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The True Birth of EUPSA 20-07-2026

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ABSTRACT

In 2009, World Scientific Publishing Co. Pte. Ltd. published a paper produced by Robert Carachi, Dan G Young and Cenk Buyukunal, entitled "A History of Surgical Pediatrics". Nevertheless, when reading the book I realized the value of an old phrase: "History is what remains written and not always what really happened." So this text aims to clarify the real beginning of EUPSA, promoted by Peter Paul Rickham already on the 9th February 1973 (2.) at Rotterdam, where the so-called "Rotterdam Resolution" (1.) was approved.

EUPSA had a "new beginning" in 1995, at the 1st European Congress of Pediatric Surgery, in Graz, Austria, particularly through the merit of Prof. Michael E. Hoellwarth, (4.) who was elected in 2002 as the 1st President of the "so called" New EUPSA (the one we acknowledge today, but having been "officially" founded only in 2003, at the 5th Congress, in Tours, France).

Keywords: European Association, Pediatric Surgeons Associations, History

INTRODUCTION

This paper aims to clarify who the real founder of EUPSA was and to recount the history of its true beginnings. The account published by Robert Carachi in "A History of Surgical Pediatrics" is, in the author's view, inadequate and historically misleading (1).

TEXT

The oldest European national association of paediatric surgeons was founded in England in 1953. Among its founders was Sir Denis Browne, who became its first president. In practice, owing to his high standing and prestige, the annual BAPS meetings brought together the majority of European paediatric surgeons and effectively represented a "World Congress" that did not yet exist. The pioneering work of a few surgeons before the war led to the systematic introduction of paediatric surgery during the post-war period. This branch of surgery progressed rapidly, and by the 1960s paediatric surgery was recognized as a specialty in most countries of Western Europe. During the 1970s, and even more so in the 1980s, some problems arose from the increasing tendency of "organ specialists" to take over certain areas of surgery in childhood.

Initially, paediatric surgery could develop only within children's hospitals or large children's units in general hospitals. Before the Second World War (1939–1945), very few surgeons devoted their work entirely to children. Pioneers such as Ombredanne in France and Denis Browne in England sought to address the major problems of

paediatric surgery by developing specific techniques for children, having recognized that many techniques used in adults were unsuitable for children. With spectacular progress in medical science, particularly in anaesthesia and intensive care, paediatricians began to recognize that paediatric surgeons understood not only medical conditions in childhood but also the physiology and pathophysiology of infants, children, and adolescents. They ceased to regard them merely as their "tin openers" (as a Portuguese paediatric surgeon described the outdated thinking of some of them).

Being initially few, pediatric surgeons had the advantage of knowing each other personally and soon learned to cooperate with each other.

As time went by, European paediatric surgeons realized that it was of paramount importance to extend paediatric surgery throughout Europe. EUPSA was formed mainly through the efforts of Peter Paul Rickham, who, together with Isabella Forshall, established the world's first neonatal unit in Liverpool.

In 1972 Peter Paul Rickham was asked by the BAPS Executive and the German Pediatric Surgical Association, to act as a coordinator in the matter he explains in a letter he sent on the 13th April, from the Zurich Kinderspital, to all Associations he knew of, and that we just transcribe:

"Now that the EEC and the EFTA appear to amalgamate integration of Medical Services and reciprocity between the Medical Services of the various Countries is likely to occur, Paediatric Surgery with its wide international connections should be in the forefront of this endeavor. It would be a great advantage, to the specialty, to put the house in order and come to understand requirements and training for specialization in Paediatric Surgery. If one achieves this now, he is bound to benefit in the future.

The two Executives mentioned above have asked me to undertake a preliminary study which I have carried out with the help of a number of my Colleagues in the various Countries. I elaborated a short report which was a basis for discussion. A preliminary discussion amongst surgeons from the various Countries involved should be held as soon as possible and it was suggested that two members of each of the four larger countries (France, Germany, Great Britain, and Italy) and one member each from the nine smaller countries (Austria, Belgium, Denmark, Finland, Luxemburg, Netherlands, Norway, Sweden, Switzerland) together with me as coordinator, should attend. Who should represent each Country was of course decided by the National Associations or individuals.

As for the date and place of such a meeting, as most of the Surgeons involved would probably attend the B.A.P.S. meeting in Glasgow (26th to 28th July, 1972) It was therefore convenient to hold there the meeting. The President and Secretary of the B.A.P.S. would be only too pleased to arrange for such a meeting to be held preferably on the morning of Saturday 29th July.

Would you kindly discuss this letter with your Colleagues and let me know as soon as possible if they agree with this proposal and let me also know who will represent your Country in these discussions"

Still in 1972, during a train journey from Amsterdam to Rotterdam, following a Scientific Meeting, Peter Paul Rickham convened some of his friends, representatives of their National Associations, to suggest the formal creation of a European Association of Pediatric Surgeons. (The so-called EUPSA)

And so, on the 27th July 1972, Representatives of the paediatric surgical associations of 15 nations of the European Community met in Glasgow in order to discuss the establishment of a committee to coordinate the development and training in Pediatric Surgery. It was decided:

I. To set such a Committee with one representative each from Austria, Belgium, Denmark, Finland, Holland, Luxemburg, Norway, Portugal, Spain, Sweden and Switzerland and two representatives each from the British Isles, France, Italy and West Germany.

II. that the representatives put before their national Associations the following questions:

1. What constitutes Pediatric Surgery?

I may add here that all will agree that Paediatric Surgery is the general surgery of childhood including tumors and traumatic surgery as well as neonatal surgery. What needs clarification is whether Paediatric Surgery should include all or a number or none of the following special types of surgery in children: urology, cardiac, thoracic, neurologic, plastic and facio-maxillary surgery. These problems will obviously vary from country to country and from place to place but some agreement should be reached.

2. How many Centers are necessary for satisfactory Pediatric surgical covering in the country concerned?

The obligation of these Centers should be stated. What type of surgery should be carried out there and how many Centers should there be per million population. What should be the minimal size of such a Center?

Here it may be added that the German Pediatric Surgical Association has suggested that 50 beds is the minimum (although not obviously the maximum) size of such a Center and that the B.A-P.S. has suggested that If at all possible at least two surgeons should work in each Center.

3. Up to what age should patients be treated by Pediatric Surgeons?

Exact age limits will obviously differ from place to place but some generalized statement such as infancy, childhood and adolescence may be useful

4. What should be the University affiliation of Pediatric Surgical Centers?

Should all have University affiliations or only some?

Who should teach Pediatric Surgery in Universities without such a Center attached? Obviously it would be impossible to insist that all Centers must have University affiliations, although that is the case in France and (with the exception of Brighton) also in the British Isles.

5. What should be the training Programme for a Pediatric Surgical “Specialist” (by “Specialist” it means a man that is ready to be appointed as an independent surgeon in charge of his own Department with complete control of its own beds)

Investigations into the training schemes in existence in eight European countries have suggested that there are widespread areas of agreement.

Three points should be answered in detail:

a) What should be the minimal total postgraduate training period? In most European countries the minimum postgraduate training period is at present around 7 years

b) What should be the minimum training period in adult surgery? (General and special types of adult surgery).

c) What should be the minimum training period in Pediatric Surgery

b) and c) obviously vary from country to country and it is suggested that we do not ask overly dogmatic rules. Perhaps a period of 2 to 4 years for b) and 2 to 4 years for c) should be aimed at.

Many Countries will in addition require training in other Specialties, such as Medical Pediatrics, Anesthetics, Pathology, Research, etc. It is however thought that these requirements are too varied to come to an international agreement.

If we can come to an agreement however loose about training requirements it would greatly facilitate interchange of trainees throughout the European Community.

III. National Associations are asked to discuss the questions raised and should appoint permanent Representative (s) to attend further Meetings before the end of that year

IV. It was proposed to have a second Meeting of the Representatives early in 1973. It might be possible to arrange this in January at the same time as the proposed combined meeting of the Pediatric Surgical Associations of the Benelux Countries and Germany, in Rotterdam.

V. The Representatives elected P.P. Rickham to act as the Chairman to this Committee It is thought that at present no Committee Secretary will be necessary. It will however be advantageous if we would make this an official Committee and would make our respective Governments aware of the fact that such a Committee exists. It is also suggested that we should agree to meet at least once a year, possibly at a time of one of the major Pediatric Surgical Congresses in Europe

It is important that we should have a Deputy Chairman of the Committee in case P.P.R. is unable to attend a meeting and it is suggested that David Vervat (Rotterdam) would be a suitable candidate for this position.

The Representatives who have attended this Meeting were asked to communicate the contents of this letter to their national associations without delay.

So, on the 9th February 1973 took place the first formal and foundational meeting of the EUPSA with the following Agenda: 1. Apologies for absence 2.Name of Society 3. Replies to Questionnaire 4. Future actions 5.Correspondence 6.Future Meetings.7 Any other Business.

The following delegates were present at that first meeting: P Wurnig (Vienna - Austria), F. Maison (Brussels - Belgium) K. Mauritzen (Copenhagen - Denmark), I Louhimo (Helsinki- Finland) M. Carcassonne (Marseille - France) and D. Pellerin (Paris - France) K. Devens - Munich- Germany) W. Hecker (Munich- Germany) J. Lister (Sheffield - Great Britain), A.Wilkinson - Great Britain) C. Montagnani - Florence -Italy)F.Soave - Genoa -Italy) A. Lamesh (Luxembourg - Luxemburg) D. Vervat (Vice-Chairman) (Rotterdam - Netherlands) O.Knutrud (Oslo - Norway), A. Martins (Lisbon - Portugal)I., I.Claret - (Barcelona-Spain) J. Monereo (Madrid-Spain) G.Grotte (Uppsala - Sweden), B. Herzog (Basel -Switzerland) P.P.Rickham (Chairman) (Zurich-Switzerland)

It was decided that the name of the Society should be the “European Union of Paediatric Surgical Associations” (EUPSA).

The answers received to date for the questionnaire sent on the 27th July 1972 were considered: What is Pediatric Surgery, how many Centers, maximum age of patients and Training

After careful examination and discussion by the national representatives, the “Rotterdam Resolution” (5), reproduced below, was unanimously approved by EUPSA:

1. What is general Paediatric Surgery?

By definition Paediatric Surgery must include neonatal surgery, the surgery of congenital malformations and tumors in childhood. Depending on local conditions, subspecialties, as for instance traumatology will or will not be included. Children with surgical conditions should be treated in large Paediatric Centres, preferably in Children’s Hospitals. These Centres must have a Pediatric surgical team with full clinical responsibility.

2. How many Centers for Paediatric Surgery are needed?

Each Centre should draw from a minimum of one million people, and should have at least two fully qualified Pediatric Surgeons, apart from those in training. There should be a minimum of 50 to 60 beds per Centre.

3. Maximal age of the Patients to be treated?

The maximal age of Paediatric Surgical Patients should be the same as that of the medical Pediatric Patients according to local custom

4. What should be the training program for specialization in Paediatric Surgery?

The minimum total postgraduate period for training in Paediatric Surgery should be 6 years

The minimum training period in Paediatric Surgery itself should be 3 years, unless the candidate is already a fully qualified general surgeon in which case the minimum period might be reduced to 2 years.

5 In general pediatric Surgical Centres should be affiliated to a Medical School.

Each Medical School should have a Pediatric Surgeon on its staff, preferably a full Professor.

The second Meeting of the Representatives took place on the 23rd June 1973 preceding the annual B.A.P.S. Congress. At that Meeting it was studied a new questionnaire, concerning primarily the conditions offered by the Hospital as training Centres for Paediatric Surgery. The EUPSA felt this should be decided at national level, based on the advice of the National Paediatric Surgical Association At European level formal recognition of capacity should be EUPSA's responsibility.

The 3rd annual Meeting of the EUPSA Council took place in Brussels in February 1974. Arising out of the minutes the Representatives of Austria, Denmark, Finland and Norway said that the publication of the Rotterdam solution had a beneficial effect in their countries. For the development of Pediatric Surgery. Particularly due to Swiss problems an addition was made to the text of the Rotterdam Resolution; "Depending on local conditions the organization may vary from country to country. The delegates reaffirmed that at present, they did not want a definite limitation in time for either the terms of office for Chairman and Vice Chairman. Dr. O-Knutud was elected as Vice-Chairman. In view of the forthcoming discussion with the UEMS it would be later necessary to elect a Vice-Chairman, from a Country that is a Member of the Common Market.

The 4th annual Meeting took place on the 27 August 1974, in Berne. The basic ideas of the Rotterdam Resolution were discussed and basically maintained. J Lister suggested a modification to the last paragraph of the Rotterdam Resolution that was accepted. So it reads now "Decisions made by EUPSA will not become executive until they have been approved with the minutes of the next Meeting.

Regarding the organization, training, and recognition of hospitals, it was agreed this would be on a national basis. National Associations should divide hospitals in three groups; 1) Hospitals which can give full training for specialization in Pediatric Surgery. 2) Hospitals which can give partial training for a specific length of time only and 3) hospitals which are unsuitable for training in paediatric surgery. It was stated that the British experience had shown that two Members of a Board elected by the Association, have to visit the Institutions and interview independently the Surgeon in Charge and the trainees.

On 25th April 1975, in Copenhagen, Prof. Wilkinson, a representative of pediatric surgery in the United Kingdom and Eire, at Dr. De Lune's invitation spoke to the Monospecialist Committee of the UEMS on the establishment of a mono-speciality in pediatric surgery, a proposal that was unanimously accepted. He considered this decision of very great importance in the EEC and certainly to have considerable influence in the efforts in France and Germany to obtain official recognition of the specialty.

The 5th Meeting took place on 19 July 1975, in Newcastle. It was resolved that F. Moyson should continue to act as secretary for the mono-specialist Committee (but not for EUPSA)

It was the Council's opinion that the two Delegates appointed to the Mono-specialist Committee should be the same as the Delegates already serving at the EUPSA Council. Only thus it will be possible to integrate the opinions of the Mono-specialist Committee and EUPSA.

M. Bettex suggested adding, in accordance to the EUPSA Declaration, the phrase "that……. questionnaires alone are insufficient", which was approved.

A. Wilkinson suggested changes in the EUPSA Declaration: that instead of "there is an independent chairman" it should read "The office bearers consist of a chairman who acts also as secretary and coordinator, and a vice-chairman, both of whom are elected by the Representatives. Only chairman, vice-chairman and Representatives have voting rights. At the discretion of the chairman, observers may be admitted to the Meetings if their presence is required for some specific reason. They may take part in the discussions but they may not vote. Individuals may approach the EUPSA only through their national associations.

The 6th Meeting was held on 6 July 1976. It was stated that the speciality had been recognized in Austria and that Chairs of Pediatric Surgery were founded in Stockholm and Rotterdam. There was a request that member associations should consider to appoint representatives who would serve on the EUPSA Council for a period of at least 5 years.

We were informed that Pediatric Surgery had been recognized as a Subspecialty of General Surgery, in Belgium and as an Independent Specialty, in Spain. The Greek Pediatric Surgical Association became the 17th Member of the EUPSA:

Concerning the problem of teaching of Pediatric Surgery in Universities, both as a teaching subject for undergraduates and inclusion in the final examinations, it was decided to conduct an inquiry with the following questions

a. In which of your national Universities are students taught paediatric surgery?

b. Who teaches pediatric surgery in the various Universities, pediatric surgeons, general surgeons, pediatricians, others?

c. In which Universities are undergraduates examined in one form or another in pediatric surgery in their final examination?

d. Who examines them in pediatric surgery, pediatric surgeons, general surgeons, pediatricians, others?

A 7th Meeting should have taken place on the 27 June 1978, in Edinburgh Following a decision made on 6 July 1976, Peter Rickham published his paper on the British Medical Journal of the 13th May 1978 called "Pediatric Surgery in Europe" He later published "The first 5 years of EUPSA" There he had a minor mistake, saying that Portugal and Spain had joined later, as the minutes of the 1st EUPSA Meeting clearly confirm; both having also approved the "Rotterdam Declaration"

In Portugal individualization from medical paediatrics, proposed by Prof Francisco Gentil in 1914, took place formally in 1918, at the Children's Hospital de D.Estefânia, Lisbon, dividing the pediatric Department in medical and surgical sections, and, in 1940, two fully independent departments were established This pediatric surgical Department is certainly one of the first in Europe and even in the world.

The Portuguese Society of Pediatric Surgeons was formed in 1964, but only in 1972 the Speciality was formally approved by the Ordem dos Médicos (the legal authority to do it) This explains why there was no answer to Rickham's questionnaire.

In 1990, P.P.Rickham in Pediatric Surgery International (1990 5: 327-331) published a paper on "Forty Years of European Pediatric Surgery, outlining the development of Pediatric Surgery in Europe since the war of 1939/1945. He stated that in spite of considerable opposition, this branch of surgery progressed rapidly and by 1960 pediatric surgery was recognized as a specialty in most of the countries of Western Europe. Progressively EUPSA grew to encompass 28 Countries from the initial 13 founders. Later, with the formation of the European Union of Medical Specialists

(UEMS), with which EUPSA held frequent coordinated meetings, as many of the delegates representing national associations were the same. As a result, EUPSA gradually lost its practical importance, although it retained the important role of allowing associations from outside the European Union framework to participate.

And so, after a relative decline in status, it reappeared through the initiative of Prof. Michel Hoellwarth, keeping the name of EUPSA, but now European Union of Pediatric Surgeons Associations, meeting annually, as the most important pediatric surgical meeting at European level. In its new rebirth, EUPSA defined a Mission Statement and Goals, well expressed in Article 2 of the "Rules of Procedure" of the E.U.P.S.A.:

2.1 The main objective of the EUPSA is to attain the highest standards in the field of pediatric surgery in the European countries.

2.2 This objective shall be achieved by the following means:

Supporting and coordinating the practice of paediatric surgery in each country; promoting the recognition of paediatric surgery in each country; stimulating the exchange of experience and knowledge; encouraging all scientific activities, both clinical and research, in paediatric surgery; organizing scientific meetings; unifying training and establishing criteria for training in paediatric surgery; establishing close relationships between national paediatric surgical associations; and encouraging the exchange of specialists and trainees between hospitals and countries.

3.2 The Representatives should be specialists in pediatric surgery in their Country, who are in full-time surgical practice.

4.2 The EUPSA is administered by the Council, consisting of all Representatives from national associations.

DISCUSSION AND CONCLUSION

There is only one "true" history…!

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