

31. Chafing at the Bonds

The corporeal structure of the Academy is bound by the declaration of purpose as set forth in the Constitution and Bylaws. . . .

"United we stand; divided we fall."

EDITORIAL

TRANSACTIONS, 1962

DISCONTENT WITH FACILITIES FOR, and scheduling of, the annual meeting was part of the kindling that flared into a resolution from the American Laryngological, Rhinological and Otological Society, Inc, to split the Academy. For several years Academy presidents had been acknowledging in their addresses the talk of division, mostly with the intent of describing the ramifications of such a move. But when a motion that called for a separate Academy of Otolaryngology was almost unanimously passed in May 1962 by 300 members of the Triological Society, it took everyone by surprise.^{1(p9)}

Impelling those who supported this resolution was the conviction that the future of modern otolaryngology depended on gaining autonomy at the academic level and a clear recognition of the field and its scope by other surgical specialties. The Academy, because it also represented ophthalmology, was, so they said, another factor blurring the singular identity that otolaryngology needed to effect its long-term goals. Spokesman for this sentiment in the Triological Society was Jerome A. Hilger, later President of the Academy, who introduced

the split initiative. His prologue and subsequent motion did not mince words.

If properly directed, otolaryngology can certainly attain its objective in the broad field which our specialty over the years has developed. This, however, requires identity and competence. Identity we cannot possess so long as our major parent organization at the American Academy level persists in the impossible task of representing two unrelated specialties. The double ENT concept which is nurtured by this unnatural association is a handicap to both specialties in that it misrepresents the realities of present-day academic and practicing otolaryngology and ophthalmology.

The evolution in the surgical specialties makes the regional anatomic concept inevitable. If otolaryngology exhibits competence and has a well-defined identity, it is equally inevitable that it will encompass and be identified as the Regional Head and Neck Section. Important Government agencies such as the National Institutes of Health are real and increasingly important factors in the future of medicine. They must come to know us as an entity so they can seek the opinion and heed the voice of an American Academy of Otolaryngology.

We must have the opportunity to speak from a single conceptual organization in order to support the departments that define otolaryngology at the academic fountain head. . . .

. . . I do hereby move:

THAT, Our Society go on record as urging the Council of the [Academy] in the interests of orderly evolution as opposed to eventual revolution forthwith to appoint a Committee representative of both of its

specialties to explore the problems posed by separation, produce solutions to those problems and provide an orderly plan that will allow for the birth of the American Academy of Otolaryngology at the earliest possible moment.^{1(pp11,12)}

Whether by accident or design, the Academy never received any formal notification from the Triological Society regarding the resolution and was not, therefore, required to take any action. However, Academy President Larry Boies was present and abstaining when the vote was taken in the Triological Society's business meeting. He wasted no time in alerting the Academy's executive secretary-treasurer, William Benedict, and there followed a flurry of correspondence that is well documented in the TRANSACTIONS.¹

In reality, the otolaryngologists had fared well in the apportionment between the specialties. Of the total money appropriated for 1962, 66% went to otolaryngology-related activities.^{2(pp943)} They had asked for and received more financial support for at least a decade. But their concerns went deeper.

Leadership in otolaryngology was dissatisfied with the specialty's position on many fronts. They believed the number of otolaryngologists was insufficient to serve the general population. There was, they said, a pressing need for more training in otolaryngologic research and for stimulating interest in research. Additionally, the broad territory covered by otolaryngology, and development of new procedures and instrumentation, had spawned a growing trend toward subspecialization. Their specialists were fragmented throughout 14 national otolaryngology societies, the majority devoted to subspecialties. They wanted one organization—a common base for all their certified specialists—which could be a central force in representing otolaryngology at all levels of education and service.³⁻⁵

Whether the Academy could provide the type of organizational representation envisioned as necessary was really an issue to be

resolved by the otolaryngologists. In a letter to the Board of Secretaries, William Benedict left no room for equivocation: "Splitting the [Academy] on the basis of 'ophthalmologist and otolaryngologist' is impossible. The established policies will continue even though many otolaryngologists withdraw their membership."^{1(p15)}

Partially because of the initiative in the Triological Society, but primarily to relieve the problems caused by lack of hotel space and equipment for an annual meeting, Dr Benedict did propose a separate meeting for each specialty.^{1(p10)} Forecasting the future, Dr Boies spoke of a rearrangement of the Academy structure and of divisions of ophthalmology and otolaryngology.^{1(p19)}

At the suggestion of the Board of Secretaries, conferees from the Triological Society and the Academy met before the Academy's 1962 meeting to see what might be done to alleviate the concerns of the otolaryngologists. Representing the Triological Society were Howard P. House, president, Jerome A. Hilger, Victor R. Alfaro, John R. Lindsay, John E. Bordley, James A. Moore, and Harry P. Schenck. Emissaries from the Academy were Lawrence R. Boies, William L. Benedict, Eugene L. Derlacki, Glen G. Gibson, Kenneth L. Roper, Clair M. Kos, and Dean M. Lierle (the Board of Secretaries).^{1(p15)}

In light of the adamancy of the resolution, the suggestions coming out of this meeting were rather mild and conciliatory. It was recommended that Council members of each specialty be entrusted with decisions affecting that specialty; that meeting times be arranged so as not to clash with the interests of either specialty (this might, the report implied, translate to separate meetings); and that two full-time offices be set up under the direction of an otolaryngologist and an ophthalmologist to continually survey and provide data on all aspects of the specialty, from education to distribution of services.^{6(p96)}

The issue of dividing the Academy was never really dead after 1962, but it did go through periods of remission. What happened next could best be described as a holding action as committees investigated what adaptations were necessary to give each specialty optimal organizational representation. Of equal importance was the question of whether the dividend of each modification was worth the price.

An ad hoc committee of the Council was appointed to study current needs and modern trends in otolaryngology and how they could best be served within the existing administrative and organizational design of the Academy. There was input on the ophthalmology side of the matter from three of the six committee members: Harold G. Scheie, John E. Harris, and Alson E. Braley. Jerome A. Hilger, Paul H. Holinger, and John E. Bordley were the otolaryngology contingent.^{6(pp109-111)}

The ad hoc committee was forthcoming with many suggested changes including a full-time executive secretary for each specialty, complemented by an administrative executive to manage business affairs; a sequential meeting arrangement; and a sharper division of the Council into working subcommittees, a Council of ophthalmologists and a Council of otolaryngologists. "Evolution and growth necessitate changes . . ." said the report. "The Academy as spokesman for Ophthalmology and Otolaryngology is not, in its present form, able to discharge this responsibility to the fullest."⁵

The Council voted to appoint a second ad hoc committee to study the recommendations of the first ad hoc committee. This ad hoc committee (Walter P. Work, chairman, Francis L. Lederer, Michael J. Hogan, and John H. Dunnington) abstracted what they thought advisable from the report of the previous ad hoc committee and recommended sequential meetings and an assistant to the executive secretary-treasurer.^{7(pp131,136-137)} At this juncture a

standing committee was appointed to find ways and means of implementing the suggestions of the second ad hoc committee.

The Committee on Development of the Academy, as the standing committee was named, consisted of Lawrence R. Boies and A. E. Maumenee as cochairmen, with Dean M. Lierle, A. D. Ruedemann, Sr, Derrick T. Vail, and Walter P. Work.^{7(p138)} They held their first meeting June 12, 1965, and disapproved an additional secretary for otolaryngology (as requested by the committee's otolaryngologists), division of the Academy, sequential meetings, and the immediate appointment of an assistant to the executive secretary-treasurer.

Some of the factors that weighted against these proposals deserve mention. An additional secretary for otolaryngology to promote graduate education, research, and the specialty's image did not appear justified since the Academy was primarily a postgraduate institution for specialists. Not mentioned was the fact that creation of another secretarial position required constitutional amendment. The committee did not oppose eventual appointment of an administrative assistant to Dr Benedict, but they thought it would take time to find the right person.⁸

Dividing the Academy did not guarantee improvements on the educational opportunities and benefits provided by a united Academy. In fact, the only assured result was that each specialty would have to try to duplicate Academy programs at enormously inflated costs—members might find themselves considerably shortchanged. The mere process of bisecting the Academy would involve untold legal, financial, and administrative complexities. Likewise, the sequential meeting arrangement, while sounding like a cure-all for congestion, proved on examination to be more of a logistic nightmare.⁸ This was reaffirmed in the 1970s when the idea was again studied in depth and found less satisfactory than separate meetings.

The fact is that the net result of the summit conference between the Triological Society and the Academy and the subsequent deliberations of two ad hoc committees and a committee on Academy development was to dilute a movement toward substantive changes in the Academy down to the status quo.

A number of members continued to express dissatisfaction with the yoke of the specialties in the Academy, but such talk did not descend to the particulars of what "division" meant. What explicitly did members want to alter or divide—the administration, the finances, the *TRANSACTIONS*, the meeting, or the entire Academy structure? How many members favored what type of division or any division?

With the idea of molding talk of a schism into some definite form, J. Lawton Smith, an ophthalmologist, brought the issue for the first time to the floor of the Academy business meeting in 1967. Dr Smith moved that members be polled by mail on three options: Should the Academy (1) be separated into two autonomous units, (2) be maintained as one society but meet as two different sections, or (3) be maintained as one organization but have the sections meet and overlap? An amendment to the motion offered a fourth alternative, that of continuing with the established format.^{9(pp300-302)}

Dr Smith emphasized that he was not calling for any action but merely a survey of membership opinion. President Wendell L. Hughes rightfully stressed that members could not vote knowledgeably without background information on the effect of each alternative. Others of the Academy management group felt the options had been investigated by the Committee on Development of the Academy and the consequences found unacceptable, at least for the present. By a vote of those present at the business meeting, Dr Smith's motion was tabled "until we can have an opportunity for

further study"^{9(p302)}—which effectively killed the issue for that year.

By this time, the union of ophthalmology and otolaryngology in the Academy was no longer convincingly validated by the practice situation. In good conscience, Academy leaders could not and did not forget EENT specialists, but their numbers were dwindling so rapidly that they at best represented only one of many complex reasons for remaining a unified organization.

The Academy never claimed there was any scientific basis for combining the specialties and never attempted to force an artificial association in scientific or educational programs. Had this been the case, members would have long since pronounced the society an ineffective artifact. As it happened, the Academy was an extremely effective society that delivered high educational dividends, opportunities, and benefits to its members. This it managed by virtue of its size and a relatively simple operation which, insofar as possible, kept costs down and income up.

Along with some residue of feeling that an organization respected and emulated throughout the medical world was somewhat sacrosanct, leaders from both specialties in the Academy management group had practical problems to wrestle with when considering dismantling the Academy. In 1962, William Benedict had enumerated a few for the Board of Secretaries. If the society changed its name or made fundamental revisions in its Constitution and Bylaws, he wrote, federal and state income tax exemptions would be nullified; all HEW grants-in-aid to the Academy would be discontinued and open for renegotiation; any group split off from the Academy would have to renegotiate for group insurance (probably at higher premiums); and Academy functions, services, and assets, computed for the whole, could not feasibly be divided on a specialty basis.^{1(pp13-15)}

The "split controversy" within the Academy ran 15 years before it was agreed that separate dominions were both desirable and possible. Neither specialty can be grouped on one side of the issue. Opinions vacillated and crossed specialty lines. About the only generalization that can be made is that the management group (of both specialties) was rather conservative

about tampering with proven success. It was their responsibility to temper rhetoric with reason, and they were dealing with a great many unknowns. It was one thing to talk offhandedly about altering the officer group or the meeting or the entire Academy structure and quite another to work out details and project results.