



Paul Crenshaw COLONNA

1892–1966

Paul Crenshaw Colonna was born in Norfolk, Virginia, on December 19, 1892, the son of Samuel and Alice Colonna. His primary education was obtained in the public schools of Richmond, Virginia. He was granted his AB degree at Randolph-Macon College in 1915 and his MD at Johns Hopkins in 1920. After completing an internship at St. Elizabeth's Hospital in Richmond, he began in 1921 a 16-year association with the Hospital for the Ruptured and Crippled in New York, where he served successively as a resident and as assistant and associate chief of clinic. At the same time he started his academic association at the College of Physicians and Surgeons of Columbia University where he was Clinical Professor of Orthopedic Surgery from 1935 to 1937. In 1937, Dr. Colonna accepted the invitation to become Professor and Chairman of the Department of Orthopedic Surgery at the University of Oklahoma in Oklahoma City. He remained there until 1942, when he went to Philadelphia as Professor and Chairman of the Department of Orthopedic Surgery at the University of Pennsylvania, succeeding Dr. A. Bruce Gill in that chair. On retirement as head of this department in 1958, he established an office one block from the Hospital of the University of Pennsylvania and continued in the practice of his specialty.

As an orthopedic surgeon, Dr. Colonna was widely known for the design of two surgical procedures on the hip joint, one for unreduced congenital dislocation in children, and the other for

ununited fracture of the femoral neck. In 1932, he published a description of his operation for unreduced congenital dislocation of the hip.¹ Preliminary treatment included a thorough stretching of the affected hip under an anesthetic and subcutaneous tenotomy of the adductor muscles. Then a long plaster spica was applied to the unaffected side and moleskin traction of 25–35 pounds was maintained on the dislocated side. Several weeks later, when the head had been reduced to the level of the acetabulum, the child was prepared for operation. The greater trochanter with its attached muscles was chiseled through and turned upward, and the capsule covering the head was rather easily dissected free from the surrounding tissues. When the isthmus of the capsule was reached, it was cut through and the head of the bone inspected through this aperture. The aperture in the capsule was then closed. With the Doyen reamer, a capacious acetabulum was formed as near the original site as the preliminary traction had made possible. The head of the bone with its covering of capsule was then placed in the newly formed acetabulum and, with the limb in abduction, the greater trochanter was sutured back into place.

Subsequent reports of this operation included a careful follow-up of the first patients on whom he had performed this procedure. Many of the early patients were seen 30 and 35 years following their operation and were always available for presentation at medical meetings.

In 1935, he described in *The Journal of Bone and Joint Surgery*² his operation for nonunion following fracture of the femoral neck, sometimes called the trochanteric reconstruction operation, which "consists essentially of severing the muscles attached to the greater trochanter very close to their insertion to the bone, care being taken to leave a fibromuscular layer covering the region of the greater trochanter. The capsule is then divided close to the femur and the loose head fragment is removed. After the greater trochanter has been placed deeply within the acetabulum, the abductor muscles are then transplanted downward as far as they will reach and are attached by a bony trough to the lateral surface of the shaft of the femur."

His specific interests in his surgical specialty therefore concerned patients ranging from the very young to the elderly and he was as much at home on the children's ward as he was at the bedside of an 80-year-old patient. Both of these operations were developed and subsequently

described with definite boundaries as to their indications and contraindications. Dr. Colonna recognized these and frequently pointed out that the best results could not be achieved if these carefully constructed guidelines were ignored.

Dr. Colonna was an orthopedic surgeon's orthopedic surgeon. Most of his patients in his later years, both the young child with a congenital hip problem and the elderly patient with a hip reconstruction problem, had had several operations and were referred to him because of previous failures. He spent no time considering what the treatment might have been, but studied the problem as it was presented to him and then wasted no time in pushing forward to its solution. He continuously taught both by his words and by his actions that the surgical procedure was only a link, albeit an important one, in the long chain of related steps in therapy that led finally to useful function of the part. He was a skilled surgeon who, with little loss of motion or time, got down to the hip and the work to be done even though the anatomical parts were grossly distorted from the original process or by previous attempts to correct them. His assistants quickly realized that this dexterity was due to the fact that not only had he been through this exercise many times before, but also that he had reviewed this particular problem in detail and he knew just what he wanted to do step by step. Although his manual skill was admired by his assistants and associates, he never emphasized this, nor did he spend much time discussing this phase of reconstruction, either in formal presentations before orthopedic groups throughout the country, or in his bedside teaching with house staff and medical students. His rounds of ward and private patients alike were never hurried. He was interested in details of pre-operative and postoperative management and it was here that he was most effective in his teaching. Surgical experiences were never dramatized but were always properly placed in relation to an entire program of physical, mental, and economic rehabilitation.

Dr. Colonna was a member of a number of medical societies, local, national, and international. In 1955, he was elected President of the American Orthopedic Association and presided at the annual meeting of that association when it met that year in Banff. He was a founding member of the Orthopedic Research Society and remained vitally interested in its proceedings.

As a teacher, Dr. Colonna stressed the broad, general principles upon which all surgery is

founded. At the same time in his practice and in his teaching, he would illustrate the endless variety of details these principles could include. His Presidential Address to the American Orthopedic Association emphasized the close relationship of orthopedic surgery to the biological sciences in contrast to the mechanical sciences. In it he stated that "the rehabilitation of our patients will be improved . . . by the realization that the surgeon can assist the natural powers of recuperation but cannot replace them." Dr. Colonna believed in this principle and demonstrated it daily in his work.

Dr. Colonna permitted himself no time to work hard at a hobby. He loved the seashore and in the rather infrequent off-duty hours, he and his wife, Rita, spent time there.

Paul Crenshaw Colonna died in Philadelphia, Pennsylvania, on Tuesday, June 7, 1966. Besides his wife, Rita, two daughters, Alice and Mary, survive him. Although his professional activities had been lightened to a small degree for the past several years, on Monday, June 6, he had made his usual rounds at the Hospital of the University of Pennsylvania, visited patients on whom he had recently operated, and exchanged his usual greetings with other members of the hospital staff. Death came suddenly less than 24 hours later. Thus, for 45 years, to the last day of his life, he devoted his full energy to what he loved, the practice of orthopedic surgery.

References

1. Colonna PC: Congenital Dislocation of the Hip in Older Subjects. *J. Bone and Joint Surg.*, 14: 277-298, Apr. 1932
 2. Colonna PC: A New Type of Reconstruction Operation for Old Ununited Fracture of the Neck of the Femur. *J. Bone and Joint Surg.*, 17:110-122, Jan. 1935
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