Presidential Address to the Society for Pediatric Research

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Members of our Society and guests, I speak to you today at the end of 13 years of association with the Society for Pediatric Research. My wife and I have spent the last eight of these years very closely involved in the Society's affairs, and they have represented an exciting, educational, and emotional experience. I also feel I have been privileged to serve during what appears to me to have been a striking period of transition.

This Society was created 41 years ago by a group of pediatric investigators working in new fields of scientific endeavor and eager to tell others of their exploits; it is now a society of scientist-physicians striving to maintain a firm scientific base and an enlightened national perspective for the whole field of child health. Our programs first consisted of 15-20 scientific communications on the pathophysiology of disease but now contain over 150 papers encompassing much broader fields.

During the past 13 years the Society has grown from a 385 member organization with 1,500 people at the annual meeting to a group of over 750 members with almost 2,500 people in attendance here today.

The growth of the Society is illustrated in figure 1. Figure 1 shows the increase in papers submitted for the meetings in 5-year intervals since the Society was formed in 1929, the number of papers presented (and there is a growing discrepancy that is worth noting), the growth in the number of active members, and the growth in the number of emeritus members, respectively. Again there is a changing relationship which undoubtedly is of significance to the characteristics of the Society. I have no detailed historic data on the growth of the attendance at these meetings, but figures 2 and 3 are pictures of the members present at the first meeting, and if you will look around you can compare that group which met in Boston, March 23, 1929 with the size of the group here today.

Fig. 1.

The past few years have witnessed the birth of the Society's Journal—*Pediatric Research* whose intrauterine existence I was able to help sustain and nurture and which is now a handsome, growing, and very bright youngster with three sponsoring parents. But lest we

Fig. 2. J. D. TRASK, L. E. HOLT, JR., G. M. GUEST,
J. STOKES, JR., J. A. JOHNSTON
L. A. HOAG, H. C. STUART, B. HAMILTON,
G. M. LAWSEN
R. MCINTOSH, R. K. BYERS, A. F. ANDERSON,
H. L. HIGGINS

Fig. 3. D. C. DARROW, S. Z. LEVINE, C. A. WEYMULLER,
A. M. BUTLER
J. L. GAMBLE, I. MCQUARRIE, T. G. H. DRAKE,
C. F. MCKHANN
E. M. BRIDGE, H. W. JOSEPHS, J. L. WILSON,
T. S. WILDER

think this journal was a new idea, I would like to quote the minutes of an earlier meeting:

'A committee was appointed to investigate the possibility of the Society's having a journal. This committee consists of Dr. Gamble, Dr. Park and Dr. Hoag.' That meeting was the second meeting of this Society in 1930. The idea was abandoned in 1933 but cropped up two more times before the journal was formed.

In these last 13 years, the concerns of our membership have matured. We have helped to form the Joint Council of National Pediatric Societies, allying ourselves with the other national pediatric organizations to further better health for all children. Simultaneously with the broadening of our horizons, the horizons of

these other organizations have widened, too. We have also made our first tangible interdisciplinary effort with the American Federation for Clinical Research—our joint symposia tomorrow afternoon.

At the same time that we have been moving closer to a number of comparable organizations, we have also seen division and separatism beginning in our own group. First, we had the formation of the specialty sessions as part of our annual meeting in 1958. Then some groups began meeting separately—cystic fibrosis, kidney, and hematology. The Ambulatory Pediatric Society was formed 10 years ago. The regional pediatric research meetings have increased in number and popularity. Do these events really indicate separate and distinct interest areas? Are our own sessions not meeting the needs of our members? Do we have too many people who ought to be heard to live with our present meeting format?

The apparent paradox of our interests coinciding increasingly with those of other organizations and our members creating new outlets for the discussion of their academic endeavors, must have some rational explanation and solution.

The explanation for the paradox may lie in examination of our Society's goals, purposes, and significance, for I believe these have changed over the last decade. I am not certain, however, whether they have changed in the minds of the majority of our members or only in the minds of those individuals who have been directing the Society's affairs during this period. Do we have, in fact, our own generation gap?

Perhaps, by expressing my own views on some of these questions I can begin to delineate the issues so that those who follow me and are concerned about this Society and its future can have a point of reference from which they can begin to resolve the conflicts that are appearing.

There seems little doubt that we are at a critical period in the history of our country. While we continue at an unprecedented rate to soil the air we breathe and the water we drink, we continue to devote a major portion of our resources to mechanisms for killing and maiming citizens of other lands; while rats and vermin infest the homes of multitudes of our citizens, we continue to send rockets to the moon and develop aircraft that will get us to London a few minutes sooner.

Today we, along with our organizational peers, face a host of complex and far-reaching problems.

The very survival of this nation—increasingly dependent on its greatest natural resource—our children—may be imperiled if we cannot create a healthier, more productive adult population. Since many of the illnesses and limitations of adults can be prevented or modified by appropriate health care in childhood, child health care is a vital element in the determination of

the effectiveness of the adult population. To provide continually improving child health care, continually improving manpower must be trained and the primary site of such training is within the departments of pediatrics.

At the very time when optimal health of children has been stated to be a national priority, we are faced with serious, if not critical, constraints in our departmental training and research endeavors. When the demand for improved child health care is growing, we find it increasingly difficult to establish and maintain departments of pediatrics, and even more difficult to expand them to meet these new educational requirements. The level of research funding is not even keeping pace with increasing costs. At a time when we must increase the training of pediatricians by 40% just to maintain the level of care now extant in the country, our major source of support for developing the necessary teachers, the training grant programs, may soon be destroyed or severely crippled, and no reasonable, alternative programs have appeared. This year it would appear that only 20% of the approved training grants of the National Institute of Child Health and Human Development may be funded. Next year the situation may be even bleaker and by 1972, it may be catastrophic. Without an increasing supply of teachers, we will never have the increased number of pediatricians, nurse practitioners, pediatric assistants, and the like, that are necessary.

The goals of our Society for Pediatric Research can have little meaning unless these problems can be resolved, for no matter how the goals are chosen, a significant role for research and academic training is mandatory for our existence.

As a new chairman of a new department in a new medical school, I have come upon a disheartening scene. After 20 years, when pediatric departments flourished, when the number of full-time faculty increased rapidly, when residency programs prospered, when research and research training became an integral part of the educational program—for both the student headed for practice as well as for the future academic scientists; after 20 years of this, we are now facing a scene in which support for full-time faculty is floundering, residency programs are depending increasingly on major service commitments, and research and research training are looked at with subtle forms of contempt by many in government and society. Naturally there are various reasons and events why all of this has taken place but I do not intend to discuss them here. This is the situation we are facing, all of us: students, house officers, fellows, practicing pediatricians, faculty members, and chairmen. The results of these changes are not all bad: we need to involve more practicing physicians in our educational efforts; we need

to have a service commitment; and we need to stop relying on research-related funding for the support of our educational programs. But we also need support for education, we need to be able to expand our instructional endeavors, and most importantly, we need to establish an optimal balance between education, service, and research, so that we can provide the appropriately trained, high quality manpower required to meet the child health needs of our nation.

It is abundantly clear, however, that we will no longer obtain funds and resources, just on the basis of statements such as those I have made. That day is over. The outraged cry of the raped investigator is no longer sufficient to attract the interest of the public or of responsible federal, state, or university officials. To accomplish our goals, we must work constructively with our pediatric confreres. We must be in a position to defend a carefully thought out, realistic, and rational program that defines clearly the roles of teaching, service, and research in our departments. We must be able to demonstrate how such a program will improve child health and child health care and will do so economically. We must do these things if we are to receive support in developing and maintaining our educational resources and our research efforts.

This is a tremendous job, and we cannot do it alone. We do not have the budget or staff required to gather the information, organize the data, develop the programs, and then disseminate the results. Furthermore, our interests overlap those of other groups who are also affected by the lack of a rational approach to the health problems of the country.

With the other academic research societies—the American Federation for Clinical Research, the American Society for Clinical Investigation, the ‘Federation’, the Endocrine Society, and many more—with these we share a common concern for the future role of biomedical research in our teaching institutions, and I phrase it in that way because biomedical research itself is in less danger than is its place in the universities. President Nixon’s 1971 budget requests 6 million dollars less than in 1969 for research grants most of which are in universities, *but* 46 million dollars *more* for contract research all of which is controlled and directed by the National Institutes of Health and much of which is assigned to established investigators or takes place in industrial settings. Another threat that looms on the horizon is the intervention of greater political or nonscientist judgment as to what research, and whose research is funded. The implications to members of all research societies are obvious; but the impact of the constraints in training grants and the increased emphasis on contract or controlled research is of special significance to the young investigators who make up the bulk of the Society for Pediatric Research member-

ship. The Council of Academic Societies of the Association of American Medical Colleges has now established a Committee on Biomedical Research Policy under the chairmanship of Dr. LOUIS G. WELT. The role of this Committee is to coordinate the efforts of interested organizations and to develop a policy position which they and others can bring to the people, the universities, and various governmental bodies and agencies.

The Society for Pediatric Research will probably be a member of the Council of Academic Societies within the next few months. Thus, we will soon be allied with many other research groups in working out a rational position for biomedical research.

We also share primary interests and professional bonds with the other pediatric societies.

The emphasis of the current administration on early childhood development and nutrition makes this association even more meaningful. The fact that the National Institute of Child Health and Human Development is one of the few institutes for which President Nixon has proposed increased funds in 1971, and the possibility that a major share of our pediatric clinical research centers may not have to close after all, are two specific instances where our efforts combined with others in pediatrics, may have had some influence in translating concepts into realities.

As an explicit expression of our concordant concerns with the other pediatric groups, we have a marked degree of overlap in our memberships and activities. We have increasingly amalgamated our efforts with those of our older brother, the American Pediatric Society. Now our meeting together is taken for granted. This year we have published our programs as a single volume and our sessions are inextricably fused. Seventy percent of the members of the Association of Medical School Pediatric Department Chairmen are members of the Society for Pediatric Research. At the last meeting of the Academy of Pediatrics 50% of the speakers were members of the Society for Pediatric Research. And so, in many ways, we have become an integral part of the total pediatric community.

I would next like to discuss three aspects of the Society for Pediatric Research which I see as inherently its own: the opportunity for young pediatric investigators to gather together socially, the opportunity to reaffirm and renew their faith, and the opportunity to discuss both formally and informally their scientific investigations. All three are indispensable elements of the organization's role. The social aspect is probably met by the simple gathering together of the group in one location. The revivalist, or tent meeting function, is inherent in the plenary sessions of the Society, provided they are of high quality and well attended and high quality should assure good attendance. The

scientific discussion facet is one that requires closer scrutiny.

The number of competent investigators is still growing as evidenced by the increased number of individuals proposed for membership and elected this year (fig. 4). As shown on figure 1, the number of papers submitted for the program and those presented are still increasing. The presentations are necessarily still brief and the discussions are so seldom penetrating or illuminating that we have eliminated recording of discussions for publication.

We have gone from 6 half-day specialty sessions in 1958 to 20 half-day sessions this year. But even these special sessions, which once were small and informal, no longer suffice as forums for meaningful discussion. If one wants to learn about or discuss an individual project in detail, one must seek out the author privately and look for a convenient chair in a lobby, or a bar, or a place on the boardwalk to talk. This is an excellent technique but one that hardly suffices for the total group.

I have raised many issues and problems but have not proposed solutions. The reason is obvious; there are no easy answers. My purpose has been to reconstruct the issues as I see them with the hope that if others see them similarly, some productive discussion may point the way toward resolution of the dilemma. To assist in starting the discussion, I would like to suggest two proposals for your consideration.

First, if the horizons of this Society are widening to the extent I have suggested, and if we hope to achieve some of the broader goals, we cannot continue as a once-a-year scientific-meeting type of society. We need year-round staff resources, a continually functioning official base, a more efficient and effective organization, and sounder finances. To this end, I propose that we carry forward our current collaboration with the American Pediatric Society and the Ambulatory Pediatric Association to the extent that we have one secretarial headquarters, one set of records and of dues, and that eventually we have one organization—probably with two sections—one education-oriented and one research-oriented. Each section would have its own chairman but there would be one set of officers and one council that were representative of both sections of an American Society for Pediatric Education and Research. Furthermore, should this amalgamation proceed relatively well, I would then see a fusion with the Association of Medical School Pediatric Department Chairmen to form a truly Academic Pediatric Society. Finally, I would suggest that eventually we approach an even closer affiliation with the Academy of Pediatrics and thus truly bring research, education, and service together in a closely knit partnership aimed at better health for all children.

Fig. 4.

My second proposal involves the scientific side of the Society. I do not choose to tamper with the social or group therapy functions of the meetings. I feel these are important to maintain; we need to preserve some plenary or general session type meeting for these purposes.

The written and verbal exchange of scientific information is my concern. The time is past for crying about the good old days. We must now consolidate and defend our scientific strength with a program of positive action. In the area of written communication, I believe we must strengthen and expand the use of our Journal, which clearly delineates pediatric research as an entity. Such delineation is important not only for its scientific usefulness to ourselves and to our colleagues, but it is, in today's climate, essential for its impact on the lay public and on governmental agencies.

The other aspect of this proposal relates to the domain of verbal communication. By its nature this type of communication should concern the design, early and late evaluation, interpretation, and clinical application of experimental studies that are being planned,

are in progress, or are nearing completion. It would be reasonable then to formalize, annex, extend, and perhaps modify the format of the smaller regional meetings which have frequently been the place for presentation of more preliminary results. We could also initiate and sponsor small, relatively homogeneous workshops and free-wheeling, problem solving or problem clarifying meetings. In this context we should seriously pursue the involvement of related investigators in other disciplines.

Regarding the specialty sessions at our annual meeting, I would propose that 30 or more of these go on simultaneously, leading to a smaller, more involved audience at each. The presentations should be available prior to the meeting and by extending the time for each paper to an hour, the material could be developed in greater detail and the entire meeting time could be devoted to meaningful discussion, criticism, and suggestions. Out of such gatherings might come more collaborative research endeavors, which would eliminate costly duplication of effort and avoid piecemeal efforts that often use different techniques and methods and

are, therefore, difficult and often impossible to fit together.

Using approaches such as these we should not only achieve better scientific communication but we should also begin to break down egocentric barriers. It will be necessary to break down these barriers if we are to marshal our resources efficiently to maintain a productive research base during the financially lean years ahead.

All of these suggestions are made with the full realization that they may present difficulties in implementation. They are meant to point out possible directions,

to raise questions, to stimulate discussion, and to lead to new progress and success for the pediatric research community.

Notes

1. Request for reprints should be addressed to: W.B. WEIL, Jr., M.D., Department of Human Development, College of Human Medicine, Michigan State University, East Lansing, MI 48823
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