The First Fifty Years
A History of the American College Health Association

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Foreword

AS the Association began its planning for the Fifth National Conference on Health in College Communities, to be held on the occasion of the 50th Anniversary of the founding of the American Student Health Association in December of 1920, I recommended to the Executive Committee that a chronology of the Association in its first 50 years be written. The Executive Committee agreed, and Dr. Boynton consented to undertake the review of Association archival material which would be necessary to prepare an accurate report of its development. This she did with great diligence, and submitted the first draft of the history at the time of the Boston conference.

Unfortunately, illness prevented her from undertaking revision and editing of this material, prior to its publication. At her request, I have attempted this task. I have also augmented Dr. Boynton’s story with material from the past three years when she has not had an opportunity to be so intimately acquainted with the activities of the Association.

Both Dr. Boynton and I hope that those who were personally involved in the activities and growth of the Association which is reported here will share with us their comments or suggestions, and augment the story which has been written so that that which has gone before will be appropriately recorded.

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AT the Thirty-ninth Annual Meeting of the American College Health Association, held in Detroit in 1961, tribute was paid to President Stearns and the Board of Trustees of Amherst College; just 100 years earlier Amherst had appointed Dr. Edward Hitchcock as the first medical director of the Department of Physical Education. As was pointed out in the paper on “Historical Development of College Health Services,” other colleges developed departments of physical education and, during the late nineteenth century, several appointed physicians, either as heads or as staff members of such departments. During the early part of this century, prior to World War I, several colleges and universities established college health programs directed by physicians entirely separate from the departments of physical education. In most instances, these physicians were directly responsible to the president of the institution. Where this occurred, there continued to be very close cooperation between the health services and the departments of physical education. During World War I, Dr. Thomas A. Storey was Professor and Director of Hygiene at the City College of New York. During the war, Congress passed an appropriation to control the high incidence of venereal disease occurring in the armed forces and established the Interdepartmental Social Hygiene Board. Dr. Thomas Storey was named the first Executive Secretary of the Board. Believing strongly as he did in education for health, he utilized his influence to direct the program into educational channels.

When World War I was over, the Interdepartmental Social Hygiene Board went out of existence but, through Dr. Storey’s influence, the President’s Committee of Fifty on College Hygiene was appointed. About this time, the American Social Hygiene Association was organized and Dr. Storey was the Executive Secretary of both of these organizations. This preceding history of the Association shows its indebtedness over the years to many of the voluntary and governmental health organizations. The pattern for this was set by the efforts of Dr. Storey preceding and during World War I. Reference will be made later as this chronological story proceeds to the other organizations to which the Association is indebted.

By 1919 an increasing number of institutions of higher education were organizing health services independent of other departments in the university. These were usually directed by a physician or, in some of the smaller institutions, by a nurse. Prior to the formation of the American Student Health Association, as it was first called, these professional physicians and nurses, having no organization of their own,
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had been attending meetings of the college directors of physical education, the National Collegiate Athletic Association, the Athletic Research Society, the American Social Hygiene Association and, one year, the American Association for the Advancement of Science. There was no special place on the programs of these groups for discussion of health problems of colleges and universities other than those related to physical activity. It soon became evident to the increasing number of college health directors that an organization whose primary purpose was to promote college health programs was needed.

At the instigation of John Sundwall, M.D., Director of the University of Minnesota Health Service, a meeting was held in Chicago on March 4, 1920 to consider the need for an organization of persons interested in student health work. The meeting was attended by about 20 representatives of American colleges and universities. Reports were received concerning the nature of the work then in progress at each institution. There was general discussion of the types of service considered vital to all colleges and universities. Discussion pointed to the need for an organization of institutions and persons interested in the development of such programs. Among the suggestions made at this organizational meeting were needs in the areas of environmental health, health education, medical examinations, and mental health—in fact, practically every facet of the present comprehensive college health program!

At this meeting there was discussion as to whether the association should affiliate with some other national organization. It was decided to form an independent association. Temporary officers were elected for the coming year, including Dr. John Sundwall as President, and as Secretary-Treasurer, Dr. W. E. Forsythe, of the University of Michigan. The President was authorized to appoint three persons for the year to act with him and the Secretary-Treasurer in perfecting the organization and to arrange for a program and other details of another meeting.

In accordance with the action of the meeting on March 4, 1920, the officers and a committee consisting of Dr. Joseph Raycroft, of Princeton, and Dr. Dudley Reed, of Chicago, met to discuss the formation of a permanent organization. As far as it seemed advisable at the time, the following action was taken:

1. Membership was to be solicited as institutional rather than individual, such membership to carry obligation of dues. (For the first year set at $5).
2. The next meeting was to be held in Chicago at about the time of meeting of certain physical educational societies.
3. The name American Student Health Association was favored for the organization.
4. It was decided that a comprehensive study of the present condition of student health work in colleges and universities should be made by means of a questionnaire to be circulated by the Secretary-Treasurer.
5. A tentative outline of a program was made.
6. The Secretary-Treasurer was instructed to make a draft of a constitution and bylaws to be submitted to the other members for suggestions.

The first Annual Meeting of the American Student Health Association was held on December 31, 1920 at the Hotel Sherman in Chicago, Illinois. A committee was appointed to report on the constitution and bylaws. The constitution and bylaws adopted at this first Annual Meeting with the signatories of this first constitution will be found in the appendix.

Several topics were discussed, including the importance of coordinating the various departments of the university which contribute toward the objectives of the student health service, the need for a definite record system, the need for educating college administrators to the importance of this work, mental hygiene and its relation to college students, the responsibility for the supervision of sanitation in the living quarters of students, and several others. These are mentioned simply to show that the founders of this organization, 50 years ago, recognized most of the same problems and needs of a total health program that the organization does today. To be sure, we are more sophisticated after 50 years of experience; with the changing social and general culture of the country, the problems and programs vary in type. But they address many of the same problems.

Fifty-three institutions were represented at the First Annual Meeting in 1920, all of them listed as signatories to the constitution. Some were listed as representatives of physical education departments, others as hygiene and sanitation departments, others as student health departments. As you will note, in the original constitution, membership was institutional and not restricted to those educational institutions having an organized health service but was open to any college or university in which a department was interested in the health of students.

Section VI in the original bylaws, provides for the establishment of local sections or, as they are now called, affiliates. The founders of this Association had broad vision.

The second meeting of the American Student Health Association was held December 27, 1921, at the Astor Hotel in New York and was attended by 30 institutional representatives. President Sundwall remarked that it was encouraging that the total membership had increased to 65. This meeting was held at the particular time and place because it coincided with the meetings of the National Collegiate Athletic Association groups. The minutes of the Executive Committee, which met on November 15, 1921, indicate that a large part of the discussion was concerned.
with the question of the time and place for permanent meetings of the Association. As you will recall, at the first annual meeting, the decision was made to have the American Student Health Association be a separate organization, not officially affiliated with any of the other national organizations related to either health or physical education. The question now was whether to meet at the same time and place as these physical education organizations or to set the dates and places for the American Student Health Association without regard to these other organizations. The decision was made that, for the present time, the ASHA meeting be held at the time and place of the other organizations since, at that time, many ASHA members represented the athletic or physical education departments of their institutions. For the next few years, this pattern was continued and was discussed at each annual meeting by the Executive Committee and the membership as a whole. Since these related organizations always held their meetings in New York between Christmas and New Year’s Day, some members of the American Student Health Association were not happy with the dates. In those days, with no plane travel, members coming from the midwest had to leave home either on Christmas Day or before.

The meetings of all of the organizations usually lasted about five days with but one day allotted to the ASHA, and the opportunity to attend the meetings of the related organizations on the other days of the week. This pattern continued for several years until the American Student Health Association membership had increased in size and in autonomy in their own institutions so that they might hold their annual meetings independent of other groups. It is impossible in a short history of this sort to relate all of the happenings at each of the annual meetings. The significant changes in both the constitution, the character of the programs, and the relationship of the Association to other groups, will be pointed out briefly.

At the Sixth Annual Meeting of the American Student Health Association, held in December 1925, certain changes in the constitution and bylaws were made. According to the original constitution, it could be amended when the proposed amendment was favored by four fifths of those voting upon it and the bylaws amended upon recommendation of the Executive Committee and by a two thirds vote of those voting at the annual meeting. At the Sixth Annual Meeting in 1925, a significant addition to the bylaws was adopted. Prior to this, the Executive Committee consisting of the President, Vice-President and Secretary-Treasurer plus two additional members appointed by the President, were the only individuals named to conduct the affairs of the Association. At this Sixth Annual Meeting, the Executive Committee recommended a change in the bylaws which was adopted. It stated: “The President shall appoint such committees as may promote the work of the Association.” The bylaws then listed the following standing committees:

1. Committee on Informational Hygiene
2. Committee on Health Service
3. Committee on Applied Hygiene (This was the committee to consider the requirements and supervision of physical activity.)
4. Committee on Administrative Hygiene (environmental health)
5. Committee on Departmental Organization, Administration and Integration

The bylaws further spell out the areas of concern of each of these committees. All of the areas now provided by the section organization are included.

One of the duties of the standing committees, as stated in the bylaws, was to be responsible to the Executive Committee for one full session in the program of the Association at each regular annual meeting or for such part of a single session as the President might designate.

At this meeting in 1925, the Association elected the first President of the ASHA, Dr. John Sundwall, as a permanent member of the Executive Committee.

At the seventh meeting in 1926, two actions were taken at the suggestion of the Executive Committee. The first was that all past presidents of the Association should automatically become ex officio members of the Executive Committee. The second was action increasing the annual dues from $5 to $10.

At this meeting also a report was received from the Ohio Section (affiliate). This regional group was formed in 1925 and at the 1926 meeting reported a membership of 15 colleges.

In the proceedings of the Eighth Annual Meeting of the American Student Health Association held in New York in December of 1927, the following announcement was made by the Executive Committee:

The 1928 meeting of the American Student Health Association will be held in New Orleans on Saturday, December 29, 1928. The allotment of days to the affiliated organizations is as follows:

December 27th, Thursday, Society of Directors of Physical Education in College.
December 28th, Friday, the National Collegiate Athletic Association.
December 29th, Saturday, the National Collegiate Football Coaches Association; and the American Student Health Association.

This is the first time that any mention is made in the Proceedings of specific dates allotted to the American Student Health Association among the meetings held at the time of the affiliated organizations.

By 1927, the Association had 87 institutional memberships. At that time, in addition to the Ohio Section, the New England Section was formed and one or two others were in the process of organizing.
A part of the Secretary's report for the 1928 session seems worthwhile quoting.

During the past year, a growing interest in student health work has become quite manifest. Several colleges have moved to provide student health service for the first time, several others have just completed building programs which provide adequate housing for their student health services for the first time; seven colleges have made formal application to our association for membership, and eight have attempted to assemble, for the first time, a complete file of the proceedings of our association. What has brought about this general quickening of interest in our field of endeavor is of course difficult to say. Dr. Storey's report on the status of hygiene programs in our colleges was an eye opener to those who read it; Dr. William R. P. Emerson's articles in medical and lay journals calling for a health revival in our colleges, have inspired interest as well as study in action; while the regularly developing activities of several of our voluntary public health organizations such as the American Social Hygiene Association have done a great deal to put college health problems before college administrators and the public.

If we want support for our work from the public, we must first show the public what we are doing and what results we are getting as far as we have gone.

With these facts in mind then your Executive Committee this past convention voted a modest appropriation providing an American Student Health exhibit at the American Medical Association convention in Minneapolis, and thanks to President Diehl and Dr. Marion Rea, it was a marked success.

In less than ten years this fledgling organization had grown not only in membership but also in breadth of vision in relation to the total administration of the college or university, and its service mission to the public. Little has been said up to this point about the programs at the annual meetings. There were excellent papers presented by members of the Association, covering a broad range of subjects. In reading through the Proceedings of the Association's meetings, it is interesting to note the general similarity of topics discussed and, as times changed, to note the changes in approaches to the problems of college students.

The numerical growth of the institutional membership of the Association continued. At the Tenth Annual Meeting, the membership was listed as 110, more than double that for the first three years of the Association's history. Another milestone in the growth of the Association was reached in 1929 when, for the first time, the Annual Meeting extended into a second day of programming.

One cannot record the history of the American College Health Association without at the same time recording the national conferences on college hygiene. These national conferences, of which there have now been five, have been made possible by the cooperation and participation of many national organizations, both health and educational.

The First National Conference on College Hygiene was held at Syracuse University in Syracuse, New York, May 5 to 9, 1931. This national conference was originally planned by the National Tuberculosis Association as a one-day conference on health problems in colleges to be held at Syracuse University in connection with the 1931 annual meeting of the NTA. But the widespread interest shown during the summer and fall of 1930 by individuals and organizations outside the tuberculosis field, suggested a more comprehensive plan. As Dr. Thomas A. Storey, who was chairman of the first national conference says in the foreword to the Conference report:

The need for an agreement upon desirable minimum standards for colleges and universities concerning health service, health teaching, and those college interests and activities concerned with the health of the students, had already been uncovered in the report on "The Status of Hygiene Programs in Institutions of Higher Education in the United States" prepared in 1927 for the President's Committee of Fifty on College Hygiene. The American Student Health Association also has prepared data on the subject and has passed a resolution at its 1930 annual meeting calling for the operation of a college program which should include instruction in and development of physical and mental health, the supervision of care of individual student health and illness, the sanitation of student environment and the study of health problems.

The invitation of the National Tuberculosis Association to participate in a National Conference on College Hygiene to be sponsored jointly by the President's Committee of Fifty, the National Health Council and the American Student Health Association was readily accepted by many individuals as well as by health and educational organizations. The actual consummation of the conference was made possible by the agreement of the National Tuberculosis Association to provide the major financial support of the conference and to provide staff for it. That Association not only handled all correspondence and field work in connection with the conference but assumed responsibility for the publication and distribution of the report.

The organizing committee, of which Dr. Thomas Storey was chairman, sent letters to 450 college presidents as well as invitations to members of other organizations in fields related to that of college hygiene, asking them to name delegates to represent their institutions and organizations at the conference. The total registration at this first conference was 184. It was a working conference. Unlike the more recent conferences, however, little preconference work by committees of the conference was done. There were...
five conference committees appointed by the organizing committee, with numerous subcommittees. Without going into the detail of naming each of these committees, one can say that they were almost identical with the committees of the American Student Health Association which had been functioning for the past several years. The proceedings of this First National Conference on College Hygiene were somewhat similar in content to the original standards and recommendations of the American College Health Association. The various committees and subcommittees described for college administrators and health service directors the minimum requirements of a college health program. As such, this small report served a very useful purpose for many years, as there had not been nor were there for several years later, any written guidelines for administrators to consider in the development of health programs in institutions of higher education.

In spite of the fact that the National Conference on College Hygiene was held in May of 1931, the American Student Health Association held its annual meeting in New York in December of 1931. Reports of the conference were given and many new developments resulting from the conference were noted.

There is no doubt that the First National Conference on College Hygiene stimulated the growth of the American Student Health Association. In 1933, at the Thirteenth Annual Meeting of the Association, the Committee on Constitutional Revision presented an amendment to the constitution creating the Council of the Association. Until this time, the Executive Committee had acted for the Association in the interim between annual meetings. The Council was to be composed of all of the past presidents, the officers, and six members at large. The six members at large were to be elected to serve for two years, three to be elected at each annual meeting. The President was made ex officio chairman of the Council. At the same time provision was also made for an Executive Committee to include the officers and two other members elected by the Council from its membership.

At the Thirteenth Annual Meeting the President also appointed two ad hoc committees, a Committee on Awards and a Committee on Tuberculosis.

The Committee on Awards was advised to suggest to the Executive Committee and the Council the names of institutions (not individuals) which might be cited for special recognition for their work in college health. So far as can be determined from subsequent proceedings, only one college, Amherst College, was awarded such a citation.

The Committee on Tuberculosis evolved largely from the work of the Tuberculosis Committee at the First National Conference on College Hygiene and continued in existence for more than two decades. When this committee was authorized in 1932, tuberculosis was a very real and important problem among college students. The Committee on Tuberculosis made very important recommendations and suggestions to members of the Association about the identification and treatment of students with tuberculosis.

During the 1930's also, one of the major efforts of the Association was to develop the local sections or affiliates. Dr. Dean Smiley, who then was the Director of the Health Service at Cornell University, was chairman of a committee to promote section development. This committee divided the United States geographically into 15 sections, selected because of the proximity of the states involved and also in an attempt to equalize the number of institutions that might be eligible for membership in each section. In 1933 action was taken to return a portion of dues per member to each local section, based on dues paid to the Association by members living within the section's geographical area. It was hoped that this would encourage local sections to organize through the provision of funds for programing purposes. This amount was set at $2.50 by the Council. The bylaws also provided that each section must submit an annual report. By 1934, all but three of these section areas had organized regional branches and had held at least one meeting.

At the Council meeting of the Fifteenth Annual Meeting, action was taken for an arrangement with the Journal Lancet, a monthly medical journal published in Minneapolis, Minnesota, to serve as the official organ of the American Student Health Association. According to the arrangement, the Journal Lancet would publish the business proceedings and, during the year, in each issue of the Journal publish one or more of the scientific papers presented at the preceding annual meeting. The American Student Health Association paid the Journal Lancet $2 per year for each member of the Association, for which the members received monthly copies of the Journal and a bound copy of the Proceedings. This relationship with the Journal Lancet continued until 1957. At the Thirty-fifth Annual Meeting, the Council voted to terminate the arrangement with the Journal Lancet as the official news organ of the Association.

The decade of the 30's was the period of the great depression, and colleges and universities and, of course, health services, felt the effects of this as did the entire country. During this period, therefore, the American Student Health Association also was limited in its development. Annual meetings were held and in 1936, again with the great assistance of the National Tuberculosis Association, the Second National Conference on Health in Colleges was held in Washington, D.C., December 28 to 31. The sponsors of the Second National Conference were the President's Committee of Fifty on College Hygiene, the National Health Council, and the American Student Health Association. Dr. Livingston Farrand, then President of Cornell University, served as President of the confer-
ence. Dr. William F. Snow, Executive Secretary of the American Social Hygiene Association, served as Chairman of the Conference, with six representatives of the American Student Health Association serving on the organizing committee. It is significant that the President of an outstanding university was willing to serve as the President of such a conference. In his opening remarks, published in the foreword of the conference report, Dr. Farrand states:

Cooperation is the keystone upon which student health in all its varied phases rests. When college authorities everywhere accept their legal, social, and educational responsibilities in the field of college hygiene, and encourage and support fully health service and health teaching programs, the reproach can no longer be made that the institutions of higher education in the United States are falling to keep abreast of the advances in health knowledge and are neglecting their opportunities and obligations effectively to assist students in preparing themselves physically, mentally, and socially for healthful living, for wholesome home building and parenthood, and for wise leadership in the formation and maintenance of high standards of individual, group, and community health.

As was true of the First National Conference on College Hygiene, this Second National Conference was a working conference with special committees considering the many aspects of a total college health program. Such special problems as mental hygiene, the care of athletes, social hygiene, and the broad aspects of environmental health, were discussed at length and the consensus of the committees published in the Proceedings. More than 350 delegates attended and participated in this conference. The delegates included many more college administrators, deans and nonhealth service people than had attended the first conference.

It was the plan of a continuation committee appointed at the end of the conference, to hold such a conference every five years. The next conference would have been in 1941. However, World War II prevented that plan from being carried out, and the next national conference was not held until 1947.

The Association continued to have annual meetings with the exception of two years during World War II. Dr. Thomas Storey, who was one of the founders of the organization and who had for many years felt the importance of close association with the physical education and coaches groups, expressed the opinion at the meeting in 1937 that meeting with the National Collegiate Athletic Association and American Football Association was no longer of primary importance in deciding on the location for the annual meetings. This idea was accepted and it was voted to hold the next annual meeting in Chicago at dates not necessarily related to the dates of the meeting of these other associations.

During the period prior to 1938, the President, under his authority to appoint special committees appointed, in addition to the Tuberculosis Committee, a Committee on Local Sections, an Eye Health Committee, a Mental Hygiene Committee, and an Editorial Committee. In tracing the development of the Association, the appointment of such ad hoc committees reflects a recognition by the Association of the need to give special emphasis to these areas.

As a matter of historical interest, the action of the Council at the Twentieth Annual Meeting of the Association, held in December, 1930 is important.

The advice of the Council has been asked by representatives of some of the Negro colleges about the best means of organizing Negro colleges for the development of student health work. After much discussion, it was the opinion of the Council that since sections (affiliates) of the American Student Health Association are based on a geographical basis, it would be better for the Negro colleges to form their own coordinate organization which might work with the Negro Inter–Collegiate Athletic Group and other similar groups, and that the American Student Health Association will make every effort to assist in the establishment of such a coordinate organization and in the development of their program.

A few years later, the American Student Health Association took an entirely opposite action regarding the integration of Negro colleges into the ASHA.

About this period also, there was change in the character of the programs of the annual meetings, made at the suggestion of the members of the Association. Rather than having all of the scientific sessions consist of papers by individuals, it was decided to devote one half of the scientific program to round table sessions prepared and chaired by the chairmen of the various standing committees. This action was an effort to involve as many members of the Association as possible in the activities of the meetings.

At the Twenty–first Annual Meeting of the Association held in 1940, the threat of war was imminent and, while all were still hoping that the United States could avoid involvement, the Association, at the suggestion of Dr. Thomas Storey, appointed a committee that could serve as a liaison committee with the armed services should this become necessary.

One year later, at the Twenty–second Annual Meeting of the Association held December 30 to 31, 1941, the United States was at war and the colleges and universities of the country were all involved in making contributions to the war effort. During the next four years, every health service in the country was involved in some way in providing medical care for military personnel assigned to their colleges for various types of special training. In some instances, the armed services desired that the college health service take over complete care, both outpatient and in-
patient, of the military personnel on the campuses. In other instances, the military requested only space and facilities to provide medical care, sending their own medical personnel to give care. Whatever the plan, it created a great strain on the health services. Many of their medical staff had gone into military service so that those remaining often did the work of three or four. The Association can be proud of the reports which came from the armed services after the end of the war, expressing their appreciation for the excellent care which was provided for military personnel. One could write pages of the history of this period alone, but time and space will not permit.

From 1941 to 1945 there was but one general meeting of the American Student Health Association which was held in Cincinnati on March 15 and 16, 1944. In the interim, the Executive Committee and Council met to carry on the necessary business of the Association.

The Tuberculosis Committee had been very active since its beginning. An annual questionnaire survey of the member institutions provided valuable material on the incidence of tuberculosis in the colleges and the college program in the field. In the report for the years 1942–43, 267 institutions reported 168 active cases of tuberculosis. Only four had to leave college because of the disease. These figures came from colleges having a tuberculosis case-finding program. In a similar group of colleges with no organized tuberculosis program, out of 131 institutions reporting, only two cases of active tuberculosis were reported. Fortunately, today, tuberculosis is not the major health problem in the college-age group that it was 20 or more years ago.

In the year 1945, the Council meeting of the American Student Health Association was held in Minneapolis, Minnesota on May 2. There was no general meeting of the Association. Committee reports were presented and accepted by the Council and new applicants for membership were voted upon.

Dr. Helen B. Pryor, who had been Secretary-Treasurer for the past year, submitted her resignation, as she was returning to the private practice of pediatrics. Dr. George T. Blydenburgh was elected Secretary-Treasurer to succeed Dr. Pryor.

The invitation of the University of Minnesota to hold the next annual meeting in Minneapolis on May 8 and 9, 1946 was accepted.

The end of the war did not lessen additional responsibilities of higher education, including their health services, because of large numbers of returning veterans. As recorded in the proceedings of the next few years, the medical problems of some of these returning veterans, such as malaria and other tropical diseases, were entirely new to college health services. In addition, many of the veterans were married, which posed housing problems for the institutions and also presented needs for the care of the veterans' families. A very few colleges attempted to give as much medical care as possible in the college health service to the families of veterans without charging additional fees. In a majority of colleges, however, the health service attempted to work out plans with community agencies and private physicians for the care of the families of veterans. This was important not only from a humanitarian point of view but also for the well-being of the veteran who did not have to worry about the well-being of his family.

Another problem was that of the disabled veteran who could not attend a college or university unless provisions were made for him to get to his classes. Not only did the federal government step up its program for rehabilitation, but the colleges and universities, particularly those planning new buildings, kept in mind the need for ramps instead of stairs and other architectural features which would permit the handicapped student to be as independent as possible in attending classes.

At the time of the 1946 meeting of the ASHA, plans were well along for the Third National Conference on Health in Colleges which was scheduled for May 7 to 10, 1947. Dr. Ralph Canuteson, who was then President of the American Student Health Association, served as Chairman for the Third National Conference. Alexander G. Ruthven, Ph.D., President of the University of Michigan, was the President of the Third National Conference. The sponsoring organizations were those that had sponsored the first two national conferences, plus the Association of American Colleges, the American Association of Teachers Colleges and the American Association for Health, Physical Education, and Recreation. In addition to these sponsors, there were about 30 co-sponsors consisting of national health and educational organizations, both voluntary and official. In the report of the Third National Conference, Dr. Kendall Emerson is quoted from his remarks opening the conference.

This is to be a conference. Your program stresses that it is in no sense a convention. There will be no formal sessions dominated by authorities expressing technical or trite statements before a passive audience. . . . We have cause for congratulation that so many different professional viewpoints merge in this Conference. Here are college presidents, deans, teachers, physicians, dentists, nurses, health educators, physical educators, counselors, nutritionists, social workers, public health workers, and many others. . . . The answers will not be written by segregating the problems within your specialty, but rather by integrating all of your interest in the various fields of health.

There were over 400 delegates registered at the Third National Conference and the report summarizing the deliberations of the various committees does indeed serve as a guide to administrators and others interested in college health.
In preparation for the Third National Conference on Health in Colleges, the Planning Committee decided to obtain data on the present status of college health practices and to use such information as a guide to the deliberations. The questionnaire method of inquiry seemed adequate to reveal the general extent and scope of college health programs and to suggest objectives and recommendations where these were indicated. The questionnaire form followed the general pattern of that used in the American Youth Commission Study for the American Council on Education in 1935–1936.

Although questionnaires were sent to more than a thousand colleges and universities, reports from only 300 colleges were tabulated as they were deemed sufficiently complete for the final summary study. The results of this questionnaire study were extremely useful to the committees.

Important as constitutional revisions are to any organization, up to the year 1941, there had been but two revisions of the original constitution.

On December 31, 1941, a revised constitution was adopted but not printed in the proceedings of the Association until May 1946. This was during the war years and apparently for two or three years, no formal proceedings were printed. The 1941 revision of the constitution provided a few important changes in the administrative organization of the Association. The local sections were recognized for the first time in the constitution which provided that they could be formed in the United States and Canada "... with the advice and consent of the Council, ..."

The 1941 constitution provided for standing committees of the Council as well as standing committees of the Association. The standing committees of the Council consisted of the Executive Committee, the Local Sections Committee and the Editorial Committee. The duties of the standing committees of the Association were "to carry on the activities of the major divisions of student health programs and the permanent activities of the Association." They were similar in function, if not in name, to the original committees provided for in the constitutional amendment adopted in 1925. These committees, according to the revised constitution, were to be appointed annually by the President.

In the year 1948, the Twenty-seventh Annual Meeting was held in San Francisco, California, on December 30 and 31. This meeting is important in the history of the Association because, at the general session on December 31, 1948, the name of the Association was changed from the American Student Health Association to the American College Health Association. H. L. Marshall, M.D., President of the Association, in his opening address to the meeting called the attention of the members to the fact that the Association of School Physicians had now changed its name to the American School Health Association, and that the initials of the two associations were identical. Additionally, there was concern that the name American Student Health Association might lead to confusion as to whether the organization was primarily one of health professionals or students interested in health matters. The Council, at its meeting on December 30, seemed to favor the name "American Association of College Health Services." However, the present association title was adopted unanimously the following day.

At the same meeting the constitution was amended to provide for the office of President-elect for the first time. The first holder of this office was Irwin W. Sander, M.D., of Wayne State University in Detroit.

During the early 1950's, the Association voted to send copies of the Proceedings not only to the health service but also to the library of each member institution. During these years also, after discussion with the membership as a whole, plus a written poll of the members, it was the consensus of the Association that meetings held in May would be preferable to those held in December.

Partially as a result of the national conferences on health in colleges, the American College Health Association began to be known nationally and in 1949 sent delegates to the Mid-Century White House Conference on Children and Youth, The National Conference for Cooperation in Health Education, and The Second National Conference on Physicians and Schools, sponsored by the American Medical Association.

During 1952 and 1953, the American College Health Association, in cooperation with several other national organizations, was making plans for the Fourth National Conference on Health in Colleges, scheduled for May 5 to 8, 1954. Dr. Dana Farnsworth was appointed Chairman of the Fourth National Conference, and Charlotte V. Leach, M.S.P.H., consultant in education, National Tuberculosis Association, was named Secretary of the Executive Committee planning the conference. At the ACHA meeting in 1953 Dr. Farnsworth reported the plans for the conference and enlisted the cooperation of the members of the Association. At that time, Dr. Farnsworth announced that the next annual meeting of the ACHA would be held in conjunction with the Fourth National Conference on Health in Colleges. He reported that the National Tuberculosis Association had put aside $3,000 as a contribution toward the conference and it was hoped that other organizations would contribute financially. The Association appropriated $1,000 for the expenses of the conference.

At this meeting, Dr. Ralph Canuteson, Chairman of the Committee on Revision of the Constitution, gave a comprehensive report on the changes which had been made in the constitution since the original writing in 1920. As a result of a memorial from the Illinois Section relative to sectional representation on
the Council and the role of the past presidents as Council members, Dr. Canutecon made a survey of a limited number of members of the organization. A majority felt no need for change, while a few suggested that there might be some change after the forthcoming Fourth National Conference.

The Fourth National Conference on Health in Colleges was indeed an extremely important meeting, the Proceedings of which have influenced college health work since that time. The theme of the Fourth National Conference was “Teamwork in Meeting the Health Needs of College Students.” Dr. James Lewis Morrill, President of the University of Minnesota, was President of the Fourth National Conference. He led a panel discussion, “The College Administrator Looks at the Health Program,” to which he invited the presidents of five other outstanding institutions of higher education. These represented large and small colleges, private and public supported colleges and separate colleges for men and women.

There were 16 separate committees of the conference, each dealing with some special aspect of college or university activities as they relate to the health of the student. These committees met for four days and the results of their deliberations are published in the Proceedings of the Fourth National Conference. The committees dealt with subjects ranging from administration, organization, and functioning of the college health service to student participation in health planning; the correlation of counseling functions on a college campus to the dean of students and the college health program; insurance and other prepayment plans in student health service to the relation of college environment to student health.

In preparation for the Fourth National Conference, Dr. Norman S. Moore and Professor John Summerskill of Cornell University, made an extensive survey of the practices in college health work by questionnaire and interview, financed by the Continental Casualty Company. The results of this national survey, which were available at the time of the Fourth National Conference, were extremely valuable to each of the committees in their deliberations.

Another event which should not be overlooked in its influence on the growth and development of the American College Health Association was the publication of Student Medicine. This publication was an individual endeavor started by Dr. Norman Moore in October 1952, with funds from an anonymous donor. Dr. Moore had felt for some time, as had many others, the need for a journal devoted entirely to the field of student medicine. For the first few years Student Medicine, as the journal was named, was published by Cornell University twice a year and was available to members of the ACHA and others interested in the field at a nominal charge. Dr. Moore invited the sections (affiliates) and members of the Association to submit papers to be published in Student Medicine.

The journal was edited by Ralph W. Alexander, M.D. The desirability of a special publication or journal for the Association was discussed frequently. The arrangement with the Journal Lancet, while it had served the purpose of the Association well, was thought lacking in meeting new needs.

After the Fourth National Conference in 1954, there was a general feeling among the members of the Council and others that the Association should decide whether it wished to develop a planned pattern for expansion or to continue as it had in the past, making changes in procedures and activities as events at the time seemed to indicate.

One weakness in the organization was that officers were elected annually and could devote only a limited amount of time to the affairs of the Association as they had full-time responsibilities in their home institutions. It was agreed by most members of the Council and of the Association that there was a real need for a permanent Association central office that would not change with each elected Secretary-Treasurer. Basic, of course, to this problem of expansion of activities, research, publications, promotion, and other concerns, was the problem of finance. The total income of the Association in 1955 was $4,500. The membership dues were $15 for institutional members regardless of the size of the institution. It was suggested that the question of dues needed careful study. Other suggestions were made to approach a foundation that might be interested in the American College Health Association and its program, seeking for a general purpose grant to the Association. Obviously the American College Health Association was suffering from “growing pains.”

In 1955, a special committee was appointed to study the possibilities of a permanent Association office and to develop specific plans. Also at the 1955 meeting, a constitutional revision committee was appointed which reported at the 1956 meeting held May 17–19 in Minneapolis, Minnesota. The 1956 revision contained only minor changes in the constitution itself and in the bylaws.

Dr. Lewis Barbato was appointed Chairman of the Committee for a Permanent Association Office and Staff. Material developed by the committee was sent to the membership prior to the 1957 meeting in Baltimore, Maryland. Dr. Barbato and his committee had done a heroic job in studying and evaluating the constitution and bylaws of the Association and also in making contact with the section chairmen and many members of the Association in preparing their recommendations. One of the most important and far-reaching of the suggestions of this committee was to modify membership in the Association to provide not only for institutional membership but also for individual membership. The right to vote would still be held by the representative of the institutional member. The individual member would join as a member of a section
or area of interest. Sections suggested by the Council were:

1. Section on Administration
2. Section on Environmental Health and Safety
3. Section on Health Education
4. Section on Medical Service
5. Section on Mental Health
6. Section on Nursing Service
7. Section on Research
8. Section on Tuberculosis Control

It was agreed that a new section could be organized whenever 15 or more members requested it.

Individual membership was to be open to anyone interested in college health work whether or not on the staff of an institution which is a member of the ACHA. Dues for individual members would be $5 per year and would entitle the member to a copy of the Proceedings and to attendance at the annual meeting.

Associate membership was to be granted to junior colleges. Dues would be $10 per year for associate membership. No voting or office holding privileges would be granted such members.

After discussion by the Council and with members of the sections, the proposed amendments to the constitution and bylaws were adopted by the membership on April 27, 1957. At the same time, on recommendation of the Council, the membership approved several other recommendations from the Committee for a Permanent Office and Staff. One established an institutional membership dues schedule based on a sliding scale. Institutions with an enrollment of less than 2,000 students were assessed dues of $20; those with a 2,000–5,000 student enrollment were assessed $30; and institutions with an enrollment greater than 5,000 students were assessed $50. Individual members were assessed $5. The committee also established a registration fee for the annual meeting of $3. All individuals who had not paid dues in the Association or who did not represent a member institution were to be charged this fee.

The newly created sections of the Association replaced a number of standing and special committees. Those committees not specifically referred to in the recommendations were left as previously organized. Each section was charged with being responsible for the development and presentation of its own program at the Annual Meeting, as well as with the need to initiate studies or resolutions to be presented to the Council of the Association for consideration, recommendation or action.

It was understood that a new section could be formed with the approval of the Council provided 15 or more individuals, not members of another section, desired to form such a body. It was understood that the Council would not give approval for the formation of new sections if the aims and objectives of the proposed section could be included under any existing section.

These changes were of such significance that they are responsible for great growth in the Association, not only in membership but in breadth of the program.

At the 1957 meeting, the Council also discussed what course to follow in the interim until enough funds could be made available to set up a permanent office and staff. Three alternatives were discussed.

1. The offer of space in their New York office by the National Tuberculosis Association
2. A joint office with the American School Health Association as suggested by Dr. DeWeese. The cost would be approximately $1,900 per year to the ACHA with the office in Kent, Ohio.
3. The possibility of obtaining a grant of $4,000 or $5,000 a year for perhaps two years from the Hogg Foundation in Texas. Part of the time of the Secretary would have to be used to promote mental health in colleges in Texas.

No definite decision was reached on any of these suggestions. Also at the meeting Dr. Wise, the President–elect, suggested that the Association could reduce expenditure and serve the membership better by discontinuing the newsletter in the Journal Lancet and instead have the Secretary's office send a mimeographed monthly newsletter to the membership. Dr. Wise moved such action as of January 1, 1958, and this was approved by the Council.

Dr. Wise obtained a gift of $5,000 from an anonymous donor to be used to establish a permanent office for the Association. It was recognized that this would provide only a temporary office, but at that time the American College Health Association did not even own a ball point pen! It had depended entirely on the generosity and facilities of the colleges and universities in which the Secretary and other officers happened to be located.

Dr. Norman Moore offered space in the Health Service building at Cornell University for an office for the ACHA. In 1957, the year that Dr. Carl R. Wise was elected President, John Summerskill, Ph.D., of Cornell University, was elected Secretary–Treasurer. Thus, with office space available at Cornell and the new Secretary–Treasurer on the staff of the Health Service at Cornell, the first permanent ACHA office was established. With the gift obtained by Dr. Wise, the Association hired a half–time secretary to assist Dr. Summerskill, and was able to purchase a limited amount of office equipment, such as a typewriter, a dictating machine, an addressograph and a copying machine. Cornell University provided the furniture and other accessories needed for a small office. Mrs. Katrina Morse, assumed the position of part–time secretary. The Association is indeed indebted to Mrs. Morse for the efficient handling of the office and her
understanding of the Association, its purposes and its needs.

The Secretary's office published a newsletter and carried out extensive correspondence with the members and others interested in the work of the Association. In the year 1957-1958, the newsletter was sent out twice a year but Dr. Summerskill reported that future newsletters would be published approximately four times during the academic year, "as the news dictates."

The report of the Treasurer as of April 30, 1958 showed a cash balance of $11,238.44 compared to a balance of $4,178.22 in the previous year. The 1958 annual report of the ACHA stated that the institutional membership was 256 and the individual membership 342. The increased dues and the increase in membership were beginning to show in an improved financial status so necessary for the time when a full-time executive secretary could be appointed.

The change in the constitution in 1957 providing for individual as well as institutional membership caused many changes in the development of the Association as well as in the annual meeting. The creation of sections relating to professional areas of interest of the members required a new name for the regional organizations formerly known as local sections. At the 1958 meeting representatives of these organizations met with Dr. Samuel I. Fuenning, Chairman of the Local Sections Committee, and determined to recommend that the Council recognize them as affiliated college health associations. The Council took such action on March 28, 1958.

At each annual meeting, each section had time allotted to it for a meeting at which members of the section or other members of the Association could meet to discuss specific problems in the section's area of interest. For example, the 1958 annual proceedings published, "Recommended Minimum Health and Safety Standards for Off-campus Student Housing," a paper written by Mr. Richard G. Bond and Mr. Lee D. Stauffer. Mr. Bond was the Chairman of the Committee on Environmental Health and Safety, which that year became the Section on Environmental Health and Safety. This is but an example of the type of material which the Association was now able to produce and make available to all of its members.

Almost every year during the 50's and early 60's some minor change in the constitution or bylaws was voted upon as the Association continued to develop. At the 1959 meeting a number of actions were taken to perfect the reorganization undertaken the previous year. It was recommended by the Committee on Constitution and Bylaws and agreed to by the Association that past presidents of the Association should remain as Council members for three years following the end of their term, rather than for life. This change was made because a number of the members felt that the Council was too large and that it was dominated to an undue extent by former presidents and did not give other members of the Council sufficient opportunity to introduce new concepts into the affairs of the Association. At this meeting the Association also approved the recommendation that the Section on Clinical Observation and Research become a standing committee. Action was taken dissolving the Tuberculosis Control Section, as it was felt by the Council and by the membership that the control of tuberculosis had reached the point where it should be included as a part of the Section on Medical Service. That section was renamed the Section on Clinical Medicine.

During these years there was still much discussion of the need to establish liaison with other national organizations in the fields of health and education, whereby the American College Health Association could work closely to coordinate efforts in behalf of the health of college students.

At the 1959 meeting, Dr. Paul O. Greeley, newly elected President, appointed Mr. Richard Bond as Chairman of the Liaison Committee. Action was taken at the meeting declaring that the Liaison Committee should be a committee of the Association serving as an advisory committee to the President.

With the constitutional changes in 1957, action was also taken by the Association to discontinue the relationship with the Journal Lancet. In 1957 the Secretary-Treasurer reported increasing difficulties in the production of the proceedings of the annual meeting, suggesting that the inordinate expense of preparing this document annually needed careful consideration.

At the 1958 Annual Meeting, Dr. Norman Moore announced at the first Council meeting that he had been authorized by the editor of the journal, Student Medicine, to suggest that Student Medicine become the official journal of the Association. The journal would also be willing to assume the financial and editorial responsibilities in producing the proceedings. The first issue of each volume (the September or October issue) would contain the Proceedings of the previous annual meeting of the Association. Additionally, to "assure continuity of editorial standards and style, Cornell University would like to retain the copyright for Student Medicine for five years, and he further suggested that "Dr. Ralph W. Alexander retain the position of editor." The Council directed the Editorial Committee to give attention to this proposal, and report at its second session.

On behalf of the committee, Dr. John Summerskill, its chairman, made the following recommendations:

1. That the ACHA accept the proposal of Drs. Moore and Alexander that Student Medicine become the official journal of the ACHA
2. That the $3,000 now budgeted for publication of a separate Proceedings be budgeted for Student Medicine instead.
3. That the ACHA follow Dr. Farnsworth's suggestion that the Proceedings be published as the September issue of *Student Medicine*, which is to become a quarterly

4. That the proceedings continue to include a record of the business of the Association and, following Dr. Keller's suggestion, that it also include brief abstracts of clinical and scientific papers presented at the Annual Meeting

5. That *Student Medicine* make available 1,000 copies of the Proceedings issue, these copies to go to the libraries and official representatives of all institutional members of the Association and to all individual members without further charge

6. That on subsequent issues *Student Medicine* make available 700 copies to go to institutional and individual members without further charge

7. That Cornell University retain the copyright for *Student Medicine* for a period of five years and that Dr. Ralph W. Alexander remain as editor to assure continuity of editorial standards and style

8. That the Editorial Committee for *Student Medicine* be expanded to include representatives from various segments of the ACHA so that representatives may assist in the review and selection of papers for publication—with the editor as final authority

9. That the Editorial Committee also have responsibility for the approval of advertisements for the journal, with the editor as final authority

The Council approved these recommendations and invited the editor of the journal to participate in future meetings of the Council.

The Thirty-eighth Annual Meeting of the ACHA was held in Toronto, Ontario, Canada, April 27–30, 1960. As had occurred at each meeting since 1937, there were some amendments to the bylaws. Among the important changes was a restructuring of the Editorial Committee: "The Editorial Committee shall be made up of the Section Chairmen and the Chairman of the Committee on Research. The Chairman of the Committee shall be the President-elect. This Committee shall review and approve publications sponsored by the Association." There was also a suggestion that there be a nominal registration fee for all persons attending the annual meeting. During the discussion, it was apparent there was considerable opposition and it was voted to table the amendment.

In the 1960 Proceedings, reports showed growth and development of the Association. The report of the Secretary-Treasurer pointed out that the Association had $8,000 drawing interest in a savings account. They were still saving for the time they could afford a full-time executive secretary. As evidence of activities to support the sections, the following actions of the Council at the 1960 meeting are significant. An allotment of $50 was made to each section chairman to cover postage and other expenses which the section might incur. Another action was the allocation in the budget of $1,000 which could be allotted in various amounts to any of the sections for special projects which they wished to pursue and for which some small assistance would be needed.

Of interest, showing the growth of the Association, was the secretary's report that the institutional membership had now reached 357 and the individual membership 618. At several meetings during this period of the 1950's, there was discussion of the need to evaluate college health services for accreditation or certification.

At the 1960 meeting, Dr. S. I. Fuemning was elected President. During the year 1960–1961, Dr. Fuemning, as President, was very active in establishing closer relationships with other national organizations. Joint committees were established with several organizations such as the American Personnel and Guidance Association, and the American Medical Association. The International Conference on Health and Health Education was to be held in Philadelphia in 1962, at the invitation of the American National Council for Health Education of the Public. The ACHA was invited to apply for active membership in the American National Council for Health Education of the Public. The Executive Committee and Council approved this action and appointed Dr. Fuemning as the official representative of the Association to the Fifth International Conference on Health and Health Education, and to serve on the program advisory panel.

During the year of his presidency Dr. Fuemning spent considerable effort in developing liaison relationships with other voluntary and professional health and education organizations and official agencies. The question of the establishment of a position of chief liaison officer to be held by someone for more than one year for continuity was discussed at the annual meeting in 1961. It was finally voted that there should be a chief liaison officer of the Association to serve for a term of three years, to be elected by the Council and responsible to the President and the Executive Committee. On a second motion, Dr. S. I. Fuemning was elected Chief Liaison Officer for the next three years.

During the year 1960–1961, Dr. Fuemning appointed a committee to develop recommended standards and practices for a college health program. This committee included Dr. Ruth E. Boynton, of the University of Minnesota as chairman, Dr. Ralph I. Canuteson, of the University of Kansas, and Mrs. Ruby Rich Burger, R.N., of Occidental College. A preliminary draft of *Recommended Standards and Practices* was available at the 1961 meeting held in Detroit. Before attempting to finalize a draft to be presented to the Associa-
tion as a whole, the committee met several times with the section chairmen as well as with the Council. Several recommendations to be incorporated in the final draft were given to the committee. The Council then voted to accept the revised standards and practices. This was presented at the second business meeting, April 20, 1961 and, after considerable discussion and minor change, was approved unanimously. A copy of the Recommended Standards and Practices for a College Health Program is to be found in the Proceedings of the Thirty-ninth Annual Meeting.

The 1961 meeting was a memorable one in that it celebrated the 100th anniversary of the generally accepted beginning of student health services in American colleges and universities. It was in the fall of 1861 that Dr. Edward Hitchcock took up his duties as physician at Amherst College, the first doctor of medicine so appointed to protect the health of college students. This anniversary was duly noted by a paper on the “Historical Development of College Health Services” and one on the specific program at Amherst.

Another significant action taken by the Council and the Association at the 1961 meeting was the establishment of the Hitchcock Award, to be granted annually or periodically to a person who had made an outstanding contribution to student health work. The first recipient, Dr. Harold S. Diehl, had been selected to receive this award by the Executive Committee, approved by the Council. It was voted that the Executive Committee should make the selection of future recipients of this award.

One other significant change in the administration of the American College Health Association, which occurred in 1961, was the removal of the central office from Cornell University to the University of Miami in Coral Gables, Florida. Dr. Ruth Boynton, who for 25 years had been Director of the Health Service at the University of Minnesota, was resigning her position and moving to Miami, Florida. She was asked by several of the officers if she would be willing to devote some time to the affairs of the ACHA if the office of the Association were in Miami. Dr. Boynton expressed her willingness to do this if suitable quarters could be found. The President of the University of Miami, through the good auspices of Dr. M. Eugene Flipse, the Director of the Student Health Center, invited the Association to move its Central Office to Miami and Dr. Flipse offered to provide office space, furniture, and the like, as had been provided at Cornell University in Ithaca. It was agreed that the Association headquarters be relocated to the University of Miami. The Nominating Committee submitted the name of Dr. Ruth Boynton as Secretary-Treasurer and she was elected.

In October of 1961, the physical moving of the office was accomplished. Dr. Moore and Mrs. Katrina Morse were of great assistance in the transition. Mrs. Morse came to Miami and spent several days to acquaint not only the new Secretary-Treasurer, but the half-time assistant with the routine administration of Association affairs.

The significance of moving the central office was not in the change in location itself, but rather in the fact that the newly appointed Secretary-Treasurer was a person who could devote full time and thought to the ACHA and its development. Although not called executive secretary, the Secretary-Treasurer acted as such in fact, on a voluntary basis, with no remuneration whatever.

Dr. Thomas Urmy, of Williams College, was President of the Association at the April 25, 1962 meeting. One of the first suggestions made by Dr. Urmy was that the Association should have a budget. Strange as it may seem, during recent years, no formal budget had been drawn up by the Treasurer and presented to the Executive Committee and the Council. At the Executive Committee meeting on April 16, 1962, the Secretary-Treasurer presented two budgets, one for the period April 16, 1961 through April 15, 1962 and the second for the fiscal year July 1, 1962 through June 30, 1963. Action had been taken by the Council to change the fiscal year in order to expedite the preparation of the report of the Treasurer for presentation to the membership at the annual meeting. With some slight revisions, the Council accepted the proposed budgets as presented and authorized the Executive Committee to approve any changes within the total budget as might be needed during the year.

A general discussion of the financial needs of the Association followed the acceptance of the proposed budgets. It was evident that, with the increasing activities of the sections through the distribution of the newsletters, the increased cost of Student Medicine, the need for providing more services to the members and the desire to contribute to a reserve, additional sources of income must be obtained if the time were to come when a full-time executive secretary might be employed. After thorough discussion, the Council took the following action on change of dues:

1. Dues for institutional membership effective January 1, 1963, to be as follows:
   - Enrollment over 5,000 $75
   - 2,000 – 5,000 $45
   - Less than 2,000 $30
   - Junior Colleges $15

2. Dues for individual membership to be $10 including a subscription to Student Medicine or $5 for those not wishing a subscription to Student Medicine

3. The subscription rate for Student Medicine to non-members to be $7.50 per year

4. Registration fee of $5 for the annual meeting to be charged all members

Other possible sources of increasing income suggested were a larger number of commercial exhibits at the
annual meeting and increased advertising in Student Medicine.

In 1962, Dr. Ralph W. Alexander of Cornell University, editor of the journal, Student Medicine, reported that a cumulative index for the first ten volumes, 1952 to 1962, was in the process of preparation. Dr. Alexander reminded the Council that, according to the original agreement, the copyright for Student Medicine was to be retained by Cornell University until 1963. He recommended that immediate steps be taken to plan for the transfer of the copyright to the Association. The question of changing the name of Student Medicine to one that would imply the broad aspects of the Association's activities was discussed at length by the Council and, on the basis of this discussion, the following action was taken:

1. The name Student Medicine is to be changed to the Journal of the American College Health Association.

2. The ACHA will assume full responsibility for the Journal including the copyright as soon as legal and other arrangements can be made.

3. The proceedings issue of the Journal of the American College Health Association will continue to be sent to the library of each institutional member for at least one more year.

4. A small honorarium is to be given to the editor of the Journal for the year 1961–1962.

The Forty-first Annual Meeting had as its theme, "Ethical and Professional Relationships." The President-elect, Dr. Frank O. Robertson, in a foreword to the proceedings of the meeting, stated:

Too long have closely related disciplines been guilty of material ignorance of each other, misunderstanding, suspicion, distrust and even arrogance. These characteristics must never be the guidelines of those of us in the American College Health Association. If we expect the public to have faith in each of our disciplines, we must demonstrate that we have this understanding and trust in each other. Our horizons are unlimited; let us get on with the job.

The theme for this meeting and the general pattern of the program of the Association for the following years reflect Dr. Robertson's thinking. The Chief Liaison Officer and Council committees had spent many hours working and conferring with representatives of other associations throughout the meeting. The Chief of the Medical Program of the Peace Corps, for example, requested the assistance of the ACHA in securing health information for Peace Corps applicants. Much time and effort had been spent by health service personnel in working with the Peace Corps. Requests for assistance and cooperation were received by the ACHA from many national organizations. In other words, the American College Health Association had reached the status where it was recognized as the national organization devoted entirely to the study and promotion of the health of the entire college and university community; no longer was it thought of as interested solely in students as individuals (although that is, and always will be, the most important aspect of the health service) but also in the college environment, formal health teaching, athletic medicine and the like.

It was in the year 1963 that the second part of the Recommended Standards and Practices for a College Health Program was adopted, and published in the Proceedings. It was in 1963 also that the Association was invited to cooperate in the sponsorship of an Institute in Campus Safety Organization and Administration, held at Iowa State University, in cooperation with the United States Public Health Service. The Council approved a cooperative project with the School of Nursing of the University of Colorado for a workshop for college health nurses. This important step led to "New Perspectives in College Health Nursing." This workshop, initiated in 1965, provided an intensive six-week course in two three-week segments ten months apart, which broadened the horizons of the nurse to the potential she could exercise in the health of academic communities. Cooperative projects in various fields with governmental and voluntary agencies have been increasing since that time.

During the next two or three years, the goal of a full-time executive director was still uppermost in the minds of the officers and the Council, as well as the Secretary-Treasurer. As of June 30, 1965, the Association had accumulated a cash balance of $42,020.15. With this balance, and the increase in income from membership dues as well as other sources, it was recommended by Dr. Leona Yeager, President of the Association, that a full-time executive director be appointed. It was understood by the Council that this would require deficit financing but all felt that a full-time executive officer could promote the activities and therefore the income of the Association and, within three years, balance the budget.

Dr. Yeager conducted a mail ballot of the Council of the Association in March of 1965, asking the members of the Council for their approval of her suggestion that an executive director be appointed. Dr. Yeager wrote to each of the representatives of the member institutions and outlined the proposal to appoint an executive director. She asked each institutional representative to register his approval or disapproval of the move, resulting in a ballot which overwhelmingly supported the decision to make such an appointment.

At the Forty-third Annual Meeting in Miami on April 28, 1965, Dr. Yeager announced to the Council the appointment of Benjamin R. Reiter, M.D. as the first Executive Director of the Association. This was the high point of a meeting which took note of a
number of other advances made by the Association in the area of membership, increasing national visibility, and the development of projects and activities further augmenting the Association’s program. These included the workshop on alcoholism to be conducted at Lake Tahoe on a grant from the National Institute of Mental Health, the development of a program for the accreditation of college health services, the establishment of a fellowship category of membership in the Association, and a report from the Chief Liaison Officer on a wide number of newly established relationships with other organizations and governmental agencies. Dr. Yeager, in her presidential address on the health of the Association, noted that its activities were now so varied and extensive that they no longer could be confined to the Annual Meeting and one interim meeting of the Executive Committee.

In February of 1966 the Association was saddened to learn of the untimely death of Dr. Reiter. Interim steps were taken by the Executive Committee at a meeting, hastily called by Dr. Bruyn, so that affairs of the Association could move forward while a replacement for Dr. Reiter was sought.

The 1966 Annual Meeting, the 44th in the history of the Association, was held in San Diego, California. The meeting was marked by the appointment of a new Executive Secretary, Lee D. Stauffer, M.P.H., Assistant Director of the School of Public Health, University of Minnesota. Mr. Stauffer’s appointment was effective July 1, 1966 and he was expected to be in the Coral Gables office after August 1. Mr. Stauffer was made Executive Secretary, rather than Executive Director, and appropriate changes were made in the Constitution. This meeting also marked the resignation of Dr. Ruth E. Boynton from her responsibilities as Secretary-Treasurer. Dr. Henry B. Bruyn, President of the Association, announced Dr. Boynton’s retirement, and read her greetings to the members of the Association.

Now that my term of office has come to a close, I want to express my appreciation to the officers and all the members of the organization who have been so cooperative and helpful in forwarding the growth and development of the Association. May I also take this opportunity to thank each of you who remembered me so warmly when I was incapacitated a year ago. I am sorry not to be with you to tell you this personally but look forward to seeing you in Washington next year.

In other action the Association approved the work of the Standards Committee in developing the certification program and endorsed the activity of the Committee in conducting the first evaluation visit at San Fernando Valley State College. At the first business meeting the Constitution was revised to make it possible for any individual member of the Association to hold office. In the first mention of an activity which was to have great impact on the Association, Dr. Wilfred T. Robbins reported that the Association had been requested to submit a proposal to the United States Public Health Service to conduct a survey on student smoking patterns during the academic year 1966–1967. The Council also reviewed the report of the Committee on Accident Reporting and Analysis which was completing work on evaluation of accident report summaries submitted by 28 colleges and universities in the academic year 1964–1965. This work was proceeding under a purchase order providing funds from the U.S. Public Health Service. Finally, the Association took action to adopt a new individual and institutional membership dues schedule to provide a sound financial base for the increasing operations of the organization.

In June of 1966 the Association was awarded a contract with the U.S. Public Health Service to carry out the smoking study. The contract, initially totaling some $49,000, provided funds for a full-time project coordinator and secretary, as well as additional office space and facilities to support the work of the project. Additional office space was secured from the University of Miami to house the project.

In August of 1966 Mr. Stauffer assumed his responsibilities as Executive Secretary and Mr. James W. Dilley, of Northwestern University, was appointed Project Coordinator, assuming responsibility for the smoking survey. In September the secretary was appointed to that project, bringing the Association’s office staff to five full-time persons.

The Forty-fifth Annual Meeting of the Association was held in Washington, D.C., March 28–31, 1967. In the keynote address, Philip R. Lee, M.D., Assistant Secretary for Health and Scientific Affairs, U.S. Department of Health, Education, and Welfare, called upon the members of the Association to enter into a new creative partnership with the federal government so that both might more effectively address their common interests in research, training, environmental health, health planning, and the development of comprehensive health services. Association membership was reported by the Executive Secretary to include 1,214 individuals and 420 institutions of higher education. At this meeting the Association again adopted certain amendments to the Constitution, including those establishing the office of Executive Secretary on a formal basis, and an amendment which made it possible for a section to designate a person other than its chairman as its representative on the Council. A number of other suggestions coming from the Committee on Constitution and Bylaws were either rejected or referred for further study including suggestions that more officers be provided further to distribute the leadership load in the Association, and that a more representative form of Association governance be developed.

Following the Washington Annual Meeting, the Ex-
ecutive Committee added a June meeting to its schedule, thus calling for quarterly meetings of this body to review and carry on the work of the Association. The Committee met in June at Oklahoma City, which was to be the site of the Forty-seventh Annual Meeting. The Committee reviewed recommendations submitted by a Committee on the Location of the Association Headquarters, and upon the recommendation of Mr. Stauffer, the Executive Secretary, the Executive Committee voted to relocate the Association headquarters in the Washington, D.C. area by July 1, 1968, "or as soon thereafter as possible."

At the same time the Executive Committee authorized the issuing of a call on behalf of the Association for a Fifth National Conference on Health in College Communities. Mr. Dilley, the Project Coordinator, reported that the U.S. Public Health Service was making available $60,000 to finance the work of the secretariat for such a conference. It was also reported at this meeting of the Executive Committee that a study of occupational health programs in institutions of higher education had been funded by the U.S. Public Health Service, and that the advisory committee would meet in the near future. Progress was also reported on the smoking survey, and in the project to study the incidence of disability and availability of health services in college communities.

In August of 1967 Mr. Stauffer submitted his resignation to the President of the Association, indicating his desire to return to the University of Minnesota. At the October 17–19, 1967 meeting of the Executive Committee at Coral Gables this resignation was accepted. Mr. James W. Dilley was appointed Executive Secretary of the Association, effective January 1, 1968. At the same time the Executive Committee reconsidered its previous action and directed the Executive Secretary to undertake the necessary commitments and arrangements to implement a move of the Association to the Chicago area not later than December 31, 1967.

In January of 1968 the Association moved into a building located in Evanston, Illinois previously occupied by the Education Division of the Association of American Medical Colleges. Thus, for the first time in the history of the Association, its headquarters were established independent of any of the member institutions. In March of 1970, this office space was more than doubled when the Association occupied the entire building at 2807 Central Street. This provided adequate space for offices as well as for meetings of the Executive Board and other committees. The conference room in the headquarters building was designated the Benjamin R. Reiter Memorial Library by the Executive Board at its meeting on February 11, 1970 and was made the beneficiary of the memorial fund established following Dr. Reiter’s death.

Following the establishment of the Association’s headquarters in Evanston, Mr. Michael S. Haro, of the University of Nebraska, was appointed Project Coordinator with primary responsibility for the survey on smoking and health, now termed the Smoking Education Project.

At the Forty-sixth Annual Meeting, held at the Lamington Hotel in Minneapolis, April 29 to May 3, 1968, one entire afternoon was devoted to a report to the membership on Association projects. The Constitution was amended to provide for an affiliate coordinator and a section coordinator, ex officio members of the Executive Committee, to serve for a term of three years after election by the Council. It also provided for proportional representation on the Council by the sections, this to be determined by the number of members in the section.

The Council reviewed developing plans of the Executive Planning Committee looking toward the Fifth National Conference on Health and College Communities. Dr. Samuel I. Fuenning, Chairman of the Committee reported on the activities for the conference, and announced that Dr. Dana L. Farnsworth had been appointed General Chairman of the Conference. Task forces will be appointed to prepare position papers in eight areas of prime importance in the development of comprehensive health programs for academic institutions.

At the Forty-seventh Annual Meeting of the Association in Oklahoma City each of the task forces for the Fifth National Conference met on the two days prior to the opening of the meeting. Reporting for the Long-Range Planning Committee, Dr. Lewis Barbato, appointed at the Annual Meeting in Washington by Dr. Donald L. Cooper when he was President, outlined for the members of the Association a proposed extensive reorganization to improve the ability of the Association to meet the challenges of the 1970’s, through (1) the provision of proportional representation in Association activities (2) an expanded Council of Delegates and (3) increased support mechanisms for Association programs through commissions relating to particular areas of Association activity, each under the chairmanship of a vice-president, serving on the Executive Board. The reorganization had been discussed by Mr. Dilley in his presentation to the Association activities meeting at Minneapolis, and was now presented to the membership for their review in its form as a first reading of a proposed Constitution and Bylaws to be adopted at Boston in 1970.

The proposal creating a Council of Delegates called for a Council composed of six classes as follows:

Officers of the Association — This would include the president, the president-elect, the treasurer, and the six vice-presidents. The six vice-presidents would have responsibilities for the areas of sections, affiliates, research and projects, ethics and standards, liaison activity, and public affairs and publications. Each of the vice-presidents would be elected for
a term of three years while the president, president-elect, and treasurer would serve for a term of one year.

Delegates of the member institutions — The representatives of the member institutions would elect delegates to the Council in a proportion of three for every one hundred (or major fraction thereof) institutional members of the Association.

Delegates of the sections — Each section of the Association would elect three delegates to represent it on the Council. One of the three delegates would have need to be the chairman of the section unless that person was, by virtue of other election, a member of the Council.

Delegates of the affiliate associations — Each affiliate association, recognized by the Council, would elect a delegate to the Council of Delegates for each 100 (or major fraction thereof) individual and institutional members of the national association resident in the geographical area of the affiliate.

Past Presidents of the Association — All living past presidents of the Association would hold membership in the Council of Delegates.

The Executive Director — The Executive Director would be an ex officio member of the Council of Delegates, without vote.

Thus, for the first time, all three of the major constituencies of the Association — member institutions, the sections, and the affiliate associations — would be formally represented in the chief governing body.

Following the Oklahoma City meeting, the stage was set for the convening in Boston in April of 1970 of the Fifth National Conference on Health in College Communities. This meeting, the fifth of these important national conferences, was convened on the occasion of the 50th anniversary of the founding of the American College Health Association. It was the culmination of three years of activity on the part of the Association and some 60 voluntary and professional health and educational organizations and official agencies.

To try to cover 50 years of history of an organization in relatively few pages is an extremely difficult but interesting assignment. No attempt has been made to name each of the individuals who have contributed greatly to the Association although some have been mentioned. In 1968 the Association’s Committee on Awards created the Ruth E. Boynton Award for distinguished service to the Association, this in addition to the Hitchcock Award, which is given for outstanding contributions in the field of college health. Through the granting of these awards, and special awards from time to time as appropriate, the Association recognizes those whose achievements are such that they have contributed in a major way to the development of the Association and its programs, as it attempts to serve the field of college health. The awardees have included the following:

**Edward Hitchcock Award**

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1961</td>
<td>Harold S. Diehl, M.D.</td>
</tr>
<tr>
<td>1963</td>
<td>Ruth E. Boynton, M.D.</td>
</tr>
<tr>
<td>1964</td>
<td>Samuel I. Fuenning, M.D.</td>
</tr>
<tr>
<td>1965</td>
<td>Ralph I. Canuteson, M.D.</td>
</tr>
<tr>
<td>1968</td>
<td>Dana L. Farnsworth, M.D.</td>
</tr>
<tr>
<td>1969</td>
<td>Norman S. Moore, M.D.</td>
</tr>
<tr>
<td>1970</td>
<td>Lewis Barbato, M.D.</td>
</tr>
<tr>
<td>1970</td>
<td>Leona B. Yeager, M.D.</td>
</tr>
</tbody>
</table>

**Ruth E. Boynton Award**

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1968</td>
<td>Richard G. Bond, M.S.</td>
</tr>
<tr>
<td>1969</td>
<td>Ruby Rich Burgar, R.N.</td>
</tr>
<tr>
<td>1969</td>
<td>Frank O. Robertson, M.D.</td>
</tr>
<tr>
<td>1969</td>
<td>Samuel I. Fuenning, M.D.</td>
</tr>
<tr>
<td>1969</td>
<td>E. Dean Lovett, M.D.</td>
</tr>
<tr>
<td>1969</td>
<td>Raidie Poole Merdinger, R.N.</td>
</tr>
<tr>
<td>1970</td>
<td>Ralph W. Alexander, M.D.</td>
</tr>
<tr>
<td>1970</td>
<td>Charlotte V. Leach, M.S.P.H.</td>
</tr>
<tr>
<td>1970</td>
<td>E. Muriel Farr, R.N.</td>
</tr>
</tbody>
</table>

In his address at the Washington Annual Meeting, Dr. Philip Lee concluded his remarks on the challenges which lie ahead by reminding the members of the Association that there was “so little done, so much to do.” The history of the Association would correct Dr. Lee in only one respect. Much has been done, but there remains a great deal to do.

**REFERENCES**

Appendix
Constitution and Bylaws of the American Student Health Association
1920

Constitution

Article I
Name

This organization shall be known as the American Student Health Association.

Article II
Purpose

The purpose of this Association is the establishment of an official and authorized organization through which institutions and individuals engaged in student health work may work for the promotion of health, the prevention of disease, and the care of student illness.

Article III
Officers

The officers of the Association shall be a President, a Vice President, and a Secretary-Treasurer, who shall be elected annually. There shall be an executive committee consisting of the above officers, the retiring President, and two members at large to serve for two years, one to be elected at each Annual Meeting. The President of the Association shall be ex officio chairman of the Executive Committee.

Article IV
Membership

Membership in the Association shall be open to educational institutions of recognized standing, not conducted for financial gain or profit, as represented by some department directly interested in promoting student health, such as the Student Health Service, or the Department of Physical Education. Each institutional member shall appoint some individual, preferably in the department concerned, to represent it as an accredited spokesman at annual and other meetings of the Association, and in conventions or other activities of that body.

Article V

This constitution shall be amended when the proposed amendment is favored by four fifths of those voting on it.

Bylaws

I. Membership

Sec. 1. Eligibility. Any health service, Department of Physical Education or other organization of any educational institution in the United States or Canada which, in the opinion of the Executive Committee, is directly interested in the care of the health of its students shall be eligible to membership.

Sec. 2. Election. Applications for membership will be received by the Executive Committee and submitted, if approved, to a vote of the Association. Majority vote will elect.

Sec. 3. Termination. Membership in the Association may be terminated upon recommendation of the Executive Committee and majority vote of those voting at an annual meeting.

II. Dues

Membership in the Association shall require the payment of $5 annually as dues.

III. Duties of Officers

Sec. 1. Officers. The duties of the President, the Vice President, and Secretary-Treasurer of the Association shall be the usual ones, performed by such officers.

Sec. 2. Executive Committee. The Executive committee shall direct all affairs and activities of the Association not otherwise provided for by the Constitution, in addition to those duties so specified.

Sec. 3. Committees. The President shall appoint such committees as may promote the work of the Association.

IV. Election of Officers

Nominations for office shall be made by a Nominations Committee appointed by the President at the Annual Meeting. The nominations shall be submitted to a vote of the Association at its annual business meeting. Majority vote elects.

J.A.C.H.A.
V. Meeting

There shall be an annual meeting of the Association and such other meetings as may be called by the Executive Committee.

VI. Local Sections

Regional sections of the Association may be formed in any locality, with the advice and consent of the Executive Committee, for the purpose of promoting interests in harmony with the objects of the Association.

VII.

Upon recommendation of the Executive Committee, Bylaws may be enacted, amended, or suspended by a two-thirds vote of those voting at any Annual Meeting.

Charter Members Listed by the Secretary as Signatories to the Constitution

2. Department of Physical Education, Tufts College, Tufts College, Massachusetts
3. Health Board, Lafayette College, Easton, Pennsylvania
4. Physical Education Department, Wesleyan University, Middletown, Connecticut
5. Health Department, University of Chicago, Chicago, Illinois
6. Department of Student Health, Carnegie Institute of Technology, Pittsburgh, Pennsylvania
7. Hygiene and Physical Education Dept., University of Rochester, Rochester, New York
8. Western Reserve Physical Department, Western Reserve University, Cleveland, Ohio
9. Health Department, University of Georgia, Athens, Georgia
10. Physical Education Department, Clark University, Worcester, Massachusetts
11. School of Physical Education, University of Oregon, Eugene, Oregon
12. Student Health Department, Kansas State Agricultural College, Manhattan, Kansas
13. Hygiene and Public Health Dept., University of Kentucky, Lexington, Kentucky
14. Student Health Department, State University of Iowa, Iowa City, Iowa
15. Department of Hygiene, College of the City of New York, New York, New York
16. Health Service Dept., Oregon Agricultural College, Corvallis, Oregon
17. University Medical Officer's Dept., Columbia University, New York, New York
18. Physical Education and Hygiene Dept., Connecticut College for Women, New Lomen, Connecticut
19. Health Department, Texas Christian University, Fort Worth, Texas
20. Physical Education Department, Ohio Wesleyan University, Delaware, Ohio
21. Students' Infirmary, University of California, Berkeley, California
22. Physical Education Dept., Mount Holyoke College, South Hadley, Massachusetts
23. Hygiene and Sanitation Dept., New Hampshire State College, Durham, New Hampshire
24. Health Department, Yale University, New Haven, Connecticut
25. Department of Clinical Medicine, University of Wisconsin, Madison, Wisconsin
26. Hygiene and Preventive Medicine Dept., Cornell University, Ithaca, New York
28. Physical Education Dept., Leland Stanford University, Palo Alto, California
29. Hygiene and Physical Education Dept., State Normal School, Valley City, North Dakota
30. University Physicians' Department, Indiana University, Bloomington, Indiana
31. Student Health Department, Miami University, Oxford, Ohio
32. Hygiene and Physical Education Dept., Oberlin College, Oberlin, Ohio
33. Health Service Dept., Pennsylvania State College, State College, Pennsylvania
34. Physiology and Hygiene Dept., Vassar College, Poughkeepsie, New York
35. Department of Physical Training, Washington University, St. Louis, Missouri
36. Hygiene Dept., Wellesley College, Wellesley, Massachusetts
37. Committee on Health, Denison University, Granville, Ohio
38. Dept., of Physical Education and Athletic Dept., for Men, University of Col., Boulder, Colorado
39. Physical Education Dept., International Y.M.C.A. College, Springfield, Massachusetts
40. University Health Service, University of Missouri, Columbia, Missouri
41. Dept. of Hygiene and Student Health Service, Rutgers College, New Brunswick, New Jersey
42. University Health Service, University of Michigan, Ann Arbor, Michigan
43. Health Service, Michigan Agricultural College, East Lansing, Michigan
44. University Health Service, University of Minnesota, Minneapolis, Minnesota
45. Hygiene and Physical Education Dept., University of Cincinnati, Cincinnati, Ohio
46. School of Hygiene and Public Health, University of Pennsylvania, Philadelphia, Pennsylvania
47. Physical and Hygienic Dept., Haverford College, Haverford, Pennsylvania
48. Hygiene and Physical Education Dept., Princeton University, Princeton, New Jersey
49. Health Department, University of Pittsburgh, Pittsburgh, Pennsylvania
50. Physical Education Department, University of Utah, Salt Lake City, Utah
51. Hygiene Department, Iowa State College, Ames, Iowa
52. Hygiene Department, Trinity College, Hartford, Connecticut
53. Student Health Department, University of Kansas, Lawrence, Kansas