Remarks made on acceptance of the Proctor Medal Award, June, 1966

An unanticipated dividend always provides the recipient more happiness than a reward for which there is reasonable expectation. For this reason I am all the more pleased at being doubly honored by the Association for Research in Ophthalmology, in receiving the Proctor Award and having the opportunity to address your members. Had your committees consulted me, for the honors that now I proudly accept, I would have endorsed colleagues who are recognized as master clinicians and who in addition have particular skills in laboratory undertakings and in basic research applicable to clinical endeavors.

On an occasion such as this it may be permissible, if only on the basis of chronologic seniority and as an ophthalmologist remarkably uninformed on much of what is being undertaken in basic research, to talk to you regarding the integration of clinical efforts, teaching, and research. Much has been written about this, and the over-all problem has recently been clearly stated by Dr. Francis H. Adler in an excellent address to the Academy of Ophthalmology and Otolaryngology.

Because I have enjoyed most of my professional life in a university teaching hospital, my remarks concerning integration of efforts will be directed to the problem only in that environment. I take full responsibility for what I say, and realize that I shall barely touch on a few of the problems that concern all here present.

We are happy regarding the recent expansion of research activities in the Wilmer Institute, and we enjoy the air-conditioned, delightfully arranged, and spacious quarters. At the same time, we continue to be aware that creative effort in any scientific field is primarily dependent upon the persons undertaking the research, and not on the conveniences, although good instruments and facilities are important. To me, it seems that we at the Wilmer Institute are in a position favorable to working out a proper relationship between research, teaching efforts, and clinical practice in a university teaching hospital. (The same applies, of course, to many other institutions within this country.) And yet, since human affairs are almost always subject to further improvement, it may take a decade or more to develop the procedures that can provide optimal unification of these efforts.

In order to give this address potential value, I asked myself many questions, and I could be satisfied with my answers to only four of them:

1. Does the clinician who aspires to a university teaching appointment require a period of training in a basic research field? I do not hesitate to answer in the affirmative, even though such additional training would add a year or more to the preparation necessary for qualifying.

2. Is it possible that an effective capacity for original research can be developed during the period of clinical training? Undoubtedly there are some persons who have such a capacity, but a large majority do not.

3. Is it necessary that all university teaching hospitals go extensively into basic
research? My answer to this, right or wrong, is an unqualified “no.” Research findings that have discernible applications to patient care are almost always quickly available to all clinicians whether or not the finding is made in Boston, Berlin, Belfast, or Baltimore—or Chicago, if I had started with the C's.

University teaching hospitals properly gain a reputation that reflects their achievements in patient care and their endeavors in teaching. To truly produce in these areas, there must be proper application of research discoveries in all fields. Research activities should be directed toward the basic function of the teaching hospital, that is, training in diagnosis and therapy, and they should be undertaken to the fullest extent possible in that particular hospital. If, however, the project under study does not clearly relate to diagnosis or therapy, it is being undertaken in the wrong environment.

4. How extensive should research activities be in a university teaching hospital? Research activities should not be permitted to reduce in any degree the clinical and teaching productivity of the hospital. Adequate equipment, including laboratory facilities required in diagnosis and treatment, should be given preference to expansion in basic research undertakings. As mentioned, university teaching hospitals properly gain a reputation that reflects their achievements in patient care, and their endeavors in teaching. Their clinical and teaching achievements rise or fall in proportion to the proper application of research discoveries in many fields.

I trust that I have not bored you with these ideas concerning a few features of a problem that is of major importance. To me, what I have said seems vitally important, otherwise I would not have included it in my first, and almost certainly my last, opportunity to talk to you directly. Doubtless the members of this Association realize that the problem exists, and that in great part its solution is dependent upon the activities of The Association for Research in Ophthalmology.