Biographical Sketch

John Caffey, MD (1895–1978)

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Abstract This biographical sketch on John Caffey corresponds to the historic text, *The Classic: Multiple Fractures in the Long Bones of Infants Suffering From Chronic Subdural Hematoma* (1946), available at DOI [10.1007/s11999-010-1666-0](https://doi.org/10.1007/s11999-010-1666-0).

John Caffey was born in 1895 in Utah [7], the same year William Conrad Röntgen discovered x-rays. He attended the University of Michigan, where he received a medical degree in 1919 and then interned at Barnes Hospital in St. Louis, Missouri. In 1920 he volunteered for a post-WW I tour of duty in Europe, and stayed to work for the American Relief Administration, a remarkably successful organization for European refugees organized by Herbert Hoover before he entered politics [1]. He then returned to Michigan where he completed a residency in medicine. He interned in pediatrics at the Babies Hospital (founded in 1887 and affiliated with Columbia University) in New York City, and stayed on the staff. He was married, but he and his wife, Sidneth, had no children [7]. Griscom commented [7], “As a person, Dr. Caffey was full of paradox and contradiction. He valued the life of the intellect highly, and he was well aware that he had been particularly blessed in mental acuity. He did not suffer fools gladly. At least at Babies Hospital, he taught in part by fear...He was argumentative and stubborn...He grew mellow with age, and the asperity largely disappeared.”

Radiology was not a well-developed field in the 1920s, and according to Griscom,

“This unsatisfactory situation was made worse by the fact that the occasional radiology conference was given by a pathologist. After one of these conferences, Dr. Caffey (who seldom minced words) remarked that it had been another hour wasted. He was overheard by the chief of pediatrics, who asked if he thought he could do better. His bluff called, Dr. Caffey replied to the effect that he could hardly do worse. He was forthwith put in charge of the hospital radiology department, and pediatric radiology became his life’s work.”

He wrote many scholarly articles, some of which were seminal, including a description of infantile cortical hyperostosis [5], now known as “Caffey Disease.” In 1945 he published the voluminous (838 pages) *Pediatric X-Ray Diagnosis* [3], a comprehensive text that established the intellectual basis of pediatric radiology and went through a number of editions, the latest of which was published in 1978, the year of his death. Griscom commented, “Dr. Caffey was a scholar in the best sense of the word; he loved to dig to the bottom of whatever was being considered, and he was devoted to the truth. He was skeptical of conventional explanations and was in the habit of disbelieving other authorities.” Dr. Caffey was a founding member of The Society for Pediatric Radiology [2], which held its first annual meeting in Washington, D.C., in 1958 (Fig. 1). Beginning in 1968, the Society instituted an annual John Caffey Award for outstanding research papers. In 1975, the American College of Radiology named him a gold medalist.

His paper entitled “Multiple fractures in the long bones of infants suffering from chronic subdural hematoma” [4]

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Fig. 1 This photograph shows several of the founding members of The Society for Pediatric Radiology at the 1975 meeting in Atlanta Georgia. From left to right: Drs. Neuhauser, Caffey, Holt, Silverman and Taybi. (Reproduced with permission of the Society for Pediatric Radiology.)

is reproduced here in abridged format. The question of origin of chronic subdural hematomas in infants and children had been debated, with both traumatic and atraumatic (eg, scurvy) causes recognized. Caffey reported six otherwise healthy infants with coexisting subdural hematomas and long bone fractures in which the caretakers denied trauma and where the fractures apparently occurred at differing times from the hematomas. Caffey found no evidence of bone disease in any of these children. This raised questions in his mind about the connection, although he was cautious about the interpretations. He commented, “The traumatic theory of the causation of subdural hematoma has been accepted almost to the exclusion of all other causes despite the fact that a history of injury is lacking in almost one-half of the cases. The negative history of trauma in so many cases can probably be best explained by assuming that sometimes lay observers do not properly evaluate ordinary but causally significant accidents...and that other important traumatic episodes pass unnoticed or are forgotten...Also recognized injuries may be denied by mothers and nurses because injury to an infant implies negligence on the part of the caretaker.” Caffey, still cautious, commented: “The absence of history of trauma to the fracture bones cannot be explained in the same way. The injuries which caused the fractures in the long bones of these patients were either not observed, or were denied when observed. The motive for denial has not been

established.” Yet, he continued, “The...causal relationship between the traumatic force and damaged bone is clear. It is unlikely that trivial unrecognizable trauma caused the complete fractures of the femurs...” “In one of these cases the infant was clearly unwanted by both parents and this raised the question of intentional ill-treatment of the infant; the evidence was inadequate to prove or disprove this point.”

It would be another decade or more before doctors wrote about and published more explicit statements of the origin of unexplained fractures. Kempe et al., in 1962, coined the term, “battered-child syndrome” [8] to explicitly point to the origin. The concept of child abuse has generated tens of thousands of research articles and commentaries and, beginning in the late 1960s, laws against such abuse. Undoubtedly because of the negative connotation of the term “child abuse” and the recognition that various diseases (eg, osteogenesis imperfecta) can cause fractures from trivial causes and because of the sometimes devastating consequences of falsely accusing caregivers of abuse, many now use the more generic term, “nonaccidental trauma” (apparently introduced in the 1970s [6]). The symposium with which this Classic is associated explores a variety of issues related to nonaccidental trauma, and will provide readers an update on current approaches.

References

1. Anonymous. American Relief Administration. 2010. Wikipedia. Available at: http://en.wikipedia.org/wiki/American_Relief_Administration. Accessed October 27, 2010.
2. Anonymous. History—The Society for Pediatric Radiology. 2010. The Society for Pediatric Radiology. Available at: <http://pedrad.org/displaycommon.cfm?an=1&subarticlenbr=471>. Accessed October 27, 2010.
3. Caffey J. *Pediatric X-Ray Diagnosis*. Chicago, IL: Year Book Medical Publishers; 1945.
4. Caffey J. Multiple fractures in the long bones of infants suffering from chronic subdural hematoma. *Radiology*. 1946;194:163–173.
5. Caffey J, Silverman WA. Infantile cortical hyperostosis. *Amer J Rad*. 1945;54:1–16.
6. Goldson E, Cadol RV, Fitch MJ, Umlauf HJ, Jr. Nonaccidental trauma and failure to thrive. *Am J Dis Child*. 1976;130:490–492.
7. Griscom NT. John Caffey and his contributions to radiology. *Radiology*. 1995;194:513–518.
8. Kempe CH, Silverman FN, Steele BF, Droegemueller W, Silver HK. The battered-child syndrome. *JAMA*. 1962;181:17–24.