IN MEMORIAM

Paul-Marie Grammont

Paul-Marie Grammont died on March 30th, 2013. He was born on April 12th, 1940 in Salin-les-Bains and was educated successively in Besançon, Alès, Quimper, Lons-le-Saunier, Troyes and finally Lyon, where his father had been nominated head of the prestigious Lycée du Parc high-school, where Paul-Marie took what was at the time known as the “Elementary Math” baccalaureate, in 1957.

He went on to become the first member of the family to qualify in medicine.

In Lyon, after a residency in general and osteoarticular surgery, he worked as a university assistant in Michel Latarget’s anatomy laboratory from 1968 to 1971, than as senior registrar in Albert Trillat’s renowned department until March 1972, when he was titularized as senior registrar, a position which he held until April 1974.

He applied for an associate professorship and was admitted on the reserve list in July 1974, the third of four of Trillat’s students to become associate professors, after Henri Dejour and then Gilles Bousquet, to whom he always remained close, and before one of his oldest friends, Jean-Luc Lerat. He began lecturing in Dijon in September 1974. His career, however, came to a premature end following a severe stroke in June 1977.

It was thus in Dijon that this Chief, with a passion for the “knee and shoulder”, brimful of new ideas and repelled by stagnation, conducted his research and innovations.

To fully understand his intellectual evolution, we need to have in mind Léopold Ollier, whose “Traité des resections” Paul Grammont quoted at the outset of his thesis on “Rotational prostheses in total knee replacement”, in what would be the leitmotif of his entire career:

“In this as in every case, one should abandon that which was good and adopt that which is better, and not get stuck in methods that used, no doubt, to be excellent at a certain time but which can only have a relative value. Yesterday’s caution can no longer be today’s wisdom. Conditions have changed, and we have to change with them.”

Innovation was the keyword of P.-M. Grammont: innovation marrying the intuition that is the motor of invention to the solid work of analysis of a given problem, often seen from a new angle, but with a solid basis in mechanics and followed up by the requisite experimental validation.

To carry out all this work, he applied to himself the message he constantly hammered into the rest of us: examine everything, ruthlessly and without exception, think for yourself and by yourself and, finally and above all, never bend to difficulties or criticism!

Paul Grammont’s achievements were all the more remarkable in that he succeeded in creating a great deal with limited time and resources. Research, indeed, does not come down to resources! In his laboratory, he was able to count on the inexhaustible energy of Pierre Trouiloud and the cooperation of a succession of teams, all of which he esteemed highly. To those who criticized him for not writing enough and concentrating too closely on his own goals, he replied, with a hint of malice, “Usually, inventors do not write a lot and writers do not invent much,” confident as he was that nothing can stand in the way of a good idea. And the results are there to be seen, and are very impressive.

Automatic distraction osteogenesis over an elongation nail; the so-called “morpho-adapted” made-to-measure hip implant. In knee pathology, tibio-patellar fixation, also known as patellar olecranization; the self-centering patellofemoral prosthesis.

Shoulder: to begin with, surgery for anterior instability, for which he proposed what he named the “Bristow-Trillat” procedure and explained its biomechanical rationale. But it was above all in degenerative pathology and prosthetic surgery in this, his “favorite” joint, that his ingenious creative spirit would show how much it could achieve, leaving its mark on his contemporaries.

Firstly, scapular spine osteotomy (Translation Rotation Elevation, 1975) for anterosuperior impingement played a central role, which needs to be understood, as it was the
harbinger of the basic mechanical principles underlying his future reverse prosthesis.

And so, we come to his masterpiece, the reverse shoulder prosthesis, the incarnation of his principle of functional surgery. The reverse design was not in itself original, as it had already been tried and abandoned as being lateralizing, in contrast to the truly original medializing biomechanical concept to which his name is definitively attached and which has spread worldwide: first the Trumpet implant in 1985, then the first-generation Delta, both developed in partnership with the French Medinov laboratory.

This development was a genuine odyssey, a long and difficult gestation, meeting at first with a dubious reception. Paul Grammont, however, understood very well that radical innovation raises apprehension and doubt. That only boosted his motivation, to press on in the face of (almost) universal skepticism, with an unrivalled tenacity that took no prisoners!

Finally, to paraphrase a famous quote, I think that we can say that Paul Grammont did not ask what orthopedics could do for him but rather what he could do for orthopedics— for French orthopedics, the image and quality of which he had at heart.

In this sense, his was an exceptional career, dominating the field. His contribution was nothing less than major. It is my well-loved, discerning Chief, a great team leader and above all an inventor of genius, who has left us.

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