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February 18, 1985

Jane Todaro, M.D.  
Child & Adolescent Gastroenterology  
450 Sand Point Way, NE  
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Dear Jane:

Thank you for your letter of February 7th in which you wondered what precipitated my earlier letter. It had nothing to do with anything except my sincere admiration.

As far as telling you about the founding fathers of the Pediatric Gastroenterological Society and its past history, there is not much I can. As indicated in my previous letter, I clearly kept a distance - in order to make it more reasonable that other "old groups" would keep their distance. I can easier tell you about the origins of pediatric gastroenterology generally in this country than I can about the Society itself. If you are interested in the ramblings of an old man I can start there.

When I completed my pediatric residency in 1953 I took a two year gastroenterology fellowship in the Department of Medicine with Dr. Tom Almy at The New York Hospital. The training as that of all the internists, included six months of x-ray training and all of the usual trappings of a G.I. program. My initial research work was in motility because the field of esophageal motility and work on cardiospasm was just coming to fruition. I studied patients with cardiospasm and adult patients with Hirschsprung's disease, since many of those were around at that time and we wondered about the relationships between the two diseases. At the International Meeting of the combined British, American, Australia, and Canadian Pediatric Research Societies in Quebec 1955 I presented my first motility paper, as I did at the AGA meeting at that year. In 1956 I presented follow up papers at the Atlantic City SPR-APS meetings. Following the talk, Giulio Barbero came up and told me he too was studying gastroenterology with Dr. Tom Machella in Philadelphia.

With that we formed our private pediatric GI club of 2 and would get together at the annual meetings. Within those first couple of years Frank Cozzetto, another pediatrician from Denver who was studying gastroenterology with Sherman Mellinkof, now the Dean of UCLA, came east to spend a couple of months in my laboratory learning motility technics. He returned to Denver

Dr. Jane Todaro

February 18, 1958

where he worked with Fred Kern in Gastroenterology and Henry Kempe in Pediatrics. Finally, a year or so later the first non formally trained gastroenterologist came on the scene to join our club. He was a protege of Norman Kretchmer's at Stanford. Phil Sunshine came to my laboratory at Cornell for a number of weeks to learn various technics and went back to work with Norman and the people at Stanford where he became a self proclaimed gastroenterologist. At that point, Harry Schwachman also decided that his field was broader than simply cystic fibrosis and he also declared himself a gastroenterologist. Martin Sybinga was another fellow with the formal training who joined Giulio at ~~CHOP~~. These individuals and a number of others who were politically inclined took over the early organization of gastroenterology in the Cystic Fibrosis club, which ultimately became the Cystic Fibrosis Foundation. They also got involved with some of the offshore people with an interest in gastroenterology like Charlotte Anderson, then of Australia and later of England, and Bertil Lindquist of Sweden.

These are the main cast of characters of the mid and late 50's. In the early 60's Joyce Gryboski joined the scene. Merv Silverberg who had had a year with Sidney Gellis in liver disease returned to Montreal to practice and I invited him to join me in 1965. By then Larry Gartner had worked with Irwin Arias in bilirubin metabolism after his chief residency in Pediatrics at Einstein, and in the early 60's Michael Cohen had trained clinically with me and in research with Arias, at Einstein.

It's unfair for me to present the people beyond the 1965 period, from my point of view. Many people were "springing up" around the country. Ament training with Cy Rubin in Seattle, Caplan in Atlanta, others in the middle of the country, etc. Things had become decentralized, and the politically active dominating the different groups. That was why I took a back seat in the formation of the Pediatric Gut club. I wanted it to be the product of younger people than some I have named, who were ready to take it all over.

As I review this I see it for what it is - senile ramblings. Anyway, use what you wish or throw it away.

Sincerely yours,

*Murray.*  
Murray Davidson, M. D.

MD/rs



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January 31, 1985

Dr. Jane Todaro  
4540 Sand Point Way, N.E.  
Seattle, WA 98105

Dear Jane:

Periodically I receive material from the North American Society for Pediatrics Gastroenterology or go through a pile of papers on my desk and run up against something from the Society which has been sitting there for some time and am filled with a pang of guilt at not writing to you.

From the onset I have had a paternalistic attitude for this organization but have abstained from "excessive" participation. When it was simply an idea tossed around among Merv Silverberg, Larry Gartner and myself, I encouraged them to get together with other young people and try to develop the organization. My preference to stay in the background was not because of infirmity with age, sloth, disinterest, etc., but rather that there were a group of the same "old timers" around who quickly got their grips into running every organization that had been started (like CF, etc.) and they tended to dominate these with stifling effects on the younger people. I certainly believe that my attitude was justified by the remarkable progress that you can all be proud of.

What I have simply wanted to write over and over was to tell you how proud I am of you and those beautiful letters you put together keeping everybody informed. You will recall the phone calls when Joe Faber went back to Israel and how scared you were when I suggested that you could become a gastroenterologist without a lot of formal training. Of course, I believe in formal training in gastroenterology and hope that some day it will be described in such a way that there will be an element of rigidity in the standards we have set for training. Nevertheless, as the Society is now constituted there are many active members with less training and exposure to clinical patients with G.E. conditions than you have.