Biographical Sketch

George E. Bennett, MD (1885–1962)

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Abstract This biographical sketch on George Bennett corresponds to the historic text, *The Classic: Shoulder and Elbow Lesions Distinctive of Baseball Players* (1947), available at DOI [10.1007/s11999-012-2335-2](https://doi.org/10.1007/s11999-012-2335-2).

George Eli Bennett was born in Claryville, NY, in the Catskill Mountains, in 1885 [6]. His parents both died by the time he was 11 years-old, requiring him to work while going to school, but he excelled in school and sports. He played semipro baseball at the age of 16. After high school he worked at various jobs in the Midwest before he could afford to attend the University of Maryland Medical School, from which he graduated in 1908. At the age of 25, he joined the staff at the Johns Hopkins Hospital in 1910, where he remained until his resignation in 1947.

Dr. Bennett was one of a few men who served as president of both the American Orthopaedic Association and the American Academy of Orthopaedic Surgeons. While Dr. Bennett made many contributions to orthopaedic surgery, including children's and nonoperative orthopaedics, he was best known for his work in sports medicine (undoubtedly related to his being a gifted athlete). His fame extended well beyond the orthopaedic community, for he treated many famous athletes. *Sports Illustrated* recognized him upon his

Fig. 1 George Bennett, MD is shown. Photograph is reproduced with permission and © American Academy of Orthopaedic Surgeons. *Fifty Years of Progress*, 1983.

death in an article entitled, “Mender of Immortals” [7]. His intimate knowledge of sports undoubtedly contributed to his sage judgments. At an emotional dinner in 1958, many famous athletes sometimes tearfully paid tribute to Dr. Bennett. Joe Garagiola commented on the occasion, “After listening to that all-star team of players Dr. Bennett has mended, I’m sorry I didn’t break my leg” [7].

Among Dr. Bennett’s many contributions were four devoted to injuries of baseball players [1–4], perhaps not surprising given his love of the sport. In this issue we republish his article from 1947 (CORR republished his 1959 article in an earlier issue [5]). He commented, “In a former publication [1] I stressed the point that the

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professional baseball player was a human being, not a superman, and that he was susceptible to all of the common lesions of the shoulder which we see in the nonball player, namely, subacromion and subdeltoid bursitis, irritation of the supraspinatus and biceps tendons, traumatic synovitis and inflammatory disease.” While he recognized that these were relatively common conditions in many people, he went on to say, “His (a pitcher) occupation is such, however, that aside from these common joint complaints he develops distinctive lesions. One which has been definitely identified and, to my knowledge, is nonexistent in other occupations, is a deposit on the posterior and inferior margin of the glenoid fossa, on or about the attachment of the triceps tendon. This is the result of the abnormal strain which is placed on the shoulder in throwing a baseball.” Thus, Bennett recognized the unique stresses pitchers place on their shoulders and elbows and the resulting unique injuries. “The most distinctive lesion, and one which is not seen in other occupations, is the development of single or multiple deposits of bone or ossicles in the ligamentous tissue and tendinous attachments beneath the ulnar nerve

and not within the joint.” The symposium published in this issue, “Injuries in Overhead Athletes,” expands on many of Dr. Bennett’s concepts and provides readers with our current understanding of the unique and common features of injuries to this particular group of athletes (Fig. 1).

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