6. The Path to Prominence: 1913 to 1921

Medical incompetence comes mainly from two sources: inadequate preparation and failure to keep abreast of the fast pace of advancing medical knowledge.

GORDON D. HOOPLE, 1961

DEMAND for a broader interpretation of Academy responsibility as an educational society had become insistent by the Academy's 18th year. Mounting concern with the education, quality, and skill of the specialist and with medical progress in the specialties vitalized the need for a wider radius of activity. The years 1913 to 1921 saw development of a more comprehensive sense of Academy purpose.

The redrafted constitution of 1912 had brought stabilization to the fluid shifting and unfolding of policies and procedures inherent in coping with an expanding society. The result was a quiescence of organizational matters for the first time since the founding in 1896.

Almost abruptly, and with surprising intensity, the members turned their attention to the most salient problem in the specialties—the education of the specialist. Under the leadership of such men as Edward Jackson, the membership was mobilized for the challenge of exhorting a higher level of competence from those who claimed the right to specialty practice. At this time there was no defined obligation or crucible through which the specialist had to pass before he could function as such. Training was largely a matter of individual discretion, often undertaken after some years of general practice and with little time for any exhaustive study—the six weeks' course was all too disastrously popular.

There was another factor that crystallized the problem of specialty education and precipitated direct action—the First World War. The outbreak of war devastated opportunities for training and research in Europe; even after the war, the financial condition of Central Europe was inimical to resumption of its role as a medical mecca. As one of America's primary reservoirs for training and research dried up, there was what some called a "war crisis in medicine" which gave emergency status to the need for providing comparable facilities in this country. This situation added velocity to the striving of those men in the Academy who had long been delineating these priorities and who were finally engaging the cooperation and support required for action.

ACADEMY BEACONS NEW PROGRAMS

Results of the ingenuity members channeled to the task of improving graduate education,

not only for the specialist in training but also for the specialist in practice, make the period 1913 to 1921 one of considerable impact. Academy efforts, both singly and in cooperation with other societies, crested in three programs, the quality of which inspired their adoption by other specialties.

Sparking these efforts was the appointment in 1913 of two committees, one for ophthalmology and one for otolaryngology, to study and recommend plans for effecting standardization of graduate instruction in ophthalmology and otolaryngology and uniform requirements for admission to practice in the specialties. These committees were to work with similar committees of related specialty societies, and the combined efforts of these men led to formation of the first American Boards. The reverberations from these Boards were adequate, systematized training programs and revolutionary changes in the preparation of all specialists.

Two other master plans that served as precursors in medicine were conceived during this period. One designed the Postgraduate Instruction Course for intense study of circumscribed subject areas. This has remained a valuable educational medium in which the practitioner may review the common and discuss the complex with acknowledged authorities. The second established an Academy Section on Pathology, commissioned to organize a museum of ophthalmic and otolaryngic pathology within the Army Medical Museum. Instituted in 1921, this cooperative arrangement between the Academy and the Army Medical Museum culminated in the registries of ophthalmic and otolaryngic pathology. The Registry of Ophthalmic Pathology, originated in 1922, was the second national registry and the first to be sponsored by a medical organization, a precedent soon followed by other societies.[52(p69)] The Registry of Otolaryngic Pathology was formed in 1935.

The dispatch with which the Academy plotted and instituted these programs earned it distinction as an educational society and telescoped it into prominence as an educational leader in medicine.

To those practicing specialized medicine at this time, the proper preparation for specialty practice and the paucity of facilities for obtaining such in this country were hardly new considerations. What brought them fresh attention was an increasing awareness, quite evident in Academy discussions, that the obligation for augmenting training was incumbent on those in the specialties and was not going to be discharged through dependence on the medical profession at large. The commandment, of course, was means, and the war made it paramount. It is difficult to impute just what combination of factors led to the surge of Academy interest in finding solutions—perhaps it was appointment of the committees on education in 1913, further subserved by the advent of war in 1914, or perhaps it was simply a manifest problem whose time had come. But the progressive movement toward durable resolutions was the keystone of these years.

THE UNDERCURRENT OF WAR

The First World War had a more explicit effect on the Academy in that it interrupted immediate execution of plans and caused a brief hiatus in some activities, particularly during the 1917 and 1918 American involvement. Travel during these years was difficult and expensive, and meetings were small with many members and leaders away in the service. There was a temporary retrenchment because of finances in 1917, and most Academy functions rather treaded water. These conditions made the Council question the advisability of holding a meeting in 1918, and the final decision to go ahead was made only a month before the meeting. Both the 1917 and 1918 meetings were abbreviated two-day sessions, and the Academy published a joint TRANSACTIONS for

the two years as part of an austerity program. Table 2 provides a compendium of meeting statistics from 1913 through the Academy's 25th meeting in 1920. The war occasioned a sharp decline in membership growth, with rapid return to normal following its conclusion.

The difficulties encountered because of the war did not deflect Academy members from continued progress in the sphere of graduate education—the first ophthalmology Board examination was given after the 1916 meeting, and the pilot concept for instruction courses was introduced in 1917. But the conduct in other areas of business and committee work was sluggish. With meeting attendance depleted and members scattered, there was an arrest in major decisions and operations. Organizational matters received only a pittance of attention. When the Academy was able to regroup in 1919, latent issues were replete, and the Council set forth proposed constitutional changes and appointed a committee to assess the necessity for further revisions. A year later, as the Academy marked its first quarter century, the members for the third time began inspecting and adapting the governing rules.

Although the war detoured some plans, the only proposal directly subverted by it was one for presessional reprints in 1914. The scheme of publishing presessional reprints had been adopted in 1913 with the object that members could read and study in advance the material to be discussed at a meeting.[47(pp22-24)] A bonus benefit of this mechanism was that the textual matter already typeset would serve for use in the TRANSACTIONS and thus eliminate the publication delays caused by men who took their papers home for revision after the meeting. The eruption of war in 1914 marooned many of the meeting speakers in Europe, and they could not furnish material in time for publication before the meeting.[49(p6)] The plan was abandoned, but the idea received regular overtures for many years until it was finally tried for the 1928 through 1930 meetings. The arrangement was not particularly successful and was not attempted again.

Despite diminished finances, in 1917 the membership felt it imperative to take some overt patriotic action signaling its support of the government. As a statement to "attest our loyalty to our country," the members instructed the treasurer to invest such portion of surplus funds as he deemed judicious in any future issue of Liberty Bonds.[24(pp2-4,7)] Further underscoring this concern, the Council voted to remit the dues of all members on active military duty.[24(p7)] At the same time, to bolster finances, an SOS message was transmitted to all delinquent members asking them to rectify their default in dues (they were not dropped from membership for nonpayment of dues, but they did not receive the TRANSACTIONS). The response of prodigal members in settling their accounts was so strong that by the latter part of 1918, with more than 100 men in the service being carried gratis, the Academy treasury, paradoxically, showed the largest surplus ever. After an investment of $4,000 in Liberty Bonds, surplus funds registered $6,215.30.[46(p3)]

A total of 275 Academy members served in the war,[53] and a number of its leaders worked directly under the surgeon general's office to organize maxillofacial units in hospitals here and abroad and to enroll qualified specialists to staff them.[54] Probably spurred by these men, the Council in 1916 had offered to provide a fully equipped "base head hospital" for the government.[2(p17)] The offer was declined by the surgeon general who resolved that the government would set up a "special head hospital."

Establishment of USA Base Hospital No. 115 in France was authorized in 1917 and was organized, staffed, and equipped under the direction of three Academy members on duty in Washington, DC.[55] Because of the express interest in this hospital and the contingent of members to be stationed there, the Council in 1917 recommended formation of a Comfort

Fund for the hospital staff as another measure to aid the war effort in general and their own colleagues in particular. The intention was to furnish "comfort articles for the officers, the men and nurses," such as books, records, comfortable chairs, and other necessities or small luxuries that would make their lives less Spartan.[24(p14)] The Council members pledged $10 each and called on the rest of the membership for subscriptions. Donations amounted to $1,272, and this money was sent to the base hospital and apportioned there for supplies by a committee of Academy members.[30] Approximately one fourth of the money was expended to assist Lee Masten Francis in organizing courses in ophthalmic surgery which were held in Paris. The courses were given in French but were reportedly attended by a number of American officers.

THE FOCUS OF COMMITTEE WORK

Although the most productive work that spanned this period was the mapping of new itineraries in specialty education, the membership continued to monitor other medical and public health issues. Committees appointed during this time, their target, and their results are capsulized in Table 3.

Five of the 11 committees were constituted to launch educational programs and did so. The two committees on education which collaborated with other societies to produce the Boards were, in effect, the first investigative committees of the Academy to achieve the status of standing committees. Ultimately, these committees were distilled to Academy representatives to the national Boards.

The Committee on Teaching was a preamble to the Committee on Intensive Postgraduate Course and its sequel, the Academy's Section on Instruction. A further network of association exists from the Committee on Teaching to the committee assigned to organize a museum of ophthalmic and otolaryngic pathology within the Army Medical Museum. The permanent museum collection was perceived as another extension of, and resource for, postgraduate teaching. The committees on ophthalmic and otolaryngic pathology, which began operating in 1923 as divisions under a general Section on Pathology, are the oldest surviving standing committees.[39(p42)]

Of the other special committees, only two merit elaboration, not so much for the results achieved as for the project pursued. The focus of the Commission on the Etiology of Iritis is explicit in the title (later expressed as the Committee for the Investigation of Iritis and Irido-Cyclitis). This was the first Academy committee to clearly undertake definitive research, although the performance was mercurial and the results inconclusive. Appointed at the instigation of Wendell Reber in 1915,[57,61] the committee under Dr Reber's direction drew guidelines for a thorough clinical and laboratory investigation into the causes of iritis.[62,63] The help of men with access to laboratory facilities, as well as the cooperation of ophthalmologists in various parts of the country, was solicited and secured. This vigorous beginning was aburptly halted by the death of Dr Reber in late 1916 and the state of suspended activity conferred by the war. By mutual consent the committee was dissolved in 1919 and a new committee was designated for the same purpose and granted up to $500 by the Council to fund suitable research[30] (this is the first recorded instance of Academy funds being expressly ordained for research).

For the next two years the probe continued along the lines fashioned by the original committee: a syllabus of information needed to determine causative factors, including conclusive laboratory tests, was constructed and sent to a large number of ophthalmologists.[58,59] An insufficient 92 cases were collected and classified, with the data incomplete in 90% of the syllabi returned.[59] The committee decided that no comprehensive and valid search could

be accomplished with this method of investigation, and they suggested that the work be assumed by an institution equipped to satisfy the dictates of extensive material and adequate laboratory facilities.[39(p30),60] The work was consigned to the New York Eye and Ear Infirmary in 1923.[39(pp44,45)] Although the committee was unable to accomplish its aim of critically surveying accepted views on the causes of iritis and iridocyclitis in the light of new evidence, it attempted the most large-scale inquiry into a medical problem to date and prefaced more extensive projects in the future.

The Committee on a National Medical Research Laboratory was prompted by Lucien Howe who in 1919 detailed the urgency for developing research laboratories in America and, concomitantly, some centralized means to provoke, steer, and coordinate research throughout the country.

"It is practically an axiom," said Dr Howe, "that the degree of progress in medical science is in proportion to the amount of investigation by modern laboratory methods. But such research is now and always has been comparatively rare in America, as compared with the amount accomplished in the leading European countries."[64(p152)] In analyzing the reasons for this and forecasting possible remedies, Dr Howe emphasized the threatened decline in medical progress as one aftermath of the war and the new mandate leveled at the United States to carry forward. "America would come to the rescue"[64(p158)] importuned Dr Howe in conclusion, and he called for a committee to specify what recommendations, if any, the Academy might advance in fostering creation of a national medical research laboratory.[30]

What Dr Howe postulated was not establishment of one large medical laboratory but rather some central agency, preferably an organization connected with the federal government, capable of assimilating the fragments of disjointed investigation into systematic study of a subject, with research being a concerted effort among different investigators.[64] As interpreted by the Academy committee of which he was chairman, the objective of a national medical research laboratory would be "to utilize the opportunities already existing in the Library of the Surgeon General, in the Army Museum, in the Public Health Service and elsewhere, to facilitate research and to place students in communication with each other."[59(p428)] Concretely, the committee supported the efforts of the AMA "to enlarge the scope of the present excellent Public Health Service and associated similar activities, to organize them all as a department of the Government with a representative in the Cabinet of the President."[59(p427)] (Such efforts so far had been successfully thwarted by the patent medicine industry and various irregular medical cults, neither of which wanted federal control, and lastly, by the general ignorance or apathy of the public.) Under such department of public health, the committee envisioned "one section or bureau . . . so organized as to foster research in public or private laboratories, such section or bureau being similar to that here described as a National Medical Research Laboratory."[59(pp429,430)]

Because of the substantial odds against obtaining legislation to provide for a government department and therein a special bureau of medical research, the committee in 1922 resolved that medical societies should fulfill at least one proposed function of such a bureau, that being, to publish yearly a comprehensive bibliography of the current literature in a specialty, annotated with abstracts of each work. The committee petitioned the Academy to join with the American Ophthalmological Society and the Section on Ophthalmology of the AMA in supporting inception of an international yearbook of ophthalmology which, as proffered, would be the most complete digest of the ophthalmic literature ever attempted.[60] The hope for an analogous yearbook in otolaryngology was also extended and, naturally, was implicit in any Academy consideration of the matter.

This appeal was forwarded to the Council and reckoned inadvisable in view of the estimated cost.[39(p32)] The Council did not veto the idea but instructed the committee to suggest suitable methods of financing it. Nothing germane to this was submitted in 1923; instead, the committee reported that the AMA's Bureau of Legal Medicine and Legislation had added considerable backbone to their efforts in the cause of a governmental department of public health.[65] Procuring independent legislation was outside Academy limits, and the committee was continued simply in a supportive posture for the next two years and then discharged. Again, we cannot invoice any direct results from this committee, but it was another cross section of Academy efforts to spearhead advances in medical knowledge and skill.

A SUBSIDY FOR RESEARCH

In the same year Lucien Howe fused attention on the need for a national laboratory to encourage and supervise research, the Academy calculated affiliated steps in the microcosm. Appended to the Council delegation in 1919 of $500 for research into the causes of iritis was a larger summons to the membership that

> an increase be made in the annual dues from $5.00 to $10.00 in order to accumulate resources for the establishing of a fund of $25,000 to be set aside and the income from which to be used for research work in ophthalmology and oto-laryngology.[39(p2)]

This recommendation was drawn from the "long felt need of the Council to contribute in a substantial way to stimulate original investigation and study in our special branches," and the original $500 contribution was issued as the "beginning of a most important function of the Academy."[58(p367)]

The members approved the dues increase, effective in 1921, and Daniel B. Kirby, of New York, became the first research fellow of the Academy in 1925.[66(pp21,22)] Dr Kirby, who had become an Academy member only the previous year, was granted $1,000 (soon increased to $1,500) to study the "nutrition of the lens."[66(pp21,28,29,40)] The first research fellow in otolaryngology was William V. Mullin, of Cleveland, who was granted a similar amount in 1926 to study the "embryology of the sinuses."[66(p39)]

CHARACTER OF MEETINGS

The Postgraduate Course, as the instructional program was first called, was the largest supplement ever added to the annual meeting. When introduced, however, it was just that—a supplement, given after the annual meeting. And the administration and scheduling of the meeting changed little.

A meeting comprised the major facets of both joint sessions and separate, concurrent scientific sections; scientific exhibits (pathologic specimens and new instruments); technical exhibits; clinics; and business sessions. As Academy activity and committee work mushroomed so did business sessions (often held each day before the regular scientific sessions). The encroachment of business on the Academy's scientific work eventually reached such proportions that the strategy of a special business session, scheduled apart from the program, was adopted in 1925.

Although planned entertainment for members and their guests had been customary at every meeting, the first special activities for the ladies while the meeting was in session were featured in 1913. This subordinate planning, at first rather random, became more deliberate in time—formal luncheon invitations from the president's wife were common in the 1920s, and the first printed ladies program appeared in 1932.

The tenor of the Academy remained that of a comfortably compact organization, with meeting attendance small enough for collective activity and for the accent of personalities. The personal equation which laced both professional and social activities is well plumbed by

the bill of entertainment at a 1916 banquet—advertised as "a speechless dinner, although Dr Stucky will sing My Old Kentucky Home."[62(p1)] (J. A. Stucky, the Academy's president in 1907, was a dedicated member and a dedicated son of the Bluegrass State. In calling to order the twelfth annual meeting in Louisville, he informally welcomed the Academy to his native Kentucky, "Where the landscapes are the grandest, / And the politics the damndest."[21(p1)]) Such footlights tinged the early Academy. The homey touch of being serenaded by a past president was somewhat lost as meeting attendance grew larger (Fig 17 and 18).

THE ORGANIZATIONAL MATRIX

The constituency of the Council was broadened by constitutional amendment in 1915 to include the treasurer as an ex officio member.[57] The previous year a favorable vote had been returned on an amendment to the bylaws stipulating that "a member of the Council shall not be eligible for the nomination of president of this Academy during his term of office as councilman."[47(p12),67] Because the Council at this time consisted only of the president, two ex-presidents, the first vice-president, and four Active Fellows of the Academy, this stipulation was aimed primarily at the four councillors, and its purpose was to cultivate an influx of "new blood and ideas into the administration."[67(p3)] Although the amendment was adopted in 1914, it does not appear in the next full printing of the constitution and bylaws (in 1942),[68] nor was it rescinded in the interim, and it is unclear whether this was ever a statute or simply a principle.

Fundamental policy maneuvers began in 1920, the Academy's 25th year, with a medley of revisions and continued as a result of the Academy's new educational extensions until the organizational makeup was recast into the secretarial form in the latter half of this decade. The important changes ratified in 1920—the dues increase, the confirmation of the editorship of the TRANSACTIONS as an elective office, and the activation of a new membership

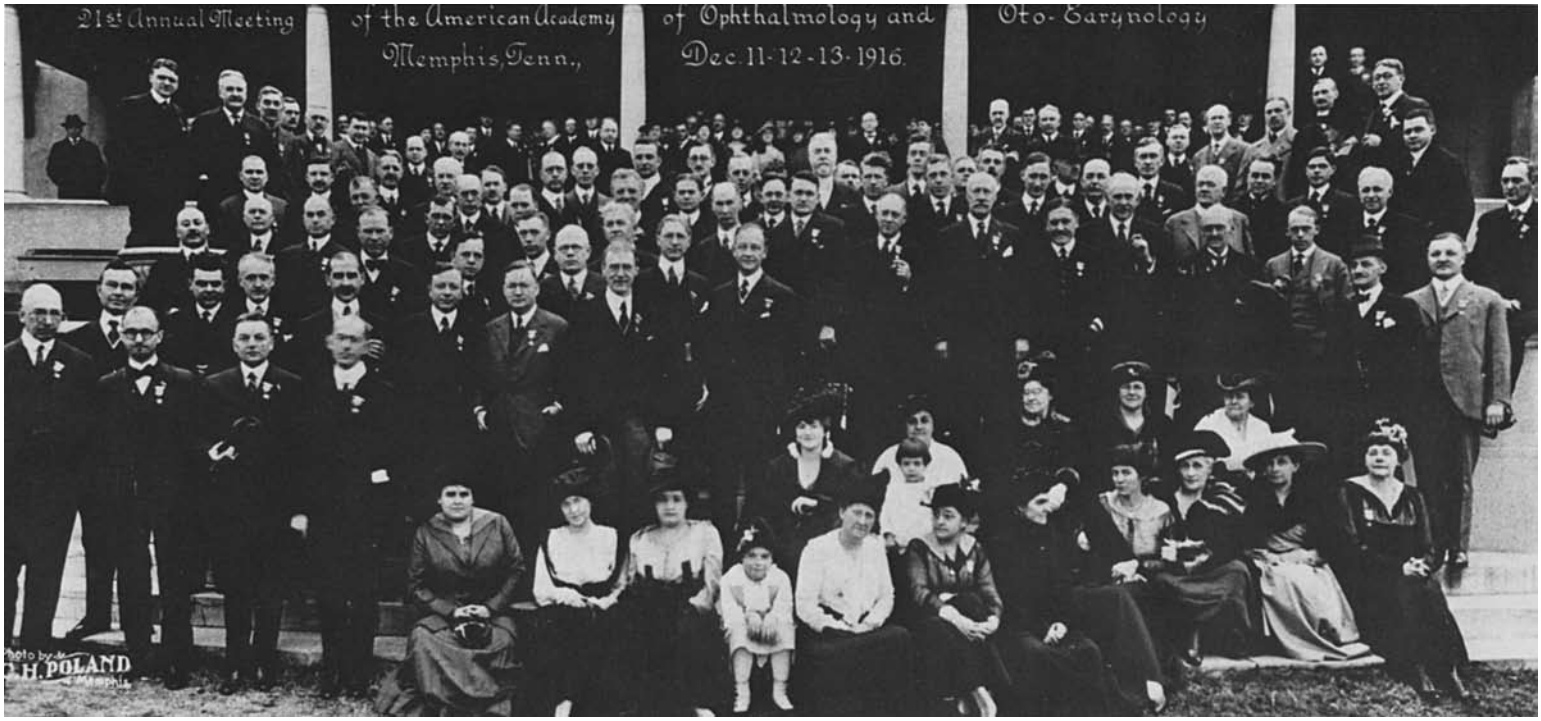

Fig 17.—Members, spouses, and offspring posed together at 1916 meeting.

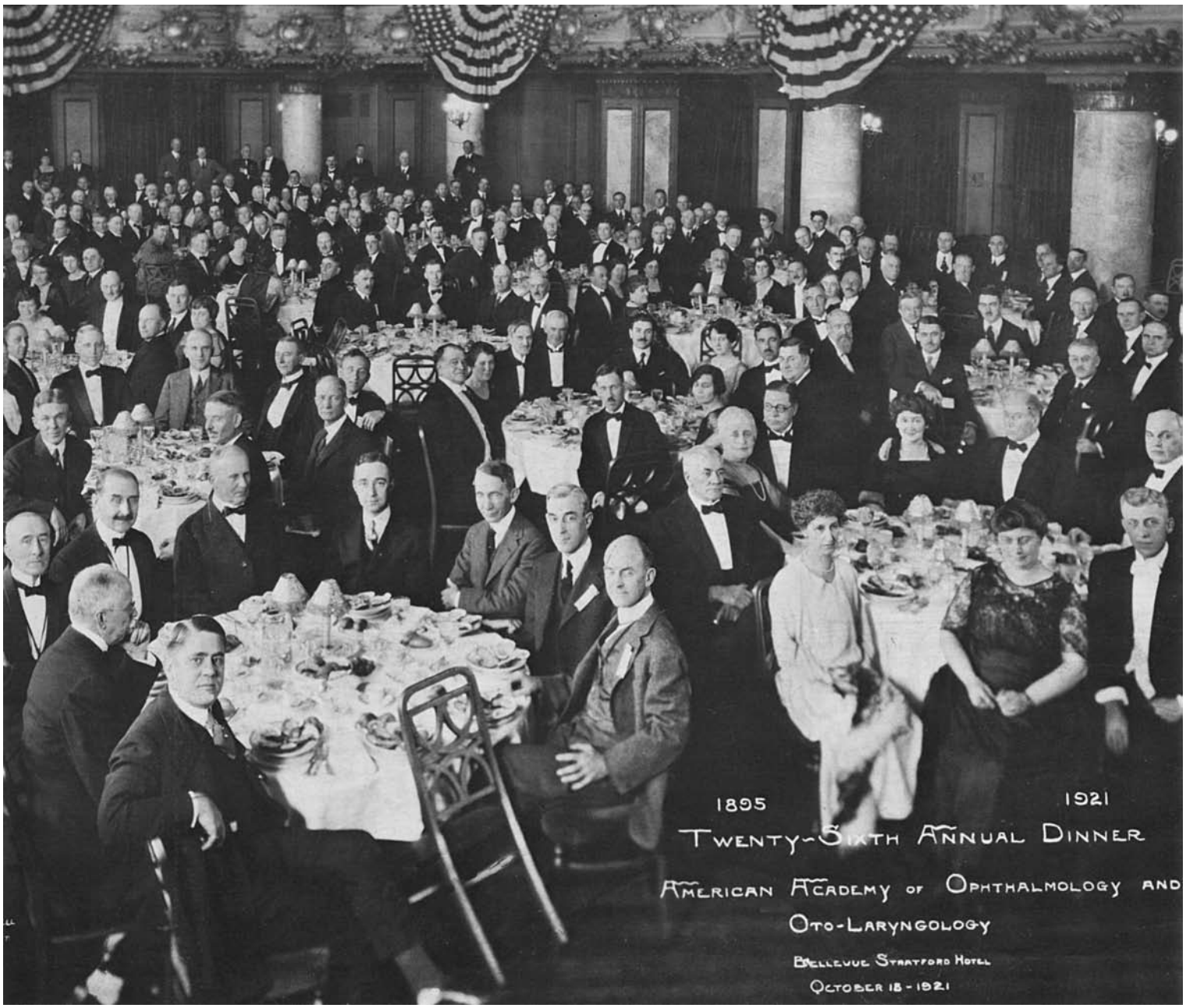

Fig 18.—Annual banquet in 1921.

requirement tied to the Boards—these changes registered the beginning of almost continual scrutiny of the constitution necessitated by the steady input of new currents.

As the Academy neared completion of its 25th year, April 9, 1921, new educational programs were peaking to a boil—the ophthalmology Board, established with Academy help, was in its fifth year of operation; the mold for a similar board in otolaryngology was being shaped; construction was well under way for the first Postgraduate Course to be presented only a few months hence; and the idea of a museum of ophthalmic and otolaryngic pathology was generating.

TABLE 2

MEETING STATISTICS FOR YEARS 1913 THROUGH 1920

MEETING			NO. IN ATTENDANCE	NEW FELLOWS ELECTED*	HONORARY FELLOWS ELECTED
ANNUAL	DATES (INCLUSIVE)	PLACE			
18th	Oct 27-29, 1913	Chattanooga, Tenn	. . .	115	Lieut.-Col. Richard H. Elliot, Madras, India
19th	Oct 19-21, 1914	Boston	. . .	. . .	None
20th	Oct 5-7, 1915	Chicago	. . .	135	None
21st	Dec 11-13, 1916	Memphis	120+	85	None
22nd	Oct 29-30, 1917	Pittsburgh	. . .	55	None
23rd	Aug 5-6, 1918	Denver	104	55	None
24th	Oct 16-18, 1919	Cleveland	. . .	120	None
25th	Oct 14-16, 1920	Kansas City, Mo	. . .	227	None
				(Total membership at close of 1920: 1,390)	

*There is a slight discrepancy in the number of members elected as reported in the minutes of a particular year, as found in a typed list of new members for that year, and as sometimes reported by the secretary the succeeding year. However, the numerical difference is negligible, usually less than five.

TABLE 3

DIGEST OF COMMITTEE WORK

NAME	YR. APPOINTED	PURPOSE	RESULT
Committee on:			
Education in Ophthalmology	1913	To upgrade postgraduate education (conjoint effort with other societies)	American Board for Ophthalmic Examinations
Education in Oto-Laryngology	1913	To upgrade postgraduate education (conjoint effort with other societies)	American Board of Otolaryngology
Protection of Eyes in Industries From Excessive Light and Heat	1914	To study harmful effects of intense light and means of protection	Analysis by spectrophotometric measurements of light emanating from various industrial sources; determination of qualities necessary in commercial lenses for effective protection; data available to manufacturers [56,57(p7)]
Commission on the Etiology of Iritis	1915	To resurvey and probe causes of iritis	Collection and classification of cases; arrangement for more exhaustive research to be carried out by New York Eye and Ear Infirmary
Industrial Insurance	1916	To examine bill proposing form of medical insurance (under direction of Council)	No findings or action reported
Standardization of Working Men's Injuries	1916	To formulate report for Academy	Results never presented for consideration
Teaching	1917	To arrange and conduct special courses in ophthalmology preceding annual meeting	Scientific demonstration at 1920 meeting (antecedent of instruction courses)
International Congress of Ophthalmology	1919	To develop and execute plans for congress in United States (conjoint effort with other societies)	Twelfth International Congress of Ophthalmology held in Washington, DC, April 1922*
National Medical Research Laboratory	1919	To consider possible steps toward creation of a central government agency to coordinate and facilitate research	Committee authorized to assist, if asked, efforts of AMA's Bureau of Legal Medicine and Legislation to secure legislation establishing government department of public health
Intensive Postgraduate Course	1920	To organize program of instruction for presentation following 1921 meeting	Inauguration of Academy's Section on Instruction
Museum of Ophthalmic and Oto-Laryngologic Pathology	1921	To establish museum of ophthalmic and otolaryngologic pathology in the Army Medical Museum	Development of Academy's Section on Pathology and of registries of ophthalmic and otolaryngic pathology

*References [58(pp370-373), 59(pp430-432), 60(pp491-492)]