Rejected applications

An early American Academy of Neurology struggles to define its membership

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ABSTRACT

Objective: To review membership application materials (especially rejected applications) to the American Academy of Neurology (AAN) during its formative years (1947–1953).

Methods: Detailed study of materials in the AAN Historical Collection.

Results: The author identified 73 rejected applications. Rejected applicants (71 male, 2 female) lived in 25 states. The largest number was for the Associate membership category (49). These were individuals “in related fields who have made and are making contributions to the field of neurology.” By contrast, few applicants to Active membership or Fellowship status were rejected. The largest numbers of rejectees were neuropsychiatrists (19), neurosurgeons (16), and psychiatrists (14).

Conclusion: The AAN, established in the late 1940s, was a small and politically vulnerable organization. A defining feature of the fledgling society was its inclusiveness; its membership was less restrictive than that of the older American Neurological Association. At the same time, the society needed to preserve its core as a neurologic society rather than one of psychiatry or neurosurgery. Hence, the balance between inclusiveness and exclusive identity was a difficult one to maintain. The Associate membership category, more than any other, was at the heart of this issue of self-definition. Associate members were largely practitioners of psychiatry or neurosurgery. Their membership was a source of consternation and was to be carefully been held in check during these critical formative years. *Neurology*® 2014;83:359–363

GLOSSARY

AAN = American Academy of Neurology; **ANA** = American Neurological Association.

“Dear Dr. Abbott: This is to inform you that the Officers and Board of Trustees of the American Academy of Neurology have rejected your application for Associate membership in the academy.”¹

This notification letter, dated January 16, 1950, was sent by Dr. Clark Millikan, Chairman of the American Academy of Neurology (AAN) Membership Committee, to Dr. Walter Abbott.¹ Abbott, a board-certified neurosurgeon who had trained at Mayo Clinic, already had 52 publications on a variety of neurologic topics including peripheral nerve injuries, epilepsy, brain tumors, intractable pain, low back pain, and vertigo.² Given these achievements, one wonders why Abbott’s application was rejected.

The AAN, established just after the Second World War, was a small and politically vulnerable organization, arising in the shadow of the more established American Neurological Association (ANA).³ A defining feature of the fledgling society was its inclusiveness; thus, its membership was less restrictive than that of the ANA.³ At the same time, the society needed to preserve its core as a neurologic society rather than one of psychiatry or neurosurgery. Indeed, the balance between inclusiveness and exclusive identity was a difficult one to maintain.

The aim of this article is to review the AAN membership categories, membership application process, and membership applications during its formative years. I focus especially on those applicants who were rejected, as these are particularly informative about issues of societal boundaries and identity. The topic serves as a historical window into the early-to-middle 20th century,

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a period that witnessed our specialty's formation and active struggles with issues of self-definition.³

METHODS I conducted a detailed study of the AAN Historical Collection (St. Paul, MN). This 270-linear-foot indexed collection includes correspondence, memos, Executive Board records, membership data, financial records, newsletters, publicity files, and other materials from 1947 to 2008. I carefully selected and reviewed 19 boxes of materials that were relevant to the research focus (i.e., the formative years of the AAN, 1947–1953). I examined all content available related to membership applications during this period. Within those materials were files containing rejected applications; by contrast, accepted applications were not preserved in the collection.

RESULTS Inclusivity of the AAN. While the ANA had enjoyed a niche membership of primarily older and established members of the neurologic and related communities,^{3,4} the AAN, from its outset, attempted to be more inclusive; indeed, the specific inclusion of young members was one of the organization's central themes.^{3,4} The organization's Certificate of Incorporation (February 17, 1948) proposed that "junior members" be one of the 4 main categories of membership, with the requirements for that category being somewhat relaxed.^{3,4}

AAN membership categories. The initial "THE AMERICAN ACADEMY OF NEUROLOGY Certificate of Incorporation" (February 17, 1948) specified the creation of 4 classes of members: Fellowship Members, Active Members, Junior Members, and Associate Members. "*Fellowship members* [my italics] can be elected only from among persons (a) who have been certified by the American Board of Psychiatry and Neurology in Neurology, (b) whose chief interest is directed toward the field of organic neurology, or whose clinical practice is limited chiefly to neurology... *Active members* [my italics] shall consist of any physician who has been certified by the American Board of Psychiatry and Neurology in Neurology... *Junior members* [my italics] can be elected only from among persons who (a) have graduated from a Class A Medical School, (b) are engaged in postgraduate studies directed toward their qualification for the American Board of Psychiatry and Neurology in Neurology."⁵ Associate membership was available only to "men in related fields who have made and are making contributions to the field of neurology. The most commonly acceptable contribution is evidence of scientific articles in the field of clinical neurology or closely related to it."^{5,6} Applicants for Junior and Associate memberships were also required to furnish the names of 3 members of the AAN as sponsors.⁷

In subsequent years, both the number of categories and the meaning of categories continued to be an issue for further reflection and modification. That the number of classes of membership was insufficient

was evident as early as 1949 and, at the AAN meeting in French Lick Springs, Indiana, it was decided to add 2 new categories of members: Corresponding and Honorary.⁸

The early AAN membership application. The AAN application form was a booklet, which began with 2 pages for details pertaining to educational and training history, years of practice and type of practice, and board certifications or publications (figure). It included an item, "Specialties," for which the applicant could endorse one of the choices (Neurology, Neurology & Psychiatry, Psychiatry, Neurosurgery, Other [specify]). Applicants also had to sign a one-page, 365-word Academy Pledge that promised that they would "live in strict accordance with all its [AAN's] ideals, rules and regulations."¹ The precise number of applications in the early years of the AAN is unclear, but by the summer of 1949, there were already over 500.⁹

Approve or reject? The decision-making process. The AAN Secretary received the applications and then forwarded them to the Membership Committee for approval or rejection. Some applications (especially those for Associate membership) went through an additional step, having to be presented to the Board of Trustees for scrutiny and approval or denial.^{1,10} The processing of applications was generally slow and at times inconsistent. For example, an application submitted in December 1950 was not sent a rejection letter until January 1953; such examples are common.¹¹ This slow processing was a source of consternation for the AAN leadership. Indeed, in 1951, Dr. Pearce Bailey, then the president of the AAN, queried the Chairman of the Membership Committee, Dr. Millikan, as to why the processing was taking so long.⁹

While in part this was a by-product of the large number of applications being received, it was also due to the cumbersome nature of the review process, which involved (1) an initial letter from the applicant requesting the proper application form; (2) the forwarding of completed applications from the office of the AAN Secretary (Minneapolis) to the Chairman of the Membership Committee (Rochester, Minnesota); (3) the slowness by Millikan in terms of processing applications (e.g., receipt of an application in January 1951, with first request to applicant for supplementary information 9–10 months later, in October 1951)¹¹; and (4) the need for review by multiple members of the Academy in different cities. At times, the process was discombobulated; one applicant, a neurosurgeon from California, applied first for Active membership, was told by Millikan to reapply for Associate membership, applied as such, and was then rejected; the process took nearly 1.5 years.¹² The review process itself was

Figure Example of the first page of an early membership application to the American Academy of Neurology

American Academy of Neurology

APPLICATION FOR MEMBERSHIP

To the Secretary:

In making application for membership in the American Academy of Neurology I submit the following information as to professional activities and standing:

1. Name _____
(Write plainly)
2. Address _____
Street City State
3. Place and date of birth _____
4. Type of membership.
Fellowship _____ Active _____ Junior _____ Associate _____
5. Attendance at college of liberal arts:
(a) College _____ Years attended _____ Dates _____
(b) If graduated, state degree _____ Year _____
6. Attendance at medical school:
(a) School _____ Years attended _____ Dates _____
(b) If graduated, state degree _____ Year _____
7. Postgraduate work:
(a) School _____ Major subject _____ Dates _____
(b) State degree (if any) _____ Year _____
8. Postgraduate training other than those listed above:

In the early years, the American Academy of Neurology application form was a booklet, which began with details pertaining to educational and training history, years of practice, and type of practice as well as board certifications or publications.

changing as well. For example, by 1952, for the Associate membership category, the AAN decided that it was “only accepting members...by invitation of the Board of Trustees.”¹³

Who were the rejectees? Additional data. Seventy-three rejected applications were identified (table). Rejected applicants were largely male (71 male, 2 female [one a psychiatrist and one a PhD]), and they lived broadly in all regions of the United States in 25 states. Their age ranged from 26 to 67 years (mean 38.0 ± 8.7 years), with junior members being the youngest (mean 32.9 ± 4.7 years, range 26–44 years).

The largest number or rejectees ($n = 49$) was for the Associate membership category. By contrast, few applicants to Active membership or Fellowship status were rejected. The precise number of applications during this time period is unknown; however, the ratio of membership as of April 15, 1952, to rejected

applications (1947–1953) was 13:1, with the smallest ratio (only 2:1) for Associate Members (table). Thus, while approximately half of the Associate membership applications were rejected, only 0.8% of Active membership applications were rejected (table).

Interestingly, the largest number of rejectees were neuropsychiatrists ($n = 19$), neurosurgeons ($n = 16$), and psychiatrists ($n = 14$). Although the accepted applications from that time period were not archived, the accepted applicants to Associate membership were almost exclusively made up of the same 3 groups of physicians.

DISCUSSION Soon after its establishment, the AAN confronted the issue of dealing with doctors in other disciplines. In doing so, the Academy treaded the fine line between maintaining control of its core vs becoming irrelevant and isolationist. Dealings with the Associate membership category, more than any other, were at the heart of the self-definition of neurology.

Associate members were largely “practitioners of psychiatry or neurosurgery who wish to establish an identity with clinical neurology for practical reasons.”¹⁴ In April 1952, there were 107 Associate members out of a total membership of 948; thus, associates represented slightly more than 10%, compared with 40.3% (Active), 23.8% (Junior), and 23.7% (Fellow).^{14,15} It is apparent that their membership had to have been held carefully in check.

Much has been written about the struggles between neurology and other medical professions (e.g., psychiatry),^{16,17} and the rise of medical specialties.^{18,19} Even the establishment and naming of the American Board of Psychiatry and Neurology, in 1934, had given precedence to psychiatry (i.e., the P preceded the N in the abbreviation), in what was labeled by the neurologists as a form of “alphabetic idiocy.”^{3,20} At the time, this was seen as a “startling reversal of roles, the senior and previously more powerful field of neurology now played second fiddle to its upstart cousin”—psychiatry.^{3,21} Some members of the neurologic community had even begun to speak of the disappearance of neurology, as the sphere of their activity shrunk at the hands of neurosurgeons and psychiatrists in the 1920s–1930s.^{3,22} Indeed, formal statements about proprietary rights to neurologic patients and clinical spheres of influence would be a central theme of the speech-making during the final evening of the first International Neurological Congress in Berne (1931).^{3,23}

That the category of Associate member was a source of consternation was evident even at the first meeting of the AAN, held in the Stevens Hotel in Chicago (June 23, 1948). The mimeographed minutes from an after dinner business session reveal a number of important discussions. The first of these related to membership:

Table American Academy of Neurology membership and rejected applications

Category	New members (April 1951–April 1952)	Membership as of April 15, 1952	Rejected applications (1947–1953)	Ratio of accepted to rejected applications ^a
Fellow	13 (13.2)	225 (23.7)	1 (1.4)	225:1
Active	25 (25.5)	382 (40.3)	3 (4.1)	127:1
Junior	49 (50.0)	226 (23.8)	21 (28.8) ^b	11:1
Associate	9 (9.2)	107 (11.3)	49 (67.2) ^b	2:1
Corresponding	2 (2.0)	2 (0.2)	0 (0.0)	2:0
Honorary	0 (0.0)	6 (0.6)	0 (0.0)	6:0
Total	98 (100)	948	73 (100)	13:1

In first 3 columns, values represent numbers (column percentages).

^aMembership as of April 1952: rejected applications (1947–1953).

^bOne individual initially applied for Associate membership but was rejected. He then applied for Junior membership and was rejected again. He is counted twice in the table, but the total (n = 73) only counts him once.

“During the discussion of the types of Membership, a suggestion was brought to the floor that the recruiting of the Associate group of Membership proceed cautiously.”²⁴ There was also “considerable discussion.... concerning the possibility of opening membership to Neurosurgeons.”²⁴

To avoid the indiscriminant inclusion of anyone from any related discipline, the Associate member category had some stipulations. Associate membership was available only to “men in related fields who have made and are making contributions to the field of neurology. The most commonly acceptable contribution is evidence of scientific articles in the field of clinical neurology or closely related to it.”²⁶ A letter dated December 1949, from A.B. Baker, then the president of the AAN, indicated a perceived need to place additional safeguards on the control of membership in this category. “There are a number of problems as regards the by-laws of the Academy which should be given your attention and should be discussed by you with the members of your committee. One of these concerns the election of the Associate membership. According to the present constitution, the Associate membership requires approval of the majority of the members of the Academy Membership Committee. Since the Associate membership is quite an important group, I was wondering whether we should not also consider altering this regulation so that it would require also the consideration of these memberships by the Board of Trustees. This will give us an additional check on who will become an Associate member.”²⁵

One caveat is that the author found no explicit documentation to indicate that the reviewed applications were a complete set of all rejected applications during the time period of interest. However, several features about the organization of the files (i.e., they were kept alphabetically in one specific box, and spanned all the years of interest) suggest that they

represent a systematic collection of files during that time period.

During its initial years, AAN treaded the fine line between maintaining control of its neurologic core vs being isolationist. The Associate membership category, more than any other, was at the heart of this issue of self-definition. Associate members were largely practitioners of psychiatry or neurosurgery. Their membership was a source of consternation and was to be carefully been held in check during these critical formative years.

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DISCLOSURE

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