The Last Twenty-Five Years of the American Epidemiological Society: 1972–1996

Oglesby Paul

The American Epidemiological Society (AES) was founded in 1927. A history of the first 45 years of the Society was written in the early 1970s by Dr. John Rodman Paul (Yale J Biol Med 1973;46:1–84). The past 25 years have seen the AES continue as a small, relatively elite organization characterized by a membership of senior leaders in the field of epidemiology. The Society has continued to hold an annual meeting at which free, informed, and uninhibited discussion is encouraged. In this paper, the author presents an account of the affairs of the AES during the past quarter century. Am J Epidemiol 1998;148:104–30.

Section on Epidemiology and State Medicine of the Royal Society of Medicine. Unlike the London Society, whose first meeting was attended by around 200 people, the initial meeting of the AES, which occurred 77 years later, included only 11 invited persons. I mention that because this close, cozy atmosphere was a characteristic of the AES in both the early and not so early years.

Dr. Harry A. Feldman (3) has written as follows about the AES:

Among the lasting impressions that resulted from my increasing involvement in the affairs of this nonstructured society was the remarkable loyalty of its members (they came to meetings like homing pigeons, from wherever they happened to be), the strong interpersonal relationships, the sparkle, and the ruthless search for truth which epitomized the discussions.

Despite, or perhaps because of, this warm satisfaction, 40 years after the opening session, there were only 58 members at the annual scientific meeting. Thus, in the age of John Paul, this was a quite small society, resisting the trends for major growth which characterized almost all activities involving health.

But let us move on to the past 25 years.

THE PAPERS PRESENTED AT THE ANNUAL MEETINGS

The quintessential ingredient of the AES is the material presented at our annual meetings. The stature of the authors, and the interest and integrity and original thoughts inherent in the scientific papers, comprise the best that the Society can offer. Competing with the...
meetings of many larger scientific organizations where epidemiologic studies may also be reported, not to mention those where attendance by non-members and members of the mass media is not only tolerated but encouraged, the sessions of the AES are, as noted, by comparison smaller and quieter with emphasis on science for science’s sake. Only members and a few invited guests may participate. It is worthwhile to review the programs of our past 25 years.

From 1972 through 1996, 415 scientific papers were presented. There were 12 reports at each of the meetings beginning in 1972; this rose to 15 or 16 in 1980, and from 1984 on, this number was increased to 20 papers. These figures do not include the dinner speeches given annually. An enormous range of subjects was found, as one might expect, usually titled in a solid, scientific, no-nonsense fashion, although a few authors were daring and used more vivid language (e.g., “Cigarette smoking and protection from Parkinson’s disease: when biologic plausibility goes up in smoke”). The authors came from and reported on all parts of the United States, including Alaska and Hawaii. Thirty-nine of the papers comprised international investigations, ranging in locale from the Canadian Arctic to Chile, and from Portugal to the People’s Republic of China.

The topics were in the area of chronic disease in 166 instances (40 percent), with 37 percent out of the 166 presentations discussing cancer issues and 33 percent cardiovascular problems. Infectious diseases accounted for another 150 presentations (36 percent), including 22 papers on AIDS, 13 on influenza, and, interestingly, only three papers on tuberculosis. Compare this figure of 36 percent of the papers concerned with infectious diseases with the programs of the first 10 meetings of the Society in which only three of 36 presentations were not on infectious entities. Another 86 presentations (21 percent) concerned a variety of conditions, and there were eight presentations devoted to statistics. There was a conspicuous absence of reports detailing the major findings of the large national and international “blockbuster” cooperative studies, although subgroup findings were at times presented.

Two other aspects should be mentioned. Included in the above were the Feldman lectures, which, starting in 1986, honored the memory of a distinguished member with invited papers presented by leaders in the field, namely Evans, Chanock, Feinleib, Peterson, Langmuir, Grayston, Austrian, Bennett, Kuller, Winkelstein, and Paffenbarger (see Appendix). Their offerings added a special luster to the meetings. Also, this historical review would be incomplete without mention of a number of historical talks given over the years. Only seven in number, they represented usually the contributions of older members who, freed from routine responsibilities, found time to investigate the past. Biased as I am by age, it would seem appropriate to have one such presentation at each meeting, both to educate all of us in something besides current science and to encourage continuing participation by our elders.

What about the scientific caliber of these meetings? Was this science of a high order? One tends to give the glib answer: “Of course!” Perhaps we can do better than settle for such a reflex response. A partial answer may be found in the numbers of the presentations which were approved by peers and published in a scientific journal. Because I am not as computer literate as my grandchildren, I am indebted to John Carper of Countway Library, Boston, who very kindly compared our printed programs with the titles of papers published in the 3,337 journals listed in our computer. Omitting the year 1996, which may be too recent for such an analysis, it was found that 90 percent of the papers presented appeared in print in a scientific journal. In respect to around half of the published papers, the title of the meeting presentation and that of the published version seem to have been identical; in the other half, the meeting version was often contained within a larger context and with a somewhat different title, and perhaps with additional authors. A look at which journals were the repositories of these investigations showed that (omitting the year 1996) 53 appeared in the American Journal of Epidemiology, 31 in JAMA, 29 in the New England Journal of Medicine, 14 in the Journal of the National Cancer Institute, 13 in Lancet, and 12 in the Journal of Infectious Diseases. A host of other journals published lesser numbers. (I might add that this review educated me further as to the staggering number of new publications appearing regularly, including several in the field of epidemiology.) To summarize, the 90 percent acceptance rate is consistent with a measure of quality which is to the credit of both the investigators and the committee members responsible for program selection.

LOCATION OF THE ANNUAL MEETINGS

Selection of the location of the annual meeting was usually dependent on an invitation from one or more members representing potential host locations which have inexpensive and convenient facilities. Most of the meetings were held in the facilities of the host’s own institution. Initially, such members came almost entirely from East Coast academic centers. It is therefore not surprising that during the period 1947–1971, only three of the 25 meetings were held west of the Mississippi River. Boston and New Haven both served as hosts three times, and Ann Arbor, Baltimore, Be-
Bethesda, Philadelphia, and Toronto were each hosts twice.

During the most recent comparable period, 1972–1996, nine of the annual sessions took place west of the Mississippi, constituting a threefold increase; and 13 of the 25 locations were new to the Society. Whereas, as noted, Boston and New Haven had been hosts three times in the previous 25 years (possibly because of a concentration of members from those centers and also perhaps because no one else made an offer), these cities were not even represented once in the current period; and the same was true for Bethesda and Toronto, which had twice been sites of the meetings.

It is thus apparent that, from a geographic perspective, the AES has greatly broadened its selection of meeting sites. The emphasis has been on holding the scientific sessions at a variety of new locations, with a minimum of repetition of meetings at any one site.

MEMBERSHIP

In his earlier history of the Society, Dr. John Paul (1) commented that there were only 33 active members of the AES in 1928, and that the number of active members had risen to 113 by 1967. A cap of 100 active members had been used from 1944 until 1962, when it had been cautiously increased to 125. The ceiling was increased again in 1968 to 150, and again to 200 in 1979. Since 1986, it was agreed that there would be no formal limit on the total active membership, and that a maximum of 16 new members could be admitted each year. The number of active members as of July 1996 was 234, with an additional 130 who are emeritus members. The active membership thus has increased by nearly 100 in the past 25 years (figure 1).

That the present Membership Committee does not merely rubber-stamp all nominating papers it receives is shown by the report that in 1996 it reviewed the credentials of 23 individuals and recommended acceptance of 15 of these individuals (all 15 persons were approved at the annual meeting). The Committee also expressed the need for more specific criteria to guide its deliberations.

What kind of people are these members? John Paul in his history (1) wrote: “a decline has come about [in the period 1953–1971] in the relative percentages of health officers and a rise in more academic and clinically oriented members related to newly created departments of preventive medicine or their equivalents.” He also stated that “the numbers of members from the faculties of schools of public health maintained a steadfast position.” Dr. Paul’s table 3 would indicate that by 1969, 27 percent of the AES members came from departments of preventive medicine; another 21 percent of the members were affiliated with schools of public health, various research institutes accounted for 24 percent, and health officers comprised only 6 percent.

I must confess that I can give only an approximation of the current situation or, as my former teacher, Professor L. J. Henderson, used to say, a “first approximation.” Without the benefit of responses to questionnaires, I have had to rely on the addresses of members—"
not an ideal resource, although nearly all members have
their Society mail delivered to their offices and not their
homes. I further realize that some of us have joint ap-
pointments, not reflected in the mailing address. Eighteen
percent of the members used addresses which, while
undoubtedly useful to the mailman, were completely
unrevealing for a survey such as this.

Nonetheless, I believe that this approximation is
better than nothing. It would indicate that of the 234
current active members, 96 (or 40 percent) were active
in medical schools and their affiliated hospitals, 50 (or
21 percent) were working in schools of public health,
and only three members (or 1 percent) were apparently
health officers. Two new categories additional to the
above should also be mentioned. There were 25 mem-
bers (or 11 percent) attached to the Centers for Disease
Control and Prevention (CDC), and 17 others (or 7
percent) at the National Institutes of Health (NIH). It
therefore seems likely that the career trends observed
in the AES in 1969 have continued, with a slow
increase in the numbers active in medical schools and
hospitals. These two new categories, CDC and NIH,
together nearly equal the number of members on the
staffs of schools of public health.

Where do these men and women come from geo-
ographically? Not surprisingly, with the growth of CDC
and NIH, the largest number of active members (42)
came from Maryland, with the next largest group (39)
being from Georgia. These two leading states were
followed by Massachusetts (29 active members), Cal-
ifornia (25), Washington state (13), New York state
(11), and Texas (10). As of 1996, there were no active
members from Alaska, Arkansas, Delaware, Idaho,
Indiana, Louisiana, Mississippi, Missouri, Nebraska,
Nevada, North Dakota, Oregon, Rhode Island, South
Dakota, West Virginia, Wyoming, or Puerto Rico.

One may ask: “How much of a presence does this
AES membership have today among the academic
leaders in epidemiology?” A review of the latest Di-
rectory of Medical Education published by the Asso-
(4) gives some useful information, and a great deal of
information which is not so useful. I had not fully
appreciated the appalling heterogeneity of terminology
among the US medical schools. Departments, divi-
sions, sections, and/or programs having to do with
epidemiology are only occasionally listed as such. For
example, often “epidemiology” may be included under
preventive medicine, and yet more may lurk within
departments of community medicine, family medicine,
environmental medicine, occupational medicine, and
combinations thereof. I suppose this is a tribute to use
of the epidemiologic method in so many areas. Be-
cause the role of epidemiology in many of the depart-
ments was uncertain, I selected data from the profiles
of 45 medical schools with departments specifically
labeled with the terms of “epidemiology” and/or “pre-
ventive medicine.” Eight (18 percent) out of the 45
departmental chairpersons were AES members.

Another different denominator was obtained from
the list of programs in preventive medicine approved
by the Accreditation Council for Graduate Medical
Education. These programs might be offered not only
in medical schools and schools of public health, but
also in other health-oriented institutions. Among 78 of
these programs, I found that there was only one whose
director was a member of the AES.

Yet another approach was to look at schools of
public health. There are 27 such institutions in the
United States, and 24 of them listed programs in
epidemiology in the 1996 edition of “Graduate Pro-
grams in Business, Education, Health and Law.” Two
of these programs lacked a permanent chairperson at
the time of publication. Of the remaining 22, eight of
the chairpersons were AES members.

It would thus seem from these evidences that the
AES has a significant but limited presence among
academic leaders in epidemiology.

FINANCES

The AES has never been embarrassed by riches. The
minutes of the first meeting of the Society, held on
November 11, 1927, were written by Dr. Haven
Emerson, who noted: “There are no debts of the So-
ciety and the Society has no funds.” The situation of
the AES in subsequent decades was not significantly
different from that reported by Dr. Emerson—with
only modest income, never any major expenses, no
journal to support, no physical property to maintain,
and the absence of any “angel” to permit a significant
dowment. A bold step was taken in 1978 when the
dues were raised from $5.00 per year to $10.00 be-
cause the finances were considered to be “shaky.” In
1978, it was stated that 85 percent of the active mem-
ers had paid their dues, and that the bank account
amounted to about $1,000.00. The 1987 minutes indi-
cated that the income was $4,097.95, with expenses of
$3,324.89, and with a bank balance of $2,733.93, cernly a step in the direction of maintaining sol-
vency but hardly accompanied by an impressive ac-
crual of capital. The dues were again raised in 1990,
this time to $15.00 per year, suggesting either that
distinguished senior epidemiologists are an impover-
ished lot or that membership in the AES was not worth
more than a token amount. By 1996, the bank balance
had risen to $10,479.01, and the same year, the sepa-
rate Feldman Memorial Fund, established in 1986 by
the Feldman family and by members of the Society to

American Journal of Epidemiology, indicates that before long, restless workers in the field, especially THE SOCIETY FOR EPIDEMIOLOGIC RESEARCH be safely concluded that the AES has been a model of active AES members and one emeritus AES member with the SER inactive category showed only four AES members were also in the SER active group. A similar comparison of the 234 active AES members who were also active with that of the SER revealed that there were 144 of the 519 in the inactive SER group.

It is apparent that the SER has succeeded in attracting a large number of persons of varied backgrounds into its membership and to its meetings; and that over one half of the active members of the AES also belong to the SER.

ONGOING DISCUSSIONS ABOUT THE AFFAIRS OF THE SOCIETY

A review of the minutes of the annual meetings and of available correspondence with the officers revealed certain themes which were recurrent. One was the expression of views as to the composition and purposes of the Society, another related to concerns regarding the programs at the annual meetings, and a third involved a restless unhappiness with the reported lagging attendance of members at the meetings.

John Paul's history of the AES in its earlier years (1) included a 1952 quote from Alexander D. Langmuir: "It seems to me that we should restate the objectives of the Society." Doubtless there was discussion at that time, but no major change took place, and John Paul wrote in 1971 that the Society "was, and is, a place where the members assembled not only to keep their professional friendships in repair, but to find out what was new in the field of epidemiology." However, he tempered this with: "Yet on the other side of the coin, it is said that when a learned society tends to regard its main function as that of an honorary body devoted to the functions of sociability, self-esteem and self-procreation, instead of being actively involved in fertile causes, it ceases to be a force in the scientific community."

One of the leaders of the Society wrote in 1977 to the then-president:

A basic issue is whether we have expanded the roles [of membership] adequately to bring in many of the rising epidemiologists, especially those who represent new disciplines in the field of epidemiology, so that the Society keeps pace with the expanded field of epidemiology. By limiting membership to "accomplishment rather than promise," we are inhibiting the quality of discussion that could result from allowing bright, young, promising epidemiologists into the Society.

An officer wrote early in 1978:

Is our image irrevocably that of a club of old timers, approaching senility, who go off for a day and a half every year and play with themselves, as it were!

A position paper to address some of the issues was prepared in 1978 by Dr. Philip Brachman, which proposed considering for membership those who had been active epidemiologists but were now in administrative roles, increasing the number of members gradually to support the named lectureship, held $8,145.24. It can be safely concluded that the AES has been a model of fiscal prudence.
200, avoidance of a mandatory emeritus status, and meeting in tandem with another scientific group. The 1979 meeting did adopt the increased number of members, and increased the meeting length to two full days, but did not alter the overall mission of the AES or accept meeting concurrently with another group.

Dispirited by the atmosphere of unease, one member wrote in 1979:

I believe that the time has come to disband the AES and that this should be done at the 1981 meeting. . . . [The AES] has outlived its usefulness and like various species that have been discarded by Nature in the past, it, too, should be allowed to quietly sink away into history.

In reply, another eminent figure wrote:

Let’s accept AES is a club; we agreed that we would be elitist when the decision was made [in 1967] to encourage the formation of the Society for Epidemiologic Research to which aspiring epidemiologists could belong.

Yet another epidemiologist wrote in 1991:

The AES really is supposed to be an honorary organization with membership comprised of distinguished epidemiologists. A good many people would wish to limit membership to those at the full professor or director rank, and I think they would have a point. Even most associate professors are hardly distinguished. Although many are bright young people, I do not think they should be recognized with membership in the AES.

The 1994 meeting in Berkeley included presentation of a mission statement prepared by an ad hoc committee chaired by Nemat Borhani. The document was discussed by the members present and referred back for revision. A second version was presented at the 1995 meeting held in Tampa, but Dr. Borhani had to report that “some of the distinguished AES members expressed serious objections to the entire report.” A third attempt was mailed out to the members in April 1995.

This third document began with a declaration: “The mission of the American Epidemiological Society (AES) is to provide a lively scientific forum for senior epidemiologists.” This was followed by a definition of goals, two in number, which spoke of organizing high quality annual meetings and having a membership of distinguished epidemiologists. Next were several sentences relating to the need to have superior scientific programs, ample discussion of papers, the formation of a Program Committee, and the addition of another named lecture memorializing Alexander D. Langmuir. The concluding paragraph stated:

Maintain AES as a Senior Society. Continue to limit membership to persons who have contributed significantly to, and are still active in, the field of epidemiology. Restrict the size of the membership and selection process to its present format.

Despite three trial runs, this effort seemed not to have had general approval yet, and members were urged to send in their comments to the Secretary. Several thoughtful letters came in as a consequence, and quotations from three of these seem pertinent. One former president wrote:

An outstanding report! Congratulations! For Nemat Borhani—I don’t like the term “Senior Society” or “Senior Epidemiologist.” Age should not be one factor. I prefer “distinguished epidemiologists.”

Another letter ended with:

In short, I would hate to see the nature of our meetings change. To ensure this, I believe election to membership should be limited to individuals who are well-established and productive as epidemiologists, who are anticipated to remain in epidemiology, who can be expected to continue to produce, and who are likely to attend and contribute to our meetings. Being well established as an epidemiologist obviously requires a certain seniority but it doesn’t have to be synonymous with age.

A third correspondent who had been newly elected added:

What I found most valuable at the meeting I attended was a chance to hear the ideas of this remarkable group of elder statesmen. It seems to me that as epidemiology grows and develops rapidly, brain power is relatively easier to find than breadth of experience, perspective, and historical memory. Any membership equation that greatly diminished the prominence of these senior epidemiologists, e.g., by diluting them out or burying them with too many of the new legions of “methodists” (those concentrating more on methods and mechanics than on removing pump-handles) might be a step backward.

Dr. Borhani was unable to attend the 1996 meeting due to illness (regrettfully, he died not long thereafter) and a final decision on the Mission Statement was again deferred. However, it was agreed that “Dr. Kapikian, President-Elect . . . would work with Dr. Osterholm [the Secretary] and others to survey the membership before the next meeting to learn more about why members do or do not attend the annual meeting and what efforts can be undertaken to increase attendance.”

A second area which occasioned a degree of discussion was that of the scientific program. At the 1978 meeting, it was remarked that “the Society has increasingly relied on non-members for presentation of papers.” That same year, one member wrote to the new president posing the question: “Can the Society compete for the time of its members with its present
limited program?" He noted that another researcher "no longer feels that enough transpires at its [the Society's] meetings to justify his attendance." The President replied that there would be an attempt to "revitalize" the organization with steps including "doing everything possible to make the programs interesting and attractive." In a partial answer to this problem, the program was extended in 1979 from one and a half to two full days. However, that same year, one uninhibited member wrote how "he had been wondering ever since leaving the meeting how to express my disappointment and concerns without at the same time causing undue distress to its current (and future) officers," and then proceeded to unload his disappointment by describing the session as "appalling," referring particularly to the "quality of the papers and the discussions. . . ."

There have been more recent distress signals launched on the same topic. Correspondence from the head of a school of public health division recalled:

While I have attended every meeting held since I was made a member seven or eight years ago, I must say that I have often been disappointed with the quality of a hefty proportion of the talks. Fortunately, even when the talks are bad, the discussion is usually provocative and interesting. Nevertheless I am convinced we must do better in the area of promoting/selecting, perhaps even commissioning/inviting talks that are timely, interesting, and well-presented. Perhaps for each meeting we should select a topic of current interest (e.g., silicone breast implants and connective tissue disease) and devote two to three talks to that topic. . . .

In reply to a letter from me, another member evidenced a mixed and probably not uncommon response:

I have enjoyed the meetings I have attended and have also come away from them with information and a different perspective on some things that I didn't go into the meeting with. However, the meeting does not address fast breaking items in (or usually any parts of) my primary areas of research and it is thus not imperative to attend for either information or contacts.

A disturbing evidence of malaise in the program area, and a reflection on the AES as a whole, was the paucity of abstracts submitted for the 1996 meeting. Only 23 abstracts were received for 22 available places on the program, thus giving the reviewers no room for selection on the basis of quality. With the current application of epidemiologic approaches to so much of biologic science, and with increasing concentration of intellectual resources in specialized narrow fields, each of which has its own forum, it is not surprising that much of the content of any one two-day program will not appear relevant to the interests of all attending minds. Such may be the price of the success of epidemiology.

A third area occasioning comment was that of poor attendance at meetings. John Paul (1) mentioned in 1971 "a falling off of attendance at meetings in recent years." In 1977, the president of the Society noted in similar words that "attendance has fallen off at the annual meetings, not surprising in view of the state of the economy and of travel funds." In 1978, the minutes of the annual meeting included the statement, "Of increasing concern is the fact that only 40 to 60 active members of the Society generally attend the annual meetings." In 1993, it was deplored in the minutes that of 10 new members elected the prior year, only two were present at the meeting; and, in that same year, there was discussion regarding the low turnout on the afternoon of the second day of the meetings (said to be only 25 percent of those present on the first morning). In 1994, the topic of poor attendance was once more raised, and it was especially galling in that only three of 12 new members had shown up. The situation was somewhat improved in 1995 when nine of 16 new members appeared.

That there has been a long-term erosion of active participation in the affairs of the AES is shown by the attendance figures over the past 25 years. In the 1970s, an average of 46 percent of the active members attended the annual sessions. In the 1980s, this declined to 41 percent. So far, in the 1990s, attendance has averaged 37 percent. That this trend is unhealthy is obvious (figure 2).

One might also like to round out this picture by obtaining the views of the substantial number of members not attending meetings due to disinterestedness or for other reasons. An imperfect attempt to accomplish this was made by writing a letter to 11 current or former members who had missed at least four consecutive meetings and who had received warning letters from the Secretary in 1994. These individuals were asked to send me their reasons for absence from the sessions, with the promise that the responses would be kept confidential. Replies were received from only seven. Three of the seven expressed no dissatisfaction with the AES, and had varied professional and/or family reasons for poor attendance. Four others indicated some criticisms, and even though such a small number should not receive undue emphasis, I believe that their views should be mentioned (in my experience, there are only so many colleagues who are willing to put their thoughts on paper, particularly if they are negative ones).

One of these respondents commented:

There has been competition for time (for epidemiology alone among the public health disciplines) to
attend SER, ACE [American College of Epidemiology], APHA [American Public Health Association], and AES meetings. The latter does not relate to students nor does it provide networking for active departments seeking funding. Attending AES became a scholarly luxury. In short, AES meetings could not successfully compete for my time given the other venues that combined scholarly interaction with administrative needs.

A more eloquent reply came from the chairman of a department of preventive medicine:

The AES meeting is warm, genial, charming, even nostalgic—but not very compelling. It is not a "cutting edge" meeting where the very latest information in a field is presented. Also, the AES is not one of those organizations whose meetings one must attend because one's function and/or status is tied up with meeting activities. At one time the AES may indeed have represented the pinnacle of epidemiologic prestige. This no longer is the case today. My most recent recruits to membership in the AES did not even know of the Society's existence before I described it to them! Thus, I find myself valuing the organization and its meeting more for its human qualities than for its scientific or professional attributes. In this faster, more intense era the AES seems somehow out of joint, its membership older, not younger; its presentations reflective, not cutting edge; its function marginal, not essential. Indeed, were the AES to disappear, most young people in the field would not notice and only a relatively few older epidemiologists would express real regrets. In the era of proliferation of national and international meetings and a multiplicity of professional and scholarly societies, the role of the AES needs fundamental reexamination. I love nostalgia and geniality, and I genuinely value the distinctive features of the AES and its meeting, but I fear they are not sufficient to sustain the AES for very much longer.

Finally, yet another member, a long-time colleague whom I admire, wrote:

The short answer to your question is that it is hard traveling to distant pastures for meetings I would like to attend when there is work to do in my own garden. . . . So why did I join the AES? Because it is a superb group of colleagues whom I felt privileged and excited to be allowed to join. At the outset I was a kid in a candy store who couldn't resist another treat; later I realized that I was satiated. . . . The format for the meetings is excellent. Here, however, is an observation that may be useful to you. Each year I look at the agenda and find much of it of little interest to me; perhaps the program committee could seek more [papers] with generic methodological implications.

RECOLLECTIONS OF PAST PRESIDENTS

I am grateful to a number of former presidents who have responded to my letters. Some of them sent me material relating to their terms in office, and in many instances sent reflections on longer term considerations. Below are some quotations from their replies. I shall take these chronologically in terms of year in office.

William S. Jordan, Jr., was president from 1972 to 1973, at a time when he was Dean of the College of
Dr. Kurland added:

The AES at this time was the only national forum for epidemiologists other than the Epidemiology Section of the APHA. The Society was led by a strong leadership, particularly Alex Langmuir. Alex seemed to be the sole authority on the accumulated rules and bylaws, and we did what he told us to do. You will recall that it was Harry Feldman who returned from London with a cross-section of a water pipe from the time of John Snow and cholera, and had the piece of pipe mounted as the Society's icon. The AES has faced increased competition in the last ten to fifteen years since the creation of the American College of Epidemiology and the Society for Epidemiologic Research. The SER was created, at least in part, because young epidemiologists couldn't find a place to be heard through the AES. As you know, the SER now holds a large multi-section meeting where the specialists—cancer, heart disease, etc.—tend to go to their own groups. The beauty of the AES is that it continues to hold single plenary sessions where each presentation is thoroughly discussed and where one can appreciate the uses of the tools of biostatistics and epidemiology for their own sakes.

Leonard T. Kurland, president in 1974–1975, recalled the vigorous discussion following presentation of a paper by his colleagues and himself on “Guillain-Barré Syndrome in the US Army, 1974–8, with Special Reference to the Swine Flu Vaccine,” at the 1984 AES meeting in Philadelphia. Dr. Kurland wrote:

At the time, the military strength was about 2.1 million, and 1.7 million (more than 80 percent) had received the swine flu vaccination of 1976. Our review of all cases of Guillain-Barré Syndrome indicated that, for the period of presumed risk (Oct. 1, 1976–Jan. 31, 1977), the total number of cases in the three military services was thirteen. Comparison with the rest of 1976 and other years provided an expected number of seventeen cases, so there were slightly fewer than expected. A relative risk of seven among vaccines reported by Larry Schonberger et al. from CDC in their paper, would have given an expected number of ninety-eight cases.

Dr. Kurland added:

Col. Kirkpatrick gave the paper at the AES meeting. Schonberger and Langmuir began the discussion supporting the CDC report while Kirkpatrick and I described its flaws and the superior diagnostic and reporting features of the military studies, as well as other small negative studies. There ensued the most heated and emotional debate I had ever experienced at an AES meeting. It seemed that the entire audience became involved and when the discussion was at its height, the moderator attempted to stop the discussion because it was time for the Business Meeting. There were shouts of “No, continue the discussion,” and so they did for another thirty minutes.

Dr. Kurland concluded that “although an immunologic mechanism may be responsible for the peripheral neuropathy, it is most likely the result of an infection rather than a vaccine. In fact, influenza vaccine may be protective rather than a cause of GBS.”

Dr. Neal Nathanson, president in 1978–1979, commented:

My general memory of the AES is that its unique characteristic was that it was exclusively devoted to a single annual meeting, and at that meeting the time allowed permitted an in-depth discussion of each contribution, the likes of which I have never seen in any other scientific meeting that I have attended. That was the defining flavor of the AES. One other point I remember. In the 1970’s I was Editor-in-Chief of the American Journal of Epidemiology. I decided that the journal needed a societal affiliation to insure its well-being and I approached the AES. I was roundly rebuffed and then went to the very new Society for Epidemiologic Research, which was only too pleased to make a marriage. That marriage helped the SER quickly become the leading epidemiologic society, and it also gave the journal a cadre of monthly readers and a guaranteed subscription base. So both parties profited immensely. Perhaps it was wise for the AES not to affiliate with the journal and to preserve its flavor intact.

I was fortunate in having the suggestions of Dr. Philip S. Brachman. He served as president in 1979–1980, but also was an invaluable secretary-treasurer for the long period 1982–1994. I sent him the first draft of my manuscript, and he kindly reviewed it and forwarded to me his thoughts. Most of his suggestions were incorporated into the text, and are therefore inherent in these pages. In a few instances, it seemed best to me to leave my presentation intact even though I realize that his knowledge of the Society undoubtedly surpasses that of anyone else. I am most grateful for his assistance and wish to have it clearly understood that he is in no way responsible for my point-of-view or omissions or errors.

The president in 1980–1981 was Dr. Jacob A. Brody, now Professor of Epidemiology and Research Medicine at the University of Illinois at Chicago. Dr. Brody recalled his early years with the Society as follows:

I have no old files and just memories to contribute. I entered the AES in 1967 with Al Kapikian. At the time we were considered precocious since I was only eleven years out of medical school, and I believe Al was too. My recollections are that giants indeed
Dr. Tom D. Y. Chin was president in 1984–1985. His recollections dovetail nicely with the description of the 1984 meeting in the letter from Leonard Kurland, as well as give his thoughts about the Society as a whole. He writes as follows:

My first introduction to the AES was in April 1960 when I was invited to present a paper during the Thirty-seventh Annual Meeting of the Society held at the MIT Faculty Club. The paper was on “Localization of Poliomyelitis in an Urban Epidemic—1959,” based on the epidemiologic investigation of an extensive outbreak of poliomyelitis in Des Moines, Iowa. The significant findings were that inactivated polio vaccine was not only effective in protecting adequately immunized persons against paralytic poliomyelitis, but herd immunity resulting from the vaccination might also have an influence on limiting the spread of poliovirus in the community. The paper generated a lot of discussion, since the finding was generally unexpected and was not entirely consistent with the current concept. Although I was glad I had an opportunity to present the data, I felt somewhat apprehensive, particularly that John Fox (who taught me my first course in epidemiology) and Albert Sabin were scheduled to present their papers on attenuated poliovirus vaccines right after my presentation. I was greatly relieved, however, when Alex Langmuir spoke right up and lent solid support to my contention. I had a feeling that my data were generally accepted, but with some reservation.

I was elected a member of the AES in 1962. I proudly accepted the invitation to join this elite society, and had attended its annual meetings regularly until the last few years, after becoming an emeritus member. I had always found the meetings extremely satisfying and intellectually stimulating. It was one of the meetings that I looked forward to attending each year. The society is unique in terms of size, structure and membership composition. Perhaps the most attractive feature is that paper presentation is limited to twenty minutes, followed by “unlimited discussion.” I recalled vividly the session I chaired in 1984 during the Society’s annual meeting in Philadelphia. A paper on the relationship between Guillain-Barré syndrome and swine influenza vaccination was presented. During the discussion, many questions were raised as to the validity of the CDC data collected during the 1976 epidemic of Guillain-Barré syndrome, particularly with regard to the accuracy of the clinical diagnosis of Guillain-Barré syndrome. One member insisted that unless the diagnosis was confirmed by a neurologist, it should not be accepted; record review by persons without formal neurological training was considered insufficient for making the clinical diagnosis. The discussion period was already prolonged. By consensus, the discussion was extended, by at least 15 additional minutes. I believe the discussion was instrumental, at least in part, for making the decision to conduct a separate study to reassess the association between Guillain-Barré syndrome and receipt of swine influenza vaccine in 1976–7, utilizing expert neurologists for making the diagnoses. Although the result of the restudy gave the same conclusions as the one previously reported, the process leading to the restudy was critical for settling the controversy. If this reassessment was not done, the disagreement probably would not have been resolved. The thing that impressed me the most was the congeniality of the discussants involved in their attempts to resolve the issue at hand.

Membership size has been a subject of heated discussion from time to time, but the question is: what is the critical number? It has been deemed essential to keep the membership relatively small so as to encourage and facilitate audience participation, but at the same time it may be difficult to maintain the vitality of the Society unless the membership is sufficiently large so as to assure the quality of the papers the Society traditionally expects for presentation at its annual meetings. The issue of membership size should be reexamined periodically and adjustment be made as needed.

I have enjoyed my association with the Society over the years. The meetings have been challenging and intellectually stimulating, the papers have been of high quality, and I have found the discussions most enlightening. I have learned from almost every member I have come in contact with. I have valued especially my association with Alex Langmuir. He recruited me into the EIS Program, taught me “shoelather” epidemiology, got me into the AES, and was a fine boss and colleague. No question he was one of the giants of epidemiology. It is gratifying to see that the Society has taken action to establish the Langmuir Lectureship in his honor.

The president of the AES in 1985–1986 was Dr. Theodore C. Eickhoff, and his letter contains memories and thoughtful but not pedantic reflection:

I succeeded Bud Benenson, I believe, as Secretary-Treasurer of the Society in 1977, and served a five-year term. Phil Brachman succeeded me, of course, and served for at least ten years or more, as you know. During my term from 1977 to 1982, I recall having the many concerns that the membership policies were too restrictive, and that annual meeting attendance was not healthy. The 50–70 members that showed up for annual meetings all had a fine time, and the discussion of papers and challenging of opinions was in keeping with the best traditions of the AES. Recommendations for membership from the Nominations Committee were pretty thin, as I recall. Not only was the lack of new members of concern; there were also the usual transfers to emeritus mem-
114 Paul Mortimer, president in 1988-1989, runs as follows:

A brief but pungent response from Dr. Edward A. comprises established scientists who are not dependent on their presentations for promotion or job offers!

Also during my term, we had the usual annual discussions in the business meeting about relaxing the membership barriers somewhat, and electing more members each year. I suspect previous secretaries-treasurers have recorded such discussions as well, and I would venture to guess that they have been going on at every business meeting since the AES was organized. Certainly they have persisted at every meeting I have attended since my term ended. I guess it must be an unwritten agenda item for every business meeting!

Nonetheless, these repetitive discussions did have an impact, and the number of new members elected each year was beginning to increase during my term as President in 1985-1986. In my view, the Society is much the healthier for it, and I believe the AES today is healthier than it has ever been. Active membership is up, meeting attendance is up, and the annual meeting presentations and discussions are as vigorous and animated as ever—at least in my memory. My memory only goes back so far, however, and I often wish I could have heard some of the discussions of issues by provocative and articulate leaders such as Alex Langmuir, Ed Kass, and others in the years before I was elected to membership.

The mission statement currently circulating within the AES (from the Borhani committee) is generally good, I think; it would be a mistake, however, to try to define the AES too closely or too formally. The AES will be what its members want it to be. It would be nice, however, if we could somehow bring to an end what seems to be the ongoing identity crisis which has been such a prominent characteristic of the Society since I became a member! We have chosen to be the epidemiologic "old boys' club" (including old girls, of course). Fine. Why can't we just relax and enjoy it!

A brief but pungent response from Dr. Edward A. Mortimer, president in 1988-1989, runs as follows:

What has the AES meant to me? First, the meetings are the most interesting and stimulating that I attend. They are small (70 to 100 attendees) and virtually everyone knows everyone else. The subjects are well selected and usually represent solid epidemiologic learning experiences, even if foreign to one's own special interests. Discussion is excellent and for all practical purposes unlimited. In short, the AES meetings are both interesting and relaxed. Part of the reason that they are so relaxed is that the membership comprises established scientists who are not dependent on their presentations for promotion or job offers!

Sobering comments come from Dr. Harold B. Houser, AES president in 1991-1992:

My first formal contact with the Society was 1964 when I presented a paper at the annual meeting in Ann Arbor. I was aware of the Society from 1949 since my mentors, Rammelkamp, Dingle, Badger, and Feldman, were all members as were associates on the Armed Forces Epidemiological Board and its commissions. Therefore, I considered it a distinct honor when I was elected to membership. If I could summarize the present situation in a few words, I would state that membership is probably no longer considered as I did. It is not at all unusual for new members to miss their maiden meeting. Why the change (if indeed there has been a change)?

The membership is much more diverse now. From a membership of primarily M.D.'s without formal training in epidemiology it has developed into one of persons with a variety of training, usually specifically directed to the practice of epidemiology. The membership reflects the change and growth in the field over the past 25-30 years. Whether or not this change has resulted in a change in the nature of the Society, I don't know. The Society is its annual meeting; it has no other purpose. In the past, the meeting was both scientific and social. Wives accompanied husbands and special activities were planned for the wives. The latter is no longer a consistent part of the annual meeting. While the informality of the meetings has persisted, the "clublike" atmosphere of previous years seems to be absent.

While in recent years the number of papers for presentation has fallen off, the caliber of the scientific program has remained good. The hallmark of the meeting, the opportunity for prolonged and lively discussion, also remains. In my view, the concerns about the absence of attractive programs which result in poor attendance are overstated. I do have the impression that attendees are narrower in their fields of interest than in the past and may view most of the program as of no interest.

The future? I have reservations about whether or not the AES will continue to be attractive to enough persons in the future to maintain its membership. There are many opportunities for epidemiologists to belong to organizations or societies with a primary focus on epidemiology either as the major theme or as an important part of the organization. I'm not certain that the AES membership is widely viewed in the profession as a peer recognition honor at this time. I hope that I'm wrong in my concerns. The tradition, camaraderie, and scientific give and take of the annual meeting are too valuable to deprive future epidemiologists of them.

Dr. Michael Gregg, president in 1992-1993, has some uneasy as well as complimentary thoughts about the AES:

I do have a variety of impressions and thoughts that come to mind in regard to what I perceive to be significant changes in the Society. First, I see a clear divergence in basic interests among the membership: an infectious disease-oriented group and a chronic


Disease-oriented group. A bit more subtle, I think, is another kind of division: the public health practitioners (represented mainly by CDC and state and local health department epidemiologists) and the academic types.

These are not profound observations at all and existed to some degree in decades past. Nevertheless, as epidemiology becomes more accepted, used, and specialized, those who represent these groups increase in number and tend to form more distinct “camps.” These different interests have made an impact on the membership selection process, on the scientific program, and on attendance at the yearly meetings. How often have I heard, “Well, we must get an infectious disease paper on the program.” . . . or . . . “Gee, I really can’t assess what his contribution to epidemiology is, it all looks like statistics to me.” . . . or . . . “How can he defend that conclusion? There were only nineteen cases in the epidemic!” Or words to that effect.

Then there is also an emerging kind of member who really is a clinician at heart, but he is doing epidemiologic studies on his patient population. He or she is very bright, knows how to do epidemiologic studies, but clearly wants to teach clinical medicine in a medical school, belongs to a medical subspecialty society, gives one paper at AES (that has so much clinical stuff that many members get a bit lost), but then much prefers to attend his specialty meetings and really does not identify with many of the other AES members. His membership in AES probably does not mean that much to him because he is so clinically oriented. We have a fair number of these members now. I know; I served on the membership committee for four or five years. Perhaps a lot of this can be attributed to the continued differences between schools of public health and medical schools—an academic cleavage not easily closed.

Diversity may be a strength in some settings, but I’m not sure it is here. We are suffering, in my opinion, from a maturing, increasingly used, and specialized science. The suffering shows itself in relatively poor attendance at our meetings, lackluster support of the society’s necessary functions (pulling teeth to get people on the membership committee) or accepting virtually every paper submitted for presentation because there were so few submitted, and a kind of ennui and irritation at business meetings.

I know these comments sound rather cynical and critical—and, yes, they are. Yet I’m not sure they represent significant change in the Society because over time one’s perspectives change too. I presented a paper at the AES in 1969 and was impressed with the stature and “weight” of the members. My paper (on Pontiac fever, then an unknown disease) generated a lot of interest by some of the best minds in infectious disease epidemiology I knew. It was quite a thrill for me. Now I see the members and their interests in a different light: first, I’m older than most, and second, their interests seem so different to me.

I cannot end this offering to you without mentioning several people who, in my judgement, stand out from the others in regard to their contribution to the AES. First and foremost is Phil Brachman. His dedication, loyalty, devotion, and contributions to the society are very remarkable. He has kind of been the link to the earlier halcyon days as well as a kind of guiding, ever-present positive force to many of us. He attends virtually every meeting and continues to give us a real historical perspective and purpose. He served us for years, it seems, as secretary-treasurer—a fairly demanding task compared to being the president. (He was president, too.) To a lesser but still important degree, I believe Ralph S. Paffenbarger, Jr., has been somewhat like Phil. Ralph’s contribution seems more in his continuing presentations at the meetings and his input at the business meetings. (Mark you, these are my impressions, not facts!) Bill Jordan is very loyal and supportive. He clearly represents the old guard of the fifties.

Lastly, I have a strong suspicion that the emergence of the SER has, in some way, impacted on the AES. It may have attracted or even driven some Ph.D. epidemiologists into its ranks because of our relative exclusiveness and M.D. orientation.

Anyway, despite some misgivings, my feelings for the Society are still very warm and epidemiologically very satisfying. I am proud to be a member and hope I have helped to improve its worth and its contribution to our chosen field.

CONCLUSION

In conclusion, this brief review of the last quarter century of the American Epidemiological Society has yielded historical material which is well worth preservation, as well as a perspective on the future which may suggest more questions than answers.

The AES is a distinguished, older scientific society. It is not old in terms of years (only 70 years), but is old in comparison with most of today’s similar organizations. It is the first such society in the United States limited to epidemiology, and has over the years included in its ranks the outstanding leaders in the field in investigation, teaching, and administration. Its scientific programs have been characterized by quality and by a forum for free expression. On the basis of its precedence, history, and caliber of membership, every effort should be made to maintain and improve on its viability. Where it is strong, that strength should be maintained. Where it is weak or vulnerable, efforts at correction should be made.

The AES is strong in several respects. Its reputation is one of distinction. It has an enviable history. It has an elite, congenial membership. Its annual meetings are of generally high scientific caliber. It has preserved a small size (which may be a mixed blessing) and has not been seduced into areas of diversion such as subsidiary divisions, multiple meetings, publications, physical facilities, and fund-raising. It has an uninterrupted record of epidemiologic scientific inquiry.

However, there are also areas of real or potential weakness. As in many aspects of life today, it may be easier to list the negatives than to enumerate the positives.
In an era in which the field of epidemiology has grown enormously and has recruited into its ranks many well-trained men and women, the AES has remained proportionally small and has not kept up with the size of its area of concern. Indeed, it is relatively smaller than it was 60 years ago.

Second, by maintaining this small size, by emphasizing election to membership of individuals with a track record of achievement in epidemiology, and by limiting the number of guests at meetings, younger scientists in the field are often excluded from any contact with the AES.

Third, this is an era of specialization in science, and this trend has not excluded epidemiology. Investigator-members on the way up as well as those who have arrived may, for financial or time constraint reasons, choose to attend only those scientific meetings closely related to their own special area of interest.

Fourth, the AES is no longer the only organization available in terms of providing a forum for presentation and discussion of data and for scientific and social intercourse. There is brisk competition in the field, as the reader knows better than I.

Finally, it is disturbing that the same discussions as to identity, role, and membership of the AES continue to be raised in the minutes of meeting after meeting, and in the correspondence. They suggest a degree of chronic malaise recognized by at least a portion of the membership—a suggestion reinforced by issues of limited submission of abstracts and less than robust attendance at meetings.

REFERENCES

3. The letter from Dr. Feldman and the other letters quoted are in the archives of the American Epidemiological Society at the University of Minnesota, Minneapolis, MN.

APPENDIX

OFFICERS OF THE AMERICAN EPIDEMIOLOGICAL SOCIETY, 1972-1996

Presidents:

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
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<tr>
<td>1973-1974</td>
<td>Alfred S. Evans</td>
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<td>1974-1975</td>
<td>Leonard Kurland</td>
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<td>1975-1976</td>
<td>Robert W. McCollum</td>
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<td>1976-1977</td>
<td>Jane Worcester (resigned; replaced by Warren Winkelstein, Jr.)</td>
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<td>1977-1978</td>
<td>Reuel A. Stallones</td>
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<td>1978-1979</td>
<td>Neal Nathan</td>
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<td>1979-1980</td>
<td>Philip S. Brachman</td>
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<td>1980-1981</td>
<td>Jacob Brody</td>
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<td>1981-1982</td>
<td>Manning Feinleib</td>
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<td>1982-1983</td>
<td>J. Thomas Grayston</td>
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<td>1983-1984</td>
<td>Leon Gordis</td>
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<td>1984-1985</td>
<td>Tom D. Y. Chin</td>
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<td>1985-1986</td>
<td>Theodore C. Eickhoff</td>
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<td>1986-1987</td>
<td>E. Russell Alexander</td>
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<td>1989-1990</td>
<td>Lewis H. Kuller</td>
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<td>1990-1991</td>
<td>Maureen Henderson</td>
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<td>1991-1992</td>
<td>Harold B. Houser</td>
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<td>1992-1993</td>
<td>Michael B. Gregg</td>
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<td>1993-1994</td>
<td>Elizabeth Barrett-Connor</td>
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<td>1994-1995</td>
<td>Nemat O. Borhani</td>
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<td>1995-1996</td>
<td>Paul D. Stolley</td>
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<td>1996-1997</td>
<td>Albert Z. Kapikian</td>
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Secretary-Treasurers:

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<td>1972-1973</td>
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<td>Abraham S. Benenson</td>
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<td>1976-1982</td>
<td>Theodore C. Eickhoff</td>
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<td>1982-1996</td>
<td>Philip S. Brachman</td>
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Honorary members:*

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<tr>
<td>Archibald L. Cochrane</td>
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<td>Sir Richard Doll</td>
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<td>Walter Holland</td>
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<td>R. Edgar Hope-Simpson</td>
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<td>Jeremy Morris</td>
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<td>Geoffrey A. Rose</td>
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<td>Berton Roueche</td>
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<td>David Sencer</td>
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Harry A. Feldman Lecturers:

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<tr>
<td>1986</td>
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<td>1987</td>
<td>Robert Chanocek</td>
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<td>1988</td>
<td>Manning Feinleib</td>
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<td>1989</td>
<td>Donald Peterson</td>
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<td>1990</td>
<td>Alexander Langmuir</td>
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<td>1991</td>
<td>Thomas Grayston</td>
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<td>1992</td>
<td>Robert Austrian</td>
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<td>1993</td>
<td>Peter H. Bennett</td>
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<td>1994</td>
<td>Lewis H. Kuller</td>
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<tr>
<td>1996</td>
<td>Ralph S. Paffenbarger, Jr.</td>
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*Honorary membership was created in 1974.
Thomas Francis, Jr., Memorial Lecturers:

Each year, a Thomas Francis, Jr., Memorial Lecture is presented at the University of Michigan School of Public Health by its Department of Epidemiology. The most recent past Presidents of the American Epidemiological Society function as a committee to select an outstanding scientist to deliver this annual lecture.

Dorothy Horstmann
Alexander D. Langmuir
Charles Rammelkamp
William Kannel
Wilbur G. Downs
Henry W. Blackburn
Edwin D. Kilbourne
Harry A. Feldman
Abraham M. Lilienfeld

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Brian MacMahon
Lester Breslow
Frederick H. Epstein
William C. Reeves
William S. Jordan, Jr.
Reuel A. Stallones
Alfred S. Evans
Lewis H. Kuller
Michael F. Oliver
Ralph S. Paffenbarger, Jr.
Donald A. Henderson
George W. Comstock
Floyd W. Denny
Roy M. Anderson
Mervyn W. Susser

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The numbering of the meetings of the Society has varied. John Paul chose to number the meeting held November 11, 1927, as Number 1, thus excluding earlier meetings of the Biggs Club. It seems best to continue that policy. He thereafter numbered each meeting of the Society consecutively, including the years 1928, 1929, and 1931, when two meetings were held each year. Thus, the numbering was strictly not that of annual meetings but of all meetings. The 1972 meeting was numbered 49 in keeping with the John Paul system, but the 1973 meeting was not his number 50; it became the “46th Annual Meeting.” This is not strictly correct, for on an annual basis (counting only one meeting per year), the 1973 meeting was the “47th Annual Meeting.” Life is too short to worry about this, and one may best follow the current numbering system.

Forty-Fifth Meeting, held at the Mayo Clinic, Rochester, Minnesota, April 7–8, 1972

Friday, April 7, 1972

First Scientific Session—9:00 a.m. (Jerome Cornfield presiding):
E. H. Kass: “Bacteriuria in a defined population.”
H. Blackburn, S. Tominaga, W. Krol: “Prognostic Indices in Chronic Disease.”

(Lunch—12:30 p.m.)

Second Scientific Session—2:00 p.m. (Fred M. Davenport presiding):
J. Ipsen, M. R. Cuskey, T. Premkumar: “Mortality from Medicaments in Relation to the Current Drug Epidemic.”
H. A. Feldman: “Serological Epidemiology of H. influenzae, Type b, Infections, or, Fothergill Revisited.”

(Dinner—6:30 p.m.)

“Some Informal Remarks on Epidemiology in the Bible.”
Hymie Gordon

Saturday, April 8, 1972

Third Scientific Session—8:30 a.m. (Jerome Cornfield presiding):
O. Paul, S. Ladwig: “Coronary Heart Disease, Heart Weight and Mortality.”
E. Byrne, A. S. Evans, H. Israel: “EBV and Other Viral Antibodies in Sarcoidosis.”

Forty-Sixth Meeting, held at the College of Medicine, Lexington, Kentucky, April 6–7, 1973

Friday, April 6, 1973

First Scientific Session—9:00 a.m. (William S. Jordan, Jr. presiding):
Jordi Casals, D. W. Fraser, C. C. Campbell, T. P. Monath (sponsor, P. S. Brachman): “Epidemiology of Lassa Fever: Past Epidemics” (10 minutes)
E. H. Kass: “Familial Aggregation of Blood Pressure in Small Children.”

Second Scientific Session—2:00 p.m. (Leonard T. Kurland presiding):
D. Schottenfeld: “Multiple Primary Cancers of the Upper Digestive System, Larynx and Lung: A Prospective Study.”
H. M. Vandiviere, Irene Melvin (sponsor, A. S. Benenson): “Field Trials with BCG Vaccines With and Without INH Chemophrophylaxis.”

(Dinner—6:30 p.m.)

“Remarks on Thoroughbred Racing and Breeding.” Kent Hollingsworth

Forty-Seventh Meeting, held at New York University Medical School, New York, New York, April 5-6, 1974

First Scientific Session—9:00 a.m. (Alfred S. Evans presiding):
W. H. Mosley, Lincoln Chen: “A Prospective Study of Birth Interval Dynamics in Rural Bangladesh.”

(Lunch—12:30 p.m.)

Second Scientific Session—1:30 p.m. (Dr. Robert M. Chanock presiding):
N. J. Vianna (sponsor, R. F. Korns; discussant, A. Gershon): “The Possible Association of Childhood Leukemia with Varicella Infection In Utero.”


(Dinner—6:30 p.m.)

“Experiences of a Medical Journalist.” Lawrence K. Altman

Saturday, April 6, 1974

Third Scientific Session—8:30 a.m. (Dr. Alfred S. Evans presiding):
S. Krugman, J. L. Gerin, R. J. Gerety: “Viral Hepatitis, Type B: Studies Involving Two New Parameters, DNA Polymerase Activity and Antibody to Hepatitis B Core Antigen.”
E. A. Mortimer, Jr., R. Monson, B. MacMahon: “Coronary Heart Disease Mortality at Altitude.”

Forty-Eighth Meeting, held at the University of Southern California School of Medicine, Los Angeles, California, April 4-5, 1975

First Scientific Session—9:00 a.m. (Leonard T. Kurland presiding):
S. Krugman: “Hepatitis A Virus Infection: Identification by a Specific Adherence Test.”

(Lunch—12:30 p.m.)

Second Scientific Session—1:30 p.m. (Saul Krugman presiding):
M. H. Merson, E. J. Gangarosa, M. S. Loewenstein: “Travelers’ Diarrhea.”
P. Cole, B. MacMahon: “Age at First Birth, Estrogen Profile and Breast Cancer Risk.”
T. M. Mack, M. C. Pike, R. J. Huebner: “Reserpine and Breast Cancer in a Retirement Community.”

(Dinner—6:30 p.m.)

“Snakes I’ve Known and Loved.” Findlay E. Russell

Saturday, April 5, 1975

Third Scientific Session—8:30 a.m. (Dr. Leonard T. Kurland presiding):

Forty-Ninth Meeting, held at the Johns Hopkins University, School of Hygiene and Public Health, Baltimore, Maryland, April 29–30, May 1, 1976

Thursday, April 29, 1976

First Scientific Session—9:00 a.m. (Dr. Robert W. McCollum presiding):
M. M. Zack, C. W. Heath, Jr.: “Past High School Contact among Cases of Leukemia and Lymphoma.”
S. Grufferman, P. Cole: “Aggregation of Etiologic Exposures in Hodgkin’s Disease.”

(Lunch—12:30 p.m.)

Second Scientific Session—1:30 p.m. (Dr. Robert W. McCollum presiding):
R. Alexander, R. Harrison, J. Gale: “Neonatal Chlamydial Infections and Their Role in Respiratory Disease.”
A. Benenson: “Rotavirus Diarrhea among Australian Aboriginals in 1976.”
D. Fraser, T. Tsai, J. McDade, C. Shepard, P. Brachman: “Legionnaires’ Disease.”

(Lunch—12:30 p.m.)

Saturday, May 1, 1976

Third Scientific Session—8:30 a.m. (Robert W. McCollum presiding):
P. G. Glezen, R. B. Couch, R. MacLean: “Some Epidemiological Observations of Influenza in Houston.”
S. Krugman: “Immunity to Measles 11 to 15 Years after Natural Infection and Immunization.”

Fiftieth Meeting, held at Case Western Reserve University, Cleveland, Ohio, on April 1–2, 1977

Friday, April 1, 1977

First Scientific Session—9:00 a.m. (Warren Winkelstein, Jr. presiding):
R. Alexander, R. Harrison, J. Gale: “Neonatal Chlamydial Infections and Their Role in Respiratory Disease.”
A. Benenson: “Rotavirus Diarrhea among Australian Aboriginals in 1976.”
D. Fraser, T. Tsai, J. McDade, C. Shepard, P. Brachman: “Legionnaires’ Disease.”

(Lunch—12:30 p.m.)

Second Scientific Session—1:30 p.m. (Warren Winkelstein, Jr. presiding):
D. Sackett, R. Haynes, D. Taylor: “Studies of Compliance with Medical Regimens.”
A. Feinstein, C. Wells: “Randomized Trials vs. ‘Historical Controls’: The Scientific Plagues of Both Houses.”
S. Mostow, T. Eickhoff, H. Retailiau: “Studies with Purified Inactivated Influenza Vaccines in Hospital Employees: Reactogenicity and Absenteeism.”
V. Wyatt, S. Plotkin: “Genetic and Environmental Factors Contributing to Polio Vaccine-Associated Paralysis.”

(Dinner—6:30 p.m.)

“Ebola Virus: A Garden of Snakes.” Karl M. Johnson

Saturday, April 2, 1977

Third Scientific Session—8:30 a.m. (Dr. Abram S. Benenson presiding):
D. Detels, B. Visscher, R. Malmgren: “The Effect of Age at Migration on Susceptibility to Multiple Sclerosis.”
M. Johnson, L. Kurland, W. O’Fallon: “Epidemiology of Urolithiasis in Rochester, Minnesota over a Forty Year Period.”

Friday, April 30, 1976

(Dinner—6:30 p.m.)

Speaker: Sir Richard Doll, Regius Professor of Medicine, Oxford University

Fifty-First Meeting, held at the University of California at Davis, California, March 31 and April 1, 1978

Friday, March 31, 1978

First Scientific Session—9:00 a.m. (Nemat Borhani, moderator):
T. M. Mack, J. N. Norman, H. N. Sather: “Case-Control Study of Young Adult Hodgkin’s Disease in the Armed Forces.”
R. Hoover, J. F. Fraumeni, Jr.: “Immunoepidemiology of Cancer.”

(Lunch—12:30 p.m.)

Second Scientific Session—2:00 p.m. (Dr. Reuel A. Stallones, moderator):
G. R. Newell, R. N. Hoover: “Proposed Large Case-Control Study of Bladder Cancer and Saccharin Use.”

Saturday, April 1, 1978

Third Scientific Session—9:00 a.m. (James Chin, moderator):
E. Kilbourne: “Molecular Determinants in the Epidemiology of Influenza.”
D. M. McLean, P. N. Grass, B. D. Judd: “Bunyaviruses Throughout the Canadian Arctic.”

Fifty-Second Meeting, held at the Center for Disease Control, Atlanta, Georgia, March 30–31, 1979

Friday, March 30, 1979

First Scientific Session—9:00 a.m. (Neal Nathanson, moderator):
D. W. Fraser, L. G. Cordes, T. J. Dondero: “Heat-Rejection Systems Are Sources of Legionellosis.”
D. B. Nelson: “A Retrospective Analysis of Reye’s Syndrome.”
W. Szmurny: “Hepatitis B Vaccine Efficacy Evaluation.”
E. L. Baker, Jr., P. J. Landrigan, C. W. Heath, Jr.: “Metabolic Consequences of Population Exposure to Polychlorinated Biphenyls.”

(Lunch—12:30 p.m.)

Second Scientific Session—1:30 p.m. (Jacob Brody, moderator):
Li Ping: “Cancer Epidemiology in the People’s Republic of China.”

(Dinner—7:30 p.m.)

Speaker: William Foege (Director, Center for Disease Control)

Friday, April 11, 1980

First Scientific Session—9:00 a.m. (Philip S. Brachman, moderator):
R. S. Paffenbarger, Jr., A. Wing, R. Hyde: “Physical Activity and Fatal Heart Attack among College Alumni with Prior Attack: A Natural History.”
J. Erickson, P. Layde, C. Heath: “Is There an Epidemic of VSD in the U.S.?”
J. Gutai, L. Kuller, R. LaPorte: “Relationship Between Plasma Testosterone and Lipoproteins.”

Fifty-Third Meeting, held at the Hershey Motor Lodge, Hershey, Pennsylvania, April 10–11, 1980

Thursday, April 10, 1980

First Scientific Session—9:00 a.m. (Philip S. Brachman, moderator):

(Lunch—12:30 p.m.)

Second Scientific Session—1:30 p.m. (Ted Eickhoff, moderator):
S. Krugman: “Atypical Measles Syndrome: Unusual Hepatic, Pulmonary and Immunologic Aspects.”
B. Bisscher, V. Clark, R. Detels: “Completed Course of Disease—A Possible Substitute for Long-Term Follow-Up.”


A. Ford: “A Violent Decade.”

(Lunch—12:30 p.m.)

Fourth Scientific Session—1:15 p.m. (Lewis Kuller, moderator):
E. Kaplan, A. Gastanaduy, L. Wannamaker: “Failure of Penicillin to Eradicate Group A Streptococci in an Outbreak of Pharyngitis.”
V. Yu, F. Kroboth, L. Kuller: “Legionnaire’s Disease at the Pittsburgh VAMC: An Epidemiologic and Environmental Study.”

Fifty-Fourth Meeting, held at the Pick-Congress Hotel, Chicago, Illinois, April 9-10, 1981

Thursday, April 9, 1981

First Scientific Session—9:00 a.m. (Jacob Brody, moderator):
N. Borhani and the Hypertension Detection and Follow-up Program Cooperative Group: “Reduction in Stroke Incidence among Persons with High Blood Pressure.”

(Lunch—12:30 p.m.)

Second Scientific Session—1:30 p.m. (Manning Feinleib, moderator):
M. Osterholm, A. Dean: “A 1957 Outbreak of Legionnaires’ Disease Associated with a Meat Packing Plant.”
N. Petrakis: “Studies of Breast Fluid Secretions in the Epidemiology of Breast Cancer and Benign Breast Disease.”
M. C. King: “Applications of Genetic Epidemiology to Understanding Host Susceptibility.”

(Dinner—7:30 p.m.)

Speaker: Robert N. Butler (Director, National Institute on Aging)

Friday, April 10, 1981

Third Scientific Session—8:30 a.m. (Ted Eickhoff, moderator):
R. P. Beasley: “Prospective Estimate of Primary Hepatocellular Carcinoma in Taiwan.”
D. Reed, D. McGee, J. Cohen: “Psychosocial Factors and Risk of Coronary Heart Disease.”
W. McCormack: “Pelvic Inflammatory Disease—A Common Early Complication of Gonococcal Disease.”
J. Kelsey, L. Cunningham: “Epidemiological Aspects of Disability from Musculo-skeletal Diseases.”

Fourth Scientific Session—1:00 p.m. (George Jackson, moderator):
S. Schuman, R. Dobson: “Anilazine Rash: A Previously Unrecognized Form of Allergic Eczematous Contact Dermatitis.”
H. Foy, M. Cooney, J. Fox: “Failure of A/USSR Vaccine to Protect in an A/Brazil Epidemic.”

Fifty-Fifth Meeting, held at the Hilton Plaza Inn, Kansas City, Missouri, April 1-2, 1982

Thursday, April 1, 1982

First Scientific Session—9:00 a.m. (Manning Feinleib, moderator):
J. F. Kurtzke, K. Hyllested: “Multiple Sclerosis on the Faroe Islands: A Re-Assessment.”
R. Detels, V. Clark, B. Visscher: “Factors Associated with a Rapid Course of Multiple Sclerosis.”
C. W. Heath, Jr.: “The Spanish Toxic Syndrome.”

(Dinner—7:30 p.m.)

Speaker: Edward N. Brandt, Jr. (Assistant Secretary for Health)

Friday, April 2, 1982

Third Scientific Session—8:30 a.m. (Tom Grayston, moderator):
W. E. Woodward: “Typhoid Fever in Volunteers.”
B. Rosner, B. F. Polk: “Predictive Values of Routine Blood Pressure Measurements in Screening for Hypertension.”

(Lunch—12:30 p.m.)
D. M. Perrotta, W. P. Glezen: "Hospitalization for Acute Respiratory Disease during Influenza Epidemics."

Fifty-Sixth Meeting, held at the Arizona Health Science Center, Tucson, Arizona, March 24–25, 1983

First Scientific Session—8:30 a.m. (Tom Grayston, moderator):
E. D. Kilbourne: "Epidemiological Implications of a Point Mutation in the Hemagglutinin Gene of Swine Influenza Virus."

(Lunch—12:30 p.m.)

Second Scientific Session—1:30 p.m. (E. Russell Alexander, moderator):
D. R. Peterson: "SIDS Metabolic Markers."
W. M. Marine: "Small Area Health Statistics as an Indicator of Occupational Health Risks: The Scottish Shale Oil Industry as a Case Study."
W. Winkelstein, Jr., D. Merrill, S. L. Syme, J. Pinto: "An Approach to Understanding the Time Trend in Ischemic Heart Disease Mortality."
M. A. Austin, R. D. Bawol, G. D. Friedman, S. B. Hulley, M. C. King: "Heritability of Risk Factors for Coronary Heart Disease in Women."

Friday, March 25, 1983

Third Scientific Session—8:30 a.m. (Philip S. Brachman, moderator):
H. Blackburn, D. Jacobs: "Sources of Diet-Heart Controversy."
D. J. Bregman, A. D. Langmuir: "Re-Analysis of the Guillain-Barré Syndrome—Swine Influenza Vaccine Incident."

(Lunch—12:30 p.m.)

Fourth Scientific Session—1:30 p.m. (Leon Gordis, moderator):
N. S. Weiss: "Control Definition in Case-Control Studies of the Efficacy of Screening."
R. R. Frierichs, T. Frederick, V. A. Clark: "Mental Depression as a Determinant of Reported Physical Illnesses and Health Provider Consultants: A Prospective Community Study."

Fifty-Seventh Meeting, held at the University of Pennsylvania, Medical Campus, Philadelphia, Pennsylvania, March 22–23, 1984

Thursday, March 22, 1984

First Scientific Session—8:30 a.m. (Leon Gordis, moderator):
E. Barrett-Connor: "The Epidemiology of Diabetes Mellitus in Older Adults: The Rancho Bernardo Study."
M. H. Greene: "The Prospective Diagnosis of Malignant Melanoma in a High Risk Population."
P. M. Layde, H. M. Ory: "Reproductive History and the Risk of Breast Cancer."
P. Buffer: "Occupational and Industrial Associations with Lung Cancer in Texas Coastal Counties."

(Dinner—7:30 p.m.)

"Medicine and the Press: An Historical Overview." Lawrence K. Altman

Friday, March 23, 1984

Third Scientific Session—8:30 a.m. (Paul D. Stolley, moderator):
V. M. Hawthorne, B. K. Chesney, B. M. Brock, M. A. Schork: "Blood Pressure Change Between Physical Examinations."
D. Rush: "Experiment and Evaluation: Different Motives, Different Goals, Different Strategies; The Prenatal Project and the National WIC Evaluation."
C. J. R. Hogue: "Modeling Incidence of Teenage Births as a Secondary Attack Rate."
Fourth Scientific Session—1:30 p.m. (Philip S. Brachman, moderator):


A. S. Evans, N. Gutensohn: “A Population-Based Case-Control Study of Viral Antibodies in Patients with Hodgkin’s Disease and Their Siblings.”


J. Kraus, H. Morgenstern: "Socioeconomic Status and Sudden Infant Death Syndrome: Confounder, Effect Modifier, or Intermediate Variable."

E. S. Hurwitz, M. J. Barrett, L. B. Schonberger: "Reye Syndrome and Aspirin: The Epidemiologic Evidence."


((Lunch—12:30 p.m.))

Fourth Scientific Session:

R. Neutra, K. Hooper, I. Hertz, G. Shaw, D. Smith, N. Gravitz: "What an Epidemiologist Can't See: Should We Do Anything About It?"

J. O. Taylor, P. R. Hebert, C. H. Hennekens: "An Overview of Trials of Pharmacologic Therapy of Mild Hypertension."


Sixtieth Meeting, held at the Medical University of South Carolina, College of Medicine, Charleston, South Carolina, March 17–18, 1987

Tuesday, March 17, 1987

First Scientific Session—8:30 a.m. (Philip S. Brachman, moderator):


J. Connett, M. Kjelsberg, L. Kuller: "A Prospective Study of the Relationship Between Serum Beta Carotene, Vitamin A, E, Selenium, and Lung Cancer."

B. Klein, R. Klein: "Retinopathy in the Pregnant Diabetic Patient."

J. C. Kleinman, S. S. Kessel: "Black and White Differences in Low Birth Weight Trends and Risk Factors."


C. V. Broome (Brazilian Purpuric Study Group): "Epidemic Purpura Fulminans in Brazil."

(Lunch—1:00 p.m.)

Second Scientific Session—2:10 p.m. (E. Russell Alexander, moderator):

R. Chanock: "Respiratory Syncytial Virus: What We Have Learned in the Past 30 Years."

J. T. Grastyon, S. P. Wang, C. C. Kuo: "The Epidemiology of TWAR, a Newly Recognized Chlamydia Organism That Causes Pneumonia and Other Acute Respiratory Disease (ARD)."


(Dinner—7:30 p.m.)

"Paul Dudley White: His Life and Contributions to Cardiovascular Epidemiology." Oglesby Paul

Wednesday, March 18, 1987

Third Scientific Session—8:30 a.m. (Stanley Schuman, moderator):

M. T. Osterholm, K. L. MacDonald: "The Surveillance of Clinical Viral Hepatitis Type B and Primary, Secondary, and Early Latent Syphilis in Homosexual and Bisexual Men in Minnesota: Implications for Human Immunodeficiency Virus (HIV) Transmission."


C. Cobb, R. W. Clapp, C. K. Chan: "Leukemia in Five Massachusetts Coastal Towns."

R. Sherwin: "Sudden Death, Myocardial Damage and Diuretics."

((Lunch—12:30 p.m.))

Fourth Scientific Session—1:30 p.m. (Ralph S. Paffenbarger, Jr., moderator):


W. B. Kannel, D. L. McGee: "Framingham Experience with Cardiovascular Risk Profiles."

Sixty-First Meeting, held at the University of California, San Diego, School of Medicine, La Jolla, California, March 14–15, 1988

Monday, March 14, 1988

First Scientific Session—8:30 a.m. (Ralph S. Paffenbarger, Jr., moderator):

C. H. Hennekens: "Randomized Trial of Aspirin and Cardiovascular Disease in Healthy Men."

D. Reed: "A Paradox of Coronary Heart Disease and Stroke."

L. Rosenberg: "Does Coffee Drinking Increase the Risk of Myocardial Infarction, or Does It Not?"

M. Garraway: "Patterns of Disease in Scotland."

R. E. LaPorte, L. H. Kuller: "Geographic Variation in Insulin-Dependent Diabetes Mellitus."

D. R. Labarthe: "Blood Pressure and Lipids as Growth Phenomena."

(Lunch—1:00 p.m.)

Second Scientific Session—2:00 p.m. (Philip S. Brachman, moderator):

M. Feinleib: "Mortality Surveillance Systems."


C. E. Stevens, P. E. Taylor, P. Rubinstein: "HIV-1 in a Cohort of Homosexual Men in New York City: Risk Factors for Infection and Progression to AIDS."


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"Age, Sex, and Epidemiology." Elizabeth Barrett-Connor

Tuesday, March 15, 1988

Third Scientific Session—8:30 a.m. (Ralph S. Paffenbarger, Jr., moderator):
M. Henderson, D. Thompson, L. Kushi, F. Kakar: “Successful Compliance with Long-Term Dietary Fat Intervention.”
D. Liddell: “Can Information be Merged? A Question Raised When Associating Asbestos with Cancer.”
M. D. Lebowitz, A. E. Camilli: “Multiple Cause Coding of Mortality and Validation in Chronic Lung Diseases.”
M. Osterholm: “Lack of Protective Efficacy Associated with Haemophilus influenzae type b—Polysaccharide Vaccination in Minnesota Children.”

(Lunch—1:00 p.m.)

Fourth Scientific Session—2:00 p.m. (Edward A. Mortimer, moderator):
W. Carman, V. Hawthorne: “Osteoarthritis and Obesity.”

Sixty-Second Meeting, held at the University of South Florida, College of Public Health on March 16–17, 1989

Thursday, March 16, 1989

First Scientific Session—8:30 a.m. (Edward A. Mortimer, Jr., moderator):
W. Cates: “Chlamydia, Gonorrhea, and Tubal Infertility: Casual or Causal?”
D. J. Pettitt, P. H. Bennett, W. C. Knowler: “Diabetes in the Offspring of Diabetic Pima Indian Women.”

(Lunch—1:00 p.m.)

Second Scientific Session—2:00 p.m. (Ralph S. Paffenbarger, Jr., moderator):
L. A. Brinton, W. C. Reeves: “Case-Control Study of Invasive Cervical Cancer in Four Latin American Countries.”
D. R. Peterson: “Epidemiology and the Sudden Infant Death Syndrome: Etiological Implications of the First Twenty-five Years of Research.” (Third Annual Harry A. Feldman Lecture)
W. Willett, F. Speizer: “A Prospective Study of Diet and Colon Cancer in Women.”

(Dinner—8:00 p.m.)


Friday, March 17, 1989

Third Scientific Session—8:30 a.m. (Philip S. Brachman, moderator):
R. I. Horwitz, C. M. Viscoli, J. D. Clemens, R. T. Sadock: “Development of Refined Observational Cohort Method that Replicates the Results of a Randomized Clinical Trial.”
S. B. Hulley: “Excess Risk is More Useful than Relative Risk as a Statistic on Which to Base Clinical Policy.”
D. Reed, K. Yano: “Comparison of a Cohort Versus Nested Case-Control Analysis of the Predictors of Arteriographically Defined Coronary Atherosclerosis.”
S. N. Blair, H. W. Kohl, R. S. Paffenbarger, Jr.: “The Influence of Physical Fitness on Cause-specific and All-cause Mortality.”

(Lunch—1:00 p.m.)

Fourth Scientific Session—2:00 p.m. (Lewis H. Kuller, moderator):

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Sixty-Third Meeting, held at the Johns Hopkins University, School of Hygiene and Public Health on March 22–23, 1990

Thursday, March 22, 1990

First Scientific Session—8:30 a.m. (Lewis H. Kuller, moderator):
H. K. Armenian, E. K. Noji, A. P. Oganesian: “Case-Control Study of Injuries Due to the Earthquake in Armenia.”
A. Schuchat, C. V. Broome, A. W. Hightower, S. Costa, W. Parkin, R. Berkelman: “Use of Pneumococcal Disease Surveillance to Estimate the HIV-Infected Population.”

(Lunch—1:00 p.m.)

Second Scientific Session—2:00 p.m. (Edward A. Mortimer, Jr., moderator):
D. Vlahov, K. E. Nelson: “Association of Drug Injection Patterns with Antibody to Human Immunodeficiency Virus, Type 1 (HIV-1) among Intravenous Drug Users in Baltimore.”
A. Langmuir: Fourth Annual Harry A. Feldman Lecture—“Contact and Airborne Infection Revisited: A New Classification of Infectious Diseases Based on Portal of Entry.”

(Dinner—8:00 p.m.)

“Early Epidemiology at Johns Hopkins: Historical Observations.” Elizabeth Fee

Third Scientific Session—8:30 a.m. (Maureen Henderson, moderator):
N. O. Borhani (TOHP Research Group): “Trials of Hypertension Prevention (TOHP): Preliminary Results from Phase I.”
J. W. Frank, D. M. Reed: “Will Lowering Mean Population Levels of Serum Cholesterol Affect Total Mortality: Evidence From the Honolulu Heart Program.”
T. J. Orchard: “The Epidemiology of Complications of Insulin Dependent Diabetes Mellitus (IDDM).”

Sixty-Fourth Meeting, held at the University of Washington, School of Public Health and Community Medicine on March 21–22, 1991

Thursday, March 21, 1991

First Scientific Session—8:30 a.m. (Maureen Henderson, moderator):
T. L. Bush: “The Long Term Effect of Estrogen Therapy on Death from Cardiovascular Diseases: Results from the Lipid Research Clinics (LRC) Follow-Up Study.”
L. Kuller, J. Eitchner, T. Orchard, J. Neaton: “The Relationship Between Serum Albumin Levels and Risk of Coronary Heart Disease in the Multiple Risk Factor Intervention Trial.”
D. R. Labarde, B. L. Rodriguez: “Population Differences in the Rise of Blood Pressure with Age: New Insights Based on Data from the INTERSALT Study.”
J. Parsonnet, G. D. Friedman, Y. Chang, D. Vandersteen, J. Gates, J. Vogelman, N. Orentreich: “Relation of Helicobacter pylori Infection to the Risk of Gastric Cancer: A Nested Case-Control Study.”
J. V. Selby, G. D. Friedman, C. P. Quesenberry, Jr., N. S. Weiss: “Efficacy of Sigmoidoscopy in Asymptomatic Persons: A Case-Control Study.”

(Lunch—1:00 p.m.)

Second Scientific Session—2:00 p.m. (Harold B. Houser, moderator):
J. T. Grayston: Fifth Annual Harry A. Feldman Lecture—“The Epidemiology of Chlamydia Pneumonia, Strain TWAR Infection.”
W. J. Rogan: “Follow-up Studies of Children with In Utero PCB Poisoning in Taiwan.”

Third Scientific Session—8:30 a.m. (Philip S. Brachman, moderator):


(Lunch—1:00 p.m.)

Fourth Scientific Session—2:00 p.m. (Lewis Kuller, moderator):

J. Ramlow, R. LaPorte, L. Kuller: “The Epidemiology of the Late Effects of Poliomyelitis.”


J. Kurtzke, K. Hyllested, A. Helberg: “A New Epidemic of Multiple Sclerosis on the Faroe Islands.”


Sixty-Fifth Meeting, held at the University of Michigan, School of Public Health on March 26–27, 1992

First Scientific Session—8:30 a.m. (Harold B. Houser, moderator):

N. A. Halsey, E. Holt, G. Siberry, L. Moulton, J. Job, R. Boulos: “Increased Mortality in Female Children Following High Titer Measles Vaccines.”

E. L. Kaplan, D. R. Johnson: “The Dynamic Epidemiology of Group A Streptococcal Serotypes.”


(Lunch—8:00 p.m.)

Second Scientific Session—2:00 p.m. (Michael B. Gregg, moderator):

R. Austrian: Sixth Annual Harry A. Feldman Lecture—“Rambles with the Pneumococcus.”

M. Susser: “The Logic in Ecological Studies.”


P. A. Garrett, B. S. Hulka, R. Farber: “Racial Differences in the Association of Rare Ha-ras Polymorphisms and Breast Cancer.”

(Dinner—8:00 p.m.)

“Good As Better Than Best.” Victor M. Hawthorne

Friday, March 27, 1992

Third Scientific Session—8:30 a.m. (Philip S. Brachman, moderator):


W. C. Knowler, D. J. Pettitt, M. A. Charles, Q. Z. Liu, R. L. Hanson, R. C. Williams, C. Bogardus, P. H. Bennett: “From Epidemiology to Genetics: Diabetes Mellitus in the Pima Indians.”

L. F. Berkman, R. I. Horowitz: “The Role of Social Support and Coronary Heart Disease Mortality.”


M. Garraway: “Impact of Benign Prostatic Hyperplasia on Quality of Life.”


(Lunch—1:00 p.m.)

Fourth Scientific Session—2:00 p.m. (Arnold Monto, moderator):

S. C. Schoenbaum: “Is there a Role for Epidemiologists in Quality-of-Care Measurement?”


(Lunch—8:00 p.m.)

Third Scientific Session—8:30 a.m. (Nemat Borhani, moderator):


(Lunch—1:00 p.m.)

Fourth Scientific Session—2:00 p.m. (Arthur Reingold, moderator):


J. R. Daling: “Risk of Breast Cancer Associated with Induced Abortion.”


Sixty-Eighth Meeting, held at the University of South Florida, College of Public Health on March 23–24, 1995

Thursday, March 23, 1995

First Scientific Session—8:30 a.m. (Nemat Borhani, moderator):

M. M. Levine, R. Lagos: “Large-Scale Post-Licensure Effectiveness Trial of Haemophilus influenzae type b Capsular Polysaccharide-Tetanus Toxin Conjugate Vaccine (PRP-T) in Chilean Infants.”


J. D. Cherry, E. A. Mortimer, Jr.: “The Epidemiology of Bordetella Pertussis.”

A. Z. Kapikian, Y. Hoshino, R. M. Chanock, I. Perez-Schael: “Development of Rotavirus Vaccine for Prevention of Severe Rotavirus Diarrhea in Infants and Young Children.”

(Lunch—8:00 p.m.)

“From British Civil Servants to San Francisco Bus Drivers: Why Epidemiologists Need a New Approach.” S. Leonard Syme

Friday, April 1, 1994

Second Scientific Session—2:00 p.m. (Michael T. Osterholm, moderator):


D. R. Jacobs, Jr., S. Sidney, K. Feingold, C. Iribarren: “Inverse Association Between Blood Total Cholesterol and HIV Infection, AIDS and AIDS Death: Cause, or Effect?”

J. D. Neaton, D. N. Wentworth, L. H. Kuller: “Relationship of Serum Cholesterol and Blood Pressure with Risk of Death from AIDS.”

H. M. Foy: “HIV/AIDS in Sweden; Epidemiology and Control: Have They Contained the Epidemic?”

(Lunch—1:00 p.m.)

“John Snow and the Official Public Health Response to the London Cholera Epidemic of 1854.” Nigel Paneth

Friday, March 24, 1995

Third Scientific Session—8:30 a.m. (Paul D. Stolley, moderator):


I. M. Lee, R. S. Paffenbarger, Jr.: “The Association of Vigorous and Non-Vigorous Physical Activity with Mortality in Men.”


G. P. Oakley, Jr.: “Adequate Folic Acid Fortification—Prevention Opportunity of the Decade.”

(Lunch—1:00 p.m.)

Fourth Scientific Session—2:00 p.m. (Paul E. Leaverton, moderator):

L. Kuller, R. Tracy, J. Shaten, E. Meilahn: “C-reactive Protein and Risk of CHD Death.”


Sixty-Ninth Meeting, held at Emory University, Rollins School of Public Health, on March 21-22, 1996

Thursday, March 21, 1996

First Scientific Session—8:30 a.m. (Paul D. Stolley, moderator):
J. D. Wenger, B. A. Perkins, G. M. Carlone, J. C. Butler, C. V. Broome: “Laboratory Correlates for Protective Efficacy: How Can They Be Identified and Validated?”
T. W. Hennessy, C. W. Hedberg, L. Slutsker, M. T. Osterholm: “A Multistate Outbreak of Salmonella enteritidis Infections Associated with Consumption of Schwan’s Ice Cream.”
L. Kuller, R. Evans, J. Shaten: “Are High Blood Homocysteine Levels a Risk Factor for Incident Coronary Heart Disease?”

(Lunch—1:00 p.m.)

Second Scientific Session—2:00 p.m. (Michael T. Osterholm, moderator):
R. S. Paffenbarger, Jr.: Eleventh Annual Harry A. Feldman Lecture—“Physical Activity and Physical Fitness for Health and Longevity.”

(Dinner—8:00 p.m.)

Scott F. Wetterhall

Friday, March 22, 1996

Third Scientific Session—8:30 a.m. (Albert Z. Kapikian, moderator):
W. Winkelstein, Jr.: “Janet Elizabeth Lane-Claypon: Pioneer Epidemiologist and Protagonist for Women’s and Children’s Health.”
S. H. Zahm, A. Blair: “Epidemiologic Research on Cancer among Migrant Farmworkers.”

(Lunch—1:00 p.m.)

Fourth Scientific Session—2:00 p.m. (Philip S. Brachman, moderator):
M. Lebowitz, P. Paoletti: “Partitioning Interrelated and Dependent Factors that Predict Lung Function Decline and Outcome.”
E. A. Mortimer, Jr., C. Carroll-Pankhurst: “SIDS-like Deaths and Mother-Infant Costleeping.”