

Chapter 2

THE FIRST ANNUAL MEETING: MAY 3, 1884

Washington, D.C. was alive with physicians during the first week of May, 1884. Registration for the May 6 convention of the American Medical Association exceeded 1200 members. Preliminary meetings of the committees and scientific sessions had begun the weekend before the convention's opening meeting, which was scheduled for Tuesday, May 6.

This lively scene overshadowed the opening session of the first annual meeting of the American Climatological Association, which took place on Saturday morning, May 3 in the Georgetown University Law Building on F Street near Sixth in northwest Washington.¹ Under the heading "The Weather Today," the *Washington Post* for May 3, 1884 carried the following predictions: "For the middle Atlantic states, slightly cooler, fair weather, northwesterly winds becoming variable, and higher barometer." For May 5, 1884 the predictions published by the same newspaper were as follows: "For the middle Atlantic states, cloudy weather with rains, winds, stationary temperature, lower barometer."

The foreseeable future for this new Climatological Association seemed about as dismal as the weather report if one reads the account that appeared in the *Journal of the American Medical Association* on Saturday, May 10, 1884:²

American Climatological Association—The members of this new organization assembled for their first annual meeting in the hall on the northwest corner, 6th and F Streets, Washington, on Saturday, May 3 at 10 o'clock a.m. Though not a member of the Association, we went to the hall at the proper time, expecting to hear some good papers and discussion on topics of the highest interest. In this we were disappointed, however, as only 14 of the 40 members enrolled upon the list had made their appearance, and there being no audience but myself and a friend who accompanied me, the members present decided to devote their time to the consideration of the report of a committee on constitution and by-laws, and such matters as related to the completion of their organization, and postpone the reading of the papers until Monday morning, when it was hoped that a larger number would be present. Among those present whom I recognized. . . were Dr. Charles Denison, of Denver; Dr. Frank Donaldson, of Baltimore; and Dr. A.Y.P. Garnett, of Washington. The first-named has a long and interesting paper on "Dryness and Elevation: The Most Important Elements in the Climatic Treatment of Phthisis" [on the program].

It is illustrated by maps and charts and is based largely upon his personal observations during many years of residence and practice in Colorado. The second is to read a paper on "The Climate of Large Cities Dangerous to Consumptives," a subject of scarcely less importance than the other, and yet one which has received less patient and accurate observation than it deserves.

The observations made under the direction of the standing committee of the American Medical Association on the meteorological conditions of the atmosphere and their relations to the prevalence of disease, have shown that in the most densely populated parts of our large cities, hardly a trace of ozone or other active oxidizing

agent is to be detected at any part of the year, while both free and albuminoid ammonia, resulting from the decomposition of organic matter, are seldom absent in some localities. How far these conditions may favor the more frequent development and more rapid progress of phthisis in large cities, can be determined only by observations so numerous and protracted, that real causes and efforts can be separated from mere coincidences. While looking at the limited number present in the meeting of the Climatological Association, I could not help thinking that all the objects of the organization could be just as well attained, at less expense, and with much better security for an audience, in connection with one of the Sections of the American Medical Association, than in a separate capacity. The special field the members proposed to cultivate, namely, the relations between pulmonary diseases and climatic influences, might be prosecuted with perfect propriety in the Section on the Practice of Medicine and Therapeutics, where a good audience is reasonably certain, and from which the papers would speedily pass into the *Journal of the Association*, and be widely distributed to the profession in all parts of the country, instead of being incorporated into a volume of *Transactions* to be read by very few outside of their own membership.

THE FIRST SESSION

Frederick Irving Knight (Fig. 2), a Boston laryngologist, opened the first session at 10 o'clock in the absence of President Loomis, who was ill in New York City. After his 1866 graduation from Harvard, Knight did postgraduate study under Austin Flint, Sr. in New York City and returned to Boston to enter private practice as the partner of Henry I. Bowditch and to teach auscultation, percussion, and laryngology at Harvard. Knight had been a founder of the American Association of Laryngology in 1878 and the first speaker on the program of its charter session with his paper, "Retropharyngeal Sarcoma." He organized the publication of the *Archives of Laryngology* and was president of the Laryngology Association four years before he chaired the first session of the American Climatological Association.³

The objective of the Association was declared to be the study of climate and diseases of the respiratory organs. Membership was not to exceed 100 active and 25 honorary members. Annual dues were to be \$5.00, payable on the first day of the constitutionally prescribed two-day annual meeting. Morning sessions would be devoted to organizational business, the election of officers and committee reports, with the afternoons reserved for the presentation and discussion of scientific papers.

The second and final day of the meeting was May 5. Monday's larger audience consisted of 17 physicians, to whom Knight delivered the opening address:⁴

Our professional brethren will probably look to the minutes of our first meeting as to the preface of a book, to see what reason we can give for our existence, for creating ourselves an independent organization. Our answer is that we believe that more can be accomplished by a small body of thoroughly interested men, working independently, in a limited field, rather than as a part of a great combination. . . .

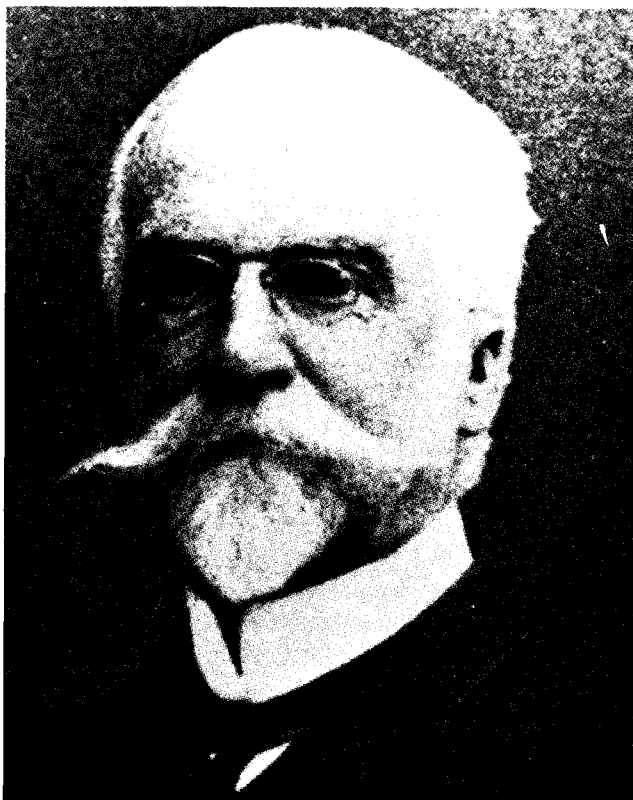


FIG. 2. Frederick Irving Knight

One of our first objects in attempting to revive and further a knowledge of climatology should be to place before the general profession, for everyday use, well-known and indispensable facts about climate. . . .

During the past 30 years the mind of the medical practitioner has been absorbed in the pleasure and satisfaction of exact diagnosis, to the detriment of the art of therapeutics, except when exact diagnosis indicated a pretty certain remedy. . . . In this decline of the study of therapeutics the knowledge of climate has suffered, and the extent of the advice which most practitioners offer today is "Try a change," or "Go South". . . . In extending our knowledge of this subject, our own members will occupy a vast field with almost every variety of climate, which has been as yet but little explored.

Concluding his desultory remarks on climate and on the organizational structure of the new Association, Knight introduced the first speaker.

Frank Benjamin Westbrook,⁵ a 33-year-old practitioner from Brooklyn, presented the first paper, "Etiology of Pulmonary Phthisis." A graduate of the Long Island College Hospital in 1874, he was pathologist to St. Mary's Hospital, of Brooklyn, lectured on anatomy and pathology

at Long Island College Hospital, and was physician-in-chief, department of chest diseases at Sheltering Arms Hospital in Brooklyn. Westbrook stated that the pathology of phthisis included many important factors other than the tubercle bacillus. There was an absence of bronchial mucus glands and the presence of obstacles to the expulsion of dry substances from alveoli, which favored the establishment of caseous foci. Other abnormalities in the pathogenesis of tuberculosis were "a low vitality, a scrofulous diathesis, haemoptysical appearance, exanthematous fevers, defective nutrition, emigration from Ireland, and long confinement indoors." Avoidance of overwork indoors, of continual drinking of alcoholic stimulants, of overeating, of a life of languor, and changing one's habitude from the rural to the urban were of paramount importance in escaping tuberculosis, in his view. Westbrook's condemnation of alcoholic beverages was contrary to the clinical dictum of the time regarding the use of distilled spirits. Austin Flint, Sr., a prestigious charter member of the Climatological, prescribed one ounce of whiskey every hour for phthisis as a supportive remedy. This may or may not have relieved dyspnea, but it certainly improved the atmosphere of patient management. According to Westbrook, it was necessary to understand the peculiarities of lung structure that favored the location of tuberculosis in the apices of the lungs. Sudden and violent expiratory efforts of coughing compressed the lower and middle portions of the lung, forcing the air upward with such power and in such volume that it could not find an immediate exit; as a result, air from the upper lungs was driven into the upper lobe alveoli, forcing morbid products back into the dry air sacs and favoring their retention, and later caseation. While fluids gravitated from the apex toward the base, dry residues and collections of cells were retained there with special tenacity.

Boardman Reed,⁶ a 42-year-old physician who was decorated as a captain of Company I, 50th Wisconsin Volunteer Infantry during the Civil War, was the second speaker. Reed had attended Beloit College and had been energetically developing the Seaside House for Invalid Women along a barren stretch of beach called Atlantic City since his graduation from the University of Pennsylvania Medical Department in 1878. As president of the Atlantic City Board of Health, he spoke with authority on the "Effects of Sea Air Upon Diseases of the Respiratory Tract." He reminded his colleagues that the benefits of ocean air for consumption had been so generally accepted since the time of Hippocrates that there should no longer be doubt about it. "Sea air," he said, "has more ozone and density, enabling the lungs to take in more oxygen with each respiration, whereas high altitude causes vertigo, rapid pulse, appetite loss, severe dyspnea, and hemorrhages from the eyeballs and under the nails. Sea air, on the other hand, is impregnated with saline particles

which bathe the mucus membranes of the respiratory tract in an alkaline spray; it increases the appetite, has a tonic effect, and is freed from all noxious effluvia and bacteria which cause so many dread diseases." In his view, chronic laryngitis, vesicular emphysema, and consumption before softening are palliated by residence at seaside resorts. Hayfever, generally regarded then as a neurosis, does not repond to ocean air.

Franke Huntington Bosworth's⁷ title, "The Relation of the Laryngeal to Pulmonary Disease," was selected at the planning meeting as a topic without the speaker's consent. Bosworth opened the third paper of the morning by stating that there is no practical connection between diseases of the larynx and the lungs. Chronic laryngitis, in his view, was really a symptom rather than a disease, and was designated as an inflammation of the mucus lining of the larynx caused by habitual mouth breathing of dry, cold or impure air, resulting in nasal stenosis. He could not recall having seen a single case of chronic laryngitis in the previous three years that had not been cured. During this period, Bosworth had abandoned all topical treatments such as vegetable and mineral astringents, sprays, brushes, sponges, and probangs. Application of silver nitrate solution was only a last resort. "I once saw a patient, a physician, in whose larynx silver nitrate had been used, and his condemnation of it was most emphatic," said Bosworth. He declared that postmortem examinations revealed that 30 percent of patients with phthisis pulmonalis have tuberculosis of the larynx, but no single case of laryngeal tuberculosis was without lung involvement. In his view, there could be no question that the disease may occur primarily in the larynx and later develop in the lungs. Thus, larynx disease is a most active and exciting cause of pulmonary phthisis. In closing, Bosworth declared that since the most frequent cause of laryngeal phthisis is pulmonary phthisis, and since of the large number of larynges subjected to cough and purulent discharge arising from the lungs, only a small percentage develop tuberculosis, physicians are bound to conclude that these bad influences have been overestimated. An 1869 graduate of the Bellevue Hospital School, the 41-year-old Bosworth was well qualified to discuss diseases of the larynx. With Jacob Da Silva Solis-Cohen, and Sir Morrell Mackenzie, he was acknowledged to be one of the triumvirate of founders of the specialty of laryngology. One of the organizers of the New York Laryngology Society in 1873, he was also a founder of the American Laryngology Association and served as its president in 1883. He was professor of diseases of the upper airway tract at Bellevue when he gave his paper at this first meeting. His *Handbook Upon Diseases of the Throat and Nose* (1879) and a more comprehensive 427-page *Manual of the Throat and Nose* (1881) were then standard medical texts.

Bosworth's paper concluded the morning session and Alexander Yel-

verton Peyton Garnett⁸ acted as host to the members during the luncheon interlude. Garnett graduated from the University of Pennsylvania in 1842, served as assistant surgeon in the U.S. Navy for seven years, and practiced medicine in Washington, D.C. until the outbreak of the Civil War polarized his allegiance to his native state of Virginia. He became family physician to President Jefferson Davis, General Robert E. Lee, and a majority of the Confederate Cabinet and Senate. After the war, he returned to Washington, D.C. to resume practice. He became president of the Medical Society of the District of Columbia and in 1884 was ambitiously eyeing the presidency of the American Medical Association.

One of the most experienced climatologists at this first annual meeting was another Southerner, William H. Geddings,⁹ second vice-president of the Association. Age 46, Geddings had studied at the Medical College of South Carolina, journeyed abroad to study dermatology at the Imperial Hospital in Vienna, and returned to the United States in time to enter the service of the Confederacy. On April 9, 1865, the day of Lee's surrender, Geddings was paroled from his prestigious position as surgeon and purveyor of the Army of Northern Virginia. He made another trip to Europe for study and then entered the practice of dermatology in New York City in 1868, only to be uprooted once again when his wife's health required a change of climate one year later. He resumed his practice in South Carolina where "the terebinthinate exhalations from the pine forests around Aiken and Thomasville are extremely grateful to the pulmonary invalids" who had been generously referred to him by various physicians, including Alfred L. Loomis and Francis Donaldson, for over 15 years.

Charles Denison,¹⁰ a 39-year-old professor of diseases of the chest and climate in the medical department of the University of Denver, was the first speaker on the afternoon program (Fig. 3). An 1872 graduate of the medical department of the University of Vermont, he had opened an office in Hartford, Connecticut with the intention of specializing in ophthalmology. A lung hemorrhage during the Christmas holiday of 1874 led to his decision to migrate West to a small town called Denver on the eastern side of the Rocky Mountains in search of a cure. The Rocky Mountain air arrested his symptoms and he resumed the practice of medicine, devoting himself to extolling the benefits of high altitude. In 1874, he had corresponded with some 200 physicians and business leaders in an unsuccessful attempt to organize a National Climate Association. His 1878 publication of "Rocky Mountain Health Resorts," a meticulous collection of climatic data for health seekers, brought him patient referrals from all over the United States. His presentation at the first meeting, entitled "Dryness and Elevation, the Most Important Elements in the Climatic Treatment of Phthisis," enumerated the benefits of high, dry



FIG. 3. Charles Denison

climates in some 10,000 words with six tables and four color maps; his paper was based upon 36,000 separate U.S. Signal Service statistics. Climates of the United States, according to Denison, could be listed in four categories. There were those characterized by excessive dryness and moderate dryness, which gave variability, and moderate moisture and excessive moisture, which gave equability. The dry climates, in his view, had direct effects upon pulmonary transpiration (the expiration of water vapor), whereas high altitudes stimulated circulation and respiration, in addition to placing the patient with phthisis in closer proximity to radiation, whose powers remained untapped by medicine. The dryness of climate was, in his words, affected by its temperature, altitude, latitude, seasons, distance from ocean or rivers, mountain ranges, absorbing power of its soil, radiation, diathermy, sunshine, absolute humidity, relative humidity and variability, all factors that Denison explained in all-too-painful detail. The importance of climate, according to him, was in selecting the right climate to meet the patient's medical needs. He felt that the dry, high altitudes provided those features most beneficial to the

patient with tuberculosis. Having encountered nothing but lack of interest when he presented these data to the AMA section on the practice of medicine, he stated that it was a great pleasure to be associated with physicians who were dedicated to the study of climate.

Assuming this pleasure to be mutual after his two-hour presentation, Denison turned the rostrum over to Francis Donaldson.¹¹ After receiving his M.D. from the University of Maryland in 1846, Donaldson studied in Paris for two years and returned to Baltimore as resident physician to the Marine Hospital. He published extensively on the diagnosis of diseases of the throat and chest and contributed a section on "Diseases of the Pleura" for William Pepper's *System of Medicine*. In 1882 he served as president of the Medical and Chirurgical Faculty of Maryland. His paper was entitled "City Air and City Life: Injurious to Consumptives." It was Donaldson's conclusion that the products of any inflammatory disease of the lung may by degeneration turn into consumption. "Whatever lowers the nutrition of the body," lack of hygienic surroundings and hereditary tendencies also influence onset of the disease. By controlling environment, in his view, these influences could also be directly controlled. He believed furthermore that contributing to consumption were the tempting excesses of immorality, alcoholism, impure air, deficient sunlight, the indoor life, late dinner hours, an excess of mental work, and other depressing influences. Particularly bad features of city life were exposure to diseases such as smallpox, measles, typhoid fever, Bright's disease, and diabetes, to say nothing of contagion from tuberculous patients. Donaldson concluded that it was a very real possibility that the tubercle bacilli ejected from diseased lungs were more dangerous in urban centers, with their overcrowded houses and hospitals.

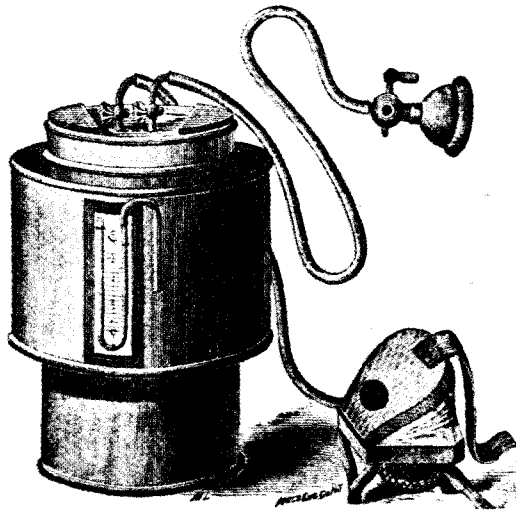
The next speaker, a 46-year-old professor of diseases of the throat and chest at the Jefferson Medical College of Philadelphia, ended the scientific program with a 1700-word description of "The Use of Compressed and Rarefied Air as a Substitute for Change of Climate in the Treatment of Pulmonary Disease." Dr. Jacob Da Silva Solis-Cohen¹² graduated from the University of Pennsylvania in 1860, saw combat as a lieutenant in the 26th regiment of the Pennsylvania Volunteers at the defense of Washington, and resigned his army commission to ship out as assistant surgeon, U.S.N., with DuPont's expedition to Port Royal. Having satisfied his taste for adventure, he settled down to practice medicine in 1866 in Philadelphia, where he performed the first successful operation for laryngeal cancer after a year's study of esoteric throat diseases. Publication of his "Inhalation in the Treatment of Disease: Its Therapeutics and Practice (A Treatise of the Inhalation of Gases, Vapors, Fumes, Compressed and Rarefied Air, Nebulized Fluids and Powders)" in 1867 brought him international fame. It was the belief of Solis-Cohen that the inhalation of compressed air dilates the lungs and thorax to a greater

extent than can be accomplished by the deepest possible inspiration. Expiration of compressed air dilates the air cells and rectifies a collapsed lung by backward pressure. Inspiration of rarefied air diminishes the pressure of the air in the lungs by diffusion with expiration into rarefied air, exhausting a portion of the residual air in the lungs, thus favoring collapse of the distended air cells. He emphasized that inhalation therapy is indicated in early phthisis, chronic bronchitis, partial collapse of the lung following pneumonia, and in all cases where the vital capacity of the lungs is reduced.

The Cohen-Richardson compressed air apparatus possessed an inner cylinder or air chamber weighted at the bottom and having a diameter accurately adjusted to that of the outer cylinder or water chamber. A foot bellows pumped air into the air chamber (Fig. 4). The apparatus, which he used in his own office, could be manufactured for \$20.00. Hemorrhage was the only contraindication, but the principal disadvantage of this therapy was the physician's time required for its administration. In his view, if patients could be grouped together so as to inhale simultaneously from a number of such machines, inhalation therapy might conceivably become sufficiently remunerative to attract physician supervision.

RE-ELECTION OF PRESIDENT LOOMIS

Alfred L. Loomis,¹³ having missed the first meeting due to illness, was re-elected (in absentia) to a second term as president (Fig. 5). Loomis, a



SOLIS-COHEN'S COMPRESSED AIR APPARATUS

FIG. 4. The compressed air apparatus of Jacob Da Silva Solis-Cohen

being the pioneer in this noble work in this country. This unpretentious establishment, located within one and one-half miles of Saranac Lake Village, had opened in the summer of 1883. It represented an attempt to give patients of moderate means who were suffering from pulmonary disease the benefit of this outstanding climate. It was not intended as an asylum for hopeless cases, but as a means of restoring to health those in the early stages of pulmonary phthisis.

Loomis went on to discuss the uncertainty that existed in the minds of the profession in regard to the etiology and morbid anatomy of phthisis. He pointed out that only recently certain investigators had postulated a specific material that may or may not be accompanied by the histological elements of tubercle, but that always contained a specific form of bacillus, which they felt was the sole exciting cause of the disease's development. He vividly described Koch's belief that the repeated entrance into healthy lungs of small numbers of this specific bacillus of tuberculosis would cause chronic phthisis, and that the simultaneous admission of numerous bacilli would produce acute phthisis (although he emphasized that these beliefs were as yet unproved). In his view, the majority of careful observers were united in the belief that the most important part of the management of the patient was a suitable climate, which acted therapeutically in arresting early phthisical processes in two ways—first, by its invigorating effects generally and its power of improving defective nutrition, and second, by its local effects in preventing disease processes in the lungs and in arresting such processes after they had developed. Loomis believed that there was a climatic condition as essential as altitude to purity of the atmosphere in any locality—porosity of soil. In localities where the soil drained slowly and imperfectly, there was a peculiar dampness, which acted powerfully in developing phthisis. He recalled that Dr. Henry I. Bowditch^{1,2} had stated that soil moisture was one of the chief causes of phthisis and that localities with a dry soil were comparatively free from the disease. Loomis also noted that the presence of extensive evergreen forests had been found to have a powerful purifying effect upon the surrounding air, and mentioned observations showing that ozone, or the electrical condition of the atmosphere in which it was present, acted as a powerful purifying agent in the atmosphere—an oxidizing disinfectant. In addition to preventing the entrance of microbes into the lungs through the respired air and maintaining the pulmonary tissues in healthy condition to prevent abnormal changes in the lungs, physicians should try to destroy the bacilli in diseased lungs, principally by means of antiseptic inhalations. (He noted, however, that there was still doubt whether the means of inhalation then in use were capable of passing antiseptic materials to the pulmonary tissue. Perhaps the ingeniously contrived pneumatic cabinet of Dr. H.F. Williams of Brooklyn could accomplish such desired results.)

In the first paper given at the conference, Dr. Beverley Robinson discussed antiseptic inhalations in tuberculosis and found that the most generally useful of them in the early stages of pulmonary phthisis was creosote and alcohol in equal parts. William C. Jarvis³ talked about catarrhal affections of the nasal passages as a cause of pulmonary phthisis, with special reference to the role of heredity. Dr. Williams then presented a paper describing his technique of pneumatic differentiation. Charles Denison gave a long and detailed paper on the annual and seasonal climatic maps of the United States, with a rule for the even division of climate, based upon the average of the combined atmospheric humidities in the United States. Denison added nine more pages to his lengthy paper delivered at the first meeting.⁴ The President felt constrained to say that it seemed to him that Denison had endeavored to put too much on his maps, and they were confusing, to say the least. Dr. A.N. Bell thought they proved the opposite of what Denison wished to prove, and Dr. Boardman Reed of Atlantic City was glad to hear Bell's vigorous protest.

In the early programs, there were frequent descriptions of the origin and geographical distribution of tuberculosis in various states and remarks about the climate in various regions of the country. E.L. Shurly described the incidence of phthisis in the state of Michigan and Dr. J.C. Wilson of Philadelphia presented remarks on the climate of Florida, as did Dr. J.M. Keating. Dr. D.M. Cammann gave a long historical dissertation on the development of the stethoscope and F.H. Bosworth of New York lectured on hay fever, asthma, and allied afflictions.

THE THIRD ANNUAL MEETING

The third annual meeting of the Association was held in New York City on May 11, 1886 with Dr. William Pepper⁵ in the chair. Born in Philadelphia, August 21, 1843, he received his M.D. from Pennsylvania in 1864. Among his greatest accomplishments were the establishment of the Hospital of the University of Pennsylvania, a reorganization of the medical curriculum of the University, and the founding of a great commercial museum and free library. He became provost in 1881. The Pepper Clinical Laboratory dedicated to his father was another of his sterling contributions. "I prefer the life of the salmon to that of the turtle" he once told Osler, but an arduous life of 30 years began to tell and he died in 1898 of heart disease.

A communication was received from the American Surgical Association through Dr. J. Ewing Mears, inviting the Climatological Association to join with a number of other special societies in forming a Congress to be styled "The Congress of American Physicians and Surgeons." Dr. Bosworth moved that the Committee of Arrangements of the next meeting



FIG. 5. Alfred L. Loomis

consumptive himself, had been practicing chest medicine in New York City since his graduation in 1852 from the College of Physicians and Surgeons. For 16 years, he had been professor of both pathology and the practice of medicine in the University of the City of New York. His principal work, *Lessons in Physical Diagnosis*, appeared in 1872, followed three years later by a volume on *Diseases of the Respiratory Organs, Heart and Kidneys*. He was publishing his 1,102-page *Textbook of Practical Medicine* during the same year as the Climatological chartering. One of his patients, another physician named Edward L. Trudeau, followed Loomis's advice to seek the cure in a small Adirondack village; in the mid-1870's, Trudeau was caring for two patients referred to him by Loomis.

THE FIRST SECRETARY

In his opening address, Knight had said that there was no use in trying to manage the routine business of the Association by means of a com-

mittee composed of men who lived at great distances from one another. "The one-man power is what is wanted" to make preliminary announcements, secure papers and the attendance of members, arrange good programs, and make every meeting a success (Appendix A). Elected to perform this Herculean task was a 38-year-old Philadelphian named James Baynes Walker (Fig. 6). He planned to accomplish the charges of his new office while also serving as professor of practice at the Women's Medical College of Pennsylvania, and president of both the Medical Society of Northern Philadelphia and the Pennsylvania State Board of Medical Examiners, and making rounds on his patients at the Philadelphia General Hospital.

MEMBERS OF THE COUNCIL

Council members elected for the Association's first year included Beverley Robinson, Francis Donaldson, E. Darwin Hudson, E.T. Bruen, and J.H. Tyndale.



FIG. 6. James Baynes Walker

Robinson,¹⁴ a laryngologist, graduated from the University of Paris in 1872, did graduate work in laryngology at the London Throat Hospital under Sir Morrell Mackenzie, and was one of the original staff members of the Metropolitan Throat Hospital in New York City. His practical treatise on nasal catarrh, published in 1880, was being readied for a second edition in 1885.

E. Darwin Hudson¹⁵ graduated from the College of Physicians and Surgeons in 1867. He was professor of diseases of the chest at the New York Polyclinic and a consultant on the staffs of St. Elizabeth's and Bellevue Hospitals.

After his graduation in 1873 from the University of Pennsylvania, E.T. Bruen¹⁶ joined the attending staff at Philadelphia Hospital and began lecturing on clinical medicine at the University of Pennsylvania. His "Pocketbook of Physical Diagnosis of Diseases of the Heart and Lungs for Students and Physicians" was published a year before the charter session. He was writing a book on "practical lessons in nursing" to be published in 1887 and was working with his friend and colleague Solis-Cohen on a treatise on affections of the upper respiratory passages. Bruen had been promoted to an assistant professorship of physical diagnosis at the University of Pennsylvania a few months before the Climatological meeting.

John Hildegarde Tyndale¹⁷ graduated from Washington University in St. Louis in 1868 and entered the German army as a contract physician during the Franco-Prussian War. He settled in New York City in 1873 and had a large private practice mainly concerned with tuberculosis patients. Inspired by his close friend Charles Denison, Tyndale was the one who arranged the organizational meeting that had been held in New York City on September 25, 1883. Tyndale decided to migrate West in 1892, settling in Lincoln, Nebraska, where he specialized in the treatment of tuberculosis until retiring from medical practice in 1915. He had a wide acquaintance in theatrical circles and numbered among his personal friends Sarah Bernhardt, Richard Mansfield, Julia Marlow, and Forbes Robertson. As an avocation, Tyndale worked as a dramatics critic for the *Lincoln State Journal* and influenced and encouraged the career of another journal staff member—Willa Cather. He was the last surviving founder of the Climatological, dying on June 7, 1929.

Other distinguished individuals also participated in the charter session. Ephraim Fletcher Ingals,¹⁸ a laryngologist from Chicago and a graduate of the Rush College in 1871—where he became professor of laryngology—had also attended the founding meeting of the American Laryngology Association. Ingals held the chair of Diseases of the Throat and Chest in Northwestern University Medical School for Women at the time of the Climatological meeting. Ingals was promoted to a Professorship of Rhin-

ology and Laryngology in the Chicago Polyclinic and lectured in medicine at the University of Chicago from 1901 until his death on April 30, 1918. He developed a surgical procedure for deflection of the nasal septum that carried his name. Another charter member, Austin Flint, Sr.¹⁹ (Fig. 7), was closeted during the first Climatological meeting in a Washington hotel room, busily writing his Presidential Address for the opening meeting of the AMA convention. Flint's membership, if not his actual presence at the first meeting, added greatly to the stature of the embryonic Climatological. For 20 years following his 1833 graduation from Harvard, he had practiced in Buffalo, where he founded the *Buffalo Medical Journal* and the Buffalo Medical College. During his career he had held the chair of the Institutes and Practice of Medicine at Rush Medical College, Bellevue Medical College, and the Long Island College Hospital and had been a professor of medicine at Buffalo Medical College, the University of Louisville, and the New Orleans School of Medicine. He was a prominent individual in those days of the peripatetic professor. He had been teaching and practicing medicine in New York City for a



FIG. 7. Austin Flint, Sr.

quarter of a century when the Climatological was organized. Flint was a prolific contributor to the medical literature and published his *Variations of Pitch in Percussion and Respiratory Sounds* in 1852 and *A Compendium of Percussion and Auscultation* in 1865, and his *Treatise on the Principles and Practice of Medicine* (1866) was being revised for its 7th edition during 1884.

In reviewing the published records of the Association, certain discrepancies may be found in the lists of physicians who actually chartered the Climatological. According to the *Washington Evening Star* for May 5, 1884, H.Y.N. Miller (Atlanta), F.C. Shattuck (Boston), E.W. Schaumer (Kansas City), and H.D. Didama (Syracuse) were in attendance at the May 5 meeting. Didama supposedly presented a paper on "Diagnosis of Pulmonary Diseases" which was either erroneously reported by the press or was such an embarrassment to the Association that it was not included in the 1884 *Transactions*. These four physicians are not listed in the 1969 *Transactions* as having been elected to membership, although they were among the 42 physicians in the 1884 roster. Shattuck was on the 1885 nominating committee, according to that year's *Transactions*. Solis-Cohen was in Washington for the May 5 meeting but was not listed in the press accounts of the session, nor was he listed as ever having been elected to membership, although he was also among the original roster of 42.

Beverley Robinson, who was a charter member of the climatological, was also a charter member of the Association of American Physicians, which came into being in 1885. Another charter member, Alexander Y.P. Garnett, realized his ambition to be president of the AMA in 1887.