



The second was to submit an abstract and have it accepted for presentation at the plenary session. The third, and perhaps the most important – certainly the most intensely enjoyable – was to save plenty of time to talk to colleagues and explore potential opportunities for positions with the older, established attendees. Schmoozing was part of the opportunity of being at the meetings – and, of course, you frequently heard impressive science. It was a major learning experience, made possible in part by the intimacy of the meeting and its site.

In 1953 all the meetings would be held in the Haddon Hall Hotel. The Young Turks would meet in the ballroom, and this was followed by the meeting of the Old Turks (the AAP) in the Vernon Room – with probably fewer than 1,000 total attendance. I do not remember the exact year, but it was a wrenching experience when two realizations overwhelmed the Young Turks. First, the attendance was so large that the meetings had to be moved to the Convention Hall across the Boardwalk from Haddon Hall – a loss of intimacy, but not too bad. Second, the number of abstracts submitted increased annually, and to provide a greater opportunity for more involvement of the good science, simultaneous section meetings were scheduled – none in conflict with the plenary sessions.

The presentations themselves were generally very impressive, well rehearsed, and almost always precisely ten minutes in length (with five minutes for questions). The rule was that slides should be clear, with just enough on a slide for one to grasp its content.

In fact, it was de rigueur to show a slide that had so much material as to be unintelligible.

Certainly, a most exciting and rewarding aspect of these meetings was the opportunity to relax and discuss our science, our careers, and our colleagues.

The hallmark of the Atlantic City meetings was not only a fine level of scientific presentations, but also the sense of intimacy that we experienced as young professionals focused on the best in biomedical sciences with colleagues who shared the same value systems with the same competitive spirit. Ideas were clearly about people, places, and scientific questions. Collaborations were established and above all friendships that have lasted through decades of our careers.

It is difficult and wrong to stand in the way of growth and progress. When in the 1970s the meetings were moved initially to Washington, DC, and subsequently to other venues, the quality that made the Young Turks' annual sojourn so special for so many of us was to some extent diminished. The biomedical enterprise has continued to flourish and grow – discoveries unthinkable even two decades ago are occurring almost daily. We have memories, but the biomedical sciences are much more exciting today!

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Homage to Atlantic City

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In this article, I reflect on the unique value for the societies of academic internal medicine of their annual spring meetings that were held in Atlantic City for two generations prior to 1977 and consider whether lessons remain from those past experiences.

History is more or less bunk.

—Henry Ford (1)

The present state of things is the consequence of the former, and it is natural to inquire what were the sources of the good that we enjoy, or the evil that we suffer. If we act only for ourselves, to neglect the study of history is not prudent; if we are entrusted with the care of others, it is not just.

—Samuel Johnson (2)

Viewed objectively, Atlantic City was and is merely a somewhat squalid excrescence on the New Jersey coast. But for more than two generations of academic internists (prior to 1977), it symbolized the highest aspirations of our profession. The evocative power of that symbol is now fading rapidly both with and within the memory of my generation. Does this symbol remain now only as “Atlantis City,” largely a fable of a submerged past reality? Do lessons from that past experience remain valid for us yet? In brief, who was correct – Henry Ford or Samuel Johnson?

What was the Atlantic City of the past? Each will have his or her personal memories, now viewed in the vivid retrospectroscope of our youth. Regrettably, the telomeres of those memories erode away with those of their hosts, but much remains. In odd ways, the setting could be considered to be ideal for a scholarly gathering. Distractions were few – Chalfonte-Haddon Hall, Captain Starn's, Hackney's Restaurant, the Jockey Club, Brighton Punch, watching birds at Brigantine National Wildlife Refuge and even more interesting “specimens” close at hand. Even the difficulty in getting there insured a sense of productive isolation. The famed Boardwalk served as a limiting membrane along which, in the course of a day, one could view and/or engage all of the currently key participants in American academic internal medicine. The Steel Pier was sufficiently crowded to create a sense of participatory theater and sufficiently uncomfortable to inhibit somnolence. All in all, a very improbable setting, but one in which the intellectual and social cohesion of our profession was annually renewed and reinvigorated. Various of the components of these past spring meetings can be teased apart, but such a dissection arbitrarily diminishes the total impact of that unique Atlantic City experience.

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Table 1
Selected presentations at the spring meetings of the AAP and the ASCI in Atlantic City

Year	Speaker(s)	Subject
1926	G.R. Minot/W.P. Murphy ^A	Treatment of pernicious anemia
1934	E.C. Kendall	A crystalline adrenocortical hormone
1941	A. Cournand ^A	A technique for catheterizing the heart
1944	J.E. Moore	Treatment of syphilis with penicillin
1946	C.S. Keefer/L. Weinstein	Streptomycin therapy of infections
1949	P.S. Hensch/E.C. Kendall ^A	Cortisone treatment of rheumatoid arthritis
	J.P. Merrill	Use of an artificial kidney
1951	W.J. Harrington	Immunological basis of idiopathic thrombocytopenic purpura (ITP)
1952	C.H. Rammelkamp	Streptococcal types in glomerulonephritis and acute rheumatic fever
1955	J.W. Conn	Description of primary aldosteronism
1957	L.O. Jacobson	The kidney as the source of erythropoietin
1960	R. Yalow/S. Berson ^A	Radioimmunoassay of insulin
	W. Dameshek/R. Schwartz	Antimetabolite treatment of autoimmune diseases
1961	B. Scribner ^A	A shunt allowing repeated renal dialysis
1962	A.J. Linenthal/P.M. Zoll ^A	Cardiac pacemakers
1963	G.W. Liddle	Pseudo primary hyperaldosteronism (Liddle syndrome)
1966	W.P. Dole/M.E. Nyswander ^A	Narcotic blockade
1968	G.C. Cotzias ^A	Parkinson disease and DOPA
1969	B.S. Blumberg ^A	Hepatitis virus and the Australian antigen
1971	E.D. Thomas ^A	Allogeneic marrow grafting
1973	J. Rowley ^A	The Philadelphia chromosome translocation
1974	J.L. Goldstein/M.S. Brown ^A	Expression of the familial hypercholesterolemic gene
1975	P.W. Majerus/G.J. Roth	Action of aspirin on platelet function
	Y.W. Kan ^A	Molecular basis of the thalassemia syndromes
1976	R. Austrian ^A	Prevention of pneumococcal pneumonia by vaccination
	L.T. Williams/R.J. Lefkowitz	Identification of the α -adrenergic receptor

^AWork that was subsequently recognized by receipt of the Nobel Prize or by a Lasker Foundation Award.

In this brief perspective, we are not concerned with the history of Atlantic City as a municipality, but only with the ambience of the scientific societies that met there together. No updated histories of the American Society for Clinical Investigation (ASCI) or of the American Federation for Medical Research (AFMR) have as yet been published. Fortunately, the late James Howard Means, formerly chief of Medical Services at the Massachusetts General Hospital, published a definitive history of the Association of American Physicians (AAP) from its birth in 1885 until 1960 (3), and A. McGehee Harvey, formerly chair of the Department of Medicine at Johns Hopkins, wrote a similar book that covered the first 100 years (1886–1986) of the Association (4). These histories of the AAP are supplemented by the annual volumes of the *Transactions of the Association of American Physicians* during the period considered here. The ASCI held its first annual meeting in 1909 in association with the AAP, and that pattern has continued to mutual benefit. *The Journal of Clinical Investigation* (founded in 1924) has also published the remarks made by each current president of the ASCI at its annual meeting. The AFMR, as the third member of the triad, was founded as the American Society for Clinical Research (AFCR) in 1940–1941 by a group of surviving charter members of the ASCI.

The two senior societies held their first joint meeting in Atlantic City in 1911 but then

devoted to that discipline. Over time the programs at Atlantic City accurately reflected the changing nature of clinical research as it progressed from the observation and study of patients, to physiology, to biochemistry and immunology, and finally to the earliest stages of molecular biology (4). The audience was composed of the leaders in these respective disciplines as well as of neonates in medical research. National reputations could be made, or very rarely diminished, by the innovation and significance of the science presented and by the agility of response to the active discussions that almost invariably ensued. Within those few days, those

returned in an irregular pattern to Washington, DC, over the next two decades. Beginning in 1933 and through 1976, all of the joint spring meetings were held in Atlantic City, although no meetings were held during the war years of 1943 and 1945.

The stated purpose of the spring meetings was to showcase and to disseminate progress in medical science to the members and guests of the component societies. The programs were largely confined to staccato presentations (10–12 minutes) of what were selected as the most significant medical investigations of the past year, as judged by the respective Councils. Some examples of these presentations, arbitrarily chosen, are listed in Table 1. These examples were chosen in consultation with Donald W. Seldin, Arnold S. Relman, and Paul A. Marks — all of whom served as president of the ASCI during the spring meetings in Atlantic City (Table 2). Notably, all such reports would now almost certainly be presented first at a specialty society

Table 2
Some key participants in the spring meetings at Atlantic City, 1966–1976

	AAP		ASCI
	President	Kober Medalist	President
1966	Francis C. Wood	Joseph C. Aub	Donald W. Seldin
1967	Paul B. Beeson	Isaac Starr	Grant W. Liddle
1968	A. McGehee Harvey	Tinsley R. Harrison	Robert A. Good
1969	Robert H. Williams	Dana W. Atchley	Arnold S. Relman
1970	George W. Thorn	Dickinson W. Richards	Lloyd H. Smith Jr.
1971	Ludwig Eichna	W. Barry Wood	Halsted R. Holman
1972	Eugene A. Stead Jr.	Cecil J. Watson	Paul A. Marks
1973	Robert H. Ebert	Paul B. Beeson	Neal S. Bricker
1974	Lawrence E. Young	Maxwell Wintrobe	Edward C. Franklin
1975	David E. Rogers	Walsh McDermott	Eugene Braunwald
1976	Lloyd H. Smith Jr.	George W. Thorn	Laurence E. Earley



Figure 1

Officers together on the boardwalk in 1969. All served as president of both the ASCI and the AAP. Left to right: A. McGehee Harvey, chairman, Department of Medicine, Johns Hopkins University; Robert H. Williams, chairman, Department of Medicine, University of Washington; and Lloyd H. Smith Jr., chairman, Department of Medicine, UCSF.

in attendance would quickly gain an invaluable overview of trends in medical research, as well as the shifting and serrated frontier of science pertinent to medical progress. The discussion of science was not confined to the Steel Pier, but spilled over in continuing conversations in random settings – from Boardwalk to bars.

Beyond scientific exchange, the ostensible purpose of the spring meetings, of equal or perhaps even greater importance, at least to the young, was that of participating in a singular tribal rite. Mentoring, a term not in general use in my youth, is usually considered as a special valence between two individuals. At the Atlantic City meetings, academic medicine redefined itself annually as an inclusive and cohesive body of scholars. As such, it was a dispersed but intense mentoring experience for those at the beginning of their careers (5). As in the case for scientific exchange, much of this mentoring was informal in setting and in form. Importantly, those perceived as leaders in academic medicine often spoke officially as officers of the respective societies or were spoken of as recipients of the Kober Medal. Fortunately, this tradition has survived. Some names of those leaders, arbitrarily restricted to the last era at Atlantic City, are listed in Table 2. Sadly, most of those names will be unfamiliar to many of the current generation who read these informal reminiscences. For example, of the 22 individuals listed as representing the AAP in Atlantic City as either president or Kober Medalist, only the author is now alive. The presidential addresses of the societies have been carefully preserved and published in the *Transactions of the Association of American Physicians* or in *The Journal of Clinical Investigation*. Not surprisingly, these messages have largely proven to be biodegradable, however pertinent and compelling at the time of delivery. The themes were recurrent – redefining clinical investigation or medical education, the process of selecting new members, the format of the meetings, the parameters of academic achievement, or the perceived parsimony of federal support of research. Nevertheless, these individuals and other senior figures in attendance set the standards toward which subsequent cohorts might aspire. They remain vividly so in the collective memories of

my generation, both as individuals and as major participants in the pageantry of that era.

As a by-product, Atlantic City furnished elements of a vibrant marketplace in which not only ideas but also people were exchanged. Arranged or even casual encounters not infrequently led to positions being offered and new pathways for careers being considered or entered.

For two generations, this unique annual experience in Atlantic City – a triad of science, sociology, and marketplace – was chemotactic for all who aspired to careers in academic internal medicine. One could not afford to miss this singular and seminal attraction, and indeed, starting in 1951, it is rare indeed that I have done so (Figure 1). The same commitment was true for virtually all others in the past generation of academic internal medicine.

Starting more than 30 years ago, the spring meetings abandoned Atlantic City to become temporarily peripatetic, wandering among various sites (Washington, DC, San Francisco, Seattle, San Diego, and Baltimore) before undergoing current nidation in Chicago. Interestingly, this shift to the Midwest was one of the late Carl Moore's key recommendations in his presidential address to the ASCI in 1954 (6).

What led to the apoptosis of the Atlantic City era? The reasons for that decision are not the central focus of this personal memoir, but a few comments may be appropriate from one who was the last president of the AAP to have served in that capacity at Atlantic City (7). Perhaps less bound by tradition, the leaders of the ASCI and AFCR drove the key decision to abandon that site, and the gravitational force of these younger colleagues carried the senior society with them. Clearly the handwriting was on the wall for all without mural dyslexia to read. The submission of abstracts and attendance for the spring meetings had plateaued or actually diminished. In sharp contrast, the specialty societies, even at that early date, were already undergoing explosive growth in size and attractiveness (7, 8). Would a change to a more felicitous venue, perhaps linked to experiments in format, blunt or even reverse this trend? Mark Twain is alleged to have said, "I am all for progress. It's just change I don't like." Change had become necessary if the



spring meetings were not to become as obsolescent as a gathering of wainwrights. The fragmenting force was clearly that of the necessity and the compelling ascendancy of specialization.

“In modern times the constituent branches of medical science are so expanded that they are not acquired by any physician in a lifetime, and still less by a pupil in his pupilage. The same is true even of individual branches.” This early example of Harvard angst appeared in the *Boston Medical and Surgical Journal* in 1850, before even the pathogenesis of infectious disease was firmly established (9). In subsequent generations, “the explosive growth of the constituent branches of medical science” continues to fragment medicine into subdisciplines based on organ systems or even on technologies. As an example, in 2007 a small town of cardiologists (>20,000) convened in Orlando, as one of the few venues that could accommodate the American Heart Association annual meeting. Topics as diverse as myocardial regeneration from stem cells and resuscitation science were among the more than 4,000 abstracts submitted for that multitude. Similar gatherings occur annually for all of the other major specialty societies, many of which are themselves further fragmenting into sub-subdisciplines increasingly circumscribed. As do the general societies, the specialists also face the challenge of Yeats’s often-quoted line “things fall apart; the center cannot hold,” a poetic statement of universal entropy (10). In contrast to academic surgery, no specialties have as yet split off as separate and distinct islands from internal medicine, but a number of expanding peninsulas are clearly apparent. One need not doubt that the science and technology of medicine, in their totality, are more effectively transmitted when spread out thin through many such societies with vast numbers of committed and sharply focused participants. After all, in science, as in life,

a truly well-rounded individual may be in danger of having a short radius. One can doubt, however, whether the most important legacy of Atlantic City, the culture and cohesiveness of academic internal medicine, is effectively transmitted thereby.

Fortunately within the current leadership of the spring meetings, Samuel Johnson’s view of history has largely prevailed. Let us hope that in a future generation, someone in an analogous fashion to the above will find it attractive to compose a brief “Homage to Chicago” as a uniquely valuable and singular era and setting for academic internal medicine.

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Atlantic City and the Boardwalk: 1932–1976

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Memories of the meetings in Atlantic City of the two major academic medical societies, the AAP and the ASCI, are enveloped by a vague and unsettling nostalgia. Dominating the scene was the Boardwalk — a site of unexpected encounters, often with long-forgotten colleagues, evoking a feeling of shared intellectual excitement and rich personal ties.

The feeling of congeniality at the Atlantic City meetings of the AAP and the ASCI was reinforced by a variety of social features. The graciousness and extensive public spaces of the meeting’s official hotel, Chalfonte-Haddon Hall — the comfortable lounges, meandering lobby, shielded sun porch — provided ample opportunity for small gatherings, unexpected reunions, and private exchanges. Various rituals reinforced the feelings of festive reunion: the Surf’n Sand Bar, Brighton Punch, the late lobster dinner at Hackney’s (Figure 1) all contributed to a feeling of community and warmth.

From 1932 until 1976, the societies met only in Atlantic City. It should be remembered that during this interval, regional meetings were few and specialty meetings virtually nonexistent.

As a consequence, the finest research was presented here to a relatively small group of academic scholars. Presentation at the Congress Hall on the Steel Pier was the ultimate goal of budding investigators no less than exalted professors. The core of medicine was reasonably accessible to nearly everyone, since high technology, conceptual as well as technical, did not yet dominate the medical disciplines. It was a thrill to present a paper to a select, high-level audience, among whom were many hallowed figures in academic medicine.

The Atlantic City meetings nurtured the finest medical research embraced by a rich climate of academic collegiality. Maybe the science is much better now — more sophisticated, more reductive, with far greater explanatory power. Maybe the central focus on physiologic derangements yielded less profound insight into normal and deranged function than the genetic and molecular biology of today. Maybe the huge teams of investigators, bringing

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