The size of this audience, year after year, is an impressive testimonial to the vital and still growing interest in clinical investigation. To a large extent it exemplifies the great desire of a constantly increasing number of young men to make significant medical contributions of their own, to have full-time careers in academic medicine. As long as this trend continues, one can look to the future with confidence and keen anticipation that our understanding and control of disease will continue to become more complete. The young clinical investigator, however, is confronted with ever increasing competition for the most desirable academic positions, with complex duties that often provide him too little time for creative thought, and with the temptation to seek more money for his laboratory than he can wisely use. These factors which may eventually dampen enthusiasm or otherwise adversely influence clinical investigation so as to reverse the trend.

I

It has been traditional for young men to start out with the conviction that the only academic jobs really worth having are those as chief of the service or as chairman of the department. We have surrounded those positions with an aura, a sense of reverence which has at least the faint aroma of hero worship. I have heard house officers and research fellows discuss repeatedly the fact that these coveted jobs have increased very little in number while the men who seek them have grown to the size of a small army. They feel that our frontiers are gone, our era of expansion over so that here, as in many European countries excellent men will have to turn away from universities in increasing numbers because opportunities have not kept pace with interest. I would like to argue that the reverse is true, that opportunities have multiplied. To accept and believe this statement, however, we need to keep values straight and not worry about titles.

As faculties have been expanded during the past ten or fifteen years, jobs have been created that are really better than the one the Chairman has. He sets policy, to be sure, is regarded with more esteem by the community, and receives the largest salary; but with the expansion he has had more and more administrative detail, more committee meetings to suffer through, more responsibility to make certain that his associates have what they need, and less free time for his own scientific interests. By contrast, the other one or two professors in his department, the associate and the assistant professors, have more freedom, more time to work on the wards or in the laboratory, more leisure to think. The wise policy of establishing divisions within a department, and of giving division heads a large measure of autonomy, provides the sense of independence that most people need to have. It is difficult to understand, then, why these jobs shouldn't be so satisfactory that the men who hold them would be content with them for life, covet them as the remarkable opportunities they are. Most of them are now coming to offer tenure so that security is not involved. The assistant professor in a medical school often has an income which equals that of a department chairman in other branches of the University. In terms of academic standards, therefore, income is usually good although it obviously won't allow standards of living comparable to those of men in practice. Perhaps the desire to run things, to be "top dog" is so strong in the human race that the security, the opportunity and freedom to work within a University on problems of one's own choosing just won't provide to most people the measure of satisfaction they want from life. I am naive enough, however, to believe that if we would stop blowing up the professor as if he were some superhuman colossus, and would wave a flag more vigorously for the other jobs within a department, we might be able to focus on them as the prizes they are.

II

But if non-administrative departmental positions are to be kept so attractive that men will accept them as lifetime opportunities, both the departmental chairman and his men have a job to do. The former, confronted with increased teaching and service responsibilities himself, must not ask his associates to take over so many of these duties that he destroys their creative effectiveness. His task here is not an easy one. During the period of expansion most of us have recently been through, departments have been asked to take over the responsibility for more patients in their own university hospitals, in veteran institutions and in community hospitals which wanted to affiliate with the University. Any decision by a medical school that the saturation point has been reached is likely to prove unpopular. Most schools have yielded to pressure by increasing the size of their classes, often to the point of greatly reducing faculty-student ratios. The departmental chairman has to be most ingenious under these circumstances in order not to overload his men. In addition, he must give them all the autonomy possible, must make every effort to see that they get the recognition they deserve, and must fight to keep their incomes adequate.

But those of us who have never been chairman of a department often blame the chief of the service too much, and ourselves too little, when free time vanishes. The traps we fall into are fairly obvious, but most men never
learn to avoid them: too many speaking engagements, too many conferences, too many committee meetings. One might follow that by saying: too much talk, too little work. It is reminiscent of the New Yorker story about a maid who quit her job because there was "too much switchin' of the dishes for the fwwness of the food." Most men appreciate the recognition provided by these outside assignments, of course, and have a responsibility to accept their share, but the proper balance is hard to keep. Then there is the temptation to take oneself out of the academic income bracket by seeing more and more private patients or by assuming additional extraneous duties mostly because of the money involved. The price we have to pay in medicine, particularly in clinical departments, for the great privileges of an academic life, for the stimulating association with brilliant colleagues, for the opportunity to do just what we want to do, is so much less than that required of our other university associates that most salary protests have a hollow ring. Income bought at the expense of free time for creative work will certainly, for the investigator, seem like a poor investment when the age of 65 or 68 rolls around.

III

The danger also exists that each division head, when given a large measure of autonomy, will be tempted to build a little empire of his own without regard for the structure of the department as a whole. There is a disease which is fostered by this system. As departments increased in size, most medical schools had to use for salaries the money that formerly had supported research. Governmental and foundation research funds, fortunately, became more plentiful and filled the hole. Each man was told to apply for his own research grants. There then developed what may be called the "centrifuge-scintillation counter-Beckman disease." Formerly, one or two centrifuges would suffice for a whole department. Now, every laboratory must have at least one. This disease has characteristic symptoms and signs. There is acute depression if the laboratory budget is less than $100,000 a year. There is unhappiness if there are so few fellows and technicians that the principal investigator has to do any work himself. No experiment involving radioactive isotopes can possibly be undertaken unless the laboratory has at least one counter from every instrument company in the field. There are more pieces of equipment than ideas. There is an amazing lack of any sense of responsibility for the wisest possible use of the funds. I think this preoccupation with equipment and large operations unfortunate, not only because of the waste involved, but because it tends to generate a false conception of research. It involves young men in the task of using instruments to pick up little pieces of information that have been passed over by more original investigators, encourages them to remain in laboratories past the time when they should have realized that their talents lay principally in other directions, or denies them the chance to explore more exciting leads because a longer time might be needed to obtain publishable results.

IV

This harangue was prompted only by: 1) the hope of convincing young men that the medical academic ladder is not as clogged as is the membership of this Society, 2) the desire to plea that non-administrative departmental jobs be organized to preserve the freedom necessary for active investigative programs, and 3) by the fear that unwise use of research funds may discourage the proverbial goose. Lastly, I would like to talk briefly about the meet-