

## 18. Meeting Innovations

*The really important function [of the meeting] is certainly not a formal array of personal achievements, but . . . an adequate opportunity for the development of the entire membership in the fields of research and clinical experience . . . a presentation . . . of the living work of the hour . . . . It is a laboratory in which all are students with a common aim and are united by the bonds of a common interest . . . . a laboratory in which the highest respect and the deepest reverence are felt toward those mighty pioneers of the past whose spirits strode like giants through the gray dawn of scientific developments. And yet . . . a laboratory in which methods and results rather than dogmatic authorities control the trend of effort and establish the equal right of merit wherever found.*

JOHN O. MCREYNOLDS

FIRST VICE-PRESIDENT, 1913

**D**R WHERRY and his Board of Secretaries increased scientific and social fare at meetings during the 1930s. A moving picture exhibit was added in 1932, a planned scientific exhibit in 1936, alumni dinners in 1937, and toward the end of the decade, scientific programs planned by related groups began to be presented during convention week.

The motion pictures were an instant success. "Amateur motion picture photography," wrote program secretaries Benedict and Myers, "portrays methods of examination and surgery that cannot adequately be expressed in words."<sup>1</sup> Most of the films were of the professional surgeon-amateur photographer variety, with what Dr Benedict described as "variable lighting and variable background."<sup>2</sup> A projector and licensed operator were provided, and only 16-mm films could be used. Films were so

popular that soon two afternoons were given over by each specialty to showing motion pictures, during the scientific sessions of the other specialty.

At first the whole affair was highly casual, with members who wished to show a film or new instrument (interspersed between films) simply asked to notify the appropriate secretary of the character of the film or instrument and length of time necessary for presentation.<sup>3,4</sup> Many, particularly those with new instruments, showed up unannounced, and they were often accommodated by being put at the end of the program.

As the activity grew, the Program Committee became more selective and previewed, censored, and accepted films with the most teaching value. For the 1936 meeting, the Council appropriated money to encourage use of color photography and defray the cost of

film for those making pictures primarily for the Academy meeting.<sup>5</sup> A year later, at the urging of the instruction secretaries, instructors introduced motion pictures in their courses. The 1937 "Motion Picture Section" boasted 20 films, and nine instructors utilized films.

Eventually, motion pictures and new instruments were woven in with the scientific sessions, primarily because all-day programming no longer permitted free afternoons for their presentation. In 1973 the continuing education committees reactivated special film programs during the noon hour.

Less assured of a permanent place in the program portfolio was a sophisticated form of scientific exhibit planned by two New Yorkers, Samuel J. Kopetzky, in otolaryngology, and Ralph Lloyd, in ophthalmology, for the Academy meeting at the Waldorf-Astoria Hotel. Planned and unplanned displays of scientific material had made erratic appearances at Academy meetings. Men both on and off the official program had always carted along their instruments, devices, models, drawings, pictures, pathologic specimens, even patients, for illustrating a point or showing informally to colleagues.

To arrange for displays, a Committee on Exhibits had existed since the Academy's earliest days, but it was an unceremonious activity. Joseph Beck, at the 1935 Cincinnati meeting, put out a blanket call to local members to see if anyone knew who had his sections of the bony labyrinth. The treasured preparations had been brought by him to the 1901 Cincinnati meeting and had not, he lamented, ever been returned.<sup>6</sup> Such was the extramural character of exhibit material.

The New York exhibit was formal, complete with applications for space, selection by Drs Kopetzky and Lloyd, and assigned booths. Demand for space far outran facilities, and acceptance was limited to those affiliated with medical schools and grade A teaching hos-

pitals.<sup>7</sup> The exhibit was popular, but the Council had reservations as to whether it could be educationally valuable on a long-term basis.

"Whether or not the Academy can expect to find sufficient new material annually to encourage this part of our program," questioned President Frank E. Burch, "may be debatable."<sup>8</sup> Decision on scientific exhibits was left to the Program Committee, with stipulation that the Council favored group exhibits showing investigative work being conducted at universities. For the next three years, the exhibits were continued on a year-to-year trial basis.

Joseph C. Beck and Georgiana Dvorak-Theobald chaired the Scientific Exhibit Committee in 1937 and put on a show that the Secretarial Board said exceeded their "wildest dreams."<sup>9</sup> The 18 exhibits ranged from illustrations of the clinical diagnosis and pathology of 22 different types of orbital tumors to what was described as "cilia beating in live tissue cultures."<sup>10</sup>

"The intricate problems of ophthalmology and otolaryngology were not all settled here this year," wrote committee member O. E. Van Alyea, "but most of them were touched upon and the visitor . . . could not help but be impressed with the fact that even though those problems were not yet solved, they were being worked on, and that here was the place to come for the latest information about them."<sup>10</sup>

Dr Van Alyea, an enthusiastic supporter of this meeting feature, thought the exhibits an ideal way for members to talk one-on-one with investigators about a given subject and gain more complete information. He kept an eye on how members took in the exhibits and found that some went window shopping in hit-or-miss fashion while others methodically "did" a certain number each day until they had gotten through them all.

For the 1938 Washington, DC, meeting, the Army Medical Museum was the scientific exhibit, with buses running from the hotel to the

museum. After another successful exhibit in 1939, the Council voted to make it a permanent activity.<sup>11(p26)</sup> Dr Van Alyea was made chairman of the standing Committee on Scientific Exhibit, with Dr Dvorak-Theobald as consultant and a local committee to be appointed for each meeting.<sup>12(p10)</sup> The Council asked that the exhibits represent as nearly as possible the result of university activities, but with the practical side also included.

Awards for the best exhibits were inaugurated in 1940 as both recognition of the work involved and to encourage development of high-quality, attractive exhibits (Fig 48).<sup>13</sup> Quality rather than quantity should be stressed, said Dr Van Alyea. "A poor exhibit is definitely worse than none at all."<sup>14</sup>

There were some second thoughts on continuance of the scientific exhibit, largely

because of technical difficulties involved in setting up the exhibit hall. Dr Van Alyea, an otolaryngologist, was from Chicago where the meeting was rather permanently situated after 1940. When James H. Maxwell, an otolaryngologist from Ann Arbor, Mich, took over as committee chairman in 1947, it soon became apparent that the mechanics of organizing the exhibits required someone on the spot in Chicago to deal with hotel personnel.<sup>15</sup>

The two men most responsible for continuance of the scientific exhibit are Kenneth L. Roper, a Chicago ophthalmologist, who assisted Dr Maxwell and became committee chairman in 1949, and Eugene L. Derlacki, a Chicago otolaryngologist, who joined him in 1952. The two planned the scientific exhibit together for the next 20 years.

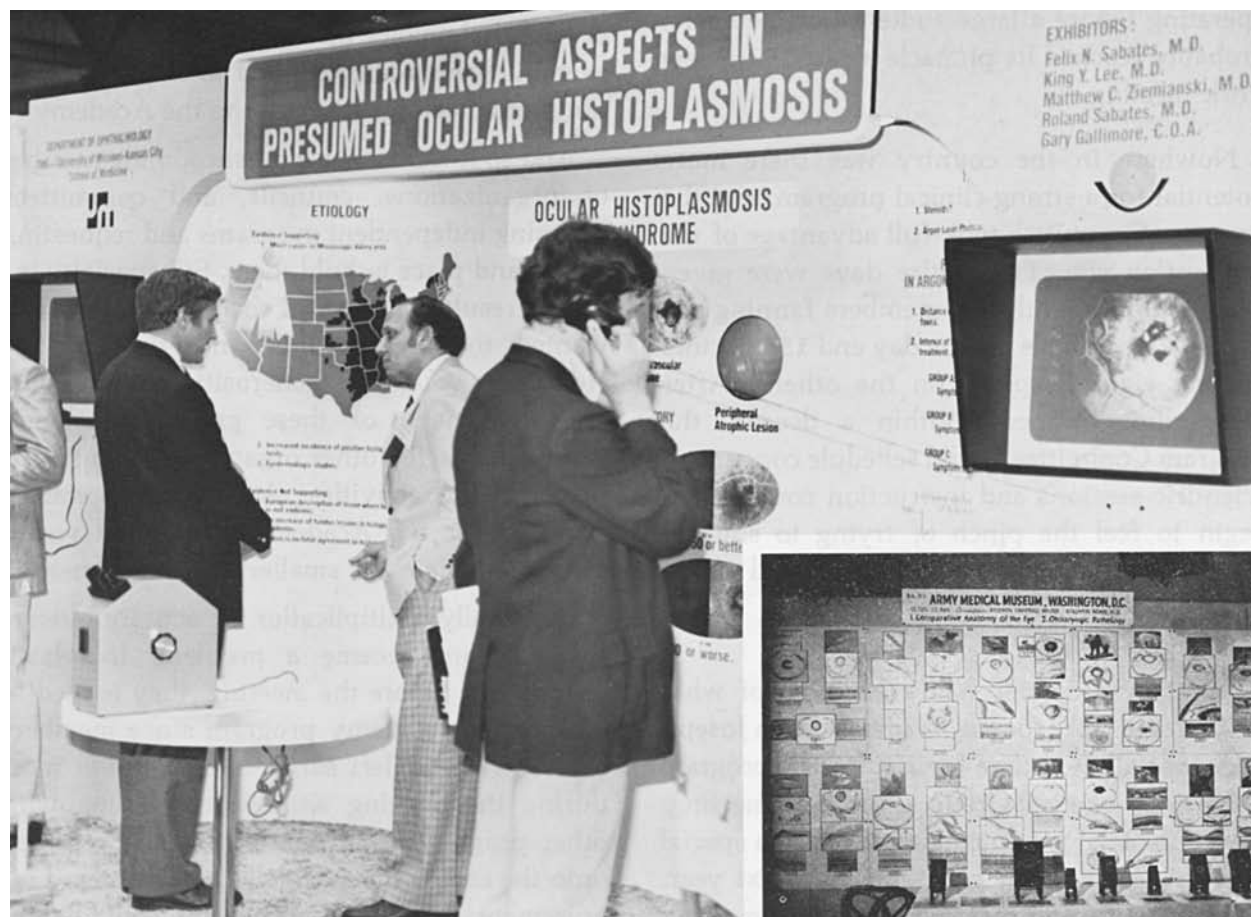


Fig 48.—Award-winning exhibits in 1978 and 1940 (inset).

As members of the Board of Secretaries for most of this time, Drs Roper and Derlacki could coordinate their planning with the scientific programs, a suggestion first made by Dr Kopetzky in 1936<sup>7</sup> and reiterated in 1971 when Drs Roper and Derlacki retired as the Scientific Exhibit Committee.<sup>16</sup> The Council approved a motion from Dr Derlacki that the secretaries for ophthalmology and otolaryngology plan the exhibit for their specialty.

**A**s the scientific exhibit made its debut, another form of demonstration—the clinic—was on its way out. During the 1930s, it was common for members to visit local teaching hospitals and medical schools for clinical demonstrations and inspection of facilities and programs. The usage of clinics as an educational medium, which got its start back in the early 1900s with noted surgeons actually operating before a large audience of members, probably reached its pinnacle at the 1936 New York meeting.

Nowhere in the country was there more potential for a strong clinical program, and the Program Committee took full advantage of the convention site. Two entire days were given over to clinics, with 544 members fanning out to visit 24 hospitals on one day and 155 doctors visiting eight hospitals on the other.<sup>17</sup> After that, clinics waned. Within a decade, the Program Committee would schedule concurrent scientific sessions and instruction courses and begin to feel the pinch of trying to squeeze everything desired into the time and space available.

**D**oubtless no one had an inkling of what was in store for the Academy when Joseph Beck was allotted time for a scientific program for his Pathological Group at the 1936 meeting. It was the first group concentrated on a special area to plan its own program. The next year, Max A. Goldstein, president of the American Speech Correction Association, and Lee W.

Dean, president of the Academy, arranged a joint program for one evening.

In 1938, Dr Wherry sounded a warning note: "No meetings or clinics are to be individually created in conflict with the items listed in the general program."<sup>18</sup> Yet Academy policy always supported ideas and programs of benefit to the specialties. In 1939, Dr Wherry arranged a luncheon for secretaries of local and national societies. The group became the International Association of Secretaries of Ophthalmological and Otolaryngological Societies and held a function during Academy Week.

In 1940, the American Orthoptic Council, of which the Academy was also a founder and sponsor, added another extracurricular symposium. The Academy's Conservation of Hearing Committee held a quasi-scientific dinner meeting, soon to be a full-blown scientific program, and the first Pan-American Congress of Ophthalmology met after the meeting. The examining Boards continued to hold examinations and meetings just prior to the Academy's.

And so it went, with a mushrooming number of organizations, councils, and committees planning independent programs and requesting a time and place to hold them. Subspecialty interests resulted in special societies that in turn wanted to meet at the same time as the Academy. Academy generosity and support launched many of these groups. Academy prestige attracted other organizations to seek a place in the activities. And with specialists gathered for the Academy meeting, it was a convenient time for smaller groups to meet.

Eventually multiplication of activity outside the program became a problem. If related groups met before the meeting, they tended to cut off the Academy program since members came early and left early. Not all could meet during the meeting without conflicting with other programs, and few wanted to be tacked onto the end of the meeting. They increased requirements for meeting space and caused extra work in scheduling.

What came to be known as the Special Scientific Programs, dealing with such topics as hearing, industrial ophthalmology, and allergy, were of vital interest to members, and their proceedings were published in the TRANSACTIONS. Other groups had less of a "reason for being" at meetings, and by the late 1950s, Dr Benedict was viewing their infringement on the convention with a troubled and less-than-sympathetic eye.

In 1969, Dr Kos said flatly the Academy was "being suffocated by concurrent and, in many instances, nonessential activities," and he im-

plied some necessity to separate the wheat from the chaff. "We cannot afford to disown them. We must find better methods of accommodating them."<sup>19(p165)</sup>

Expansive meeting facilities made accommodation easier. Additionally, the Program Committee, recognizing the trend toward superspecialization and the importance of subspecialty societies to members, brought some of their programs into the body of the meeting. The 1976 meeting—the largest in history with 15,165 in attendance—was coordinated with almost 100 other meetings.