Chapter 5

THE THIRD DECADE: 1904–1913

The Twenty-first Annual Meeting

The twenty-first annual meeting was held at the Aldine Hotel in Philadelphia, Pennsylvania on June 2, 1904, under the presidency of Dr. J. C. Wilson[1]. Twenty-seven papers were read during the three-day session. On the second day, the meeting was at Houston Hall (University of Pennsylvania) and a dinner attended by 58 members was held the first evening at the Aldine Hotel. On the previous evening, the society was entertained by the Philadelphia members, who arranged a trolley trip to Willow Grove, where dinner was served and excellent music was enjoyed. The ladies accompanying the members shared in this delightful entertainment.

The content of the meetings, however, offered little that was new to stimulate the members to greater scientific activity. Dr. S. E. Solly of Colorado Springs brought up climatology as a subject for study in the medical schools; his paper promoted a vigorous discussion. Some felt that the topic could not be presented in only two or three lectures, the general tenor being that the medical curriculum was already overcrowded and that there was little reason to push for more extended consideration of climatology. The secretary, Guy Hinsdale, indicated that as provost of the University of Pennsylvania, William Pepper asked him to be the lecturer on medical climatology in what was known as the "spring course" or "auxiliary course" of medicine in the university. For a number of years, Hinsdale delivered ten lectures; the first three concerned general principles of meteorology and the balance was devoted to general considerations of climate with reference to health resorts in this country as well. These lectures were purely elective, but according to Hinsdale the course was very well attended.

The caliber of the other papers is exemplified by Thomas J. Mays's on "Human Slavery as a Prevention of Pulmonary Consumption." He pointed out that pulmonary consumption was comparatively unknown among the plantation slaves of the South before the war, while in the large cities of the South during that period it was no more prevalent than among whites. The period after the war, however, saw an enormous increase in consumption among the former slaves of the South. He attributed this to the social, economic, and political revolution that followed their freedom. No longer dependent on their owners for food, clothing, shelter, medical care, and nursing as they were in the days of slavery, they were thrown on their own resources and were forced into a struggle for existence that was as unequal as it was tragic. "They are

thus brought into the most intense competition for existence with the people whose civilization is thousands of years ahead of their own development." He pointed out that similar statistics were available for insanity and quoted Dr. T. O. Powell, superintendent of the Georgia Asylum for the Insane: "I am forced to believe that insanity and tuberculosis are first cousins, or at least closely allied. The sudden outburst of insanity among the colored race of the South came associated with tuberculosis, hand in hand, keeping pace one with the other." The programs of the Association at this period were clearly reaching a low ebb.

The Twenty-second Annual Meeting

The twenty-second annual meeting was held in Detroit, Michigan on June 28, 1905, under the presidency of W. F. R. Phillips[2] of Washington, D.C. Phillips, in his Presidential Address, discussed the definition of climatology, stating that the word "climate" is not used in medical literature with the rigorous exactness demanded by science. Climate had been studied very much as our predecessors studied drugs before the days of exact chemical analysis and of physiological experimentation. The present need of climatic therapeutics, he said, is not more clinical experience but more laboratory experience. In his view the Association should take steps to establish climatological laboratories; he recommended one at sea level and one in the elevated plateau of the Rockies.

The usual pattern of papers was presented, none being concerned with any novel fields of interest. Charles Denison of Denver presented, for the third time, his work on immobilization of one-half of the thorax, describing his complete scheme for preparing and applying traction plasters to arrest pulmonary hemorrhages, to relieve pleurisy, to contract lung excavations, and to adjust rib fractures.

The Twenty-third Annual Meeting

The twenty-third annual meeting was called to order by the president, Dr. E. L. Shurly[3,4] of Detroit, at the Marlborough-Blenheim, Atlantic City, New Jersey on May 12, 1906. Less than a month before the meeting, the secretary received a letter from Dr. Philip King Brown of San Francisco saying that he would attend the meeting and be ready to read a paper. The following day an earthquake and fire destroyed the city. The secretary immediately wrote to express sympathy on behalf of the Association and to inquire as to Dr. Brown's safety. The following reply was received: "Thanks for your note of sympathy. I am sorry not to be with you, but we escaped only with clothes, food, and bedding, and I must remain and work. I lost my paper but saved my records and a few

of the charts of my heart cases. These I am sending with the rewritten paper to you, in care of the American Climatological Association, Atlantic City. Our laboratory went and with it a set of the Association reports. Many, many thanks about your offer to replace books. I would gladly pay freight charges on all the books I can get. Nearly every medical book in town was burned." Dr. Brown's paper, entitled "Artificial Nauheim Baths in Chronic Heart Cases," appears in the volume of the *Transactions* for that year.

The emphasis was still on climatology in various diseases, mainly tuberculosis. The president spoke as follows: "Still this glorious American Climatological Association has much yet to do in the development of climatologic science and art. Its career should not be restricted to any one or two diseases, but should include the clinical, climatic therapy and hygiene of every disease which may be affected by atmosphere, clouds, temperature, humidity, sun, and air effects, chemical and physiologic, as well as the land, the water, the fauna and flora of each district of our country."

There were no unusual or exciting papers on this program. H. P. Loomis made a flowery plea for the systematic study of climatology in medical schools, stating that it was "an essential part of the most liberal general medical education, and its practical importance is fully as great, if not more so, than the instruction given in a large number of technical courses." He then described the content of his lectures on this subject. He pointed out that "if this instruction is not given, how is the medical student when he becomes a practicing physician going to get it? I should say, generally, by learning from his mistakes. He will wake up sooner or later to the fact that his reputation has received a bad setback, when some patient returns home to die after he has sent him away to recover and has recommended some place which has turned out to have the very worst climatic conditions for that particular case." Among the papers there was an excellent description of St. Moritz, Engadine by Arnold C. Klebs and of the Irish Riviera by Charles E. Nammack.

At this time, the cold morning bath had a widespread and high reputation in this country as a wholesome measure for both the sick and the well. Those who shudder at the thought of such a venture on a cold morning will be reassured by reading the paper presented by Norman Bridge of Los Angeles, California, on "The Hot Morning Bath." He concluded that "the best morning bath, for both sick and well, is a hot one, taken preferably rather quickly, much as many Japanese people take their baths. Managed in this way, it does not cause cold-catching, but rather prevents it—indeed it is next to impossible for one to take cold from it. It is not merely comforting to take, it is positively delightful to most persons at any and all seasons of the year, and it starts one off to

his breakfast and the day's work with the buoyancy and dash of the best reaction from the cold bath." Climatology does have its benefits.

THE TWENTY-FOURTH ANNUAL MEETING

The twenty-fourth annual meeting was held at the Willard Hotel, Washington, D.C. on May 7, 1907, under the presidency of Dr. Thomas Darlington[5] of New York.

Darlington, in his Presidential Address, emphasized the Association's drift toward specialization. The organization's tendency had been to focus upon pulmonary tuberculosis, but despite the worth and importance of that subject, there was much other work to be done. He emphasized a number of important problems particularly relating to other infectious diseases. The program served to emphasize his point and really did not contain any talks outside the general framework of what had been presented over the past several annual meetings.

Dr. Charles Denison said in discussion that there were nine members in attendance, all of whom had gone to Colorado for their health, although they would have a hard time explaining their trips, since they were now so well.[6] "The personal experience of members of this Association is sufficiently ample to prove the value of climatic conditions." Unfortunately, as Sewall had emphasized, it was on such an anecdotal basis that most of the work on altitude rested.

By 1905 exposure times for x-rays had been reduced to the point where they were of practical value in the diagnosis of tuberculosis. The use of rest, emphasized by Trudeau and Lawrason Brown around 1900 and later by Charles L. Minor, Joseph H. Pratt and others, was gradually being accepted by physicians as more important than altitude.

THE FIRST QUARTER CENTURY ENDS

The twenty-fifth annual meeting of the American Climatological Association was called to order by the president, Dr. Thomas D. Coleman[7] of Augusta, Georgia, at the Harvard Medical School on June 9, 1908 (Fig. 13).

President Coleman pointed out that it was most appropriate that this particular meeting was taking place in Boston, the site of much of the Association's early inspiration and much of its enduring work since its inception. "Harvard University has gathered her recruits and sent out her splendidly equipped armies to every portion of our common country, until, although located on New England soil, she is revered by all who love culture and erudition, whether they come from the north, south, east, or west." Coleman emphasized the same theme as the previous year's president: the need to look at the larger scope in which the

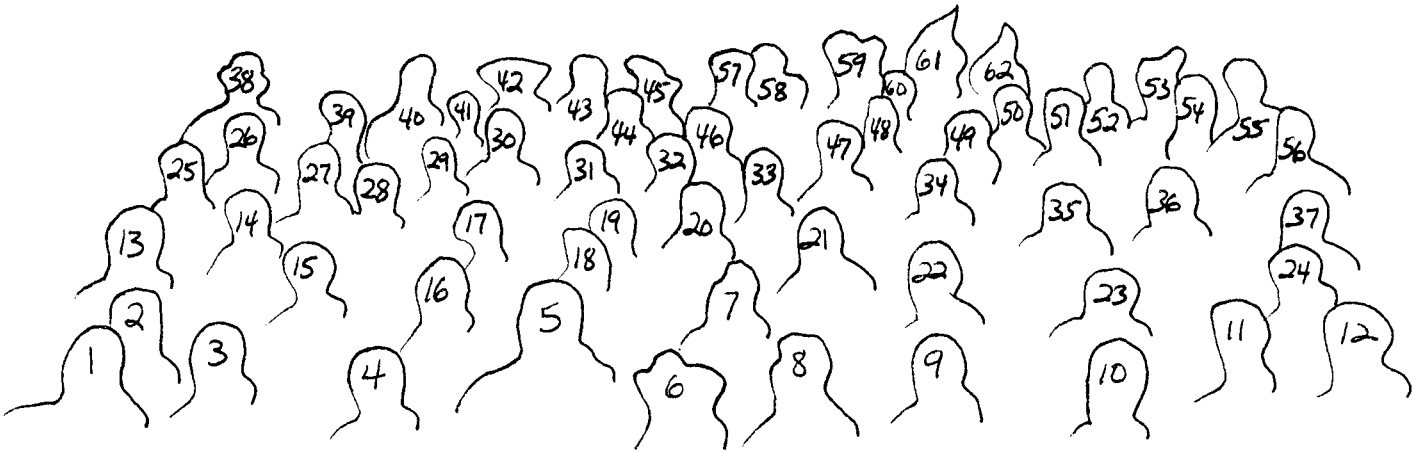

FIG. 13. Members of the American Climatological Association, Boston, Mass., June 1908 (Courtesy, The Francis A. Countway Library, Boston, Mass.). 1- E.O. Otis, 2- S.W. Langmaid, 3- S.A. Fisk, 4- T. Darlington, 5- W.F.R. Phillips, 6- A. Jacobi, 7- G. Hinsdale, 8- R. H. Babcock, 9- T.D. Coleman (President), 10- F.I. Knight, 11- V.Y. Bowditch, 12- R.G. Curtin, 13- W.S. Boardman, 14- R.A. Cleemann, 15- C.E. Edson, 16- C.F. Gardiner, 19- W.L. Dunn, 20- W.D. Robinson, 21- E.R. Baldwin, 22- H.D. Arnold, 25- M. Manges, 26- C.C. Ranson, 27- J. Daland, 28- J.H. Huddleston, 29- C.F. McGahan, 30- C.L. Minor, 33- A.K. Stone, 34- De L. Rochester, 35- L. Brown, 37- W.M. Gibson, 49- H.M. King, 51- H.L. Barnes, 54- J.A. Miller, 56- J. Perkins

Association should direct its energies and aims. The Climatological, in his view, had done more than any other organization to help eliminate tuberculosis, a disease which exacted as annual tribute more victims than all the other infectious diseases combined, pneumonia alone excepted. He did not feel that the purpose of the Association, "to study climatology, hydrology and disease of the respiratory and circulatory organs," was inadequate, and if it was broadly interpreted no change in these aims would have to be made. Coleman's was a harbinger of the increasing recognition that changes had to be made if the Association was to survive.

There was a series of papers on the Calmette and von Pirquet tuberculin tests for the diagnosis of tuberculosis, and on tuberculin for treatment. It was clear that problems with these two aspects of the use of tuberculin—for diagnosis as well as for treatment—had not been finally settled. Henry Lee Barnes, who had conducted extensive studies of the tuberculin test, thought it was necessary for the prompt diagnosis of many suspected cases of pulmonary tuberculosis and that all medical students should be thoroughly trained in the use of its various methods of application. James Alexander Miller, in his discussion of tuberculin as an adjunct to the home treatment of pulmonary tuberculosis, came to the conclusion that tuberculin is an active and useful aid in the treatment of the disease; while the use of tuberculin is not truly specific, it is probably a distinct step in the right direction. His group, therefore, was encouraged to continue its use in suitable cases until some better specific agent was available. These papers evoked considerable discussion, much of which was devoted to the dangers of the ophthalmic application of tuberculin as a diagnostic method. Miller did recognize that the majority of reports on the favorable effects of tuberculin in treatment had come from sanitariums and health resorts where the cases reported also received the usual hygienic dietetic treatment, and that the larger number of these cases had been in the early and more favorable stages. He also was aware that patients under such conditions usually do well without the use of tuberculin and that there was considerable skepticism as to the real value of its use. At this stage, however, there was little knowledge of how to set up an adequately controlled clinical trial.

At this meeting, it was noted that Dr. Henry Patterson Loomis,[8] the son of Alfred Loomis, the first president of the Association, had died on December 22, 1907 of pneumonia. Graduating from Princeton University in 1880, he took his degree in medicine from the New York Medical School in 1883 and four years later was appointed visiting physician to Bellevue Hospital. For a number of years he was professor of pathology at the University of The City of New York. His demonstrations of pathology, supplementing the clinical teaching of his renowned father, were always of great interest to students. It was in the field of tuberculosis, however, that he sought and gained his highest honors, continuing

the work that had been dearest to his father's heart. In 1896 Loomis was made visiting physician to the New York Hospital, and upon the organization of the Cornell University Medical College in 1898 he was chosen to fill the chair of materia medica and therapeutics.

The Twenty-sixth Annual Meeting

The twenty-sixth annual meeting was called to order by the President, Dr. Charles E. Quimby[9] of New York, at the Chamberlain Hotel, Fortress Monroe, Virginia, June 4, 1909, at 10 a.m. The 25th year of the Climatological closed with a membership of 10 honorary members, 12 corresponding members, and 132 active members. Dr. Frederick Irving Knight, an original member of the Climatological and its president in 1891, died on January 20, 1909.[10] The President gave an impassioned address on "The Element of Rationality in Medical Science." It is comforting to note physicians' concerns for their profession almost 80 years ago: "It is impossible for us not to recognize and folly for us to deny, that Medicine, using the term in its broadest meaning, is today in such a condition as to cause us the deepest humiliation and to justify the gravest anxiety for the future. This condition is manifest subjectively in every branch of our work, and objectively in a rapidly increasing loss of public confidence, which cannot be checked by hiding our heads in the sands of conceit.... And when such men as President Hadley, of Yale, speaking for the scientific public, cry, 'Give us physicians, not pathologists!' it implies a high degree of mental amaurosis not 'to see ourselves as others see us.'"

The scientific program was not outstanding in terms of any new or important contributions to knowledge. E. R. Baldwin discussed progress and changes in the treatment of tuberculosis during the past 20 years. F. M. Pottenger presented two new physical signs related to the detection of changes in the solid organs such as the heart, liver and lung. John B. Nichols discussed his views on the influence of meteorological and climatic conditions on metabolism. A study of the influence of climate upon suicide was presented by Roland G. Curtin and W. F. R. Phillips, followed by a paper on seasonal influence on suicide. Sanger Brown injected a bright note by his lecture on the "Fresh-Air Treatment of Acute Insanity." Dr. A. Jacobi's topic was "Variations in the Medicinal Therapy of Pneumonia in the Last Half-Century," and W. L. Dunn reviewed the dangers of the present tuberculin era.

The aftermath of a rather nondescript meeting was relieved somewhat by an amusing letter received by the secretary from Henry Lee Barnes, a member for only two years, commenting on this 26th annual meeting:[11]

> The boat which conveyed the members through Hampton Roads approached the landing in a downfall of rain, which allowed but scant view of the Hotel Chamberlain, one hundred yards away. It seems the irony of fate that men devoted to the treatment

of disease by open air methods should, when holding their scientific meetings, be inveigled into halls which cannot be properly ventilated. After the morning session had been held in an atmosphere whose temperature and closeness melted the collars and taxed the tempers and respiratory muscles of the audience, the President delicately hinted that a proposal for adjournment to the open-air pavilion would not be ruled out of order.

The first paper after reconvening in the pavilion was the "Climatology of the South"—a rather tender subject for this occasion—by Dr. McGahan, of Aiken. When he commenced his paper it was raining moderately but each succeeding reference to the amounts of "moisture," "precipitation," "rainfall," etc., seemed to provoke the heavens to respond by a greater downpour. Although the speaker raised his voice a little higher each time, in order to be heard above the increasing roar of falling water in the resounding roof, the noise finally prevented those who were more than six feet away from hearing anything but an occasional reference to "precipitation," and "rainfall" and the speaker, fairly vanquished by the storm, stopped his paper and joined the general laugh at his expense. The weather finally calmed sufficiently to finish the program, but the succession of thunder and lightning, torrents, sunshine, and rainbows was truly astonishing.

I am confident that no one who was present on this occasion will consider this description in the least overdrawn. A member, who is enthusiastic about the climate of his native Colorado, found that the precipitation of the day was 1.48 inch, or about ⅛ of the annual rainfall in Denver. We had an unusually good meeting in spite of the climate.

THE TWENTY-SEVENTH ANNUAL MEETING

The twenty-seventh annual meeting was called to order by the President, Dr. Edward R. Baldwin[12] of Saranac Lake, New York, at the New Willard Hotel in Washington, D.C. on May 3, 1910, at 10 a.m. A point of discussion was the publication of the *Transactions*. For the past 10 years the Climatological had had a favorable arrangement with the *Journal of Balneology and Climatology*, by which many of the Association's papers had been republished and circulated in England and throughout the world. During the past year, the British Balneological and Climatological Society had become a Section of the Royal Society of Medicine and the *Journal* ceased to appear, inasmuch as the *Transactions of the Royal Society* included the papers read in all the Sections. After the secretary of the Climatological visited London and conferred with the publishers, it was believed that a favorable arrangement might be continued for publication abroad, as both the president and secretary of the Balneological and Climatological Society, Drs. Leonard Williams and Septimus Sunderland, were corresponding members of the Climatological.

In his Presidential Address, E. R. Baldwin discussed "The Organization of Health Resorts, with Especial Reference to Tuberculosis." He pointed out that for some years it had been customary for the president to devote some portion of his Address to the general subject of climate, and his grew out of the most common cause for the existence of health stations. There had been rapid changes in the popular attitude toward tuberculous

patients. Education of the public had brought as a logical consequence the fear of advanced invalids and of health seekers in general. What concerned him most was that while in many cities the agitation, lectures, and exhibitions had largely benefited the poor patients who could not leave home, the same efforts had tended to work more hardship for the self-supporting patients away from home. Fewer hotels and boarding houses were open to them; general hospitals refused them; and special tuberculosis hospitals had always been avoided by the very persons who most needed care. At that time the few institutions available did not fill one tenth of the need. The movement for state, county and municipal hospitals was steadily advancing, but there was no satisfactory method of caring for the people who wandered away from their home communities to take their chances for livelihood in mountain and desert regions.

The scientific program was concerned mainly with the effect of climate and its variations on tuberculosis: "The Effects of Heat and Cold in Pulmonary Tuberculosis," by Charles L. Minor; "The State of Maine as a Summer Health Resort," by Albert C. Getchell; "Tuberculous Peritonitis: A Plea for the Treatment of Peritoneal Tuberculosis by Hygienic Rather than Surgical Measures," by Arthur K. Stone; and "The Tuberculin Treatment of Pulmonary Tuberculosis in Office and Dispensary Practice," by James Alexander Miller. One interesting topic was "Angina Pectoris and Tobacco," by Judson Daland and W. Duffield Robinson; and another, "A Study of the Climatology of Cancer, with Notes on Its Cause and General Increase," by Roland G. Curtin.

The Twenty-eighth Annual Meeting

The twenty-eighth annual meeting was held under the presidency of John Winters Brannan[13] of New York, at the Windsor Hotel in Montreal, beginning June 13, 1911. On June 12, the day before the annual meeting, the Association visited Saranac Lake and Lake Placid as the guests of the Saranac members. After breakfast at the St. Regis Hotel, the members visited Dr. Trudeau and the Saranac Laboratory adjoining his home. The party then visited the New York State Sanatorium at Ray Brook, two miles distant, and enjoyed a luncheon at the Lake Placid Club. Dr. H. M. Kinghorn served tea at his residence and the group boarded the private Pullman car that had been engaged to take the party from New York to Montreal. On June 15, the Association accepted the invitation of the Laurentian Sanatorium Association to attend the opening exercises of the new sanitarium for tuberculosis at St. Agathe des Monts.

In his Address, the president pointed out that Dr. Hinsdale's interesting paper on the recent floods in France (given at the 27th annual meeting) had led to an animated discussion on the influence of forests in regulating the flow of rivers. So divergent were the opinions expressed

that this year there was to be a symposium on the relation of forest growth to the increase or diminution of floods. A number of gentlemen were present from different sections of Canada and the United States to discuss the subject of forestry in all its bearings. The president went on to address certain aspects of the subject and found that there were, indeed, divergent opinions and that many questions remained unanswered. James M. Anders presented a paper on "The Climate and Hygienic Influences of Forest Growth."

Many other interesting subjects were discussed, including: "Some of the Rules for the Treatment of Consumption Laid Down by Sydenham and His Successors," by Richard Cole Newton; "The Class Method in the Home Treatment of Tuberculosis, and What It Has Accomplished," by Joseph H. Pratt; "Studies of the Leucocytes in Pulmonary Tuberculosis and Pneumonia," by James Alexander Miller and Margaret A. Reed; "Atypical Pneumonia," by Jay Perkins; "Artificial Pneumothorax as a Treatment of Pulmonary Tuberculosis," by Samuel Robinson and Cleaveland Floyd; and "Fresh Air in Schools and Hospitals," by John W. Brannan.

The Twenty-ninth Annual Meeting

The twenty-ninth annual meeting was held at the Allyn House in Hartford, Connecticut on June 18, 1912, with Alexander D. Blackader[14] of Montreal as president.

This meeting was significant for the new members elected. Among these were individuals who had outstanding credentials as general internists as well as an interest in clinical investigation. Their election indicated a response to repeated suggestions that the society expand its interest beyond climatology and an emphasis on tuberculosis. Among the new members were Thomas W. Hastings of New York; A. W. Hewlett, professor of medicine at the University of Michigan; Warfield T. Longcope, who was associated with the Columbia University College of Physicians and Surgeons; George W. Norris of Philadelphia; and W. S. Thayer and Louis Hamman of Baltimore.

During this year the society lost two of its outstanding members from Philadelphia. John H. Musser[15] was born in Strasbourg, Lancaster County, Pennsylvania on June 22, 1856. He graduated from the medical department of the University of Pennsylvania in 1877. From 1893 to 1898 Musser was a member of the Council of the Association of American Physicians. He had written with the late A. O. J. Kelly a three-volume treatise on practical treatment, and was president of the American Medical Association in 1903. During the summer preceding his death Musser visited William Osler, who was an old friend, and returned home with the verdict that he was to die within a few months and should

relinquish his work and try to relieve his distressing symptoms. Musser, however, continued full activity, saying nothing to family or friends of the prognosis Osler had given him. He carried out his professional duties until he could no longer fulfill them owing to lack of physical strength. Then he informed his intimates that the end was near. At the time of his death, Musser was connected with the medical staff of the University of Pennsylvania and was physician to the University, Philadelphia and Presbyterian hospitals.

Richard A. Cleemann[16] was born in Philadelphia on February 22, 1840, graduating from the University of Pennsylvania in 1859 and receiving his M.D. degree in 1862. He immediately joined the Union Army for the remainder of the Civil War. He was active in the work of the American Philosophical Society and was its secretary for a number of years. Despite a very extensive private practice, he found time to contribute to many public enterprises and to write numerous papers on medical subjects. His reports on meteorology and epidemics in the *Transactions of the College of Physicians* were complete and attracted widespread attention.

President Blackader spoke on the advantage of residence in a cold, dry climate in the treatment of some forms of disease.

One of the most interesting papers was that of Professor Yandell Henderson of Yale (by invitation) on physiological observations on Pike's Peak, Colorado, made in the summer of 1911. In the 1870s Paul Bert had shown that at high altitude, the hemoglobin contained in the red blood cells was increased and that the ill effects of low barometric pressure were due to a lack of oxygen. Some experiments were carried out in steel cylinders from which the air was pumped, which demonstrated that in pure oxygen patients were as comfortable at one-fifth atmospheric pressure as when they were breathing the normal atmospheric air with one-fifth oxygen and four-fifths nitrogen. Recently Henderson had made further observations in New Haven. He acquired a large boiler, and breathed into it until the oxygen was greatly reduced. When it was below 10 percent he suffered from nystagmus, panting, and finally convulsions. There was no great difficulty, in his opinion, in making these studies on artificial "mountain sickness" at sea level. It was only a question of oxygen. A decrease in the amount of carbon dioxide in the lungs did not occur under low pressure.

While in Vienna, Henderson had met Haldane and Douglas. They made inquiries as to where they could find a comfortable mountain on which to conduct investigations and where they would not have to suffer many hardships. After considering the Andes and the Himalayas, they finally decided to go to Pike's Peak. The party consisted of J. S. Haldane and C. Gordon Douglas, both of Oxford; Professor E. C. Schneider of Colorado College; and Professor Henderson. After four or five days at Colorado Springs, they took the apparatus to Pike's Peak, where they

spent five weeks on the summit. They had equipment for determining the alveolar air content of the lung, as well as the respiratory exchange during exercise, the amplitude of respiration and so forth.

The problems they wished to study were those related to acclimatization, how people can live comfortably at these high altitudes. Of special interest were their measurements of blood volume: they found that subjects' red blood cells increased from five to seven million and hemoglobin from 100 percent to 145 percent or even higher after six months' residence at high altitudes. The most important element in acclimatization to low barometric pressure was the development by the lung of a capacity to secrete oxygen from the alveolar air into the blood, thus compensating in part for lessened diffusion because of the low oxygen pressure in the atmosphere. Their reports were presented first to the Royal Society of London on January 18, 1912 by Haldane. Henderson's paper was followed by another one of interest by W. A. Campbell on "High Altitude and the Blood." These two papers led to extensive discussion.

"The Negro and his Health Problems" was discussed by J. Madison Taylor of Philadelphia. In his view, the question for solution resolved itself into whether members of a tropical race, which had evolved through thousands of years in hot countries and whose characteristics had gradually become adapted to local climatic conditions, were capable of flourishing or even surviving in a climate wholly at variance with the circumstances of their racial adaptation. It was his view that two or more races brought into intimate contact socially and domestically evolved hybrids. All experience, he said, shows that hybrids, the product of sexual union of antithetic races, such as the white and the black, are physically and morally inferior to the original stock.

Two papers of interest to the medical historian were presented. Particularly entrancing was one entitled "Memorabilia" by Vincent Y. Bowditch, which contained extracts from medical notes made by his late father, Henry Ingersoll Bowditch of Boston. While looking over a series of manuscripts that Henry Bowditch prepared as a résumé of his life for his Harvard class report book, his son found several short articles that gave a personal touch to various medical subjects, including the elder Bowditch's description of his two years spent with Louis in Paris and the details of his introduction of thoracentesis for pleural collection of fluid.

Thomas A. Claytor discussed the more common forms of cardiac irregularity with the report of a case of heart block. The most interesting part of this lecture was the discussion by Joseph H. Pratt, who spoke as follows: "These tracings of Dr. Claytor interest me very much. I should like to know what apparatus he uses. I've had some experience with the

Jacquet instrument, but more with the ink-writing polygraph devised by Mackenzie. This was probably largely due to the fact that I learned from Dr. Mackenzie himself how to use his polygraph.

"During the summer semester of 1908 I made tracings of all the arrhythmias that came under observation in Krehl's Heidelberg clinic. I sent the tracings to London, and Dr. Mackenzie kindly corrected my errors and gave me the benefit of his interpretation. So while the cases were yet in the wards, we had Mackenzie's views on the diagnosis, and sometimes on the prognosis, based on the graphic records and Krehl's opinion derived from the use of the older methods of examination."

The First Three Decades

Thus, the American Climatological Association began its life at the start of a century of unparalleled advance in medical knowledge. By 1883, there was widespread interest among physicians in the United States in the treatment of tuberculosis. This group was also interested in disseminating information about health spas and in gathering data about climate and its effect on disease. A small group met in 1883 and organized the American Climatological Association, which held its first Annual Meeting in Washington in 1884.

The early scientific programs were dominated by voluminous discourses on the pathogenesis and treatment of tuberculosis, based on mainly theoretical concepts and supported by no sound scientific information. The leading otolaryngologists of the day were prominent among the members, as this specialty concerned itself more broadly with the respiratory tree than is the case today. The larynx, often the seat of the disease, could be visualized in contrast to the lungs in the pre-roentgen period.

William Osler was a member for one year—1886. This was the year the Association of American Physicians was organized. Although a number of other physicians belonged to both groups, it appears likely that Osler had a deeper interest in the broader approach to medicine embodied in the activities of the Association of American Physicians and decided to cast his lot with that organization, which he was actively involved in forming. The shape of the Climatological might have been quite different had he remained a member.

During the first decade, the Climatological met in various resorts and spas. One of its major functions was to seek out these resorts where the most favorable atmospheric conditions prevailed and to secure suitable accommodations for patients in those places. One of the highlights of the second decade was the first discussion at the 15th Annual Meeting in 1898 at Bethlehem, New Hampshire of the clinical uses of the "roentgen light" by an invited guest, F. H. Williams of Boston.

By the end of the second decade, the scientific programs had become rather sterile. Norman Bridge, the president in 1903, warned the Association that it could not let the good fellowship that belonged to so harmonious a society lull them into dropping so far behind in their more serious work. Bridge, who was also a member of the Association of American Physicians, had undoubtedly been impressed by the new era in medical science intensively displayed at the meetings of that group. Little was done to improve things, however, until Charles L. Minor became president in 1913.