I have been sorely tempted to follow the becoming example of a predecessor and forego the generalizations which are expected to serve as a forerunner to the serious purpose of these meetings. However, I can not refrain from taking this opportunity to comment briefly upon certain considerations of clinical investigation which are assuming progressively greater importance. These criticisms and pleas are primarily directed towards laboratory investigation, although they incidentally also apply to those phases of clinical research which deal with bedside observation and the statistical study of clinical material. Moreover, my remarks are concerned only with those endeavors which are genuine and sincere. Investigation undertaken either consciously or subconsciously for the purpose of advertising or for personal aggrandizement is not worthy of comment before this group.

Keeping pace with the spirit of abandon which characterized the florid twenties, clinical investigation ran riot, recognizing no bounds, philosophical, intellectual, technical or financial. With apparently unlimited financial resources, the business man’s concept of mass production tended to creep into academic medical circles without due appreciation of the differences in the aims of business and of science. Under this spell of enthusiasm it seemed reasonable to expect that with organized groups of investigators, spacious laboratories, endless equipment and technical assistance the mysteries of medical science must bow before the concerted onslaught and bow promptly. Medical students and young graduates, without consideration

---

1 From the Department of Medicine, College of Physicians and Surgeons, Columbia University, and the Presbyterian Hospital, New York City. Presidential address delivered before the American Society for Clinical Investigation, on May 4, 1936.