

The American Society for Clinical Investigation, 1952–1975: a personal perspective

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Personal perspective

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Figure 1

A group of diners at Hackney's Restaurant in Atlantic City, 1959. Left, front to back: Charles G. Spicknall, Marion B. Sulzberger, Morris Ziff, Joseph B. Kirsner, John H. Vaughan, Samuel Martin, and Max Miller. Right, front to back: John Rumball, Frank H. Tyler, Julian M. Ruffin, Arthur Colwell, Donald W. Seldin, Wade Volwiler, Franz J. Ingelfinger, and Ivan Duff.

together diverse disciplines, are far more powerful than the more solitary system of the past. Maybe the medical manager is the more appropriate leader than the medical scholar.

But something has been sacrificed. The central core of medicine has become gravely weakened; the warmth of academic life has to some extent been replaced by impersonality and distance. And specialty meetings command the major scientific advances.

It would be foolish not to recognize the tremendous power of modern medical science. Everyone must surely acknowledge the enormous advance that is the product of specialization, technology, and conceptual analysis. But still, the attractiveness of the

Atlantic City meetings — the qualities of shared knowledge, common goals, and warm friendships, reinforced by a congenial and familiar environment — constitute profound human values. The new biology may well be our ultimate medical triumph. But it would be nice to imagine how rich life would be if a little of the Boardwalk could be injected into the modern academic world.

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In this perspective, I trace my experiences with the ASCI, beginning in 1952, when as a medical student I attended my first meeting, until 1975, when I completed my term as president of the Society. I focus attention on the sociological aspects of the Atlantic City meetings and the critically important role these meetings played in the evolution of academic medicine during the third quarter of the 20th century.

The period encompassed by this article begins in 1952 with the first meeting of the American Society for Clinical Investigation that I attended and ends with the 1975 meeting, when I completed my year as president and graduated to emeritus membership. In 1952 Harry Truman was the president of the United States and the Korean War was in full swing. Research was rarely carried out by medical students at the time, but I was fortunate to have been

given the opportunity to spend an extended research elective in the hemodynamic research laboratory of Ludwig Eichna at New York University and Bellevue Hospital. We studied the hemodynamics of heart failure, a subject that I have worked on intermittently since then and continue to investigate at present. Eichna was the secretary of the ASCI and therefore was quite involved in Society matters. He talked to me about them at some length, giving me a bird's-eye view, and arranged for me to accompany him to the annual meeting in Atlantic City, New Jersey, then a quiet seaside resort.

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In 1952, and for years thereafter, the three clinical research societies, the Tri-Societies, met on consecutive days. On the first day, the American Federation for Clinical Research, now the American Federation for Medical Research (AFMR), affectionately called the Young Squirts, under 41 years of age, met. On the second day it was the turn of the ASCI, the Young Turks, under 46 years of age; and on the last day, it was the Association of American Physicians (AAP), the venerable Old Turks, no age limit.

The 1952 meetings were a transforming event in my professional life. I was mesmerized by the many (perhaps 300) attendees, virtually the nation's entire academic medicine establishment. They came from all over the country, but predominantly from departments of medicine on the East Coast, then the sites of most of the "action" in clinical research. Active and emeritus members of the ASCI sat in a special roped-off section of the auditorium in the Chalfonte-Haddon Hall hotel and were the only persons permitted to ask questions after presentations. These were usually long soliloquies, followed by a query that often seemed like an afterthought.

Aside from two papers in cardiology, I had only a vague understanding of the presentations. However, on reflecting on the meeting later, I was struck by the fact that the goal of the research presented was to answer specific questions and to define pathophysiological mechanisms of disease, much as occurred in Eichna's laboratory. However, I had become accustomed from my classes, textbooks, and the limited medical literature of the day that I perused to observations of patients, diseases, or phenomena. The ASCI clearly was in the vanguard of this paradigm shift to hypothesis-driven research that brought biomedical research into the mainstream of science. I believe that this was one of the most important contributions of the Society during this era. My early exposure to this approach to research, which we now take for granted, profoundly influenced my subsequent research efforts.

With the exception of my internship year, I attended all of the subsequent meetings of the Society in Atlantic City on my peripatetic academic path. By the mid-1950s I had become cognizant of and fascinated by some of the sociological aspects of the meeting. The Boardwalk, recently widened and refinished, was an academic meat market. This was the place where young physicians with academic aspirations were introduced to senior faculty from other (and often their own) institutions. Sitting on the railing of the Boardwalk, it was interesting to people-watch. Virtually all who strolled by, regardless of age, were white males, usually with closely cropped hair and wearing a standard uniform: white shirt with button-down collar, striped tie (black and dark green were the favorites), charcoal gray slacks, herringbone jacket often with leather elbow patches, and well-shined black shoes. Almost all (me included!) were pipe smokers. The princes of academic medicine – chairmen of important departments – strutted about, surrounded by their retinues.

In the evening the bars in Chalfonte-Haddon Hall were overflowing; the most popular drink for faculty was the Manhattan, and pitchers of beer flowed for trainees. Walking along the corridors of these hotels, sometimes one could catch a glimpse of a frightened young man emerging from a pipe smoke-filled room after a screening interview with one or two barons. If this encounter was successful, it could lead to a meeting on the following day with a prince, often semipublic in a hotel restaurant.

In the 1950s, there were no organized research training programs; research was learned entirely in an apprentice mode. In

some instances, aspiring clinical investigators spent a year or two in a preclinical science department. Before the NIH budget had begun its upward trajectory, it was a buyer's market for academic departments, with a growing number of young physicians interested in biomedical research but relatively few positions. However, a successful presentation at an ASCI meeting coupled with an article or two in *The Journal of Clinical Investigation* were the tickets to academic success. Election to the ASCI was considered to be a stamp of excellence and often led to an associate professorship in a top medical school. Election to the AAP meant that you were full professor material.

With the passage of time, my role at these meetings changed from that of an awed spectator to a participant. I was elected to the Society in 1963 and served on the editorial committee of the *JCI* from 1964 to 1971. A great honor came to me in 1974–1975 when I served as president of the Society. I learned a great deal from these ASCI-associated activities, including how to assess research, evaluate candidates, and think about the larger issues facing academic medicine, some of which I discussed in my address to the Society (1).

For decades the academic year was synchronized to the annual meeting of the Society. Not only was this the high point of the year scientifically, but it also provided the venue for many important satellite meetings. The annual meeting of the Association of Chairs of Medicine was held in conjunction with the ASCI's, and this assured that virtually all chairs attended the Society's meetings. I gained much from the meetings of this association, which I began to attend in 1968 as a rather junior chairman. Equally important to me were the annual meetings of the editors of *Harrison's Principles of Internal Medicine*, also held in conjunction with the ASCI meeting.

As the years went by, the character of the Society's meetings changed as well. The meetings grew rapidly in size, as clinical research in the United States was fueled by the progressive growth of the NIH budget. The meetings outgrew Haddon Hall's auditorium and moved to the famous Atlantic City Steel Pier. When I became an emeritus member in 1975, the country had changed remarkably since my first meeting in 1952. Gerald Ford was now president of the US. The country had been deeply traumatized by the assassinations of John and Robert Kennedy and of Martin Luther King, as well as by Watergate. The Vietnam War was drawing to its tragic conclusion, and the cold war was at its height. The ASCI meeting had now become a bit more representative of the country, with important scientific contributions no longer confined to the Boston-Washington corridor. The appearance of the participants had also changed. Long hair was the rule, and facial hair was quite common. Small but growing numbers of women and minorities were in attendance. Dress had become casual. What I considered to be the most exciting scientific presentation of the meeting over which I presided was delivered by an immunologist without tie or jacket who sported a huge mustache and pony tail: he was from San Francisco, of course. Departments were now competing avidly for well-trained and promising faculty members to populate their rapidly growing NIH-sponsored research programs. Clinical research had become a seller's market.

In the 1970s, gambling casinos had sprung up in Atlantic City and thereby first disturbed and then ruined the ambience of this academic meeting. The ASCI Council began to think about the unthinkable – leaving Atlantic City! I resisted this idea because I knew that something magical would forever disappear from our



professional lives — the annual pilgrimage of clinical investigators to this out-of-the-way place. However, I fought a losing battle. The ASCI moved, probably appropriately, given what was happening to Atlantic City, but unfortunately I was correct — something magical had indeed disappeared and has never returned.

The meetings moved in 1977 to Washington, DC, and then to other cities, ultimately settling in Chicago, in order to make travel easier for investigators and trainees from the entire country, as the center of gravity of clinical research moved westward. With the flowering of the medical subspecialties, afternoon and evening sessions were added. However the Tri-Societies could not compete successfully with the meetings of the subspecialty societies. The Society’s meetings, held with the AAP, became a series of brilliant “State of the Art” lectures that cut through several disciplines and were delivered by the most creative and accomplished investigators in the country. This format, which continues to the present, is designed to remind us of the common threads linking all clinical research and its dependence on basic biologic science.

However, despite these changes in the meeting, which reflected the evolution of clinical investigation, what has not changed during the 56 years since I attended my first meeting has been the ASCI’s devotion to rigorous science. Membership in the Society and publication in its prestigious journal remain twin badges of honor, which are so very important at a time when we are witnessing increasing hype, spin, and commercialization of research.

Happy 100th ASCI! May your positive influence on clinical investigation and academic medicine continue unabated during your second century.

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1. Braunwald, E. 1975. Can medical schools remain the optimal site for the conduct of clinical investigation? Presidential address before the 67th annual meeting of the American Society for Clinical Investigation, Atlantic City, New Jersey, 5 May 1975. *J. Clin. Invest.* 56:i-vi.

The old Atlantic City meetings

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Where once the annual meeting of the American Federation for Clinical Research, the American Society for Clinical Investigation, and the Association of American Physicians could unite the whole of clinical investigation, now stand many organizations and meetings catering to specialized fields, and the cohering effect of the Atlantic City meetings has not since been duplicated.

The annual ASCI/AAP/AFRCR meetings in Atlantic City were the most important and exciting events in my early career as a clinical investigator. I started out a few years after the close of World War II, when what is now called translational medical research was expanding rapidly, and important developments in virtually every field were being reported in rapid succession. It was a heady time to be entering academic medicine, and each year all clinical researchers would meet in Atlantic City to present their latest and best work and to meet on the Boardwalk or in local hotels with their colleagues from all over the country.

The scientific excitement and the camaraderie of those meetings were unmatched. Atlantic City was where you measured your scientific success (or failure) against that of others in the field. It was where you discussed your research with your friends and your competitors and where academic careers were shaped — and much gossiped about. It was a time when you could personally know just about everyone in your field and when it was possible to gain a comprehensive overview of the current state of research in the whole field simply by attending the specialty sessions of this one meeting. Everyone who was anyone working in any area of clinical research simply had to be there.

The general sessions afforded an opportunity to hear about the latest and most important work in other fields and to see the leaders of academic medicine in action. For young people starting their careers

in research, nothing matched the spectacle that unfolded each spring in Atlantic City. It was a meeting that not only defined the current state of clinical investigation, but also told you whether and how your own work was contributing to progress in the field. It was also, in those innocent days, a meeting largely free of commercial influences; virtually none of the thousands of researchers in attendance had any personal financial interest in the fruits of their work.

Of course, those meetings inevitably had to change. With the explosive growth of medical research in so many new directions and the entrance of so many thousands of new investigators, it simply wasn’t possible to hold it all together in one meeting. Innumerable new scientific subspecialties, new societies, and specialized meetings have now supplanted the old meetings in Atlantic City, and any semblance of unity and coherence in medical research has disappeared. Dispersion and subspecialization are now the rule in clinical investigation, as in all of science. I suppose that is the price we must pay for progress, but I can’t help feeling nostalgic for the ASCI/AAP/AFRCR big show. Those annual pilgrimages to Mecca on the New Jersey shore held us all together in a way that has not since been duplicated. And they were a powerful reminder that clinical investigation is critical for the understanding, treatment, and prevention of human disease, therefore requiring the involvement of physicians.

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