

PROCEEDINGS OF THE FORTY-FIFTH ANNUAL MEETING OF
THE AMERICAN SOCIETY FOR CLINICAL INVESTIGATION
HELD IN ATLANTIC CITY, N. J., MAY 4, 1953

PRESIDENTIAL ADDRESS

By EUGENE A. STEAD, JR.

I have the honor to address the membership of this Society and its guests in my role as President. I am not wise enough to bring to you the philosophies of the ages nor am I old enough to assume the role of an elder statesman. I can bring to you the philosophy which has guided me in my own development. This philosophy has been developed over the years by contact with many men, but in a great measure it has resulted from the various Chiefs under whom I have worked. I would like to share with you today some of the things which they have taught me.

My first Professor of Medicine was Dr. James Edgar Paullin of Atlanta. He was also our family doctor. He first showed me in his work that the family doctor of the future was going to be the intelligent, interested internist. He made home calls rarely, but he knew every member of my family, and no medical attention was ever sought without first reviewing the problem with him. Dr. Paullin showed me that the community was interested in the growth of its doctors. Every Tuesday and Wednesday morning he was at Grady Hospital. His patients respected his desire for continued growth as a doctor and never begrudged him this time. He was interested in medical politics and repeatedly demonstrated that all human group endeavor involves some type of political activity. He was a medical politician in the best sense of the word and all of American medicine profited by his broad interests.

My second chief was Henry Asbury Christian. Under his guidance the Peter Bent Brigham medical resident staff developed many leaders in Medicine. The atmosphere of the Brigham was one that gave honor to scholarship. There I first learned that, just as many people liked to fish or play golf, I liked to work with my head. Dr. Christian was successful in the development of leaders because he fostered in his residents a willingness to take the initiative. His attitude was not that the Brigham service was good because of the senior staff, but that it was good in spite of the senior staff. He relied heavily on the fact that he had pulled into his net many bright boys from all sections of the country, and he expected them to produce. I have never seen men more conscious of their ability to learn for themselves than those resident groups assembled by Uncle Henry.

My third chief was Elliot Cutler, under whom I served a 16-months surgical internship. He was loved and honored by all of his staff—even the lowly intern. On his service I discovered how hard surgeons work, and I learned that those long hours in the operating room use up the time which the internist loves to spend talking with his patients and teaching.

My fourth chief was Marian Blankenhorn of Cincinnati. He gave to me my basic interest in clinical observation. Under his guidance, the history and physical examination came alive. His teaching centered around the patient and he destroyed once and for all my interest in dry clinics. He gives his resident a very free hand in running the service, and from him I learned not only to do my own work but how to get other people to work.

My fifth and last chief was Soma Weiss. By that time, the clay was better worked and more ready for the molding, and Soma taught me many things. He demonstrated the importance of the undergraduate student in our own learning. Repeated efforts to explain to the student the basic mechanisms of health and disease kept before us the extent of our own ignorance and made us examine critically the premises on which we based our glibly quoted clinical aphorisms. We learned the importance of appreciating what is not known about a condition as well as what is known. I have never ceased to drink from this well of undergraduate naïveté and skepticism.

This same use of teaching as a learning device was employed with the resident staff. Every intern and resident taught students, not because there was no other way to teach the student but because of the learning value to the resident group.

From Soma I learned the importance of keeping down artificial barriers which interfere with learning. Whoever knew the most about the problem—be he second-year student, instructor or visitor—was cock-of-the-walk for the moment. Soma achieved remarkable give-and-take with everyone contributing to the learning pot and everyone taking knowledge back out. He realized that the goal of the medical student was the opportunity for the correlation and consolidation of his knowledge which can be achieved only in the fourth year. He was never willing to sacrifice that period of high learning of the fourth-year student, stimulated to its fullest by an alert resident staff, for ease of operation of the outpatient clinic. The student was a doctor taking care of his patient under supervision. Therefore, as a doctor, therapeutic and diagnostic decisions could be made only with the student present. This made joint ward rounds with students, interns and residents imperative and greatly increased the cohesiveness of the group.

Soma never forgot that the function of a university service was to train men and the output of research was always secondary to this main objective. He carried on research with the resident staff for its effect on their thinking. Research with the older staff was a means of keeping their minds alert and their teaching interesting.

In the laboratory, Soma taught us the value of always

carrying out some observations each day on a patient. Even if the experimental procedure proved useless, we always learned something from the patient. He was never uneasy about development of the specialized knowledge of the physicist, the biochemist, or the physiologist. He always believed that men with sound clinical training who spent time in learning the ways of sick patients could hold their own in the research field. He emphasized the time and hard work that went into the understanding of patients and the mechanisms of disease, and never begrudged the years necessary for the development of clinical skills.

He taught us the value of not giving up too easily and yet he kept us from beating our heads against a stone wall on a problem for which methods then known were inadequate. He brought new methods into the laboratory and was always searching for collateral evidence to buttress any thesis he entertained. This willingness to approach any problem from many angles accounted for the soundness of his final conclusions and for his amazing ability to write many papers with so few errors in basic concepts.

Soma maintained a great interest in the symptoms which patients present. He realized that the learning of medicine from the practice of medicine was dependent entirely upon an accurate evaluation of the cause of the patient's complaint. A patient with heart disease who complains of shortness of breath may have congested lungs which are causing the dyspnea, or he may be short of breath from anxiety, or he may have independent lung disease. If the doctor mistakes emotional dyspnea for congestive failure, he learns nothing from treating the patient.

In his study of symptomatology, Soma appreciated the complexity of medicine in modern society. He was aware of the frequency with which multiple factors operate to produce disease and symptoms. He became interested in the mechanisms by which emotional reactions

cause the patient to feel abnormal. The beautiful series of experiments carried out in his laboratory on carotid sinus fainting remain of primary importance because they demonstrate reflex ways of feeling unreal, light-headed, and even of becoming unconscious. These observations were not important in curing patients with fainting by denervating the carotid sinus: they were important in demonstrating reflex mechanisms for feeling abnormal.

Soma not only knew what he wanted to do, but he knew how to get it done. He didn't rail at the political moves necessary to keep the city fathers happy. He knew that all the ruling powers were people and he enjoyed handling people. It made little difference whether they were sick folk or people with power who needed education. He showed that administration was a necessary function and could be fun in its own way.

Soma Weiss had a unique degree of interest and enthusiasm for what we did which went far beyond our professional activity. He had an understanding of our personal lives and of our hopes and ambitions. He was interested in our clinical problems and in any observation we made in the laboratory. He shared with us the thrill of those first observations which are so exciting and also so apt to be not repeatable. He enjoyed any of our little triumphs as much as he enjoyed his major ones. No wonder we worked long hours and tried to think great thoughts. Here I learned the secret of running a successful medical department: the chief must assemble about him a number of people, any one of whom can outdistance him in some field. If this can be accomplished without arousing anxiety and jealousy, there will develop an excellent department whose chief enjoys tremendous satisfaction from the growth of his staff.

These, then, are the lessons learned from some of my teachers and I am grateful for the opportunity to pass them on to you.