

8. The Section on Instruction

The word academy signifies a place of higher learning, an institution for training and education in any special subject, in other words, a school in which some special art is taught, or, as the encyclopedia says: "In its modern acceptance it may be defined as a society or corporate body having for its object the cultivation and promotion of literature, of science, and of art, either severally or in combination, undertaken for the pure love of these pursuits with no interested motive."

In this society we find embodied to its fullest extent this definition.

J. MORRISON RAY

PRESIDENT'S ADDRESS, 1914

BY THE TIME the Academy entered its 25th year, an expanded frame of reference for the society was evolving. With the American Board for Ophthalmic Examinations and work toward a similar otolaryngology board came realization that specialty societies had potential for cultivating advances in American specialism. The expansion of knowledge and practice in the specialties required that the medical profession recognize and meet complex new obligations. Some dominant forces in the Academy had propelled it beyond the realm of a yearly exchange of knowledge to leadership in the cause of a higher stature of specialist. By 1920, activity toward this goal was traveling on its own momentum.

GERMINATION OF AN IDEA

The idea that the Academy offer courses at the time of its annual meeting is generally considered to have originated with Secord H. Large, of Cleveland, who served as treasurer

from 1909 through 1930.* It was, though, Allen Greenwood's motion in 1920 recommending "we have our meetings on Monday, Tuesday, Wednesday, and that on Thursday, Friday and Saturday we give intensified courses in instruction"^{58(p375)} that actually brought about appointment of the Committee on Intensive Postgraduate Course, as it was first called, and inauguration of the Graduate Course in Ophthalmology and Oto-Laryngology in 1921.

Yet the ancestral lineage of the Academy's instruction courses traces back a bit further—to the year 1917 and to the progenitor and chief advocate of upgraded training, Edward Jackson. In a paper on "Defects in Education for Ophthalmic Practice," Dr Jackson pointed out the deficiencies in "fundamental training" in physiologic optics, ocular anatomy, and ocular pathology and suggested

an organization like this could arrange to give, just before its annual meeting, a week of intensive training on the microscopic diagnosis of intraocular tumors, un-

*References 59(p 436), 98(p1), 99(p22)

der three or four of its members who have given special attention to ocular pathology. Or, to make the best use of the time with the least strain of any one set of powers, this might be combined with a similar course on experimental optics, or the minute anatomy of the eye with reference to operations on the anterior segment, or the location of foreign bodies. Such courses should be put on a basis of fees that would compensate the instructors, and provide the necessary material or equipment.^{100(p150)}

Another stalwart proponent of better education for ophthalmic practice, Walter B. Lancaster, acted quickly on this suggestion, moving that "a committee of three be appointed to arrange and conduct special courses in ophthalmology during the few days preceding the next meeting of the Academy."^{24(p16)} For the courses, he named Edward Jackson on physiology, William H. Wilder on anatomy, and Marcus Feingold on pathology.^{24(p16)} The Academy gave its approval to this plan which was to spawn indirectly development of the instruction courses.

Impeded by the war in 1918 and by the need to regroup and sort out details in 1919, this Committee on Teaching or Committee on Scientific Demonstrations at Meetings, as it was variously called, did not offer courses, but Dr Jackson continued to report progress. On the day before the Academy's 1920 meeting, in the Laboratory Building of the University of Kansas Medical Department, Dr Jackson's committee presented what he called "demonstration courses"—40 to 50 microscopes were provided for the examination of slides demonstrated by William C. Finnoff, a colleague of Dr Jackson's from Denver. "The educational value of hours spent in looking at such slides," Dr Jackson told the Academy,

can scarcely be overestimated. Arrangement was also made for demonstrating visual tests. But less than twenty persons visited the whole demonstration. . . . With as good facilities and better advertising of the opportunity, ten times as many might have availed themselves of it [there was no advance notice to members of this 1920 offering]. The scope of such a demonstration could be doubled by covering the field of otolaryngology, and could be extended in many directions. This matter is strongly recommended to the at-

tention of the members and of future local committees of arrangements.^{58(p375)}

It was during discussion of this possible addition to the Academy's scientific work that Allen Greenwood moved that the three days following the meeting be devoted to courses of instruction. The members lent enthusiastic support to this proposal, and the Council appointed Harry S. Gradle, of Chicago, Meyer Wiener, of St. Louis, Hanau W. Loeb, of St. Louis, and William P. Wherry, of Omaha (Fig 22), as the Committee on Intensive Postgraduate Course (Postgraduate Committee).^{39(pp9,14)} The committee divided responsibility by putting Harry Gradle, the chairman, in charge of policy, Dr Wiener in charge of the ophthalmology courses, Dr Loeb in charge of the otolaryngology courses, and Dr Wherry in charge of general operation (a job requiring attention to all the correspondence and details of management).¹⁰¹ In addition, a local committee was appointed to help with arrangements.

TO FRUITION: THE PROSPECTUS

Format

The Postgraduate Committee went to work immediately and vigorously to formulate this entirely new facet of Academy activity and bring about its culmination within the short span of one year. In drafting the initial design for this program, the committee settled on the plan of a unified "intensive study course" extending over a three-day period. Their concept of the instructional program was not as an offering of separate courses but rather as a presentation of one integrated course, with the principal subject areas charted in advance by the committee.

They later explained that "in laying out the general line of material to be presented, this Committee established the program for several years in advance; this was done to avoid unnecessary duplication, as well as to have a general sequence of thought."¹⁰² In a "Resume



Fig 22.—Postgraduate Committee that planned and executed first version of instruction courses for 1921 meeting. Left to right: William P. Wherry, Harry S. Gradle, Hanau W. Loeb, and Meyer Weiner. Dr Gradle, committee chairman, was to serve in similar role some 20 years later when he was put in charge of developing first Home Study Courses.

of Postgraduate Idea" included in the 1921 program booklet, the committee summarized their method: "The entire subjects of Ophthalmology and Oto-Laryngology were reduced to a bare outline and from this were chosen the subjects that appear in the following program. There was no endeavor to cover the entire field in this or any subsequent year, but rather to select phases of the work which could be elaborated."¹⁰¹

As arranged by the committee, delivery of the separate lectures or "courses" was to be before the whole body of registrants, and each demonstrator (instructor) was allotted a certain amount of time for his course. Briefly, in the form in which it was first executed, the Postgraduate Program was a presentation of courses patterned after the presentation of papers at the Academy's scientific sessions.

Descriptive Methods

Edward Jackson's "instructional demonstrations" at the 1920 meeting not only precipitated

the idea for postgraduate courses but had a large influence on the nature of them—there was considerable emphasis on visualization of subject matter. In a letter to the demonstrators in May 1921, acknowledging their acceptance to participate in the first Postgraduate Program, Dr Wherry advised: "The Committee wishes each course to be largely visual and therefore, is encouraging the use of slides, charts and so forth. . . ."¹⁰³ This point was stressed again in a follow-up letter to the demonstrators signed by the whole committee: "The future of this movement depends upon the manner in which courses are put over; the Committee is therefore again calling each Demonstrator's attention to the fact that visibility must be the key word. And to this end arrangements have been made to buy for you all the slides and charts needed to make your course not only visible, but bring home the best thoughts you wish your hearers to carry away with them."¹⁰⁴ A fee of \$10 was charged registrants to defray the cost of preparing materials for use in the courses.

A more direct spin-off of Dr Jackson's demonstration came in the form of a Special Pathological Exhibit held on the eve of the courses, "at which time," the Postgraduate Committee announced in advance, "many of the demonstrators will show specimens [both gross and microscopic] bearing directly upon their subsequent lecture."¹⁰¹ William C. Finnoff was again in charge of this activity.

Publicity and Programs

The inaugural notice to members of the new Postgraduate Program was a formal announcement sent out the first of May 1921 and accompanied by a preliminary program and a registration form (Fig 23). Response was immediate and favorable (Fig 24). In fact, the course proved so magnetic that by midsummer

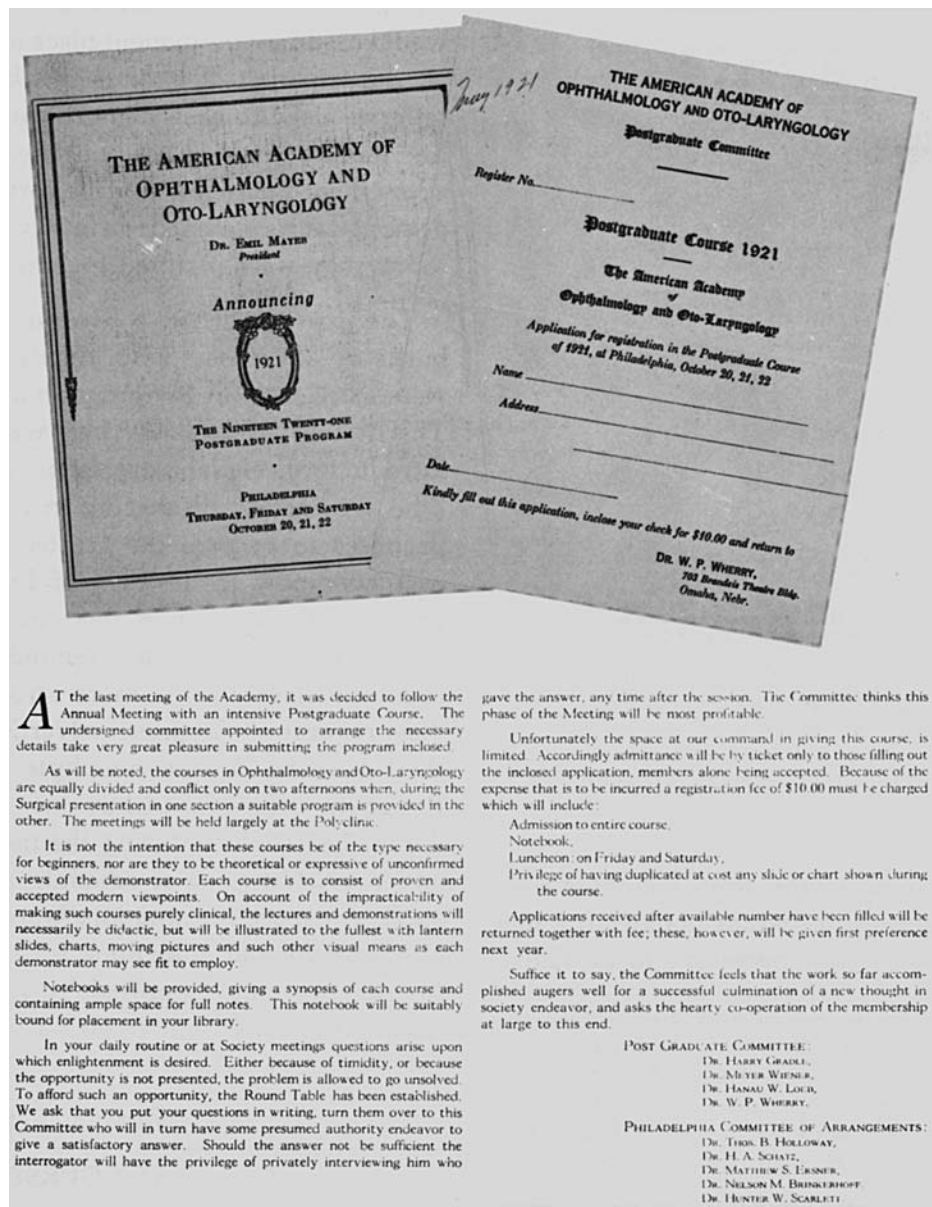


Fig 23.—Leaflet sent to members formally introducing new Postgraduate Program. Top left, Front page. Top right, Registration form. Bottom, Inside text describing course. (From William P. Wherry Scrapbook¹⁰⁹).

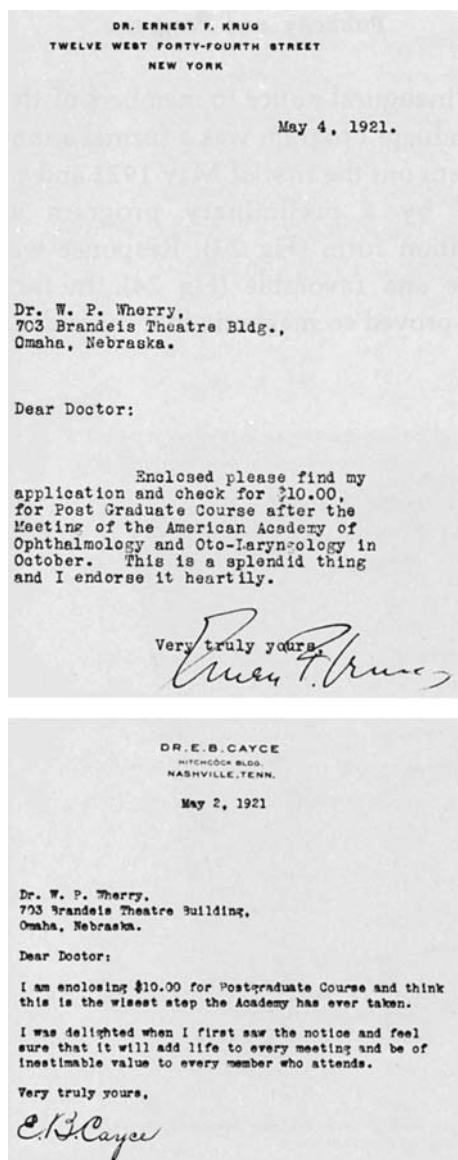


Fig 24.—Members welcomed postgraduate idea; course announcement brought enthusiastic replies. (From William P. Wherry Scrapbook).

capacity registration was almost complete,¹⁰⁴ and by the time the program booklet for the course went out, it was necessary to explain:

This announcement is being sent to all members of the Academy, whether registered for the course or not, inasmuch as the course is a part of the Academy, with Academy audience and Academy Demonstrators. Unfortunately the seating capacity is limited and at the time of going to press, the registration is complete.¹⁰¹

The determination of those in charge to give the course an auspicious beginning calculated to ensure success is demonstrated by the atten-

tion and work lavished on the programs. A soft-bound booklet, entitled *Program, The American Academy of Ophthalmology and Oto-Laryngology Postgraduate Section*, was sent to every Academy member even though, as noted in it, registration was complete. The program contained a picture of each demonstrator, the title and a short abstract of his course, and the time it would be presented. In addition, a special soft-bound *Note Book* was provided course registrants at the meeting. Designed attractively with the intent that it would assume a permanent place in the libraries of participants, this *Note Book* assigned a separate page to each demonstrator, including his picture and course outline, with room allowed for notations. For the forums in which demonstrators covered different aspects of a topic, they were pictured together (Fig 25).

The expense of these two publications was borne by advertisers who, for the fee of \$100, were listed in both the program and notebook. The first appeal to advertisers was through an introductory, explanatory letter offering them "the satisfaction of sharing in a venture that promises to become the greatest undertaking ever attempted in the field of Eye, Ear, Nose and Throat—at least in this country."¹⁰⁵ The sequel to this was a "reminder" letter,¹⁰⁶ followed closely by a more strongly worded "last request."¹⁰⁷ Eighteen advertisers extended their backing to the neophyte Postgraduate Program. The number of advertisers diminished slightly during the next two years, and in 1924, the course schedule, abstracts, and sufficient space for notations were combined in one *Program and Note Book for the Section on Instruction*, still supported by the advertisers listed within and sent to all members.

TO IMPLEMENTATION:

THE FIRST COURSE

The Academy's 26th meeting in Philadelphia ran six days, from Oct 17 through 22, 1921,

Treatment of Ocular Muscular Defects—Medical and Surgical



DR. EDWARD JACKSON

SUBJECT:

The Non-Operative Treatment of Heterophoria.

EDWARD JACKSON, DENVER, COLO.

ABSTRACT:

General health is a vital factor. The most helpful correction of errors of refraction. Restriction of eyework within necessary limits. The use of prisms to decrease the effort required for certain movements. Apparatus and its use to form more active association of motor impulses and strengthen them, as prisms, fusion tubes, amblyoscope, reflecting stereoscope, diploscope, etc.



DR. ALEXANDER DUANE

SUBJECT:

Non-Surgical Treatment of Tropias.

ALEXANDER DUANE, NEW YORK.

ABSTRACT:

The essence of non-operative treatment is the re-conversion of heterotropia into heterophoria. Thorough examination indispensable. From the history and the thorough examination, the type of case and the line of treatment must be determined. In particular eliminating operative cases. Start atropine. Determine and correct refraction, eliminating accommodative element. Determine capacity for binocular vision and fusion, training these with time. Occlusion of fixing eye and precautions required. Illustrative cases.



DR. F. L. BURCH

SUBJECT:

Surgical Treatment of Phorias.

FRANK E. BURCH, ST. PAUL., MINN.

ABSTRACT:

Types of cases suitable for operation and objects of the operations. The surgical principles involved. What may be expected from tenotomy, advancement, resection, or tucking. Proven methods illustrated. Choice of methods. Reason for failure. End results.



DR. H. W. WOODRUFF

SUBJECT:

Surgical Treatment of Tropias.

HARRY W. WOODRUFF, JOLIET, ILL.

ABSTRACT:

Two methods of muscle tucking and indications therefor. Simple tenotomy. Tendon transplantation for paralysis. Re-attachment operation for secondary divergent strabismus. All of the operations will be illustrated by moving pictures, made especially for this course.

Fig 25.—Page from Note Book for 1921 Postgraduate Program giving sampling of first course of offering. (From Note Book, Postgraduate Section: The American Academy of Ophthalmology and Oto-Laryngology, Philadelphia, Oct 17-22, 1921, William P. Wherry Scrapbook).

with the first three days devoted to the annual meeting and the last three to postgraduate instruction. Almost 600 were registered for the course^{60(p498)} which commenced formally Wednesday evening, Oct 19, with a joint session to which all members of the profession were invited. Two guests of honor addressed the session—Ernest Sachs, of St. Louis, whose subject was "The Relationship Between Central and Peripheral Involvement of the Cranial Nerves," and Professor J. Van Der Hoeve, of Leiden, Holland, who spoke on the "Clinical Relationship of the Optic Nerve and Nasal Accessory Sinuses." In addition to these two "courses," 38 others were given during the next three days (Table 6).

The Postgraduate Course was held in large lecture halls, and each demonstrator was allowed from 30 minutes to an hour for his course. The Friday and Saturday afternoon sessions were divided into two sections, one for ophthalmology demonstrations and one for otolaryngology demonstrations; all other courses were delivered before the whole body of registrants. Admittance to the course was by badge only, and registrants included Academy members, demonstrators, and a small number of specialists from the army, navy, and Public Health Service who were invited as guests of the Academy.¹⁰¹

The graduate course was a resounding success, and the Council voted at the 1921 meeting to rename this area of Academy activity the Section on Instruction.^{39(p20)} Credit for the prosperous beginning belonged with the entire committee and the demonstrators. Dr Gradle, however, singled out one person for special mention:

The committee has done quite a bit of work, but the majority of the work has been done by Doctor Wherry of Omaha. The smoothing out of all the details is due to his untiring work. I . . . express the appreciation of the Committee to Doctor Wherry for the efforts he has expended.^{59(p436)}

And after the meeting, a special letter went out to all demonstrators:

The undersigned Committee . . . cordially conveys to you its appreciation of the valued services you so willingly and ably rendered at the recent conference in Philadelphia. The success of the movement is in large measure attributable to you and to the other demonstrators who were so kind as to place their time and learning at our disposal."¹⁰⁸

With a substantial investment of time, energy, and money in making the Postgraduate Course as clinical and practical a demonstration as possible, the committee offered registrants the "privilege of having duplicated at cost any slide or chart shown during the course."¹⁰⁹ As it turned out, the demand for duplicate slides was so overwhelming that the committee compiled an album "containing prints from most of the better and more important slides used."¹¹⁰ Course registrants were sent a card to be returned to Dr Wherry indicating their desire to be put on a circuit for receipt of the album. An order form was included, and when the album (sent in three separate volumes) was received, a member could indicate those slides he wished to have duplicated for his personal files. This facet of the program quickly evolved into the Library of Duplicate Slides, which was displayed at the annual meetings and from which members could order duplicates.

An announcement in the 1923 *Official Program of the Section on Instruction* sheds light on how the library was handled in following years:

The Academy, through the Section on Instruction, has now accumulated a library of over 500 lantern slides—many of which represent original drawings and a great number are copies of illustrations from the best in our literature.

The Section has control of the negatives to these slides and according to the rules adopted when the post-graduate work was first undertaken, members are privileged to secure duplicates at cost plus ten percent; the duplicates costing very little compared to the negative.

This library will be on display at Washington, housed in new cabinets that will permit members to inspect the slides and order duplicates for their personal use if they so desire.¹¹¹

This service continued to be operative through 1925, after which there is no mention of the library.

Another idea considered but never activated after the triumphant inaugural course was the printing of a fully illustrated "Transactions of the Section on Instruction." All members were sent a letter asking them to enter their name as a "probable subscriber" to the published transactions.¹¹² There is no indication of what type of response was received, but the committee did say there was "a very insistent demand for duplicate slides,"¹¹⁰ and it is likely that the registrants demonstrated a greater desire for these alone than for the proposed transactions of the course.

The first postgraduate instruction course further established the Academy as an innovative leader in the forefront of specialty education. The Academy was 25 years old on April 9, 1921, and there couldn't have been a more appropriate capping of its first quarter century than this fresh embracing and ripening of the educational principles on which it was founded.

DEVELOPMENT TO PRESENT-STYLE COURSES

The Section on Instruction continued to plot the graduate course along the same lines as the first for the next five offerings, the only difference being that the course in 1921 ran three days, and thereafter, through 1926, it was scheduled for only two days, still following the Academy's annual meeting.

A feature of the first course, the Round Table Luncheons for the free exchange of questions and discussion of particular problems (see description in Fig 23), was reinstated in a more elaborate form in 1925, with "men of national reputation"^{113(p5)} assigned to discuss a particular topic at each table. Arrangement was made for 18 tables each day, with attendance limited to 20 per table. Since the "table topic"

was repeated for both days of the course, it was possible for 40 to participate in the discussion of each subject. A charge of \$1.50 was made (over the matriculation fee of \$10) to cover the cost of the meal.¹¹³ In 1926, there were 19 tables or "topics," and attendance was restricted to 12 at each table.¹¹⁴

The popularity of the conference-type atmosphere provided by these Round Table Luncheons was an influential factor in the reshaping of the instructional program to its present form. Reporting to the Academy in 1926, Dr Gradle indicated that a change in method was both desired and imminent:

The Committee on the Section on Instruction has felt that perhaps a slight change might be desired in the character of the instruction work for the future—that the members are rather fed up on didactic instruction—and it has in mind the possibility of endeavoring to offer some group instruction of a semiclinical nature in the future, something on the order of the Round Table, which went so well last year, and we hope will be equally well received this year. The details are still in the rough, but we believe there is something to be gained by groups meeting informally with their instructor and discussing the matters among themselves, rather than sitting down in a large hall to listen to a didactic lecture.^{115(p459)}

And in a letter inviting men to participate as demonstrators in the 1927 instructional program, Dr Gradle outlined the details:

The Section on Instruction will undertake a new departure for the 1927 meeting. Heretofore, the instruction has been given in the form of lectures, illustrated by lantern slides, and held before all registrants. This coming year, the Section will be in the nature of small conferences. These are to take place on Wednesday, Thursday, and Friday mornings between nine and ten-thirty, and eleven and twelve-thirty—each conference lasting one and one half half [sic] hours.

Plans have been made to hold sixty conferences [58 were actually held] each morning, some subjects being repeated on succeeding days to permit more of the fellows to attend that given subject. Each conference will be under the direction of an instructor, who will open the conference with a discussion of the subject matter, the remaining time allotted is to be devoted to discussion by the registrants, in the form of questions, if desired. The instructors are urged to illustrate each talk as freely as possible, using any method he may select. Some of the conferences are to discuss

pathological questions, and for these, the Euscope Demonstration Microscope will be available so that each registrant may see the actual specimens. A few will be in the nature of clinical conferences, illustrated, as far as possible, by patients. Others will deal with technique of use of apparatus and will be illustrated by the actual apparatus. Each conference will take place in a separate room, thus freeing participants from outside interference. Small illuminated slide boxes to demonstrate two slides at a time will be provided each demonstrator, as well as drawing pads for free hand illustration.¹¹⁶

Thus with the 1927 annual meeting came investiture of an altered instructional program modeled for separate conferences held in private rooms with a limited attendance, the archetype of the instructional courses of today. Most of the courses offered in 1927 were repeated on all three mornings, with registration limited to 15 or 20 per session. Members, applicants, and invited guests were eligible to attend. Participants could register for the course or courses they wished to take; a fee of \$1 was charged for each course; and admission to a course was by ticket only which had to be purchased at the meeting.¹¹⁷ Advance reservations for courses began in 1929.¹¹⁸

The meeting schedule was modified to incorporate the courses within the body of the meeting. In the past, the three days of scientific sessions had been divided so that morning joint sessions were held during the first two days, with the afternoons and all of the third day devoted to the scientific sections on ophthalmology and otolaryngology; the two-day instructional course followed. The five-day meeting was retained, but three mornings were allocated solely for instructional hours, and scientific sessions filled the afternoons of these days. This general arrangement continued for almost the next two decades.

In the beginning, a man could take only six courses a meeting, since there were only two conference periods per morning, each lasting an hour and a half. Occasionally in subsequent years, instructional hours were scheduled for four mornings, and in 1943, the length of a

course period was reduced to one hour to allow three periods a morning.^{119(p499)} It was not until 1946 that instruction courses for one specialty were run concurrently with the scientific sessions of the other specialty. Increased attendance, explained the 1946 program, had made it necessary to depart "from the usual custom of having a mixed eye, and ear, nose and throat instructional program during the mornings" and "formulate a plan to provide more instructional courses."^{120(p274)} The plan devised was introduced at the 1946 meeting and enunciated for members:

The advantages of separating the ophthalmologic [sic] and otolaryngologic instructional programs are obvious. It will be possible for each individual to take more courses; there are a larger number of courses from which to choose. . . . The one disadvantage is that those taking the instructional courses for the entire morning or afternoon will have to miss the scientific and moving picture programs of the other specialty.^{120(p274)}

The all-day scheduling allowed for tremendous expansion in the number and variety of courses offered, and the Section on Instruction would accommodate huge registrations. At the 1974 meeting, instruction course ticket sales well exceeded 20,000 for the 519 courses presented.

Synopses

The "long abstracts" or synopses of courses were added to the instructional armory in 1931 when the demonstrators were advised that

in accordance with the wishes of the membership of the Academy, each Leader of a Course is hereby requested to prepare an outline of the material to be presented in the course, from 300 to 600 words in length. The outline will be mimeographed and will be presented to each Registrant AT THE BEGINNING OF THE COURSE.¹²¹

However, the outline idea was carried a step further in sophistication, and the course synopses for 1931 were in the form of printed pamphlets.¹²² The program announced that copies of each subject outline would be distributed to participants of a course and that

"copies of all courses presented can be purchased at the Academy Registration desk—at a small cost—following the conference."^{123(p32)} In 1935, a specific cost is given in the program—"ten cents each, fifteen for one dollar, or as complete a set as is available at the time of purchase for two dollars and fifty cents."^{124,125}

A complementary feature for the synopses, extended in 1935 at the suggestion of Dr Gradle, was the provision of loose leaf notebooks for their filing and indexing, so they would, as Dr Gradle said, "form a text of ophthalmological and otolaryngologic subjects."¹²⁶ As described in the program, "Covers with suitable indexes may be purchased at cost at the Academy registration desk. These will enable Fellows to preserve briefs of the various courses for reference and become a part of their libraries."¹²⁴ These covers and indexes were available for purchase through 1948.

In more recent years, the synopses have not been sold separately but only in sets (collected abstracts), and it is at the option of the instructor whether or not to include such printed study and reference material as part of a course.

ADMINISTRATION

The Section on Instruction was handled by a committee of four Active Fellows of the Academy from appointment of the organizing committee in 1920 through the 1926 course offering. The founding committee of Drs Gradle, Wiener, Loeb, and Wherry served through 1922, after which it was recommended and approved that "one member be retired automatically each year, and a member of the Academy be appointed by the outgoing President to fill his place. Thereby each member of the Committee will serve four years in turn."^{60(p498)}

Commencing with the year 1927, a change in the constitution and bylaws provided for section secretaries, and Harry S. Gradle assumed the post of secretary of the Section on

Instruction.^{66(pp36,42)} In 1931, management of the instructional program was branched between the two specialties with a secretary for each. Dr Gradle remained to direct the ophthalmology division, and William V. Mullin was appointed for the otolaryngology division (Table 7).

From the beginning, the general policy of those administering the Section on Instruction has been to offer courses that conform to the needs and demands of the membership. Suggestions from members in respect to courses have been sought and used as directives to the curriculum of the instructional program. As Dean M. Lierle said when he assumed responsibility for the otolaryngology courses in 1937, suggestions and the "frank cooperation of the Academy membership" are required "to present an instructional program which will be valuable to all."¹²⁷ In a 1970s effort to directly assess membership opinions and requirements, the Academy initiated course evaluation forms to be filled out by registrants in each course. This specific guidance has helped both instructors and administrators present courses that reflect current trends in registrants' needs.

When introduced in 1921, the Postgraduate Course was a step forward in the movement to establish opportunities for continuing education of the practitioner. Edward Jackson called it "the quickest and best way of meeting the needs of a very large number of the profession; whether with the elementary, fundamental branches, or a review of the latest advances."¹²⁸ As an educational program provided by a national medical society, it was unique, and the Academy's instruction courses, reputedly the oldest, certainly influenced development of similar programs.

Not quite 20 years after the Academy began the courses, President George M. Coates noted the wide adoption of this idea by American medicine: "The seed planted by the Academy has sprouted, grown and born fruit in the crops of post-graduate groups in all sections of the

country where this idea has been utilized, and which comprise county and state societies, local societies, sectional groups, the various post-

graduate groups, not only in our two specialties but in all the other specialties as well, and even in many national organizations.”¹²⁹

TABLE 6
PROGRAM OF THE 1921 POSTGRADUATE COURSE *

DEMONSTRATOR	SUBJECT
Prof. J. Van Der Hoeve, Leiden, Holland	Clinical Relationship of the Optic Nerve and Nasal Accessory Sinuses
Ernest Sachs, St. Louis	The Relationship Between Central and Peripheral Involvement of the Cranial Nerves
George E. Shambaugh, Chicago	The Anatomy of the Ear
Harris P. Mosher, Boston	Embryology and Comparative Anatomy of the Nose and Paranasal Cavities
Hanau W. Loeb, St. Louis	The Gross Relations of the Paranasal Cavities to the Optic Nerve
William C. Finnoff, Denver	Microscopic Pathology of the Eye
Ernst Fuchs, Vienna	Topic not listed
Sanford R. Gifford, Omaha	Bacteriology of the Eye
W. H. Haskin, New York	Dental Relations of the Ear, Nose, and Throat
Joseph C. Beck, Chicago	The Newer Pathology of Nose, Throat, and Ear Diseases
Thomas B. Holloway, Philadelphia	Etiology of Diseases of the Uveal Tract
Walter R. Parker, Detroit	Therapeutic Means in Ophthalmology
W. F. Manges, Philadelphia	Interpretation of Radiograms of the Ear, Nose and Throat
Harold I. Lillie, Rochester, Minn	Systematic Methods of Examining and Recording Findings in the Ear, Nose, and Throat Cases
L. W. Dean, Iowa City	Paranasal Sinus Disease in Children
	<i>Treatment of Ocular Muscular Defects—Medical and Surgical</i>
Edward Jackson, Denver	The Non-Operative Treatment of Heterophoria
Alexander Duane, New York	Non-Surgical Treatment of Tropias
Frank E. Burch, St. Paul	Surgical Treatment of Phorias
Harry W. Woodruff, Joliet, Ill	Surgical Treatment of Tropias
	<i>Modern Surgery of the Ear, Nose, and Throat</i>
Ross H. Skillern, Philadelphia	Paranasal Cavities
Robert C. Lynch, New Orleans	Removal of Larynx Tumors by Suspension
Samuel Iglauer, Cincinnati	Correction of Minor External Nasal Deformities
Gordon B. New, Rochester, Minn	Tumors of the Nose and Sinuses
Marcus Feingold, New Orleans	The Diagnosis of Fundus Lesions
William M. Sweet, Philadelphia	X-Ray Localization. Practical Demonstration
Luther C. Peter, Philadelphia	Technic of Field Taking
Stuart Mudd, Boston	Changes in the Mucosa of the Nose and Throat Induced by Exposure
Max A. Goldstein, St. Louis	Differential Diagnosis of Deafness
James J. King, New York	Local Anesthesia in the Ear, Nose, and Throat Surgery
	<i>Glaucoma</i>
William Zentmayer, Philadelphia	Etiology and Diagnosis
William C. Posey, Philadelphia	The Treatment of Chronic Glaucoma
Chevalier Jackson, Philadelphia	Endoscopy
A. G. Pohlman, St. Louis	The Hearing Mechanism of Mammals
Lewis Fisher, Philadelphia	Labyrinth Tests
	<i>Demonstrations of the Classic and New Methods in Ophthalmic Surgery</i>
S. Lewis Ziegler, Philadelphia	Capsulotomy, Iridotomy and Iridectomy
Harold Gifford, Omaha	Plastic Restoration of the Socket and Lids
Arnold Knapp, New York	Cataract Extraction
Allen Greenwood, Boston	Dacryocystotomy
William H. Wilder, Chicago	The Surgical Treatment of Entropion
William L. Benedict, Rochester, Minn	Enucleation and Its Substitutes

*Taken from *Note Book, Postgraduate Section: The American Academy of Ophthalmology and Oto-Laryngology, Philadelphia, October 17-22, 1921*, William P. Wherry Scrapbook.

TABLE 7
OPERATION OF THE SECTION ON INSTRUCTION

METHOD	ADMINISTRATORS	YRS SERVED (INCLUSIVE)
By committee of four Active Fellows 1920 through 1926	Harry S. Gradle (OP) Chicago	1920-1926
	Meyer Wiener (OP) St. Louis	1920-1922
	Hanau W. Loeb (ORL) St. Louis	1920-1922
	William P. Wherry (ORL) Omaha	1920-1926
	Edward C. Ellett (OP) Memphis	1923-1924
	William R. Murray (OP-ORL) Minneapolis	1923
	Frank R. Spencer (OP-ORL) Boulder, Colo	1924-1926
	William L. Benedict (OP) Rochester, Minn	1925-1926
By secretary of Section on Instruction 1927 through 1930	Harry S. Gradle	1927-1930
<i>Instruction in Ophthalmology</i>		
By secretaries for each specialty	Harry S. Gradle	1931-1937
	Albert D. Ruedemann, Sr Cleveland (later Detroit)	1938-1961 (associate with Dr Gradle, 1936-1937)
	Glen G. Gibson Philadelphia	1962-1971
	David Shoch Chicago	1972-1978
<i>Instruction In Otolarngology*</i>		
	William V. Mullin Cleveland	1931-1935 (Dr Mullin died in 1935; he had served as associate secretary [ORL] in 1930)
	Ralph A. Fenton Portland, Ore	1936 (acting secretary)
	Dean M. Lierle Iowa City	1937-1959 (associate with Dr Fenton, 1936)
	Eugene L. Derlacki Chicago	1960-1976
	D. Thane R. Cody Rochester, Minn	1977-

*In 1944, title was expanded to "Instruction in Otolarngology and Maxillofacial Surgery."