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READ BEFORE THE SCIENTIFIC SESSION

PRESIDENTIAL ADDRESS

By T. R. HARRISON

If we assume that a presidential address has any useful function at all, it follows that this function is to try to benefit the organization to which the address is delivered. Such a purpose can best be served, not by praising the accomplishments of the past, but by considering the dangers of the future. Medical societies, as well as other cultural organizations, are like individuals in that they tend to grow, to reach maturity, to accomplish little or much—as the case may be—and then to decay. What are the causes of this institutional arteriosclerosis? Is it inevitable? Can its progress be delayed, arrested, or perhaps prevented entirely? By what means? Realizing that other and wiser physicians may prescribe differently for this important disease, my suggestions are as follows:

Since institutional arteriosclerosis is not limited to societies but tends to affect all cultural organizations, the problem should be approached in its broader aspects. A study of the decline of medical schools in the past suggests that there are two general groups of factors.

(1) *Extrinsic* causes. These include political, economic, and other influences which affect society as a whole and which cause a general cultural decline. The decay of the great medical faculties of Salerno, Montpelier, and Bologna can possibly be ascribed to such factors, which are also responsible for the present catastrophic decline of the medical centers in certain central European countries. These extrinsic causes are largely beyond our control. We are concerned with them as citizens rather than as physicians.

(2) *Intrinsic* causes. These include unfavorable conditions which develop within medical societies and which are therefore subject to control by the membership. Although there are numerous different conditions—such as nepotism, intolerance, and self-satisfaction—which tend to have an unhealthy effect, they can all be traced to one general cause—a *failure to select the best possible men*.

The importance of exhaustive effort to find the most capable individuals for chiefs of departments is generally recognized. Much attention is likewise paid to choosing the proper persons for the secondary places. However, assistants and instructors are often appointed rather casually, and too frequently the quality of agreeableness is emphasized to the neglect of more important capacities. This is entirely illogical. The professors of tomorrow must be chosen from the instructors of today. No man should be appointed to a permanent salaried academic position—be it ever so lowly—unless he already gives promise of becoming, in the future, material for positions

of the highest rank. If the roots of the academic tree are properly cared for the fruit will take care of itself.

Even when external conditions are favorable medical culture can not flourish for long with mediocre personnel. When, as during the past ten years, and possibly for some decades in the future, the extrinsic causes of cultural decline are already operative, it is important that every precaution be taken against intrinsic decay. The only assurance lies in constant—almost agonizing—effort to choose the good man.

But this is not a simple matter. Some persons, in high positions, looking for an able man to fill a vacancy but lacking the patience of Diogenes and the illumination cast by his lantern, tend to become exhausted by the search. They then choose the next individual they encounter, saying, "God made him, and therefore let him pass for a man." A genius—like Gilman, or in the clinical field, Peabody—with an almost supernatural ability to pick the right man for the job, is a rarity. Are there any criteria whereby we with lesser gifts can be guided in choosing men? I believe there are.

The customary procedure in filling an academic position is to inquire concerning a prospective candidate from his present and past superiors. Since nearly everyone tries to appear at his best in the eyes of his chief, the professors and associate professors often have a false idea of a man's abilities. Why not inquire of his inferiors also? They see him as he is. The house staff of a teaching hospital can usually "size up" the members of the permanent staff as well and sometimes better than the chief can. No man should be seriously considered for academic advancement unless he has the respect—not only of his superiors but also of his inferiors. The old saying that "Young men think old men are fools; but old men know young men are fools" is only partly true, but in any case, young men usually know which other young men are fools.

Appointments are often made or refused on the basis of a man's school, his religion, or his social qualifications. I fail to see what significance these factors have. The "happy family" idea has been much over-emphasized. Even if one regards harmony as the prime *desideratum*, it will usually be found that truly unusual men get on well—while lesser men, jealous because they are deficient, tend to quarrel.

Much emphasis is placed on administrative ability but the term is usually not defined. Some consider that a good administrator is a man with a passion for unimportant details. If the word is to be used in this sense it should

not be confused with another quality—leadership. We should remember that “the greatest clerkes be not the wisest men.” An administrator—as defined above—is often preoccupied with his own system of better doing things which are already being done; a leader is concerned with stimulating other men to do things which otherwise would be left undone. Even first-rate administration (as defined here) bears a close resemblance to puttering; first-rate leadership resembles nothing else—it is a unique and all-too-rare quality.

The good man is he who not only furnishes ideas but who when working with men of lower rank than himself does his own share and a little more of the actual labor. He says to his inferiors, “Come on,” not “Go on.”

The attitude of a man toward research, his interest in it, and his energy are just as important as his intelligence. All great investigators seem to have had one quality in common—they have labored while others rested.

We all know individuals with fine minds who accomplish little because they lack drive. Such men are like the cat which, “would eat fish and would not wet her feet.” Critical, creative imagination—the most important quality in research—is not immaculately conceived by the mind alone; it is “by” energy “out of” intellect.

It is of major importance that a candidate should really love investigation. He should realize that research at its worst is:

“To loose good dayes, that might be better spent;
To wast long nights in pensive discontent;
To speed to-day, to be put back to-morrow;
To feed on hope, to pine with feare and sorrow.
. . . To fret thy soule with crosses and with cares;
To eat thy heart through comfortlesse dispaire;
To fawne, to crouche to waite, to ride to ronne,
To spend, to give, to want, to be undonne.”

while at its best, research leads to “infinite riches in a little room.”

The qualities which have been mentioned are only a few of the ones which mark the good man. They have been stressed because they seem to me especially important and because they are often overlooked. Many other qualities might be cited but in a final analysis most of them can be reduced to two traits of transcending importance. The first of these is wisdom. Such wisdom includes a broad knowledge of medicine in general and a deep understanding of certain fields of medicine. Aside from this purely intellectual quality there is an emotional trait which is perhaps even more important. This is a certain radiant energy which, operating internally, keeps the individual constantly working and which, operating externally, catalyses other men to similar action. For want of a better term we may, with apologies for the mixed metaphor, call this quality “contagious fire.”

In a world of crumbling standards the safest assurance for the future of academic medicine lies in the thoughtful selection of the best possible young men. Our choosing should be tempered by the sober recollection that each corporal should with justice carry in his knapsack the baton of a marshal.

Contribution to the Etiology of Diabetic Retinitis. by JONAS S. FRIEDENWALD and (by invitation) MANUEL G. GICHNER, Baltimore, Md.

Patients with active hemorrhagic retinitis in diabetes have increased capillary fragility. The capillary fragility is improved, but is not as a rule brought back to normal by large doses of vitamin C. Saturation tests with ascorbic acid reveal a marked deficiency in the ability to excrete this substance in the urine following the injection of large doses by mouth. Absorption from the gastro-intestinal tract is apparently normal as is also the renal threshold. Hence the excretion deficit is to be attributed to abnormal utilization within the body. In a small group of cases the administration of vitamin B complex resulted in a return to normal of the capillary resistance, and also in a reappearance of the ability to excrete injected ascorbic acid.

Vitamin C Nutrition and Metabolism in Rheumatoid Spondylitis. JAMES F. RINEHART, San Francisco, Cal.

A detailed study of the nutritional status relative to vitamin C was made in a series of cases of rheumatoid spondylitis. In 32 cases the average fasting blood plasma vitamin C value was 0.12 mgm. per 100 cc. In 90 per cent of cases the initial value was below 0.40 mgm. per 100 cc. In a number of the cases, determinations of blood plasma ascorbic acid were made following administration of large oral doses of vitamin C (15 mgm. per kilogram). The curves were ‘flat’ indicating significant undersaturation of tissues.

Data gained from dietary histories indicate that although some of the cases were ingesting grossly inadequate amounts of vitamin C, this was not uniformly so. Many cases showed depleted vitamin C reserves in spite of a normally adequate dietary intake. In several cases the metabolic fault was striking. Possible factors responsible for this abnormality are considered.

The influence of known supplements of vitamin C upon the blood ascorbic acid sedimentation rate, capillary strength, weight, general condition, and arthritis in a group of cases followed for two months or longer is analyzed.

The capillary strength was determined initially in 27 cases. This was found to be almost uniformly lowered. In 11 of 14 cases followed for two months or more the capillary strength rose after administration of supplementary vitamin C. Eight of 11 cases gained weight. Twelve of 17 showed slowing of the sedimentation rate occurring within 4 months. Improvement in general condition and diminution of pain was almost regularly observed. The only other treatment was physiotherapy in a portion of the cases.

These data indicate that vitamin C deficiency is almost uniformly present in this form of arthritis. This deficiency may occur in the presence of a normally adequate vitamin C intake. The uniform finding of vitamin C depletion and the response to liberal vitamin C supplements noted suggest that the deficiency is contributory to the disease.