

The Sir James Mackenzie Cardiological Society and the American College of Cardiology

Paul Kligfield, MD, and Arthur Hollman, MD

The American College of Cardiology was founded in 1949 by Franz Groedel and a small group of clinicians who were members of the New York Cardiological Society and hoped to expand the founding goals and purposes of their local Society to a national scale. Because the early history of the New York Cardiological Society forms the earliest history of the American College of Cardiology, it is noteworthy that documents have recently been discovered that detail the origin and emergence of this Society in 1928 from an earlier, now forgotten, local organization that was founded in 1926 and named in honor of the Scottish cardiologist Sir James Mackenzie. These documents shed light on the earliest evolution of antecedent societies to the present College and provide important insight into the early professional organization of clinical cardiology in the United States.

The American College of Cardiology was founded in 1949 by Franz Groedel and a small group of clinicians, including Albert S. Hyman, Aaron E. Parsonnet, and Walter BenseL, who were members of the New York Cardiological Society.¹ The new College was established as a national professional society by physicians who, to varying degrees, perceived the then well-established American Heart Association to be a lay-dominated, increasingly public health-oriented, and academically and scientifically elite organization that did not serve the educational needs of its practicing clinicians.² The organizational meeting of the College was attended by office-based cardiologists from New York City and the surrounding metropolitan area who hoped to expand the founding goals and purposes of their local society to a national scale. BenseL, Parsonnet, and Hyman were original nominees for elected office in the national organization, and Hyman and Parsonnet were among the original trustees of the new College. Accordingly, the early history of the New York Cardiological Society forms the earliest history of the American College of Cardiology.

Although the letterhead emblem of the New York Cardiological Society indicates a founding date of 1928, records of the activities of the Society prior to

its formal incorporation in 1935 are few. It is therefore noteworthy that documents have recently been discovered that detail the origin and emergence of the New York Cardiological Society in 1928 from an earlier, now forgotten, local organization that was founded in 1926 and named in honor of the Scottish cardiologist Sir James Mackenzie.³ Albert S. Hyman, Aaron E. Parsonnet, and Walter BenseL were instrumental in creating the Sir James Mackenzie Cardiological Society in New York some 23 years before the founding of the American College of Cardiology. These documents therefore shed light on the earliest evolution of antecedent societies to the present College and provide important insight into the early professional organization of clinical cardiology in the United States, as formulated in detail by W. Bruce Fye in *American Cardiology: The History of a Specialty and its College*, recently published by the Johns Hopkins Press.²

Sir James Mackenzie was one of the great pioneers of clinical cardiology in this century.³ He was among the first to systematically use graphic methods to investigate the wave forms of the arterial and venous pulses for identification of cardiac rhythm irregularities, especially the one that later was shown to be atrial fibrillation. This research was presented in full in 1902 in *The Study of the Pulse, Arterial, Venous and Hepatic*, which attracted the attention of perceptive physicians in the United States and in Europe. Most of his recordings were done on smoked paper with a Dudgeon sphygmograph, but in 1906 he invented an ink polygraph which became widely used for graphic recording in practice. It is both notable and remarkable that all this work was done by himself and on his own initiative, while he worked as a general practitioner for 28 years in the industrial town of Burnley in the north of England.

At the age of 54, Mackenzie started a new career as a consultant physician in London and, having published in 1908 a widely acclaimed book titled *Diseases of the Heart*, he soon became recognized as one of the leading authorities in the field of cardiac disease. At a time when diagnosis was the goal of most clinicians, he emphasized that it was the functional capacity of the heart that mattered more than diagnostic labels. He taught that the response of the heart to effort was the touchstone by which to estimate the significance of murmurs and rhythm irregularities. In addition, he did important investigative work on referred pain and on the "soldier's heart."

But Mackenzie's quest had always been an understanding of the significance of symptoms, and at

From the Division of Cardiology, The New York Hospital-Cornell Medical Center, New York, New York and the Department of Medicine, University College London Medical School, London, England. Manuscript received February 23, 1996; revised manuscript received and accepted April 19, 1996.

Address for reprints: Paul Kligfield, MD, The New York Hospital-Cornell Medical Center, 525 East 68th Street, New York, New York 10021.

the age of 65 he founded an institute for clinical research in the small town of St. Andrews in Scotland to pursue this goal.⁴ Mackenzie made 2 medical visits to North America. The first time was in 1906 when, as a largely unknown general practitioner, he gave 2 papers in Toronto at a meeting of the British Medical Association. He then went to Boston to meet the physiologist William T. Porter, and while there he began his long association with Joseph H. Pratt.⁵ The second visit in 1918 was quite different. He was then famous, and with 2 other clinicians he went on a British official visit for a month's lecture tour, during which time he visited 10 cities and met with large numbers of American physicians.³

Mackenzie had an extraordinarily original mind. He was intolerant of statements founded only on tradition and he had great ability in defining the unknown areas of clinical knowledge. As Sir Thomas Lewis wrote, "The patient was the lodestone of all his work. He possessed remarkably the gift of stimulating others; to know him intimately was to imbibe his spirit; his was a rare eagerness to impart knowledge. A warm hearted man, oft touched by emotion, more often stirred by enthusiasm, cordial, a hard and tireless worker, a shrewd practitioner whose conversation with his fellows was enlightened by a bright and blunt humour..."⁶

It is not surprising that physicians in New York who were interested in the use of graphic methods in heart disease would name their new society after Mackenzie. Mackenzie and Lewis were dominant figures in clinical and investigative cardiology in the early 20th century, and their clinics at the London Hospital and at University College Hospital attracted students and observers from the United States and from around the world, including Albert S. Hyman and the senior Louis F. Bishop. A National Heart Hospital had been founded in London in 1902, and in the first world war the problem of "soldier's heart" led Mackenzie to establish a Military Heart Hospital, with Lewis in charge.⁷ In 1917, American medical officers were attached to that hospital for training, including Samuel A. Levine, Bernard S. Oppenheimer, and Frank N. Wilson.⁸ The need to assess veterans with cardiac problems after the war led ultimately to a group of physicians coming together to form the Cardiac Club in 1922, which later became the British Cardiac Society.⁹ Mackenzie, who died 3 years later in 1925, was given the distinction of being elected an honorary member.

In the United States, the American Heart Association was incorporated in 1924 as a unification of local cardiac clinics, such as the Association for the Prevention and Relief of Heart Disease in New York. Although evolving primarily as a public health organization, the American Heart Association had strong research interests from the outset. Its first scientific meeting was held in Atlantic City, New Jersey, in 1925 and *The American Heart Journal* began publication in 1925.¹⁰ These missions of the American Heart Association limited its appeal to practicing physicians in search of a professional society.²

As President R. Burton Opitz told an organizational meeting of the New York Cardiological Society in 1934, "no existing organization or society was primarily concerned with the problems and practice of cardiology as a specialty. Other societies which professed to be interested in heart disease were either under lay domination or were concerned with the public health aspects of the problem."¹¹

Brief sketches of the personalities linking the Sir James Mackenzie Cardiological Society, the New York Cardiological Society, and the American College of Cardiology provide further perspective for the events outlined in the documents. Louis F. Bishop, Sr. (1864 to 1941), often considered the first specialist in cardiology in the United States, was a New York clinician who made his first visit to Mackenzie in 1908 and introduced the first polygraph to America.¹² Although Bishop died 8 years before the organization of the College, his son became its 10th President in 1960. More than 20 years after the events outlined in these documents, Albert S. Hyman (1893 to 1972), the President of the Sir James Mackenzie Cardiological Society, became a founding member and a trustee of the American College of Cardiology. He was born in Boston, received his medical degree from Harvard in 1918, undertook postgraduate study with Mackenzie, and practiced at the Beth David and Manhattan Hospitals.²

Aaron E. Parsonnet (1888 to 1950), as noted in the obituary by Hyman that appeared in the first volume of the *Transactions of the American College of Cardiology* instituted in 1951,¹³ served as Vice-Chairman of the organizing committee of the College and as a trustee. He was born in Balta in Russia in 1888 and received his medical degree from Loyola University in Chicago in 1913. After the War, he became particularly interested in electrocardiography, and he established a successful practice at the Beth Israel Hospital in Newark, New Jersey. Walter Bensel (1869 to 1959) was born in New York and received his medical degree from the College of Physicians and Surgeons in 1890. An elder statesman of the original Mackenzie Society and of the New York Cardiological Society from its founding, Bensel was nominated to be the first President of the College, but he ultimately limited his support for transition of the local society into a national organization and was never elected to this office.^{2,14}

The documents reprinted later are incomplete early photocopies that record the minutes of 2 meetings of the hitherto obscure Sir James Mackenzie Cardiological Society of New York that occurred in 1926 and 1928. These minutes deal with the scope and purpose of the Society and contain important reminiscences of Mackenzie, allusions to difficulties with the local Heart Association, and a record of the change in name to the New York Cardiological Society. These were given to one of us some time ago by the solicitor attending to the estate of the late Lord Amulree, who was the nephew of Sir James Mackenzie.

The first document records the origin of the Sir James Mackenzie Cardiologistical Society in an organizational meeting held in New York on October 22, 1926. The background of the proposed Society was outlined by Hyman, as its Acting President, who observes that "the introduction of new methods of diagnosis by laboratory instruments like the polygraph and electrocardiograph opened up a new field of scientific and clinical interest which is not considered in the general medical societies." Hyman endorses the suggestion by Louis F. Bishop that the term "cardiology" be used to describe the newly emerging "distinct specialty of internal medicine." Most interesting in this report is the picture of early cardiology as a specialty that is painted by Parsonnet in discussion of the scope and purpose of the Society. Explicitly organized to "provide a forum for the presentation and discussion of new methods in heart disease," to serve as "a forum where papers on the general subject of heart disease may be presented," and to develop "cardiac clinics in the Out Patient Departments of our various hospitals," the professional practice agenda of the Society is apparent in the comments and anecdotes of the members.

The second document summarizes the history of the Society during its first 2 years under the leadership of Hyman, and records a number of reasons for the change of name in 1928 from the Sir James Mackenzie Cardiologistical Society to the New York Cardiologistical Society, which occurred in context of a general reorganization of the Society. Details regarding the purpose of reorganization are not included in this fragment, which nevertheless contains much of historical interest. Of particular note, there is specific reference by Dr. Walter BenseL to poor relations of the Society with the Heart Committee of the New York Tuberculosis and Health Association during this period, and he notes that "we must write off any cooperation from this group." This provides evidence of early disagreement between New York practitioners interested in heart disease and the leadership of the more public health- and research-oriented organization that evolved into the American Heart Association, long before Groedel's efforts to expand the New York Cardiologistical Society to a national scale.² The New York Heart Association, which had incorporated in 1924 from the earlier Association for the Prevention and Relief of Heart Disease, became the Heart Committee of the Tuberculosis and Health Association in 1926, with Dr. John Wyckoff of New York its Chairman.¹⁵ Wyckoff was to become President of the American Heart Association in 1935.

Document 1: Minutes of the Sir James Mackenzie Cardiologistical Society, October 26, 1926:

[Document page 1] THE SIR JAMES MACKENZIE CARDIOLOGICAL SOCIETY:

An organizational meeting of the SIR JAMES MACKENZIE CARDIOLOGICAL SOCIETY was held on October 22, 1926 at the office of the Acting President, Dr. Albert S. Hyman, 1175 Park Avenue,

New York City. Dr. Hyman called the meeting to order at 8:45 P.M. Dr. A. E. Parsonnet acted as Secretary pro-tem.

Among those present were: Dr. Louis F. Bishop, New York; Dr. Walter BenseL, New York; Dr. H. Burton Opitz, New York; Dr. Thomas Atwood, Bridgeport, Connecticut; Dr. Herman Besser, New York; Dr. Joseph B. Wolffe, Philadelphia, Pennsylvania; Dr. A. Allen Sussman, Baltimore, Maryland; Dr. Maurice Protas, Washington, D.C.; Dr. David R. Alexander, New York; Dr. Paul A. Kennedy, Leonia, New Jersey; Dr. Malcolm McPherson, New York; Dr. Murray F. Levine, New York; Dr. Jacob Sobel, New York; Dr. Harry P. Finck, Boston, Massachusetts; Dr. Miller F. Kahn, New York; Dr. Charles Gottlieb, New York.

Dr. Hyman opened the meeting by stating that it had been decided to organize in a more formal way the group of interested physicians who had been meeting from time to time during the past few years, to discuss the recent developments in the study and treatment of heart disease. The introduction of new methods of diagnosis by earlier laboratory instruments like the polygraph and electrocardiograph opened up a new field of scientific and clinical interest that is not considered in the general medical societies. The need for a special medical organization that would foster clinical study of the various new types of physiologic apparatuses was apparent from the zeal and enthusiasm exhibited by those present at this meeting.

The time has come, said Dr. Hyman, to develop a medical society dedicated to the advancement of heart disease as a distinct specialty of internal medicine and I would prefer to use the word, CARDIOLOGY, which has recently been suggested by Dr. Bishop. At the last meeting of our informal group which was held on May 8, 1926, a number of committees were appointed to suggest ways and means of carrying out the wishes expressed at that time and we will now hear a report from these committees. First, we will hear from the Nominating Committee, Dr. A. Allen Sussman of Baltimore, Chairman.

DR. SUSSMAN: The Nominating Committee wishes to present the following slate for the officers of the Society:

[Document page 2] BOARD OF TRUSTEES 1926-28:

Louis F. Bishop, MD, Chairman, New York; H. Burton Opitz, MD, New York; Herman Besser, MD, New York; Thomas Atwood, MD, Bridgeport, Connecticut; A. Allen Sussman, MD, Baltimore; Harry P. Finck, MD, Boston, Massachusetts.

There being no other nominations, it was regularly moved, seconded, and unanimously carried that the above officers be elected to serve for the ensuing year.

DR. HYMAN: Before calling on the Constitution and By-Laws Committee, I would like to report on the Special Committee set up to suggest a name for this organization. Serving with me on this Committee was Dr. Bishop and Dr. Besser. We considered a number of names but we finally agreed that in selecting the name SIR JAMES MACKENZIE

CARDIOLOGICAL SOCIETY we are not only honoring a great physician but also indicating the scope and purpose of our organization. Perhaps no man in our era symbolizes the rare combination of bedside medicine and scientific [sic] laboratory achievements than does Sir James. Those of us who had the good fortune to have worked under his tutelage will also remember that remarkable personality which he always exhibited in his relationships with patients, doctors, nurses, and colleagues. I believe that I was the last American postgraduate medical student to have served under his direction; I was in London when he died in January 1925, only a year or so ago. My memory is still vivid about his amazing diagnostic ability, his attention to minute details, his interest in instrumental data, and his desire to reconcile theory and practice. In selecting the name of Sir James, the Committee contacted a number of our Honorary Members, a list of whom will be presented shortly by Dr. Wolffe as Chairman of the Membership Committee, and I wish at this time to quote from a few letters which I have received from them:

From Dr. David Riesman of Philadelphia: “. . . Sir James was an outstanding physician and his passing marks the end of a remarkable period of modern medicine . . . he brought scientific acumen to the bedside and his polygraph became the working tool in cardiac diagnosis and treatment . . .”

From Dr. Walter B. Cannon of Boston (and my old professor of physiology at Harvard) “. . . he will long be remembered, I believe, for demonstrating that *pulsus perpetuus irregularis* was auricular fibrillation . . . and we can now understand the clinical implications of this disorder of the heart beat . . . his name deserves to be memorialized by your society . . .”

[Document page 3] From Dr. B.S. Oppenheimer of New York: “I am very happy to learn that you have decided to name your organization The Sir James Mackenzie Cardiologist Society . . . certainly no man has done more to advance our knowledge of heart disease . . . and particularly the use of scientifically oriented methods of diagnosis . . .”

Dr. Richard Cabot of Boston: “Sir James was a leader in the study of heart disease . . . his publications shine with a brilliance of clinical understanding . . . you have made a wise selection in naming your society after such a well known personality . . .”

I have other letters but these will serve to illustrate the general approval that has been received by the Committee. Unless there are other names to be suggested for this Society, I will entertain a motion the [sic] call this organization the SIR JAMES MACKENZIE CARDIOLOGICAL SOCIETY. There being no other suggestions it was regularly moved, seconded, and unanimously [sic] carried that this organization will henceforth be called the SIR JAMES MACKENZIE CARDIOLOGICAL SOCIETY.

DR. HYMAN: I will now call for the report of the Committee on Scope and Purpose of this society, Dr. Parsonnet, Chairman.

DR. PARSONNET: Mr. President, our Committee has held several meetings and we wish to present for your consideration the following:

SCOPE AND PURPOSE: This society should serve first as a meeting place for all those who are interested in the study and treatment of heart disease. I would like to quote from a letter which I received just before the war in 1916 from Sir James in which he stated that while the place of the stethoscope [sic] is firmly secured in the practice of medicine the benefits to be derived from laboratory procedures must not be underestimated and that as new methods of diagnosis are developed, these must be continually integrated into bedside application. Just as the x-ray has opened up new information about the heart, the employment of physiological methods in the study of the cardiovascular system will increase our knowledge of the disturbances of this important system. With these words as a starting background, our Committee suggests that this Society should become a forum for the presentation and discussion of new methods in heart disease with special emphasis upon the instrumental modalities like the polygraph and electrocardiograph. At the moment, as you are all well aware, there is no place where we can bring our tracings for collective interpretation; in the past few years we have carried these tracings in our pockets hoping to meet one of our colleagues who would bear with us in attempting an interpretation of a mysterious curve on a piece of paper or on a photographic plate. I can truly confess that my very happy friendship with Dr. Hyman, Dr. Bishop, Dr. Bensen, and others have stemmed from my desire to learn more about the graphic arts of heart disease. I am sure that I can speak for many other members of our Society when I say that Dr. Hyman deserves our thanks for the development of the original informal group which has been meeting here in his office ever since his return from his postgraduate work in Europe. I did not have the opportunity to meet Sir James in person but I have corresponded with him up until his untimely death in 1925. I am glad that we have decided to name this Society after him; he was a great leader and I sincerely hope that his name will be a constant reminder [that] [Document page 4] the scientific laboratory and bedside medicine are not antagonistic but must go hand in hand in the advancement and understanding of the cardiovascular pathologies. The second purpose of this Society should, of course, be a forum where papers on the general subject of heart disease may be presented. Guest speakers should be invited to present new data and information about the various cardiac problems but in the beginning it might be wise to confine our speakers to our own membership list believing [sic], as we do, that those of our medical colleagues and associates who are interested in these problems will be willing to join with us in making our Society a large and important group. A third function should be the development of cardiac clinics in the Out Patient Departments of our various hospitals. Here, Dr. Hyman and Dr. Wolffe have led the way in establishing well organized clinics devoted exclusively to the examination and treatment of patients with heart disease. It is recognized, of course, that those of our colleagues in charge of general medical clinics have

been reluctant to grant autonomy to a sub-specialty like cardiology; indeed, many hospital staffs have refused to acknowledge that heart disease should be treated as a separate entity and much spadework will be necessary before cardiac clinics are established in even our major hospital medical centers. However, as the work of the SIR JAMES MACKENZIE CARDIOLOGICAL SOCIETY becomes recognized the outlook for cardiac clinic programs will become more favorable. I know that Sir James was definitely in favor of such clinics and it is possible that sooner or later chiefs of service will review their present antagonistic stand.

DR. HYMAN: I would like to point out at this moment that cardiac clinics are well established in England and on the Continent; I had a term of service at the National Hospital for Heart Disease in London and also at the Wenckebach Clinic in Vienna.

DR. SUSSMAN: We in this country are rather late in recognizing the need for cardiac clinics; I agree with Dr. Hyman and Dr. Parsonnet in this regard. I served with Dr. Hyman in the Cardiac Klinik of Allgemeine Krankenhaus in Vienna; it is a well organized institution with several special departments for x-ray of the heart, instrumentation with the polygraph and EKG, are [sic] other diagnostic procedures.

DR. BISHOP: I am glad to note that cardiology is more than auscultation of the heart and the taking of blood pressure. Notwithstanding that Sir James was primarily a bedside clinician he was eventually lead [sic] to the concept that adequate examination of a given cardiac patient required more than a simple clinical evaluation. I know [sic] Dr. Mackenzie for many years; he was experimenting [sic] with his pulse wave machine as far back as 1905; even at that time he offered no apology for the use of auxiliary instruments. He once objected to my referring to his polygraph as a medical gadget. I remember his witty remark to the effect that it was easier to open a stone-jug with a kitchen gadget than with one's fingers. What he had in mind at the time was that more than skillful fingers were needed to palpate certain disturbances of the pulse beat. Even the most skillful fingers need assistance at crucial moments, he said. I never forgot that remark.

DR. HYMAN: If there is no further comment on the Committee's report we will accept it as presented and a motion to thank Dr. Parsonnet and his Committee is in order. It was moved, seconded, and accepted.

(This vote affirming the purposes of the Society was followed by several additional reminiscences and anecdotes regarding experiences with Mackenzie by other members, and the document ends abruptly in the middle of one anecdote at the bottom of page 5.)

Document 2: Minutes of the Sir James Mackenzie Cardiological Society, September 28, 1928:

[Document page 1] THE SIR JAMES MACKENZIE CARDIOLOGICAL SOCIETY

MINUTES of Special Meeting held on September 28, 1928 at the office of the President, Dr. Albert S. Hyman, 1235 Park Avenue, New York City.

There being a quorum, the President called the meeting to order at 9:00 P.M. Dr. Parsonnet served as Secretary. The names of those present is attached to these minutes on the signature sheet.

DR. HYMAN: This meeting has been called to consider the report of the Special Committee on Reorganization, Dr. Bense, Chairman. For the benefit of those who were not present at our last 2 meetings I would like to review briefly the situation which has lead [sic] to the creation of this special committee. Although our Society is only 2 years old, it has outgrown a number of our original concepts. Among these are the qualifications for membership, type of program, and our relationship to other medical organizations. We have had 9 regular meetings at different hospitals all of them well attended. I will ask Dr. Parsonnet to review our history in this regard.

DR. PARSONNET: Mr. President, if you will permit the correction, we have had 11 regular meetings, 5 clinical meetings, and 3 meetings in collaboration with other medical societies. We have met in the following hospitals: Beth David Hospital, Manhattan General Hospital, Lebanon Hospital, Holy Name Hospital in Leonia, N.J., Beth Israel Hospital in Newark, N.J.; Richmond Memorial Hospital, Staten Island; St. Vincent's Hospital, New York City Hospital, Jewish Memorial Hospital, Misericordia Hospital, and Polyclinic Hospital. At each of these institutions the Medical Staff has kindly acted as host for the meeting and the overall cooperation has been most remarkable. We have had an amazing attendance with overflow meetings. I have here a copy of the subject matter covered at the meetings but I believe that every one is familiar [sic] with the broad coverage of our programs. In view of our successful history, I, for one, disagree with the Committee's Report and. . . .

DR. HYMAN: I am sorry to interrupt [sic] you, Mr. Secretary, at this point. We have not had the Committee's Report and while I respect your opinion, it is premature at the moment. Dr. Bense, I wish that you would now present the report of your Special Committee on Reorganization.

DR. BENSEL: Mr. President and members of the Sir James Mackenzie Cardiological Society, I would like to say, first, that your Committee has undertaken this task with many misgivings. You are all well familiar with certain facts which have arisen in the past 6 months in regard to the name of this society. The honored name of Mackenzie, and I mean Sir James, has been unfortunately dimmed by another Dr. Mackenzie who enjoys, and I use the word cautiously as I must in all comments about him lest I welcome a suit for slander or whatnot, so that at the moment the advocates of changing the name of our organization are many. Next, the situation in regard to the Heart Committee of the New York Tuberculosis [Document page 2] and Health Association has not been too friendly and we must write off any cooperation from this group. A third point is the number of Sir James Mackenzie societies which have sprung up during the past few years. I have on information, which I consider reliable, that there is one in London and another in Scotland as well as others in New Zealand, Bombay, and South Africa. This is understandable since Sir James had students

from many lands and with the advance of cardiology his name is the one most prominently associated with this specialty of medicine. In other words, we seem to be losing our identity here in New York. Another factor, strange to say, is the short memory of man. Many of our younger associates seem to know little or nothing about Sir James. There are other things which have lead [sic] some of us to question the continued use of our present name and since we have decided to reorganize the Society, it is the unanimous opinion of the Committee that we adopt a new name more descriptive of our work and interests.

DR. OPIE: As a member of the Committee I would like to add a few words to what Dr. Bensele has reported. No one has more respect for the name of Sir James than I. I knew him back as far as 1904. When we first organized this Society, his name had many implications—all of them at a very high scientific and scholarly level. However, as time marches on, situations change and I believe that the best interests of our Society will be served by changing the name. On the other hand, I believe that the name of Sir James can be perpetuated in our organization by other methods. It has been suggested that we name the Annual Lecture, the SIR JAMES MACKENZIE MEMORIAL LECTURE.

DR. HYMAN: What name has the Committee selected?

DR. BENSEL: We have taken a straw vote among the members and the one which seemed most appropriate is THE NEW YORK CARDIOLOGICAL SOCIETY. About 90% of those voting selected this name.

DR. PARSONNET: I seem to be the only holdout but I bow to the will of the majority with the understanding that the suggestion made in regard to naming the Annual Lecture, THE SIR JAMES MACKENZIE MEMORIAL LECTURE be accepted officially as a part of this meeting. I fully understand the problems touched on by Dr. Bensele. I have experienced some of the criticisms brought up in this discussion. If you are ready for the motion, Mr. President, I would like to make the motion that the report of the Committee in regard to the name of this Society be accepted.

(Brief additional comments regarding the change in name to the New York Cardiological Society follow, but the present document fragment ends at the bottom of page 2 as Dr. Bensele begins to discuss other aspects of the reorganization of the Society.)

...

The origins of the American College of Cardiology can be traced back to the formation of The Sir James Mackenzie Cardiological Society in 1926 by practitioners in the New York area who were interested in applying graphic methods to patients with heart disease. Although formal incorporation of the New York Cardiological Society on April 13, 1935 arose from an organizational meeting held in 1934, it is evident from these 2 documents that the Society

had been gathering as a nonchartered professional club for at least a decade before this event. These documents make it clear why the printed notice for the 23rd stated meeting of the New York Cardiological Society records, for the first time, that the Society was chartered in 1935 but organized in 1928, as indicated on the Society emblem.¹⁶ Indeed, the record further demonstrates that for 2 years before being named the New York Cardiological Society in 1928, the same group of physicians flourished in New York as the Sir James Mackenzie Cardiological Society, under the leadership of Bensele, Parsonnet, and Hyman. How fitting that at the first planning meeting of the newly formed American College of Cardiologists (a name later amended to its present form) that was held nearly a quarter of a century later on November 28, 1949, at the office of Franz M. Groedel, Walter Bensele was nominated for President, Aaron Parsonnet was nominated for Vice-President, and Albert Hyman was nominated for Secretary of the new College.¹⁷ The further evolution of these events, of the American College of Cardiology, and of American cardiology as a specialty in the 20th century are explored in detail and with insight in the comprehensive volume written by Fye.²

1. Minutes of meeting of the Executive Board of the New York Cardiological Society, November 16, 1949. Minutes of the New York Cardiological Society. vol II. Reichert Collection, Medical Archives, New York Hospital-Cornell Medical Center.

2. Fye WB. American Cardiology: The History of a Specialty and its College. Baltimore: Johns Hopkins, 1996.*

3. Mair A. Sir James Mackenzie, M.D., General Practitioner 1853-1925. Edinburgh and London: Churchill Livingstone, 1973.

4. Hay J. James Mackenzie and his message. *Br Med J* 1930;1:1033-1036.

5. Pratt JH. Recollections and letters of Sir James Mackenzie. *N Engl J Med* 1941;224:1-10.

6. Lewis T. Sir James Mackenzie, M.D., F.R.C.P., F.R.S. *Heart* 1926;12:i-vii.

7. Howell JD. "Soldier's heart": The redefinition of heart disease and specialty formation in early twentieth-century Great Britain. *Med Hist* 1985;5(suppl):34-52.

8. Levine SA. The origin of the term neurocirculatory asthenia. *N Engl J Med* 1965;273:604-605.

9. Campbell M. The British Cardiac Society and the Cardiac Club: 1922-1961. *Br Heart J* 1962;24:673-695.

10. de la Chapelle CE. The New York Heart Association: Origins and Development 1915-1965. New York: New York Heart Association, 1966.

11. Minutes of the organization meeting, New York Cardiological Society, April 30, 1934. Minutes of the New York Cardiological Society. vol I. Reichert Collection, Medical Archives, New York Hospital-Cornell Medical Center.

12. Reichert P, Bishop LF Jr. Sir James Mackenzie and his polygraph: the contribution of Louis Faugeres Bishop, Sr. *Am J Cardiol* 1969;24:401-403.

13. Hyman AS, Aaron E, Parsonnet. Transactions of the American College of Cardiology 1951;1:9-10 [with photograph].

14. Reichert P. A history of the development of cardiology as a medical specialty. *Clin Cardiol* 1978;1:5-15.

15. Cohn, AE. John Wyckoff: 1881-1937. Reprinted from Bulletin of the Institute of the History of Medicine 1938;7:1-22. [See chronological footnote, p. 6].

16. Minutes of the New York Cardiological Society. vol I. Reichert Collection, Medical Archives, New York Hospital-Cornell Medical Center.

17. Minutes of organizational meeting of the American College of Cardiologists, November 28, 1949. Minutes of the New York Cardiological Society, Volume II. Reichert Collection, Medical Archives, New York Hospital-Cornell Medical Center.

* One of the authors (PK) had the benefit of reading manuscript versions of this text before its publication, without which the significance and context of the subsequently discovered Mackenzie Society documents would not have been so apparent.