

Letter from . . . Chicago

Farewell Atlantic City

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Medical meetings and conventions have long been an established feature of the American scene and a popular medium for the dissemination of knowledge or dissipation of ennui; and they provide imaginative surgical societies with welcome opportunities to escape to Las Vegas, Palm Springs, Miami Beach, or Puerto Rico. Hospital-based internists, however, are for the most part less adventurous, or perhaps less affluent, and all too often congregate in drab northern industrial cities or in ancient hotels along Connecticut Avenue in Washington in predictably bad weather. But meetings of a different kind cater for wealthy practitioners; and they take the form of a skiing holiday at Aspen, a pleasure cruise in the Caribbean, a seminar in the Aegean, or an excursion to the Galapagos Islands, with a daily lecture from a panel of experts—sunny, relaxing, educational, tax deductible, but increasingly viewed with suspicion by the Internal Revenue Service. And finally, less enjoyable but undoubtedly more efficient, is the brief scientific business meeting made possible by modern air travel when participants fly in after breakfast, meet in the conference room of an airport hotel, and fly home in time for dinner without ever having to fight the traffic or brave the dangers of the inner city.

There is usually before a convention an air of excitement and anticipation, the prospect of spending a few days away from the daily routine, of seeing old friends who have moved to Arizona, and of relaxing from the telephone and emergency calls. Being on the programme poses different problems: the need to analyse the data (if this was not done before submitting the abstract), the preparation of the text and slides, the rehearsal, the hassle of finding money for the trip, and the irritation of having to complete lengthy forms detailing in advance one's estimated expenses.

Getting to a meeting, one finds at the airport that security precautions are elaborate and effective; and they include a total body scan, an occasional physical examination, and a radiological survey that makes one's luggage look like the scattered bones of prehistoric animals. Passengers may relax on the plane with the comforting thought that the designs of the local chapter of the latest terrorist liberation front have been thwarted, that a side-trip to Entebbe is unlikely, and that flying in the air is safer than walking in the streets of Chicago or New York. The price of a Bloody Mary has gone up to \$1.50, but soft drinks are free, as are magazines and newspapers, and you may pass the time enjoying our sensation-hungry press and choose between the latest Medicaid fraud, yet another Congressional sex scandal, or perhaps the most recent baby selling adoption racket.

"Deplaning"

But soon the smiling air hostess announces it is time to "deplane." You ride to the hotel in the traditional black limousine, and you may spend the evening in a hospitality lounge by courtesy of the pharmaceutical industry or in a French restaurant with your medical supplier—who picks up the tab and who predicts that the new Medical Devices law will be interpreted so strictly as to make heart valves and pacemakers wish they were drugs. The next morning you may have a mild form of the cephalogastric syndrome but you bravely stagger to the convention hall. There you find booths marked A to K and L to Z open for those too indolent to have registered in advance. You get a badge, a programme, a book of abstracts; you may buy tickets for dinners, receptions, banquets, working luncheons; and you may increase your collection of plastic briefcases, again by courtesy of a drug house.

The entire spectrum of the medical hierarchy is present at the meeting; from the wide-eyed residents about to begin their struggle for the grudging recognition of their peers; to the many who "must be content to remain at the foot of the mountain"; and to the few who having "climbed the summit aspire to descend or expect to fall." The permanent travelling professor, genus *Wandervogel*, stands surrounded by a retinue of "his young men," fellows in training past, present, or future; the now middle-aged investigator, still assistant professor, complains how slowly "they" promote at his university; and the prosperous but aging general practitioner with his young new wife explains how he spent six months after graduation in the dog lab, how he has installed a new computerised history-taking system in his office, and how he orders a battery of 18 tests plus proctoscopy and triglycerides on all his patients, on those with pain in the chest, and on those with pain in the throat.

As for the scientific programme, the standard format of a 10-15 minute slide show followed by questions and answers still prevails; but there are also plenary sessions, state of the art lectures, panels, symposia, and workshops, as well as tapes, films, and exhibits. You may with advantage sink into a comfortable armchair and enjoy a short film on how to examine the back or use a fiberoptic bronchoscope; or attend the poster sessions, when investigators present their work in the form of graphs or illustrations and stand ready to answer questions or discuss their findings; or you may test your knowledge in self-assessment programmes such as the National Antibiotic Therapy Test—the results of which disclosed that only 48% of 4513 doctors knew how to treat primary syphilis in a patient allergic to penicillin.

Fading splendour

And now on to Atlantic City, where the prestigious research societies have met in May since the turn of the century. Here signs of welcome greet not only the doctors, but also the Bird Watchers, the National Square Dance Association, the American

Gold Star Mothers, the Water Pollution Association, the Knitting Arts, the Fellowship of Prayer, the Seashore Bridge Club, the Young Republicans, the Beer Distillers Association, the Women-Focus of the Future, and the Grand Court of Amaranth of New Jersey. And here, amid the fading splendour of Atlantic City, scientists crowd the famous boardwalk in search of a few rays of sunshine, while in the evening over food and wine they lament the decline of government support for science and the passing of an era when even medical students could obtain sizeable research grants.

Three major medical societies meet here: the Old Turks (the Association of American Physicians); the Young Turks (the American Society for Clinical Investigation); and the youngest of all, the American Federation for Clinical Research—founded in 1940 by Henry Christian to encourage young investigators in the various fields of biomedical research. And it is at these meetings that the best research papers are presented, often by young investigators making their debut in front of their critical elder peers. It is also here on the boardwalk or in hotel rooms at night that traditionally took place the searches, interviews, negotiations, and transfers from one team to another that characterised the scientific community of the 'fifties and 'sixties. In addition, Atlantic City affords an opportunity for relaxation and fresh air; for shrimps, clams, crabs and lobsters; for fudge and saltwater taffy; for auctions, souvenirs, phrenology and soothsayers; and also for a visit to the local version of Madame Tussaud's.

This year the almost 4000 people who attended the spring meetings were afforded a glimpse into the incredible explosion of knowledge of our times. They heard of new viruses, enzymes, immune complexes, T cells, and platelet-released substances that stimulate myocardial contractility. They listened to papers about sodium transport in the thin loop of Henle; they learned about advances in hormones and adrenergic receptors; and they took a new look at the metabolism of the arterial wall, at thyroid stimulators, at prostaglandins, gene transcription, leucotaxis, peptide inhibitors, and somatostatin. Or they could attend a health-care session to hear facts long known or suspected: some half of chest pains are undiagnosable; most iron-deficiency anemias can be diagnosed from the indices alone; periodic physical examinations of healthy people are probably a waste of time; women still have a rough time in academic medicine; computerised axial tomography inflates health costs and baffles health planners; and proposed health manpower laws are a threat to the traditional ways of universities and medical schools.

But enough of the scientific sessions. For in Atlantic City, as indeed at other large meetings, simultaneous sessions encourage the rationalisation that if one is to miss most of the sessions one might as well miss them all and take off to the park or museum. A further decline in scientific curiosity occurs after the first day,

exacerbated in part by chronic overexposure to lantern slides in a dark room. Some people, however, deteriorate to the point where even black coffee fails to relieve the symptoms induced by lack of sleep, a chronic hangover, and repeated episodes of gastronomical self-abuse. But the meaningful exchanges take place over coffee, cocktails, or foreign food. You hear that the field is closed in Boston but wide open in the West; the new chairman at Elsewhere is an aggressive little man with a big inferiority complex; X is being fired, eased out, or kicked upstairs; Y has lost his grants and cannot attract quality fellows; and Z has no money, no laboratory space, and no ideas. So you end the evening with fewer travellers' cheques, but with the consolation that at least the grass is not necessarily greener elsewhere.

The human comedy

The next day when you return to the convention hall the entire human comedy unfolds before your eyes. You see relaxed people enjoying themselves, and preoccupied people rushing around in a frenzied movement—from session to session, from building to building, some recruiting, some looking for jobs, and others so busily on the move that as they shake one man's hand they are already looking over his shoulder to see who is coming next. And there are reunions and clubs and parties, and at night there is a banquet—sometimes a sophisticated event and a memorable occasion, but often a boring function with boring after-dinner speakers and a menu predictable right down to the antipasto and the same mediocre wine. But at last the party must come to an end, and in fact the anticlimax comes earlier, on the last day of the sessions after lunch, with the familiar spectacle of rows of neatly arranged luggage in the lobby, the line at the check-out counter of men gravely holding on to their cheque books, and the great wandering professor himself hurrying to catch the 2.15 plane. Pity the poor investigator who must present the work of many years on the last day of the meeting to an empty amphitheatre before a selected audience of faithful co-workers, relatives, and friends.

Still, there will be other opportunities, and other conventions, and even the spring meetings will continue, but not in Atlantic City—at least not for some time. This year marks the end of an era, the end of the regular Atlantic City meetings. In 1977, for the first time, the spring meetings will be held in Washington, then in San Francisco, and not until 1981 will they return to their original home in New Jersey. It will never be the same, said many investigators for whom "Atlantic City" has been a cherished tradition and a way of life; and indeed it does seem that the change in venue reflects the changing times, and that an era has come to a close.

How does one differentiate clinically between a case of pneumonia with delirium (also restlessness, insomnia, and irritability) and a case of mania brought on by an attack of pneumonia?

Restlessness, insomnia, and irritability are not pathognomonic of delirium. Delirium should be suspected when there is a short time interval between the onset of the infection and the first signs of psychiatric disturbance. When dealing with a primary manic disturbance an interval of weeks rather than days is more likely between the onset of the infection and the appearance of a psychiatric disturbance. An assessment of thought processes, mood, and the state of consciousness will also help. When delirium is present one should be able to detect clouding of consciousness, and the emotional state is much more likely to be one of anxiety when the sensorium is clear. Mania is more likely to be present when "clang associations" and flight of ideas can be detected so that phrases are connected by their sounds rather than their meaning. Overall, in mania the mood is predominantly one

of elation, but when the drive behind the motor processes is intense irritability and frank aggression may occur. Pneumonia may complicate any severe manic illness, and most of all in so-called delirious mania (Bell's mania), and then the differentiation between the two states seems to break down completely.

What treatment is recommended for alopecia areata?

Treatment is not required as most patches regrow totally, usually in six months or so, though occasionally the hair may be lighter or grey. Until regrowth occurs the patch may often be disguised by discreet arrangement of the hair but if the patch is large, prominent, or not regrowing intralesional corticosteroid by injection or air jet is worth using to start earlier hair growth; the atrophy which this usually produces is covered by the hair. Fortunately progression to total alopecia is uncommon because regrowth is then rare.