



6728 Old McLean Village Drive • McLean • VA • 22101 • 703-556-9222 • www.pedsendo.org

Early History

1. Communications Leading to the Creation of LWPES
 - a. Outline of preparations 1960-1971
 - b. Pediatric Endocrine Specialty Boards Survey
 - c. Memorial Reunion- 1969
 - d. Plans for 4th LW Memorial Reunion- 1971
 - e. Memorial Reunion- 1971
 - f. Photos from the Memorial Reunion- 1971
 - g. Memo Re: Meeting of Endo Specialty Board of Examiners of ABIM- Sept. 1971
 - h. Memo Re: Business Mtg. of ABP- Oct. 1971
 - i. Memo Re: separation of Endocrinology and Metabolism- Dec. 1971
 - j. Visitors- undated
2. Early Mailings to LWPES Membership
 - a. Membership Mailing Cover letter
 - b. Letter to Prospective Members
 - c. Member Update
 - d. Constitution
 - e. By-Laws
 - f. Officer and Committee Listings
 - g. Minutes of 1971-1972 Meetings
 - h. Invitation to Active Membership (Letter and Application)
3. Very Early Annual Meetings
 - a. 1 Annual Meeting Program and Cover letter
 - b. American Diabetes Association- Cover letter and Questionnaire
 - c. Lab/Clinical Research (Juvenile diab mellitus) Interest Meeting invitation
4. Lawson Wilkins Memorial Lectures
 - a. Claude J. Migeon- Jan 1972

~1971 (Kc 4-12)

DEAR COLLEAGUE:

THIS OUTLINE HAS BEEN PREPARED TO INFORM YOU OF THE EVENTS WHICH PROMPTED DISCUSSIONS ABOUT A SUB-SPECIALTY BOARD IN PEDIATRIC ENDOCRINOLOGY, AND THE EVENTS WHICH HAVE TAKEN PLACE TO DATE. PLEASE UNDERSTAND THAT NO DECISIONS HAVE BEEN MADE AND NO OFFICIAL ACTION HAS BEEN TAKEN.

IN 1960 THERE WERE DISCUSSIONS AMONG INTERNISTS ABOUT THE ESTABLISHMENT OF A SUB-SPECIALTY BOARD IN ENDOCRINOLOGY AND METABOLISM.

IN EARLY 1961 A SMALL AND INCOMPLETE SURVEY WAS MADE AMONG PEDIATRICIANS INTERESTED IN ENDOCRINOLOGY. ALL OF THOSE QUESTIONS WERE AGAINST CONSIDERING A SUB-SPECIALTY BOARD IN PEDIATRIC ENDOCRINOLOGY.

IN 1969 OR 1970 THE AMERICAN BOARD OF INTERNAL MEDICINE ANNOUNCED PLANS TO ESTABLISH A SUB-SPECIALTY BOARD IN ENDOCRINOLOGY AND METABOLISM. A COMMITTEE WAS APPOINTED FROM THE ENDOCRINE SOCIETY TO MEET WITH THE AMERICAN BOARD OF INTERNAL MEDICINE TO DISCUSS THE ESTABLISHMENT OF THE BOARD. JUST BEFORE THAT MEETING A MEMBER OF THE COMMITTEE FROM THE ENDOCRINE SOCIETY INQUIRED ABOUT ACTION TO BE TAKEN BY THE PEDIATRICIANS. IT WAS SUGGESTED THAT INTERESTED PEDIATRICIANS BE INFORMED OF THE ACTION TAKEN BY THE AMERICAN BOARD OF INTERNAL MEDICINE, AND THAT THEY MAKE THEIR WISHES KNOWN TO THE AMERICAN BOARD OF PEDIATRICS.

AT THE SPRING MEETINGS IN ATLANTIC CITY IN 1970 THIS MATTER WAS DISCUSSED WITH MANY PEDIATRICIANS AND WITH DR. BILL DAESCHNER, A MEMBER OF THE AMERICAN BOARD OF PEDIATRICS.

ON MAY 21, 1970, I WROTE TO DR. ROBERT LAWSON, THEN PRESIDENT OF THE AMERICAN BOARD OF PEDIATRICS, INFORMING HIM THAT MOST PEDIATRICIANS INTERVIEWED AT THE SPRING MEETINGS INDICATED AN INTEREST IN A PEDIATRIC SUB-SPECIALTY BOARD IN ENDOCRINOLOGY IF SUCH A BOARD WAS TO BE ESTABLISHED BY THE AMERICAN BOARD OF INTERNAL MEDICINE. I INDICATED TO DOCTOR LAWSON THE DESIRE OF PEDIATRICIANS TO BE KEPT ABREAST OF THE DEVELOPMENTS IN THE AMERICAN BOARD OF PEDIATRICS.

ON THE 23RD OF OCTOBER, 1970, DR. MELVIN GRUMBACH ATTENDING A MEETING OF THE AMERICAN BOARD OF PEDIATRICS (AT THEIR INVITATION). IT WAS DECIDED THAT AN AD HOC COMMITTEE SHOULD BE ESTABLISHED TO STUDY THE PROBLEM. THE AMERICAN BOARD OF PEDIATRICS THEN APPOINTED DR. BILL DAESCHNER AS CHAIRMAN OF THE AD HOC COMMITTEE WITH DR. MELVIN GRUMBACH, DR. ROBERT BLIZZARD AND DR. A. B. HAYLES AS MEMBERS. THE COMMITTEE WAS CHARGED WITH THE RESPONSIBILITY OF WORKING OUT PLANS FOR A PROPOSAL FOR (1) THE ESTABLISHMENT OF A SUB-BOARD IN PEDIATRIC ENDOCRINOLOGY; (2) THE ESTABLISHMENT OF A CONJOINT BOARD IN PEDIATRIC ENDOCRINOLOGY, OR (3) SOME OTHER METHOD OF CERTIFICATION OF PEDIATRIC ENDOCRINOLOGISTS, SHOULD THERE BE A REQUEST FOR SUCH CERTIFICATION.

ON DECEMBER 14, 1970, DOCTOR DAESCHNER WROTE TO THE COMMITTEE MEMBERS ASKING FOR SUGGESTIONS AS TO METHODS FOR SETTING UP A SUB-SPECIALTY BOARD. DOCTOR DAESCHNER'S LETTER INDICATED THE DESIRABILITY OF HAVING THIS COMMITTEE PROVIDE A FOREMAT FOR OTHER SUB-SPECIALTY BOARDS.

ON DECEMBER 28, 1970, DOCTOR BLIZZARD AND I DISCUSSED THIS MATTER BY PHONE. WE AGREED THAT NO ACTION SHOULD BE TAKEN UNTIL WE COULD GET THE SENTIMENT OF ALL THOSE INTERESTED IN PEDIATRIC ENDOCRINOLOGY. WE ELECTED TO TRY AND HAVE AS MANY

PEDIATRIC ENDOCRINOLOGISTS AS POSSIBLE ATTEND THE WILKIN'S SOCIETY MEETING IN 1971, WITH THE HOPE THAT WE COULD DISCUSS THE ENTIRE PROBLEM. WE ALSO AGREED TO TRY AND LEARN AS MUCH AS POSSIBLE ABOUT THE PLANS OF THE AMERICAN BOARD OF INTERNAL MEDICINE. DOCTORS DAESCHNER AND GRUMBACH WERE INFORMED OF THIS PLAN.

ON JANUARY 4, 1971, I WROTE TO DR. WILLIAM H. DAUGHADAY, CHAIRMAN OF THE ENDOCRINE SUB-BOARD COMMITTEE OF THE AMERICAN BOARD OF INTERNAL MEDICINE, INQUIRING OF THE PLANS OF THAT COMMITTEE.

ON JANUARY 8, 1971, DOCTOR DAUGHADAY REPLIED AND INDICATED THAT A 2-DAY EXAMINATION WOULD BE PREPARED AND GIVEN TO INTERNAL MEDICINE CANDIDATES IN THE FALL OF 1972. DOCTOR DAUGHADAY EXPRESSED THE BELIEF THAT THE AMERICAN BOARD OF INTERNAL MEDICINE WOULD COOPERATE WITH THE AMERICAN BOARD OF PEDIATRICS AND FURTHER EXPRESSED A PERSONAL WILLINGNESS TO COOPERATE WITH US IN THE PREPARATION OF EXAMINATIONS FOR CANDIDATES, SHOULD WE ELECT TO ESTABLISH A SUB-SPECIALTY BOARD. HE INDICATED THAT THERE WOULD LIKELY BE MUCH OVERLAP IN THE EXAMS.

LATE IN JANUARY 1971, IT WAS DECIDED THAT WE SHOULD DELAY FURTHER ACTION UNTIL THE SPRING MEETINGS OF 1971 SINCE (1) THERE IS NO ORGANIZED SOCIETY TO SPEAK FOR PEDIATRICIANS INTERESTED IN ENDOCRINOLOGY AND METABOLISM; (2) THE EXACT WISHES OF THE PEDIATRICIANS IN THIS MATTER ARE NOT KNOWN; (3) THE EXACT LIMITATIONS OF THE SUB-SPECIALTY HAVE NOT BEEN DEFINED; (4) THE EXACT NUMBER OF POTENTIAL CANDIDATES FOR A SUB-SPECIALTY BOARD IN ENDOCRINOLOGY IS NOT KNOWN; (5) THE NUMBER OF PEDIATRIC ENDOCRINE TRAINING PROGRAMS IS NOT KNOWN; (6) PEDIATRIC ENDOCRINOLOGY TRAINING PROGRAMS VARY GREATLY AND NO STANDARDS FOR SUCH PROGRAMS HAVE BEEN SET.

ON THE 22ND OF MARCH, 1971, I AGAIN VISITED WITH DOCTOR DAUGHADAY AND HE ASSURED ME THAT PLANS FOR THE SUB-SPECIALTY BOARD OF THE AMERICAN BOARD OF INTERNAL MEDICINE HAD PROGRESSED. HE INDICATED THAT THE EXAM FOR INTERNISTS WILL INCLUDE GENERAL ENDOCRINOLOGY AND METABOLISM, DIABETES, GENETICS, GROWTH AND DEVELOPMENT, FLUIDS AND ELECTROLYTES, AND INBORN ERRORS. CANDIDATES FOR THE EXAMINATION MUST HAVE COMPLETED TWO YEARS RESIDENCY IN AN ESTABLISHED ENDOCRINE TRAINING PROGRAM. ONE OF THE TWO REQUIRED YEARS COULD BE COMPLETED DURING THE REQUIRED 3 YEAR PROGRAM FOR GENERAL INTERNAL MEDICINE. DOCTOR DAUGHADAY WILL BE IN ATLANTIC CITY ON MAY 1, 1971, AND WILL AWAIT A CALL FROM ONE OF US TO DISCUSS ACTION TAKEN AT THIS MEETING.

RESPECTFULLY SUBMITTED,

A. B. HAYLES, M.D.

ABH:JEF

FOR

It would appear to me that Pediatric Endocrinology as a recognized specialty has come of age at this point and can make legitimate claim to establishing its own specialty board. I think our numbers have increased rapidly up until recently and I also feel that we have been able to catalyze much clinical expertise in matters related to our discipline. Actually I feel that pediatric endocrinology as a clinical specialty is at this point a potential means of livelihood in big cities through referrals for expert diagnosis and treatment. I do see the need for a certification mechanism which gives creditability to the practitioner with special qualifications. I'm well aware of the fact that for some years to come most pediatric endocrinologists will remain academically based and involved in basic and clinical research however the potential for practice as a specialty is a very real one.

My first reaction to your memo was "Do we really need another specialty board?" On second thought, there is little doubt in my mind that by the creation of specialty groups, we have immeasurably increased our knowledge in these areas and have eventually provided better care.

As the number of pediatricians who limit their activities to the area of Endocrinology increases, and they, in turn, take on house officers for training, it appears wise that an attempt should be made to define content of such training programs, and to set standards which we would expect trainees to meet if they are to provide optimal care. Although it is obvious that the required content of such a program must contain specific sections on metabolism, to call the section "Endocrinology and Metabolism" appears pretentious. I think the degree of proficiency expected of the trainee in non-endocrine metabolic areas will have to be set up by the governing committee. We should not be making a decision for those people primarily interested in metabolic fields.

I am strongly in favor of creating a certifying mechanism in Pediatric Endocrinology. Although I have had mixed feelings in this regard for many years, the establishment of an Endocrinology Speciality Board by the internists has convinced me that it is imperative for the survival of pediatric endocrinology to develop a comparable Speciality Board.

AGAINST

From my understanding of the discussion in Atlantic City last Spring, the main impetus for subspecialty examinations is fear - fear that the internists will establish subspecialty boards and therefore be the only "certified" endocrinologists, fear that when the government steps into the area of payment for medical services, it will only recognize "certified" subspecialists. The rationale for establishing a certification examination should lie not in fear, but in whether the goal of good patient care is going to be served.

At this time I have not been exposed to the compelling reasons why it is considered to be desirable to have further proliferation of specialty board examinations. These reasons should be given major deliberation prior to further discussions of the content of the examination. For example, is it a monetary consideration; is pressure being felt because of the directions of the ABIM; is it necessary or desirable to limit the field; is it necessary because of group practice designations of specialty qualifications; is it necessary in order to eliminate marginal training programs; is it necessary as a focus for educational uniformity?

If my recollections of the May meeting in Atlantic City are correct, the following pros were mentioned (a) assurance of reimbursement from third party groups by virtue of certified subspecialty status, (b) quality control and protection of the "chosen" and (c) creation of an organized body to represent the pediatricians and guarantee their status once an analogous group exists for the internists. I recognize the cons, including the difficulties in preparing, administering and taking another examination as merely nuisances, but seriously question the necessity of such certification to guarantee better service to the patient. I think about the significance of the differentiation of board eligible from board certified, and amongst the board eligible, those who have not taken from those who have taken but been unable to pass the examination. Furthermore, I am bothered because passing becomes establishing competency on the basis of percentage distribution of scores (and curve) attained by those having completed an "approved" fellowship program.

Boards would probably not improve greatly the quality of training, research or patient care in pediatric endocrinology. In fact there is a chance that limitations in the important area of imaginative research (both basic and clinical) could result if boards are in any way used to judge the quality of a training program. It was agreed however that patient care might be improved over a system in which pediatric endocrine patients are seen by internists with endocrine boards rather than pediatricians.

We believe the major questions being raised are incongruous. On the one hand, the American board of Pediatrics is opposing fragmentation of Pediatrics by requiring all individuals trained in subspecialty areas to be certified in general pediatrics by the ABF. On the other hand, within our own discipline we are planning to, and we quote Dr. Hayles, "further fractionate" the area of Endocrinology and Metabolism.

SHOULD PEDIATRIC ENDOCRINE SPECIALITY

BOARDS BE ESTABLISHED?

Strongly for	3
For	17 (+ 1?)
Strongly opposed	6
Opposed	7
Undecided	6
No expression	<u>22</u>

(Possibly assumed it was going to happen;
consequently didn't reply)

Total questionnaires
returned 62

FOR

Strongly for: DiGeorge, Spector, Jenkins.
For: Crigler, Selna Kaplan, Burr, Franks,
New (reluctantly), Sadejhi-Najd, Vasquez,
Reynolds, Senior, Avruskin, Voorhess,
Raiti, Collip (?), Drash, Sotos, Green,
Rosenthal, Sol Kaplan.

AGAINST

Strongly against: Grunt, Hughes, Elder, Van Wyk,
August, Dave Smith.
Against: Guyda, Forbes, Marks, Sussman,
Hung, Root, Solomon.

UNDECIDED

Colle, Gotlin, Sperling, David Brown, Litman, Abassi.

IF WE HAVE BOARDS, HOW EXTENSIVE SHOULD THEY BE?

Endocrinology and Metabolism	38
Endocrinology only	7
Endocrinology + Metabolism + Genetics	6
No response	8
Undecided	<u>3</u>
Total	62

IF WE HAVE BOARDS SHOULD THERE BE A GRANDFATHER CLAUSE?

In favor of	6
Not in favor	4
No comment	<u>52</u>
Total	62

WILKINS MEMORIAL REUNION

SCIENTIFIC SESSIONS

*(ALL SESSIONS WILL BE HELD AT THE NEW CENTER FOR POST-DOCTORAL STUDIES -
ADJACENT TO THE JOHNS HOPKINS HOSPITAL - TILGHMAN ROOM)

MONDAY - APRIL 28TH 1969

MORNING SESSION 9:00 A.M. - 12:50 P.M.

- 9:00 - 9:20 OBESITY AND PREDIABETES - A. DRASH
9:20 - 9:40 DISCUSSION
9:40 - 10:00 CARBOHYDRATE INTOLERANCE IN MALNUTRITION - F. LIFSHITZ
10:00 - 10:20 DISCUSSION
10:20 - 10:50 COFFEE BREAK
10:50 - 11:10 GROWTH HORMONE AND INSULIN WITH TOLBUTAMIDE IN NORMAL AND
ENDOCRINE PATIENTS - J. F. CRIGLER
11:10 - 11:30 DISCUSSION
11:30 - 11:50 NUTRITIONAL DEPRIVATION AND IMPAIRMENT OF RELEASING FACTORS
IN HUMANS - O. GREEN
11:50 - 12:10 DISCUSSION
12:10 - 12:30 GROWTH HORMONE IN PITUITARY TISSUE CULTURES - I. SOLOMON
12:30 - 12:50 DISCUSSION
12:50 - 2:30 LUNCH BREAK

AFTERNOON SESSION - 2:30 P.M. - 4:30 P.M.

- 2:30 - 2:50 CLINICAL AND CYTOGENETIC STUDIES IN HYPOSPADIUS - D. AARSKOG
2:50 - 3:10 EFFECT OF GONADOTROPINS ON PRE-PUBERTAL TESTES - E. ROSEMBERG
3:30 - 3:50 DISCUSSION
3:30 - 3:50 SERUM GONADOTROPINS AND DISORDERS OF ADOLESCENT SEXUAL
DEVELOPMENT - H. GUYDA
3:50 - 4:00 DISCUSSION
4:00 - 4:30 STUDIES DEALING WITH THE XYY SYNDROME - J. MONEY & C. J. MIGEON
5:00 THE THIRD LAWSON WILKINS MEMORIAL LECTURE (HURD HALL AMPHITHEATER).
DR. DAVID KIPNIS
7:30 COCKTAILS & DINNER - MILLER BROTHERS RESTAURANT - THE STATLER HILTON
HOTEL

THE JOHNS HOPKINS HOSPITAL

BALTIMORE, MARYLAND 21205

November 23, 1970

Charles Snipes, M.D.
Hahnemann Medical College
235 North 15th Street
Philadelphia, Pa. 19102

Dear Charles:

We are starting to make plans for the Fourth Lawson Wilkins Reunion which will take place on Monday, April 26, 1971 from 9 a.m. to 4 p.m. and Tuesday, April 27, from 9 a.m. to 12 noon. The Fourth Lawson Wilkins Memorial Lecture will be given by Professor Alfred Jost, Laboratoire de Physiologie Comparees of Paris on the 27th of April at 4:30 p.m. (5:00 p.m.) and will be followed by the dinner at 7:00 p.m.

As in 1969, the former fellows will be permitted to bring a guest for whom they will be responsible. There will be an assessment of five dollars per person to defray administrative expenses. The fee for the dinner and cocktails will be twelve dollars. An additional charge of one dollar will be made for the group photograph. The total cost per person will be eighteen dollars (\$18.00).

In addition to the usual program, we plan to discuss the questions of "Endocrinology as a sub-speciality in Pediatrics" and of a "North American Society for Pediatric Endocrinology". Whether one likes it or not, the issue of an Endocrinology Board must be considered. It is now pretty certain that there will be such a Board for Internists and it is reasonable to assume that it will be only for Internists and not for Pediatricians. The result could be that Pediatric Endocrinology would not be recognized as a speciality in a future plan of "Organized" Medicine. Although the creation of an official "North American Society for Pediatric Endocrinology" is not directly related to the question of recognition of sub-speciality, it may have important bearing upon it. The name of the Society is derived from the European counterpart.

Following are specific plans:

On Sunday, April 25, 1971 at 2:30 p.m. there will be an informal meeting. Attendance will be solicited from a number of individuals who completed their Pediatric Endocrine Training at least 10 years ago and who have maintained a major interest in this field.

THE JOHNS HOPKINS HOSPITAL

BALTIMORE, MARYLAND 21205

On Tuesday, April 26, 1971, the discussion of the previous Sunday will be brought up for comments from all those attending the Wilkins Reunion.

At the time of the Pediatric Meetings in Atlantic City, we plan to call an evening meeting of all individuals interested in Pediatric Endocrinology.

We would appreciate your filling out the enclosed questionnaire and returning it to us as soon as possible.

Best personal regards.

Sincerely yours,

A handwritten signature in cursive script that reads "Claude J. Migeon".

Claude J. Migeon, M.D.

CJM:dm

THE JOHNS HOPKINS HOSPITAL

BALTIMORE, MARYLAND 21205

LAWSON WILKINS REUNION - 1971

SUNDAY, APRIL 25, 1971

6:00 - 8:30 BUFFET DINNER - SHERATON BALTIMORE INN
FRANCIS SCOTT KEY ROOM (\$4.20 PER PERSON)

8:30 - CASH BAR - SHERATON BALTIMORE INN

MONDAY, APRIL 26, 1971 - TILGHMAN AUDITORIUM IN THE TURNER BUILDING

9:00 - 9:30 MARCO RIVAROLA (BUENOS AIRES)
TESTICULAR FUNCTION IN HYPOPITUITARISM.

9:30 - 10:00 AL PARRA (MEXICO)
IS THERE A CEPHALIC PHASE OF INSULIN SECRETION?

10:00 - 10:30 JORDAN FINKELSTEIN (NEW YORK)
THE AUTOGENY AND ULTRADIAN SECRETION OF HGH.

10:30 - 11:00 COFFEE BREAK

11:00 - 11:30 ROBERT M. BLIZZARD
THE EFFECT OF EPINEPHRINE AND PROPRANOLOL ON THE
RELEASE OF HGH.

11:30 - 12:00 RAYMOND HINTZ (NORTH CAROLINA)
STUDIES ON THE SULFATION FACTOR IN HUMAN PLASMA.

12:00 - 12:30 HARVEY GUYDA (MONTREAL)
PRIMATE PROLACTINE - ISOLATION, CHARACTERIZATION,
IMMUNOASSAY.

12:30 - 2:00 LUNCH

THE JOHNS HOPKINS HOSPITAL

BALTIMORE, MARYLAND 21205

2:00 - 2:30

JO ANNE BRASEL (NEW YORK)

DNA POLYMERASE ACTIVITY IN RAT AND HUMAN
PLACENTA.

2:30 - 3:00

CHARLES CLARK (INDIANAPOLIS)

EFFECTS OF AGE AND INSULIN ON AA UPTAKE
BY THE ISOLATED FETAL HEART.

3:00 - 3:30

MARVIN CORNBATH (BALTIMORE)

KETONES: A CRITICAL SUBSTRATE IN THE NEONATE?

3:30 - 4:00

INESE BEITINS (BALTIMORE)

PLASMA ALDOSTERONE IN NEWBORN INFANTS.

4:30 - 6:00

LAWSON WILKINS MEMORIAL LECTURE
HURD HALL, JOHNS HOPKINS HOSPITAL

GUEST SPEAKER: PROFESSOR ALFRED JOST

6:30 - 7:30

COCKTAILS - SCHOOL OF HYGIENE (9TH FLOOR)

7:30 -

DINNER - SCHOOL OF HYGIENE (9TH FLOOR)

TUESDAY, APRIL 27, 1971

TILGHMAN AUDITORIUM IN THE TURNER BUILDING

9:30 - 10:00

VIRGINIA WELDON (ST. LOUIS)

STUDIES IN KETONIC HYPOGLYCEMIA.

10:00 - 10:30

MIKE GENEL (PHILADELPHIA)

SUGAR AND AA TRANSPORT INTERACTIONS IN
MAMALIAN KIDNEY.

10:30 - 11:00

FRANK GAREIS (SEATTLE)

HORMONAL EFFECTS ON X-CHROMATIN FREQUENCY.

11:00 - 11:30

COFFEE BREAK

THE JOHNS HOPKINS HOSPITAL

BALTIMORE, MARYLAND 21205

11:30 - 12:00 Fritz Kenny (PITTSBURGH)

IMPORTANCE OF TREATMENT OF CONGENITAL HYPOTHYROIDISM BEFORE 3 MONTHS OF AGE.

12:00 - 12:30 David Smith (SEATTLE)

LARGE FONTANELLES - POTENTIAL CLUE TO DETECTION OF HYPOTHYROIDISM IN THE NEONATE.

12:30 - 1:00 Allan Drash (PITTSBURGH)

BLOOD LIPIDS IN NORMAL CHILDREN AND IN VARIOUS METABOLIC DISORDERS.

1:00 - 2:30 LUNCH

2:30 - 3:30 DISCUSSION OF SOCIETY

3:30 - 4:30 DISCUSSION OF BOARDS

WEDNESDAY, APRIL 28, 1971

TILGHMAN AUDITORIUM IN THE TURNER BUILDING
PSYCHOHORMONAL PROGRAM

9:30 - 10:00 Viola Lewis (BALTIMORE)

AGE OF SURGERY AND LATER PSYCHOLOGICAL DEVELOPMENT IN THE ADRENOGENITAL SYNDROME.

10:00 - 10:30 Nanci Bobrow (BALTIMORE)

PSYCHOLOGIC FEATURES OF KALLMAN'S SYNDROME.

10:30 - 11:00 Georg Wolff (BALTIMORE)

SLEEP AND GROWTH IN PSYCHOSOCIAL DWARFISM.

11:00 - 11:30 COFFEE BREAK

11:30 - 12:00 Dan Masica (BALTIMORE)

SEX AND EROTICISM IN THE TESTICULAR-FEMINIZING (ANDROGEN-INSENSITIVITY) SYNDROME.

12:00 - 12:30 Anke Ehrhardt (BUFFALO)

MATERNALISM IN CHILDHOOD AND ADULTHOOD IN THE ADRENOGENITAL SYNDROME.

List of persons who completed their Pediatric Endocrine Training at least 10 years ago and who, consequently, are invited to the meeting on Sunday, April 25th, 1971.

David Alexander

Alfred M. Bongiovanni

Robert M. Blizzard

John F. Crigler, Jr.

Walter Eberlein

Jose Cara

George W. Clayton

William Cleveland

Alvro Camacho

Jack Crawford

Angelo Di George

Raphael David

John Gerrard

Orville Green

Melvin M. Grumbach

Lytt I. Gardner

Alvin Hayles

Gerald H. Holman

Robert Klein

Vincent Kelly

Solomon Kaplan

Claude J. Migeon

Mencer M. Martin

Ira Rosenthal

Maria New

Edna Sobel

Thomas Shepard

David H. Mosier

David W. Smith

Robert S. Stempfel, Jr.

Judson J. Van Wyk

Delbert Fisher

Henry Silver

Robert Ulstrom

Darrel Smith

If you have suggestions about additional persons to be invited, please let us know immediately. We do not intend to be all inclusive but we would like to include all those who could help.



BACK ROW: G.WOLFF, P. GOLDSTEIN, A.EHRHARDT, M.FOREST, A.JOHANSON, J.WRIGHT, A. BAGHDASSARIAN, A. PARRA, I.BEITINS, W. HOFFMAN, M.JENKINS, G.POWELL.
 FOURTH ROW: C.ANNECILLO, A.RODRIGUEZ, L.LA CERDA, D.ALEXANDER, O.GREEN, F.KENNY, P.MALVAUX, J.FINKELSTEIN, R.THOMPSON, T.FOLEY.
 THIRD ROW: L.GARDNER, M.MARTIN, J.CARA, F.LIFSHITZ, J.CRIGLER, C.SNIPES, S.NAJJAR, H.KATZ, S. RAITI, A.GLICK, A. DRASH.
 SECOND ROW: W.CLEVELAND, R.STEMPFEL, R. PENNY, J.A.BRASEL, V. WELDON, D.MOSIER, H.GUYDA, W.HUNG, A.CAMACHO, G.CLAYTON.
 FIRST ROW: R.SCHULTZ, J.VAN WYK, J.MONEY, A.KOWARSKI, R.BLIZZARD, B.MCMASTERS, C.MIGEON, M.RIVAROLA, J.PARDO, V.LEWIS, N.BOBROW.



BACK ROW: G.WOLFF, V.LEWIS, N.BOBROW, N.HOPWOOD, G.POWELL, M.JENKINS, R.KIRKLAND, J.KIRKLAND, J.PENFOLD, A.PAGLIARA.
 SEVENTH ROW: M.RIVAROLA, L.LINARELLI, H.JASPER, S.ASSEMAN, L.GARDNER, J.PARDO, J.D.SMITH, J.M.MONTALVO, D.ALEXANDER, J.BAILEY, W.HOFFMAN.
 SIXTH ROW: M.FOREST, A.EHRHARDT, P.GOLDSTEIN, I.BEITINS, A.PARRA, A.BAGHDASSARIAN, J.WRIGHT, F.GAREIS, A.CAMACHO, G. CLAYTON, B.NICHOLS.
 FIFTH ROW: M.MACGILLIVRAY, C.ANNECILLO, A.RODRIGUEZ, L.LA CERDA, A.JOHANSON, E.PAULSEN, M.TRIAS, L.LEVITSKY, G.LINBECK, V.KELLEY, M.HUNG, J.LATTIN, G.A.

THE JOHNS HOPKINS HOSPITAL

Baltimore, Maryland 21205

September 27, 1971

Memorandum to: Dr. Melvin Grumbach, Dr. Alvin Hayles, Dr. William Daeschner, Dr. Howell Wright, Dr. Fred Burg.

Regarding: Meeting of Endocrinology Specialty Board of Examiners of The American Board of Internal Medicine held in Philadelphia, Pennsylvania, September 24 and 25, 1971.

From: Robert M. Blizzard, M.D.

On the above dates I attended the meeting of Dr. Daughaday's committee, which consists of Sydney Ingbar, George Cahill, Ed Biglieri, David Solomon, Mortimer Lipsett, and Dr. Daughaday. Dr. Fred Burg who recently joined the Staff of the National Board of Medical Examiners and who serves with the American Board of Pediatrics was also present. His attendance and participation with Daughaday's Committee, the ABIM and the ABP will be most helpful in the future.

The ABIM has established the following policy regarding certification for subspecialty training. It is possible for a physician to become certified in endocrinology 4 years after graduating from medical school. He must take two years of training in internal medicine, after which he can take two years of specialty training. The exam of the ABIM can be taken 3 years after graduation and the subspecialty board 4 years after graduation (assuming he has had 2 years of specialty training). He must pass the first exam before taking the second. The two years of endocrinology training can be at any institution where the Chief of the Department certifies that the man has had two years of endocrinological training. The Chairman of the subspecialty board of examiners will make the decision concerning the adequacy of training. No attempt will be made to dictate the type or quality of training. In the words of one member of the subspecialty board, "The exam c'est toute' ".

There will be no grandfather clause. It is anticipated that not all the internists specialized in endocrinology will take the exam and become certified. Those giving the exam will not be admitted under a grandfather clause, but will be given a certificate stating that they wrote the exam. They may wish to take the exam in subsequent years and may do so without charge, and are not limited to three attempts to pass the exam as are other applicants.

The criteria for passing will be determined by pooling the final percentage scores of all the subspecialty boards and accepting on the basis of curve grading. The important point was made that those

taking the exam must be made aware that the grading will be relative and not on an absolute percentage of questions correctly answered. The subspecialty board believed that well qualified endocrinologists might not be able to correctly answer more than 50% of the questions correctly.

The specialty examinations will be given every other year. The ABIM currently is establishing 8 subspecialty boards and is coordinating the requirements for certification as a subspecialist in internal medicine for the various subspecialties.

A physician who has 2 years of training in internal medicine and 2 years of subspecialty training, but in a pediatric training program, will be permitted to take the exams given by the ABIM.

The committee held a long philosophical discussion concerning how a physician entering a research training program where the training is very specialized could expect to pass the subspecialty board. The consensus of opinion was that such an individual probably would take an extra year of clinical training, and would be willing to do so as he would realize his research training would make him a better investigator, practitioner, and/or academician.

The examination which is to be given in Endocrinology by the ABIM consists of multiple choice types of questions and patient management problems. The type of examination is modeled after that given by the National Board of Medical Examiners and assistance in preparation of the exam is being given by Dr. Hubbard, the Director of the NBME, and his staff. The glands to be covered are pituitary, thyroid, adrenal, parathyroid, gonad, pancreas, and hypothalamus. In addition the fields of fat, carbohydrate, and protein metabolism and the field of cytogenetics are included. The examination is comprehensive and intensive, but fair. The examination would serve as an excellent base to construct an exam in pediatric endocrinology, but would require extensive modification in certain areas for use in the specialty of pediatric endocrinology, as the clinical problems relate largely to those observed in adults. The questions regarding physiology and biochemistry could often be used or modified only slightly.

Dr. Fred Burg and I talked alone for two hours the evening of September 24th. He advised me regarding recent thoughts and decisions by the ABP, which met very recently in Cincinnati.

The ABP is anticipating developing certification in various subspecialties. Certification in Pediatrics would be a pre-requisite for

Page 3
Re: Memorandum
September 27, 1971

for certification in a subspecialty. For certification in pediatrics physicians would have to have at least 2 corp years of pediatric training plus at least an additional year in general pediatrics or a subspecialty. The written examination for certification in pediatrics could be taken after completing the 2 corp years and the oral examination $4\frac{1}{2}$ years after initiating the pediatric training. An examination in the subspecialty could be taken then only after 5 years following graduation from medical school. One suggestion to avoid further delay in becoming certified in the subspecialty is that the exam (written or possibly oral) could be given on the day following completion of the oral exam for pediatric certification by the applicant.

Currently the ABP is anticipating that the hematologists are going to develop subspecialty training. Dr. Irving Schulman heads a committee which has been established for that purpose. The cardiologists have already organized a subspecialty board and will be working under the auspices of the ABP. The allergists in both pediatrics and internal medicine are removing themselves from supervision by the parent boards and establishing themselves as an independent agency. The specialists in pulmonary disease, nephrology, rheumatology, cardiovascular disease, and gastroenterology are also anticipated to eventually develop subspecialty boards but have not initiated such action as yet. The ABP has considered rules and regulations for establishing subspecialty boards and I am requesting by this sentence that Dr. Howell Wright send us at least one copy of such rules and regulations.

My suggestions are as follows:

1. We take no further definitive action to establish subspecialty boards for at least 9 months.
2. We review the rules and regulations set forth by the ABP within the next few months.
3. Drs. Grumbach, Hayles, and Blizzard meet prior to the meeting of the Society of Pediatric Research next May so we can present maximal information concerning the desirability and need or absence thereof for development of certification with subspecialty of endocrinology, to members and potential members of the American Pediatric Endocrine Society.
4. That we obtain a sense of direction from that society in May, 1970 and proceed accordingly.
5. That each individual receiving this memorandum communicate with me - with copies of such correspondence going to the other individuals listed on this memo - concerning the content and/or the suggestions.

THE UNIVERSITY OF TEXAS MEDICAL BRANCH
Galveston, Texas 77550

M E M O R A N D U M
October 25, 1971

TO: F. Berg, M.D.
R. Blizzard, M.D.
M. Grumbach, M.D.
A. Hayles, M.D.
H. Wright, M.D.

RE: Recent Business Meeting of the American Board of Pediatrics (10-21-71)

FROM: C.W. Daeschner, M.D., Chairman
Ad Hoc Committee for Certificate in Endocrinology

1. The proposed guidelines for certification of subspecialty competence (see copy attached) were approved by the American Board of Pediatrics.
2. In the discussion of a Committee for Certification in Endocrinology by the Board a question arose which should be considered now. Is the attitude of the majority of Pediatricians (with special competence in Endocrinology) toward the creation of a certifying mechanism known? If this has not been assessed in some definite manner, the Board recommends that it be done promptly (perhaps by mail ballot or by written vote in Atlantic City). In either case, the list of persons polled should be recorded and submitted along with the vote.
3. Also by broad sampling procedures a representative panel of approximately 15 names needs to be identified and submitted to the President of the Board. Those selected should be willing to give the necessary time and energy to the process of developing a certifying instrument and making other decisions necessary to the purpose of the committee. Possibly this could be done simultaneously with the item in paragraph #2.
4. From this panel of approximately 15 names, the President of the Board will appoint a Special Committee for Endocrinology (according to Article VII, Section II, Charter and By-Laws of the American Board of Pediatrics) consisting of 6-7 members to proceed officially in all matters concerning certification of proficiency in Endocrinology. If this committee determines that a certificate is desirable, and if their proposal is approved by the ABP and ABMS, then the committee will become a permanent committee of the Board. This group will also need to answer such questions as to the number of candidates (and frequency of exams), the limits of "Endocrinology", the credentials for acceptance of candidates, and the standards for training programs.

CWD/psd
Encl.

GUIDELINES

Development of Certification in Sub-specialty Areas in Pediatrics

Preface

The increasing complexity of pediatric practice has led to a wide variety of educational programs. These uniformly include a two year core of general pediatrics plus a less well defined third year credit. The latter advanced training may be at a higher level of responsibility in general pediatrics (chief resident, teaching fellow) or in a specific sub-specialty. Through progressive flexibility of its training requirements, the American Board of Pediatrics has recognized and supported this diversity. It is not the intention of the Board to initiate the organization of sub-boards; however, it seems appropriate to establish a mechanism for certifying the quality of training and the competence attained in various pediatric disciplines, whenever needs are supported by a major segment of the physicians engaged in a sub-specialty. The following guidelines are set forth with this purpose in mind.

1. Certification in a sub-specialty is to be preceded by certification in general pediatrics.

2. A sub-specialty certificate should bear the seal of the American Board of Pediatrics and indicate "Special Competence in".

3. The cost of sub-specialty certification must be met through fees charged to candidates. While the American Board of Pediatrics may initially advance funds for the development of the certifying mechanism, it is expected that this expense will be amortized over the first five years of functional operation of the certifying mechanism.

4. For each sub-specialty area a committee will be established to develop the certifying instrument, to make recommendations regarding training programs to the Residency Review Committee for Pediatrics, and to recommend criteria for admission of candidates to the examining procedures. The committees which will be advisory to the American Board of Pediatrics, will be appointed by the President of the Board with terms not to exceed six years with appropriate rotation of appointments. One or more members or former members of the American Board of Pediatrics may be appointed to serve with the committees.

5. Responsibility for the inspection and evaluation of training programs should be vested in the Residency Review Committee for Pediatrics after appropriate arrangements have been made with the Council on Medical Education of the American Medical Association.

6. The evaluations may be offered as frequently as an appropriate number of candidates become available. The general form of the instruments will be mutually agreed upon by the American Board of Pediatrics and the advisory committee for the sub-specialty.

7. Establishment of sub-specialty certifying mechanisms will be contingent upon ultimate approval of the American Board of Medical Specialties.

THE AMERICAN BOARD OF PEDIATRICS, INC.

Date October 21, 1971

THE JOHNS HOPKINS HOSPITAL

Baltimore, Maryland 21205

November 2, 1971

Memorandum to: F. Berg, M.D.
M. Grumbach, M.D.
A. Hayles, M.D.
C.W. Daeschner, M.D.
H. Wright, M.D.

From: R.M. Blizzard, M.D.

It is my suggestion that I transmit the information which Bill Daeschner sent on October 25th, part of the information that I relayed to you concerning the meeting in Philadelphia, and a letter of explanation to the people who expressed an interest in following the developments of certification in endocrinology when we were in Atlantic City. I also suggest that a similar letter, but not identical letter, be sent to individuals who are primarily interested in metabolism. We could get an expression from such individuals whether they wished to have a separate board, or whether they would like to be certified in pediatric endocrinology and metabolism. Mel and Al, if you are in agreement, I will proceed within the next six to eight weeks. Please let me hear from you.

WHEN YOU REPLY AND IF YOU ARE WILLING
PLEASE INSERT \$1.00 TO ASSIST IN COVER-
ING EXPENSES (SECRETARIAL, XEROXING,
MAILING, ETC.)

THE JOHNS HOPKINS HOSPITAL

Baltimore, Maryland 21205

December 15, 1971

Memo to: Physicians who spend a majority of their time in pediatric
endocrinology and metabolism.

From: R.M. Blizzard, M.D.
A.B. Hayles, M.D.
M.M. Grumbach

Since the Atlantic City Meetings in the Spring of 1971, when you were
informed of the possibility that the American Board of Pediatrics might be
interested in helping establish certification of excellence in endocrinology,
the following has occurred:

1. Dr. Blizzard attended a meeting of the Endocrinology Specialty
Board of the American Board of Internal Medicine, which was held in
Philadelphia on September 24, and 25, 1971. A copy of the report con-
cerning that meeting is enclosed for your perusal.
2. The American Board of Pediatrics met on 10/21/71 and issued a
memorandum on October 25, 1971. At this meeting discussions pertaining
to certification in pediatric endocrinology were held. A copy of that
memorandum is enclosed for your perusal.
3. Guidelines have been established by the American Board of
Pediatrics for development of certification in subspecialty areas in
pediatrics. A copy of those guidelines is enclosed also for your perusal.
4. I sent a memorandum to members of the committee and to the
American Board of Pediatrics on November 2, 1971 suggesting that I
transmit certain information to potentially interested parties. A copy of
that memorandum is enclosed. On November 8 I had a reply from Al
Hayles. A paragraph of that letter is copied below.

"It is my personal opinion that a single certificate should include
endocrinology and metabolism since these areas overlap at every turn.
I believe the best interests of our patients and of pediatricians will
likely be served if we avoid further fractionation of our specialty.
Further, the separation of endocrinology and metabolism will add new
problems for training centers and for residency review committees.
These reasons may not appeal to some of our colleagues who are interested
primarily in metabolism, but I find it difficult to consider endocrinology
without considering metabolism and vice versa. Perhaps we should change
(or more correctly establish) the name of our new organization, "The
American Society for Pediatric Endocrinology and Metabolism". To this

point in time I have assumed that, in fact, we included metabolism as an equal part of endocrinology, and that virtually all workers in metabolism considered themselves a part of endocrinology. Granted there are many who have directed their attention to malnutrition, renal disease, etc., but even these areas overlap into endocrinology. As endocrinologists we will lose much if we allow ourselves to be separated from those who are working in metabolism. It will require the work of a wise group of physicians to establish the limits of our sub-specialty. There appears to be no way of avoiding some areas of overlap. Let us pledge to do our very best in unifying our efforts for the good of those we serve. After all, an extra certificate has no meaning unless it assures better care for our patients".

In accord with these developments and correspondence, you are now receiving this packet of materials. We need to have an expression of your interest and thoughts concerning these matters. Should certification be in pediatric endocrinology and metabolism, or solely in pediatric endocrinology? Would you be willing to participate in the development of a plan which would ultimately lead to sub-specialty certification in pediatric endocrinology or metabolism? Any thoughts that you have pertaining to this matter will be appreciated.

It is anticipated that there will be a meeting of the American Pediatric Endocrine Society and others who are interested, at the time of the Spring meetings in Washington in 1972. These and other matters will be discussed at that time. However, an expression of your thoughts at this time will help us better utilize the limited time available to us at the time of the Spring meetings.

Please address your letters to me: Dr. Robert M. Blizzard,
The Johns Hopkins Hospital, CMSC 3110, Baltimore, Maryland 21205.

Undated
(KC 4-'12)

VISITORS FROM OUT OF TOWN

Drs. Dag Aarskog	(Norway)	Drs. Gerald Holman	(Canada)
— Tom Aceto	(Buffalo)	— Willy Hung	(Wash., D.C.)
— Al Bongiovanni	(Philadelphia)	Mel Jenkins	(Omaha)
Jo Anne Brasel	(New York City)	Ann Johanson	(Charlottesville)
— Alvro Camacho	(Memphis)	— Fritz Kenny	(Pittsburgh)
— George Clayton	(Houston)	— Bob Klein	(Boston)
— Bill Cleveland	(Miami)	Fima Lifshitz	(Mexico)
— John Crigler	(Boston)	— Marty Martin	(Wash., D.C.)
Ralph David	(New York City)) Dave Mosier	(Los Angeles)
— Allan Drash	(Pittsburgh)	— Buford Nichols	(Houston)
Enrico Delanto	(Mexico)) Gerry Powell	(Galveston)
Anka Ehrardt	(Germany)	— Eugenia Rosenberg	(Worcester)
— Jordan Finkelstein	(New York City)	— Tom Shepard	(Seattle)
Walter Fleischmann	(Johnson City)	Charles Snipes	(Philadelphia)
— Lytt Gardner	(Syracuse)) Irene Solomon	(San Francisco)
) Myron Genel	(Philadelphia)	— Bob Stempf	(Davis, Calif.)
Aaron Glick	(Pearl River, N.Y.)	Ginny Weldon	(St. Louis)
— Orville Green	(Chicago)) Jim Wright	(Indianapolis)
		Andru Radu	(Zurich)

AND THEIR GUESTS

Drs. R. Bejar	(Miami)	Drs. A. Martin	(Wash., D.C.)
Crigler's Guest	(Boston)	G. Peake	(St. Louis)
P. Ferrier	(Seattle)	A. Root	(Philadelphia)
D. Frasier	(Los Angeles)	I. Rosenthal	(Chicago)
J. Grunt	(New Haven)	R. Schlegel	(Syracuse)
* J. Haddow	(Boston)	J.D. Smith	(Oklahoma)
Al Hayles	(Mayo Clinic)	R. Summit	(Memphis)
L. Levitsky	(Baltimore)	K. Verghese	(Omaha)
L. Librik	(Houston)		

HOSTS AND FRIENDS

Drs. Bob Blizzard
Tom Connor
Marv Cornblath
Harold and Helen Harrison
John Eager Howard
Ave Kowarski
Phil and Betsy McMaster
Claude Migeon
John Money
Bob Schultz

AND THE YOUNGER ONES

Drs. Alice Baghdassarian
Francis Bayard
Inese Beitins
Thomas Foley
Maguelone Forest
Arnold Greenberg
Harvey Guyda
Adalberto Parra
Robert Penny
Robert Thompson