

A History of IPNA: From Origins to 2010

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Dedication: John Lewy at the behest of Secretary-General Isidro Salusky and the International Pediatric Nephrology Association (IPNA) Council set out to chronicle the history of IPNA, as a tribute to the men and women who, whether years ago or today, have worked to improve the lives of children with kidney and urologic diseases.

John recorded and summarized many hours of interviews with witnesses to IPNA's history, before his tragic death in 2007. Dr. Salusky then asked Aaron Friedman, Jochen Ehrich, and Robert Chevalier to continue John's project.

We supplemented his work by collecting statements from others, direct interviews, examining historical documents and with the help of writer/editor Sally Jones assembling all these materials. Much of the important work was done by John. We dedicate this monograph to him.

Aaron Friedman, Jochen Ehrich, Robert Chevalier, Sally Jones

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About IPNA

The International Pediatric Nephrology Association (IPNA) is comprised of roughly 1500 pediatric nephrologists and allied professionals representing 89 countries around the world. Together, we work to disseminate knowledge about kidney disease in children in the areas where care is needed most.

IPNA strives to enhance the treatment of children with kidney disease, wherever in the world it is needed. Achieving this goal depends on three principal elements: a serviceable fund of knowledge, a cohort of engaged professionals, and a broad geographical reach. By the mid-1960s, a sufficient and discrete body of knowledge had taken shape under the name of Pediatric Nephrology. A small but growing number of physicians embraced the subject, focusing on understanding and treating kidney diseases in children. The advantage of exchanging experiences and sharing information led more than a few physicians to seek out distant colleagues for purposes of teaching, learning, and collaboration. It is in this period where the origins of IPNA lie.

Fund of Knowledge

Henry Barnett and Chester Edelmann (AJKD 1990 Dec; 16[6]: 557-62) have located the beginning of pediatric nephrology in the 1940s, consequent to recognition of the immaturity of the newborn's kidney, and of the growth and development which took place in the organ after birth. Barnett later commented "the subject took hold quickly among people who were interested in any aspect of developmental physiology. The kidney was such a nice organ because of the quantitative assessment that one could make directly of its various functions, far more so than the heart or the nervous system, for example. So it appealed to developmental physiologists as a field to explore" (American Academy of Pediatrics, Pediatric History Center, Oral History Project: Joseph Dancis 1996 interview of HLB, p. 20). From this beginning, Barnett added, "the field very soon extended from ...descriptive physiology...into biomedical mechanisms and into the more basic scientific aspects" (loc. cit.).

Russell Chesney, another surveyor of the history of pediatric nephrology, also used the 1940s as a starting point for his research, but concentrated on the methods of diagnosis and treatments that were coming to light (Pediatr. Res. 2002 Nov; 52 (5): 770-8/abstract). He summarized the particulars of the science which emerged between the late 1940s and the late 1960s as follows: "the defined field of nephrology developed after the Second World War around six major advances: ACTH and glucocorticoid therapy for nephrotic syndrome; renal biopsy to diagnose glomerular disease; the role of immunologic factors in glomerular injury; the use of dialysis as renal replacement therapy; renal transplantation as the optimal form of therapy in children with end stage renal failure; and recognition of renal disease in the etiology of 80 percent of cases of childhood hypertension" (loc. cit.). In the wake of these developments, Chesney concluded, "pediatric nephrology subsequently could never be considered as part of any other discipline" (ibid. 773-4).

While knowledge and practice in the area grew, multiple voices helped bring it to prominence. As Karl Scharer stressed, “the representative role of some internationally prominent pediatricians interested in renal disease in the ‘60s and ‘70s, such as Arneil, Barnett, Fanconi, Hallman, Holliday, Royer supported the introduction of the new field in the agenda of pediatric world congresses (e.g. Buenos Aires 1974, New Delhi 1976, Manila 1983).”

With the subject advancing, an evolution among practitioners coincided. According to Arneil et al. (*Pediatric Nephrology* 2007 April; 22:2), “in the 1960s, the clinical management of patients with renal diseases, both adults and children, was handled mostly by general physicians. There were extremely few places in the world where academic pediatric nephrology was practiced.” Inevitably this circumstance gave way, however, so that “pediatric nephrology had emerged as a distinct subspecialty in most countries by the 1970s” (ibid). The expansion continued and by 2010, approximately one percent of all pediatricians in Europe either gave full time to the specialty or took a particular interest in it. Among the new and growing population of physicians concentrating on the care of children with kidney disease, contacts must eventually occur—and in time increase.

Engaged Professionals

Of the many distinguished physicians whose efforts gave rise to the IPNA of today, two stand out above all others—Gavin Arneil of Scotland and Henry Barnett of the United States. Not only did these two lead as physicians, researchers and teachers, but each also set out to forge new connections with fellow practitioners—to broaden contacts and exchanges, to learn from larger patient populations, and thereby to raise the levels of both science and treatments, for themselves, their colleagues and their patients. In doing so, each faced barriers of distance, language, practice, and even politics. Nevertheless, in 1966 each of them undertook a pioneering international task. In that year Arneil, with assistance from Harmen Tiddens of the Netherlands, began planning and organizing what would lead to creation of the European Society of Pediatric Nephrology. At the same time, Barnett enlisted researchers from participating centers as widespread as Europe, Israel, Japan, Mexico, the U.K. and the United States, and melded them in the International Study of Kidney Disease in Children. These two associations, of enormous value in themselves, would also serve as key progenitors of IPNA.

Gavin Arneil (then Doctor, later Professor) initiated a comprehensive children’s nephrology center at the Royal Hospital for Sick Children in Glasgow in 1950. It was the first in the U.K. and a rarity in all of Europe. In addition to pediatrician Arneil, the center was staffed by a pathologist, A. M. MacDonald, and a microbiologist, L.P. Studzinski. In its opening decade, this center produced a series of groundbreaking articles reporting on ghd treatment of nephrotic syndrome in children with the use of cortisone, ACTH, prednisolone and thiazide diuretics. These publications drew worldwide attention and Arneil won a research prize from the World Health Organization, which brought with it a tour of pediatric nephrology units in Europe and North America. The opportunity gave him a

direct connection to many leading practitioners over much of the pediatric nephrology world of that time. It also revealed to him that, “whilst many European pediatric nephrologists were well-known at meetings in the United States, and many pediatric nephrologists in the United States were familiar with the men of Europe, inside Europe there was little contact between pediatric nephrologists from differing countries, let alone East and West” (*Nephron* 11:68 (1973)). In the 1960s, the center pioneered the use of peritoneal dialysis in treatment of acute renal failure.

Having pondered since the 1950s the value of bringing together specialist colleagues (hampered for years by lack of time or resources, facing barriers of language and postwar politics), Arneil translated thought into action in 1966. Harmen Tiddens of Utrecht, Netherlands, a pediatrician interested in nephrology and, advantageously, a polyglot, a diplomat and an organizer, traveled to Glasgow where, at a social gathering hosted by Arneil, “in an atmosphere of straight malt (*spiritus frumenti*) the European Society for Pediatric Nephrology was conceived” (*loc. cit.*). The two drafted a constitution and circulated it for comment among trusted colleagues around Europe. They recruited a foundation council and planned the 3-day meeting that would launch the organization. Only ten months after their first, spirited resolution in September 1967, the inaugural meeting of the ESPN convened in Glasgow. It installed Arneil as foundation president and secretary, Tiddens as assistant secretary, with Niilo Hallman of Finland, Jan Winberg of Sweden, Emile Gautier of Switzerland and Horst Bickel of the FRG, as foundation councilors. Thirty-six attended the Glasgow meeting, of a total founding membership of forty-six, representing twenty-two European countries, several of them behind the then-prevailing Iron Curtain.

Henry Barnett, chair of pediatrics (as of 1955, at the establishment of the department) at the Albert Einstein College of Medicine, New York City, perceived a need both for evidence as to the course of kidney diseases in children and for evaluation of the effectiveness and/or toxicity of drugs available to treat them. In this he challenged a prevailing wisdom that considered controlled studies cumbersome, expensive, unnecessary and impossible if involving many centers, let alone many countries. Undeterred, Barnett acquired the new tools he needed; to his experience of caring for pediatric renal patients he added training in biostatistics and epidemiology by way of a year’s sabbatical at the London School of Hygiene and Tropical Medicine. While studying there under Donald Reid, he “conceived the idea of a series of clinical trials of kidney disease in children” (JD interview, p. 22). He first sought out collaborating physicians in the U.K., especially Arneil in Glasgow and Richard White in Birmingham. He then brought others on board from Europe, Israel and Japan. The group convened at the Wellcome Institute in London, in March of 1966, for a preliminary meeting at which they outlined the International Study of Kidney Disease in Children—“one of the earliest cooperative clinical trials and the earliest international trial in something other than infectious disease,” as Barnett later recalled (*loc. cit.*).

After Barnett’s return to Albert Einstein College of Medicine, his colleagues Chester Edelmann, Ira Greifer and Adrian Spitzer assisted him in the hard work of recruitment. Enrollment, having begun at a dozen centers, grew over three years to twenty-two clinics in

eleven countries—Canada, England, Finland, France, Israel, Japan, Mexico, the Netherlands, Scotland, Spain and the United States. Financial support came from some private donations and, principally, from the Wellcome Foundation. The ISKDC 's first clinical trial, whose rigor Barnett attributed to Reid's help in its design (loc. cit.) found that azathioprine provided a statistically non-significant improvement not justifying the risk of long-term exposure. This finding led to a major change in therapy and was later confirmed in adult studies. It also spurred further investigations "for ten or twelve years, with long-term follow-ups" (loc. cit.) eventually numbering "thirteen controlled therapeutic trials and clinical surveys" (op. cit., p 24).

But the ISKDC had begun to wield an important influence even before its research offered any specific therapeutic return. The London meeting formulated a definition of the nephrotic syndrome and a standard regimen of initial prednisone therapy. It also defined remission, relapse, etc., creating standards that ultimately gained wide and lasting acceptance. As the study progressed, its core of pathologists (Renee Habib of France, Jacob Churg of the US, and Richard White of England, later joined by Jay Bernstein of the US) who examined and classified each biopsy, provided valuable observations. For example, they identified pathologic subtypes of nephrotic syndrome, and they correlated histologic findings with the clinical course and eventually differentiated focal segmental glomerulosclerosis from minimal change nephrotic syndrome.

In addition, with interaction between participants promoting communication among centers, plus full meetings taking place two or three times a year, the ISKDC became, as Ira Greifer described it (John Lewy IG interview summary, p. 1), "a meeting place for pediatric nephrology leaders from around the world and individuals who became leaders in the field." Regarding its collegiality, Russell Chesney noted, "the spirit of working together as a group is one of its greatest aspects." (Lewy RC interview, p. 1). As to its influence as a model of international cooperation, Richard White has suggested, "the collaboration in research by participants demonstrated the value of worldwide communication and, by implication, the need for an organization open to pediatric nephrologists anywhere in the world."

Participants in the ISKDC over the years included Directors Barnett and Edelmann; Associate Director Greifer; Regional Directors Arneil, Gustavo Gordillo (Mexico), Niilo Hallman (Finland), Osamu Kobayashi (Japan), and Harmen Tiddens (Netherlands); Coordinators Mark Abramowicz, Katherine Freeman, David Goldsmith and Adrian Spitzer (US); consultants Stewart Cameron (England) Edmund Lewis and Clark West (US); clinical participants Billy Arant and James C. M. Chan (US), Andreas Fanconi (Switzerland), Bernard Gauthier and Alan Gruskin (US), Ian Houston (England), Rene Kuyten (Netherlands), Ernst Leumann (Switzerland), John Lewy (US), S. Roy Meadow (England), Wallace McCrory, Melinda McVicar and Donald Moel (US), Jean-Guy Mongeau (Canada), Martin Nash (US), Oskar Oetliker (Switzerland), Shane Roy III (US), David Santos (Mexico), Karl Scharer (Germany), Morris Schoeneman (US), Harry Stark (Israel), Jose Strauss (US), Luther Travis (US), Yen-Chow Tsao (Hong Kong), Jussi Vilska (Finland), Michael Winterborn (England); with pathologists Jay Bernstein and Jacob Churg (US), Renee Habib and Richard White (England); plus statisticians Bruce Barron, John Fertig (US).

Other early efforts contributed to setting the stage for the formation of IPNA. In 1948, the first Annual Conference on the Nephrotic Syndrome convened in the United States, which soon evolved into the Annual Conference on the Kidney. These meetings (whose sponsor later took the name of the National Kidney Foundation) focused on renal physiology and metabolism as well as kidney diseases. Organized by Jack Metcoff, they continued until 1965. “Those conferences were international,” recalled Russell Chesney, “and really were the beginnings of international cooperation in the field of people with very disparate backgrounds” (Lewy, RC p. 9).

The year 1969 saw the establishment of the American Society of Nephrology, with pediatricians Henry Barnett, Robert Good and Robert Vernier among its founders. In the four decades since, only three pediatricians (Vernier, Alfred Michael and Norman Siegel) have served in the prestigious position of president of the ASN. A sense developed that the society took little interest in pediatric matters resulting in the founding of the American Society of Pediatric Nephrology by Chester Edelmann and Robert Vernier, Henry Barnett, Walter Heymann and Clark West in 1969. At the ASPN’s inaugural meeting, Henry Barnett introduced Gavin Arneil, the Foundation Guest Lecturer, as the “father of pediatric nephrology in Europe.” Arneil might have just as easily attributed the corresponding title of father of pediatric nephrology in America to Barnett and his audience would have concurred.

It reasons to say that Arneil and Barnett occupy the positions of greatest prominence in the founding of IPNA. In addition, those present in the early days commend Gustavo Gordillo of Mexico and Renee Habib of France for contributing essential knowledge, guidance, outreach and energy as the association began to take shape.

Renee Habib was the first purely pediatric renal pathologist in the world and occupies a singular place both in the history of pediatric nephrology and in the formation of IPNA. A Casablanca-born (1924) French, Sephardic Jew, she began by overcoming her parents’ reluctance to see a daughter study medicine. In 1953, having trained as a pediatrician in Paris and as a pathologist in London, she started work in Paris as a full-time investigator at the fledgling Institut National de la Sante at de la Recherche Medicale (INSERM). She rose to Director of Research in 1967 and in 1979 became director of a laboratory created there expressly for her—the Unite de Recherche sur les Malades Renales de l’Enfant. Over the years she made major contributions beyond her home institute: she coauthored, with Pierre Royer and Henri Mathieu, the 1963 text (*Problemes Atuels de Nephrologie Infantile/Current Problems in Pediatric Nephrology*) which introduced into medical literature the term “pediatric nephrology;” led the pathologic team of the ISKDC from its inception; played a prominent role in bringing about the first two international symposia in pediatric nephrology—Guadalajara 1968 and Paris 1971. She also served as a founding member of the European Society of Pediatric Nephrology, a founding councilor of IPNA and as a valuable resource in the founding of South America’s pediatric nephrology association, ALANEPE.

Many of the professionals she taught and influenced remember Habib not only as a sterling, formidable professional, but also as the charismatic “Nenette,” hard at work in a tiny laboratory at the Necker-Enfants Malades. She was dedicated to “les passion de glomerule” and always ready to help students and colleagues with encouragement, support and a kind word.

Gustavo Gordillo traveled to Boston to study a field at the time called Metabolism. In 1954, he returned to Mexico City and created one of the first departments of pediatric nephrology in the world at the Hospital Infantil de Mexico. There he not only practiced his new expertise but shared it widely, training professionals who took pediatric nephrology not only to other cities in Mexico but also to various countries in Central and South America. Over a span of two decades, Gordillo offered annual courses lasting three or four weeks, taught by visiting expert faculty (many from Europe and the US) to about fifteen students each year. He also accepted two fellows per year, for a two-year term.

Dedicated and widely-known, Gordillo accepted the task of organizing the First International Symposium in Pediatric Nephrology (Guadalajara 1968). The same qualities later made him an essential force in the formation of ALANEPE.

Broad Geographical Reach: IPNA Precursors

In 1961, Jean Hamburger of France organized the first *International Congress of Nephrology*, placing the field for the first time on a world stage. French leadership continued with the first publication of the term “pediatric nephrology” in a 1963 text, *Current Problems in Childhood Nephrology*, by Pierre Royer, Renee Habib and Henri Mathieu of the Hopital des Enfants-Malades in Paris. In 1966, the *Third International Congress of Nephrology* acknowledged the distinct discipline of pediatric nephrology, with Professor Guido Fanconi (Switzerland) chairing a session at which Chester Edelmann (US), Gustavo Gordillo (Mexico) and Carlos Gianantonio (Argentina) made presentations—Edelmann’s on maturation of the neonatal kidney, Gordillo’s on renal disease in infancy, and Gianantonio’s on HUS.

Guadalajara, 1968:

Now recognized as the first worldwide meeting of pediatric nephrology, the *Symposium Internationale Nephrologia Pediatrica* capitalized on the opportunity presented by two already-scheduled related meetings—a congress of the International Pediatric Association in Mexico City and a conference of the ISKDC in Puerto Vallarta. Gordillo, though based in Mexico City, organized the Guadalajara event, with assistance from Gianantonio and Habib. Because the ISKDC had committed to support the travel of about 70 members to Mexico, planning for the new symposium began with assurance of a critical mass of participants. Invitations went out to others in Europe, Asia and South America and about 200 attended. The program constituted an expansion of the six protocols of the ISKDC. It concentrated on the nephrotic syndrome and according to Gordillo it reflected the influence of Jack

Metcoff's recently-discontinued Annual Conferences, while adding sessions, for example, in renal physiology. Some presentations offered valuable not-yet-published data.

Here, most advantageously, the setting allowed for a great deal of interaction, which enhanced connections between pediatricians and pathologists spurring them, in Gordillo's view, to work "toward a common language." Jose Grunberg, a participant, recalled Gordillo's prediction in Guadalajara that "this will be the start of important human relationships."

This symposium stimulated the spread of pediatric nephrology in Latin America, but its effect extended even further. According to Gordillo, the idea of IPNA originated there and "we started to work toward developing an international society." In Grunberg's opinion, it wasn't only the idea, but also the tone "this foundational seminar was held in an atmosphere of friendship, solidarity and collaboration, essential for the current network for pediatric nephrologists from all over the world."

Paris, 1971:

The fifth annual meeting of the ESPN and the *Second International Symposium of Pediatric Nephrology* met in conjunction, with Royer as an organizer and Habib as a driving force. In the time since the 1968 Guadalajara symposium, ESPN and ISKDC meetings had allowed individuals and groups ample opportunity to discuss the need and prospects for a larger international organization; this Paris meeting produced a commitment to form IPNA. A provisional team began the task of planning. This included Arneil, to repeat his role as international organizer, plus Philip Calcagno (US), Edelmann, Gianantonio, Gordillo, and Tiddens. In time, a more formal working party succeeded to the project, with Arneil as secretary, and Adeoye Adeniyi (Nigeria), Edelmann, Gianantonio, Gordillo, Hallman, Malcolm Holliday (US), Maya Ignatova (USSR), David McCredie (Australia), Oskar Oetliker, Pierre Royer, Tadasu Sakai (Japan) and Harmen Tiddens.

Broad Geographical Reach: IPNA Inauguration

Washington, DC, 1974:

Beyond the particulars of its science program, the Washington symposium marked a milestone of growth, as it became the foundation meeting of the International Pediatric Nephrology Association.

As at the genesis of the ESPN, Gavin Arneil, chair of the working party that grew out of the 1971 Paris meeting, drafted a proposed format and constitution for IPNA. His group accepted the following principles, as did, eventually, the nascent organization:

1. Pediatric nephrologists—physicians only—from any country, however poorly developed in the subject, would qualify for admission.
2. The society would use a single language—English.
3. Congresses would take place every three years, meeting in different countries, taking care not to limit locations to North America and Europe.

4. Management of the Association would rest in a secretary-general, aided by three assistant secretaries from different parts of the world.
5. The appointed position of president would go to the individual responsible for organization of the next triennial congress.
6. Election of members of the Council would incorporate geographical considerations, to ensure worldwide representation. Each councilor would serve for six years (except for members of the founding group, who would serve three years, so as to ensure a rotation in retirements).
7. The Association would not only hold meetings but would work to introduce and improve pediatric nephrology in developing countries, and might eventually publish a journal.

The inaugural meeting was held in Washington in 1974 and elected Arneil as secretary-general of IPNA, Oskar Oetliker as treasurer (with the consequence that members would pay IPNA dues in Swiss francs), and assistant secretaries Chester Edelmann, Tadasu Sakai and Harmen Tiddens. As ill luck would have it, the new secretary-general had to assume his office in absentia; Arneil had become severely ill before his planned departure for Washington and on the day the meeting opened he underwent acute abdominal surgery in Glasgow. Edelmann chaired the meeting in his absence.

The provisional councilors—Adeoye Adeniyi, Carlos Gianantonio, Gordillo, Niilo Hallman, Malcolm Holliday, Maia Ignatova, David McCredie and Pierre Royer—took office for three-year terms. Eight other councilors joined to serve until 1980—Jorge de la Cruz (Colombia), Peter Grossmann (GDR), Alfred Michael (US), Jean-Guy Mongeau (Canada), Max Robinson (Canada), Richard White (U.K.), Jan Winberg (Sweden) and Philip Calcagno (US). Memberships *ex officio* went to the secretary-treasurers of the ASPN and ESPN, with both groups additionally well represented among other members of the council.

For the *Third International Symposium of Pediatric Nephrology* Calcagno (Chair of Pediatrics, Georgetown University) served as president and principal organizer, with particular assistance from Dr. Charles Hollerman in planning. The meeting drew over 450 participants, with strong representation of Europe and the US, but also some from the developing world, whose registrations and hotel accommodations the congress managed to underwrite. Among the topics addressed over three days, medical and surgical aspects of urinary tract infections generated much energy, as new techniques then evolving for visualizing reflux from the bladder to the ureters and kidneys evoked lively discussion between pediatric and surgical colleagues.

Succeeding IPNA Congresses

Helsinki, 1977:

The *Fourth International Congress of IPNA* took place in Finland under the leadership of Niilo Hallman as president and principal organizer. In addition to the high-quality scientific program, it offered an evening of Finnish folk songs and a collective outing into the beautiful surrounding countryside. There a lakeshore sauna offered a memorable

initiation for many non-Finns, inspiring among them one episode of streaking out of the sauna and into the lake. As of this meeting, Johannes Brodehl (FRG), Michel Broyer (France), Calcagno and C. N. Lam (Canada) took seats on the Council—Calcagno having completed an *ex officio* term as President of the 1974 Congress. They replaced Gianantonio, Hallman, Robinson and Royer.

Philadelphia, 1980:

The *Fifth International Congress* met in the United States, with Alan Gruskin as president, working in close collaboration with Michael Norman. Assisted by the secretary-general, the Philadelphia team raised funding to sponsor the attendance, for the first time, of participants from behind the Iron Curtain. The meeting offered another first in the symposium on Developmental Renal Physiology, organized by Adrian Spitzer (US) and presented in honor of Henry Barnett on his retirement. Its success led to the workshop's continuance as a satellite meeting of IPNA.

This congress commissioned the design of a graphic showing GFR as a function of gestational age and each attendee received a poster copy.

In a different vein of innovation (and mindful of a need to improve association finances), planners of the Philadelphia meeting levied registration fees on all participants, including speakers and officers, who had previously received waivers. They succeeded in producing a congress that paid for itself.

At this juncture, Arneil agreed to continue in the position of secretary-general, while Russell Chesney (US) and Karel van Acker (Belgium) took office as assistant secretaries.

Hanover, 1983:

The *Sixth International Congress of IPNA* met in the Federal Republic of Germany under the presidency of Johannes Brodehl. Jochen Ehrich provided important assistance in planning the meeting, and Matthias Brandis hosted, in Marburg, the companion Second Workshop on Developmental Renal Physiology. The congress' scientific program paid particular attention to nephrotic syndrome. Information shared there appeared in a 1985 volume, *Pediatric Nephrology: Proceedings of the 6th International Pediatric Nephrology Symposium*, with Ehrich as editor.

This meeting brought fundamental change to IPNA with the retirement of Arneil and the installation of Ira Greifer (US) as secretary-general. At the closing banquet, IPNA membership thanked Arneil for his service with the gift of a rare 1796 first edition of Robert Burns' poetry—knowing from his fondness for quoting Burns how greatly he would enjoy the volume—and a bright red daruma doll, an ancient Japanese symbol of good luck. Satisfying one of Arneil's long-held objectives, this congress chose Tokyo as site of the 1986 meeting, breaking a chain of European and American destinations.

During Arneil's tenure the Association assembled a core membership, raised a structure and won growing recognition. The major forward tasks which Greifer embraced included both the fostering of extended growth for pediatric nephrology, and the launching of a

high-quality publication. “He had so many excellent ideas,” Russell Chesney said of Greifer at his accession, “he provided ideas from 30,000 feet and used many implementers.... It was clear that Ira had a vision for IPNA that included the journal, scholarships for nephrologists from the Soviet Union and eastern Europe, and broadening the council to be more representative. There needed to be a role for Japan, China, Korea and many others” (Lewy, RC, pp. 2, 3).

Tokyo, 1986:

Hosting the *Seventh International Congress* in Tokyo allowed IPNA to assert its breadth as an organization and to acknowledge that high-quality science and practice thrived in places far removed from its generally Atlantic-oriented environs. Under the leadership of honorary president Osamu Kobayashi, president Katsuyoshi Murakami, vice president Teruo Kitagawa, and secretary-general Tadasu Sakai, with assistance by Hiroshi Ito, the Tokyo congress offered three morning lectures, five plenary lectures, sixteen symposia, fifteen workshops, 197 oral presentations and 78 poster presentations. Leading into the congress, the Third International Workshop on Developmental Renal Physiology, chaired by Takeshi Hoshi, and an International Workshop on Chronic Renal Failure in Children, chaired by Kazuo Ota, met at the same venue.

As a major mark of its growth and achievements, IPNA’s much-anticipated journal, *Pediatric Nephrology*, made its debut at this meeting.

The congress program also provided registrants a sampling of Japanese culture and landscape, opening one day’s program with a performance on the koto (a harp) and devoting one entire day to excursions to Kamakura and Hakone, popular local destinations for historic sights and natural beauty. The closing banquet featured a resounding performance of Taiko drums.

Toronto, 1989:

Under the presidency of Gerald Arbus, the *Eighth International Congress of IPNA* met in Canada, with approximately 750 participants, a substantial increase in attendance. For the first time the scientific program placed an emphasis on transplantation. Montreal hosted the allied Developmental Physiology meeting, organized by Michel Bergeron.

During this congress a group of Pacific region members took the first steps toward what later became the Australasian SPN, now ANZPNA.

Jerusalem, 1992:

Alfred Drukker served as president of the *Ninth International Congress*, which met in Jerusalem, with the accompanying Renal Development workshop that took place in the nearby Judean hills. Of 500 abstracts submitted, the scientific committee accepted approximately 400 for presentation. This meeting has 642 participants from 48 countries, bringing with them 139 accompanying persons. Fifty-seven pediatric nephrologists, most of them from Russia and Eastern Europe, received financial support to attend the congress. The Mrs. Alan Gruskin Travel Fund, established by this congress’ organizers, has provided similar assistance for subsequent meetings.

To mark the meeting's opening, Council members journeyed on the first morning to the Peace Forest to plant an IPNA grove, intended to contain more than a thousand trees—one for each association member.

By this time, the organization's business had become complicated enough to lead Secretary-General Greifer to propose formation of standing committees, with their membership drawn not only from the Council but also from the Association at large in hopes of expanding participation. This Congress initiated a change that has continued throughout future Congresses of using poster sessions to present the vast majority of free communications (Hayim Boichis, scientific program director). The roster of proposed committees included finance; journals, books and educational material exchange; technology and resource exchange; training qualifications for pediatric nephrologists; regional meetings; and by-laws.

Santiago, 1995:

The *Tenth International Congress* brought IPNA to South America for the first time, hosted by President Carlos Saieh-Andonie of Chile, assisted by Edda Lagomarsino as Scientific Committee chair. With 448 abstracts to select from, an international advisory committee assisted local planners in deciding on five state-of-the-art lectures, twenty-eight symposia, twelve free-communication sessions and three poster sessions. A section on urology complemented the main program. The Sixth Developmental Workshop took place at some distance, at Airlie House in Virginia, chaired by Robert Chevalier and Adrian Spitzer.

Not surprisingly, this meeting drew more Latin American professionals than any of its predecessors had done and, to assure their successful participation, the Association provided all sessions with simultaneous translation from English to Spanish.

This conference drew more than five hundred participants. Sadly, secretary-general Greifer was unable to attend due to illness. In his stead, Treasurer Matthias Brandis (who later gratefully recalled support from Cyril Chantler, Richard Fine and John Lewy) took up Greifer's council and congress responsibilities. The meeting proved personally rewarding to Brandis, as well as scientifically and professionally successful overall. He noted its value, too, in furthering the development, as well as extending the reach, of ALANEPE, the hosting regional society.

Emphasis was placed on those areas of medical science that profoundly affected the understanding of the mechanisms that promote normal kidney development as well as those that interfere. Prominent among those are the control of renal growth and differentiation, the role of adhesion molecules in health and disease, the application of molecular biologic techniques to the diagnosis of inherited renal diseases, the role of free radicals and nitric oxide in renal injury, the mechanism of immunologically induced kidney damage, and the development of new drugs designed to prevent or suppress allograft rejection. (Foreword *Ped Nephrol* vol 9, no 6 12/95, c9 C S-A)

London, 1998:

More than one thousand delegates from more than twenty countries attended the *Eleventh International Congress*, organized by Presidents Martin Barratt and Sir Cyril Chantler and held in the Queen Elizabeth II Conference Centre in London. The scientific program provided, after a brief review of the history, an assessment of current clinical practice and research in nephrology and new technology for a look at the future. In an innovation, the schedule made room for satellite sessions during the week of the congress, as a complement to the main program. Again, the Developmental Renal Physiology workshop (Early Renal Development: a key to the understanding of adult diseases) took place at a far remove from the congress, this time in Stockholm, chaired by Anita Aperia and Gianni Celsi of Sweden.

With tours to such landmarks as Buckingham Palace, Greenwich, Westminster Palace and Windsor Castle, plus concerts and a closing banquet held amid traditional wood-paneled splendor, the London congress offered abundant rewards during leisure hours as well as during the scientific sessions.

Seattle, 2001:

Led by President Bruder Stapleton and Scientific Committee chair Sandra Watkins, the *Twelfth International Congress* drew over 950 registrants from seventy-one countries. One hundred and ten participants from twenty-eight countries received scholarship assistance. The Eighth International Workshop on Developmental Nephrology (Genes, Morphogenesis and Function) organized by Robert Chevalier, Lisa Guay-Woodford and Lisa Satlin, convened in nearby Victoria, BC, Canada.

In addition to educational breadth (provided by almost six hundred abstracts, from fifty-one countries), the Seattle congress gave IPNA membership an opportunity to express deep gratitude to retiring Secretary-General Ira Greifer. The community recalled in particular his labors to create and nurture *Pediatric Nephrology*, by this time flourishing as the face and voice of the Association, and his energy in development of regional societies and regional teaching opportunities. His tenure had aimed not only at bringing together practitioners from all over the world, but also at reaching out to practitioners anywhere in the world. Greifer believed that despite local deficits in sanitary, technological, educational or economic situation, information and assistance that could serve those physicians, their patients and their families. "Ira Greifer's role in IPNA," John Lewy noted, "was always, to get things done!"

Matthias Brandis, having served ten years as IPNA's treasurer, succeeded to the position of secretary-general. His starting agenda included such items as modernizing membership records, along with improving electronic information and communications; negotiating better terms from the publishers of *Pediatric Nephrology* (after, indeed, some serious steps toward changing to another publishing company); and reallocating association funds, with less spent on Council meetings (one per year instead of two) and more directed to outreach in two principal forms: a fellowship program offering clinical training in nephrology to general pediatricians in Africa, Asia, and Latin America; and an increased number of free membership/subscriptions.

Adelaide, 2004:

The *Thirteenth International Congress of IPNA*, under the leadership of President Ken Jureidini, brought almost 800 delegates from sixty-six countries to Adelaide, Australia. The nearby wine-producing Barossa Valley hosted the associated Developmental meeting (Genomics and the Kidney) chaired by Lisa Satlin. Major themes for the Australia congress included telemedicine and regional care.

Budapest, 2007:

Tivadar Tulassay served as President of the *Fourteenth International Congress*, which met in Hungary. More than 1,100 registrants came from 30 countries, to gather in the Palace of Arts, overlooking the Danube and presenting a panoramic view of the city. The Developmental Renal workshop took place not far away, in Pecs, organized by Endre Sulyak. Partnering with the large gathering of pediatric nephrologists, the International Society of Nephrology brought a coinciding Nephrology Summer School to Budapest and included in its offerings a one-day course in dialysis, taught by IPNA representatives.

As of this congress, Matthias Brandis, secretary-general since 2001, retired and Isidro Salusky (US) succeeded him in the position. Thinking over his years in leadership, Brandis later noted in particular the enormous development of pediatric nephrology in Latin America, India and China at that time, and the progress of regional societies, enhancing both the political climate and the professional prospects for local practitioners. This congress enhanced the opportunity for those committed to the care of children with kidney disease from Eastern Europe and the Middle East to attend.

NYC, 2010:

Fifteenth International Congress, President Rick Kaskel

Shanghai, 2013:

Sixteenth International Congress

IPNA Congresses 1968 – 2007

By the year 2010, the scientific cooperation of pediatricians reached a higher standard.

Furthermore, due to an increased number of abstracts presented during oral or poster sessions the number of parallel sessions had increased to such an extent that an individual participant was unable to attend more than 30-50 percent of all presentations.

Last but not least, the time for participants to engage in discussion and for participants from varied cities and countries to communicate in more depth, after presentations and during “free-time” seemed to have reached a critical limit.

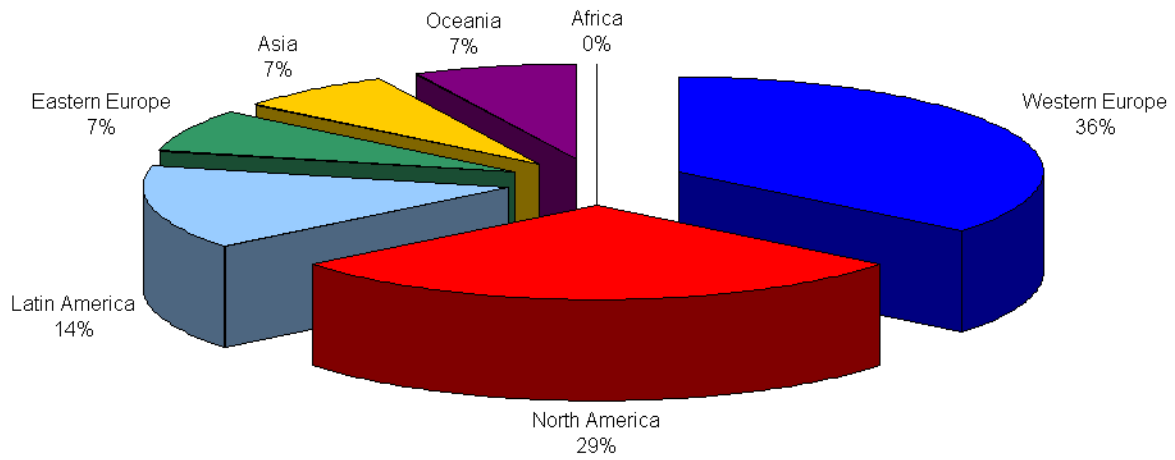
Table 1

Overview of the IPNA World-Congresses from 1968 to 2007			
Year	IPNA No.	Congress Site	President
1968*	1	Guadalajara, Mexico	Gustavo Gordillo
1971	2	Paris, France	Pierre Royer
1974*	3	Washington, US	Philip Calcagno
1977	4	Helsinki, Finland	Niilo Hallman
1980	5	Philadelphia, US	Alan Gruskin
1983	6	Hannover, Germany	Johannes Brodehl
1986	7	Tokyo, Japan	Hiroshi Ito, Katsuyoshi Murakami
1989	8	Toronto, Canada	Gerald Arbus
1992	9	Jerusalem, Israel	Alfred Drukker
1995	10	Santiago, Chile	Carlos Saieh-Andonie
1998	11	London, England	Cyril Chantler, Martin Barratt
2001	12	Seattle, US	Bruder Stapleton
2004	13	Adelaide, Australia	Ken Jureidini
2007	14	Budapest, Hungary	Tivadar Tulassay
* Congress without ESPN Participation			

The fourteen IPNA congresses from 1968-2007 can be differentiated in style and content into the two congresses which were held before the founding of IPNA in 1968 and 1971, the four congresses (which may be attributed to the youth of IPNA) from 1974 - 1984, the four congresses (held during the period of worldwide geopolitical changes) from 1986 - 1995 and finally those four congresses which were held from 1998 - 2007 reflecting the actual status of IPNA congresses (Table 1).

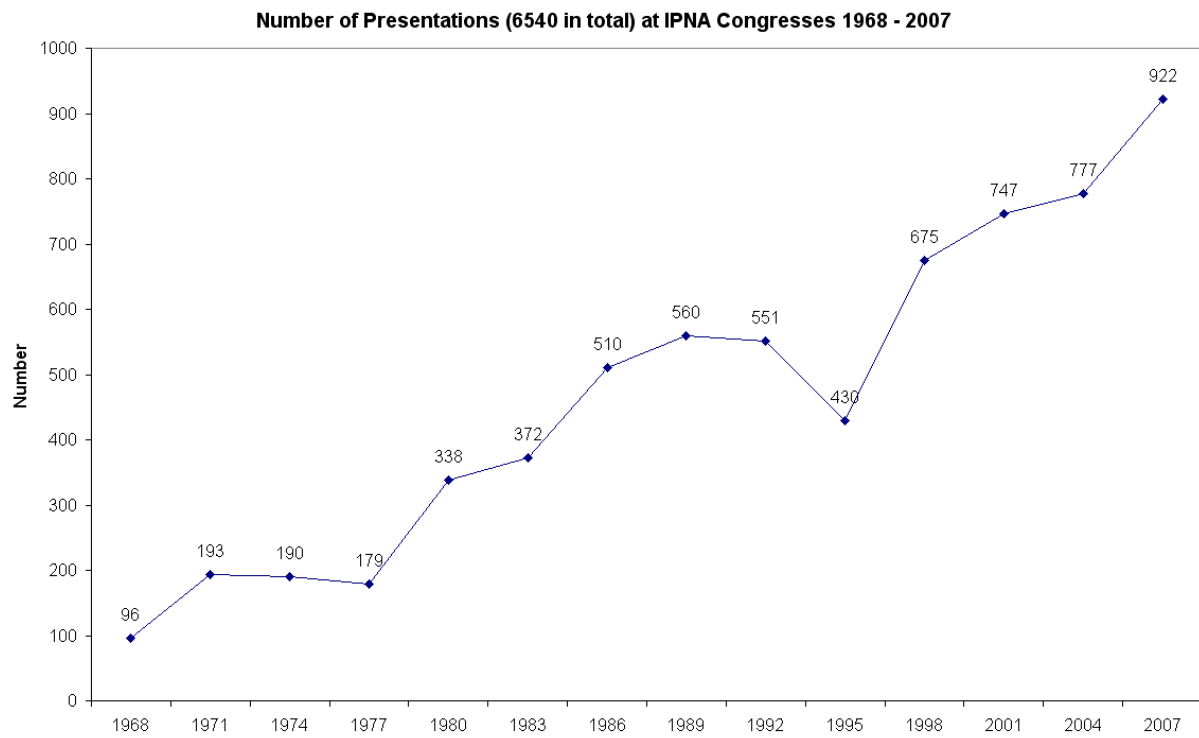
Figure 1

Proportion of host Countries of IPNA Congresses 1968 - 2007 (n=14)



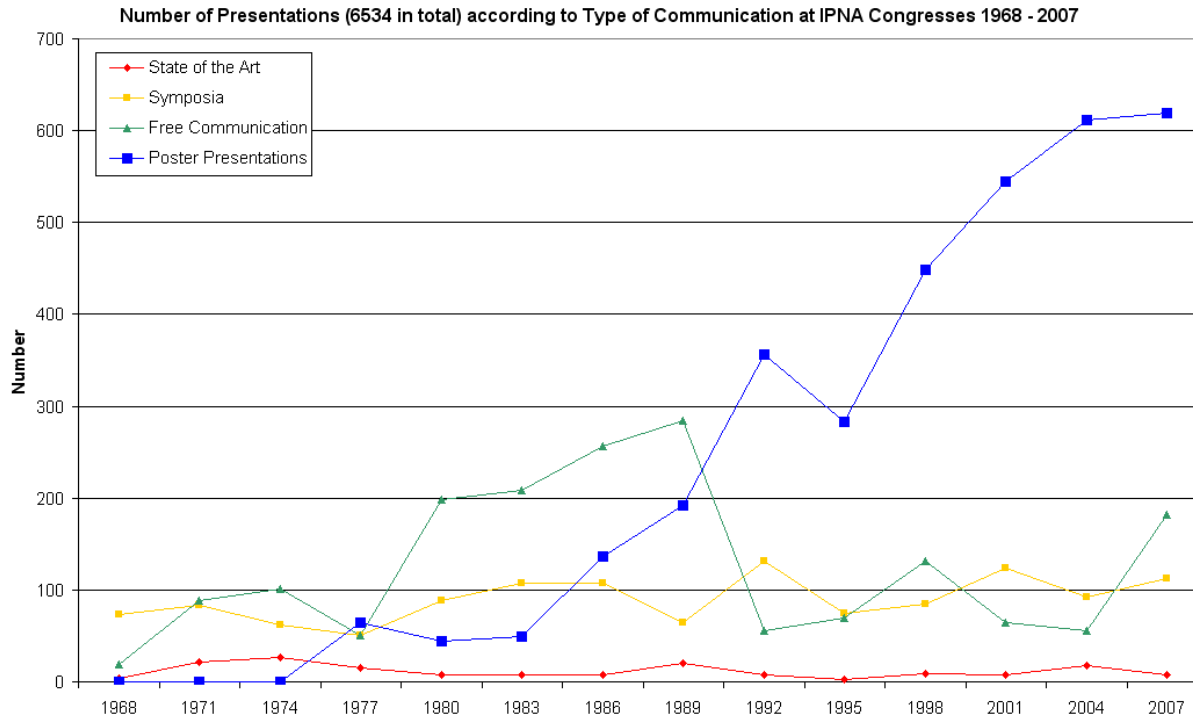
The analysis of the geographical regions hosting IPNA congresses is shown in figure 1.

Figure 2



The number of presentations per congress has increased from 96 to 922 (Figure 2).

Figure 3



Three percent of all presentations were state-of-the-art lectures, 19 percent were symposia lectures, 27 percent were free communications and 51 percent were poster presentations. The number of state-of-the-art lectures and symposia presentations per congress has remained stable in the past, however there has been a considerable increase in poster presentations and a decrease in oral communications since 1992 (Figure 3).

Figure 4a

Number and Type of Presentations (1878 in total) at IPNA Congresses 1968 - 1986 according to the 20 most active Countries

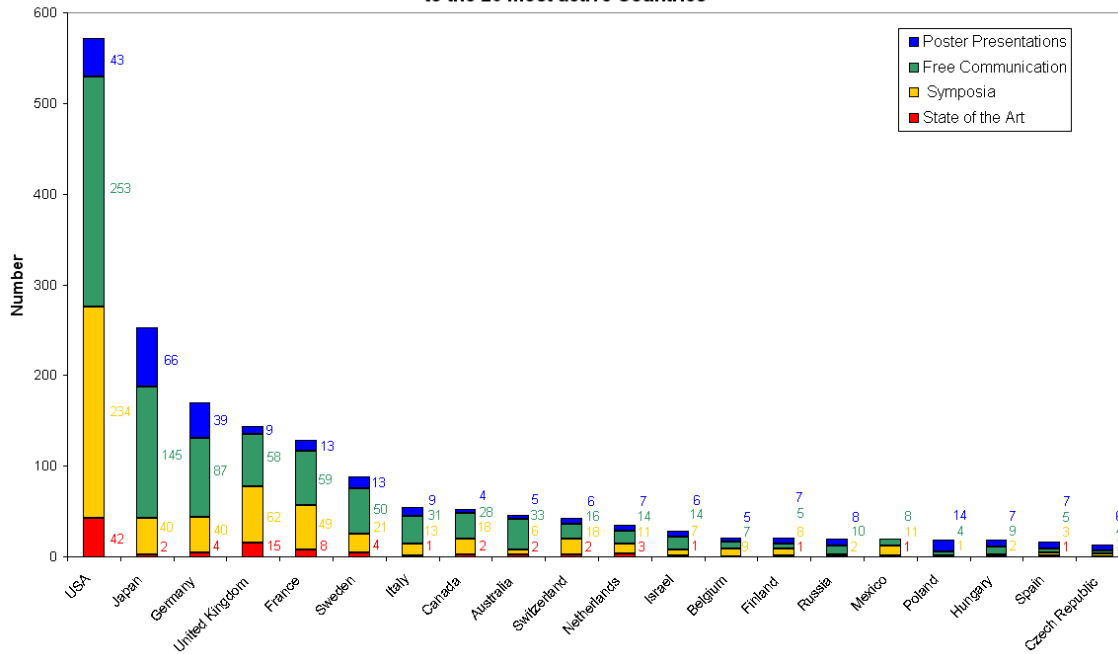
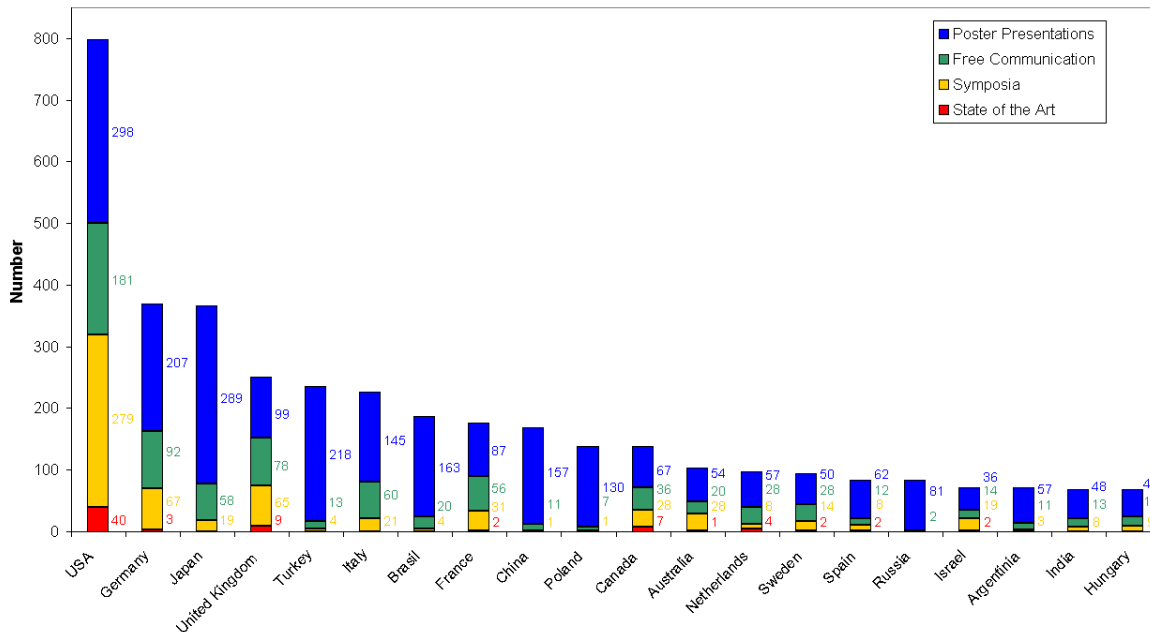


Figure 4b

Number and Type of Presentations (4662 in total) at IPNA Congresses 1989 - 2007 according to the 20 most active Countries



Thirty-six percent of all presentations were given by pediatric nephrologists from **Western Europe**, 24 percent from **North America**, 18 percent from **Asia**, 12 percent from **Eastern Europe**, 6 percent from **Latin America**, 2 percent from **Oceania** and 2 percent from **Africa**. The number and type of presentations at IPNA congresses, according to the twenty most active countries, is shown in Figures 4a and 4b.

Figure 5

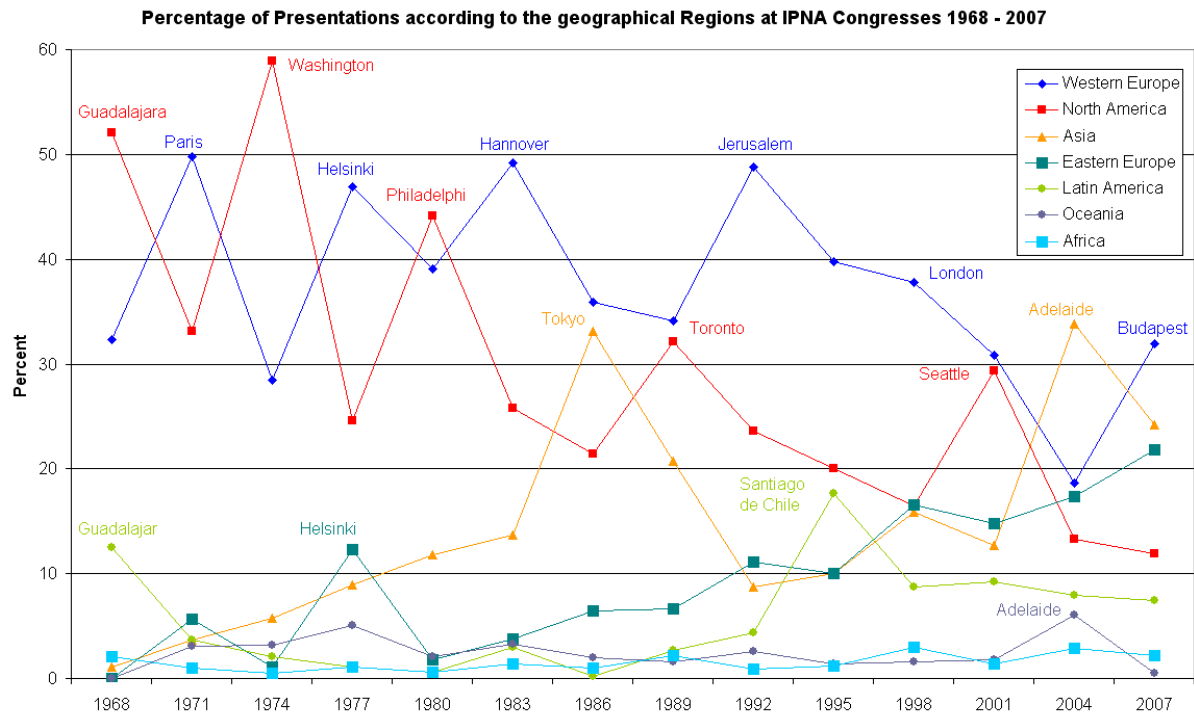
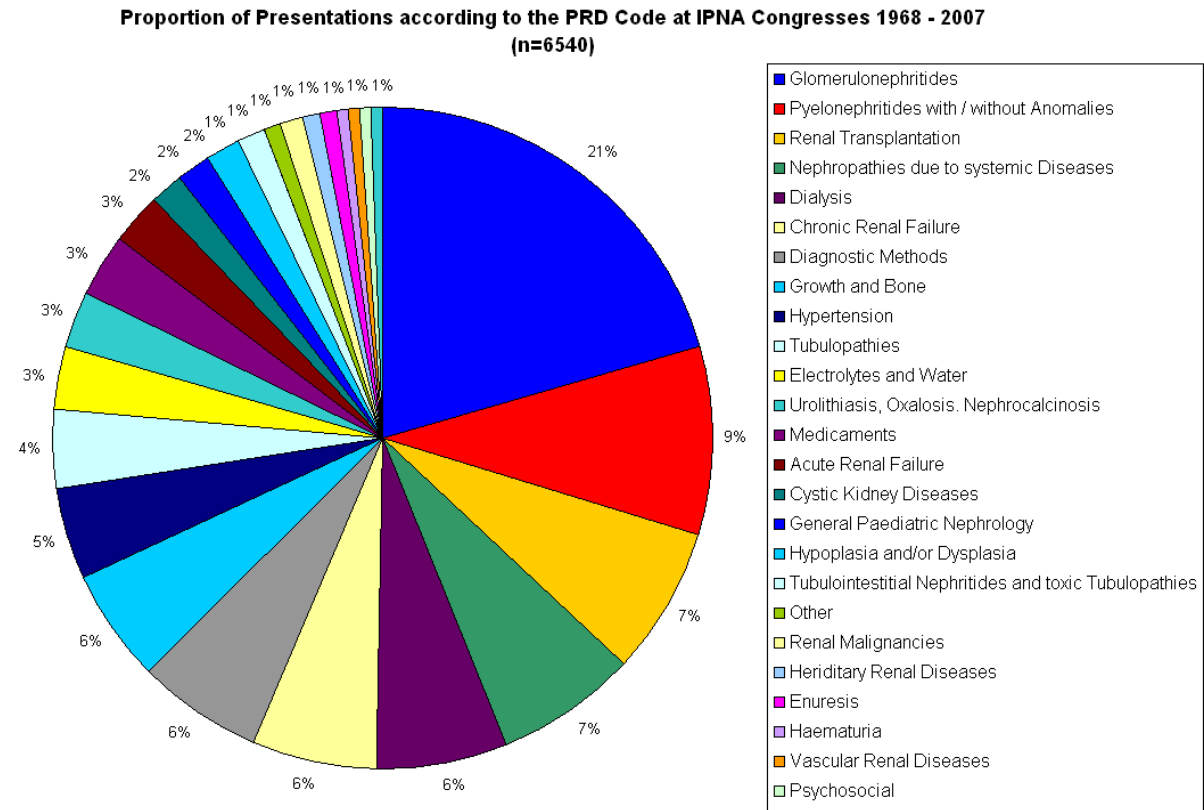


Figure 5 shows the percentage of presentations from different geographical regions correlated with the site of the congress. Teaching and training are major aims of IPNA and, as demonstrated the site of an IPNA congress, have an impact on the presenter's country of origin.

Figure 6



The majority of presentations at IPNA congresses dealt with glomerulonephritides, urinary tract infections with and without urinary tract abnormalities. The proportion of presentations according to primary renal disease codes is shown in Figure 6.

Figure 7

**Proportion of Presentations according to biomedical Type at IPNA Congresses 1968 - 2007
(n=6540)**

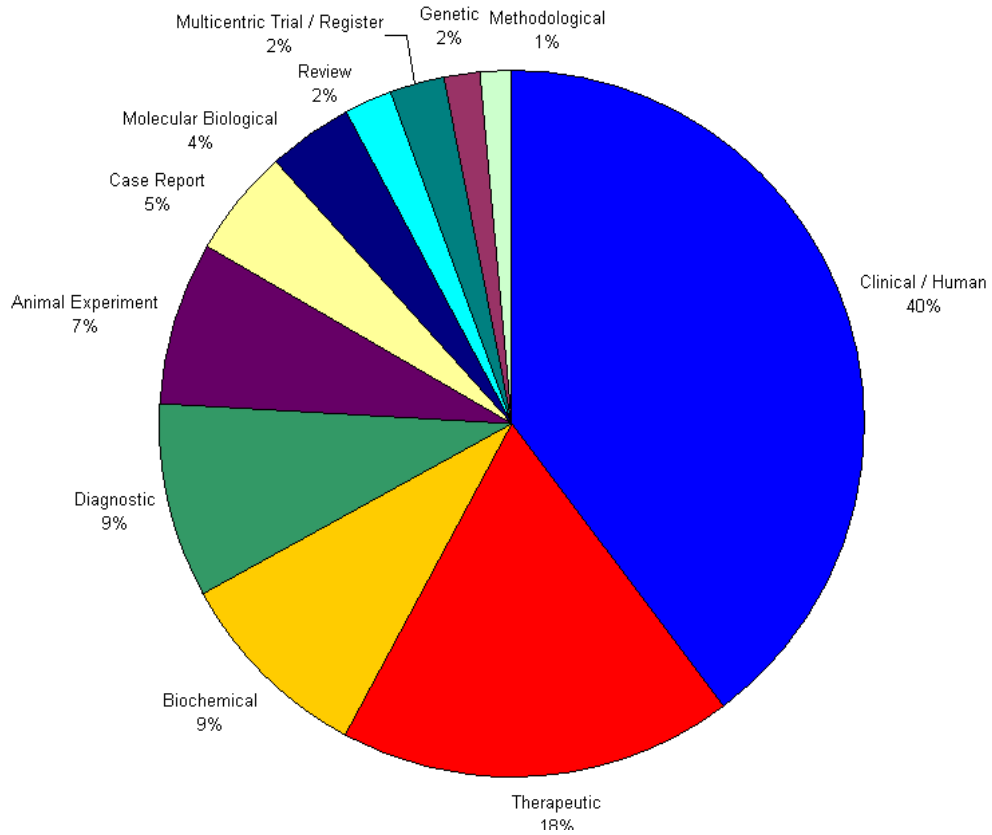


Figure 7 shows that the majority of presentations were based on clinical research in humans. There was a paucity of reports on multicenter trials and on registries.

Geographical Reach Extended: *Pediatric Nephrology*

As Karl Scharer noted, “the founding of a journal was a constant goal of the IPNA representatives during the first years of the society’s existence” (Lewy, p. 2). Ira Greifer deemed the publication of a journal—as a showcase for IPNA and “a pure pristine representation of who we were”—a primary objective, so in 1983, when he became secretary-general, pursuit of that ambition began in earnest.

In 1980 two periodicals made a start in the field, independent of IPNA. From Europe came the *International Journal of Pediatric Nephrology*, with Carmelo Giordano of Italy as the Coordinating Editor and from the United States the *Journal of Pediatric Nephrology and Urology*, edited by Chester Edelmann. The *JPNU* produced two issues, but came to an early end in February 1981. The *IJPN* survived for twelve years (changing its title in 1988 to *Child Nephrology and Urology*). With this publication already in existence IPNA leadership entertained a hope of assimilating it rather than starting over and in competition.

After multiple discussions, representatives of the two parties met in January 1985 at the CIBA Foundation in London (in bitter cold but with a dollar-to-pound valuation gratifying to the Americans attending, remembered Russell Chesney) and they attempted, in a tense atmosphere, to hammer out a process by which the Association would take over the *International Journal*. But the two sides could not overcome disagreements regarding ownership or the editorial board. In October of that year, Michel Broyer, Alan Gruskin, Tadasu Sakai and Karl Scharer, co-editors of *IJPN*, and all active IPNA members, submitted to editor Giordano a joint resignation. The *IJPN/CNU* ceased publication in 1992.

IPNA’s publications committee (including Gavin Arneil (U.K.), Raymond Donckerwolcke (Netherlands), Gustavo Gordillo (Mexico), Alan Gruskin (US), Renee Habib (France) and, as chair, Roy Meadows (U.K.)) then turned to the business of developing a new journal. Approached by Greifer, Ross Laboratories granted IPNA an unencumbered sum of \$25,000 per year, for three years, and some individuals donated to the project as well. The committee’s final report recommended Alan Robson (US) as Editor-in-Chief, Cyril Chantler (U.K., later Sir Cyril) as Co-Editor-in-Chief, and Springer-Verlag (the German house already producing *Kidney International*) as publishers. The new publication, *Pediatric Nephrology*, made its debut in 1986, at the IPNA Congress in Tokyo.

Editor Robson and Co-Editor Chantler brought *Pediatric Nephrology* into print, with assistance. Each depended on a *PN* office manager—Ann Robson in New Orleans and Brenda Brooks in London. Ann-Louise Clayton, in London, served as the sole copyeditor for both offices and continued in that role for ten years. This team produced four issues, with approximately one hundred pages per issue in the first year, and later increased to six issues and eventually eight issues of *PN* per year. The two editors talked with each other weekly, met at least once a year, and fostered a close working relationship between their two offices. Robson took primary responsibility for handling submissions, while Chantler dealt with reviews and other business. To his numerous tasks, the energetic Chantler added a commitment to render, where necessary, foreign manuscripts into serviceable

English. He later found that not all of those needing editorial assistance were from non-English speaking countries.

“We were constantly worried about money or at least I was,” Chantler recalled, “and our creation and survival early on was due to Ira.” (Not only had Greifer secured the initial grant, he negotiated improved terms and annually increasing volume with the publisher. Having made its start with no willing advertisers in sight—though at the time it would have welcomed them—*PN* survived the need and now thrives without any. After about five years the journal became a self-sufficient enterprise, and later grew into profitability. “Most journals are financed by advertising which is why they are now suffering,” Chantler noted; “it is an amazing achievement of *Pediatric Nephrology* to be profitable without this.” Indeed IPNA has succeeded in maintaining careful control over corporate involvement in its publication. Even the first issue made no mention of the major development support provided by Ross Laboratories. And in a circumstance, for example, in which Baxter Laboratories provided a grant to support the journal and 250 free copies, the publication itself carried no mention of Baxter; individuals receiving a free copy—most of them fellows in nephrology—received with it a separate statement that Baxter had provided that copy.)

By 1997, both Chantler and Robson, having served *PN* for a decade during which each saw his other professional commitments increase, felt ready to hand over the journal to new leadership. The publications committee, then chaired by John Lewy, recommended Michel Broyer (France) and Russell Chesney (US) to take on the editorships. The two made visits to the offices of their predecessors and met with each other frequently. Editor Chesney engaged Andrea Patters as editorial assistant; Co-Editor Broyer, based in Paris, took on two managing editors, Joan Affleck and Louise Taylor, both native speakers of English who could, among their other responsibilities, ensure the use of good, idiomatic language in published articles.

Though Robson and Chantler had met with no such difficulties, Broyer and Chesney faced some early problems with the publisher, Springer. These resulted from the company’s decisions to convert to electronic operations, two relocations of the headquarters, and replacement of the staff liaison to the journal. The issues necessitated multiple trips to Germany by Editor Chesney for meetings. The trips included a key session, held at Springer’s headquarters and conducted entirely in German, which brought together IPNA representatives Brandis, Chesney, Otto Mehls and Barbel Rothfuss (Brandis’ administrative director) with Springer officials from Berlin as well as from Heidelberg. The discussion continued with a tour of the press. Afterwards, and especially after the publishers completed their transition to electronic operation, the relationship eased.

Eventually Springer returned to a much more supportive position, particularly after Matthias Brandis, of Freiburg, Germany, took over as Secretary General. Over time the company involved their principal officers in meetings and worked hard to make themselves valuable to IPNA. As it matured, *Pediatric Nephrology* added a picture to its cover, improved the print, and moved to an electronic format—a huge step forward, as Chesney noted, because Springer has excellent facilities for reproducing photomicrographs.

“The journal was a huge topic of conversation at IPNA meetings, with lots of suggestions,” said Chesney of his term as editor. “Our impact factor slowly crept up. We got excellent articles from the pediatric nephrology community. We had good constructive criticisms also (from individuals such as Ellis Avner) which helped us to have a better journal. The quality of reviews was outstanding.” Volume increased to twelve issues and 1440 pages per year. And, Chesney continued, “the contributions became much more international.... Lots of manuscripts came from Asia, as well as Europe and the United States.”

Not only did the submissions for the journal broaden but, just as importantly for the larger IPNA mission, distribution did as well. The first issue of *Pediatric Nephrology* went out to 18 countries; by 2009 the journal made its way to 90. This extension of its readership—due in large part to free distributions (sponsored by corporations and individuals) to nephrologists in developing countries—enabled the Association to put useful information into the hands of practitioners all over the globe, including many who had virtually no other access to continuing education, nor to specialized instruction, not even to experienced colleagues. “Bruder Stapleton came up with a very good idea when he was secretary-treasurer of ASPN and Assistant Secretary of IPNA,” recalled Chesney, “which was to encourage members to pay for their subscription and to also make a contribution of an additional subscription, which would be sent to someone who otherwise would not have access to the journal.”

Given IPNA’s mission to develop the specialty, in part by supporting the training of individual pediatric nephrologists, its publication served as an essential tool. At the time IPNA began, the few such practitioners (no more than 150 in the world) worked in a small number of established centers. The journal allowed IPNA to circulate information about developments in the field to a receptive and ever-increasing audience. With access to *PN* provided as quickly as practicable, pediatricians in Eastern Europe—the first group of free-journal recipients—began holding small gatherings to discuss with each other the information they read. In time, copies of *PN* began to go to Asia, Bolivia, Cuba and Africa, among other places.

Chesney and Broyer together headed the journal for five years. Chesney attributed much of the credit for the editors’ success at this time to his co-editor. “Michel was impeccable,” he said, “he is a person of great honesty, a scholar and a person with enormous knowledge,” adding “I cannot overemphasize how important Michel was to the process.” Then, as it made a transition to new leadership, *Pediatric Nephrology* also shifted to overlapping six-year terms for its editors. Broyer retired in 2001 and Otto Mehls succeeded him. Jana Mehls Christopher, the new co-editor’s daughter, moved from England to Germany to assist him with the journal.

Chesney retired and Mehls, in Heidelberg, took over as Editor, with Michel Baum in Dallas as co-editor, in January 2005. In that year the journal became electronic, enabling it to decrease average evaluation time to less than three weeks. In 2007 the Mehls-Baum editorial team introduced Educational Reviews, each an examination of a broad, clinically relevant issue, written by an expert on the subject and designed to teach trainees and to

update members. Questions accompanying these reviews also appear in interactive format on the IPNA website, enhancing their educational effectiveness. By 2009, the editors noted with satisfaction, the journal's impact factor had risen to 2.425.

Geographical Reach Extended: Individual Training and Other Efforts

Early on, IPNA undertook an outreach project to deliver textbooks, microscopes and hospital beds to developing countries. Finances limited the success of this venture, according to Greifer.

With a mission to work proactively at developing the specialty, in 1990 IPNA looked beyond distributing issues of *Pediatric Nephrology* as widely as possible, and sought to provide direct training to individual practitioners. It developed a program of three- to four-month fellowships in which young physicians came to host centers in order to develop skills they could use at home, to encounter the principles of dialysis (though not actual practice, as they could not use this on their return), and to learn how to open clinics.

The first effort was aimed at Eastern Europe, or at that time, the Soviet Union. With special assistance from the formidable Maya Ignatova, (not only the head of the first pediatric nephrology department in Russia, but also a long-serving practitioner and an active participant in the founding of the European, International and Russian societies of pediatric nephrology), IPNA developed a scheme in which the Association contributed grant money, the Soviet government provided transportation, and selected receiving centers offered students housing, food and teaching at no charge. A committee of IPNA leaders (Greifer, Mehls, Patrick Niaudet (France) and Richard Fine (US)) joined Ignatova in Moscow and interviewed thirty candidates. They chose fifteen for the fellowship. Host sites were designated through a partnership of IPNA, the Soviet government and local programs and included Buffalo, Heidelberg, London, Memphis, New Orleans, New York City, Paris, Philadelphia and Washington D.C.

Of the fifteen fellows, two returned to Leningrad and opened a clinic; one opened a clinic in the Urals; another opened a clinic in their city, and one became the Executive Vice President of the Russian Society of Pediatric Nephrology. In all, seven took new knowledge and skills home to communities in need of them and the other eight stayed in the countries where they trained. Such a mixed outcome of this first effort (influenced perhaps in large part by the political disorganization occurring at that time in the fellows' home states) led IPNA to some new resolutions. IPNA decided that it should learn more in advance about candidates, their cultures and needs, and planning accordingly; that it should forego ad hoc projects and develop regular, approved programs; that it should concentrate on countries which have no other access and should provide the training inside those countries.

Under a successor fellowship program, since 2003, young professionals from underserved areas received travel and support funds for six to twelve months of training in a regional center. Since 2003, fellows from twenty-nine countries have learned basic clinical practice of pediatric nephrology, chronic peritoneal and hemodialysis, pediatric transplantation,

and critical care nephrology. Additionally, the fellowship provides a year's subscription to *Pediatric Nephrology*, plus the textbook, *Pediatric Nephrology, 6th edition*, and a travel stipend to allow attendance at a national pediatric nephrology congress. Of a total of 117 applicants to date, the program has accepted eighty-nine. Steady growth seems one indication of success. In the first year, four fellows participated; three years later the number was nineteen and in 2009 the number of participants reached twenty-nine.

Alternatively, in a program spearheaded by Isidro Salusky (US) and aided by a contribution (solicited by Greifer) of \$5,000 per year from local Rotarians, twenty-two fellows in Sri Lanka have received training locally, over a period of up to two years. Educational projects also include teaching a course of shorter duration, generally three to five days, taught by a group of three to five highly qualified IPNA faculty and offered, like the fellowships, in underserved areas.

In March 2004, representatives of the International Society of Nephrology's Commission for the Global Advancement of Nephrology (COMGAN) met with the IPNA Council, in view of the two organizations' common purposes. IPNA undertook participation in the ISN fellowship and training program. IPNA education committee members, Robert Mak (US) and Patrick Niaudet (France), were designated to interact with COMGAN. Additionally, COMGAN named council member Rajendra Srivastava to one of its regional subcommittees.

Growth of IPNA Associate Organizations

AFPNA

Outreach to Africa presented some new problems for IPNA in the way of language, expanse and divisions. Free journals had gone to Eastern Europe and then to Asia and had reached readers of English in northern Africa. Many countries speak French and their practitioners looked to Francophone Paris for assistance. IPNA began its African efforts in Benin, sending journals and, in 1993, sending a delegation of three to speak at a general pediatric meeting held there. In 1999, Jochen Ehrich (Germany) and Patrick Niaudet (France) again brought IPNA representation, to Cotonou, Benin.

With strong support from IPNA Secretary-General, Ira Greifer, AFPNA was founded in 1999. Its founding members represented Cameroon, Egypt, Libya, Mali, Nigeria, South Africa and Sudan. Bahia Moustafa of Cairo University served as its founding secretary-general. The association held its first congress in Cairo in 2000, with sixty delegates in attendance, and it affiliated with IPNA in that year. A second congress, of seventy delegates, convened in Port Harcourt, Nigeria, in 2002. In 2006, a third congress met in Cape Town, South Africa and with 140 in attendance, elected Felicia Eke as the second AFPNA Secretary-General. In 2010, the fourth African congress, with seventy-six delegates, met in Nairobi, Kenya. By that year membership had grown to seventy-one, from twenty-nine countries. (These numbers left twenty-four African nations not yet included; the association has set a goal of representation in all countries of the continent.) From 2000 to 2006, Secretary-General Moustafa served on the IPNA Council, as did two additional

members, representing the central region (Eke of Nigeria) and the southern (Mignon McCulloch of South Africa). Succeeding them, Amal Bourquia of Morocco and Dierdre Hahn of South Africa joined Secretary-General Eke on the Council.

The organization launched a journal in 2010, with Ifeoma Anochie as editor. It also supports a website, a newsletter, workshops and educational programs. It maintains regional training centers in Cairo, Cape Town and Johannesburg, with a projected fourth in Kenya. To date eleven pediatric nephrologists have trained in the South Africa program (founded by Mignon McCulloch and since her departure headed by Priya Gajjar). Malcolm Lewis of Nigeria has begun work on a renal registry for AFPNA.

ALANEPE

Like IPNA, the Asociación Latinoamericana de Nefrología Pediátrica (Association of Latin American Nephrology in Pediatrics)—ALANEPE—owes much to the work of Gustavo Gordillo of Mexico. “His contributions were really remarkable,” recalled Russell Chesney; “he trained most of the nephrologists in South and Central America that were not trained in the United States” (Lewy, RWC p. 3). In the early 1950s, Gordillo sojourned in Boston, to study the subject then known as “metabolism.” He returned in 1954 to the Hospital Infantil de Mexico and quickly set about teaching others. He established an annual course lasting three to four weeks, brought in prominent faculty from around the world (the roster eventually including Barnett, Fanconi, Habib, Metcalf, Royer and others (Lewy, GG p. 3), and each year taught about fifteen pediatricians. In addition he annually took on two fellows for a two-year program, welcoming students not only from Mexico, but also from Argentina, Colombia, Nicaragua, Panama, Peru.

His long-established and broad contacts made Gordillo an early participant in the ISKDC and a member of the two working groups that led to the creation of IPNA. He offered the initial suggestion that the 1968 First International Symposium should take place in a developing country. He then took charge of organizing that meeting in Guadalajara, receiving valuable assistance in that effort from Gianantonio and Habib (Lewy, IG p. 2). In 1971, at the formal establishment of IPNA, he took a seat on its founding council.

At that time, no regional organization existed to serve Latin American pediatric nephrologists (many of whom Gordillo had himself trained, as noted above). But in November 1981 a founding core of forty-plus members, coming from Argentina, Brazil, Mexico, Uruguay and Venezuela, met at the Argentinean Pediatric Society headquarters in Buenos Aires and established ALANEPE. Fourteen more members signed on but did not attend in person. These participants extended the association’s range to Chile, Colombia, the Dominican Republic, Guatemala, Peru, and Puerto Rico. The new organization adopted a constitution and statutes, and unanimously elected Gordillo as President, with Gianantonio (Argentina) as Vice President. Gianantonio succeeded Gordillo as president in 1984. One-time Gordillo fellows have served the organization in prominent capacities, including secretary-general and editor of its journal. That journal, *Archives Latino Americanas de Nefrología Pediátrica*, launched in 2001, is published in Spanish separately from and complementary to the IPNA journal, and is, like *Pediatric Nephrology*, distributed

free to physicians in poor countries. At its third congress in Venezuela, in 1992, the association paid homage to Gordillo as a “pioneer in World Pediatric Nephrology and co-founder of ALANEPE,” and named both Gordillo and Gianantonio as Consultant Councilors.

ANZPNA

Having begun during the 1989 IPNA congress in Toronto, the Australasian Paediatric Nephrology Association soon changed its name to the Australian and New Zealand Paediatric Nephrology Association, in recognition of New Zealand’s contribution to the organization. In 1993, it affiliated as a regional society of IPNA, with representation on the IPNA council.

ASPN

A forerunner of IPNA and founded in 1969, ASPN in 2010 numbered more than 600 members, representing the United States and Canada. Mexican pediatric nephrologists have allied with ALANEPE because of the connections forged by Gordillo, who trained so many South Americans.

AsPNA

Dr. Tadasu Sakai of Japan first raised the prospect of bringing together pediatric nephrology practitioners from across Asia at the Philadelphia meeting in 1980. Years of discussion followed, eventually producing a Tokyo symposium, “Epidemiology and Treatment of Renal Disease in Asian Countries.” The first symposium was held in June 1988 in conjunction with the twenty-third annual meeting of the Japanese Society for Pediatric Nephrology. The core group in attendance consisted of Carmelo Alfiler (Philippines), Chiung-hui Chen (Taiwan), Wu-qing Kang (China), Kwang-wook Ko (Korea), Indon Lajin (Malaysia), Sakai, Rajendra N. Srivastava (India), Voranunt Suphiphant (Thailand), I. G. N. Wila Wirya (Indonesia), and Fumio Yamashita (Japan).

Perceiving a need for regular interaction, the participants decided to reconvene the next year and again associated JSPN with the annual meeting. In Nagoya, 1989, the group brought in new members M. C. Chiu (Hong Kong), P. K. Kim (Korea), Teruo Kitagawa (Japan), Wiwat Tapaneya-Olarn (Thailand) and Pauline Wang (China). It also took the name of Asian Society of Pediatric Nephrology and chose Sakai as secretary-general. Members began drafting a mission statement and bylaws, and decided to hold biennial meetings. Congresses followed in Seoul (1991) and Taipei (1993), New Delhi (1994), Manila (1996), and later in Singapore, Jeju (Korea), Beijing and Bangkok.

At the 1991 Seoul gathering ASPN members first seriously discussed affiliating with IPNA (Lewy, CA p. 1). In Taipei 1993, the prospect interested the organization enough to persuade it to advance the next meeting, set for New Delhi in 1995, so as to take advantage of a visit to India by IPNA council members already scheduled for the following year. In December 1994, the two councils met to work out details of their affiliation. ASPN assumed the task of representing pediatric nephrology societies in China, Hong Kong, India,

Indonesia, Japan, Korea, Malaysia, Philippines, Taiwan and Thailand, (and of any country in the region which might later establish such an organization). IPNA projected a position of assistant secretary for Asia, with a seat on the IPNA council for the ASPN's assistant secretary-general, and support for the group's meetings and educational mission.

The next Asian congress, Manila 1996, instituted a change of name for the organization, to Asian Pediatric Nephrology Association (AsPNA). IPNA Secretary-General Greifer attended the congress and witnessed the ceremony at which members of the AsPNA council (now enlarged to twelve with the addition of Mohammed Hanif, Bangladesh, and Hui-kim Yap, Singapore) signed the Manila Document, formally adopting the new constitution and by-laws. Later that year, the AsPNA Chronicle, official newsletter of the association, made its first appearance. This was followed by the introduction of the AsPNA website, linked with those of IPNA and other regional societies in 2005.

AsPNA in 2010 represented twenty-seven countries—from east Asia these include China, Hong Kong, Japan, Macau, Mongolia, North Korea, South Korea, Taiwan; from southeast Asia, Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, Vietnam; and from south Asia, Afghanistan, Bangladesh, Bhutan, India, Iran, Maldives, Nepal, Pakistan and Sri Lanka. The combined populations of this membership number approximately three and a half billion, over half the people of the world.

ESPN

A forerunner of IPNA, founded in 1967, as described in previous sections.

JSPN

Founded in 1967, JSPN numbered 1100 active members in 2009. One of its members, Tadasu Sakai, served as an assistant secretary at the establishment of IPNA (1974, continuing until 1983). JSPN members' participation increased from each IPNA congress to the next and at Helsinki in 1977 Sakai gave one of the plenary lectures, raising the profile of Japanese pediatric nephrology within the larger association. To its fourteenth annual meeting, in 1978, the JSPN for the first time invited overseas speakers (Henry Barnett and Chester Edelman) and it kept up the innovation by extending invitations to Renee Habib and John Peters for their fifteenth meeting. With increasing international contacts, fostered especially by Sakai's sustained efforts, JSPN became the first Asian society to host an IPNA congress in 1986.

PRINCIPAL SOURCES FOR IPNA HISTORY

Written summaries based on John Lewy interviews, as follows:

Sharon Andreoli (8 March, 2007)
Philip Calcagno (31 January, 2007)
Russell Chesney (undated)
Chet Edelman (25 January, 2007, edited 22 March, 2007)
Richard Fine (27 January, 2007)
Gustavo Gordillo (13 February, 2007)
Ira Greifer (6 January, 2007)

Written statements from individuals, as follows:

Carmelo Alfiler
Gavin Arneil
Michel Baum and Otto Mehls, jointly
Matthias Brandis
Jose Grunberg
David McCredie
Michael Norman
Karl Scharer
Juan Soriano
Rajendra Srivastava
Richard H. R. White

Published histories:

Gavin Arneil, *Foreword*, (Nephron: 1973, volume 11, nos. 2-4, pp. 67-70)

Gavin Arneil, Domokos Boda, Jochen H. H. Ehrich, Andreas Fanconi, Renee Habib, Niilo Hallman, *The Founding and Early History of the European Society for Paediatric Nephrology (ESPN)* (Pediatric Nephrology: April 2007, volume 22, pp. 1-15)

Henry L. Barnett and Chester M. Edelman, Jr., *Development of Pediatric Nephrology* (American Journal of Kidney Diseases: December 1990, volume XVI, pp. 557-562)

Russell W. Chesney, *The Development of Pediatric Nephrology* (Pediatric Research: November 2002, volume 5, issue 5, pp. 770-778)

Russell W. Chesney, *The History of Pediatric Nephrology* (Pediatric Nephrology and Urology: The Requisites in Pediatrics, Bernard S. Kaplan and Kevin E. C. Meyers, eds., Mosby, 2004)

George E. Schreiner, *Evolution of Nephrology: The Caldron of Its Organizations* (American Journal of Nephrology 1999, volume 19, pp. 295-303)

Richard H. R. White, *The British Association for Paediatric Nephrology: The First Thirty Years* (BAPN, 2003)

Other:

Assorted IPNA minutes and correspondence

Transcript of John Dancis interview of Henry Barnett, 1996, part of the American Academy of Pediatrics/Pediatric History Center/Oral History Project

Websites of various pediatric nephrology publications and associations