NO MAN EVER STANDS SO TALL....

BRUCE G. MACMILLAN, M.D.

Chief of Staff, Shriners Burns Institute, Cincinnati Unit, and Shrine Professor of Surgery, University of Cincinnati Medical Center, Cincinnati, Ohio

For over a century, Shriners have been parading themselves into the hearts and minds of America, and in doing so have achieved a glory through philanthropy for unfortunate children never equalled. The story of this great philanthropy is one filled with fun and troubles, successes and failures, smiles and tears, and emotions that only Shriners can enjoy. This sense of accomplishment is why each Shriner wears with honor and pride the fez, for this is the sign of a Shriner.

Shřinedom originated from a select group of 13 men dedicated to Masonry, who, stimulated by turbulent times, were hopeful of making life more rewarding. It was in the spring and summer of 1870 that the "13" craze swept New York City. This was attributed to the aftermath of the War Between the States, and resulted in a flaunting of all omens of ill luck in an effort to forget. There were those who insisted on sitting down to their lunch at exactly 12:13, at tables set for 13. Games were invented in which 13 played the dominant role, and attempts were made not infrequently to have 13 persons at social affairs (Fig. 1).

Among the luncheon tables set for 13 was one on the second floor of the Knickerbocker Cottage, a popular bistro patronized largely by members of the Masonic fraternity. At one of these tables, Shrinedom was conceived and finally born in a formal meeting at the old Masonic Hall on 13th Street, where the first 13 Masons received the Order of the Mystic Shrine (Fig. 2).

In the formative years of Shrinedom, four men carried the major burden, these being Fleming, Florence, McClennahan, and Paterson.

Walter M. Fleming (Fig. 3A) was born in Portland, Maine, on 13 June 1838, the younger of two sons of Doctor L. H. Fleming, who soon moved to Rochester, New York and established a lucrative practice. Both boys attended the nearby Canandaigua Academy, and both matriculated at the Albany Medical School. Fleming's medical education was interrupted to serve in the First Cavalry of the New York National Guard during the War Between the States, in the capacity of Surgeon to the 19th Regiment. After his discharge, he returned to Albany Medical College and received his degree in 1862.

Seeking new frontiers, Fleming moved to New York City in 1869. From this time on, Masonry dominated his life, and he had a burning urge to establish a playground for Masons—an organization to which only Masons who had completed their Scottish Rite or York Rite training would be eligible to belong. He discussed this idea with Florence on occasion, hoping to obtain from that master showman some tips relative to a name and a possible ritual. It is possible that this intense interest in Freemasonry caused the estrangement of his wife. Doctor Fleming dissipated a fortune in the various orders he served, and died virtually penniless, despite having an active and lucrative practice in New York for almost 40 years.

The second of these four men was William Jermy Florence, who was a real personality, romping and playing across most of America and Europe from the time he first became smitten with the stage (Fig. 3B). Actor, producer, writer, poet, tunsmith, comedian, and playwright, he was everything in the theater. He loved it and the people loved him. While traveling in France, actor Florence was invited by a banker to attend a party given by an Arabian diplomat. The entertainment was similar to an elaborately staged musical comedy, and at the conclusion of this entertainment, the guest became a member of a secret society.

Florence, recalling Doctor Fleming's request for material with which to create a playground for Masons, realized that here was a vehicle that would fill the bill admirably. And so the name,
Fig. 1. The first 13 Masons who received the Order of the Mystic Shrine.
Ancient Arabic Order of Nobles of the Mystic Shrine, was conceived.

The third important Mason to participate in the formation of the Order of the Mystic Shrine was a lawyer of some repute, Charles T. McClanahan (Fig. 3C). He was born in Washington in 1829, established his practice in New York, and there became known as one of the outstanding Masonic ritualists in all America. He was an active participant in all branches of the fraternity.

Perhaps the most important in the eventual scheme of the Shrine was the fourth Mason, William Sleight Paterson (Fig. 3D), destined to become the first Recorder of Mecca Temple, founded in 1872, and of the Imperial Council when it was formed in 1876. Paterson was born in Haddington, Scotland on 6 March 1844, and thus was the youngest of all the Masons actively associated with the formation of the Shrine. Paterson's family migrated to the United States in 1847, when he received his education which included mastering the French, German, Spanish, Italian, Latin, Greek, and Arabic languages, all of which he used as a proofreader at a large printing establishment. Because of their intimate association over the years, Paterson perhaps knew Florence better than anyone else, and because of his knowledge of Arabic, helped in creating the legends of the Shrine.

Fleming planned and achieved a complete organization, even to emblems and costumes, when he built the Mystic Shrine of North America (Fig. 4).

The Crescent was adopted as the Jewel of the Order. In forming the Crescent, the most valuable and sought-after materials were the claws of a Royal Bengal Tiger. These were united at their bases in a gold setting. In the center was the head of a sphinx, on the back of which were a pyramid, an urn, and a star. The Jewel bore the motto in Arabic, "Kuwait wa ghadeb," the English translation of which is "Strength and fury."

The crescent has been a religious emblem in all ages in the Orient. It also had early political
significance in Turkey and Persia. The ancients looked to the East for light and intelligence, and found it in the crescent. One of the earliest to admit the East as his source of knowledge was Plato. The crescent, of course, was merely a symbol referring to a higher and purer source.

Doctor Fleming and his co-workers also provided a salutation which has stood the test of time. The salutation among the Faithful is “Es selamu aleikum!” This means, “Peace be with you!” In returning the salutation, the gracious wish is “Alekum es selamu”—“With you be peace.”

The fez, which Nobles of the Mystic Shrine of North America have the privilege and honor of wearing, has been handed down through the ages as one of the most significant of all head-dresses. The fez derives its name from the place where it first was manufactured commercially—the holy city of Fez, in Morocco (Fig. 5).

The Shrine appeals to the strong manhood of North America for a variety of reasons:

1. The Oriental pageantry and the magnificence of costumes and regalia appeal to men who may be old in years but who are still young in spirit.

2. Little boys play cops and robbers. Shriners play Moslems and infidels.

3. The Shrine provides opportunity for fun, play, and mirth on a truly magnificent scale.

4. Shriners are ambassadors of good cheer and happiness, and as such are performing a vital function in our complex modern world.

5. The Shrine instructs its initiates to recog-
CINCINNATI UNIT

SHRINERS BURNS INSTITUTE

Fig. 4. The Crescent, the Jewel of the Order of the Mystic Shrine.

nize the right of every human being to worship God as he sees fit, without interference or criticism from any man.

6. Brotherly love has motivated the Shrine of North America to support the greatest medical philanthropy in the world. This was started in Shreveport, Louisiana, in 1922, and since has expanded to include 19 orthopedic hospitals and three burn units.

7. The history of Shrinedom is a hundred-year history of men with reverent minds and merry hearts—men who come from every walk of life: presidents, prime ministers, actors, judges, musicians, generals, admirals, mechanics, doctors, lawyers, farmers, merchants, chiefs, and no doubt a thief or two.

To Masons in general and Shriners in particular, charity is a desirable human trait, but one that is strictly personal and not an intangible thing that can be imposed. Ever since the advent of Masonry into the New World, the lodges have practiced charity of some kind; but it has been done without ostentation and, more often than not, in complete secrecy. Masonic fraternalism does not permit the glorification of the fortunate at the expense of the unfortunate. For most of the fraternity’s existence, the Shriners have practiced charity of some kind. From the first Christmas basket delivered by members of Mecca Temple to some unnamed and now unknown family in New York, the idea has spread.

The world’s greatest philanthropy for crippled children was conceived by William Freeland Kendrick, for many years Illustrious Potentate of LuLu Temple in Philadelphia (Fig. 6). In 1919, at the Imperial Council session in Indianapolis, he proposed his wish to take care of friendless orphans and crippled children. His resolution never came to a vote in Indianapolis, but it was presented again at the 47th Session of the Imperial Council in Portland, Oregon. At this session, he recommended that the Imperial Council authorize a tax of five dollars on every Shriner, effective immediately, for the establish-
Fig. 5. The fez, which derives its name from the holy city of Fez, Morocco, is the official headdress of the Nobles of the Mystic Shrine.

ment of a hospital for crippled children, to be supported by the Nobility of the Mystic Shrine of North America, and to be known as the Shriners Hospital for Crippled Children.

As the new resolution was read, many murmurs in the crowd led to severe criticism of the proposal. While there was no animosity toward Kendrick, nodding heads among the delegates indicated probable further postponement of the resolution.

Then from his seat near the front of the auditorium rose Forrest Adair (Fig. 7). Adair said: "I was lying in bed yesterday morning about four o'clock and some poor fellow who had strayed from the rest of the band stood down there under the window playing, 'I'm Forever Blowing Bubbles.' Do you get it?" asked Adair, and the session responded with laughter. He continued: "And after a while, when I dropped back into peaceful sleep, I dreamed of a little crippled children's hospital, run by the Scottish Rite fraternity in Atlanta, Georgia, which has been
Adair then said emphatically: "I want to see this program started. For God's sake, let us lay aside the soap and water and stop blowing bubbles, and get down to brass tacks."

Since that overwhelming and enthusiastic adoption of this resolution, the Shriners of North America have built 19 orthopedic hospitals, in which more than 170,000 children have been materially helped or cured.

With the advent of the Sabin and Salk vaccines, the Shriners of North America realized that many of the children in the future would not fall prey to poliomyelitis and would not require support from the orthopedic hospitals. For this reason, the Shrine wanted to expand their facilities of service, and so in 1958 a committee was appointed to study other childhood disabilities which could be helped by the world's greatest medical philanthropy. After visiting the Surgical Research Unit at San Antonio, Texas, the Commanding Officer, Curtis P. Artz, and his staff convinced them that the Shrine's philanthropy for crippled children should be extended to the burned child (Fig. 8).

At Toronto, in July of 1962, the chairman of this committee, Past Imperial Potentate Harvey visited by a number of members of this Imperial Council. I then thought of the wandering minstrel of the early morning and wondered if there were not a deep significance in the tune that he was playing for Shriners, 'I'm Forever Blowing Bubbles.' "

Fig. 6. Past Imperial Potentate William Freeland Kendrick, who in 1919 first proposed that the Shrine take care of friendless orphans and crippled children.

Fig. 7. Forrest Adair delivered the famous "Bubbles" speech at the Imperial Council Session in 1920 and assured the establishment of the Shriners Hospitals for Crippled Children.

Fig. 8. Curtis P. Artz, M.D., current Professor and Chairman, Department of Surgery, Medical University of South Carolina.
search activities and training programs related thereto at such place or places in North America as the Board of Trustees of the Shriners Hospitals for Crippled Children may determine, at an aggregate cost not to exceed 10 million dollars; and be it further

"Resolved, that the Board of Trustees be directed to proceed forthwith to cause the first of the proposed hospitals to be built and put into operation.

July 4, 1962
Burns Center Committee
Marshall M. Porter, Imperial Potentate
Robert Gardiner Wilson, Past Imperial Potentate
Harvey A. Beffa, Chairman, Past Imperial Potentate"

The three units of the Shriners Burns Institute are located in Galveston, Texas, Cincinnati, Ohio, and Boston, Massachusetts, in association with the University of Texas, the University of Cincinnati, and Harvard University. Each of the three units has a capacity of 30 patients. The Galveston Unit was completed on 20 March 1966; the Cincinnati Unit on 19 February 1968; and the Boston Unit on 2 November 1968. All of the Burn Units are operated on an entirely charitable basis. No insurance is collected on

A. Beffa (Fig. 9) and Curtis P. Artz presented a report detailing the needs of the burned child and the capability of the Shriners of North America to meet this need. The report was concluded with Billy Roach, whose burned leg had been salvaged at the St. Louis orthopedic unit, kicking a football into the audience (Fig. 10). He then ran across the stage and presented to Chairman Beffa a scroll which contained the following resolution:

"Whereas, reliable medical surveys disclose that each year thousands of children are rendered actually or potentially crippled by burns; and

"Whereas, the facilities in North America for research, treatment, and care of such burns are inadequate and limited; and

"Whereas, the Shrine, as a leader of child therapy in the field of orthopedics, can again make a contribution to medical science; now therefore be it

"Resolved, that Shriners Hospitals for Crippled Children, a Colorado Corporation, do construct, establish, and operate one or more hospitals for the care and treatment of curable crippled children afflicted with acutely dangerous burns, and for re-

Fig. 10. Billy Roach, a burned patient at the St. Louis Shriners Hospital for Crippled Children, shows how he can kick a football held by Dr. Guy Caldwell, retired chief of the Advisory Board of Orthopedic Surgeons.
hospital care given in any of the Shriners Hospitals for Crippled Children.

All children under 15 years of age, regardless of race, color, or creed, who are medically indigent and in need of medical, surgical, or hospital facilities provided by the Shriners Hospitals, are eligible for care in the program. Any Shrine can recommend a child by securing an application form from his Temple or nearest Shriners Hospital.

To facilitate admission to a Shriners Burns Unit, the application should be completed as soon as possible and forwarded to the nearest Burn Unit. When the application is approved by the local Admissions Committee, the local physician caring for the patient is contacted, and when permission is granted by the physician, the local sponsoring Shrine is then requested to make arrangements for transportation to the nearest Burn Unit. This procedure is followed only when patients have passed through the acute phase of their burn illness, and require admission for initial skin grafting or reconstructive procedures.

Acute burns are handled as emergencies, and when help is needed, the nearest Shriners Burn Unit should be contacted by phone as soon as possible following the accident. The Chief of Staff in each of the Burn Units can give approval for admission by telephone after discussing the case with the local physician, and can initiate transfer of the patient to the Burn Unit by air evacuation if this is deemed necessary. Patients within a range of 500 to 750 miles of a Burn Unit can be evacuated within a period of 6 to 18 hr after the initial contact by phone. The air evacuation is accomplished either by air patrols supported by Shrine pilots, or by the Military Air Transport Service when a major emergency exists. Once the patient is admitted to a Burn Unit and after the emergency is over, the application is then completed in a routine fashion.

During the interim operation of the Shriners Cincinnati Burn Unit, between 1 February 1964 and 18 February 1968, patients were admitted from one foreign country, 28 states, and 68 Temples. The mean age of acute patients was 6 years, and the mean age of reconstructive patients was 8 years. During this period, 154 patients were admitted as acute patients, 38% of these being brought to the Burn Unit by ground transportation and 62% by air evacuation. In those patients air-evacuated to the Unit, private air patrols of Shriners were used to transport 90% of these patients, military aircraft 8%, and commercial aircraft 2%. During the same interval of time, there were 47 reconstructive patients. Within this 4-year period, 201 patients were admitted.

When the 30-bed unit was operational on 19 February 1968, and through 1 January 1974, a total of 724 patients had been admitted, 493 of these being acute and 231 reconstructive. These patients have come from five foreign countries, 35 states, and 104 Temples. The mean age of the acute patients during this period has been 7 years, and of reconstructive patients 9. Of the acute patients, 33% arrived at the Cincinnati Unit by ground transportation, and 67% were brought by air evacuation. The ratios of military, private, commercial, and helicopter evacuation remained essentially the same during both periods.

One of the unique features of the Shriners Hospitals for Crippled Children's program for burned patients is that over 95% of the patients treated in these units are seen regularly in fol-

<table>
<thead>
<tr>
<th>TABLE I</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scientific Presentations to the American Burn Association</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Papers presented</td>
<td>70</td>
<td>90</td>
<td>78</td>
<td>95</td>
<td>94</td>
<td>82</td>
<td>85</td>
</tr>
<tr>
<td>Shriners Burns Institute</td>
<td>24</td>
<td>23</td>
<td>22</td>
<td>31</td>
<td>21</td>
<td>26</td>
<td>(29%)</td>
</tr>
<tr>
<td>Galveston Unit</td>
<td>11</td>
<td>10</td>
<td>9</td>
<td>10</td>
<td>4</td>
<td>9</td>
<td>(10%)</td>
</tr>
<tr>
<td>Cincinnati Unit</td>
<td>9</td>
<td>15</td>
<td>11</td>
<td>9</td>
<td>8</td>
<td>9</td>
<td>(11%)</td>
</tr>
<tr>
<td>Boston Unit</td>
<td>4</td>
<td>8</td>
<td>3</td>
<td>13</td>
<td>8</td>
<td>7</td>
<td>(8%)</td>
</tr>
<tr>
<td>Institute of Surgical Research</td>
<td>12</td>
<td>15</td>
<td>17</td>
<td>16</td>
<td>13</td>
<td>11</td>
<td>14 (17%)</td>
</tr>
<tr>
<td>University sponsored</td>
<td>21</td>
<td>33</td>
<td>32</td>
<td>35</td>
<td>36</td>
<td>34</td>
<td>32 (37%)</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>8</td>
<td>5</td>
<td>22</td>
<td>14</td>
<td>16</td>
<td>12 (14%)</td>
</tr>
<tr>
<td>Foreign</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1 (1%)</td>
</tr>
</tbody>
</table>
low-up visits. This assures a continuous evaluation of treatment given during the acute period,

<table>
<thead>
<tr>
<th>Year</th>
<th>Number Acute Patients</th>
<th>Units Blood Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>1964</td>
<td>32</td>
<td>257</td>
</tr>
<tr>
<td>1965</td>
<td>41</td>
<td>219</td>
</tr>
<tr>
<td>1966</td>
<td>31</td>
<td>277</td>
</tr>
<tr>
<td>1967</td>
<td>47</td>
<td>443</td>
</tr>
<tr>
<td>1968</td>
<td>90</td>
<td>793</td>
</tr>
<tr>
<td>1969</td>
<td>76</td>
<td>732</td>
</tr>
<tr>
<td>1970</td>
<td>65</td>
<td>1016</td>
</tr>
<tr>
<td>1971</td>
<td>83</td>
<td>793</td>
</tr>
<tr>
<td>1972</td>
<td>87</td>
<td>1014</td>
</tr>
<tr>
<td>1973</td>
<td>86</td>
<td>907</td>
</tr>
</tbody>
</table>

Average blood usage per year, 652 units
Average blood usage per patient, 10 units

and also assures the patient total rehabilitation by plastic and reconstructive surgery. During the 10 years of operation of the Shriners Cincinnati Burn Unit, 165 patients have been readmitted on one occasion, 93 on two occasions, 50 on three, 25 on four, and 19 on five occasions. The remainder of patients have been readmitted from six to 14 times, to complete reconstructive surgery and to assure their total rehabilitation.

When the scientific presentations to the American Burn Association are reviewed from 1969 to 1974, the influence of the three units of the Shriners Burns Institute in these programs can be readily assessed. Twenty-nine percent of the papers presented during the six annual meetings of the American Burn Association were those contributed by the Galveston, Cincinnati, and Boston Units. The Institute of Surgical Research, the original burn center and still one of the great leaders in the treatment of trauma and in re-

![Graph showing blood usage from 1968 to 1973](image)

**Fig. 11.** In 1968, Noble Robert M. Fleming of Syrian Temple, Cincinnati, initiated a blood donation program for the Shriners Cincinnati Burn Unit to supply more than 650 units used per year at the hospital.
search in the world, during the same period contributed 17% of the total presentations. Thirty-seven percent of the presentations were sponsored by university centers, and individual centers accounted for 14% of the total group. In the first 3 years of annual meetings, foreign papers were presented on five occasions (Table I).

Blood is one of the most important commodities which the burned patient requires. Blood usage since 1964 has ranged from a low of 219 units per year to a high of 1,016 units per year. The mean blood usage per year has been 652 units, and the mean blood use per patient has been 10 units (Table II). To assure an adequate reserve supply of blood, a blood donation program was formed by Robert M. Fleming for the Cincinnati Unit, which has maintained an annual balance of units ranging from 300 to 900 units per year (Fig. 11). This need has been met by a blood recruitment program supported entirely by the Shriners of North America sponsoring patients to the Cincinnati Unit.

Support for the world's greatest philanthropy comes from:

1. An annual assessment of $5.00 from each Shriner
2. Income from investments
3. Permanent hospital life memberships
4. Voluntary hospital life memberships
5. Wills and bequests of Shriners and non-Shriners
6. Gifts and contributions
7. Money raised by individual endeavors, such as football and basketball games, circuses, and horse shows
8. Finally, from the Million Dollar Club.

All of these donations are invested by the Board of Trustees of the Shriners of North America. While no visible indication of financial support is made in any of the hospitals by plaques or signs, all contributions are recorded in the Gold Book of each unit before they are sent to Chicago for investment (Fig. 12). One hundred percent of all monies donated to the Shriners' medical philanthropy for patient care is used to help the crippled child. This is possible because all administrative costs are defrayed by the parent organization, namely, the Iowa Corporation of the Shriners of North
America. Recent administrative costs associated with the Easter Seal Fund for crippled children have been quoted as being 15% of monies collected.

After 52 years in the hospital support of crippled children, 170,000 patients have been treated in the orthopedic units, and 3,000 patients in the Burns Institute. This has been done at an annual cost for both the orthopedic and burn units of $28,000,000 a year. Current membership of the Shrine as of 1 January 1974 is 908,150. This membership is divided into 174 Temples, 16 Shrine associations, and 2,500 Shrine Clubs who operate the 22 Shriners Hospitals, including 19 orthopedic and three burn units.

The Shriners of North America are prepared to meet the uncertainties of the future which relate to a more socialistic type of medical care. Progress in medicine has been principally through research institutes, and it appears that the future will see an increasing orientation toward research as greater care becomes available to children under new plans of socialization.

The multidisciplinary programs in the Burns Institute, the extensive research program being carried out, and the progress that has been made in improving survival, decreasing mortality, and making possible more complete rehabilitation of burned patients, all assure an important place for these units in the future.

What does the future hold for the Shriners of North America? As each Shriner reflects on the fun and troubles, successes and failures, smiles and tears which have occurred during the past 104 years of Shrinedom and 52 years of hospital work, he is confident that the future will continue to be rewarding, because "No man ever stands so tall as when he stoops to help a crippled child" (Fig. 13).

Peace be with you!