 1979 meeting, presided over by Dr. Andrew M. Moore. The Training Program Directors’ panel on “Financing Graduate Education Now and in the 1980s” would still be of vital interest to plastic surgery educators over 15 years later. Other panels discussed cleft lip surgery, reduction mammoplasty, rhinoplasty, and “Respective Indications of Microvascular Free Flaps, Muscle Flaps, Musculocutaneous Flaps, and Classical Skin Flaps: Advantages and Disadvantages.” A lively discussion ensued in the latter panel between the proponents of microvascular free flaps and those of local musculocutaneous flaps.

Over the decade of the 1970s, the most common category of scientific papers at the annual meeting was congenital deformities of the head and neck. Other major categories of interest were head and neck tumors and hand surgery. In the latter years of the decade, of course, microsurgery became an increasingly more prominent subject in the scientific program. Dr. Harry Buncke was given the honorary award/medal of the Association in 1979 primarily for his pioneering work in microsurgery. His award was a fitting conclusion to a decade of rapid development in microsurgery.

Dr. Raymond O. Brauer was president for the 1980 meeting, again held in Scottsdale, Arizona. The Training Program Directors’ panel was entitled “Attracting Medical Students and Junior Surgical Residents to Plastic Surgery Residency Programs.” Another panel discussed lower extremity reconstruction and included conventional, musculocutaneous, and free-flap surgical options. A final panel discussed the application of craniofacial surgery techniques to problems other than congenital deformities. The overall scientific program consisted of an almost equal number of presentations on congenital deformities of the head and neck, head and neck tumors, deformities of the trunk and genitalia, and miscellaneous.


THE SEVENTH DECADE

In the decade of the 1980s, plastic surgeons consolidated and refined many of the advances made in microsurgery, craniofacial surgery, and musculocutaneous flap surgery. While the first reports about tissue expansion occurred in the 1950s and 1970s, most of the laboratory and clinical work was reported in the 1980s. Perhaps, the most startling development was that of fetal surgery and the scarless wound. Some presenters suggested intrauterine correction of cleft lip, based on their laboratory experiments. It was a decade of exponential growth in plastic surgery, especially in aesthetic surgery. Craniofacial surgery and microsurgery received considerable media attention. The practice of plastic surgery was no longer restricted to the larger cities.

The Eighth International Congress was held in Montreal in 1983, and the Ninth Congress in New Delhi in 1987.

The 1981 annual meeting was held in Williamsburg and was presided over by Dr. Maurice J. Jurkiewicz. The Training Program Directors’ panel again discussed graduate medical education. Dr. Joseph E. Murray was recognized as clinician of the year. A presidential gold medal was presented by William K. Lindsay as a gift of friendship from the Canadian Society of Plastic and Reconstructive Surgeons.

In the scientific program, musculocutaneous flaps and microsurgery were emphasized. Two papers discussed using rectus abdominis musculocutaneous flaps for breast reconstruction. The former was presented by Drs. Melvin Dinner, H. B. Labander, and R. V. Dowden, and the
second was authored by Drs. Carl Harrrampf, Michael Scheflan, and Paul W. Black. Drs. Mul liken and Glowacki presented a new classification for vascular malformations.

The 1982 meeting was held at the Broadmoor Resort in Colorado Springs and was presided over by Dr. Dwight C. Hanna. The Training Program Directors’ panel debated “The Control of Plastic Surgery Manpower,” a subject again under intense discussion at the time of this writing. Another panel was given on “Study of Plastic Surgery.” The distribution of scientific papers by subcategories was little changed from prior years, but lower limb reconstruction was more prominent on the program. Drs. Jeffrey Marsh and Michael W. Vannier reported on three-dimensional CT scans of craniofacial anomalies. Drs. J. C. Banis and R. D. Acland reviewed the scapular free flap, and Dr. Joseph Gruss discussed primary bone grafting for facial fractures.

Dr. Harry J. Buncke, who had contributed so much to the scientific program in prior years, presided over the 1983 annual meeting at the Copley Plaza Hotel in Boston. The Training Program Directors’ panel was entitled “Improving the Resident Selection Process.” As fitting for Boston, a panel discussed “Transplantation—Current Status.” One of the panelists on transplantation, Dr. Norman Shumway, also was given the honorary award/medal of the Association. A Yugoslavian guest, Dr. Marko Godina, gave a paper entitled “Immediate Microvascular Reconstruction” of injuries; this topic remains a source of continuing debate in 1996. Dr. Michael E. Jabaley reported on rigid internal fixation in the hand.

Dr. James Bennett served as president at the 1984 annual meeting, held in Chicago at the Drake Hotel. Harking back to a presentation given to the Association in 1980, Dr. Burt Brent was given the James Barrett Brown Award in recognition of his papers on reconstruction of microtia. The Training Program Directors’ panel concerned the financing of graduate medical education. Dr. Harry Buncke and associates reported on “Free Serratus Anterior Muscle Transplantation for Unilateral Facial Paralysis.”

The 1985 meeting was presided over by Dr. D. Ralph Millard and held in Coronado, California. His presidential address was entitled “Principalization of Plastic Surgery,” and was accompanied by music. The Association recognized the importance of tissue expansion as a developing part of plastic surgery as the James Barrett Brown Award was given posthumously to the widow of Dr. Chadomir Radovan. The Training Program Directors’ panel discussed the evaluation of clinical competence. An interesting panel affecting plastic surgeons of a wide age range was entitled “Passages: A Plastic Surgeon’s Career.” A scientific presentation on the inducement and diagnosis of ring constriction in fetal lambs introduced the members of the Association to fetal surgery. Presentations about congenital deformities of the head and neck continued to comprise the plurality of papers, but head and neck tumors, breast reconstructive surgery, and hand surgery were almost equally represented. Dr. Leonard Furlow reported his double Z-plasty technique of cleft palate repair, and Drs. P. G. Arnold and P. C. Pairolero presented the surgical management of irradiated chest-wall defects.

The Training Program Directors met and voted to reconstitute and rename themselves as the Association of Academic Chairmen in Plastic Surgery (AACPS). The Association of Academic Chairmen in Plastic Surgery has developed into a more independent organization but has continued to have meetings coincident with the annual meeting of the Association until the time of this writing.

The 1986 meeting was held in Washington, D.C., under the presidency of Dr. John C. Kelleher. For the first time, the opening panel was listed in the meeting booklet as being organized by the AACPS. Yet again, financing graduate medical education was the topic. Another panel was given on “Plastic Surgery of the Facial Skeleton: An Expanding Opportunity.” Dr. Kelleher’s presidential address concerned his lifetime experience with abdominal pedicle flaps. The first paper specifically on tissue expansion was given by Drs. O. Antonyszyn, J. S. Gruss, R. Zuker, and S. E. Mackinnon and was entitled “Tissue Expansion in the Head and Neck.” Dr. William Shaw reported on the free superior gluteal flap, and Dr. L. Vasconez and associates on subperiosteal face lifts. Dr. J. William Littler received the honorary award/medal for his contributions to the development of modern hand surgery.

Dr. William C. Trier presided over the 1987 meeting at Opryland in Nashville. The AACPS panel was entitled “Fellowships: The Reality.” The concept of a Certificate of Added Qualifications in Hand Surgery generated much controversy. A paper on the work of Dr. Michel
Salmon demonstrated once again that useful scientific information had lain undetected in the literature for many years. Dr. Salmon’s work on the blood supply of the skin clearly illustrates the basis for many skin flaps and musculocutaneous and fasciocutaneous flaps. Dr. Alvan R. Feinstein gave the Kiskadden Lecture, with the title “Humanism, Science, and the Strategy of Clinical Judgment.” Dr. G. G. Gallico and associates reported on the use of cultured tissue skin autografts, and Dr. Paul Manson on the treatment of frontal bone fractures.

In 1988, the Association returned to the Breakers Hotel in Palm Beach, and Dr. Thomas J. Krizek served as president. The AACPS panel again discussed prerequisite training for plastic surgery residencies. Another panel discussed “Teaching Aesthetic Surgery.” Dr. Krizek’s presidential address concerned humanism in medicine, and he showed how the difficulties in our own lives can be shared with patients.

Dr. Julia K. Terzis reported on a 10-year experience of reconstructing brachial plexus defects, and Dr. James W. May reported a similar long-term microsurgical experience in the treatment of osteomyelitis. Drs. J. C. Grotting and L. O. Vasconez recommended the free transfer of a rectus abdominis musculocutaneous flap over a pedicle transfer.

In 1989, the Association returned to the Camelback Inn in Scottsdale, and Dr. Fernando Ortiz-Monasterio, of Mexico City, presided. The tenor of the meeting was established by his Kiskadden Lecturer; Augusto Molina, Ph.D., lectured on “The Rediscovery of Tenochtitlan—The Most Important Pre Columbian City in the Americas.” Dr. Paul Tessier, of France, was given the honorary award/medal for his monumental work in the development of craniofacial surgery.

The AACPS panel again concerned the education of the plastic surgeon in the twenty-first century. Fetal surgery was again the topic of a scientific presentation, and the concept of “Scarless Healing” was further elaborated on by Dr. John Siebert and associates, and Dr. David Hidalgo introduced the concept of the fibular free flap for mandibular reconstruction.

Throughout the decade of the 1980s, papers on congenital deformities of the head and neck continued to represent the plurality of the program. However, papers on general flap physiology, head and neck tumors (usually reconstruction), breast reconstructive surgery, and hand surgery were almost as frequent. Papers on the aforementioned topics constituted almost two-thirds of the scientific program. Papers on burns had virtually disappeared from the scientific program by the end of the 1980s.

During the 1980s, the social program, which included members and spouses, remained in the pattern of a Sunday welcoming reception and a Tuesday president’s cocktail reception and dinner dance. Despite some inroads by those in favor of less formality, “black tie” dress prevailed at the president’s cocktail reception and dinner dance.

Dr. John E. Hoopes presided at the 1990 scientific annual meeting of the Association, held at the Homestead, in Hot Springs, Virginia. The AACPS panel was entitled “The Care and Feeding of the Young Academic Surgeon.”

The distribution of the scientific papers continued as it had in the late 1980s. Dr. W. E. Matary discussed aging of the Afro-American face, and Dr. Joel Feldman detailed his techniques of resurfacing the burn-scarred face.

The Eighth Decade

In the 1990s, socioeconomic and government concerns in plastic surgery appear, at times, to outweigh scientific interests. Many members believed too many plastic surgeons are being trained. In surveys conducted in 1993 and 1994, members of the Association and AACPS were asked if too many plastic surgeons were being trained. Approximately 60 to 70 percent believed that the current number of resident training positions was ideal. In 1995, a dramatic turnaround occurred; at the AACPS meeting preceding the AAPS annual meeting, approximately 90 percent of the audience expressed the opinion that an excess number of plastic surgeons was being trained.

Interest in aesthetic surgery also increased, especially since reimbursement for this type of surgery falls outside the realm of traditional insurance and government providers. It also became apparent that young plastic surgeons were experiencing increased difficulty in securing practice situations.

On the international scene, the Tenth International Congress was held in Madrid in 1992, and the Eleventh Congress in Yokohama in 1995.

In 1991, the annual meeting was held in San Antonio, with Dr. Ronald B. Berggren presiding. The panel of the AACPS concerned “The Litigious Resident.” Drs. Siebert, Burd, McCarthy, Weinzweig, and Ehrlich received the
James Barrett Brown Award for their paper on fetal wound healing. The honorary award/medal was given to Dr. G. Ian Taylor for his work in microsurgery and the blood supply of skin. One-half the scientific program consisted of papers on congenital deformities of the craniofacial region, tumors of the head and neck, breast surgery, and microsurgery.

The 1992 annual meeting was held in Vancouver, British Columbia, under the presidency of Dr. Paul Weeks. The AACPS panel was entitled “Aesthetic Training in Plastic Surgery.” The resident participating on the panel offered data to show that completing residents felt unprepared to perform many aesthetic surgical procedures. The residents felt least prepared to perform rhinoplasties. Many in the audience believed that limited training in rhinoplasty had existed for at least the two prior decades.

During the 1970s and 1980s, the Association had provided “seed grants” to stimulate research. In the late 1980s, the Association voted to pursue a different route in influencing academic plastic surgery. The members decided to select a promising young plastic surgeon and encourage that individual in a career in academic surgery. The fellowship was to be given to someone “with at least a modicum of an academic track record.” The first fellowship was to be funded for 3 years, and the first award was granted in 1992 to Dr. William Kuzon.

Scientific breakthroughs continued in the realm of fetal surgery. The honorary award/medal was given to Dr. N. Scott Adzick, of San Francisco, for pioneer research and clinical work in intrauterine surgery.

The annual meeting returned to the East Coast (Philadelphia) in 1993, with Dr. Melvin Spira serving as president. The AACPS panel again covered plastic surgery training and discussed who should direct and choose specific residency rotations. The honorary award/medal of the AAPS was given to Dr. Judah Folkman.

For the first time in many years, the scientific meeting had discussion of scientific papers without an assigned discussant. Most attendees felt that elimination of an assigned discussant improved the discussion. Over 20 percent of the scientific papers concerned breast surgery. As in the 1980s and earlier in the 1990s, presentations on burn injuries were almost absent.

The 73rd annual meeting was held in St. Louis in 1994. As had occurred in 1977, illness prevented attendance of the president. The president-elect, Dr. Stephen H. Miller, served in Dr. Robert M. Goldwyn’s absence at various ceremonies. Dr. David Furnas presided at the board meeting as well as the fellows meeting. Given the location of the meeting, a special address on the “Influence of St. Louis on Plastic Surgery” was given by Drs. Bradford Cannon and Joseph E. Murray. The AACPS panel again dealt with plastic surgery residency training; on this occasion, the relationship of residencies and health care reform was discussed. Many felt that the Democratic party was certain to legislate health care reform.

Craniofacial surgery broke new ground with two presentations on techniques for distraction osteogenesis of the mandible pioneered by Dr. Joseph G. McCarthy and his colleagues at New York University and Drs. Fernando Ortiz-Monasterio and Fernando Molina in Mexico City. For the first time, the subject of endoscopically assisted plastic surgery was brought before members and guests of the Association by Dr. John Bostwick and others from Emory University.

The board of trustees changed the title of “honorary fellow” to “distinguished fellow” for those members elected to the position who are currently members of the Association. The term Distinguished Honorary Fellow is to be used for nonmembers of the Association who are given this special honor.

The 74th annual meeting was held in 1995 at Coronado (San Diego). Dr. Stephen H. Miller presided a second time but in his home town. In 1995 he was president, whereas in 1994 he had presided as president-elect in Dr. Robert Goldwyn’s absence. The AACPS panel was entitled “Public Policy Toward Graduate Medical Education.” The second academic scholar, Dr. Arun Gosain, was introduced. The Association continued its program to promote academic plastic surgery by the appointment of individual academic scholars.

As the Association approaches its Diamond (75th) Anniversary, plastic surgery has come of age. For example, 4721 surgeons have been certified by the American Board of Plastic Surgery since its founding in 1937. The Association has grown from the vision of the three surgeons meeting on a hot Chicago August day in 1921 to an organization with 499 fellows (299 active fellows, 185 senior fellows, and 15 honorary fellows) who meet annually for a 4-day meeting. The Association meetings over the years have premiered some of the hallmark papers in plas-
tic surgery and also have strongly influenced the
development of plastic surgery training and
postgraduate education.

As the twenty-first century nears, the Associa-
tion will continue to grow and live up to its
credo: "The object of the Association shall be to
stimulate and advance knowledge of the science
and art of Plastic Surgery and thereby improve
and elevate the standards of practice of this
specialty."

Joseph G. McCarthy, M.D.
NYU Medical Center
550 First Avenue
New York, N.Y. 10016

ACKNOWLEDGMENTS

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Furnas, James Hendrix, D. Ralph Millard, Jr., and Ross Mus-
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HONORARY AWARDS

1959 Varaztad H. Kazanjian, D.M.D., M.D., C.M.G., D.Sc. (Hon.)
1960 Claude G. Guthrie, M.D.
1962 Joseph Warkany, M.D.
1964 Prof. Rupert E. Billingham, D.Sc., F.R.S.
1965 Sir Ivan W. Magill, C.V.C., S.F.A.R.C.S.
1966 Paul W. Brand, O.B.E., F.R.C.S.
1967 James Barrett Brown, M.D.
1968 Sumner L. Koch, M.D.
1969 Joseph Edward Murray, M.D.
1971 Robert H. Ivy, M.D., D.D.S.
1972 Jerome P. Webster, M.D.
1973 Hayes E. Martin, M.D.
1974 Truman G. Blocker, M.D.
1976 R. Clarke Fraser, Ph.D., M.D.C.M., F.R.C.S.
1978 Frank McDowell, M.D.
1979 Harry J. Buncke, M.D.
1980 Harold E. Kleinert, M.D.
1981 D. Ralph Millard, Jr., M.D.
1982 David W. Robinson, M.D.
1983 Norman E. Shumway, M.D., Ph.D.
1984 Reed O. Dingman, M.D.
1985 Thomas Gibson, D.Sc., F.R.C.S. (Ed. and Glasg.)
1986 J. William Littler, M.D.
1987 Ian A. McGregor, F.R.C.S.
1988 Robert M. McCormack, M.D.
1989 Paul Tessier, M.D.
1992 N. Scott Adzick, M.D.
1993 Judah Folkman, M.D.
1994 Maurice J. Jurkiewicz, M.D.
1995 William K. Lindsay, M.D.

DISTINGUISHED HONORARY FELLOWS

1925 Sir Arbuthnot Lane
1929 Sir Harold Gillies
1935 Vilray P. Blair, M.D.
1947 George M. Dorrance, M.D.
1947 Robert H. Ivy, M.D., D.D.S.
1947 Gordon B. New, M.D.
1947 Ferris Smith, M.D.
1948 T. Pomfret Kilner, M.D.
1957 William L. Shearer, M.D.
1958 Varaztad H. Kazanjian, M.D.
1959 Fulton Risdon, M.D.
1959 Robert E. Moran, M.D.
1963 Carl W. Waldron, M.D.
1966 Jerome P. Webster, M.D.
1966 Rainsford Mowlem, F.R.C.S.
1967 James Barrett Brown, M.D.
1967 Harold S. Vaughan, M.D.
1971 Alfred W. Farmer, M.D.
DISTINGUISHED HONORARY FELLOWS (Continued)

1971  Gustave Aufricht, M.D.
1972  Paul Tessier, M.D.
1972  Lyndon A. Peer, M.D.
1974  David N. Matthews, F.R.C.S.
1975  Tord Skoog, M.D.
1976  John M. Converse, M.D.
1978  William G. Hamm, M.D.
1979  Bradford Cannon, M.D.
1982  Kenneth L. Pickrell, M.D.
1983  Thomas D. Cronin, M.D.
1984  Vahram Y. Bakamjian, M.D.
1985  Clifford L. Kiehn, M.D.
1987  Joseph E. Murray, M.D.
1987  Radford C. Tanzer, M.D.
1988  Charles E. Horton, M.D.
1990  Dwight C. Hanna, M.D.
1991  Henry P. Royster, M.D.
1993  Bernard G. Sarnat, M.D.
1994  Peter Randall, M.D.
1995  Leonard T. Furlow, M.D.

CLINICIAN OF THE YEAR

1974  David W. Robinson, M.D.
1975  Robert M. McCormack, M.D.
1976  Reed O. Dingman, D.D.S., M.D.
1977  J. William Littler, M.D.
1978  Bromley Freeman, M.D.
1979  Thomas D. Cronin, M.D.
1980  Milton T. Edgerton, M.D.
1981  Joseph Edward Murray, M.D.
1982  T. Ray Broadbent, M.D.
1983  Clifford C. Snyder, M.D.
1984  Desmond A. Kernahan, M.D.
1985  Erle E. Peacock, Jr., M.D.
1986  Leonard R. Rubin, M.D.
1987  Peter Randall, M.D.
1988  Maurice J. Jurkiewicz, M.D.
1989  Harry J. Buncke, Jr., M.D.
1990  Edward A. Luce, M.D.
1991  Robert M. Goldwyn, M.D.
1992  Ian T. Jackson, M.D.
1993  John B. Lynch, M.D.
1994  H. Bruce Williams, M.D.
1995  William P. Graham, M.D.
1974 Rollin K. Daniel, M.D.
    H. Bruce Williams, M.D.
1975 Paul Tessier, M.D.
    Rollin K. Daniel, M.D.
1977 Julia Terzis, M.D.
1978 John B. McCraw, M.D.
    David G. Dibbell, M.D.
    James H. Carraway, M.D.
1979 John Bostwick, III, M.D.
    Luis O. Vasconez, M.D.
    Maurice J. Jurkiewicz, M.D.
1980 G. Patrick Maxwell, M.D.
    Bernard M. McGibbon, M.D.
    John E. Hoopes, M.D.
1981 Burton D. Brent
1982 Stephen Mathes, M.D.
    Foad Nahai, M.D.
1983 Carl R. Hartrampf, Jr., M.D.
    Michael Schefflan, M.D.
    Paul W. Black, M.D.
1984 Burton D. Brent, M.D.
    Henry Steve Byrd, M.D.
1985 Chadomir Radovan, M.D.
1986 Joseph S. Gruss, M.B.
    Susan E. Mackinnon, M.D.
    Edward K. Kassel, M.D.
    Perry W. Cooper, M.D.
1987 Leonard R. Furlow, Jr., M.D.
1988 Raphael C. Lee, M.D., Sc.D.
    Michael S. Kolodney, S.B.
1989 Harry K. Moon, M.D.
    G. Ian Taylor, F.R.A.C.S., F.R.C.S.
1990 Gary C. Burget, M.D.
    Frederick J. Menick, M.D.
1991 John W. Siebert, M.D.
    D. A. R. Burd, M.D.
    Joseph G. McCarthy, M.D.
    Jeffrey Weinzweig
    H. P. Ehrlich, Ph.D.
1992 David A. Hidalgo, M.D.
1993 James M. Estes, M.D.
    David J. Whitby, M.D.
    Herman P. Lorenz, M.D.
    Michael T. Longaker, M.D.
    Zolton Szabo, Ph.D.
    N. Scott Adzick, M.D.
    Michael R. Harrison, M.D.
1994 Dale C. Birdsell, M.D.
    Heather Jenkins
    Hans Berkel, Ph.D.
1995  G. Ian Taylor, M.D.
     Mark Gianoutsos, M.D.
     S. F. Morris, M.D.

**KISKADEN LECTURERS**

1971  Thomas Gibson, D.Sc., F.R.C.S. (Ed), F.R.C.S. (Glasg)
1973  Noshir H. Antia, M.D.
1974  William Montagna, Ph.D.
1975  Seymour S. Cohen, Ph.D.
1976  William J. Kolff, M.D., Ph.D.
1977  Arno G. Motulsky, M.D.
1978  Kenneth S. McCarty, Jr., M.D., Ph.D.
1979  Fred Rapp, Ph.D.
1980  Harold C. Slavkin, D.D.S.
1981  Robert A. Chase, M.D.
1982  Leland R. Kaiser, Ph.D.
1983  Derek C. Bok, J.D.
1984  C. Rollins Hanlon, M.D.
1985  General John Bruce Medaris
1986  Honorable John F. Lehman, Jr.
1987  Alvan R. Feinstein, M.D.
1988  Norman R. Bernstein, M.D.
1989  Augusto Molina, Ph.D.
1990  Steven Muller, Ph.D.
1991  Edward J. Stemmier, M.D.
1992  William H. Danforth, M.D.
1993  Gail R. Wilensky, Ph.D.
1994  Daniel D. Federman, M.D.
1995  Gerald M. Edelman, M.D., Ph.D.

**PAST PRESIDENTS AND ANNUAL MEETINGS**

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<td>John C. Kelleher</td>
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<td>Stephen H. Miller</td>
<td>San Diego</td>
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1992  William Kuzon
1995  Arun Gosain