

Chapter 10

EPILOGUE

What can be said of the achievements of the American Clinical and Climatological Association—the actions that have enabled it, after a century of existence, to be such a dynamic, vigorous and relevant organization at the turn of its first century on the medical scene? It did not hold to its original objectives. At the end of the third decade of its being it was a society of good fellowship and deteriorating scientific validity. One of its most illustrious members, William Osler, had abandoned ship after only one year as a member to lend his talents to the development of the Association of American Physicians (in 1886), that small, nonspecialized binational society (American and Canadian) that has held throughout to its original avowed purpose—the advancement of scientific and practical medicine. Meanwhile, the Climatological, a small group of top-ranking clinicians of the day whose primary interest was in tuberculosis, continued its fixation on diseases of the chest (essentially tuberculosis) and its attention to the value of health spas with the proper climate and adequate accommodations for its patients.

There were rumblings of dissatisfaction: the Association was ignoring the newer developments in medical knowledge and was giving too much priority to good fellowship at the expense of acquiring new ideas through the election of promising young clinical scientists. Little was done, however, to stem the steady decline of the scientific base of the programs or to widen the sphere of interest beyond the original narrow concepts, until Charles L. Minor's challenging Presidential Address in 1913. Minor pointed out that in the three decades since the birth of the Climatological, laboratory diagnosis had assumed an importance that the leaders of that day could not possibly have anticipated, and had become the indispensable handmaiden of the up-to-date physician. He realized that times change and men with them, and that climatology, even with the powerful addition of the lungs and heart, no longer offered a sufficient field for the activities of the Association. Climatology no longer awakened much real interest in the minds of the large majority of active medical men, and Minor recognized that if the Climatological was to grow and prosper and be not merely a charming club of good fellows, but an active scientific association doing valuable work toward medical progress, its borders had to be widened, the restrictions imposed by the name removed, and the membership freed to represent the study of all subjects within the realm of internal medicine.

The time was propitious, and Minor perceived that the popularity enjoyed by laboratory work had inundated the programs of many societies

with papers on topics of a highly technical nature which, no matter how important, were of subordinate interest to those in the vital realm of practical internal medicine. He emphasized that there was and would continue to be a demand for more papers on clinical subjects, papers based on bedside observation:

... 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 ... can bring their problems for discussion. ...

That we have always had, and now have, many distinguished names upon our rolls, that there have been read before us in the past many valuable communications, is not in itself enough, unless we can make our Society so attractive and desirable by its broad and catholic scope that the best of the younger men, who, mind you, gentlemen, will be the distinguished men of the next 15 or 20 years, shall feel it a privilege, an honor and a benefit to enter our ranks.

In 1915 the name was changed to the American Climatological and Clinical Association, but this step was not enough. The deterioration continued and Lawrason Brown, a devoted and perceptive member, recognizing the almost imminent demise of the Association, assembled a group in his hotel room at the Washington, D.C. meeting in 1922, a room that he shared with Charles Minor. Brown reemphasized the points that Minor had made 10 years earlier. Among those present was Gordon Wilson; he sensed the impending doom, assumed the responsibility of doing something about it, and found two enthusiastic collaborators who were equally determined to instill a new spirit into the group—Walter Baetjer and Louis Hamman. These three were actively concerned for the following nine years with election of new members, serving for most of that time on the Council. The Association's current superior standings in attendance, enthusiasm, and quality of the program—an outstanding menu of the best of ongoing clinical investigation—is a tribute to their devotion and hard work. The interdependence of basic science and clinical medicine leading to high-quality clinical investigation is shown by this phase of the life history of the Climatological.

In 1924, an amendment to the constitution created a new category of life member (emeritus), which increased the number of available places for new members. The new approach worked, and from 1925 on the election of young men of high quality provided an excellent balance between practicing clinicians and academic clinicians, both of whom contributed to the increased excellence of the clinical science that has dominated the programs in recent years. In his Presidential Address of 1926, David R. Lyman expressed the view that "the combination of heart and brain is ever the one that wields the greatest influence." The social

graces were not downgraded in this surge to upgrade the scientific quality and breadth of the Association membership.

The final change in name came on May 10, 1933, when Article I of the Constitution was altered to read: "The society shall be known as the American Clinical and Climatological Association." In that same year the Council voted to establish the Gordon Wilson Medal for clinical excellence, and after a prolonged period of discussion the Gordon Wilson lectureship was established.

The fiftieth meeting in Washington, D.C. on May 9 and 10, 1933, with George R. Minot in the chair, was a memorable event. At this time, the idea was proposed of shifting the meetings to the fall of the year, a move that would give more visibility and stature to the organization. This meeting also marked the beginning of Francis M. Rackemann's tenure as secretary. The office of secretary was, and still is, the focal point of the Association's functions and he rapidly earned the title of "Mr. Climatological." His obsessive devotion to the Association is, to a large degree, responsible for the perfect melding of friendship and science as the cornerstone of the Association and for the growing attendance of members and their wives at the annual meetings. The programs of the Climatological have not been dominated by the fantastic developments in molecular biology and their influence on medical science. The evolutionary changes in program content have been in the direction of scientific advances, but this has not represented in any way a move away from the realm of the clinician. Practice must rest on the best possible scientific foundation. The Association has met the challenge laid down by Charles Minor to remain a society in which clinical science and concern for the interests of the practicing internist remain dominant. Thus, it represents an approach that provides a "clearing house" for new developments of high quality related to the clinical needs of practicing and academic internists alike. It has great vigor, a relevant platform for the present needs and a devoted and outstanding membership that is alert to the changes that may be needed as the future unfolds.

The historian's question is whether Osler's desertion in 1886 made the current success possible. How might things have been different if he had remained and promptly urged the approach that was delayed in the Climatological, but that he and others promptly put into effect in the Association of American Physicians?

But the main question is—What has the Association done to justify its long life span? Clearly its greatest contribution has been to its members. Under its umbrella and aided by outstanding Gordon Wilson and Jeremiah Metzger lecturers in recent years, they have brought to themselves a constantly expanding but well-digested stream of medical knowledge. In order to integrate the information properly, the Associa-

tion has continued to provide an atmosphere that stimulates free discussion—an essential for careful evaluation of new developments.

Last but not least has been the nurturing of professional friendships. This gives substance to the exchange of ideas and fruitful associations at every level, that can continue and grow between meetings as well as at them. There is good fellowship and constructive clinical and scientific interchange, both vertically and horizontally. Members of all ages blend together in their common goal of good medicine, and since most of them are teachers of medicine, the Association serves as a continuing forum for the promotion of excellence in medical education, research and practice.¹