

Early History of the DSS

Prior to 1930 most neuropathologic diagnosis was done by neurologists and neurosurgeons by default. Most were members of the ANA. In 1925, they formed a NP Club, which met at the time of the annual ANA meeting to discuss their puzzling cases.

In 1930, the NP Club changed its name to AANP, and its membership slowly grew, as the numbers of fulltime NPs increased. In 1958, Helena Riggs, who had been a member of the NP Club in the late 20's, suggested to OTB that something akin to the club might be established within the AANP. He embraced the suggestion with enthusiasm, so in 1959, 15 colleagues were invited to bring their interesting/difficult cases to the AANP meeting. Dr. Riggs brought a microscope, invited the group to meet in her hotel room, and accompanied by sustenance in the form of beer and pretzels, there ensued a lively discussion of the cases. Their informal meeting was the birth of the DSS, but although it was a success, euphoria over its success was short-lived, as the late Dr. Matthew Moore, who, although primarily a practicing neurologist was president of the AANP, was outraged that such a private diagnostic meeting had been held without his knowledge.

When all the feathers were unruffled, a new organization was established within the AANP, but independent of it. The SS was designed to have two officers, a moderator and a manager. HER was the manager and OTB the moderator. There were a few organizational complications early on, but in spite of everything, the DSS has thrived and become the successful organization within the organization of the AANP that it is today.

ORIGIN AND EARLY DEVELOPMENT
OF THE DIAGNOSTIC SLIDE SESSION

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In recognition of his role as cofounder of the Diagnostic Slide Session, Dr. Bailey was presented with a plaque by the Charter Members.

Until about 1930, there were few, if any, full time neuropathologists in the United States. General pathologists, with variable amounts of interest in the nervous system, made the day-to-day diagnoses of specimens as they came into the laboratory, while investigation and extensive study of difficult cases were carried out by clinical neurologists and neurosurgeons who had a special interest in anatomic lesions, almost as a hobby.

Most of the clinicians with an active interest in neuropathology were members of the American Neurological Association. A group of them met together at the time of the Association meetings for discussion of unusual or puzzling cases, on which consultations from several authorities could be secured. This group called itself the Neuropathology Club. To these sessions, Dr. Winkleman of Philadelphia brought Dr. Helena Riggs, then a young member of his department. She had a strong interest in neuropathology and in a few years made the transition to full-time in that field. To her, the meetings of the Neuropathology Club were stimulating and remained in her memory as notable events.

In the late 1950's Dr. Riggs thought with nostalgia of the Neuropathology Club and wondered whether a similar group might be established at AANP meetings.

At the meeting in 1958, she discussed the matter with me. I was enthusiastic about her suggestion. For the next year we made plans for a small evening party with refreshments at the 1959 meeting. We invited fifteen neuropathologists whom we thought had experience with diagnostic neuropathology and an interest and expertise in it which went beyond the mere affixing of labels on specimens. Each participant was to bring a case for discussion and give views on those of others.

The evening party went forward as planned. The cases chosen by the participants were exceptionally interesting and the discussion lively, in some instances providing information which helped the submitter to solve his problem. Socially, the evening was pleasant. Dr. Riggs and I were well satisfied that we had recaptured something of the scientific value and social atmosphere that prevailed in the Neuropathology Club of thirty years before. This meeting is now counted as the first Slide Session, though it was entirely different from those that were to follow.

By the next morning, word had got around about the party and its success. There was strong pressure for Dr. Riggs and me to arrange a similar meeting open to all at the 1960 meeting. We finally yielded, but regretfully, as it put an end to our hope to reactivate the Neuropathology Club.

The organization of an open meeting was quite different from the arrangement of a small evening party. We decided to establish a new organization, which we would call the Slide Session. It would be entirely independent of the AANP both in organization and finance and would be self-perpetuating. Dr. Riggs would serve as Manager and I as Moderator. The people attending the evening party would be the governing committee and designated Charter Members. They would meet for breakfast on the morning after the Slide Session.

An invitation went out to all members of the AANP to submit slides, provided they were willing to make sets for distribution if the case was accepted. Orders for sets used up all those available. As we planned the first open meeting in 1960, we thought that attendance by members who had not bought sets would be confined to a few seeking an air-conditioned room on a hot night. To our surprise, the attendance was large from the beginning and has continued to be so since.

The 1960 meeting set a pattern which has been followed with only minor modification through custom rather than documents.

Dr. Riggs and I managed the Slide Session, for seven years then passed it on to others. We felt that we had shepherded it through the period of "growing pains" and that it had become a mature organization with enough momentum to carry on, as indeed it has for more than a quarter of a century. It still seems a useful adjunct to the AANP meetings, even though it bears little, if any, resemblance to the organization Dr. Riggs and I undertook to initiate.

Since many of you did not know Dr. Riggs, it seems appropriate to say something about her as a person. She was a diagnostic neuropathologist of great experience and insight, managing the giant neuropathologic material at the Philadelphia General Hospital so that it was a distinguished service. As a member of the AANP, her forthright manner, integrity and common sense helped it to surmount many of its difficult problems in the period when it changed from a small, loosely organized group to the much larger, Association it is today. Outside her chosen field, her interests ranged widely and she had a keen understanding of people. Her friendship, once given, was unswerving, and permanent. In short, she exemplified the best of what comes to mind when one hears the expression "Philadelphia Lady".