

SYMPOSIUM: TRIBUTE TO DR. ANTHONY F. DEPALMA, FIRST EDITOR-IN-CHIEF  
OF CLINICAL ORTHOPAEDICS AND RELATED RESEARCH

## Anthony Frederick DePalma, MD

### Educator, Researcher and Clinical Care Doctor

Phillip J. Marone MD

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My first meeting with Dr. DePalma was in 1957 as an intern in his office on the 6<sup>th</sup> floor of the Curtis Clinic. He and I spoke for a while about the residency and he looked at me and said, “You know you are going to be 33 years old before you make a plug nickel.” I replied, “Well, I don’t make any money now, so what is the difference?” He laughed and I got the residency. In the next two years, I spent many hours in the operating room with Dr. DePalma and learned quickly how skilled a surgeon he was. He was a master technician: he knew where to put his incision; he was kind to soft tissue; he worked quickly, resulting in minimal blood loss. He performed surgery of the spine, hip, knee, shoulder, foot, ankle, and hand. Well before the advent of sports medicine, he performed surgery on members of the Philadelphia Phillies Baseball team. He was the true general orthopaedist.

Although he would point out things to us during surgery, he expected his residents to know what he was doing. Most of the time he was quietly thinking of what his next move would be. There were times when he would be upset with

us and he would let us know in no uncertain terms that we were not doing what he expected of us. I remember him quietly saying to me at the end of a certain procedure, “Phil, don’t ever do that again.”

Dr. DePalma exemplified what a physician in a school of medicine is about: education, research and clinical care. He was a tireless educator. He taught the third year class lectures, beginning with congenital problems and ending with trauma and musculoskeletal conditions. In the senior year, he would meet with groups of seven students rotating through orthopaedics and have an hour-long session with them. They would present a subject to him which he would critique. Dr. DePalma started his day at eight o’clock in surgery; he would operate Monday, Tuesday, Thursday, and Friday at Jefferson (on Wednesdays he would go to Philadelphia General Hospital where he would be the surgeon for cases picked by the Jefferson residents). He would be finished by one o’clock and go to office hours. He would have dinner at six o’clock, then go to sleep shortly thereafter. He would wake at midnight to write his papers and books until four o’clock in the morning. Then he would go back to sleep for a few short hours before beginning again. He did research, and he wanted all of his residents to do the same. He placed so much emphasis on research that four of his residents received PhDs for their successful work.

Dr. DePalma was prescient. In the early sixties, he knew the time would come when there would be orthopaedic subspecialties. To prepare his residents for this time, he sent Jim Hunter to do a fellowship in hand surgery with Dr. Robert Carroll. On his recommendation, I did a rehabilitation fellowship at the Institute for Physical Medicine and Rehabilitation at NYU.

This man was an unbelievable person, teacher, clinician and surgeon. I am privileged to have known him.

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Editor’s Note:

*The stories of Dr. DePalma, like those of many other orthopaedic giants, are legion. We include this brief synopsis to provide readers additional insight into the man who contributed so much to our field.*

Richard A. Brand, MD  
Editor-in-Chief

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