

Chapter 6

THE ADVANCE OF CLINICAL MEDICINE

THE FIRST CHANGE IN THE NAME OF THE ASSOCIATION

The constitution and by-laws adopted when the Association was organized contained the following: "Article I—Name. This society shall be known as the American Climatological Association. Article II—The object of this Association shall be the study of climatology and hydrology and of diseases of the respiratory and circulatory organs."

The name and the object as stated in the constitution remained intact for 30 years. The first large wave on the surface of this calm body of water was the Presidential Address of Charles L. Minor¹ (Fig. 14) of Asheville, North Carolina at the Thirtieth Annual Meeting in 1913. Minor pointed out that in the past three decenniums the advance of the art and science of medicine had been enormous, as great or greater and more momentous than in any similar period in medical history. Antisepsis and asepsis had revolutionized not only surgery but medicine as well. The whole brilliant hypothesis of immunity had been formulated, and from it had evolved serum and vaccine therapy, conferring inestimable blessings on suffering humanity. Laboratory diagnosis had assumed an importance that the leaders of the early days of the Association could not possibly have anticipated. The whole knowledge of tuberculosis had been recast, and the pessimism of the profession of 1884 as to its curability had been replaced by an intelligent optimism based on proven scientific facts.

Nothing, Minor pointed out, could better show the advance in the latter realm than perusal of the Presidential Address of Dr. A. L. Loomis in 1885. Loomis, who in his day was the leading authority on this disease, discussed whether phthisis had its origin as an infection, and remarked that:

There has never, perhaps, been a period when there was so great uncertainty in the minds of the profession in regard to the etiology and morbid anatomy of phthisis as at present. For one class of observers, pulmonary phthisis is an inflammation of the pulmonary substance which may or may not be complicated by tubercle. Another class maintain that the tubercle is the primary and essential lesion of all phthisis. Still more recently, certain investigators maintain that there is a specific material which may and may not be accompanied by the histological element of tubercle, but which always has a specific form of *bacillus* as the sole exciting cause of its development. . . . Koch's statements that the repeated entrance into healthy lungs of small numbers of the specific bacilli of tuberculosis will cause chronic phthisis, and that the simultaneous admission of numerous bacilli will produce acute cases, stand as yet unproved.

Minor went on: "And these were the words of a leader only 30 years



FIG. 14. Charles L. Minor

ago. When such changes occur in such short a time it is evident that only by constant growth and by adaptation to new conditions arising constantly, can medical men and medical societies hope to keep abreast of the times." Minor reminded the members that the study of tuberculosis had taken a large place in the work of the Association, and the future historian of the antituberculosis campaign in the United States could not ignore what had been done by the members of the Climatological. The Climatological was the first society to pay special attention to the subject. Valuable papers on climatic treatment, careful studies on the use of tuberculin, pioneer work on nomenclature and classification later taken up by the National Association, important papers on early diagnosis by x-ray and on pneumothorax, and many others strongly influencing the development of an interest in tuberculosis in this country could be found in the *Transactions*.

Minor then emphasized that the Climatological should not be chiefly

a society for the study of tuberculosis, as others had concluded in the past, even though its members had done so much excellent work in that area. It was natural and right that work on this single disease should be taken up by a special society. This group could include laymen as well as physicians in its ranks and could study the sociological, as well as the medical, aspects of the disease. It could collect funds and carry on a campaign of education throughout the country for which a medical society, pure and simple, has not the time. Such an organization could devote all of its attention to the one subject of tuberculosis. The Climatological, always taking a deep interest in the subject, should remain free to follow other subjects as well. He expressed satisfaction with the part that many of the Climatological members took in the founding of the National Association for the Study and Prevention of Tuberculosis, in which they were active and prominent from the start without losing "one whit of their interest in the parent society, as the Climatological Association may be named, for if we look over the list of officers and directors of the National Association we shall very quickly see that with justice we can be so-called [parents of the National Association]." Minor expressed admiration for the work on diseases of the lungs and heart presented before the Climatological, especially the studies on the physical diagnosis of those diseases; he believed that no society in this country had done more or better work on this subject. He stated that climatology had naturally received much attention, although he pointed out that in recent years interest in this subject had fallen off considerably, and the meetings had featured many more presentations on general subjects. Many reports on American climatic resorts had been presented before the Climatological; members of the Association had written the two best books in this country on "Climatology"; and efforts had been made to encourage the teaching of climatology in our medical schools. Numerous mineral springs had also been carefully studied, and much information collected about their qualities. In these various ways, therefore, by its membership, by its standing, and by its contributions to science, the Climatological had filled a valuable and important place in the medical annals of the country while it had also acquired the well-deserved reputation of being the most enjoyable, the most social, and the most closely united society in the United States.

It was his belief, however, that if the future is to justify the past, one could not let pride in the excellence of the Climatological make its members forget that it must have and does have its faults. He recalled that in the past, certain presidents, namely Jacobi, Babcock, and Bridge, had in their presidential addresses struck this note of warning and of advice. Jacobi, a very wise counsellor, said: "It is hardly necessary to point out or to emphasize the established policy of this Association to

admit only men whose positions have been established and who, through at least a few publications connected with our study have proved their right to apply." Babcock, in 1901, had said: "Let us not as an Association, however, devote our energies too exclusively to the climatology of consumption, ignoring the other natural means of cure and the treatment of diseased conditions." Bridge, in 1903, had commented as follows: "We cannot let the good fellowship which belongs to so harmonious a society as ours, betray us into dropping the serious work of the Association. It seems to me that we are, through the character of our contract, under greater temptations to do this than any others of the societies of this Congress of Science [the Congress of Physicians and Surgeons]."

Drs. Darlington, Coleman, and others had dwelt on the fact that the Association's name and its constitutional limitations restrict the society in letter, but should not restrict it in spirit; by implication they both urged that the scope of the organization's work be widened. Minor stressed that it was necessary to watch with all care the development of the society if one was to avoid getting into a rut or standing still instead of progressing. He believed that in the life of every organization, there come critical periods with good or ill according to whether they are wisely met or blindly neglected. It was his belief that such a period had arrived in the history of the Climatological and that it would be wise to consider what one could do to meet the fullest demands of the rushing and eager 20th century. He spoke as follows:

It was originally founded for the study of climatology, but even in the earlier Presidential Addresses it is evident that this seemed to be too narrow a field and diseases of the lungs and heart were soon added to it, and later hydrology.

But, gentlemen, times change and men change with them, and climatology, even with the powerful addition of diseases of the lungs and heart, no longer, I believe, offers a sufficient field for the activities of the society.

Climatology does not awaken much real interest in the minds of the large majority of active medical men today, and for several years now there has been a growing feeling among our members that if we are to continue to grow and prosper and not to be merely a charming club of good fellows, but an active, scientific association doing valuable work in medical progress, we must widen our borders, must let it be understood that climatology is not the chief center of our interest, must remove the restrictions set upon us by our name and by a clause in our constitution, and must feel ourselves free to study all subjects within the realm of clinical medicine. . . .

...The popularity of laboratory work has brought into the programs of many societies an excess of papers on purely laboratory topics of an extremely technical nature which, however important, are nevertheless of subordinate interest compared to those in the realm of practical internal medicine, and there is a distinct demand for more papers on clinical subjects, papers based on bedside observations; and while we all realize fully the importance of laboratory work and would not belittle it, we realize that the society which goes in for a large amount of this is apt to lose in practical medical interest.

There is, therefore, a very real demand for a society strictly clinical in its aims and scope and where all men interested in general clinical medicine, of which please

remember climatology is a part, though a very small part, can bring their problems for discussion.

He further stressed that it was necessary to attract the younger men into the organization who would be the distinguished clinicians of the next 15 or 20 years and who would feel it a privilege to join. He believed that the society must convince the outside world of the opportunity which it offered and he recommended modifying the name so that it would make plain to everyone that the Association embraced in the field of its studies what is spoken of as "clinical medicine" as distinguished from laboratory work.

Let us call our Association the American Climatological and Clinical Association, or, possibly better, the American Clinical and Climatological Association.

Next, let us amend our constitution so as to open our meetings to the discussion of all topics of general clinical medicine, especially the diseases of the lungs and heart, climatology, and hydrology.^[2]

Thirdly, let us be careful in admitting new members to our society. . . and not to consider only or chiefly their good fellowship or the friendly recommendation of some gentlemen, but let us consider more carefully than ever the work that they have done and are capable of doing and their promise for the future, so as to be sure that they will add not merely to the social charm of our Association, of which we are so proud, but much more to its intellectual distinction on which, after all, our reputation must be based. . . .

Minor's suggestions carried the day and the constitution was changed to specify the new name of the organization, The American Climatological and Clinical Association.

THE PROGRAM OF THE THIRTIETH ANNUAL MEETING

This thirtieth annual meeting, at which Minor presided, was held at the new Willard Hotel, Washington, D.C. on May 6,7, and 8, 1913. In 1913, some 8 years after introduction of the x-ray, papers were presented discussing in detail the discovery of abnormalities in the lungs by the methods of physical diagnosis. Henry Sewall's lecture, entitled "On the Auscultatory Determination of Early Pathological Changes in the Lung," was followed by George William Norris's discussion of the anatomic causes for the differences in the physical signs over the upper lobes of the lungs. It is clear that the x-rays still had not come into any general use. In the discussion, however, in addition to the general praise for the work of Norris and Landis and the beautiful anatomical studies that they had made, it was pointed out by W. H. Swann of Colorado Springs that several members of this society had failed to recognize clinically a large cavity easily visible in the x-ray. Even after seeing the cavity in the x-ray, these clinicians could find absolutely no physical signs.

There was great concern about the need for a universal system of

notation for recording physical findings in pulmonary disease, and at the Montreal meeting in 1911 a committee had been appointed to recommend some such system. At the 1913 meeting the committee pointed out that Drs. Sahli and John H. Musser, the latter a member of the Climatological, had published excellent schemes that had as yet not been generally adopted. They recommended that while such systems could be very useful to the men who made and used them systematically, at that time they did not appear to be practical. Accordingly, they recommended that the society should not try to introduce one. The committee was chaired by Charles L. Minor, and among the members were Lawrason Brown, J. H. Elliott, W. L. Dunn, J. H. Pratt, W. A. Griffin, and T. D. Coleman.

The other papers included one by Frank Taylor Fulton of Rhode Island on three cases of atrial flutter, which he had studied by means of the polygraph. Cleaveland Floyd of Boston discussed "Artificial Pneumothorax in the Treatment of Chronic Infections of the Pleura and Lungs," and Henry Lee Barnes and Frank Taylor Fulton discussed 17 cases of pulmonary tuberculosis, which they had treated by artificial pneumothorax. Barnes and Fulton were aided in their studies by Cleaveland Floyd, who had devised an apparatus for the institution of pneumothorax. In the discussion, several other members reported on their experiences with this type of treatment.

THE THIRTY-FIRST ANNUAL MEETING

At the thirty-first annual meeting, held in Atlantic City, N.J. in 1914, Dr. James M. Anders³ referred to Minor's address of the previous year, in which he described the growing feeling among the members in favor of widening the borders of the Association. Anders stated: "We must remove the restrictions set upon us by our name and by a clause in our constitution and must feel ourselves free to study all subjects within the realm of clinical medicine." In Anders's opinion, while enlarging the scope of the clinical subjects to be embraced, the Association should not lose sight of climatology and hydrotherapy and their near and remote connections with practical medicine. In his view, any medical society that combined within its scope an abstract science with clinical subjects had a clear advantage over one that confined its work and activities to clinical medicine alone. He urged adding to the membership an increasing number of medical and nonmedical men who had special knowledge of the subjects of climatology and hydrology. It was his earnest hope that they should not be forced to make the humiliating admission that the principal motive of the society was failing to be fulfilled.

Thus, not all the important members of the Association at that time saw the need to make sweeping changes if the organization was to survive. Again at this meeting, the major portion of the sessions was devoted to

discussions relating to tuberculosis. Richard Cole Newton gave a sketch of the origin of auscultation and percussion and of the state of clinical medicine in the time of Auenbrugger and Laennec.

THE THIRTY-SECOND ANNUAL MEETING

Henry Sewall⁴ was president at the thirty-second annual meeting, held in San Francisco, June 18–20, 1915. In his Presidential Address, Sewall asked:

What must be the present attitude of our Society to best ensure its future development? Since our field of work is practically boundless, we only have to deal with the qualifications of the workers and characterize the expedient limitations of their energies. It is a happy tradition of this Society that the personality of its members making possible more than cordial, even affectionate, intercourse should be a dominant criterion of fitness in those who would join its ranks. Russell Lowell once said that no long friendship is possible with one from whom we cease to learn.

It is the ideal of happy social intercourse to combine the emotion of fine desire with a sense of intellectual uplift. No more difficult goal could be set up. Herbert Spencer in his autobiography tells of the attempt to bring together in the "X Club" ten men in London who should combine the qualities in question. They never succeeded in enrolling more than nine; but what a table was that round which were gathered Huxley, Tyndall, Hooker, Spencer!

Far be it from me to undervalue the living word and the magnetism of personal contact. But the essence of our civilization consists in the employment of methods by which the influence of the individual is radiated far beyond the bounds of his personal activity. . . .

In conclusion, it appears that the field of endeavor occupied by the American Climatological and Clinical Association is of enormous expanse. No other organization exists which is likely to duplicate the tasks which are properly ours. I am convinced that a scientific society, like a living body, is greatly endangered by redundant, inactive tissue. I believe it would be to the best interests of the Association were its public opinion to insist that every member should be and continue to be a producer for the general welfare. . . . The main thought is that our success depends upon the active cooperation of every member; granting this result, none can doubt the maintenance of the high traditions of this Society, nor that it will continue as a noble monument to the achievements of American Medicine.

The scientific program contained no outstanding contributions, but the group made a visit to a sanitarium for the treatment of tuberculous patients, still the major interest of many of the Association's members.⁵

THE THIRTY-THIRD ANNUAL MEETING

President James Alexander Miller,^{6,7} at the annual meeting in Washington, D.C., May 9–11, 1916, gave an excellent discussion of the physiological effects of various atmospheric conditions. He had expert knowledge in this field, having been for three years a member of the New York State Commission on Ventilation. Perhaps the most interesting presentation, and the one that excited the most discussion, was that of H. R.

M. Landis of Philadelphia on the role played by the study of tuberculosis in the development of clinical medicine. He reviewed the important contributions of Auenbrugger and Laennec. But most important, he called attention to the contribution of one of the original members of the Climatological:

It is to the great glory of American medicine that in Austin Flint [1812-1886]¹⁸ she has one who was no unworthy associate of the men whose work I have briefly reviewed. Of him Sir William Osler has written: "By far the ablest and most scientific of American students of the disease (tuberculosis) was Austin Flint, whose contributions to the physical signs and the symptoms were among the most important of his clinical studies." [Osler: Tuberculosis, ed. by Klebs, 1909] He was entirely American, and owed nothing to a foreign training. He "found his opportunities in country practice, in Buffalo and Louisville, then frontier towns, and in New Orleans, and had a national reputation before he reached New York. . . ." Early in his professional career he began his observations on tuberculosis which continued throughout his life [He had notes on over 670 cases of the disease gathered over a period of 34 years.] . . . To Austin Flint belongs the distinction of making the only addition to Laennec's work which could ill be dispensed with. I refer to his contribution on pitch in percussion and auscultation, a point to which Laennec paid no attention. [Flint's] observations were embodied in an essay entitled "Variations of Pitch in Percussion and Respiratory Sounds, and Their Application to Physical Diagnosis," which was awarded the annual prize of the American Medical Association in 1852. . . . Shortly after his death, one of his most distinguished contemporaries, J. M. Da Costa, said of him: "With, perhaps the single exception of Rush, there is no man who, in his many-sided capacities of teacher, author, and investigator, has had thus far as much influence on the medicine in this country as Austin Flint."

Judson Daland, in a discussion of the roentgen ray in the diagnosis of thoracic diseases, pointed out that whenever phthisis is suspected or when the physical signs and clinical evidence are doubtful, a roentgen examination is absolutely necessary. Although pulmonary phthisis is often easily diagnosed by clinical methods, the roentgen ray so frequently reveals new or unexpected conditions that in the future no case will be considered to have been thoroughly and completely examined without a roentgen examination. The discussion revealed, however, that not all of the members had reached such a definite conclusion about this method of examination. There were still those who believed that the roentgen ray was necessary only in making certain borderline differentiations.

THE THIRTY-FOURTH ANNUAL MEETING

The thirty-fourth annual meeting came to order on May 29, 1917, in Lakewood, New Jersey under the presidency of Judson Daland.⁹ The secretary-treasurer's report pointed out that various members of the Association were contributing greatly to the war effort:

Among our members who are serving in the medical corps of the Canadian army are Dr. J. Roddick Byers, a captain, and Dr. J. H. Elliott, a captain, while another Canadian, Captain George D. Porter, is a candidate for election.

Our honorary member, Surgeon-General Gorgas, is directing the medical corps of our army with his well-known ability. Another honorary member, Dr. E. L. Gros, for years well known in Paris with an important service in the American Hospital, is in charge of the selection of men for the aviation corps. Dr. George C. Shattuck who did so much work in Serbia with Dr. Strong, of Harvard, has returned to the work in France with the Harvard Unit. Dr., now Major, Roger Lee has gone with the Peter Bent Brigham Hospital Unit. He is chief of the Medical Section U.S.A., Army Base Hospital No. 5. Several of our members are in the Medical Reserve Corps, among them our president, who holds a commission in the Navy and an ex-president, Dr. Anders, a captain in the Army. Others in the service include: Dr. Horace D. Arnold, a major on active duty at the headquarters of the Northeastern Department of the Army in Boston; Dr. George W. Norris, who sailed for France, as Major in the Pennsylvania Hospital Unit; Dr. W. G. Schaffler, who is on active duty as Surgeon-General of the New Jersey National Guard. Lieut.-Col. George E. Bushnell is on duty at the Surgeon-General's Office in Washington. Others in the reserve corps of the Army include: Dr. J. A. Miller, Dr. P. K. Brown and Dr. J. C. Wilson. Major J. H. Pratt, Major Linsly Williams, Major E. H. Goodman, National Guard, Pa., Major J. N. Hall, Major T. D. Coleman, Major W. A. Jayne, Major T. W. Hastings. Contract Surgeons: Drs. Otis, Claytor, Cleaveland Floyd, J. Gurney Taylor and Willard J. Stone, Charles M. Montgomery, H. R. M. Landis. Dr. George Morris Piersol, a candidate for election, is in the Officers' Training Camp at Fort Oglethorpe. . . .

The war has also had the effect of delaying the appearance of the *Transactions*.

Despite the war, an interesting scientific program was presented. One of its main features was a symposium on focal sepsis, a topic of great interest at that time. It consisted of five presentations: "Diagnosis of Focal Sepsis," by James M. Anders; "Focal Sepsis as a Cause of Diseases of the Joints and of the Genito-Urinary System," by DeLancey Rochester; "Focal Sepsis as a Cause of Diseases of the Respiratory and Gastro-Intestinal Systems," by Charles C. Browning; "Focal Infections as a Cause of Cardiovascular Disease," by Robert H. Babcock; and "Reflex Disturbances Due to the Faulty Development of the Teeth," by J. Madison Taylor. George E. Pfahler and Morris Manges discussed x-ray diagnosis in diseases of the chest. Other topics were the treatment of ambulatory cases of tuberculosis with tuberculin, by Richard Cole Newton, and "Blood Letting," by W. D. Robinson. No Presidential Address was published.

THE THIRTY-FIFTH ANNUAL MEETING

The thirty-fifth annual session was called to order at the Boston Medical Library on June 5, 1918, with the president, Capt. Jabez H. Elliott,¹⁰ A. M. C. (see Fig. 15) in the chair. The opening paper was by Professor Robert deCourcy Ward of Harvard University, who spoke on "The Larger Controls of the Climates of the United States." Again, no address was given by the president. The war continued, but there was again an interesting scientific program. W. F. R. Phillips discussed patent foramen ovale and its relation to certain cardiac murmurs, and John L. Heffron addressed the group on the significance of early heart lesions.

“Five Years Experience with Artificial Pneumothorax” was the topic presented by C. D. Parfitt and D. W. Crombie. There were two papers on tuberculin. Richard Cole Newton analyzed 50 cases of tuberculosis, mainly caseous and glandular, treated with tuberculin contrasted with fifty cases treated without tuberculin; and Robert C. Patterson presented his studies on granular tuberculous conjunctivitis treated by installations of tuberculin. Several papers also dealt with problems of cardiac and pulmonary disease in Army recruits. This volume of the *Transactions* contains a short bibliography of United States Climatology compiled by Robert deC. Ward. After 23 years, Guy Hinsdale ended his tenure as secretary-treasurer, and he was succeeded by Arthur Kingsbury Stone.

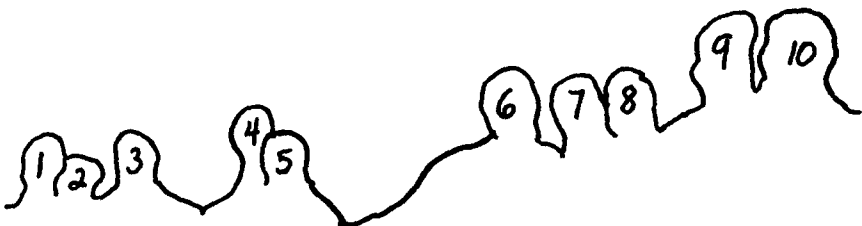
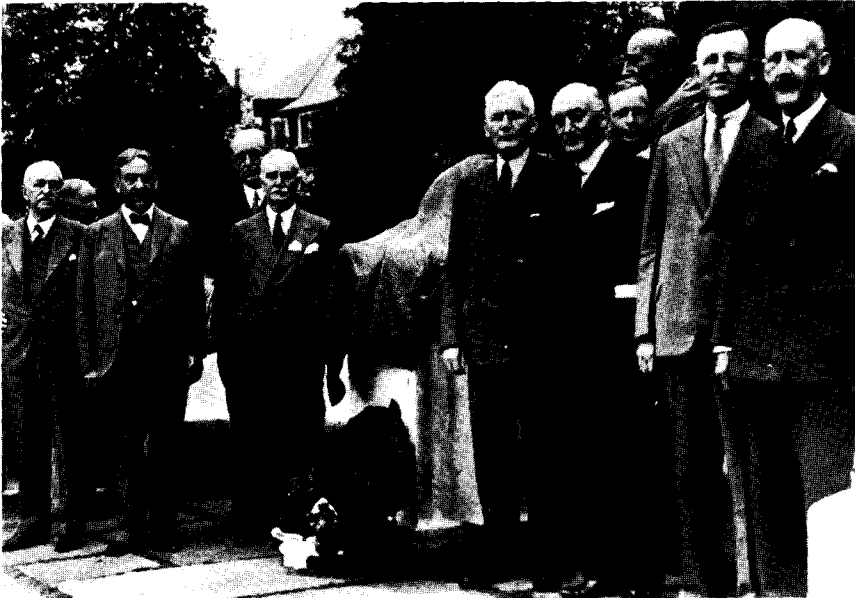


FIG. 15. A group at the E.L. Trudeau monument (Courtesy of Dr. John R. Graham). 3- Jabez H. Elliott, 6- Charles D. Parfitt, 7- Edward W. Archibald, 9- Hugh A. Farris

THE THIRTY-SIXTH ANNUAL MEETING

The thirty-sixth annual session was held at Atlantic City from June 14 to 17, 1919, with Guy Hinsdale¹¹ presiding. After calling the Council meeting together, the president made these brief remarks:

... We find ourselves once more together renewing, I am sure, our devotion to the fraternal spirit that has bound us together for all these years. There are now only three living members of the group that founded the society. Dr. Tyndale, who took the most active part in its inception, is living but at such a distance we never see him. Our other original members, Dr. Beverley Robinson and Dr. James C. Wilson, still honor us at times with their presence and active interest.

I myself can count 25 years of active membership. With you I look back on such delightful companions as dear old Dr. Curtin, Dr. Walker, Dr. Knight and Dr. Solly, not to mention those who have gathered round the Council board in recent years.

Some of us are now back from camp and the army hospitals and we are proud of the fine record each has made. We shall hear later something about the work they have done and the lessons they have learned in the military and naval service of the United States and their allies. Some have won distinction in the service of the Red Cross and in the Rockefeller Commission for the Study and Prevention of Tuberculosis and are even now detained by duties of the most important character.

Hinsdale, in his Presidential Address, spoke learnedly about "The Sun, Health and Heliotherapy." He first called attention to the fact that the seal of the Association represents the sun with rays in all directions. Motto, "Fiat Lux." In concluding, he strongly urged the establishment of a true sun cure in the Rocky Mountain region, preferably Colorado, New Mexico, Arizona and California. Among the places where heliotherapy has been attempted on this side of the Atlantic, he noted that there is a wide difference in the amount and quality of sunshine, the *sine qua non* of successful treatment; nevertheless it has been carried out in such diverse climates as those found at Sea Breeze Hospital, Long Island; Narragansett Bay, Rhode Island; Perryburg, 40 miles from Buffalo; and Toronto, Canada. Success has attended the efforts of members of this Association stationed in Colorado and southern California, where the hours of sunshine are most uniform and least liable to interrupt the cure.

Many of the papers dealt with war experiences, such as: "The Army Tuberculosis Problem as Seen in Massachusetts," by John B. Hawes, II; "The Treatment of Tuberculosis in Returned Canadian Troops," by J. Roddick Byers; "Observations on the Epidemic of Influenza Occurring in U.S. Naval Hospitals in Philadelphia in 1918," by Judson Daland; "Some Lessons of the War in Pulmonary Tuberculosis," by Gerald B. Webb; "Medical Work as Seen in Certain Spheres in the Office of the Surgeon General," by C. W. Richardson; "Medical Work in the British Armies in France," by George Cheever Shattuck; and "Internal Medicine as Observed at a Base Hospital in France," by George Morris Piersol.

Other presentations of interest included: "A Tuberculosis School for Patients and Observation Hospital," by Joseph H. Pratt; "Early Records of Influenza Epidemics in America," by Guy Hinsdale; and "Treatment of Influenza and its Pulmonary Complications," by James M. Anders.

THE THIRTY-SEVENTH ANNUAL MEETING

The thirty-seventh annual meeting was held in Philadelphia, June 17-18, 1920, with Lawrason Brown¹² in the chair. The president gave an address entitled "The Need of More Active Membership and Accuracy in Presentation of Clinical Material," which was heartedly endorsed by all present! He drew the following conclusions: "1) Our fitness alone renders our observations of value. By fitness I mean honesty, carefulness, and willingness to record our observations no matter how many cherished theories they overthrow. 2) A few carefully observed and recorded cases greatly outweigh a large number of cases stored in a memory, however tenacious. 3) Personal experience should be based upon carefully studied statistics of personal observation and not upon personal impressions, which cover often all lack of recorded observation and avail only in my opinion for diagnosis. 4) Finally we should not use the phrase 'personal experience' as a cloak to cover our ignorance of our real personal experience."

On Thursday, June 17, the members of the Association were entertained at luncheon as the guests of Dr. James M. Anders at the Phipps Institute, and an informal dinner was given by the Philadelphia members. On Friday the members were the guests of Dr. Judson Daland at the Union League Club; following the afternoon session all the members journeyed to the White Marsh Country Club where dinner was served out-of-doors. Dr. Robinson brought as guests the Kelley Street Music Club, and both soloists and chorus were keenly appreciated. Professor Watts addressed the Society on "Bolshevism in Art and Literature," and Dr. Wilmur Krusen (formerly health officer of Pennsylvania) spoke.

Eight of the seventeen papers on the scientific program dealt with one or another aspect of tuberculosis. However, topics of interest to the general internist were becoming evident: "Clinical Studies in Functional Disturbances," by Nelson G. Russell, John A. P. Millet, and Byron D. Bowen; "Prognosis in Vascular Hypertension," by G. M. Piersol; "Acute Epidemic Encephalitis," by Charles H. Miner and S. L. Freeman; and "Endocrine Glands," by W. D. Robinson.

THE THIRTY-EIGHTH ANNUAL MEETING

The thirty-eighth annual meeting was held at the Hotel Curtis, Lenox, Massachusetts on June 3, 1921, under the presidency of Carroll Everett

Edson¹³ of Denver, Colorado. Fifty-nine members were present, including two Emeritus members, and 14 brought their wives. President Edson pointed out in his address that during the past 37 years most of the contributions of permanent scientific value in climatology and balneology in this country had been published in the *Transactions* or by members of this Association. The papers and discussions first emphasized the benefits of climate in pulmonary tuberculosis and then established by analysis the essential importance of fresh air and medical discipline in its cure. With scientific breadth of view, members of this Association were prompt to recognize the need for wider, special and more intensive study of tuberculosis. From its inception, they were active in the organization and generous in support of its scientific and sociological work. He emphasized that inasmuch as diseases of the respiratory system were those most apparently helped by change in climate, and for which patients were most often sent away from home, the discussion of these diseases occupied a large part of the early programs of the Association. They were not, however, the sole or even the chief topics at some of the meetings, as shown by Dr. R. G. Curtin's analysis, in his Presidential Address of 1893, of the papers presented in the first ten years of the Association (Table 1). Edson went on to show that this broad and catholic range of subjects had been maintained in succeeding decades. The newer knowledge of the endocrine organs, and the special studies on tuberculin and bacterins, accounted for the larger number of papers grouped under "Miscellaneous" (Table 2).

These papers reveal clearly that the work of the Association has had a clinical bearing and a therapeutic interest. The members, Edson said, desired more scientific, more accurate knowledge of the effect of climate upon the human body. They selected the circulatory and respiratory systems for special study because diseases of these physiological groups were most obviously influenced by climatic surroundings, and showed a

TABLE 1
Subjects of Papers Presented in the First Decade of the Association

	1884-1893
Pulmonary phthisis and diseases of the air passages	60
Pneumonia and pleurisy	6
Asthma	4
Diseases of the heart	15
Epidemic diseases	18
Mineral springs and baths	12
Experiments as to the effects of air pressure on diseases of the heart and lungs	9
Studies of special climates	62

TABLE 2

Subjects of Papers Presented in the Second, Third and Fourth Decades of the Association

	1894-1903	1904-1913	1913-1918
Pulmonary tuberculosis	76	57	31
Pneumonia	27	31	20
Diseases of the heart	37	36	11
Diseases of the kidneys	1	4	1
Epidemic diseases	7	3	7
Mineral springs and baths	7	7	2
Studies of special climates	36	20	4
Meteorologic physiology	20	7	7
Miscellaneous	19	66	34

response to meteorologic conditions that could be measured by the few means then at their command or studied by clinical observation—for they knew the value of clinical study and the value of accurate observation. But in addition, they recognized their need for more detailed information concerning the climatic conditions present at the various health resorts. Having always in mind the application of such statistics to the benefit of their patients, they also wanted to know about the living conditions of the places to which they might send their patients. Their clinical wisdom taught them that man was not cured by air or waters alone, and that the patient's mental, moral and social nature must be considered. To this end they wisely established the custom of meeting in regular alternation at various health resorts, so that they might see for themselves the physical, social and recreational opportunities of these localities, and the character and qualifications of the medical service their patients could command.

Edson's address included a discussion of the paramount importance of aviation in war and its growing usefulness in commerce; the emergence of aviation necessitated an intensive study of the physiologic effects of high altitude little dreamed of ten years before. The extent of studies already made in this field was hardly appreciated by the medical profession, though many of the experiences and facts brought out by the school of aviation physiology could be usefully applied to the problems of more humble terrestrial medicine. Never was the time more suited or the call more imperative, in Edson's opinion, for the establishment of laboratories for clinical research in meteorologic physiology—which is the foundation for scientific climate therapy. It seemed to him a most opportune time for action, as the American Meteorological Society had come into prominence, even though it had been organized only 18 months previously. Edson urged cooperation with this newly formed Society. Professor Ward, its president, had been made an honorary member of the Climatological

and had addressed the Association at its previous meeting. Later, when Edson and Hinsdale became officers of the American Meteorological Society, it was decided that they should present to the Council and through it to the Society suggestions for developing methods of medical climatology through collaboration with the Climatological.

The scientific program consisted of 22 papers on a variety of subjects, but it still focused almost exclusively on tuberculosis, and various diseases of the lungs and circulatory system. Outstanding were presentations on: "The Cause and the Control of Dyspnea in Disease of the Lungs," by G. W. Norris; "The Prevailing Beliefs about Infection in Tuberculosis," by E. R. Baldwin; "An Analysis of 90 Cases of Functional Disease in Soldiers," by John M. Swann; "The Occurrence of Physical Signs Suggestive of Aortic Defects," by Frank A. Craig; and "The Lyon Method of Draining the Biliary System for Diagnosis and Treatment," by Francis J. Dever.

Among the most distinguished members of the Climatological was General William C. Gorgas,¹⁴ born in Alabama on October 3, 1854. He was the son of General Josiah Gorgas, the chief of ordnance of the Southern Confederacy and after the Civil War the president of the University of the South, from which young Gorgas graduated with the degree of A.B. in 1875. He then entered the Bellevue Hospital Medical College, from which he received his M.D. in 1879. The following year he joined the medical department of the Army as a first lieutenant, became captain in 1885 and major in 1898. In early life Gorgas had had yellow fever, a disease that was rightly dreaded in those days. He was the only one immune among the officers of the medical department, with the exception of Surgeon-General Sternberg, so that he was the first one to be considered for duty that involved exposure to that disease. Having accompanied the expedition against Santiago, he was soon appointed chief sanitary officer of Havana, an office he held from 1898 to 1902.

Walter Reed, at that time a major in the medical department, was first sent by General Sternberg to Cuba to study yellow fever in 1900 and in June of that year was appointed president of the Board of which Carroll, Agramonte and Lazear were the other members. Gorgas cooperated with the Board and made valuable suggestions to Reed, but his other duties forbade active participation in the researches that resulted in the memorable discovery of the mode of infection in yellow fever and of the proper means of exterminating that disease. Applying in February 1901 the practical methods for destroying the *Stegomyia* that the Board had worked out, Gorgas succeeded in eradicating yellow fever from Havana, where it had been constantly present for 150 years. He thus demonstrated for the first time on a large scale the enormous value of Reed's discovery.

The untimely death of Walter Reed in 1902 left Gorgas as the major authority on the prophylaxis of yellow fever. He was, therefore, selected to undertake the eradication of the disease from the Isthmus of Panama, becoming chief sanitary officer of the Canal Zone in 1904 and a member of the Canal Commission in 1907. His success in Panama is well known. In Great Britain, such services to the world, of which the financial value alone is beyond computation, would undoubtedly have been rewarded by a peerage. Gorgas's only immediate reward was his promotion in 1903 by Special Act of Congress from the rank of major to that of colonel and assistant surgeon-general. Gorgas remained in charge of the sanitation of the Isthmus until the winter of 1913, when he went to Rhodesia, South Africa at the invitation of the Chamber of Mines of Johannesburg to advise them on the prevention of pneumonia and malaria among the native miners. He was appointed Surgeon-General of the Army with the rank of Brigadier on January 16, 1914 and was given the rank of Major General in 1915. In 1916 he was made chief of the special Yellow Fever Commission of the Rockefeller Foundation and spent several months in South America making preliminary surveys of localities in which yellow fever prevailed. In November 1918 he became director of the yellow fever work of the International Health Board of the Rockefeller Foundation and was free to carry out the recommendations previously made by the Yellow Fever Commission. He immediately set out upon a preliminary journey to Central America on April 3, 1920. He sailed for England en route to West Africa, where he proposed to investigate the yellow fever situation. However, he fell ill soon after arriving in Europe and died in London on July 4, 1920. Sir William Osler characterized the reception in England on Gorgas's visit in 1912 as the greatest ovation ever given to a medical man in that country.

THE THIRTY-NINTH ANNUAL MEETING

The thirty-ninth annual meeting was held in Washington, D.C. on May 2, 1922. In his Presidential Address, William Duffield Robinson¹⁵ paid tribute to the fact that the most precious possession of the Climatological was those members who took a deep interest in the organization. Three of the original members were still present: J. Hilgard Tyndale, James C. Wilson, and Beverley Robinson. The president also mentioned the names of others who had been members for 25 years or more, and the list was long.

The Climatological program in this year was in many ways ahead of its time. Besides those related to climatology, the meeting included papers that were forerunners of the present-day interest in the environment. Yandell Henderson presented a discussion of automobile exhaust gas as a health hazard. Studies of carbon monoxide were underway in Hender-

son's Laboratory of Applied Physiology at Yale, as this was thought to be the principal toxic constituent in exhaust gas. This concern arose principally in conjunction with the construction of long vehicular tunnels. There was also an interesting note by Allen K. Krause on the practice of artificial pneumothorax by the Hippocratic school.

THE FORTIETH ANNUAL MEETING

The fortieth annual meeting was held at the Clifton House, Niagara Falls, on May 23 and 24, 1923 with Charles W. Richardson¹⁶ presiding. This meeting was the 30th anniversary of Robert H. Babcock's¹⁷ election and Dr. Darlington presented him with a beautiful gold-headed cane.

At the time of the annual dinner, Mrs. Richardson, the wife of the president, entertained the ladies of the party at a separate dinner, and later they joined the men to listen to the speakers. The Glee Club sang with vigor, and after they had sung for the ladies' party, Mrs. William LeRoy Dunn, the wife of another member, in turn sang for the Association. Early Friday morning, one group went to visit the diabetes clinic of Drs. Banting and Best in Toronto, while another visited Perrysburg to see Dr. Lo Grasso's heliotherapy work. This program was also marked by the first presentation of cases of diabetes treated with insulin. John A. Lichty described his personal experience, giving the details of four cases. He discussed the history of the treatment of diabetes and concluded that insulin had brought a new era in the management of this disease. In the discussion others described their early experiences with Iletin.

A most interesting paper was presented by James Alexander Miller and Adrian V. S. Lambert of New York City on abscess of the lung, discussing the great opportunity for improvement of treatment. They indicated that anaerobic microorganisms might play a more important pathogenic role than previously thought. Furthermore, they felt that treatment would benefit by combined study of each case by a physician and surgeon. It was their opinion that the treatment of acute abscess was primarily a medical problem, and when surgery was necessary results were far more successful after preliminary medical observation and treatment. This paper evoked a very spirited discussion.

THE FORTY-FIRST ANNUAL MEETING

The forty-first annual meeting was held at the Hotel Ambassador in Atlantic City, N.J. from May 1 to 3, 1924, under the presidency of Gordon Wilson.¹⁸ Wilson's Presidential Address was entitled "Idle Thoughts on Medical Education." After pointing out the major milestones in the history of medical education, he continued:

A commercial organization properly organized would devote its capital and its plant to its different products in proportion to their relative quantity and value, and perhaps if we were to ask advice from the industrial world we would be told to follow their example. With these facts before us we can frame a definition of what is the object of a medical school that will clearly set forth our raw material and our finished products, with their relative value and our means of manufacturing that permits a maximum use of plant.

The object of a medical school is to educate properly qualified men and women to become practitioners of medicine, and in so doing to give them the foundations whereby with further study they may become specialists, teachers or research workers. With this definition before us we are in a position to see that the teaching in all departments, especially of the clinical years, conforms to it and the poor medical student no longer had to learn the technique of a cystoscopic examination but simply the indications for it and its limitations.

Having defined what is the object of a medical school, it might be advisable to realize that a medical school is a *professional* school and not a graduate school, terms not synonymous in spite of the authority of many inaccurate thinkers, and with this realization the proper position of research at the expense of knowledge of fundamentals is at once evident both for the student and the teacher.

Twenty-eight papers were presented during the scientific sessions, revealing the upsurge in clinical investigation in fields outside the heart and lungs. Robert Wilson, Jr. presented his data on transient cerebral paralysis, a subject that has received prominent attention only recently. John A. Lichty discussed the symptomatology and diagnosis of chronic duodenal ileus. James M. Faulkner, Henry C. Marble, and Paul D. White talked about the differential diagnosis of coronary occlusion and of cholelithiasis. William B. Porter presented his studies on the clinical course of the "effort syndrome," while Herbert M. Rich discussed bronchial asthma as an occupational disease. One of the highlights was the paper presented by Charles L. Minor on "The Confessions of a Therapist, or Some Meditations on Modern Therapy."

THE FORTY-SECOND ANNUAL MEETING: THE FURTHER INTRUSION OF CLINICAL SCIENCE

The forty-second annual meeting of the Climatological, held under the presidency of George W. Norris¹⁹ of Philadelphia, in Washington, D.C. in 1925, was marked by the appearance of several papers in the broader field of clinical investigation. These were given, for the most part, by younger members who were to make their mark in clinical science in the ensuing years. James H. Means of Boston, who later became chief of medicine at the Massachusetts General Hospital, discussed the measurement of basal metabolism in the management of thyroid disease. He concluded that subtotal thyroidectomy during an iodine remission was the best treatment of the disease. He still believed that roentgen therapy gave good results in many cases and recommended it for those patients

who refused operation or in whom operation was contraindicated. This was followed by an excellent paper by Edward A. Strecker of Philadelphia, who occupied a prominent position in the field of psychiatry, on the differential diagnosis between hyperthyroidism and psychoneuroses. In summarizing his points, he stated that no great differential diagnostic difficulty will arise either in classical instances of hyperthyroidism or in typical examples of the neuroses. In the numerous borderline states, he said that it is not safe to place too much reliance on individual symptoms but rather to consider the persistence of certain main syndromes. The heart signs and the tremor of hyperthyroidism will give the most conclusive information. He believed that much diagnostic assistance could be obtained from a close study of the mental state in the psychoneuroses. Neither the emotional deficit of hysteria, the invalidism of neurasthenia, the compulsions and phobias of psychasthenia, nor the wave-like somatic fear portrayals of the anxiety states are consistently and persistently imitated in true hyperthyroidism. Clinical laboratory tests are of adjunctive value, and a constant basal metabolic rate of more than +15 is an indication of hyperthyroidism.

The next paper was by David Marine on iodine in the treatment of disease of the thyroid gland. Marine, of course, is well known for his important studies on the pathogenesis of goiter and for his introduction of the use of iodized salt in the treatment of endemic goiter. In this paper he concluded that goiter is a compensatory or work hypertrophy of the thyroid in response to a real or relative deficiency of iodine. He indicated that the greatest value of iodine in thyroid disease will always be in prevention, as its value in treatment is limited and conditioned. Simple goiter, he felt, should be treated with desiccated thyroid combined with iodine. One of the discussants of these papers was Henry S. Plummer, who was there as a guest of the Climatological. He pointed out that one could not talk in the same words of the adenomas and of exophthalmic goiter: The application of the term "exophthalmic goiter" to hyperthyroidism and the adenomatous goiters leads to a misnomer. He went on to say that iodine given in patients with exophthalmic goiter from the inception of the disease will yield a different picture, as small doses of iodine will make such patients well in two weeks.

Another well-received paper was that of Paul D. White, who had been a member for several years. He discussed the indications for the use of quinidine sulphate in heart disorders, describing 15 cases that illustrated the indications as well as contraindications for the use of this drug. Finally, there was a presentation by Joseph H. Pratt of Boston entitled "The Dilution and Concentration Test of Renal Function." This test, he felt, gave important information regarding kidney function. If an abnormal response was obtained, the test should be repeated once or twice

after measures had been taken to remove disturbing extrarenal factors, chiefly dehydration of the tissues and an excess of water in the tissues. The papers presented at the forty-second annual meeting illustrate the Climatological's expanding horizons and its new status as a forum for presentation of the results of clinical investigation in various fields of medicine.

THE FORTY-THIRD ANNUAL MEETING: BLENDING OF THE ART AND SCIENCE OF MEDICINE

At the forty-third annual meeting, on September 27, 1926, in Philadelphia, David Russell Lyman²⁰ gave his Presidential Address, entitled "Our Family Circle." He felt that the Climatological had always had the characteristics of a great family circle, the strength of which lies not in the record or the brilliance of any individual member, but rather in the union of a group of various ages, tastes, temperaments, and degrees of intelligence. All the members of such a group regard the record of the family as a whole with such pride and affection that they are always ready to adjust their individual differences through give-and-take. Families whose talents all lie in one direction soon lose their influence in the general life of their communities, as their field of vision is too narrow. Lyman felt that the blending of different age groups would be the basis of the Association's continued strength, since the true strength of a family lies in its two extremes of age, holding as they do wisdom for its present needs and strength for the future. With few exceptions, he went on, recruitment should be almost entirely from the younger group at this stage, with the middle group yielding a few new members who have both outstanding ability and personality but who have not yet finished growing despite their years. He had no doubt that the future of medicine was slowly building upon a basis of science unknown to the present generation, and there was no question but that to keep the circle "virile" and productive one must renew it with the men trained in the modern sciences. However, he pointed out, the danger ahead lies in the tendency to consider this scientific training as the sole or even the chief source of new strength for the family circle. He urged that considerations not be based primarily on the number of papers a man has written but on the man himself.

The renewed energy of the Association was demonstrated by the continued intrusion of clinical science into its programs. James Alexander Miller and Edward Percy Eglee discussed bronchograms in the study of pulmonary disease, a topic that evoked considerable discussion. An excellent paper was given by Henry Sewall with M. B. Lurie and their collaborators on some relations of vitiated air and inadequate feeding in experimental tuberculosis. Russell L. Cecil discussed the classification of

chronic arthritis, and Russell L. Haden described his experiences relating to chloride metabolism in lobar pneumonia. Donald M. Medearis and George R. Minot presented their studies on the diameter of red blood cells.

THE FORTY-FOURTH ANNUAL MEETING

An excellent meeting was held under the presidency of Walter Albert Baetjer²¹ at White Sulphur Springs on May 19, 1927. The minutes describe the format and comment on the social aspects:

The [scientific] meetings occupied the mornings. One short afternoon session was held; otherwise the afternoons were devoted to golf, riding, tennis and swimming. Also several parties motored over the mountains to the Virginia Hot Springs, some forty miles away. At tennis the Association team, Webb and Miller, beat a young Cincinnati team who had been long playing together. And at the same time our oldest member put up a good game against the hotel professional, all going to show that tennis is not necessarily a game for youngsters.

The evenings developed a surprising number of skillful bridge players and enthusiastic dancers. The afternoons and evenings gave ample opportunity to discuss the papers in small groups which were able to draw out the real enthusiasm of the contributor for his subject, also at times making him defend his position.

Here is one of the earliest evidences of the change in format that was to lead to the present unique pattern of the meeting and to contribute greatly to the success of the Association.

In his Presidential Address, Baetjer pointed out: "We essentially are becoming a society of general internists vitally interested in the whole field of medicine, too vast for us to grasp individually, but not too vast for us to grasp as a group.

"What we want fundamentally is a society of well-balanced membership, of members interested in the entire field of medicine, each one of whom can contribute something to the practical store of knowledge, and from whom every one of us can get help. . . . This we may do both by the type of work presented in the scientific program, and what is equally important, that we arrange our meetings in such a way that there is more time for personal contact, personal association and personal exchange of views on subjects in which we may each be individually interested."

The older clinicians were clearly concerned about the rapidity and the extent to which laboratory methods were invading clinical medicine. There was considerable feeling that the medical schools were presenting a disproportionate number of courses relating to laboratory methods, to the detriment of the necessary training in clinical skills. H. R. M. Landis began his presentation entitled "Laboratory and Clinical Methods" with a statement by Francis Bacon: "Some dispositions evince an unbounded admiration for antiquity, others eagerly embrace novelty; only a few can preserve the just medium, and neither tear up what the ancients have correctly established, nor despise the just innovations of the moderns."

THE FORTY-FIFTH ANNUAL MEETING

A memorable point in the history of the Climatological was the meeting held in 1928 in Washington, D.C. under the presidency of Joseph H. Pratt.²² Pratt was one of the pioneers in this country in preparing himself for a career in clinical science. A rugged New Englander, he was born in Middleborough, Massachusetts on December 5, 1872. At the age of 18 he studied in the Sheffield Scientific School of Yale, where he was first introduced to investigation by Russell H. Chittenden. In the autumn of 1894, he entered Harvard Medical School. Physiology was then a flowering experimental science at Harvard: William B. Porter was working with nerve muscle preparations; Charles S. Minot was studying the development of the guinea pig embryo; Walter B. Cannon was contributing to our knowledge of the digestive process; and Pratt learned from each of them. After his first year at Harvard, Pratt transferred to Johns Hopkins, where he became aware that the study of pathology was the key at that time to the understanding of disease. At Johns Hopkins, he was greatly influenced by Osler. After graduation in 1898, Pratt returned to Harvard to work under William T. Councilman in pathology for four years. During this period, he took a leave of absence to study in the clinic of Professor Ludolf Krehl, who was then writing his *Principles of Clinical Pathology*, a book that Osler described as filling the gap between empirical and scientific medicine.

From 1900 to 1917 Pratt was on the faculty of the Harvard Medical School. In 1902 he began the private practice of medicine but managed to combine this with laboratory investigations into diseases of the blood, the pancreas, pneumonia, the psychoneuroses, and tuberculosis. In 1906 Pratt offered a course in clinical research as an elective for fourth-year students; one of his pupils was Francis W. Peabody, who later became a distinguished professor of medicine at Harvard. This course had great significance, because at that time a real barrier of prejudice and misunderstanding existed between scientists and clinicians. Pratt tried at every chance to unite the "old humanities and the new sciences." He was responsible for the reintroduction of pneumothorax as a therapeutic procedure in this country; he was the first to emphasize the importance of prolonged bedrest without exercise in the treatment of pulmonary tuberculosis; and he was the originator of group psychotherapy for these patients. His interest in the cardiac arrhythmias was stimulated by his contact with Sir James Mackenzie while he was studying in Krehl's clinic; Mackenzie showed him in 1908 how to use the polygraph. The importance of pancreatic juice for the absorption of fat was first shown experimentally by Claude Bernard, who observed large amounts of fat in the feces after destruction of the pancreas by the injection of oil into the

ducts. Pratt demonstrated the paramount importance of the pancreatic juices, using a method devised by F. T. Murphy that completely isolated the pancreas from the intestine. In all his animal experiments, Pratt found a marked decrease in fat absorption, with 67 percent of the intake recovered from the feces. The fat splitting was normal and the amount of soap in the feces inconstant. As in human beings with a like condition, the stools were massive and the fat was visible to the naked eye.

Nor was Pratt lacking in administrative gifts: he was responsible for the development of the New England Medical Center of Tufts University School of Medicine and Dental Medicine.

It was in his Presidential Address at this 1928 meeting of the Climatological that he enunciated his philosophy of medicine: "We need physiological clinicians and not clinical physiologists. Without a firm foundation of physiology or pathological anatomy, clinical experience can with justice be compared to a house built on sandBut a scientific foundation without clinical knowledge and experience is no house at all." As Dr. Samuel Proger wrote: "Dr. Pratt appeared on the medical scene when scientific medicine in America was in its infancy. He left the medical scene when scientific medicine in this country had made such great strides as to place it in a position of world leadership. His driving energy, relentless probing, insatiable curiosity and boundless enthusiasm added much to the ferment that made American medicine bloom."^{23, 24}

One of the most interesting papers presented at this session described a very simple clinical observation by John T. King that enabled him to make the diagnosis of bundle branch block from the physical findings alone. In addition, Francis M. Rackemann presented his instructive studies in asthma.

THE FORTY-SIXTH ANNUAL MEETING

The forty-sixth annual meeting began on May 2, 1929, at the Chamberlain-Vanderbilt Hotel, Old Point Comfort, Virginia, with Dr. J. Woods Price of Saranac Lake in the chair. William LeRoy Dunn,²⁵ who had been elected president, died in the year preceding this meeting. Chairman Price had discussed Dr. Dunn's wishes regarding the meeting, and he deemed it a privilege to have the opportunity to pass on to the membership Dunn's last thoughts about the Society that he loved so well. Price went on to say:

He wished the human side of medicine to be featured on the program of this meeting. Saying, "As men grow closer throughout the years to members of such a small association as this, it behooves them to give consideration to the aspirations and ideals of each member." That he "deemed it necessary to arouse a closer spirit of comradeship." That his personal experience had taught him that "real accomplish-

ment in medicine is effected by making it not only the job, but also the pleasure and recreation of each doctor." That "in all medical societies there is a tendency to read papers on medical research and scientific studies only," and that "more than ever the doctor needs today a resumption of the old-fashioned 'smoker talks,' in which men come very close to each other, and where all are enabled to exchange their innermost thoughts." That "this friendly personal side is greatly needed, and if this intimate relationship is fostered and developed it would make for a type of closely interwoven interests which would be unequaled in any other medical society in the country." That he "would like to hear from the members of the Climatological and Clinical Association of the invaluable aid of the human touch throughout their practice." He expressed the belief that the members of this Society could probably contribute more to a program of that nature than any group of medical men of equal number, and that the spirit of good fellowship already existing among us could easily be nourished into something truly great.

Price then went on to discuss a subject of interest to him; namely, whether the blame for the delay in the diagnosis of incipient pulmonary tuberculosis should rest upon the shoulders of the practicing physician or be attributed to faulty instruction. He then outlined the various steps in making such a diagnosis and concluded that if teachers would, in their instruction of students, stress the simple measures he discussed, much of the confusion would be eliminated. He quoted a remark by Sir James Mackenzie in relation to cardiac disease and its recognition: "When we search for the recondite and obscure, we fail to recognize the simple and the obvious."

In organizing the scientific program, Price tried to follow Dunn's wishes as closely as possible. Most important was an address entitled "Ours is the Power" by Henry Sewall. Among the outstanding papers presented were: "Liver Extract in the Treatment of Non-Tropical Sprue," by William B. Porter and J. E. Rucker; "A Study of Tissue Allergy in Skin Transplants," by A. H. W. Caulfield, M. H. Brown, and W. Magner; "Diagnostic Relations Between the Gall Bladder and the Heart," by Stewart R. Roberts; "Treatment of Auricular Flutter," by Thomas M. McMillan and Samuel Bellet; "The Significance of Comparative X-Ray Findings in the Prognosis of Pulmonary Tuberculosis," by Francis B. Trudeau; "Pulmonary Neoplasm and Differentiation from Pulmonary Tuberculosis," by Walter C. Klotz; and "Character of Blood Changes in Cases of Chronic Pulmonary Disease," by W. S. Lemon.

Walter Darlington made some pertinent remarks at the close of the meeting:

While these papers have been very, very scientific and very beautiful, I trust that you will all do one other thing; that is, you will remember to keep well so that we may come together next year. It is a great thing for this Clinical Society to meet together. Let's all keep here on earth. Also, there is one other thing to remember—that our patients are human beings and that:

The man of medicine should ever be
A wholesome man if he would doctor be,
A man of hearty ways and cheerful eyes
Who all depressing circumstance denies,
Who carries inspiration in his voice
And in whose life and health we rejoice;
The sad and sick and suffering miss
The touch of a man like this,
Whose thrilling magnetism and cheerful laugh
Add to the remedies their better half,
Re-enforce the courage and the will
And give sure virtue to the doubtful pill.

THE FORTY-SEVENTH ANNUAL MEETING

The forty-seventh annual meeting was held in Quebec on May 20, 1930, with Gerald B. Webb,²⁶ of Colorado Springs in the chair. Webb gave a very learned Presidential Address on "Early Medicine in Quebec." A memorial note was offered by Sterling Ruffin for Charles Williamson Richardson,²⁷ president of the Climatological in 1923. Richardson graduated in medicine at Columbian (now the George Washington) University in 1884. He interned in Philadelphia under William Osler, and as a student and intern was under the guidance of D. Hayes Agnew, William Pepper and Horatio C. Wood. From early manhood he was an intimate friend of W. W. Keen. After studying abroad, Richardson limited his work to laryngology and otology, a field in which he was a pioneer. In 1885, the modest Joseph F. O'Dwyer of New York perfected the laryngeal intubation tube, with instruments for its introduction and removal. Acceptance of intubation as the best treatment for obstruction of the larynx by diphtheria was not promptly accepted by some of O'Dwyer's colleagues, but Richardson eagerly mastered the technique and became so expert at it that to an onlooker it seemed to be a perfectly simple and easy procedure. In 1891, Richardson was appointed professor of laryngology and otology at the George Washington University, a position he held until 1924. During World War I, he was put in charge of the Sub-section of Diseases of the Ear, Nose and Throat in the office of Surgeon-General Gorgas. He was president of the American Otological Society in 1914, and of the American Laryngological Association in 1928. He was also a fellow of the Royal Society of Medicine of London. Throughout his career, he was a great proponent of efforts to learn more about the problems of the deaf and hard of hearing.

A number of outstanding scientific papers were offered at this meeting. Many active and talented young clinicians were joining the Climatological, and they were presenting their clinical studies before the Association.

Some examples of well-received papers were: "Undulant Fever: A Report of 15 Cases," by L. W. Gorham and Thomas Ordway; "The Clinical Picture of Psittacosis," by John T. King; "Experimental Upper Respiratory Infections in Anthropoid Apes," by A. R. Dochez; "Systemic Conditions Influencing Human Fertility," by Charles H. Lawrence; "The Nature of Allergy," by Francis M. Rackemann; "Some Factors in Metabolism of Importance in Obesity," by Frank A. Evans; "Pulmonary Asbestosis," by Willard B. Soper; "Continuous Instead of Interrupted Artificial Pneumothorax for the Control of Hemoptysis," by C. D. Parfitt; and "The Prescription of Literature," by Gerald Webb.

THE FORTY-EIGHTH ANNUAL MEETING

The forty-eighth annual meeting was held at the Homestead, Hot Springs, Virginia on May 7, 8, and 9, 1931, under the presidency of George Morris Piersol.²⁸ Again there was clear evidence of the changing character of the program. J. T. Wearn and his associates, A. W. Bronner and Louis J. Zschiesche, talked about their outstanding work on the significance of the blood vessels in heart valves. William S. McCann and Doran J. Stephens described clinical conditions associated with sclerosis of the pulmonary arteries. "The Diagnosis of Pericardial Effusion" was the topic presented by Paul D. Camp and Paul D. White, while Russell L. Haden gave a description of the clinical value of the determination of the size of the red blood cell. Among the younger men who participated was E. Cowles Andrus of Baltimore, whose paper was entitled "The Renal Manifestations of Obstruction of the Lower Urinary Tract," while O. H. Perry Pepper gave an interesting description of malignant hypertension simulating cerebral lesions.