ESPR

European Society for Paediatric Research

50th

Year	**1958**
Venue	**Bern**
President	E Rossi

The evolution continues

1960
Groningen
J H P Jonxis

In this short publication we have tried to capture the history and development of what we think is one of Europe's friendliest academic societies. The ESPR is a dynamic structure adapting to different needs over the years but retaining a focus on paediatric science in a facilitative setting, where our rising young ESPR stars have an opportunity to present and discuss their academic work – and enjoy themselves as well!

I am most grateful to Heike Rabe, a true European, for her excellent work in putting this together and to all the contributors for their help in assembling the first history of this Society. The 50th Anniversary Meeting is one to celebrate and this book I hope will add to the pleasure of the event. Although we have come a long way from our modest origins, we retain the feel of a "club" whilst providing cutting edge science related to Paediatrics in a modern and evolving academic Society, accepting wider responsibilities within the setting of the European Union.

Neil Marlow
ESPR President since 2008

1961

Ferrara

E Schwartz-Tiene

1962

Barcelona

A Ballabriga

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1963
Helsinki
N Hallmann


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1964

Paris

P Royer

1965

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A Holzel

Preface

1966
Athinai
C Papadatos

During this year's annual meeting of our society we are celebrating the 50th Anniversary of these scientific meetings as well as the founding of our society.

We are very lucky that we still have some members of those early years around, who kindly share their memories with us in this booklet.

I leave the history telling to them. I would like to thank all contributors very much to this collection of memories and images.

Fifty years ago the ESPR started as a trilingual club of enthusiastic Paediatricians who were interested in research. This gives us the opportunity to look back on a wide range of research activities and reflect on what has been achieved.

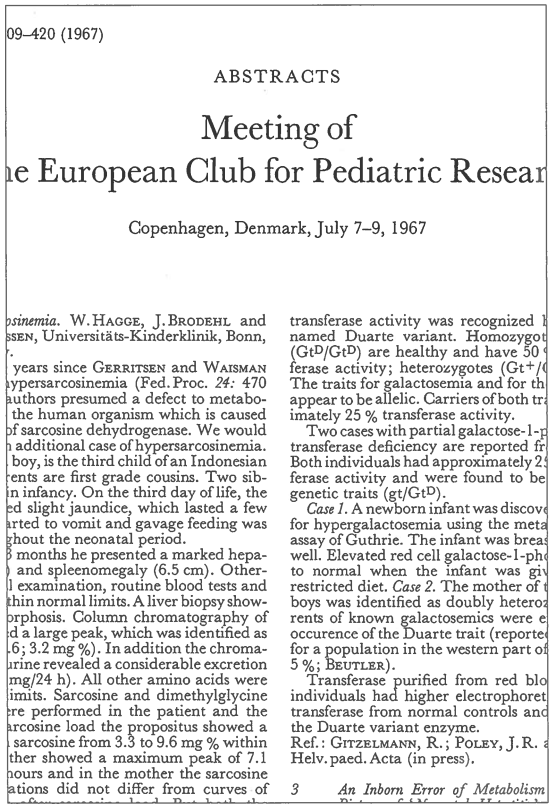
Initially new members were only admitted below the age of 40. The first constitutions contained age limits for council members. With longer training times for junior doctors and even more time required to achieve academic merits these age limits had to be dropped with the last amendments of the constitution. The ESPR demonstrates that it always adapts to changes depending on the new emerging circumstances.

The scientific role of the former working groups, now called sections, has changed with the running of bi-annual joint meetings with other Scientific Paediatric Specialist Societies. Theses changes were necessary as costs for conferences are increasing and colleagues have to carefully choose, which conferences they can attend. These successful joint meetings are now forming the base for nurturing wider scientific exchange. The appointment of a permanent secretariat has helped much with organising these large conference events.

1967

København

J Vesterdal



09–420 (1967)

ABSTRACTS

Meeting of
ıe European Club for Pediatric Resear

Copenhagen, Denmark, July 7–9, 1967

osinemia. W. Hagge, J. Brodehl and
ssen, Universitäts-Kinderklinik, Bonn,
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years since Gerritsen and Waisman
ypersarcosinemia (Fed. Proc. *24:* 470
authors presumed a defect to metabo-
the human organism which is caused
of sarcosine dehydrogenase. We would
additional case of hypersarcosinemia.
boy, is the third child of an Indonesian
ents are first grade cousins. Two sib-
in infancy. On the third day of life, the
ed slight jaundice, which lasted a few
rted to vomit and gavage feeding was
ghout the neonatal period.
3 months he presented a marked hepa-
) and spleenomegaly (6.5 cm). Other-
l examination, routine blood tests and
thin normal limits. A liver biopsy show-
orphosis. Column chromatography of
d a large peak, which was identified as
.6; 3.2 mg %). In addition the chroma-
urine revealed a considerable excretion
mg/24 h). All other amino acids were
imits. Sarcosine and dimethylglycine
re performed in the patient and the
rcosine load the propositus showed a
sarcosine from 3.3 to 9.6 mg % within
ther showed a maximum peak of 7.1
ours and in the mother the sarcosine
ations did not differ from curves of

transferase activity was recognized
named Duarte variant. Homozygot
(Gt^D/Gt^D) are healthy and have 50
ferase activity; heterozygotes ($Gt^+/$
The traits for galactosemia and for th
appear to be allelic. Carriers of both tr
imately 25 % transferase activity.

Two cases with partial galactose-1-p
transferase deficiency are reported fr
Both individuals had approximately 2
ferase activity and were found to be
genetic traits (gt/Gt^D).

Case 1. A newborn infant was discov
for hypergalactosemia using the meta
assay of Guthrie. The infant was brea
well. Elevated red cell galactose-1-ph
to normal when the infant was gi
restricted diet. *Case 2.* The mother of
boys was identified as doubly heteroz
rents of known galactosemics were e
occurence of the Duarte trait (reporte
for a population in the western part o
5 %; Beutler).

Transferase purified from red blo
individuals had higher electrophoret
transferase from normal controls and
the Duarte variant enzyme.
Ref.: Gitzelmann, R.; Poley, J. R.
Helv. paed. Acta (in press).

3 *An Inborn Error of Metabolism*

1968

Wien

W Swoboda

The section for Neonatology, now European Society for Neonatology (ESN), has contributed to the European training syllabus and is now the officially acknowledged society to represent Neonatology within the European Union.

Right from the onset of the ESPR our society had close links with the sister society, Society of Pediatric Research (SPR) in the US. The close connection led to the founding of our scientific journal Pediatric Research as the platform for publishing study results. We still have the agreement that members of each society can join the other transatlantic society as an associate member for a reduced fee.

Nurturing our Young Investigators has been a long standing tradition. This has been recently achieved by running online and on site courses, providing travel bursaries, the Young Investigator award session and many more activi-

1969
Interlaken
E Rossi

1970
Stockholm
R Zetterström

ties. Many young scientists benefited from the active discussions at presenting their work in poster walks or oral sessions. Many members provide mentoring and international exchange opportunities for young investigators. With longer time spent in training, the EWTD and the need for flexible working patterns I feel that now it is even more important than ever to encourage young colleagues to consider a career in Academic Paediatrics. I would like to encourage senior members to please engage in discussions and feedback with young investigators at this year's meeting.

As we have it in our anthem: ESPR, every member is a star...

After a day's hard work one deserves a bit of fun. Social activities have always been an important part of our meetings. We have put a varied programme together for the Annual Meeting in Hamburg and all members of the scientific committees do hope that every part of it will be enjoyable to you.

I hope to welcome as many as possible of you to our current and future meetings.

Heike Rabe
ESPR Vice-President since 2007
Section Secretary from 1998 to 2004

Pediat. Res. *4:* 201–221 (1970)

ABSTRACTS

Meeting of The European Club for Pediatric Research

Interlaken, Switzerland, September 14–18, 1969

1 *Telemetric Transmission of Foetal Heart Sounds and their Interpretation.* O. CELANDER, Mölndal, Sweden.

Direct auscultation of the foetal heart sounds during late gestation and during labour is still the prevailing method to detect oxygen deprivation of the foetus.

The human ear, however, is relatively insensitive to the low frequencies characterizing foetal heart sounds. By using a highly sensitive accelerating microphone, combined with suitable filters, prolonged or continuous recordings of foetal heart sounds may be achieved from a gestational age of 28 weeks.

Records of foetal heart rate enables the observer to distinguish with less difficulty innocent reflex bradycardias from the potentially dangerous bradycardias due to 'uterine-placental-insufficiency', and subsequent hypoxia of the foetal heart muscle. Further, abnormalities of foetal heart rhythm, such as recurring extra systoles or congenital AV-block may be analyzed. Finally, observations on the ratio between the interval 1st to 2nd heart sound and the duration of the total heart cycle may prove useful to detect exhaustion of the heart muscle. If, e.g., a bradycardia is observed to be combined with increasing intensity of the heart sounds and with little or no prolongation of the systole, such observations most probably speak in favour of reflex bradycardia and against myocardial exhaustion.

A system for telemetric transmission of foetal heart sounds has been elaborated. The radiotransmitter weighs 100 grams and has the dimensions of $28 \times 48 \times 65$ mm. The microphone weighs only a few grams and has a diameter of 28 mm. Both components can easily be attached directly to the abdomen of the mother. The receiver may operate a recorder, an oscilloscope or a loudspeaker.

A study is in progress in which observations on foetal heart activities are being correlated to pH-status and gas tensions of umbilical arterial and venous blood at delivery, and subsequent serial studies on central venous blood of the newborn baby during a recovery period. Such an investigation may answer the question to what degree alterations of foetal heart behavior reflects oxygen lack in the foetus.

2 *The Insensible Waterloss of Newborn Babies.* E. ZWEYMÜLLER, Department of Pediatrics, University of Vienna, Vienna, Austria.

The insensible waterloss from the lungs and the total body surface of newborn babies has been measured directly the first time.

Methods: The infant to be investigated was put into an especially adapted incubator. Air of constant and exactly known humidity and temperature was supplied at a given and known rate to this incubator caused by the presence of the infant in comparison to the entering air was measured gravimetrically. Knowing the incubator properties, the flow rates and the humidity increase due to the infant, the average water vapor production of the latter could be calculated for periods of 10 minutes each.

Some results appear very important:

1. The insensible waterloss in resting condition is between 390–460 mg per kg bodyweight and hour, or 6.36–7.47 per m^2 body surface and hour.
2. In the first 24 hours the insensible waterloss is not dependent of the age.
3. There is a small difference between the sexes in this age. Somewhat higher values are found in girls.
4. The insensible waterloss is influenced by the intensity of sleep. Newborn babies, who sleep longer, lose less water than babies, who sleep shorter.
5. The insensible waterloss increases with the activity of the newborn babies. Up to now there have been guesses of this increase, but no quantitative measurements. This increase has been determined by us by a factor of 1.7, but may be become much larger.

3 *The Induction of the Pulmonary Surfactant in the Fetal Lamb by the Administration of Corticosteroids.* R. A. DELEMOS, D. W. SHERMETA, J. H. KNELSON, R. V. KOTAS and MARY E. AVERY, Johns Hopkins School of Medicine, Baltimore, MD, USA.

The administration of ACTH and corticosteroids to fetal lambs of 110–130 days was shown to initiate premature partuition, and to lead to survival of some lambs before one would have expected the pulmonary surfactant to appear [LIGGINS, G. C., J. Endocrin. *42:* 323, 1968 and BRUMLEY *et al.*, J. clin. Invest. *46:* 863, 1967]. The possibility that the synthesis of the surfactant could be induced by treatment of the fetus with steroids was examined in ewes with twin pregnancies, in which only one twin was given steroids. Catheters were placed in the peritoneal cavity or jugular vein of the fetus and exteriorized through the maternal flank to permit injections of hydrocortisone, 50 mgm/day i. p. or 20 mgm/day i.v. in 4 doses. The animals were born spontaneously or delivered by c-section within 72 hours. Some were stillborn, others breathed and were sacrificed. In all 6 sets of twins, the lungs of the treated animals differed from the control animals: the volume of air at a peak distending pressure was approximately double that the controls; the volume of air at atmospheric pressure was significantly greater in the treated animals; the minimal surface tension of lung extracts was consistently lowered by treatment. Adrenal weights of the steroid-treated animals were significantly reduced. The find-

ings suggest that hydrocortisone was responsible for the premature appearance of the pulmonary surfactant (supported in part by USPHS grants HD 00281–09 and AM 11218–02).

4 *Osteoporosis in Na-Deficient Growing Rats.* G. Witmer, P. Cuisinier-Gleizes, F. Debove and H. Mathieu, Laboratory of Experimental Pathology, Children's Metabolism Disease Center, I.N.S.E.R.M. (Pr P. Royer) and International Children's Center, Paris.

Relationships between the sodium and the calcium metabolism were evidenced in the last ten years and used in therapeutics. Thus low-sodium chloride diets are advised in idiopathic hypercalciuria. Therefore, within study on the deficiencies osteoporosis, we have investigated the effects of sodium deficiency on the calcium intestinal absorption and on the skeleton of growing Rats.

The sodium deficiency induces an important fall of the calcium intestinal absorption. Within 8 weeks occurs an osteoporosis with the following features: the size of epiphyseal cartilage is decreased, resulting from injury of proliferating and hypertrophic cells. The osteoporosis, appraised by calcified area, is more striking in the metaphysis than in diaphysis. The measurement of bone deposition in tetracyclin-labeled bones shows a smallest periosteal deposition and a endosteal deposition little changed. Therefore, in the shaft the osteoporosis results mainly from a decreased periosteal deposition. The deposit of calcium in bone, measured by autoradiographies with ^{45}Ca is very low. There are few osteoblasts and osteoclasts with a weak functional activity. Bone mineral composition is poorly changed. Only in the epiphysis, the ash rate is decreased, and the Ca/P ratio is increased. The Na rate is normal.

The Na deficiency osteoporosis is very different from the one resulting from calcium deficiency without vitamin D deficiency. Therefore does not result from calcium intestinal absorption injury. It seems to be a failure of osteogenesis. Sodium deficiency operates by undernutrition but also by specific effect. The findings of this study are commented in the limits of deficiency and human osteoporosis.

5 *The Effect of Blood Glucose Level on Oxygen Consumption, Plasma FFA and Lactate Concentrations in Newborn Infants During Exposure to Cold.* T. Heim, J. Mestyán, A. Cser and H. Donhoffer, Department of Pediatrics and Clinical Chemistry, University of Pécs, Hungary.

Oxygen consumption, RQ, body temperature, blood glucose, and plasma FFA and lactate levels were examined in mature, premature and dysmaturen ewborn infants at the neutral temperature and during exposure to cold before and after intravenous glucose infusions within the first 30 h of extrauterine life.

In mature and premature infants a marked rise in oxygen consumption on exposure to cold was accompanied by an increase in plasma FFA and lactate levels, while the blood glucose concentration remained practically unchanged. A rise in blood glucose following the intravenous injection of glucose did not influence the metabolic response to cold, but caused a fall in FFA and a further increase in blood lactate.

In dysmature infants, however, the injection of glucose has no or only a small and transient effect on the increased plasma FFA level elicited by cold-exposure. Even severe hypoglycaemia does not affect cold-induced thermogenesis, and the responses in the levels of plasma nutrients appear to follow the same pattern as in non-hypoglycaemic dysmature newborn infants.

Although it is clear that fat is utilized at increased rate during cold exposure, in mature and premature infants carbohydrate reserves serve also as a source of calories in the cold environment. The results obtained in dysmature infants indicate that in fetal malnutrition mainly fat is utilized in thermoregulatory heat production.

6 *Peritoneal Dialysis in the Treatment of the Respiratory Distress Syndrome of the Newborns. Mechanism of the Therapeutic Effect.* D. Boda, L. Murányi and E. Eck, Department of Pediatrics, University of Szeged, Szeged, Hungary.

From 1967 February to 1969 January we performed 50 peritoneal dialyses as a treatment of respiratory distress syndrome of newborns. The dialysis was initiated only when the case proved to be refractory to the usual therapy. In comparison with the control cases selected similarly by randomisation 20 of the dialysed newborn babies were cured and only 6 of the 42 controls. From 1969 January on the therapy is used as a routine work with good results in every RDS case.

According to the clinical (body weight and X-ray changes, effectivity depending on birthweight, severity grade of the disease, appearence of jaundice and cerebral haemorrhage in both groups) and laboratory (serum electrolytes protein and bilirubin concentration, blood glucose and coagulation examination) data we discuss the mechanism of the therapeutic action of peritoneal dialysis in RDS.

7 *Studies on Lung Compliance and Radiological Aspects in Babies Recovered from Neonatal Respiratory Distress.* J. P. Crance, P. Vert, M. Kuhnast and M. Pierson, Nancy, France.

The object of this work is the study of pulmonary sequelae of clinical hyaline membrane disease, and of its treatment. The preliminary results which are reported here, concern infants between 9 and 24 months of age; two groups are considered:

1. Infants who had been treated by naso-tracheal intubation and artificial ventilation by intermittent positive pressure.
2. And infants who breathed spontaneously throughout the course of the disease, with high O_2 concentration.

Lung compliance was measured by the classical method using a pneumotachograph and air-filled intra-oesophageal balloon. Preliminary results show a low lung compliance, when compared to a group of normal infants.

8 *Bronchopulmonary Dysplasia in the Premature Baby.* K. Weisser, R. Ganz, A. Olafsson and F. Wyler, Children's Hospital, University of Basel, Basel, Switzerland.

A subacute process within the lungs has recently been observed in babies with idiopathic respiratory distress syndrome (IRDS), that leads to delayed death or prolonged recovery with pulmonary residua. A clinical, radiological and pathological analysis as well as some patho-physiological features of this disease are presented. The question as to its pathogenesis arises. Is it the natural history of severe and hitherto early lethal IRDS, or should it be regarded as a complication due to modern therapy (oxygen, mechanical ventilation, infection)? Present observations rather suggest

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Stapleton
London UK
Suarez
Sevilla Spain
Swoboda
Vienna Austria

Tizard
London UK
Vesterdahl
Copenhagen
Denmark
Zetterstrom
Stockholm
Sweden

1971

Brighton

J P M Tizard

1972

Heidelberg

H Bickel

From club to society, the early years of ESPR

1973
Sevilla
M Saurez

After the second world war with its enormous destruction and human losses the European countries needed time to recover. The period 1945 to 1955 was characterized by reconstruction and repair, with great help of the United States of America. The Marshall Funds brought Western Europe on its feet and the Fullbright Fellowships were essential for many young European scientists and clinicians to discover the American way of life and absorb the new scientific developments. Clinical medicine, including Paediatrics stood at the beginning of an unforeseeable period of scientific, technological and clinical developments.

In the early summer of 1958 Professor Ettore Rossi took the initiative to bring together in Bern (Switzerland) a group of leading Paediatricians from many European countries. In this informal two day meeting a number of papers on clinical and laboratory research were presented. It was the beginning of the European Club for Paediatric Research (Club Européen pour la Recherche en Pédiatrie, Europäischer Club für Pädiatrische Untersuchungen). In those years English was not yet the leading scientific language. Before the second world war on the continent Germany was the leading nation in clinical medicine and the textbooks which were used in medical schools all over Europe (except France and Great Britain) were in German language. After the war the switch-over to English language was difficult for the older generation. German professors (and students) generally did not speak English and French, English professors did not speak German and French and the French spoke French. The club members from the Scandinavian countries, Hungary and the Netherlands were in an advantagious position, they had learned English, German and French languages at secondary school.

The next annual meetings of the Club were in

1974
Lausanne
E Gautier

1975
Budapest
D Boda

Bonn (1959, organized by Professor Hungerland), Groningen (1960, Jonxis), Ferrara (1961, Schwartz-Tiene), Barcelona (1962, Ballabriga), Helsinki (1963, Hallman).

In 1963 the Club had 46 members, at the meetings in 1959-1963 13 new members were elected.

Bertrand Lyon France
Droese München Germany
Lenz Hamburg Germany
Wenner Bonn Germany
Davis London UK
Papadatos Athens Greece
Mestyan Pecs Hungary
Varga Pecs Hungary
Sereni Milan Italy
Visser Groningen The Netherlands
Pena Santiago de Compostela Spain
Celander Göteborg Sweden
Hitzig Zürich Switzerland

1976

Rotterdam

H KA Visser

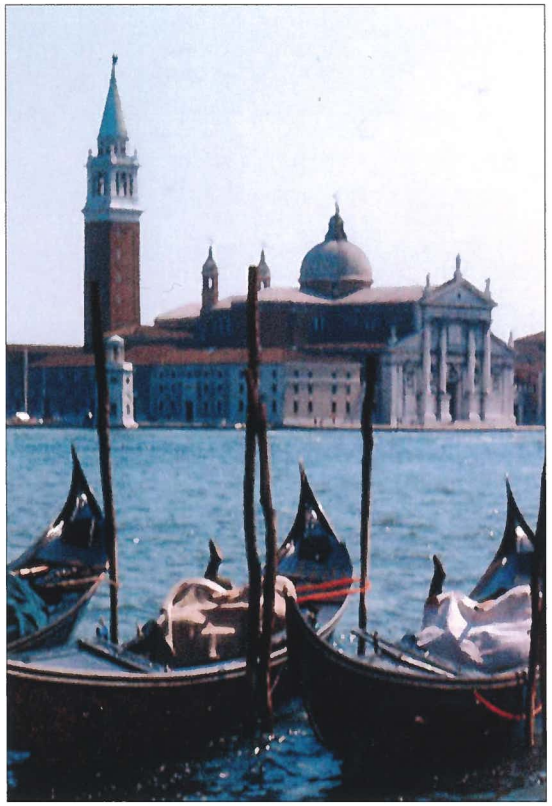
1977

Venezia

F Sereni

Here we observe an interesting change in membership which would continue over the next years. The founding members were in general a group of "old bosses" in clinical Paediatrics. At that time the staff of a typical university department of Paediatrics was very small. There was the professor (the only chair in Paediatrics), a small number of staff members and residents and one secretary. An increasing group of young Paediatricians went abroad, mainly the USA for training in a Paediatric subspecialty and returned home full of ambitions. They wanted to do research and had to fight for money and academic positions. Slowly the professors made room for the "young turks" and we see that several founding members introduced their young co-workers as new members of the Club.

Two interesting topics were discussed during the Helsinki meeting. For the first time there was a discussion on the foundation of a European



1978

Turku

T Peltonen

1979

Leuven

L Corbeel

Society for Paediatric Research. Some members were against such an idea, others were in favour and suggested that such a Society should include Paediatric subspecialty groups who otherwise would establish their own Societies. At that time already three subspecialist clubs had started annual meetings. The European Paediatric Endocrinology Club (later Society) had its first meeting in Zürich in 1962. In my opinion the European Club for Paediatric Research missed here a crucial opportunity to organize annual Paediatric research meetings in the American way, one large annual meeting including all subspecialty groups. Later on this discussion was resumed but then it was too late.

Then there was a lively discussion on the possibility of founding a European Journal for Paediatric Research. Reading the notes of the meeting it seems that a majority was not in favour. Three guests from the United States Dr Lytt Gardner, Dr Norman Kretchmer and Dr Charles Lowe (he later became the first editor of Pediatric Research) attended the meeting and they proposed to consider an International Pediatric Research Journal as a "trait d'union" between Europe and the United States. The discussion was postponed to the next annual meeting.

The 7th annual meeting of the Club was in Paris organized by Professor Royer.

It may be interesting for the present-day members of ESPR to see the scientific program (partly in French language) of the 1964 meeting of the Club. There were four half day sessions.

Paris 1964

Scientific program

Session 1

Endocrinologie et nutrition

1 Pena Spain

L'enfant rachitique et son anémie

2 Visakorpi Finland

Iron deficiency anemia and malabsorption syndrome

3 Frederich France

Etudes comparées de faibles doses et de fortes doses de vitamine D dans la correction de l'hypocalcémie rachitique

4 Winberg Sweden

Distal tubular dysfunction in deficiency rickets

5 Visser The Netherlands

Secretion and excretion of aldosterone in infants with salt losing syndrome caused by enzyme defects in the biosynthesis of aldosterone

6 Rappaport France

Evolution tardive d'un hypoaldosteronisme congenital familial

7 Teller, Linneweh Germany

The pattern of steroid excretion in children under the influence of testosterone

8 Francois France

Syndrome pseudohypoparathyroïdien avec réponse normale à la parathormone

Session 2

Pédiatrie néonatale

1 Papadatos, Kattamis Greece

Enzymatic pattern in full term, premature and immature newborns

2 Yssing, Friis-Hansen Denmark

Sex differences in body composition of newborn infants

3 Varga Hungary

TSH activity and metabolic rate in malnutrition and starvation in premature infants

4 Mestyan Hungary

Skin deep body temperature and the metabolic response in premature infants

5 Prod'homme Switzerland

Analyse du gradient alveolo-arteriel de la PO^2 durant la période néonatale précoce

6 Celander Sweden

Trials to determine indirectly blood gases by gastrotonometry in premature newborn infants

7 Strang, Tizard UK

Pulmonary circulation of the foetus and newborn

8 Minkowski, Garcia France

Acides lactique et pyruvique au cours de l'anoxie foetale chez le rat

Session 3

Thèmes variés

1 **Borrone, Durand Italy**
Antigènes solubles des tissues humains identifiés par immunoélectrophorèse

2 **Lenz Germany**
Catch-up growth following undernutrition

3 **Thalammer Austria**
Pränatale Dystrophie

4 **Kerpel Frönius Hongary**
Some possible immediate causes of death in infantile diarrhea

5 **Corbeel Belgium**
Hypokaliémie, acidose renale congénitale et familiale

6 **Menano Portugal**
Acid base relations between spinal fluid and blood in the recovery phase of metabolic acidosis

Session 4

Maladies du métabolisme

1 **Schwarz, Holzel UK**
The autonomic nervous system in the etiology of muciviscidosis

2 **Frezal France**
Intolérance à la lactobetaglobuline

3 **Holzel, Schwarz UK**
On the role of lactose in infant feeding, with special references

4 **Auricchio, Rubino, Prader Switzerland**
Nouvelles données sur la malabsorption héréditaire du saccharose et de l'isomaltose

5 **Lardinois Belgium**
Intolérance mixte au galactose et au fructose probablement familiale

6 **Durand Italy**
Leucinose

7 **Zetterstrom, Sass Kortzack Sweden, Canada**
Tyrosylurie

8 **Alagille France**
Tyrosylurie

9 **Colombo, Richterich, Donata, Spahr Switzerland**
Intolérance à la lysine

10 **Wolff UK**
Hyperlipaemia in controlled diabetes mellitus

1980

Athinai

D Nocolopoulos

1981

Bern

N Herschkowitz

Clinical studies in these days were often careful, descriptive observations of one patient (or a small number of patients) with rare diseases and syndromes. Rickets due to vitamin D deficiency was a common problem. New inborn errors of metabolism were found every month. In Neonatology there was much attention for temperature regulation and anoxia. In the laboratory new techniques became available, as steroid analysis with paper chromatography and isotope dilution. The first animal experiments were reported. Epidemiological studies came in later. It was a period when the developments in biochemistry and physiology were translated into clinical medicine. The times of genetics, molecular biology and immunology were visible at the horizon.

In these early years the Club was a large Paediatric family. At the meetings social activities were important. There was a ladies program, a concert, a trip to the country and a reception at the home of the president. The annual dinner became a long standing tradition.

There was no congress fee, local costs were supported by industry.

The issues of the foundation of a European Society for Paediatric Research and an International Journal for Pediatric Research were again discussed at length at the Paris meeting and following annual meetings in Manchester (1965, organized by Holzel), Athens (1966, Papadatos), Copenhagen (1967, Vesterdahl), Vienna (1968, Swoboda) and Interlaken (1969, Rossi). The debate divided the older and younger members of the Club, but it had also to do with a vision on the future of Paediatrics as a clinical specialty with subspecialties, which needed an open Society for all those interested in research and a belief that international cooperation with the USA was important. At each meeting American guests were present

1982

Jerusalem

S Levin

1983

Montpellier

R Jean

and they were very much in favour of an international research journal. In the USA more and more support was generated in the Society for Pediatric Research and the American Pediatric Society. American Paediatric research was at that time far ahead of Europe and many older Club members were somewhat afraid of USA dominance. The younger members who were trained in the USA and who made there many friends were optimistic about future cooperation and were looking forward to improve the European Paediatric research output in competition with their American colleagues.

Slowly a majority of members accepted the change of time. I am not quite certain when the final decision was made, but at the Interlaken meeting the Club was officially transformed in the European Society for Paediatric Research (ESPR). In January 1967 the first issue of Pediatric Research came out. Dr Charles Lowe became the Editor-in-Chief and an Editorial Board was appointed with Friis-Hansen, Holzel, Jonxis and Royer as European associate editors. The editorials of the January 1967 and 1968 issues of the journal are interesting and recommended reading.

In the following years there was an impressive catch-up growth of Paediatric research in Europe. In 1976 I organized in Rotterdam the combined meeting of ESPR with ESPE and a number of other subspecialist Societies. More than 500 members and guests were present. There were plenary sessions with invited speakers from Europe and USA and many parallel sessions with short papers. We had started with poster presentations. The congress language was English.

At this moment where we commemorate the 50th anniversary of ESPR it is appropriate to honour the founding members of our Society. Each generation stands on the shoulders of the

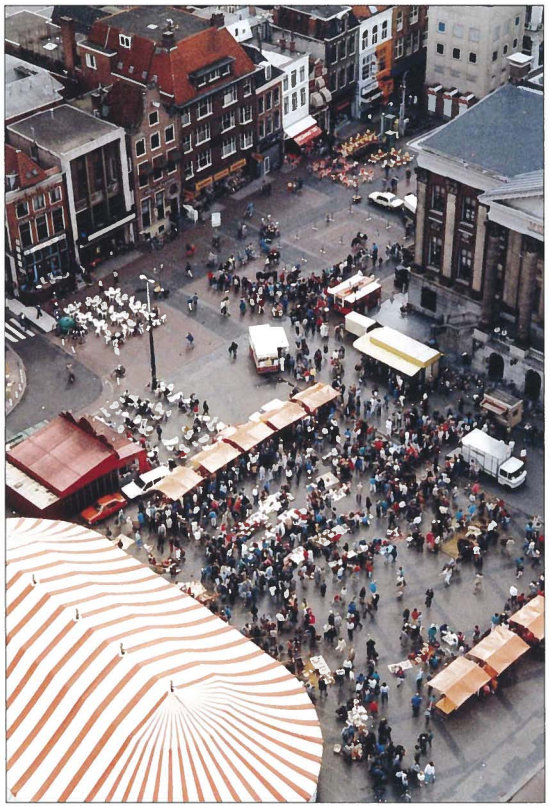
1984
Cambridge
J A Davis

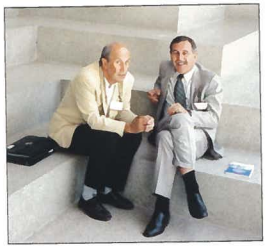
1985
München
K P Riegel

foregoing generations. The founding members were pioneers of European Paediatrics in a most difficult post war period. We honour them with feelings of respect and gratitude.

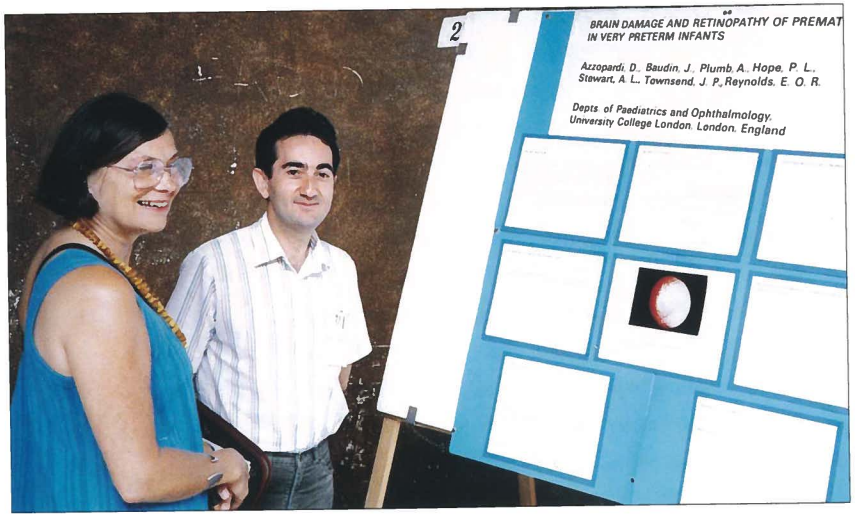
Henk KA Visser

Henk KA Visser is emeritus professor of Paediatrics Erasmus University Rotterdam, the Netherlands. From 1967 to 1995 he was chairman of the department of Paediatrics Academic Hospital Rotterdam/Sophia Children's Hospital. After his medical studies and Paediatric training (University of Groningen) he was a Postdoctoral Fullbright Research Fellow in Paediatric endocrinology at the Children's Hospital and Harvard Medical School in Boston, USA (1960-61). He was elected as member of the European Club for Paediatric Research in 1963, was Council member of ESPR 1972-1976 and President in 1976. He was European editor of Pediatric Research 1970-1974.






91
OUTCOME FOR INFANTS BORN AT
22-25 WEEKS OF GESTATION
Denis Azzopardi. Ann L. Stewart
University College and Middlesex
School of Medicine
London, England


2
BRAIN DAMAGE AND RETINOPATHY OF PREMAT
IN VERY PRETERM INFANTS
Azzopardi, D., Baudin, J., Plumb, A., Hope, P. L.,
Stewart, A. L., Townsend, J. P., Reynolds, E. O. R.
Depts of Paediatrics and Ophthalmology,
University College London, London, England


Wellcome

1986

Groningen

J Fernandes

1987

Padova

F Rubaltelli

The development into a modern organization

1988
Oslo
S Halvorsen

The first steps towards the European Society for Paediatric Research were taken in Bern 1958 and the actual society was founded in 1969, and we are celebrating the 50th annual ESPR meeting in Hamburg this year.

There has been a gradual development of the ESPR into what we know the society is today. Its survival has been greatly (and still is) dependant on voluntary work from its members involving themselves in council work. The main attraction of the ESPR has been its annual meetings where the paediatric family and scientists were able to present their research. The meetings were known to have high scientific content but also socially unifying European research communities. The meeting was traditionally held at different sites within Europe, and the host (highly respected researcher) was elected as the ESPR president, thus the president was elected annually with 1 year term.

However, times are changing and the ESPR needed a "facelift" with regards to its organizational structure. This was basically in three areas.

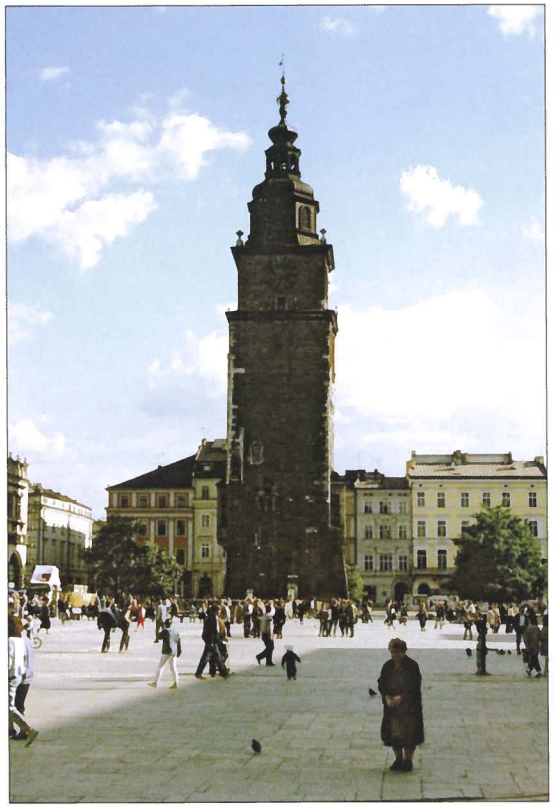
1. The ESPR organizational structure – the council
2. More professional secretary function
3. Closer collaboration with other societies

The ESPR organizational structure – the council

In repeated discussions in the annual ESPR business meeting there was a need identified for better continuation within the ESPR governing and planning of the scientific meetings. The ESPR needed a more long-term strategy. It was also felt that the scientific content and meetings were too dependant on the "hosting president" and the need of a more long term coherence of the meetings and planning would

1989
Kraków
J Peitrzyk

1990
Wien
K Widhalm



be in the interest for the future of the ESPR. ESPR started to experience the competition from other societies and more preferred the SPR than the ESPR, because their consistency in the scientific level. As a consequence the council started to work for a better structure that would meet these requirements. It was felt that the only way to achieve this would be:

1. Better continuity in leadership of the ESPR
2. A stronger scientific committee

To accomplish these aims the whole constitution needed to be re-written, a work that was started in 2003. A working task force comprised of Virgilio Carnielli, Carlo Agostoni, Heike Rabe, Tom Stiris, and Claus Boerch started to work out guidelines for rewriting the constitution.

The changes were partly due to extrinsic factors causing a need for technical changes but

1991
Zürich
G Duc

1992
Uppsala
G Sedin

mainly intrinsic wish of changing the organisation, i.e. political changes. The final proposal contained both technical and political changes and was presented and accepted at the business meeting at the annual ESPR meeting in Stockholm 2004 after a lengthy consultation and discussion.

The technical changes were minor, for instance definition of the legal domicile. The most prominent political changes were the altered composition of the Council and the abolition of the age limit for members of the Council. The aim of the new composition was to have a closer collaboration between the council and the sections. According to the new constitution, most of the members of the council will be elected indirectly as the secretaries of the sections become members of the council. The major change was that the chairman of the society will be the President (3 years term) who will be elected at the business meeting.

1993
Edinburgh
N McIntosh

1994
Rotterdam
P Sauer

The business meeting also elects a Vice President and a Treasurer. This ensured a good continuous leadership structure running administration between council meetings. Another major strength was the structure of a scientific committee comprised by the section secretaries in collaboration with the section councils and the ESPR council. This secured one of the aims to uphold a strong and predicted scientific content of the annual meetings.

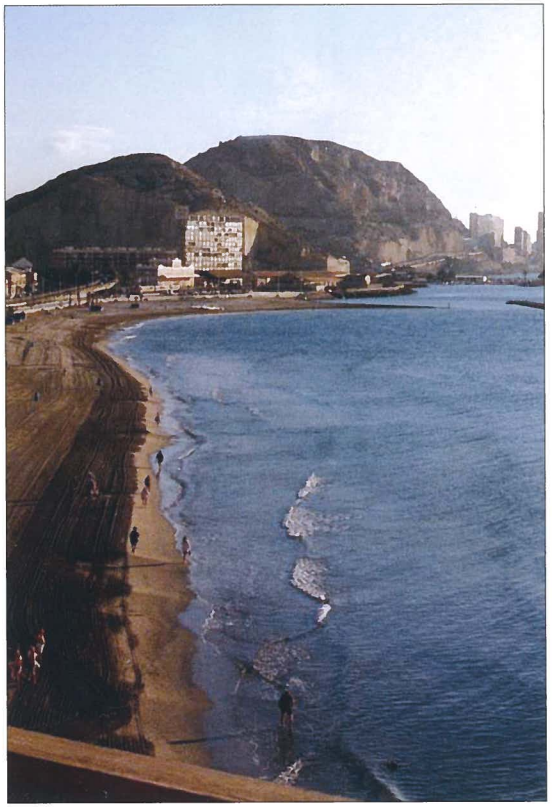
More professional secretary function

The work to get permanent professional secretariat was begun during Michael Weindling's Honorary Secretary Period (1997-2000). The need of a more professional help to run the society became more and more evident. To survive the ESPR needed to develop into a modern society with regards to attract members, sponsorship, participants at its annual meeting etc. Permanent secretariat would ensure a successful development of the society. In the long run it was believed this would reduce costs of arranging yearly congresses, help to establish permanent society sponsorship and look for sponsors at the congresses. In 2004 we went into partnership with KENES International, to be our Permanent Secretariat as well as our professional congress organizers. This partnership has helped us to become more professional in organizing our annual meetings, attracting both sponsors as well as number of participants. Also the society itself is more efficiently run. This does not mean that the tremendous voluntary work done by our members in the council is no longer needed. On the contrary, the whole success of this partnership depends on close collaboration and initiatives between ESPR council and KENES. It is the council who runs the society, KENES helps and facilitates this work.

1995

Alicante

M Moya



1996

Lyon

B Salle

European Society for Pediatric Research

Annual Meeting, Vienna 1990

September 23 – 27

Program

Organizer:
Prof. Dr. K. WIDHALM, University of Vienna

European Society for Pediatric Research

Annual Meeting, Edinburgh 1993
12 - 16 September

Final Programme and Abstracts

Organiser:
Professor N. McIntosh, University of Edinburgh

European Society for Pediatric Research

Annual Meeting, Zürich 1991

September 1–4

Final Program

Organizer:
G. Duc, University of Zürich

1997

Szeged

P Temesvari

1998

Belfast

H Halliday

Closer collaboration with other societies

As pointed out the ESPR was starting to struggle. This was due both to decreasing participation at the annual meeting and stronger competition for sponsorship. The landscape with regards to pharmaceutical and medical equipment industry was changing. The industry experienced fusion into bigger companies. This meant fewer sponsorship possibilities. In the Paediatric field the contrary seemed to be the scenario with increasing number of European Paediatric societies. It became clearer to the ESPR, that to survive we had to grow stronger and the "size" of the annual meetings needed to be larger to attract both participants as well as sponsors. Instead of a fragmentation of Paediatric meetings which we saw the tendency to occur in Europe, a gathering of different Paediatric European societies to arrange a bigger meeting should be achieved. In this matter the structure of CESP (Confederation of European subspecialties in Paediatrics) and its role in Paediatric science was discussed. CESP was the political body of EU (part of the UEMS, European Union of medical specialties) representing the different Paediatric subspecialties in Europe, where also ESPR participated at their meeting. It was suggested that CESP could be the umbrella organization bringing different European Paediatric societies together. The American model PAS (Paediatric Academic Societies) which at that time were three individual Paediatric organizations, APS/SPR/APA, was brought up as possible role model for the future Europe. The need to have combined meetings was stressed, and CESP as an organizing umbrella was discussed. A biannual CESP-EuroPaediatrics (high scientific level meetings – Meeting of European Academics) was proposed. This meeting was to present the academia in Paediatrics. In the course of elaborating this structure, CESP changed its name to EAP – UEMS section of Paediatrics

1999

København

G Greisen

2000

Rhodes

C Bakoula

(European Academy of Paediatrics).

The work to structure this started in 2003/2004. The ESPR played a very active part to outline both the structure of the meeting and ensuring the scientific content. The aim was to have biannual meetings. The first meeting was held in Barcelona 2006, with three active societies, but also other collaborating societies. The meeting was successfull both scientifically as well as economically. There were 2500 attendees. The second joint meeting (EAPS – European Academy of Paediatric Societies) was held in Nice 2008. It was also very successful and the structure and scientific content continued to improve. The meeting was attended by 2800. The planning of the 3rd EAPS meeting which will be held in Copenhagen in 2010 is well on its way and I am sure again it will be a great success in all aspects. There has also been a positive spin-off effect on our stand alone meeting (ESPR only, that is being organized

2001

Helsinki

K Raivio

2002

Utrecht

A Okken

every second year). In Prague 2007 we saw an increasing number of participants (more than 1000), this has continued, and for the meeting in Hamburg 2009 where we celebrate the 50th meeting, more that 1100 abstracts were submitted.

Conclusion

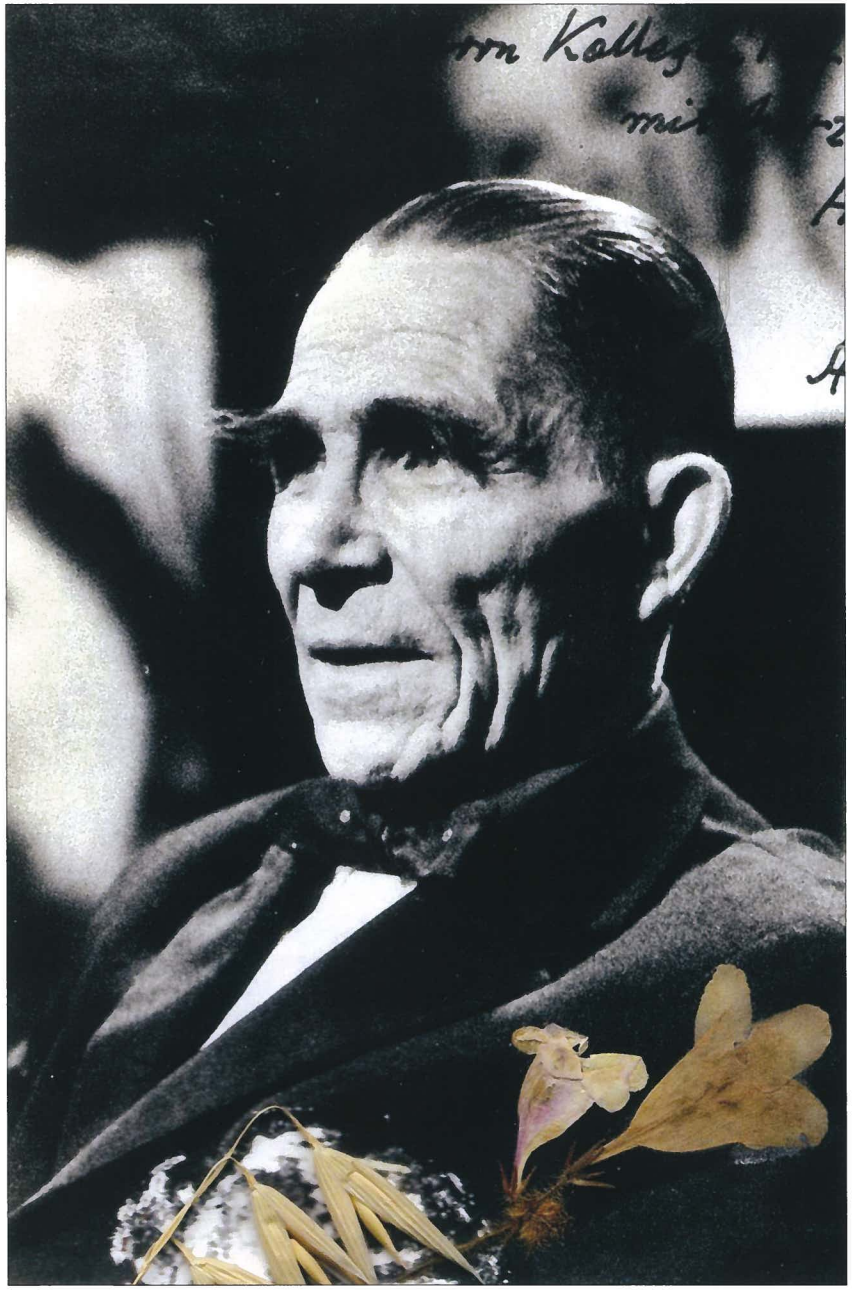
The transformation that the ESPR has undergone the last 5 years has been of vital importance for the success we experience to day. The ESPR has grown strong as a society, is sound financially and has gained a strong position in Europe, as a leading scientific society in Paediatrics.

I am very proud and happy to have been part of this development.

However, there are still issues to be solved. In the last years despite the success of the meetings, the number of ESPR members have not increased, and especially the absence of young investigators/doctors to become members are of great concern. I would like to urge all ESPR members to encourage young doctors and investigators to become members of the ESPR. Tell them of what a great society the ESPR is, what positive experiences you yourself have had as an ESPR member.

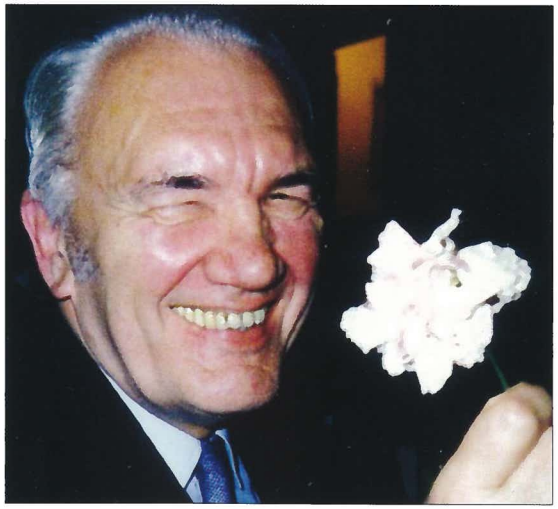
Tom Stiris
MD, PhD

ESPR Council Member 1998-2000
ESPR Honorary Secretary 2000-2005
President Elect 2004-2005
ESPR President 2005-2008













2005
Siena
T Stiris

The anthem of ESPR

The European Society for Pediatric research (ESPR) now also European Society of Neonatology (ESN) has always been characterized by a friendly atmosphere. It started as a small group of distinguished pediatricians and it gradually expanded to include a large number of young enthusiastic investigators. It acquired a logo in Utrecht and a flag in Zürich and it is about time that it also has an Anthem! So I thought that those of you that have a good sense of humor (and they are many!) will appreciate this modest effort from an old (emeritus) member of our Society. Those who like music will enjoy the songs of Mr Cesare Botta, a young talented Italian composer. I hope that this compact disc will help in maintaining the friendly spirit that has always been part of our Society.

Marcello Orzalesi
Rome Italy
Bilbao
September 2003

Hurry, join the ESPR!
You can come by plane or car,
or decide to take a bus,
or a train with railway pass,
even paddle your canoe.
And the choice is up to you.

Pick your accommodation
according to your fashion,
a bunk or fancy hotel,
share a room with a Bluebell.
take your tent or an igloo.
And the choice is up to you.

ESPR...
Every Member is a star.
ESPR...

Great science at all sessions,
good friends at intermissions.
You may wish to give a talk
and present part of your work.

2006
Barcelona
T Stiris

2007
Prague
T Stiris

You will always get your due.
And the choice is up to you.

With your Colleagues you can search
smart ideas for new research
or select another deal
and go out for a good meal,
with some beer to cheer your mood.
And the choice is up to you.

ESPR...
The Society of the stars.
ESPR...

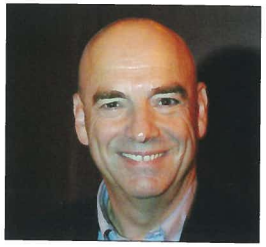
If you wish to have some fun
when the sessions are all done,
you may even get the chance
to be invited for a dance
or be offered wine and food.
And the choice is up to you.

Now my friends remember that
ESPR is your best bet.
A Society "sans pareil".
So be smart! Come our way!
If you wish to join us, do.
Still the choice is up to you!

ESPR...
Every Member is a star.
ESPR...
The Society of the stars.

Lyrics
Marcello Orzalesi
Music
Cesare Botta



Previous meetings venues and organizers

Year	1962	1967	1971	1976	1981
Venue	**Barcelona**	**København**	**Brighton**	**Rotterdam**	**Bern**
President	A Ballabriga	J Vesterdal	J P M Tizard	H K A Visser	N Herschkowitz
Hon Secretary	E Rossi	E Rossi	F Sereni	W Teller	G van dem Berghe
Hon Treasurer			A Fanconi	P Paunier	R Gitzelmann

European Club for Pediatric Research	1963	1968	1972	1977	1982
	Helsinki	**Wien**	**Heidelberg**	**Venezia**	**Jerusalem**
	N Hallmann	W Swoboda	H Bickel	F Sereni	S Levin
	E Rossi	E Rossi	J Lloyd	W Teller	G van dem Berghe
			A Fanconi	N Herschkowitz	R Gitzelmann

1958	1964	**European Society for Paediatric Research**	1973	1978	1983
Bern	**Paris**		**Sevilla**	**Turku**	**Montpellier**
E Rossi	P Royer		M Saurez	T Peltonen	R Jean
	E Rossi		J Lloyd	J Gentz	D Baum
			A Fanconi	N Herschkowitz	U Wiesmann

1960	1965	1969	1974	1979	1984
Groningen	**Manchester**	**Interlaken**	**Lausanne**	**Leuven**	**Cambridge**
J H P Jonxis	A Holzel	E Rossi	E Gautier	L Corbeel	J A Davis
E Rossi	E Rossi	F Sereni	J Lloyd	J Gentz	D Baum
		W H Hitzig	P Paunier	N Herschkowitz	U Wiesmann

1961	1966	1970	1975	1980	1985
Ferrara	**Athinai**	**Stockholm**	**Budapest**	**Athinai**	**München**
E Schwartz-Tiene	C Papadatos	R Zetterström	D Boda	D Nocolopoulos	K P Riegel
E Rossi	E Rossi	F Sereni	W Teller	J Gentz	D Baum
		W H Hitzig	P Paunier	R Gitzelmann	U Wiesmann

1986	1991	1996	2001	*Year*	2009
Groningen	**Zürich**	**Lyon**	**Helsinki**	***Venue***	**Hamburg**
J Fernandes	G Duc	B Salle	K Raivio	*President*	N Marlow
D Baum	J L Micheli	G Hoffmann	M Weindling	*Vice President*	H Rabe
U Wiesmann	B Steinmann	H U Bucher	P Hüppi	*Treasurer*	JC Fauchere
1987	**1992**	**1997**	**2002**	**2005**	
Padova	**Uppsala**	**Szeged**	**Utrecht**	**Siena**	
F Rubaltelli	G Sedin	P Temesvari	A Okken	T Stiris	
D Baum	J L Micheli	G Hoffmann	T Stiris	K Borch	
U Wiesmann	B Steinmann	O Claris	P Hüppi	A Pellicer	
1988	**1993**	**1998**	**2003**	**2006**	
Oslo	**Edinburgh**	**Belfast**	**Bilbao**	**Barcelona**	
S Halvorsen	N McIntosh	H Halliday	A Valls I Soler	T Stiris	
A Okken	P Hamilton	G Hoffmann	T Stiris	K Borch	
U Wiesmann	H U Bucher	O Claris	A Pellicer	A Pellicer	
1989	**1994**	**1999**	**2004**	**2007**	
Kraków	**Rotterdam**	**København**	**Stockholm**	**Prague**	
J Peitrzyk	P Sauer	G Greisen	H Lagercrantz	T Stiris	
A Okken	P Hamilton	M Weindling	T Stiris	K Borch	
U Wiesmann	H U Bucher	O Claris	A Pellicer	A Pellicer	
1990	**1995**	**2000**	**New**	**2008**	
Wien	**Alicante**	**Rhodes**	**constitution**	**Nice**	
K Widhalm	M Moya	C Bakoula		T Stiris	
J L Micheli	P Hamilton	M Weindling		H Rabe	
B Steinmann	H U Bucher	P Hüppi		A Pellicer	

2008
Nice
T Stiris

2009
Hamburg
N Marlow

Acknowledgements

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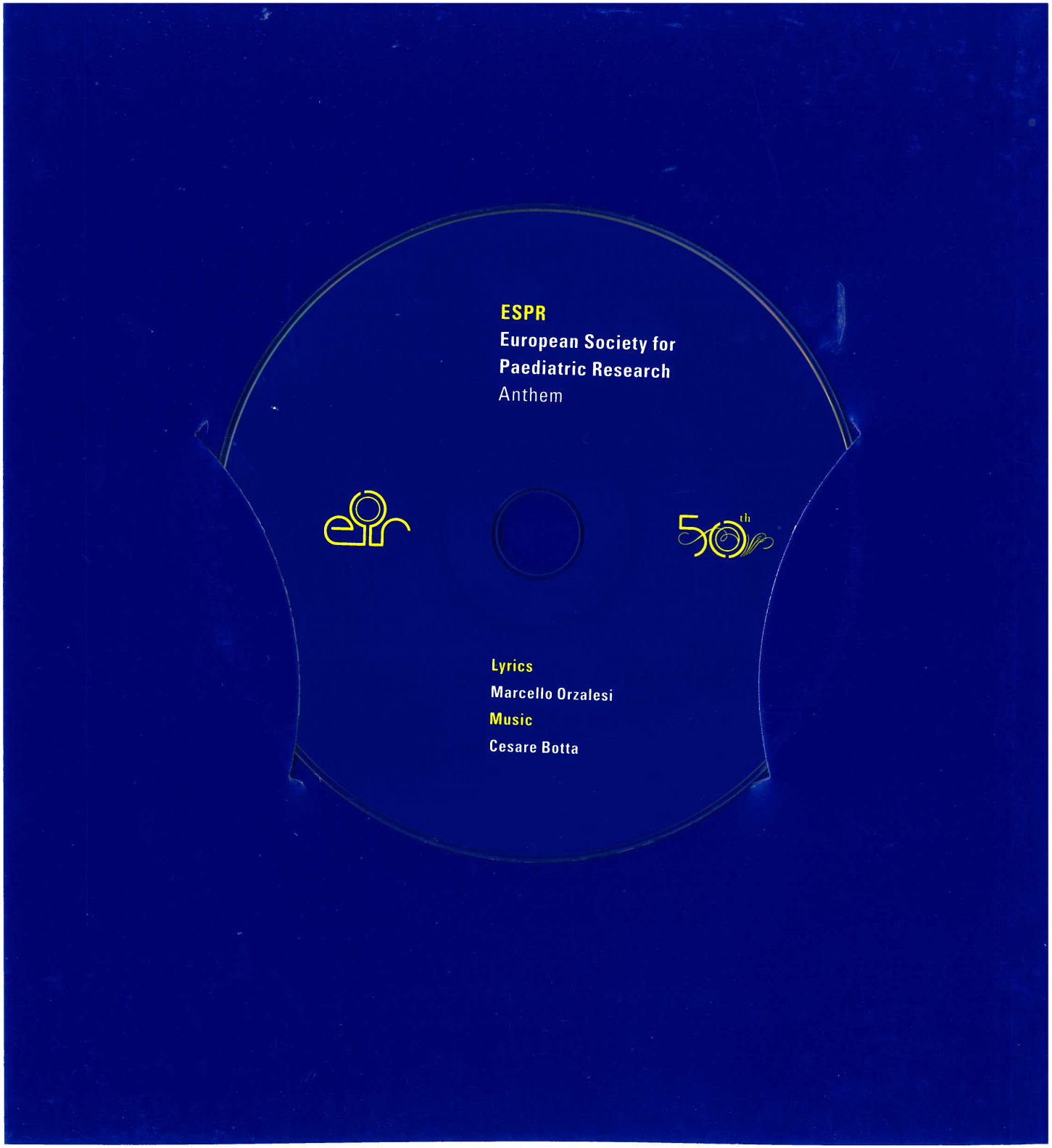
ESPR
European Society for
Paediatric Research
Anthem
50th
Lyrics
Marcello Orzalesi
Music
Cesare Botta

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