

PROCEEDINGS OF THE FORTY-SEVENTH ANNUAL MEETING OF
THE AMERICAN SOCIETY FOR CLINICAL INVESTIGATION
HELD IN ATLANTIC CITY, N. J., MAY 2, 1955

PRESIDENTIAL ADDRESS

ACTIVITIES OF THE AMERICAN SOCIETY FOR CLINICAL INVESTIGATION

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The chief objectives of the ASCI are, as stated in the Constitution:

- (a) cultivation of clinical research.
- (b) unification of science and the practice of medicine.
- (c) encouragement of investigation by the practitioner.
- (d) diffusion of the scientific spirit among its members.

These are excellent objectives, but the question deserving consideration is, "how well do we attain them?" My impressions are based upon (a) my attendance at all meetings in the last 16 years, except one, during 12 of which I have been a member, (b) many discussions with members and non-members, and (c) correspondence with the members. Recently, I sent a letter to each active member requesting comments on the activities of the Society and inviting opinions particularly in regard to the pattern of the annual scientific program, scientific exhibits and society membership as well as the other roles of the society. I am glad to state that I received approximately 100 replies. I have carefully read and re-read all of the letters. It was evident that the members had given much thought to these subjects. The discussions were relatively thorough and contained many very good suggestions. My inquiries were not in the form of a poll, so I am not presenting a statistical survey, but I do wish to indicate certain trends.

Society Membership

The Constitution states, "any physician residing in the United States or Canada who is less than 45 years old, has accomplished meritorious original investigation in the clinical or allied sciences of medicine, and enjoys an unimpeachable moral standing in the medical profession, is eligible to membership." Thirty-eight members said that the present quota for new members is approximately correct, whereas 18 considered it definitely too restrictive. It is evident, however, that most members are familiar with the qualifications of only a few of the nominees. For example, some who endorsed the present quota have, in other letters, said with great conviction that each of their 6 candidates was as good as or better than the average member and certainly should be elected immediately. However, those of us who have studied the qualifications

of all the nominees know that no more than one-third of their nominees can compete successfully with nominees from other localities. The uninformed state of members causes them to accuse the officers, unjustly, of discrimination, while in reality they are attempting to be very objective. Indeed, an enormous amount of time is spent accumulating the facts relative to the nominees. Many excellent men fail to be elected because the competition is so keen. Year after year some nominees are rejected despite excellent letters from all the active and emeritus members who have written about them. Some of the dissenting letters have come from individuals who have previously held office in the Society. Bitter antagonisms have arisen because the proposers thought that their recommendations had been considered too lightly. The opinion of several members was expressed by one who wrote, "I see no particular purpose served by keeping it (the Society) small unless the smallness of its numbers can really be shown to serve a useful purpose."

My conclusion is that there are at least some years when we should elect more members than we do. As seen in Figure 1, during the last few years the ratio of electees to nominees has decreased significantly. More-

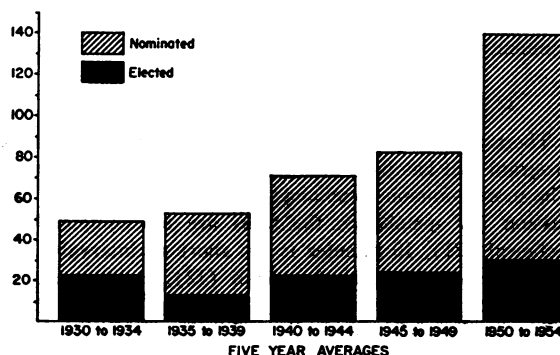


FIG. 1. The decrease, in recent years, in the proportion of nominees elected to membership is immediately apparent. The total number of nominations per year has increased markedly, because of the great increase in clinical investigators. Some members feel that the qualifications of the average nominee in recent years have been superior to those nominated one or two decades ago. In all intervals shown, a greater proportion of nominees are eventually elected than the columns indicate; some nominees are considered for three or more years before election.

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over, it must be emphasized that the number of physicians trained to be clinical investigators is now about 10 times greater than it was 10 years ago. Today, there also is a greater tendency to delay nominations than there was 1 or 2 decades ago. I think the present policy of electing only 35 members (or an equivalent number to those becoming emeritus members if this exceeds 35) is a good standard at present, but I recommend that we change the Constitution to permit election of up to 10 additional members in a given year whenever the Council considers this necessary to prevent the accumulation of a back-log of candidates definitely worthy of election. It would mean more to some individuals to become members at an earlier age.

Since most members of the Society are internists, some think we should have more representatives from the basic medical sciences and other clinical sciences. On the other hand, there are others who think we should have fewer members from the other specialties, stating that specialists in other fields have their respective societies and that some of such members are in our Society to accept the honor and not to contribute to it. My impression is that it is good to have about 15 per cent of the membership composed of other specialists. This experience would enable them to be of still greater assistance to internists in research, in teaching and in other ways.

There are numerous accusations that favoritism is shown to nominees in the Northeastern Coast section, whereas members in this area state that favoritism is shown to other regions. It is my impression that there has not been much of this in recent years, but I think that it would be helpful to increase the number of Councilors to 4 and the number of members on the Nominating Committee to 5. My 3 years' experience on the Nominating Committee emphasized to me the importance of this, particularly since the Society usually accepts all nominations of the Committee.

Scientific Program

There are many complaints about the type of scientific program that has been held for the last 10 or more years. The more common complaints are: there is too little discussion (47 members), the talks are too complex* or technical (21), 10 minutes is too short an interval (21), the talks are not clinical enough (12), and one day is too short for the program (13). Only 29 individuals indicated that the programs have been completely satisfactory. One Emeritus Member, a previous President, wrote me "the program and the Steel Pier are terrible. . . . I do not see why these meetings should be the occasion for carnivals, in which non-members are 10 times as numerous as members." An active member wrote "I will be perfectly honest in stating that in the last few years

* With the Address a series of 6 slides were shown as a take-off on a very complicated and somewhat irrelevant talk. The slides were overloaded with data, curves, and complex equations and the observations reported had no practical clinical significance.

my interest in the organization has dwindled to rather a low ebb." There has been much dissatisfaction expressed relative to the inadequacy of the discussions. This inadequacy was attributed to the presence of such large crowds, the presiding officer's necessary haste in completing the long program at a fairly reasonable hour, and the failure of the listeners to grasp the methods, techniques, etc., adequate to give a good discussion without becoming embarrassed before such a large audience. In preparing the program this year I wrote one well-qualified person to discuss each paper.

The type of program selected is often criticized, some critics stating that many papers read by title are better than those presented. Frequently, members greatly resent exclusion of their papers from the program. Recently, more than 175 abstracts have been submitted yearly and only 27 selected, although approximately 150 indicate quite significant studies. Having studied the program situation intensively, I believe it can be improved by a change in the pattern. Most members engage in restricted fields of research and have an avid desire to learn the results of others working in the same line. Often, the more details that are given the more they benefit. In papers concerning their own field, there is no difficulty in readily comprehending all the facts. However, intricate discussions of methodology and other minutiae are both uninteresting and incomprehensible to investigators in other specialties. Thus, discouraged and frustrated, they leave the audience. However, for the greatest effectiveness in teaching, research, administration and patient care, it is important that these persons learn of progress in other fields. Some individuals who attend the meeting would be surprised, if subjected to a critical examination upon return home, to find how little useful information they had acquired. On the other hand, there are others who learn a tremendous amount.

With the foregoing considerations in mind, I am recommending that the program be extended to two days with the first day consisting of plenary sessions and the second of four specialty sessions conducted simultaneously.

(A) *Plenary Sessions.* There should be 12 papers in the morning and 10 papers in the afternoon, with a 12-minute limit. It is desirable to have a 15-minute intermission in the morning and in the afternoon. These papers should be of interest to essentially all of the different specialists, and especially to the *clinical* investigators. Presentation of a great deal of complicated data with crowded tables and charts should be avoided. Adequate orientation should be provided for the members who are not engaged in the specialty involved and there should be close clinical applications. Investigations which have a second or third order relationship to clinical problems are better presented in the Specialty Sessions. There probably will be more discussion than in the past, but if not, certain discussers should be invited in advance.

(B) *Specialty Sessions.* Four of these are recommended as a beginning: (1) cardiology, (2) endocrinology, (3) hematology, and (4) others. The last group can be divided as the need develops. Ten-minute presen-

tations should be adequate. Discussions will unquestionably be much more extensive than in recent years.

Scientific Exhibits

Most of the members indicated approval of the commercial exhibits, particularly those demonstrating new types of apparatus and new techniques. Conversely, the majority stated that exhibits by members of the Society were not appropriate. Since a few exhibits by members are scheduled for this meeting, it will be interesting to ascertain the reaction toward them.

Social Activities

The Society has functioned chiefly as a medium for the presentation of scientific papers. There is relatively little "Society spirit" because the meeting is open to everyone and the members get scattered among the throngs of non-members and because no social activities for its membership are sponsored by the Society. The sharp rejection of so many excellent papers and very good nominees has provoked a rather cool reaction from some members: indeed, a few actually have become greatly embittered. Thus, the Society is subject to the same type of criticism as are individual scientists, viz., it contributes greatly to the revelation of scientific facts, but it does little to nurture warm human relationships. One member wrote me ". . . as the crowds at Atlantic City have become so very vast, it has become difficult to meet anyone except by appointment, and often then, only for brief periods of time." Another member states, "I visualize it originally as being a rather small club which had social function and a high scientific standard. . . . it is no longer a social club in any sense of the word. We don't even have an annual banquet, but instead wander over to the Brighton and then down to Hackney's. It is with the greatest difficulty that I am able to remember who is a member and who is not a member." Several other members suggested that the Society have an annual banquet on Monday evening. I am in favor of this for several reasons: (a) the Society is composed of many of the outstanding clinical investigators and it is desirable to have them get together, know one another and experience mutual intellectual stimulation and social pleasure. (b) It is the plan this year for the Council to welcome at a cocktail party on Monday evening, all individuals elected to membership this year and last. It would be good for the entire Society to assume the welcoming role. (c) As discussed in the succeeding section, Monday evening is the best time to hold the Business Meeting. Certain arrangements could be made to permit the banquet to be held at a lower than average cost. Upon completion of the Business Meeting the members could remain in the

ballroom for many small social gatherings during the remainder of the evening.

Business Meeting

The Business Meetings in recent years have consisted largely of reports of the Council's actions. The huge audience and the necessary rush to proceed with a full scientific program discourages participation of the Society as a whole in discussion of business matters. Therefore, it is preferable to have the Business Meeting Monday evening, following the banquet. It is anticipated that attendance will be composed almost entirely of active members and that more business matters will be considered than in the past.

As indicated in the list of Objectives of the Society, presented earlier, we are responsible for the *cultivation* of clinical research—not merely for witnessing the harvest, inculcation of science in the practice of medicine, and stimulation of investigation by the practitioner, as well as diffusion of the scientific spirit. The Society has done little to fulfill some of its Objectives. In the replies to my letter to the membership, most of the members indicated that many of them should play a more active role in the formulation of major policies pertaining to teaching and research, but that the problems should be handled by Committees appointed by the Society, or by individual members working with other societies or agencies. Some of the problems confronting full-time clinical teacher-investigators and methods for dealing with them were presented in the Address, but because of lack of space they are to be printed elsewhere in a separate paper.

Summary and Conclusions

Although the American Society for Clinical Investigation is one of the most honored societies in the world, some of its activities need periodic readjustments. At present there are sufficient indications for permitting an increase in membership and a change in the program; I recommend one day of plenary sessions and one day of specialty sessions, better orientation in the presentations and more discussions of the papers.

There is a need for more social intercourse by the members. I recommend a banquet on Monday evening, following the welcoming party for new members.

We should give greater heed to the Objectives of our Society, which include *cultivation* of clinical research. For optimal results attention to many factors is required, including excellent relations with the public, the patients and the practicing physicians. We must be much more active, particularly as individuals, in helping formulate the major policies affecting teaching and research; the detailed discussion of these factors is to be printed subsequently.