

5. The Growth Years: 1904 Through 1912

This association is representative of the whole country. There are gentlemen here from almost all of the states from one end of the country to the other. We have come here for the consideration of great subjects. We are here to discuss the means by which we undertake the relief of our fellow man. . . .

DUDLEY S. REYNOLDS
FIRST VICE-PRESIDENT, 1904

THE YEARS 1904 through 1912 were most important years for the early Academy. It was during this period that the Academy grew considerably in stature as a national specialty society and established policies and customs that sketched the character of the organization.

Between 1904 and 1907, the membership more than doubled, and from 1907 through 1912, it almost doubled again. More important than numerical growth were the small ways the Academy expanded its scope of activities, an expansion that took large strides in the decade following this period.

TIME AND TYPE OF MEETINGS

The Revised Constitution and By-Laws of 1903 provided that "the date and place of the annual meeting shall be fixed by the Council, notice of which shall be given to each member at least three months in advance."^{13(p32)} In 1904, members met for the first time in late summer rather than spring. At least five other societies

related to the specialties held their meetings early in the year, and thus to avoid conflict and meetings running back-to-back, the Council decided to change the Academy meeting to late summer or early fall^{32(p8)}—a meeting time which became traditional.

The revised constitution also established a format for meetings which was more or less the format that had been followed during the previous years: Meetings were called to order by the president, and he introduced the chairman of the Committee on Arrangements who made the necessary announcements relative to the meeting and then introduced the person selected to deliver the address of welcome (usually an official of the host city). This was followed by a responding address from an Academy member. Next came the reading of the minutes (always dispensed with), reports from the secretary and treasurer and then the standing committees (program, publication, exhibits, and arrangements). In accordance with the constitution, the work of the membership committee was taken over by the Council, and election of new Members and Fellows usually

took place the first day until the posting of names for 24 hours was started in 1911. The necrologist's report was also made during the opening session. The presidential address was delivered last before the actual scientific session got under way with the reading of papers.

The second day of the meeting was devoted entirely to scientific presentations. A business meeting was usually held the morning of the third day, including the report of the Council and the election of officers. This arrangement was to vary to some extent during the ensuing years, particularly as the Academy began to expand its activities and have considerably more business matters come before it requiring attention.

1904 Approximately 120 gathered in Denver, Aug 24 through 26, 1904, for the ninth annual meeting and the first to be held under the auspicious new name (Fig 10). At this meeting the Academy elected 82 new Members and eight Fellows with a geographic distribution which ranged from New York to San Francisco and from Cheyenne, Wyo, to Raleigh, NC. President Edward Jackson, who had lived in the East before settling in Denver, had been able to draw largely on his former acquaintances in adding many eastern men to the membership. The Academy further extended the range of its membership by adding a new dimension—an informal rising vote on the question of admitting "ladies" had an overwhelmingly affirmative result.^{22(p55)} Kate Wylie Baldwin, an otolaryngologist from Philadelphia, was elected to membership in 1904.

ABSTRACTS AND PAPERS

The minutes of the 1904 meeting contain the first reference to abstracts of the papers printed in the official program. Authors provided these abstracts, as they still do. Also mentioned are theses which would be printed in the *TRANSACTIONS* but not presented at the meeting, probably a reference to the theses sub-

mitted by candidates for Fellowship. The 1904 *TRANSACTIONS* carries 36 papers plus the presidential address and nine exhibit reports describing specimens and instruments. President Jackson's address, entitled "Education for Ophthalmic Practice," was a prelude to his future productive endeavors in this area.

A ROLE IN SPECIALTY AFFAIRS

Having assumed its position as a permanent national specialty society, the Academy began to take part in related medical affairs. Adolph Barkan, Ferdinand C. Hotz, and John E. Weeks were appointed as a committee to join with other ophthalmic societies in extending an invitation to the International Ophthalmic Society to hold its next congress in the United States. These men were also to attend the congress.^{22(p56)}

Another committee of three, Hanau W. Loeb, Lorenzo B. Lockard, and E. L. Shurly, was appointed to represent the Academy at the celebration of the 50th anniversary of the invention of the ophthalmoscope and the 100th birthday of Garcia.^{22(p56)}

The appointment of these representatives marked the Academy's initial enrollment as an active participant and presence in the larger community of allied societies.

1905 The Academy went east for its tenth annual meeting in Buffalo, NY, Sept 14 through 16, 1905. There were 124 men registered and 54 papers on the program. Herman Knapp, of New York City, was introduced as the only Honorary Fellow of the Academy, and he delivered an address on "The Lens Capsule in the Operation of Cataract." A second Honorary Fellow was elected at the meeting, Dr Lindsay Johnston, of London, and the Academy elected ten Fellows and acquired 93 new Members.

The fact that there were only two Honorary Fellows in 1905 is curious, since there were honorary members prior to adoption in 1903 of

Aug 24-25-26-1904. Meeting of the American Acad. of Ophthalmology & Otolaryngology. Denver Colorado.	
List of Members and Visitors	
Edward Jackson	Denver
Adolph Alt	300 Locust St. St. Louis.
W. L. Ballenger	109 State St. Chicago.
John J. Kyle	Indianapolis Ind.
Otto J. Stein	Chicago
Henry B. Steitz + wife	Milwaukee
Joseph C. Beck	Chicago
Dr Eugene Smith	Detroit
Dr J. D. Mott + wife	Kansas City
Dr Thomas C. Hood	Indianapolis Ind.
" L. C. Clinch + wife	" "
Dwight A. Reynolds	Louisville Ky
J. W. Bullard + daughter	Pawnee Neb.
T. B. Schneidman	Philadelphia
W. H. Black	St. Louis.
W. J. Ridgway + wife	Freeport. Del.
Derrick T. Vail	Cincinnati
Walter Hilliard	Denver
J. M. Cuddleton	Quincy Ill.
E. T. Boyd	Leadville Colo.

Fig 10.—First page of roster of attendance from 1904 bearing signatures of many prominent men among Academy's early history workers. This was first meeting to be held under present Academy name, which appears across top in handwriting of Derrick T. Vail, Sr, secretary in 1904. Quick glance down list shows signatures of Edward Jackson, ophthalmologist from Denver, president in 1904; Adolph Alt, ophthalmologist from St. Louis, president in 1896 and 1897; William L. Ballenger, otolaryngologist from Chicago, president in 1903; John J. Kyle, EENT specialist (primarily associated with otolaryngology) from Indianapolis (later Los Angeles), president in 1911; Otto J. Stein, otolaryngologist from Chicago, president in 1909; Joseph C. Beck, otolaryngologist from Chicago, president in 1915; and Dr Vail, EENT specialist (later limiting his practice to ophthalmology) from Cincinnati, president in 1908. Three other names on roster cannot go without mention since they are of men active in early days of Academy—Dudley S. Reynolds, of Louisville, who became a member at second meeting in 1897 and whose voice and ideas were often heard in business meetings and scientific sessions, and J. W. Bullard, of Pawnee City, Neb, and E. T. Boyd, of Leadville, Colo, both of whom, records indicate, attended first meeting in 1896 and who were among pioneer framers of Academy.

the revised constitution, which provided for a specific category of Honorary Fellowship. Although original minutes from early meetings contain the names of honorary members elected prior to 1903, not one of them is found in the membership list of the 1903 TRANSACTIONS. What happened to them can only be surmised: perhaps there was no official provision for a category of honorary members in the original 1896 constitution, and the men so designated held only a nominal honor. Whatever the explanation, the Academy wiped the slate clean and started over in 1903 in regard to this particular membership category.

SEPARATE SCIENTIFIC SECTIONS

In 1905, for the first time, and only for one day, the members met in separate sections that ran concurrently. As far back as 1898, the presentation of papers had been divided into departments, one for papers dealing with the eye and ear and one for those dealing with the nose and throat (Fig 6). This grouping of papers by subject matter was revised in 1902 so that some were presented in a joint session, some in an ophthalmologic section, and some in an otolaryngologic section. However, these sessions were specifically scheduled so the members could attend them all.^{11(p7),12}

For one full day at the 1905 meeting, both morning and afternoon sessions were held in two sections, an ophthalmologic section and an otologic section. The remainder of the scientific papers were delivered while the Academy was in joint session.^{33(pp3-7)} The Academy's president, Hanau W. Loeb, presided over the joint session and the section of his specialty, the otologic section, while the first vice-president, Derrick Vail, presided over the ophthalmologic section. Although many of the Academy's early presidents practiced the combined specialties, the presidency was usually alternated between men whose primary specialty was either ophthalmology or otolaryngology.

From 1905 onward, it was customary for the second day of the meeting to be devoted to separate, concurrent scientific sections. The mode of presentation was much the same as it is today. Reports and discussions were made within an allotted amount of time; however, instead of having one discussor for a particular paper, a group of men would be assigned to discuss a number of papers. We know that slides were used in the presentation of scientific material, for in 1907 it was announced that a "projector and stereopticon lantern" were available to anyone who wished to show specimens of any kind. A perusal through the published papers in the TRANSACTIONS reveals that slides illustrating a report were put on the screen during delivery of the paper. Microscopes also were provided for examination of specimens brought for the pathologic exhibits.

A LEXICAL ENIGMA

The Buffalo newspapers gave daily coverage to the 1905 meeting, and clippings are preserved in Academy files. The subhead on one story, written the day prior to the meeting, provides an amusing anecdote in reference to the Academy name (Fig 11). In 1903 one of the members, Edwin Pynchon, had suggested that perhaps the name was a bit cumbersome, complaining, "I am in doubt about the utility of it as proposed."^{13(p12)} Dr Pynchon was ruled out of order, and the members voted to accept the multisyllabic appellation which was, after all, not much more ponderous than the one they had previously held.

Nevertheless, the name has elicited some degree of comment throughout the years. In 1906, US Congressman Edwin Denby said in a welcoming address to the convention: "When . . . I accepted . . . the invitation . . . to address you to-day it was stipulated that I should not be called upon to state, either in sections or in whole, your title. . . . The short and simple annals of the United States Congress are kept in words of one syllable, and we are for-

MEN OF SCIENCE TO MEET HERE TO- MORROW

American Academy of Ophthalmology and Oto-Laryngology is What They Call Themselves When They Have Time.

Upwards of 100 distinguished visitors are to be in session in this city during tomorrow, Friday and Saturday at the Lenox Hotel, the occasion being the tenth annual meeting of the American Academy of Ophthalmology and Oto-Laryngology. In other words the leading practitioners interested in the care of the eye, ear and throat from all over the United States are to gather here with some of their Canadian brethren and will exchange all the latest and best ideas in their branch of science.

The opening session is to be held at 9 o'clock tomorrow morning at the Lenox, at which time the delegates will be welcomed by a representative of the city, and a suitable response will be made by Dr. Hanau W. Loeb of St. Louis, the president of the academy. Reports of committees and other matters of a routine business nature will consume the remainder of the morning session, together with the opening of the scientific section of the programme.

The afternoon session tomorrow will be held in the Alumni Hall of the University of Buffalo, but thereafter all the sessions, morning and afternoon, will be held at the Lenox until Saturday noon, when final adjournment will be taken. In the meantime, in accordance with a programme arranged by the local committee of arrangements, composed of Dr. Alvin A. Hubbell, chairman; Dr. Benjamin H. Grove, Dr. W. S. Renner and Dr. F. Park Lewis of this city and Dr. Sherman Voorhees of Elmira, the visiting delegates will have opportunity for much social diversion.

On Thursday evening a smoker will be given under the auspices of the Buffalo Ophthalmological Club at the Buffalo Club; on Friday evening Dr. and Mrs. Lucien Howe will tender a reception at their home, 183 Delaware avenue, to the members of the Academy and their ladies. In order to give the members of the Academy and their ladies an opportunity of seeing Niagara Falls trolley cars will leave Buffalo Saturday afternoon, taking the party down the Niagara River on the American shore to Lewiston and back on the Canadian side. At Niagara Falls, Ontario, Dr. and Mrs. Harry Y. Grant of Buffalo will entertain the party at tea at their home opposite Queen's Park.

Fig 11.—Clipping from Buffalo newspaper concerning 1905 meeting. As well as commenting on length of Academy name, story itself provides insight on nature of meeting, and some names used will be forever familiar in the specialties.

marquee welcoming the Academy by name carried the postscript "Whew!"

1906 The eleventh annual meeting was held in St. Clair, Mich, Aug 30 through Sept 1, 1906. The roster of attendance was signed by 125 men. The Academy elected 75 new Members, ten Fellows, and conferred Honorary Fellowship on two men—Dr Dundas Grant and Mr Marcus R. Gunn, both of London.

In the welcoming address by Congressman Edwin Denby, he provided some entertaining correlations between physicians and the government:

In our professional ways we are not so far apart. We deal largely in bills, just as you do, and your aim is to secure cures for the human body, and ours for the body politic. You try to maintain the constitution of the individual, while we try to maintain and support the constitution of the United States, although it must be admitted that occasionally one thinks we are trying to break it. When we do, the people refuse to take the prescription. Then we call into consultation the experts, or the Supreme Court, who decides [if] the constitution of the patient will stand the remedy. . . . You try to educate people to take only the most wholesome foods; we do too, but we make it an offence to make anything but the most wholesome foods.^{34(pp2,3)}

In responding to the welcoming address, C. B. Stockwell, president of the Michigan State Medical Society, called ophthalmologists and otolaryngologists "advanced scouts in modern discovery and investigation."^{34(p4)}

A CHANGE IN THE COUNCIL

An amendment to the constitution, proposed at the 1905 meeting and adopted in 1906, changed the make-up of Council by adding an additional two Fellows to its number. As amended, the Council would consist of the president (who would act as chairman), the two preceding ex-presidents, and four Fellows of the Academy, two to be chosen each year to serve for a term of two years.^{34(p5)}

bidden to use any not readily understood by all of us. . . ."^{34(p2)} At the 1970 meeting, a hotel

As set forth in 1903, the constitution and bylaws could "be amended at any annual

meeting by a two-thirds vote of the Fellows and Members present, notice of the proposed amendment having been given at the previous annual meeting.^{13(pp31,35)} This remained the procedure for amendments; however, a later stipulation required that the amendment be mailed to each Fellow (the two classes of active membership were dropped in 1912) at least ten days prior to the annual meeting at which the vote would take place.³⁵

FIRST INVESTIGATIVE COMMITTEE

In 1906 there is the first record of appointment of an Academy committee directed not toward the internal workings of the organization but with the specific purpose of investigating and dealing with a medical problem related to the specialties. Eventually, the Academy would have numerous standing committees charged with the responsibility of studying and investigating particular facets of medicine within the two fields. In its tenth year, the Academy designated a committee of three, with power to expand their number, to investigate, and help carry out, measures for the prevention of ophthalmia neonatorum, "so there can be an efficient working force in different parts of the country for the purpose of carrying out the suggestions of Dr Park Lewis in regard to the prevention of ophthalmia neonatorum."^{34(p5)} The committee, headed by F. Park Lewis, was instructed to cooperate with a similar committee of the AMA, and in 1907 the recommendations of the AMA's committee were adopted by the Academy. In an article for the *TRANSACTIONS*, Dr Lewis discussed the pros and cons of using silver nitrate as a prophylactic in newborns.³⁶

The committee appointed in 1906 was the first venture of the Academy into a broader realm of activity that was to include study of, and influence on, both problems of public health and problems more particularly related to medicine and medical practice. This committee and other similar ones appointed in the im-

mediate future were the first prototypes of the subsequently created standing committees devoted to study and investigation of a specific province in the specialties. However, these initial committees charged with investigative activity would be more accurately defined as ad hoc committees in that they were appointed for a limited purpose and then discharged or, as sometimes happened, faded out of existence. The only permanent standing committees during 1904 and 1912 were those administering the business of the Academy.

Also in 1906, the Academy appointed Emil Mayer as its representative for the celebration of Frankel's birthday. Dr Mayer was empowered to formulate an address to be signed by himself and by the Academy's president and secretary.

1907 By 1907, the roll of active members had burgeoned to 434, and when the members convened for the twelfth annual meeting in Louisville, Sept 26 through 28, the Academy had become the largest specialty society in the United States. Twenty-eight new Members elected at the meeting brought the total to 462 (this was only about a third of the new Members they had been electing during the previous few years, and there is no explanation for the small number in the minutes). Ten men were elevated to Fellowship.

CRAFTSMEN OF ACADEMY GROWTH

Although undoubtedly many men helped in publicizing the Academy and attracting new members, there were three who made major contributions to this endeavor and who were largely responsible for the growth achieved by 1907. Indeed, William L. Ballenger, Christian R. Holmes, and Derrick T. Vail, Sr, could be credited with the very survival of the Academy as an organization during years in which the society's status was precarious. The effort was started by Dr Ballenger during his two terms as secretary, 1901 and 1902, and continued by

him during his term as president in 1903 (Fig 12). Dr Holmes was extremely active in this regard during his presidency in 1902, working with Dr Ballenger and adding substantial strength to the membership drive (Fig 13). Dr Vail took over as secretary in 1903 and 1904, carrying forth and doubling the effort; he served as the first vice-president in 1905 and

was made the Academy president for 1908 (Fig 14).

In accepting his election to the presidency, Dr Vail said: "When I was elected secretary four or five years ago the society was not in as prosperous condition as it is now; but we had a pilot at the helm [Dr. Ballenger] who un-



Fig 12.—William Lincoln Ballenger, 1861-1915. It is probably not an overstatement to say the Academy owes its life to this man. He took a frail and failing organization after his election as secretary at the April 1900 meeting and gave it form, substance, and viability. His instrumental hand is everywhere in the early Academy, and strangely enough, he is one of the most forgotten men in later years—perhaps because he died while he and the Academy were both relatively young, while history for the Academy was still a present-tense word looking toward the future, and the subsequent leaders of the 1920s were too busy writing history to read about it.

Individual contributions to the Academy have come in many forms, ranging from men whose innovative ideas made the Academy an educational leader to men whose skill and effort in matters of organization made implementation of these ideas possible. In defining contributions, Dr Ballenger's role in the early 1900s might best be described as that of developer and chief engineer, stimulating and overseeing the initial construction of the Academy. Probably elected to membership in 1898 (the precise year cannot be established), he was named secretary in April 1900 and served through April 1902, with responsibility both for the meeting program and for the imperative need to increase membership and keep the organization alive. Elected to the presidency at the 1902 meeting, he helped create the revised constitution and presided over its adoption at the 1903 meeting. From 1904 through 1908 he was a policy maker on the Academy Council. In 1909, he was named to a committee charged with revising the 1903 constitution and helped formulate the revisions adopted in 1912. He was a prominent voice in Academy business sessions and a prolific contributor to the scientific sessions, delivering 14 papers and discussing numerous others. When a job needed doing, they called on Dr Ballenger, and he

was a journeyman committee member, working on such varied projects as the standardization of nomenclature to the standardization of postgraduate training (the initial committee which led to the otolaryngologic Boards).

It is difficult to measure the tenor of a man through sheets of archives, but Dr Ballenger leaves a penetrating imprint across the pages of eagerness and enthusiasm turned successfully into accomplishment by a strong pragmatism and an efficient ability for persuasion and action. There are occasional smatterings of the idealist and dreamer but only in the abstract—in the concrete particulars, he was precise, clear, to the point, and staunch in his conclusions. But the most pervasive impression of William Ballenger is that of a terse, experienced strategist, straddling a task directly, without fanfare, and using all of his considerable tactical and technical skill to bring about the desired result. His tangible influence is at the core of the early Academy.

In his practice, Dr Ballenger was also an activist with strong convictions, and he was considered somewhat radical in his views and surgical procedures. He was one of the first in this country to advocate and to perform enucleation of the tonsil, and he was responsible for popularizing Sluder's operation, with the Ballenger-Sluder tonsillec-tome still bearing his name. His most well-known technical innovation was the Ballenger swivel cartilage knife for submucous resection of the nasal septum, and it increased the use of this procedure. Other instruments originated by him include the Ballenger sponge holding forceps, ethmoid curette, mucosa knife, and septum elevator. Obviously in the vanguard of otolaryngologic surgery of his day, he was a prime impetus for advances and developments in the field.

Born in Economy, Ind, he attended Earlham College in Richmond, Ind, and received his medical degree from New York's Bellevue Hospital Medical College in 1886. After practicing general medicine for nine years, first in Richmond and later in Evanston, Ill, he limited himself solely to otolaryngology. He was professor of otology at the Chicago Eye and Ear College and professor of otology and laryngology at the University of Illinois Medical School from 1905 to 1913.

Probably William Ballenger's most recognized and important contribution to otolaryngology was his textbook *Diseases of the Nose, Throat and Ear*, now in its 12th edition. First published in 1908, the book had already gone through four editions by the time of his death in 1915. The work was taken over by his nephew, Howard Charles Ballenger, who joined the Academy in 1915, and later by Howard Ballenger's son, John Jacob Ballenger, who brought out the last two editions. The name Ballenger has not been absent from the Academy rolls since the turn of the century.

If we are to judge from the archives and name one man whose work and ideas are indelible on the early Academy, that man would be William Lincoln Ballenger.



Fig 13.—Christian Rasmus Holmes, 1857-1920. A prodigious advocate and organizer for many medical projects was Christian R. Holmes. Although his efforts for the Academy were concentrated in a brief period, they were part of the crucial forces accumulated to put the organization on more solid footing and ensure its survival. He was elected third vice-president in April 1900 and served through the 1901 meeting, when he was honored with the Academy presidency. It was at the 1902 meeting that Dr Holmes, as president, proposed and appointed a committee to revise the constitution and bylaws to accommodate increased expansion. After two subsequent years as a Councillor, 1903 and 1904, he relinquished leadership in the Academy and turned his energies in other directions, although he continued as a supportive member until his death.

Christian Holmes was born in Denmark and received his early training in civil engineering. After his father's death, he came to Cincinnati with his mother and began the study of medicine at Cincinnati's Miami Medical College, graduating from the two-year program in 1886 with an MD degree. To learn his specialties, he served as assistant to an experienced specialist and practiced the combined specialties throughout his life.

In addition to his medical practice, Christian Holmes was a champion, prime mover, and benefactor for medical causes. One of his firmest goals was to provide Cincinnati with a modern, well-equipped, and well-staffed hospital. To achieve this he first instigated a consolidation of factions whereby the city's two leading medical colleges merged into the University of Cincinnati College of Medicine. Concluding this step, he went on to marshal the enthusiasm, funds, and endorsement of Cincinnati citizens for construction and equipment of a new Cincinnati General Hospital, chartered so that the hospital's medical

department was part of the University of Cincinnati. He became advisory commissioner of the new hospital.

Considered a leading specialist of his time, Dr Holmes worked tirelessly as practitioner, teacher, author, administrator, and officer of numerous societies. He was professor of otology at Miami Medical College, 1890-1904; professor of ophthalmology at Laura Memorial Medical College, 1892-1903; and professor of otology and dean of the medical department at the University of Cincinnati from 1904 until his death. His colleagues afforded him with recognition by often electing him as their leader: He was third vice-president of the AMA, 1902-1903, chairman of its Section on Laryngology and Otology, 1904-1905, and chairman of its Section on Ophthalmology, 1905-1906. His Academy presidency was followed by presidency of the American Laryngological, Rhinological and Otological Society, 1908-1909, and presidency of the American Otological Society, 1917-1918.

Christian Holmes's membership in the Academy traces roughly to the year 1898. He delivered only two papers in the scientific sessions, but he labored diligently for the Academy through a critical time in its history.

derstood the stress threatening our ship, and through his excellent guidance we got past the shoals and hidden reefs into smoother sailing and into calmer seas, and our success was assured, and we have made such progress as no other association has ever made in this kind of an undertaking. . . .^{''21(p16)}

The growth in membership had also boosted the Academy treasury from a cash balance of \$660.79 in 1903 to a balance of \$2,710.54 in 1907 (this was sufficient for the Academy to assume independent publication of the 1907 TRANSACTIONS).

RECURRING MOTIFS

Although the Academy had a definite, organized structure during these years, the work of the society was carried out through

correspondence between the various officers and committee members living in different parts of the country—without the benefit of a central coordinating office. Therefore, it was entirely possible, and happened more than once, that a man assigned to a particular task or committee either was never apprised of it or failed to remember or be reminded of it during the interval between meetings. A rather epigrammatic expression of this problem was made at the 1907 meeting by Joseph C. Beck, who delivered the necrology report and announced: "I must say in my own behalf that I did not know I was the necrologist until I looked at the program and my remarks were on information I received this morning."^{''21(p5)}

The seemingly eternal problem of getting papers from the authors was mentioned by



Fig 14.—Derrick Tilton Vail, 1864–1930. Dr Vail was a close associate and friend of Christian R. Holmes who was, in fact, both his mentor and preceptor for a number of years. Coming under the tutelage of Dr Holmes shortly after he received his MD degree, Dr Vail remained with him for ten years in the practice of ophthalmology and otolaryngology. Their association was a propitious one for the Academy.

After graduating as valedictorian of his high school class in 1883, Derrick Vail stayed in his birthplace of Franklin, Ohio, and taught school for five years while at the same time “reading medicine” with the guidance of Richard P. Evans, MD, the town’s leading general practitioner. He went on to attend Miami Medical College in Cincinnati, winning the Robert Sattler first prize in ophthalmology and, after the prescribed two years, graduating with an MD degree in 1890. As was the custom, or perhaps necessity, of his day, he turned to a skilled practitioner, Dr Holmes, and later to the clinics of Europe for his specialty training. Also in keeping with the prevailing pattern of his time, he practiced the combined specialties until 1916, after which he limited himself to ophthalmology and was certified a year later, without examination, by the newly created American Board for Ophthalmic Examinations.

Dr Vail’s son, Derrick T. Vail, Jr, said in an address to the Academy: “During his entire life my father was a student. Five nights a week, year in and out, he studied.” He was also an investigator—ophthalmologists will recall that he described the first case of tularemia in man in 1914, with the diagnosis proved by laboratory work. And he was a teacher—serving as clinical professor of ophthalmology in the Laura Memorial Medical College, Cincinnati, 1895–1903, and in the Miami Medical college, 1896 until 1909, at which

time it merged with the Ohio Medical College to become the University of Cincinnati College of Medicine, and he was named chief professor. Illness forced him to retire from active practice in 1928, two years before his death.

As for Drs Ballenger and Holmes, the probable year of Dr Vail’s election to Academy membership is 1898, and his most prominent activity for the Academy was in the early 1900s. He served four years as an officer, three years as a Council member, and delivered six papers as well as being a discussor for many others. He was one of the early builders of the Academy, and his legacy was carried forward by his two sons, the late Harris Holmes Vail and the late Derrick T. Vail, Jr, who was the Academy president in 1951 and the Guest of Honor in 1969.

Secretary George Suker in 1907, and not for the first time: “It has been the custom of the Secretary’s office to gather in the papers as rapidly as possible, and I have stated I wanted all papers handed in as they were read, . . . so that we could compile them, and I have made this request a number of times, but this is only adhered to by a few. . . . We always have a good deal of trouble in having the discussions returned promptly, though we admonish every time. . . .”^{21(pp13,14)}

1908 At the thirteenth meeting in Cleveland, Aug 27 through 29, 1908, the roster of attendance was signed by 132 men. The Academy elected 101 new Members, six Fellows, and made Mr J. B. Lawford, of London, an Honorary Fellow.

President Derrick Vail kept the business sessions of the meeting extremely short, and the majority of time was devoted to scientific purposes, with 55 papers on the program (this was

one of the largest scientific programs planned during the Academy’s first 25 years, second only to the 1897 program which called for delivery of 75 papers during the two-day session). Otto J. Stein was rewarded for his excellent service as treasurer since 1902 by being elected to the presidency. Although significant proposals were introduced for consideration the following year, the only substantial action taken in 1908 was the appointment of two new committees to work on particular problems.

INVESTIGATIVE COMMITTEES

Nomenclature

President Vail announced that during the year he had deemed it advisable to appoint a Committee on Nomenclature “as there had been a good deal of confusion in title of papers and in text books and in journals”^{37(p2)}—a condition that still exists, and we can credit Dr Vail with initiating the first Academy effort to stan-

dardize terminology. The committee to consider this problem consisted of William Ballenger, Otto Stein, Joseph Beck, Edwin Pynchon, and A. H. Andrews. These men were directed to communicate with similar committees of the AMA and other societies seeking their aid and cooperation.

In 1909, Dr Beck reported, "We called a meeting but could not get the committee together, and there has been nothing done."^{20(p7)} Dr Ballenger further explained that other committees working on the problem had not asked the Academy to join them although the Academy committee had offered to help, and he suggested that the Academy either "quit or act independently."^{20(p8)} His suggestion for independent action drew objections on the basis that "it is a tremendous task and no one society can undertake it. We will have to act in unison."^{20(p8)} The Academy secretary was instructed to write the secretaries of other societies working on the problem and ask for their cooperation. The committee was carried over for another year and asked to report the results of these inquiries (the implication was that if the societies refused a joint effort, the Academy would drop the project).

The committee issued no report in 1910, and in 1911, another committee of three (Lucien Howe, Edward Jackson, and Casey Wood) was appointed to consider changes in nomenclature. In reporting on the committee's progress in 1912, Dr Howe said that the ophthalmologic nomenclature and the method of recording certain cases would be included in the plan of the committee.^{38(p9)} No future reports on this work are contained in the minutes.

The continuous problem of nomenclature has been compounded over the years, with the terminology growing progressively more voluminous and unwieldy. At various points in Academy history, attempts were made in the area of unifying and standardizing the nomenclature. Certainly the most monumental effort

was the most recent one by the Committee on Procedural and Diagnostic Terminology, which succeeded in formulating a uniform terminology for the two specialties.

Hereditary Blindness

After reading a paper on hereditary blindness, Clarence Loeb offered a resolution that the Academy endorse legislation preventing the marriage of blind persons. The proposal sparked heated discussion, and finally Dr Loeb proposed as a substitute that a committee be appointed to consider the evidence accumulated. Leartus Connor, Lucien Howe, and Harry B. Young were appointed as a Committee on Hereditary Blindness, but again, no reports from this committee appear in subsequent minutes.

Ophthalmia Neonatorum

F. Park Lewis, chairman of the Academy's committee to help in the efforts to control ophthalmia neonatorum, outlined the strategy adopted by the AMA. Dr Lewis reported that an obstetrician, ophthalmologist, and representative of the Public Health Association were to be operative in each state to carry out the following suggested measures designed for suppression of the disease: midwives would be required to register in each state, and they would be advised of the dangers of the disease through health office circulars and other printed matter; midwives failing to report cases of ophthalmia neonatorum would be prosecuted by the authorized authorities and would be punished by fine or loss of license; and any prophylactics recommended by the Board of Health would be used.^{37(p8)} The Academy supported these measures.

1909 With the acquisition of nearly 40 new Members at the Oct 4 through 6, 1909, meeting in New York, the Academy membership soared above the 600 mark. Three men were elected to Fellowship, and Dr Juan

Santos Fernandez, of Havana, was made an Honorary Fellow.

A PROLOGUE TO THE FUTURE

Otto J. Stein devoted his entire presidential address to taking an overview of the Academy and making suggestions for its betterment, some of which are worthy of note since they portended much that was to come.

Democratic Equality of Membership

President Stein's most important recommendation was that the constitution be amended to provide for a single class of members instead of the two classes—Members and Fellows—and that the annual dues be a uniform \$5. He suggested that the double classification was discriminatory and reflected poorly on the democratic spirit of the Academy. Dr Stein, however, was not advocating a liberal admission policy, but rather that those who qualified for membership should not be divided as to their experience:

Organizations of this kind do not make more specialists like the medical schools, but better ones. But democratic as we are, careful discrimination in the selection of members should be jealously fostered in order to insure the durability and stability of our institution; this discrimination should be directed towards the morality and honesty of the applicant rather than towards his achievements. Time and his association will develop the latter.^{32(p6)}

A single class of active members was provided for in the amended constitution of 1912.

Alliance of Specialties

The incorporation of essentially four specialties under one organization was questioned then, as we learn from Dr Stein's remarks:

The fact that this Society associates under its organization the eye with the ear, nose and throat specialties has been seized upon by a few ultra orthodox brethren as something reprehensible and a subject for criticism. . . . The fact that we divide our work into various branches according to the part or parts of the body affected means nothing to Nature, which makes no such distinction. . . . The intimacy between adjacent organs has

led the specialist into the study and investigation of contiguous parts. . . . In large medical centers, this association of knowledge is not so vital as in the smaller communities, because there we always have at hand those who have the superior knowledge, which cannot be so easily procured in the smaller places. Hence, it becomes an absolute necessity for the specialist in small communities to fortify himself with a thorough understanding of the subjects appertaining to all the four organs.^{32(pp2,3)}

Since to some extent the Academy was born on the principle of affording those in more remote parts of the country an opportunity for education, we see here a further rationale for fusion of the specialties.

Widening Range of Endeavor

By 1909 the Academy had three committees working on health problems related to the specialties, and Dr Stein was convinced of the need for more work along these lines:

. . . the possibilities of our Society . . . might be greatly extended. . . . An organization like ours . . . should be a factor of importance to the entire world. Its influence should be felt by the whole business world employing hundreds of thousands of people that require the very best of hygienic and sanitary surroundings. . . .

We . . . will not shirk from the consideration of great, broad and far-reaching problems. . . . Such subjects as Ophthalmia Neonatorum, Restriction of Noises, the Mitigation of Street Dust, the Clarification of the Atmosphere, the Examination of School Children for Defective Vision, Hearing and Nasal Breathing, the Optometry Law. All these and many more should repeatedly come before this body for discussion and recommendations. . . .^{32(pp3-5)}

The list of matters for attention is surprisingly cogent considered in the context of today. The members voted to appoint a fourth investigative committee. It was at the suggestion of F. Park Lewis that a Committee for the Prevention of Blindness was designated "to cooperate with popular and other medical bodies, for the purpose of securing information and devising measures for the prevention of avoidable disasters which may result in blindness."^{20(pp8-11)}

Because of Dr Stein's suggestion-laden address, another special committee was appointed

to prepare amendments to the constitution and bylaws. Members of the committee, the work of which was finally written into law in 1912, were Edward Jackson, L. Webster Fox, and William Ballenger.

DISPOSITION OF FUNDS

The increase in the Academy treasury by this time allowed for more than just operating expenses and also made it advisable for the Academy to adopt more precise policies regarding these funds. Three resolutions concerning funds were proposed in 1908 and, after having been sent to the membership during the interim, were adopted in 1909.

The first resolution simply involved the bonding of the treasurer for at least twice the amount held by the Academy treasury.^{20(p11)} The second resolution empowered the Council to designate the depositories in which the funds would be kept and, more importantly, to invest the funds as they deemed best.^{20(p11)} The third and most significant resolution made it possible for Academy funds to be used in support of original research:

RESOLVED, That the interest or profits which accrue on the surplus funds of the society shall be a fund at the disposal of the Council for the purpose of defraying expenses of original investigations deemed by the Council as worthy.^{20(p12)}

The responsibility of auditing the books of the treasurer remained, as it had from the time of the second meeting in 1897, with an auditing committee appointed each year by the president.^{13(p34)}

HONORARIUM FOR SECRETARY

The minutes of early meetings suggest that the job of secretary was an immense one. The secretary set up the meeting program, and got out the published program complete with abstracts. He arranged the hotel accommodations and handled a plethora of correspondence relative to the meeting. He acted as the major

force in enlarging the membership and processed all the applications from prospective members, although it was the Council that had to approve the names before submitting them to a general vote. In addition, although it is hard to decipher just what part he played, the secretary was vital to the publication of the TRANSACTIONS. Despite the Committee on Publications, it befell the secretary to manage the details. In explaining the lateness of the 1906 TRANSACTIONS, Secretary George Suker said there had been a printer's strike and apologized, "I tried to set up some of the type myself, which accounts for some of the errors."^{21(p3)}

With so much responsibility, the office of secretary must have consumed a great deal of the individual's time. Because of this, a motion was made in 1909 that Secretary Suker, in office since 1905, be given an honorarium of \$300 for the work he had done during the past year. The rules were suspended in order to bring the matter to an immediate vote, and the motion carried. It was then put into the form of a resolution that "the office of Secretary carry with it a salary of \$300 per annum, beginning with 1909-10."^{20(p15)}

When the resolution came up for a vote in 1910, many opposed it on the grounds that the office of secretary carried with it professional advantages and should not be a salaried office. Others favored a salary and suggested \$500 per annum. The resolution was referred back to the Committee on Revision of the Constitution and By-Laws which had proposed that a secretarial honorarium of \$200 be written into the constitution. Although no copy of the constitution remains, the honorarium was probably included, for the Council did not discuss the subject again until 1921 when a standard secretarial honorarium of \$200 is mentioned.^{39(p21)}

THE ACADEMY MONOGRAM

In 1908 a motion was introduced and passed requesting that some form of identification or

insignia be designed to identify Members and Fellows for the next meeting. The Academy monogram—later so familiar on convention badges, Academy publications, membership and honor award certificates, and inscribed on cuff links, tie clasps, and keys—is attributed to Percy H. Fridenberg, who served as first vice-president in 1909 and as chairman of the Committee on Arrangements (Fig 15). It is said Dr Fridenberg made the design intertwining the initials of the Academy name while on a boat trip from Albany to New York City.⁴⁰ The original was sketched on the back of an envelope and later improved for use at the 1909 meeting in New York.⁴⁰

When the emblem was first introduced, it appeared in the heraldic colors—red and white—of the medical profession.⁴¹ In describing the first form in which it was presented before the Academy, Dr Fridenberg said: “The original design was not in the form of a die. It was a large scarlet emblem on a white silk banner and this was hung over the speakers’ table at the Astor banquet in 1909. . . .”⁴² He also provided an interesting footnote relating to the red and white colors of the medical faculty:

They were originally those of the Barber’s Guild—red for blood, white for bandages—who were licensed to

leech and bleed, operations beneath the dignity of the medical profession. The red and white stripes of the barber pole show how tenacious old customs are and how they survive transplantation and other changes. The Barbers became the Barber-Surgeons and stuck to their colors. Surgeons were considered a lower form of medical—if not animal—life and to this day . . . they are called Mister—not Doctor—in England.⁴²

In W. L. Dayton’s 1917 presidential address, he remarks that “the badge was adopted [in 1909] as the official one and has been in use since that time.”^{2(p13)} However, there is no record of official sanction for the design in the 1909 minutes; the emblem is referred to favorably but no general vote on it is recorded, and it is probably an accurate assumption that the Council decided on its adoption as the Academy monogram.

Academy archives contain no meeting programs or badges for the years 1910 through 1920, so we do not know if the monogram was used. In 1921, it appeared on the cover of the program booklet and was imprinted on a ribbon that was part of the convention badge used for the meeting. Both the booklet and the ribbon are light blue, and the emblem appears in blue and black on the booklet and is imprinted in silver on the ribbon along with the attendant’s designation as “MEMBER,” the Academy



Fig 15.—Percy H. Fridenberg, ophthalmologist from New York, who designed Academy monogram. Joining the Academy in 1904, Dr Fridenberg was an active contributor thereafter in both scientific and business matters. He served four years as a Councillor in addition to his term as first vice-president. Inexplicably, he dropped his membership in 1926, although he lived until 1960. Dr Fridenberg was a founder and president of the New York Society for Clinical Ophthalmology and retained his membership in other societies, among them the American Ophthalmological Society. He contributed more than 100 papers to the ophthalmic literature.

name, and the year and place of meeting (Fig 16). For the 1922 convention badge, the emblem took the form of a round, gold-colored, metal pin to which a ribbon is attached; the Academy name is enscribed in circular fashion around the outer rim of the emblem (Fig 16). In later years, the name was not used. The first appearance of the emblem on an Academy publication (other than the official program booklet) is in the August 1933 issue of the *Bulletin*. It did not appear on the TRANSACTIONS until periodical publication began in 1941.

In 1971, the monogram was altered so that the letters no longer intertwined, and the designation for otolaryngology was simply O rather than OL. Dr Fridenberg's design is still visible in the separate monograms for ophthalmology and otolaryngology.

REGIONAL BANTER

In drawing the 1909 meeting to a close, President Stein noted that this was the first meeting to be held in a true Eastern Seaboard city:

It was with great trepidation that we decided to meet in the far East, this association having been born in the West and raised in the West, and never having attempted to walk as far as New York City. . . . But the membership has grown so much and the East is so well represented, that we felt it rather a duty to meet in their midst. We have 160 members who live east of Buffalo, . . . so we thought it time to come to them.^{20(p15)}

Wendell Reber, of Philadelphia, elected president for the ensuing year, responded to Dr Stein's speech by saying he accepted his election "as a tribute to the 'effete East'."^{20(p16)} However, the first vice-president for the coming year was L. B. Lockard, of Denver, who added a little Western homespun levity to the situation by urging the members to come West

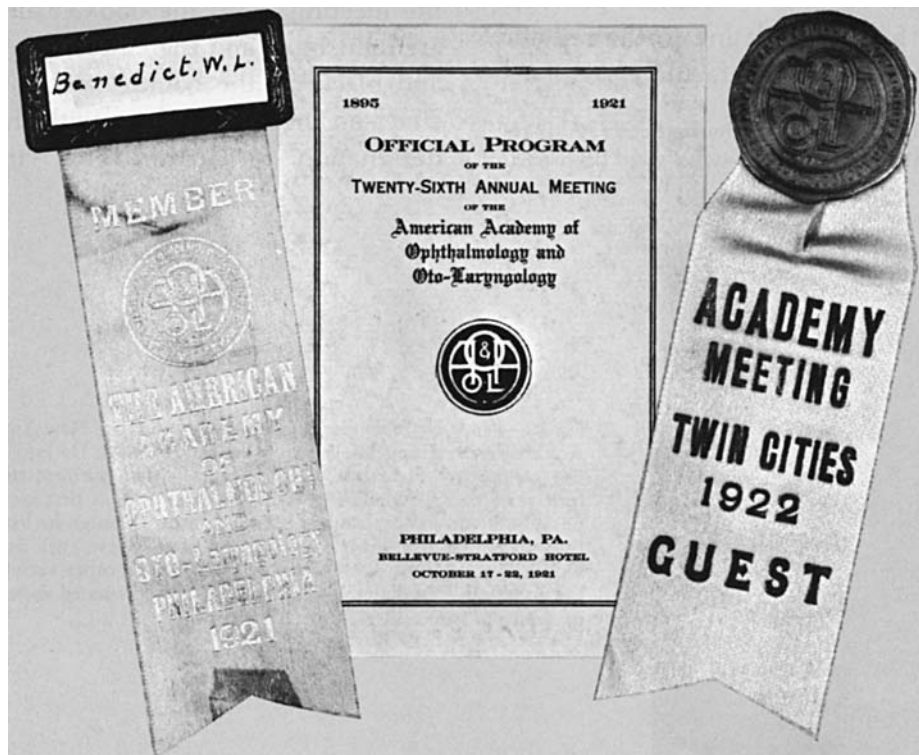


Fig 16.—First evidence of use of Academy monogram on 1921 badge (left) and program booklet (center). Emblem appears as pin for 1922 badge (right).

for the next meeting with the verbal inducement, "It is said that in Missouri they raise the most mellons, in Texas the most stock, in Iowa the most corn, but in Colorado we raise the most hell." ^{20(p16)}

1910 The Academy took a middle course in 1910 and met in Cincinnati, Sept 19 through 21, with a record attendance of 293. Perhaps because of Dr Stein's remarks the year before on the discriminatory nature of the two classes of active membership and also because the committee appointed to revise the constitution was suggesting a single class of active membership, no men were elected to Fellowship in this year. The members did add 61 new men to their number and made Mr Sydney Stephenson, of London, an Honorary Fellow.

The welcoming address by the Honorable L. Schwab, MD, mayor of Cincinnati, contains two relics of the past that serve to remind us of both the medical and moral temper of the day. He described a new plant for the purification of water, in operation only two years, which had eliminated typhoid fever from the city, a malady that had been rampant prior to erection of the plant. In closing his address, he remarked that he "might call the attention of the heads of the police department that we have a convention of doctors in town, and they will act accordingly." ^{29(p5)} Whatever he meant by that remark is hard to say, but he hastened to add: "I have been a great stickler for the midnight law. I feel that everybody ought to be in bed or getting ready for bed, by that time, and so if you will help me in that and see that when low twelve comes you are all turning in, you will be helping me out." ^{29(p5)}

In responding to the welcoming address, Dudley S. Reynolds referred to the mayor's admonition not to have any "acrimonious debates" by declaring, "Such things are foreign to this branch of the profession. This is the American Academy of Ophthalmology and Oto-Laryngology, that deals with the head of the man, his higher organisms, and we never

quibble and never have any antagonisms. We dispute each others word frequently, but we do it on scientific principles, and like gentlemen." ^{29(p7)}

Following the lead of Dr Stein the year before, Wendell Reber included in his presidential address several recommendations for consideration by the Academy. One of these was that

the Academy must eventually so amend its Constitution as to admit not only to membership but to office holding any Canadian who may be a member of the British [changed to Canadian in minutes] Medical Association, and any Latin American (Central and South American) who can be shown to be in good standing in his respective country. ^{43(p6),29(p24)}

Speaking for the Committee on Revision of the Constitution and By-Laws appointed the previous year, Dr Ballenger announced that this recommendation had been adopted by the committee to be included in their suggested changes, "so that any one in Central and South America and Cuba and Texas, and any one in Canada may become an active member and vote as any other member." ^{29(p24)} This was effected by the constitutional revisions adopted in 1912. It must be added that the list of members in the 1910 TRANSACTIONS includes four men from Canada and one man from Cuba; we do not know whether these men were denied voting privileges.

Another of President Reber's suggestions was that the Academy live up more fully to its stated purpose, that being the encouragement of the study and practice of medicine and surgery in their relations to the eye, ear, nose, and throat. To this end, he suggested the awarding of monetary prizes to those making meritorious contributions to the allied specialties. Members found cash prizes unacceptable, but the spirit of this suggestion brought forth the idea that the Academy publish a yearbook of ophthalmology and otolaryngology containing brief abstracts of the world's literature relative to the specialties.

Compilation of an index of appropriate literature had been proposed in 1904 but found impractical by the young Academy.^{22(pp51,56)} Demand for reviews and excerpts of the literature had prompted two members, Edward Jackson, in ophthalmology, and Joseph Beck, in otolaryngology, to undertake the task privately for their specialty.^{44(pp2,3)}

The renewed suggestion that the Academy abstract pertinent literature would result in a brief two-year effort to put out a monthly index with abstracts.

The committee appointed in 1909 to provide amendments and revisions to the constitution and bylaws reported that it was ready to read the proposed changes so they could be voted on at the next meeting in 1911. The members elected to dispense with this reading in favor of having a published account of the changes sent to each member during the year. But at the 1911 meeting, members complained they had received no copy, and once again, a motion was put and carried that adoption of an amended constitution be postponed another year so a copy of it could be sent "to each and every member of the Academy for perusal."^{45(p4)} The amended constitution was finally adopted in 1912.

RESOLUTIONS

Perhaps spurred by Dr Stein's call the previous year for the Academy to manifest an active interest in matters appertaining to the public health and the betterment of medicine, the Academy gave its support to two movements in 1910.

A National Board of Health

At this time, there were several bills before Congress with the intent of establishing a national department of health, "whose function shall be the conservation of national health by the enforcement of existing laws and securing

additional legislation which may be deemed necessary. . . ."^{29(p13)} The Academy drafted a resolution to be sent to the President and to Congress endorsing "the principles looking toward such national Department of Health."^{29(p13)} Additionally, the resolution stated: "After years of endeavor by the medical profession a Pure Food and Drugs Act has been enacted, which law, however, is being assailed and made almost nugatory by the efforts of food and drug adulterators . . . the . . . Academy . . . deplores the tendency to nullify the beneficent intent of the Pure Food and Drugs Act. . . ."^{29(p13)}

Medical Training in Ophthalmology

During the previous two years, there had been a movement afoot in the medical profession to ensure that all physicians have some working knowledge of eye diseases and refraction. The Academy passed a resolution affirming that

every family physician should have a working knowledge of simple refraction and be able to manage infectious eye diseases; that this should be taught in Medical Colleges, and required for license by State Examining Boards.^{29(p22)}

The same resolution had been endorsed by the ophthalmic section and the House of Delegates of the AMA, by the American Academy of Medicine, and by the Association and Federation of American Medical Colleges. It also had been carried into effect by five state examining boards.

1911 Indianapolis hosted the Academy's 16th annual meeting held Sept 25 through 27, 1911. It is not recorded how many members were elected, but a new practice called for posting applicants' names 24 hours prior to the vote to allow members more opportunity to voice objections. Heretofore, the usual procedure was for the Council to approve the names and the secretary to read them at the meeting, after which a motion was made and carried instructing the secretary to cast the vote

electing the candidates to membership. The policy of posting the names for 24 hours before election was written into law in the amended constitution of 1912.

Five men were appointed to represent the Academy at the International Otologic Congress the following year, and Max A. Goldstein gave his report as the Academy's representative to the General Otological Congress. In addition, Dr Albert Gray, of Glasgow, Scotland, who delivered a guest address on otosclerosis, was made an Honorary Fellow.

TECHNICAL EXHIBITS

The minutes of meetings often mention both the pathologic and technical exhibits, and we can infer from these references that the technical exhibits were provided by business firms and that these firms paid for space much as they do today. The "surgical instrument man" had, by 1911, become a common attendant at the meeting. In this year there is particular mention of the "magnificent display of instruments," and all members are urged to "visit the exhibition as often as possible and show interest in the advancement of the mechanical part of the work," since "it is desired to encourage these men to attend the meetings, and there are plans for the future in regard to the funds that may be secured from exhibitors and it is important that a decided interest be taken in that feature of the meeting."⁴⁵(pp2,3)

Edwin Pynchon, of Chicago, was the man responsible for the technical exhibits, and it was noted a few years hence in Academy history that "Dr Pynchon used to bring in three or four hundred dollars clear profit from the exhibits. . . ."⁴⁶(p7)

By the early 1970s, income derived from technical exhibitors was amounting to \$185,000, and the money was used to cover part of the expenses of an annual meeting.

A TRIBUTE

The Academy honored its secretary of seven years, George Suker, of Chicago, by electing him to the presidency for 1912. During his years as secretary, Dr Suker was referred to as "the POO-BAH of our Academy,"²⁹(p9) and he was. The Academy's most demanding and taxing job was turned over to Lee Masten Francis, of Buffalo, NY, who in turn was to serve for the next seven years.

AND AN AUGURY

One timely motion, now well-seasoned in defeat, was introduced in 1911 requiring that members "cut out the use of tobacco"⁴⁵(p11) when in session. The motion was met by cries of "Good!" Apparently these affirmations were only a vocal minority, since a motion to table the matter by Dr Ballenger, who we might suspect was an inveterate smoker, was passed. Smoking is still permitted while the Academy is in session, although modern methods of ventilation allow for less of the smoke-filled rooms so common 60 years ago. A small inroad on the problem was made at the 1972 meeting when "No Smoking" signs were posted in the instruction course rooms.

1912 At the 17th annual meeting in 1912, the members laid a new cornerstone for future development of the Academy. There were 233 men present in Niagara Falls, Ontario, Aug 20 through 22, for the adoption of a revised and amended constitution and bylaws.

THE CONSTITUTION

The name and purpose of the Academy were retained as stated in Articles I and II of the 1903 constitution, with the exception that the "Member" and "Fellow" classification was deleted from Article I.

Types of Membership

The most important revisions in the 1912 constitution were those in Article III covering membership.

Article III

The membership of this Academy shall consist of active fellows and honorary fellows, and their qualifications shall be as follows:

(a) Candidates for active fellowship shall be in good standing in their local, county or national societies, and of good repute; and shall be practicing medicine in either of the branches of eye, ear, nose or throat diseases at least one year. They shall present the regular application blank of the Academy duly filled out, endorsed by two active fellows of this Academy, at least one of whom shall be a resident of his own city or state, except only where there are no members of this society in his state, and accompanied by the annual dues of five dollars (\$5.00). Such applications shall first be presented to the Council and on its approval submitted to a general vote of the Academy at any annual meeting where a three-fourths affirmative vote shall constitute election: providing that said name shall be posted at least one day.^{38(pp3,4)}

With this new definition of the requisites for active membership, the Academy deleted the requirement that a candidate had to be a member of the AMA and also, with the words "or national societies," opened the way for men from other countries to become members. The Academy also liberalized its requirement on the time devoted to special practice by reducing it to one year; this was explained as being more in keeping with "the Democratic character of the Academy."^{38(p5)}

There was a further provision for admitting to Active Fellowship those who were not specialists in ophthalmology or otolaryngology but who were doing work that contributed to the specialties:

(b) Any one who has materially aided the progress of medicine in its relation to diseases of the eye, ear, nose or throat, may, on nomination by two fellows and recommendation of the Council, and by unanimous vote of the fellows present at an annual meeting, be elected an active fellow.^{38(p4)}

The category of Honorary Fellowship was retained as stated in the 1903 constitution:

(c) Any one who has signally aided the progress of medicine in its relation to diseases of the eye, ear, nose or throat, may, on recommendation of the Council, and by a unanimous vote of the Academy at any annual meeting, be elected an honorary member.^{38(p4)}

And in the last section of Article III, a status of Life Membership was established:

(d) Life Membership. The Council may recommend for sufficient service (?) [sic] members to life membership without dues, and a unanimous vote of the Academy shall elect them to life membership.^{38(p4)}

Two men were elected to Life Membership in 1912—Edwin Pynchon, of Chicago, and C. E. Evans, of Union City, Ind.

The new rules governing membership broadened the base from which the Academy could draw members by opening the doors for the first time to qualified physicians outside the United States and to those who were not practicing the specialties but were contributing to them. Although much revised and updated in regard to particulars, the basic tenets laid down in this article on membership would survive.

The membership of the Academy increased by 102 in 1912 which put it close to 750. Two men were made Honorary Fellows—Samuel D. Risley, of Philadelphia, the second American to be granted this privilege,* and Professor Anton Elschnig, of Prague. Almost all of the Honorary Fellows at this time were distinguished foreigners who had delivered a guest address to the Academy at an annual meeting.

Officers and Council

The revised constitution left the Academy's six-man officer group unchanged, but enlarged the Council by adding the first vice-president. Although officers were nominated by the Council, in 1912 members took the unusual step of nominating and electing a president

*Another American, George T. Stevens, of New York, had been made an honorary member in 1899, but he was among the honorary members dropped when the Revised Constitution and By-Laws were adopted in 1903.

from the floor—John W. Murphy, of Cincinnati.

MONTHLY INDEX OF LITERATURE

At the Council's recommendation, members voted to appropriate \$2 from each member's dues for publication of a monthly index and abstract of the literature. What the Academy actually did is unclear. Indications are that for the next two years, the Academy consolidated the indexes of Drs Jackson and Beck into one journal and sent it to members.* The idea was abandoned in 1914, although the Academy probably continued to provide members with the separate publications of Drs Jackson and Beck until the indexes were included in the journal mergers effective in 1918.^{24(p7),49(p1)}

CLINICS

The presentation of patients at the meeting took place as far back as 1900.^{11(p90)} Beginning in 1908 and continuing thereafter, time was allotted at most meetings for holding clinics. There is little elucidation of what these clinics entailed; however, a letter from a member to Secretary Suker just prior to the 1911 meeting notes that a patient is being brought to the meeting for examination by the members: "We can examine her at the hospital or where you will. . . . You may not operate, but I think it a very promising case. . . ." ⁵⁰ Further amplification on the matter of clinics is provided by John W. Murphy in his 1912 vice-presidential address:

. . . I think the society should take some action [on] the character of the clinics. . . . It has been the custom to invite some of the visiting members to participate in

these clinics. I seriously doubt the wisdom of this. . . . Few men operating in a strange hospital, with strange nurses and unfamiliar surroundings, do so with credit to themselves. To be asked to operate on a case which you have had no opportunity to study carefully, and only see a few moments before the operation, and possibly never see afterwards, is not doing justice either to the operator or to the one operated on.

I think this society should place itself on record that the clinics to be held at the place of annual meeting should be conducted by the local men who are familiar with the cases and the hospital surroundings, and who can watch the future progress of the patient.^{51(pp2,3)}

In subsequent years, those who practiced in the host city invited members to their hospitals where they presented patients and performed operations while those attending observed.

THE ACADEMY IN PERSPECTIVE

With the close of the 1912 meeting, the Academy closed a chapter in its early history. Between 1904 and 1912, the Academy refined itself and forged prospects for the future. These were years of construction, of molding an organization. Its growth numerically made it the largest specialty society in the United States, but its conceptual growth was far more important—it sent delegates to meetings; it appointed committees to deal with medical problems and work cooperatively with other organizations; it supported movements directed toward betterment of public health and the medical profession; it, in short, became a recognized and respected presence in the specialties.

Between 1913 and 1921, the Academy became a creative leader, materially aiding advancement of the specialties by providing, encouraging, and implementing ideas and programs, some of which were to serve as exemplary blueprints to be used in many fields of medicine.

*References 38 (pp 8, 9), 47 (pp 16-18), 48