Our infant years for posterity we ought to keep;
Perhaps in a time capsule, treasures buried deep;
Lyophilized moments giving the flavor sublime
Which will bloom again with the media of future time.

C. B. H.

All great enduring bodies and societies began by small gatherings of persons to share their learned experiences and thoughts that all may be recorded for posterity. And so it was with this august body, the Pediatric Infectious Diseases Society (PIDS).

The idea for the PIDS was born from Stanley A. Plotkin’s perspicacious thought (Figure 1) that clearly infectious diseases was an important specialty in pediatrics, and although adult infectious diseases had been established as a legitimate subspecialty, pediatric infectious diseases (PID) had not. “Of course, there were many practitioners of PID, most of whom I knew, but they almost all complained about their lack of recognition by department chairs.” Moreover, no board or certification existed. Stanley thought that if the people who were doing PID could be brought together, the “invisible college” that already existed could become discernible, and when visible might start organizing itself.

The idea was discussed with a number of Stanley’s friends, notably Phil Brunell, David Karzon, Vickie Schauf, and Scott Giebink, and all were enthusiastic. Although yet to be officially baptized or recognized, the seed for a future annual assemblage of PID specialists was planted, but unfunded. Hence, Stanley wrote to 12 pharmaceutical companies requesting support for his novel venture. He noted that he had “ canvassed about 70 people in the field, and enthusiasm has been practically unanimous. I expect that practically everyone in the field attending the meeting will also attend the dinner. Furthermore, since the dinner will be rather expensive if not subsidized, I am asking for a contribution of $750 from each firm. Frankly, anything less than $500 will not be helpful.” Of the 12 companies, most sent their polite regrets. Four contributed between $250 and $750 to a grand total of $2500.

With this trove treasured in the bank, Stanley sent letters to all heads of PID fellowship programs announcing that he was convening a meeting of PID specialists during the 1978 American Pediatric Society-Society for Pediatric Research (APS-SPR) meeting. Anyone practicing PID full-time in an academic center was invited.

The first official meeting of the Pediatric Infectious Diseases Club was held on April 27, 1978 at the New York Hilton (New York City, NY) with cocktails, dinner, and a program on measles vaccination by James Cherry, Samuel Katz, and Saul Krugman. Ninety-seven people attended and, of note, the cost for this 4-course dinner at the Hilton was $7.50 per person. Following this program, a very lively discussion concerning the formation of a recognized PID group ensued. Many insisted that no formal organization was necessary; PID was not and should not be a formal specialty, and this would lead to an additional abhorrent board examination. But many argued that making PID a specialty would be necessary for professional recognition, and general pediatricians could
no longer be expected to cope with the increasingly complex problems of immunocompromised and other complicated patients. Furthermore, PID would be validated as a specialty to insurers.

A series of annual meetings were held from 1979 through 1982 with the same discussions and arguments. Nevertheless, an official PID Club was formed at the Sixth Annual PID Meeting in Washington, DC, and the first officers were elected. By the time of this landmark meeting, the membership under Stanley’s helmsmanship had increased by 10 times to 200. The meetings continued to be held yearly during the APS-SPR meetings in the evening with a dinner and a program that varied from presentations of research, clinical updates, and point-counterpoint discussions to Super Bowl contests featuring the Genomic Giants and the MicroMegalics matching their PID wits and wisdom (Figure 2).

These early meetings were filled with many memorable fêtes, feasts, and follies. Memorable among these was the repast in the prestigious Cosmos Club in Washington, DC, in 1983. This notable establishment is marked by intimacy, with small rooms, exquisite decorations, and a rogues’ gallery of the Nobel Prize winners and luminaries who number among their membership. On this particular eve, the number attending was certainly in excess of conceivable accommodation. Most were eventually compressed into various corners within the room—all but one who patiently had been waiting for an hour. He had been told that “anyone expecting to get into the Cosmos Club should have been here earlier”—although he was the only member of the Cosmos Club present, and certainly the only one with his portrait hanging in the hall—Nobel Laureate, Frederick C. Robbins, MD.

At this historic meeting, formal bylaws of the PID Club were developed. Membership was defined as consisting of physicians, doctoral-level scientists, and others who have completed infectious diseases training or who are primarily identified with the discipline of infectious diseases through clinical practice, research, teaching, or “any combination of any of these activities.” The PID Club’s leadership was assigned to a Council consisting of the President, Immediate Past President, President-Elect, Secretary/Treasurer, and 5 Members at Large. The first elected President, Walter Hughes, MD, took office in 1983.

The desire for a “stamp of recognition” engendered the first logo contest in 1986. The many contributions, ranging from complex to simple, from proper to hilarious, were shown at the 1986 meeting. The winning logo symbolized both the clinical care and research of PID by simultaneous representation of family and microbiologic organisms. It subsequently underwent a slight mutation to become our current “mark of distinction.”

In 1991 annual symposiums sponsored by PIDS were initiated, which were part of the meetings of Interscience Conference on Antimicrobial Agents and Chemotherapy-Infectious Diseases Society of America (ICAAC-IDSA) in the fall and of the APS-SPR meetings in the spring. Concurrently the number of committees increased to fulfill the needs of the expanding spectrum of new programs. Among these were committees managing nominations, awards, fellowship training, publications, membership, and finances. The rapid changes in healthcare policy made the future of the PID specialist an increasing concern. Georges Peter, therefore, developed a Strategic and Long-range Planning Committee, chaired by Jerome Klein.

The growth of the PIDS brought concurrent confidence and the desire to represent American PID to other national and international groups and to influence policies affecting children’s health. A Committee on International Programs established international meetings with infectious diseases specialists of other countries, including the European Society for Paediatric Infectious Diseases (ESPID).

With the expanding purview and progress of the once small PID Club, the necessity to promote and formalize the training of PID specialists and their role in healthcare was recognized. Progress came from the
leadership of many devoted and concerned PIDS members, especially George H. McCracken Jr, who engendered the goodwill and support of pharmaceutical companies for the prestigious PIDS Fellowship Awards, first presented in 1993. In 1997, four 2-year Fellowship awards were funded.

In recognition of the multitude of contributions and indebtedness of the PIDS to many of its distinguished members, annual awards were established. The most prestigious was the Distinguished Physician Award, which first honored Saul Krugman in 1986. A Young Investigator Award was established in 1990.

In 1999, the Burtis Burr Breese Award for office-based research, as described in the January 1999 issue of *The Pediatric Infectious Disease Journal*, was first presented to James W. Bass and his colleagues in Honolulu, Hawaii, for their paper on the treatment of cat-scratch disease.

Under the direction of Carol Baker, the PIDS also published its first booklet on *Training Programs in Pediatric Infectious Diseases* and provided a faculty placement service in 1990. The first official nationwide publication of the PIDS, *The Report on Pediatric Infectious Diseases*, came in 1991. This was published by Churchill Livingstone, with 10 issues per year of succinct state-of-the-art articles. The Editorial Board consisted of 2 rotating PIDS members from 6 different cities. In 1998, *The Report on Pediatric Infectious Diseases* was changed to *Concise Reviews of Pediatric Infectious Diseases*, which was encompassed within the pages of the monthly issues of *The Pediatric Infectious Disease Journal*. Earlier, in 1995, under the direction of James Todd, *The Pediatric Infectious Diseases Journal* became the official journal of the PIDS.

The PIDS’s growth, like that of any child struggling to achieve its own personality, was marked by an occasionally troubled adolescence, particularly regarding whether the PIDS should seek subspecialty board certification. In the interim, the PIDS took the action...
(and the audacity, according to some) of providing its own certification process. Certification required documentation of agreed-upon training requirements and clinical competence. PIDS officers reviewed each application and, if acceptable, awarded a certificate documenting competence in training in PID. Not unexpectedly, a number of official organizations were concerned, if not outraged. However, guided by the patience, eloquence, and expertise of Sarah S. Long and her committee (James Cherry, Michael Gerber, Jerome Klein, Georges Peter, and Keith Powell), the PIDS successfully obtained subspecialty certification, and the first examination occurred in 1994.

From the chrysalis of infancy and adolescence the young adult PIDS emerged. It was possessed of surprising wisdom and talent derived from the diversity of its more than 600 members.

This inherited diversity remains and augurs our Society's enlarged domains will meet the aims and changes that will come to be and bring the science that is our future's guarantee. Enriching our children's world is still our basic goal, and giving them their health is our important role.

C. B. H.