30. Outgrowing Meeting Facilities

What can we do? Where can we go?

WILLIAM L. BENEDICT
TO MEMBERS, 1961

Impromptu talk about the Academy’s ophthalmologists and otolaryngologists parting company may have been around for decades. But talk of separation did not progress to palpable sentiment until the late fifties. For most members, the largest bone of contention was the annual meeting that, like the Academy itself, just kept growing—not only in terms of numbers but in terms of activities and programs. There was not much rationale for two widely diverse specialties to hold a joint meeting, contended some members, and separate meetings would alleviate the crowded conditions.

The first formal suggestion of this nature—at least the first of which there is a record—came in 1957. Marvin Simmons, a Fresno, Calif., otolaryngologist, wrote a letter proposing the Academy organize a section on otolaryngology and a section on ophthalmology to hold separate meetings.1(0759) Academy President Erling W. Hansen told the Council he strongly opposed such a plan and advised members that roughly one fourth of respondents to a recent survey said they combined the specialties.

“If for no other reason,” he counseled, “we should continue as a combined society. There are, however, other reasons. Most important, the matters of administration and conduct of the meetings would be immeasurably complicated.”

A single meeting was plainly more efficient and economical from the standpoint of planning and usage of leased facilities. Another matter was bargaining power and leverage with hotels that would probably be lessened by bringing them smaller, and therefore less profitable, meetings. Academy planners realistically predicted that hotel management would not look kindly on unused space or less than full occupancy and would book another convention, thereby defeating the objective of splitting the Academy meeting.

“It would not be our fellow practitioners who were stepping on our toes,” President Dohrmann K. Pischel told members in 1961. “It would be the members of the Dairy Dealers Convention or whatever other group was using the hotel for a convention at the same time.”

The simple fact was the Academy meeting had grown faster than the country’s hotel facilities—it had happened once before. Yet Academy leadership was loathe to moving the meeting out of the hotel atmosphere and into large, impersonal convention facilities. When members could be housed and attend meetings under the same roof, it allowed for the chance meetings, casual exchanges, and general
camaraderie that were traditionally part of the whole milieu of an annual meeting. Finding hotels that could handle a large and many-faceted meeting first became a problem in the middle thirties.

Meeting attendance was hovering around the thousand mark in 1936 when William P. Wherry informed members that

a rather grave problem is before the Academy, namely, where to meet and preserve the intimacy so characteristic of the Academy conventions. The expansion of activities has made it such that few hotels in the country can accommodate us, yet to change the plan and transfer the meeting places to civic auditoriums, seemingly would make of the convention just another big, unsociable, medical meeting, a program rather undesirable to the present secretarial management group.\[947\]

Dr. Wherry sent a search letter to hotels throughout the country asking them to specify their facilities and accommodations in 16 categories. "Because of the social contact and the many informal get-togethers during the convention," he explained, "practically all those attending insist on staying in the Convention Hotel."\[947\] Major requirements he listed were a convention hall to seat 1,000, an exhibit hall of approximately 5,000 square feet, one or two extra meeting rooms that could hold 200 or more, and from 25 to 30 instruction course rooms to seat between 20 and 25 persons. His letters produced a long-term answer for the Academy.

The 1937 meeting was scheduled for Detroit but changed to Chicago's Palmer House by a mail vote of the Council.\[947\] The Chicago hotel was described as "ideally situated, as well as ideally arranged, for the Academy meeting."\[947\] Indeed, the Palmer House did seem well suited to the Academy, and for the next 32 years hosted all but five of the Academy's annual meetings (Fig 59). The move to the Palmer House was fortuitous since meeting attendance rocketed upwards of 2,000 by 1940. "Only New York and Chicago really have adequate facilities,"\[947\] wrote President Frank E. Brawley.

For years the Palmer House provided a comfortable home for the Academy's meeting and was able to keep up with expanding registrations and activities. The hotel management and

The American Academy of Ophthalmology and Otalaryngology
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PALMER HOUSE
CHICAGO

Gentlemen:
Please reserve a room with__________
bed and bath at $__________per day
Also reserve space for my car at the Palmer
House garage

I expect to arrive at about

Confirm reservation to:

Name________________________

Address______________________

Fig 59.—Palmer House room reservation card for 1937 meeting. One person could stay for as little as $3 a night, and the most expensive double room cost $10.
staff became attuned to the Academy’s needs, and a smooth-flowing rhythm developed for meetings. Members, too, enjoyed returning to a familiar place, and the convivial flavor of a meeting was retained. In its way, the yearly reunion at the Palmer House became part of the Academy’s tradition. And it was not easy to discard.

The Academy elected more than 3,000 new members during the fifties (about a thousand more than during the previous decade), and meeting registrations surged over the 6,000 mark. Steadily increasing attendance at meetings meant increasing the proportions of the scientific programs, instruction courses, and exhibits. Additionally, many allied and satellite groups were crowding their programs and functions into the few days of the annual meeting on top of the educational programs planned by the Academy. Despite all efforts of the Palmer House management and staff to squeeze and shift, there was only so much that could be poured into the available space.

Meeting programs began to be tailored to fit the facilities. The secretarial group shaved space off one program to make room for another. The scientific exhibits overflowed the Red Lacquer Room and were housed in former meeting rooms on the Club Floor. There was a long waiting list of technical exhibitors, for whom there was simply no room. The scientific sessions in the Grand Ball Room were standing room only. And the limited capacity of instruction course rooms on the seventh floor made it difficult to accommodate all those who wished to take a course. Merely registering for the meeting meant a long wait in line. Getting on an elevator was somewhat akin to getting on a New York subway at rush hour.

As a growing volume of protests over the congestion began to appear on the desk of William Benedict, a new issue arose. The Academy meeting fell close to or at the time of the annual meeting of the American College of Surgeons. In 1959, three otolaryngology societies petitioned the Academy to change the meeting date so there would be no conflict. The proximity of the two meetings was blamed for a poor showing of otolaryngologists at the American College of Surgeons meeting, which in turn resulted in a lack of representation on the College Board of Governors and Board of Regents. Leaders in the specialty believed it important for otolaryngologists to participate more actively in the College and increase their specialty’s status.

A questionnaire sent out to Academy members garnered a two to one vote against changing the meeting from its October setting. When asked whether they favored a change in meeting habitat, members still favored the Windy City by a small margin. Forty-seven percent, however, wanted a little variety in meeting sites so they could “see some other places.” Most suggested rotating the meeting through East and West Coast cities and then back to Chicago every three or four years.

In keeping with the spirit of the original request and the vote tally, the Academy scheduled tentative fall meeting dates at the Palmer House for the next four years, none of which directly conflicted with meetings of the American College of Surgeons. Meanwhile, William Benedict was scouring the country and keeping tabs on locations and facilities that might meet the Academy requirements. Those who bid for a respite from Chicago were soon to get their wish.

A new convention center in Las Vegas had been suggested as a possible site, and on the trip to the West Coast in early 1961, Dr Benedict stopped to look it over. He was favorably impressed, asked the Board of Secretaries to hold their June meeting there, and they brought in an affirmative verdict on Las Vegas (Fig 60). The Council reasoned it was a chance to take the meeting to the West Coast area and to try
out convention facilities that were thought to be the finest in the country.\(^9\text{pp952-953}\) They designated Las Vegas as the site for the Academy's 1962 annual meeting. Not everyone was happy.

Some members were more than dubious about the wisdom of going to Las Vegas for a medical meeting. They worried about the image it would present of the Academy, of medicine in general, and of themselves in the eyes of their patients. They thought it a poor choice from a public relations angle and a bad example for other medical societies, although the Academy was far from the first medical group to meet there.\(^9\text{pp952-953}\) One member even remarked on the unsuitability of the Academy meeting in the "flesh pots" of Las Vegas.\(^14\)

Countering the objections, Dr Benedict attempted to transmit to members the problem of finding facilities that would not only meet the present Academy requirements but in which the Academy could grow. "A static program is a dying one," he argued. "I am only trying to make growth possible."\(^9\text{pp954}\) The members approved Las Vegas for 1962—by a tight vote and with serious reservations.

To allay the fears of nervous members, President Larry Boies, who had been a guest speaker at the 1959 Las Vegas meeting of the Pacific Coast Oto-Ophthalmological Society, wrote an editorial for the Transactions explaining "Why Las Vegas?" Said he succinctly, "I saw no 'flesh pots' of any kind but I must admit that I did not look for any. If I had such an in-
interest, I suspect that I could have found them easily last October on Wabash or Clark Street in Chicago.\textsuperscript{14}

Registration was down for the 1962 meeting. Protest of the meeting site may have been part of the reason, but other contributing factors were conflict with other meetings and totally inadequate air service from the eastern area which made it impossible for hundreds to get reservations. The facilities proved excellent. There was room for all applicants for exhibit space for the first time in years, and in the days following the meeting, exhibitors sent letters pouring in praising the convention setup. The only minor disappointment was in the instruction course rooms, but they were still judged superior to any in former years.\textsuperscript{15}

Having made the plunge away from the Palmer House, the Academy meeting was taken east to the recently completed New York Hilton Hotel in 1963. Members returned to their old stomping grounds in Chicago in 1964, but it was the beginning of the end, not only of a long and good relationship with the Palmer House but also of the close-knit type of meeting that the society had clung to so long and made such effort to preserve. During slightly more than three decades at the Palmer House, the turnout for an annual meeting had increased eightfold (8,569 registered for the last Chicago meeting in 1969).

In 1970, under the guidance and planning of Clair Kos, the Academy began alternating meetings between the Las Vegas Convention Center and the Dallas Convention Center. There was no longer any hotel in the country that could house what Larry Boies once referred to as “the greatest specialty medical show on earth.”\textsuperscript{11}