

PROCEEDINGS OF THE THIRTY-FOURTH ANNUAL MEETING OF  
THE AMERICAN SOCIETY FOR CLINICAL INVESTIGATION  
HELD IN ATLANTIC CITY, N. J., MAY 4, 1942

READ BEFORE THE SCIENTIFIC SESSION

PRESIDENTIAL ADDRESS

By WILLIAM DOCK

During recent years this society has received some very pungent criticism from distinguished past presidents who felt we were not getting the best new members, and that our journal was accepting papers not up to the standards of former years. Our programs, arbitrarily selected by one man, remain subject to constant criticism from members active and emeritus. If we followed the spirit of the times, we would install a full-time salaried editor and secretary, such as now control many national, state, and special medical societies, and hope to benefit by the alleged efficiency of a dictatorship.

It would be well if every faculty member in our universities, every industrialist, and every physician would read, and each year reread, the address on "Academic Freedom in Germany" given by Helmholtz, who was distinguished alike as physician, physiologist, and physicist. It was written at the time when German universities were in their glory and attracted most of the physicians, physicists, and chemists who built up American science between 1870 and 1910. Helmholtz traced the greatness of Germany to the universities, whose students and faculty enjoyed greater freedom than has ever been granted in French, English, or American institutions. The full-time life-tenure dean and college president were not only unknown but were inconceivable to Virchow, Cohnheim, Emil Fischer, and Friedrich Mueller. Their deans, secretaries and other faculty officials were simply colleagues elected for terms of one to three years, a custom wisely followed by this society. This system survived fruitfully until it was abolished by the Nazis, and Helmholtz, who predicted how easily the German schools might be robbed of the freedom which was their proud heritage and chief asset, realized that, once lost, academic freedom probably could never be regained.

It is my hope that this society will not seek efficiency in a benevolent dictatorship, but that its members will manifest a livelier concern in its affairs, voicing criticism of its officers, and offering nominations in competition with those of the nominating committee. Our constitution calls for election of officers by secret ballot, and this certainly does not mean directing the secretary to cast the ballot for a straight ticket each year.

Two years ago your president pointed out the value of conflict in keeping societies alert and productive. We are now engaged in a great struggle which takes its character from the attempt of America and Western Europe to find security and avoid the normal competition and conflict of healthy peaceful civilization. Security, to the politician, meant a legally guaranteed status quo, an

easy way of life. High tariffs, restricted immigration, farm subsidies, the forty-hour week, the peace pacts and treaties all were mere paper barriers against poorer and more energetic people. This game of make-believe led to slavery and chaos in most of Europe, and if we seek that sort of security we dare hope for no better fate.

In the academic world, the term security has long been potent, and, as in the political world, it means a guaranteed easy way of life. It has been held that a life-term appointment would attract to teaching those who so valued security that they would accept lower salaries than they could earn elsewhere. But even universities will not pay our salaries if we become physically disabled, and so long as a physician keeps his health, what security can the university offer him? If he has good judgment and training, is energetic, imaginative, and interested in his work, he will always find patients, institutions, and industrial concerns clamoring for him. Academic security in these days of changing values of money can scarcely attract such men, and it is difficult to see how the university gains by offering security to the mediocre or to those who have become historic monuments. While competent men will not become anatomists, bacteriologists, philosophers or professors of language without the promise of academic security, physicians, physicists, chemists, and engineers who are useful in the university can usually earn a much larger income in practice or in industry. At most, such men need only a sabbatical year for the transition to private life.

It has become quite clear that even in fields which change as slowly as the art of war, the highest effectiveness can be attained only if men reach responsible positions by the age of 35, and full command before 50. Most officers must be retired between the ages of 35 and 55 in order to effect this gravitation of responsibility into the most capable hands. The art of medicine is changing much more rapidly, as is obvious if one compares the medical and military discoveries since 1918. In order to effect the most productive utilization of the facilities given us by society for studying disease and training physicians, we must do everything possible to bring out the best efforts of every member of a medical faculty and profit by the most fertile and productive years of good physicians, regardless of their age. Obviously there must be ample opportunity for young men to bring up families while devoting most of their time to teaching and research, but I have seen no evidence that full-time schools were attracting any better or more productive

men than the part-time medical schools with proper salary levels for the younger staff members.

Stagnation is a very serious problem in many medical schools. It can be avoided if all salaried staff members, all heads of special clinics are appointed for terms of not more than five years. Reappointment should not be automatic, but should mean that no more capable person can be found after thorough search. We should encourage or insist on sabbatical or exchange years in other clinics and facilitate the movement of teachers, and especially of departmental executives, from school to school, or from one department to another. It should be neither unusual nor disgraceful for us to rejoin our colleagues in practice after some years or decades in the academic vale. None of us should hesitate to accept responsibility, nor avoid reentering practice when younger men, as capable as ourselves, are available and can bring new energy and a fresh point of view to the staff. Life might not be so snug for us under such a system, but it would be more stimulating and we would aid greatly in keeping medicine preeminent in a sound social system.

The bureaucracy which is a manifestation of the security complex must be combated in our societies and schools, and in government. Why should one face the arduous life in mine or factory if one can be a salaried labor official? Why should one risk the hazards of industry or finance when from a snug office in Washington one might control industry and finance, avoiding blame or loss if things go badly? Why practice or teach medicine if from a full-time position as secretary of a society, administrator of a school or foundation, one can wield great influence? The men who have accepted such positions are charming and capable people, and are anxious to relieve us of the necessity for managing our own affairs. Few of them believe in rotation in office; like labor leaders and the New Deal, they favor long tenure and do not share the poet's fear that "one good custom (or official) should corrupt the world."

By seeking the type of academic freedom Helmholtz praised, by resisting bureaucracy in our societies, cities and nation, by setting a personal example of willingness to accept short-term appointments, we can contribute, as good physicians, to prolonging the useful life of this civilization. We should see that our practice and curricula are abreast of the best facilities made available by science and society. There is no excuse for commanders who do not understand, insist on having, and fully utilize the modern equipment for security, victory, and providing defense with minimal loss of life; nor for leaders of medicine who do not understand and fully exploit all the chemical and physical discoveries, the techniques, therapeutic methods and devices, no matter how complex or novel, which contribute to safety, accuracy, and speed of diagnosis and treatment. The failure of our generation to make the X-ray a familiar and routine instrument for physical diagnosis is the outstanding evidence that medicine, like some military establishments, may for years misunderstand and undervalue instruments of extraordinary merit, and thus physicians come to use the gifts

of science "too little and too late." We must all be on guard against stagnation in our departments and against falling into rigid patterns of thought.

Three years ago your president offered as the solution of our problems picking executives and teaching personnel of great talent and "contagious fire." But even this is not enough. There are men, like Cushing, Rosenau, and Hektoen, who are ready to accept and eagerly sought for new positions when they reach the legal retirement age. They are rejuvenated by their new tasks. There are men of extraordinary ability who go into the mental menopause prematurely, in some instances rapidly losing a forced and hectic fire when they achieve the academic goal which they had set for themselves. Never forget that Vesalius, at the age of 30, one year after his revolutionary *de Fabrica* came from the press, became a court physician and never contributed anything thereafter. Many similar, if less dreadful, examples are seen about us today, and we must not only select good men but retire those who are not maintaining the "contagious fires" at a healthy glow. None of us are secure if our profession declines, all must give much and risk much to achieve any worthy goal. Today, as in Milton's stormy lifetime, "the immortal garland is to be run for, not without dust and heat." May we neither "slink out of the race" nor seek to bury ourselves in a "fugitive and cloistered" security.

*A Study of Calcium Metabolism in Nephrosis.* By WILLIAM W. BECKMAN and KENDALL EMERSON, JR. (introduced by Dr. Homer F. Swift), New York, N. Y.

Children with nephrosis characteristically exhibit osteoporosis, hypocalcemia, and hypocalcemia. A detailed study of calcium metabolism in these patients has shown that there is an excessive loss both of this element and of phosphorus from the gastro-intestinal tract, which leads to insufficient retention for the ordinary calcium requirements of growing children. The mere addition of calcium to the diet served only to increase the fecal excretion without improvement in the balance. Large doses of vitamin D failed to influence absorption from the intestines, in spite of which fact there is no evidence of rickets. Likewise the administration of citrate-sodium citrate mixtures had no effect. On the other hand, when lactose was fed, absorption was considerably enhanced, not only of calcium but also of phosphorus, nitrogen, and potassium. Similar results were obtained with dihydrotachysterol (A. T. 10).

The serum calcium concentration was raised to nearly normal by A. T. 10. In spite of this, no increase in urinary calcium was observed. The elevation of the serum calcium to toxic levels by intravenous administration of the ion, caused only a very slight rise in renal excretion. Acidosis increased the loss of calcium in the feces, but had no effect on the urine.

A patient, who was studied during a spontaneous remission when these abnormalities largely disappeared, will be described.