

15. William L. Benedict

He led the Academy with a paternal instinct for its safety, prestige, reputation, integrity, and its independence among professional organizations.

CLAIR M. KOS, 1969

TWO WEEKS after Dr Wherry's death, on June 28, 1942, the Council met in Chicago and elected William L. Benedict as executive secretary-treasurer. He was well suited to carry on with the general management and maintenance of Academy functions. As secretary for ophthalmology since the time the position was created, Dr Benedict was thoroughly familiar with the logistics of an annual meeting. In 1940 he had been named editor-in-chief of the bimonthly *TRANSACTIONS* which replaced the once-a-year bound volume of scientific papers and the quarterly *Bulletin*.

Additionally, Dr Benedict was an ophthalmologist. Although William Wherry practiced both specialties, his greatest influence and achievement were in the field of otolaryngology. Unwritten but carefully observed policy directed that his successor be an ophthalmologist.

In September 1942, the Academy headquarters was moved from Omaha to Rochester, Minn, where William Benedict lived and practiced. Two employees from the Omaha office—Dr Wherry's secretary, who was also the Academy registrar, and a general office worker—moved to Rochester to continue work under Dr Benedict.^{1(p130)} A manuscript editor

was added to the staff, a little over a thousand dollars was spent outfitting the Rochester office, and business continued as usual.^{2(p87)} It was not long before the initials B.B.A., short for the phrase "Bigger and Better Academy," were standing for "Bill Benedict's Academy."

Membership had more than doubled during Dr Wherry's term and stood at 3,237 when Dr Benedict took the reins. This figure would almost triple during Dr Benedict's 26 years as the Academy's chief executive. Dr Wherry had once remarked that "the glamour and the energetic environment of the convention premise has become perhaps the lesser part of the general management of the Academy."³ What he saw was only the tip of the iceberg.

William Benedict, whose medical lifetime spanned at least two generations, presided over the Academy as it grew to undreamed of proportions in numbers, influence, involvement, and responsibility. Specialty training programs only talked about in the 1920s and 1930s became realities. Medical discoveries changed the direction of the specialties, particularly otolaryngology. Combined practice diminished to a remnant of bygone generations. Ophthalmology and otolaryngology were no more related to each other in training or in practice than each was to other specialty fields.

William Lemuel Benedict was born Feb 13, 1885, in Springport, Ind. He followed his father, Hanford Benedict, into the medical profession and graduated from the University of Michigan's Department of Medicine and Surgery in 1912. His alma mater later added an honorary doctor of laws degree to his medical degree. The young Dr Benedict spent two years acquiring his specialty training, first as assistant in the Department of Ophthalmology at University Hospital in Ann Arbor, Mich, and then as assistant in the private office of Professor Walter R. Parker in Detroit.⁴

In 1914 he traveled west to open his private practice in Fresno, Calif. Three years later he accepted the invitation of William J. Mayo to head a Section of Ophthalmology at the Mayo Clinic. William Mayo and his brother, Charles, had just solidified an affiliation between the Mayo Foundation and the University of Minnesota.⁵ Dr Benedict was appointed assistant professor in the Mayo Graduate School of Medicine of the University of Minnesota at Rochester, and within four years was a full professor. From 1932 to 1935 he was president of the Mayo Clinic staff.

During his more than 30 years at the Mayo Clinic, William Benedict rose to national prominence in his specialty and in representing his specialty (Fig 42). He was, as C. Wilbur Rucker wrote, "one of the five or ten leaders in ophthalmology of his time, one of those who held the high offices in the societies . . . and who controlled the organizations. He loved the role and he filled it splendidly."^{4(p6)}

In October 1949, Dr Benedict became a senior consultant at the Mayo Clinic. He retired from the clinic April 1, 1950, having reached the retirement age of 65, and accepted the Academy Council's offer to assume a full-time position as executive secretary-treasurer.^{6(p150)} He was entering a second phase of his long career. His period of activity and influence extended almost 20 more years until his death Feb 18, 1969.



Fig 42.—William Benedict.

Although the Academy received what was described as his most "intense devotion"⁴—certainly so after his retirement from practice—he was a member of the inner councils of organized medicine. As such, he helped determine policy and posture for his specialty and for medicine during times of enormous change in medical education and practice and public expectation.

In 1936 and 1937 Dr Benedict was both president of the Minnesota Academy of Ophthalmology and Otolaryngology and chairman of the AMA Section on Ophthalmology. From 1946 to 1949, he sat on the Board of Governors of the American College of Surgeons, and after his retirement, he served in the AMA House of Delegates from 1949 to 1957. Two terms as Academy representative to the American Board of Ophthalmology were followed by years as a consultant to the Board, and in 1959 he was made an emeritus member.⁴

He contributed more than 200 scientific articles in his field and, as a member of the editorial board of numerous publications, helped decide what became the medical literature of his day. His presidency of the Ophthalmic Publishing Company from 1951 to his death was preceded by two decades as first a director and then vice-president of the company.*^{4,7}

He was a member of the Subcommittee on Ophthalmology of the National Research Council from 1942 to 1946, and a decade later, he was appointed to the Advisory Council for the National Institute of Neurological Diseases and Blindness. For years he was on the board of directors of the National Society for the Prevention of Blindness and in 1950 received the Leslie Dana Medal for the Prevention of Blindness from the Missouri Society for the Blind.⁴

Dr Benedict was president of the American Ophthalmological Society in 1954. The Pan-American Association of Ophthalmology elected him vice-president in 1950, and in 1954 he was secretary-general of the XVII International Congress of Ophthalmology. The International College of Surgeons and numerous other societies showed their esteem for Dr Benedict by making him an honorary member.

William Benedict's last honors came when he was close to 80. He received the American Ophthalmological Society's Howe Medal in 1964 and was the Academy's Guest of Honor in 1963. He told the assembled members that the Academy's educational policy had always been guided by "a single objective . . . to improve the position of the practicing

physician."^{8(p20)} He believed the Academy did an excellent job of fulfilling this objective, and he had let it be known over the years that he intended to keep it that way.

As the years wore on, and the membership grew and diversified, his task was not an easy one. The day of the combined specialty practitioner turned into the day of the restricted specialist, the subspecialist, the full-time academician, the researcher. Meeting facilities and meeting programs were stretched to the limit to accommodate the population and its broad spectrum of interests. Members began thinking in terms of a "Smaller and Better Academy."

This feeling gained support from new generations of ophthalmologists and otolaryngologists who had little common ground and only the vaguest knowledge of the historical precedence that had shaped the Academy. Special interest groups also saw a smaller organization as providing them with more attention. Politically motivated groups had met a stone wall in the form of Dr Benedict, who refused to even hear of fettering the Academy with entanglements outside the realm of education.

His was only one voice in the Academy's policy-setting Council, but it was the voice that spoke with the most authority. His perspective embraced a knowledge of the Academy that ranged back to the 1920s and a precision understanding of Academy programs and the machinery that ran them. With considerable finesse and some accommodation and some intractable stubbornness, he attempted to shelter Academy achievements and services from plans he considered half-baked in origin and shortsighted in intent.

His viewpoint, more seasoned and mellow than that of younger men in the specialties, was conservative. On some points he saw no path to compromise. Academy functions and influence, he maintained, could not be divided

*The Ophthalmic Publishing Company is the publisher of the *American Journal of Ophthalmology* and also the sponsor of the Jackson Memorial Lecture given yearly at the Academy meeting. The lecture is a tribute to Edward Jackson who was instrumental in forming the company in 1917 and in merging a number of ophthalmic journals to form the AJO as we know it today, first published in 1918. Dr Jackson served as editor of the journal for the first ten years and as a consulting editor until his death in 1942.

and survive. It was perhaps too much to expect that someone who had run the Academy so well for so long, and through a period of such tremendous growth, could see his way clear to sacrificing the society's achievements to an uncertain future.

During Dr Benedict's last decade of leadership, he was beset with problems related to the Academy's size and the fact that it represented

two specialties. His very presence and the respect in which he was held provided some cohesion or at least restraint, but it became increasingly clear that the festering dissatisfaction would have to be answered and the problems tended. The entire matter lay unresolved when illness made it impossible for him to carry on his duties. Clair M. Kos succeeded him on Nov 1, 1968, as chief executive of a thriving but somewhat troubled Academy.