Presidential Address

The Endocrine Society—Its Activities and Its Future

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It is a pleasure to call to order the Forty-fifth Annual Meeting of The Endocrine Society and to welcome all of you to participate in its program and discussions. I appreciate deeply the great honor which you have bestowed in selecting me as the forty-second president of your society. For any accomplishments which may have occurred during my tenure, I am indebted to the fine organization turned over to me by my predecessor, Dr. Astwood, to the continued efforts of our hard-working and devoted Secretary-Treasurer, Henry H. Turner, and his very effective and efficient secretary, Mrs. Mattox. The subjects and participants comprising our scientific program are the result of the considered deliberations of our Vice-President, Lewis L. Engel, and his committee. For their efforts in behalf of the Society we are indeed grateful.

Remarks on the Program for the Annual Meeting

In collaboration with the Chairman of the Program Committee, Vice-President Lewis L. Engel, and the Chairman of the Awards Committee, Dr. C. N. H. Long, and with the approval of the Council, you will note several innovations in this year’s Annual Meeting. First and foremost was the decision of the Council to invite a distinguished scientist to deliver the First Upjohn Annual Lecture. It was hoped that the presentation of an important area of endocrinology by an acknowledged authority would be interesting and useful to our membership in general and would provide a historical and stimulating background for those involved in clinical or experimental studies in this particular field. We are extremely fortunate to have had Professor Frank Young of the Biochemistry Department of Cambridge University, England, accept our invitation. We shall look forward to his participation in our meetings as well as to his discourse on Friday afternoon.

For some time, it has seemed apparent to many of our membership that short abstracts of work in progress did not alone meet the needs of our membership at its Annual Meeting. Although it is necessary to limit presentations to ten or twelve minutes, and to permit simultaneous scientific sessions in order to provide a reasonable over-all representation of the many areas of endocrinology now being explored, it was felt that additional effort and time should be devoted to a more thorough discussion of one or more major areas of endocrine-metabolic investigation. With this in mind, Dr. Engel has arranged on Friday afternoon a symposium entitled “New Horizons in Endocrinology” in addition to the Upjohn Annual Lecture.
The Council and future program chairmen will appreciate your thoughtful evaluation of this development.

Over the past few years, the \textit{joint interests} and efforts of the American Diabetes Society and The Endocrine Society have waxed and waned. This has been due in part to the attitude of some members in both organizations that diabetes mellitus represents a hybrid among the “purer” or more esoteric endocrinopathies and hence, as a “metabolic abnormality,” required separate treatment. Others have felt that the important sociological and clinical problems associated with the large population of aging diabetics set them and their care apart from the general field and interest of endocrinologists. Many of us have hoped that an interesting joint program could be built around the Annual Banting Lectureship of the Diabetes Association on Saturday morning. It appears at the moment that the only serious bar is the difference which exists in the deadline for accepting abstracts for the program. I am very hopeful that this mechanical difficulty can be corrected in the future. A co-ordinated effort on the part of our two societies is essential if we are to minimize the “splintering” effect of highly specialized interests.

Finally, as you are all aware, the President’s address to the society is being presented at the beginning of the Scientific Meetings, rather than in its customary position as an “after-dinner speech.” This has derived from the fact that I feel an obligation to bring to the attention of our membership certain serious considerations regarding the society and its future, and it is my belief that remarks such as these may be somewhat out of place after a long day of science—and a pleasant and relaxing dinner. Furthermore, the Annual Awards of the society have now become such a vital part of our program that it would appear desirable to reserve our after-dinner attention solely for the efforts of this Committee. As many of you realize, these program modifications are within the discretionary prerogative of the President, and, of course, impose no restriction on the activities of my successor.

\textbf{Society Membership}

Over a period of years, the Membership Committee has struggled with certain basic problems relating to the recommendations for membership to the Society. It would appear that The Endocrine Society has come of age and is widely recognized as a major factor in sponsoring improved clinical care, teaching and research in the broad area of endocrine and metabolic disorders. Its members and officers include most of the leaders in this field on this continent. Its postgraduate courses are recognized as authoritative, and its annual meetings have become an important clearing house for professional careers, as well as for the reporting of scientific advances. Membership thus entails serious responsibilities as well as providing unusual opportunities (Chart 1). In the first
ATTENDANCE AT ANNUAL MEETINGS

PER CENT
OF
40
30
20

MEMBERS

TOTAL
ATTENDANCE


CHART 2

JOURNAL CIRCULATION

1920 1930 1940 1950 1960

CHART 3

chart you will note the steady and progressive rate of growth in the membership of the society. At present our active membership numbers over 1,400.

It has seemed to many of us that it would be in the interest of the society to specify the type and minimum length of training which individuals should have attained before their names were presented to the Membership Committee. Furthermore, it would seem wise to limit the active membership to individuals whose career and major activities are clearly identified within the field of endocrinology and metabolism—or the sciences basic to them. The following suggestions have been made by an ad hoc committee appointed at the suggestion of the Council:

1. It is neither necessary nor desirable to limit the total membership of the Society at this time.

2. Membership should continue to be made available on nomination of active members.

3. In general, nomination of candidates should not be made until sufficient time has elapsed following the awarding of a graduate doctor’s degree for the candidate to demonstrate his competence and interest in his field, i.e., this might be as short as two to three years following the awarding of the Ph.D. degree for candidates who have then subsequently devoted their effort primarily to work in the field of endocrinology. For those individuals who have devoted substantial time to other disciplines, such as clinical medicine, a longer period, such as a minimum of five years after the granting of the M.D. degree, might be required. While flexibility should be encouraged—the membership should have an appreciation of the “ground rules” and not cause the Membership Committee useless effort or embarrassment by presenting candidates for membership who have not as yet met the above minimum requirements.

4. Election to membership in the Society should be based on productivity in the field of endocrinology, or fields related to it, and there should be evidence of continuing interest. The field or fields of interest, however, may be purely clinical as well as purely basic science.

It is hoped that these recommendations will appeal to our membership and will provide an intelligent basis for future
nominations to membership in this Society.

The warm welcome which we extend to all practitioners and scientists to participate in our annual meeting, the availability of our regularly scheduled postgraduate courses, and the excellence of our two scientific journals should provide nonmembers of the society with an adequate opportunity to keep abreast of the best and latest information in this field. On the other hand, the restriction of active membership to well-qualified individuals, with a continuing interest in The Endocrine Society and its objectives, will ensure the maintenance of a high standard of performance in practice as well as in research and teaching.

Annual Meeting

It should not come as a surprise to most of you that the costs involved in holding an annual meeting are mounting steadily, and that this cost is met in large part by registration fees paid by that small but loyal group within our membership who attend meetings year after year. Over the past five years this has approximated 30% of our membership (Chart 2). My question is this: Would it not be a reasonable as well as a desirable obligation if the annual meeting expenses were to be prorated among the total membership? Thus, the annual dues would automatically include the annual registration fees. Increased income from this source could then be used to improve important aspects of our society’s activities such as invited guests, improvements in our publications and in our postgraduate courses. Above all, such a procedure would encourage more members to attend the annual meeting, participate in its program and develop an increased sense of responsibility for our society.

The Journals

Over the years our Society has made a tremendous contribution to scientific knowledge and the welfare of mankind through its two outstanding publications. No small part of this contribution has derived from the ability and the unselfish devotion of its editors-in-chief, with the able support of their associate editors and the Society’s Publications Committee.

The first issue of Endocrinology was published in 1917 (Fig. 1), the editor being Dr. R. G. Hoskins (Fig. 2). Of more than passing interest to your presi-
dent is the fact that the first of the original communications in the first issue of *Endocrinology* was an article entitled "The White Adrenal Line: Its Production and Diagnostic Significance," by Emile Sergent, M.D., Paris, France, Physician to the Charité Hospital. Among the distinguished editors of *Endocrinology* is our good friend and Past President of The Endocrine Society, Dr. R. G. Hoskins, who served as Chief Editor of the journal from 1917 to 1942 (Table 1). The editors of *Clinical Endocrinology and Metabolism* are indicated in Table 2. In recent years the editorships of both journals have been rotated at five-year intervals. The gratifying growth of our journals is indicated in Chart 3, in which it will be noted that the total circulation for both journals in 1960 approached 8,000 copies.

To their many hours of editorial responsibility has been added the unnecessary, in my mind at least, concern regarding limited ability to accept worthy articles because of a rigidly restricted budget. I am confident that our success in the future in enlisting the assistance of outstanding men for our important editorial posts will depend to a greater extent than ever before on the freedom we can provide our editors for carrying out their responsibilities in a creative manner. A successful journal should provide an editor with an opportunity to accept or reject manuscripts on one basis only—intrinsic merit. The size of any issue, within reason, should not be restricted by budget. Advertising, if it is accepted for our journals, should be so supervised as to constitute a positive educational factor of which our membership as well as the pharmaceutical industry will be proud. I am proposing, of course, that the major costs of publishing our two journals be met in part at least by a page charge to the authors. The latter distributes the costs more evenly. Sources of research support today recognize that the publication of meritorious work is a continuing responsibility of the granting agency and one can anticipate increased funds allotted for the purpose. Our journals have done well in the past, and it may in the future be possible to operate them at a profit to the Society—however, in the long run, earnings of the publications should be ploughed back into improved quality and increased quantity of the journals and not be used for Society purposes in general. Income derived from advertising should in no way become a restrictive influence on the editor or publications committee.

There will arise many occasions when
the journal should speak out strongly in behalf of or against policy decisions by governmental agencies, the pharmaceutical industries, and other branches of scientific societies. Under these circumstances, unless the publications which we support are free to act in a manner acceptable to our Editor and his consultative group, we may lose an opportunity to defend a principle important to the welfare of our scientific community and its public responsibilities.

One can accept our journals as "entry ledgers" for recording scientific data or one can hope that The Endocrine Society's journals will be able to raise the standards of published scientific research, and provide leadership in the field of endocrinology. Our editors assume this challenge and responsibility when they accept their appointments. It is essential, however, that a vigorous society provide these appointees with facilities optimum for their endeavors. My warning in this regard is based upon the assumption that, as the complexities of life increase, our editors will need to devote more and more of their time to their journalistic responsibilities and the Society must prepare itself for the expected increase in publication costs.

### Table 1. Editors of Endocrinology

<table>
<thead>
<tr>
<th>Period</th>
<th>Editor</th>
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<tbody>
<tr>
<td>1917–1942</td>
<td>R. G. Hoskins</td>
</tr>
<tr>
<td>1943–1944</td>
<td>E. B. Astwood</td>
</tr>
<tr>
<td>1945–1952</td>
<td>E. W. Dempsey</td>
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<tr>
<td>1953–1962</td>
<td>R. O. Greep</td>
</tr>
<tr>
<td>1963–</td>
<td>F. G. Hoffman</td>
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### Table 2. Editors of Clinical Endocrinology and Metabolism

<table>
<thead>
<tr>
<th>Period</th>
<th>Editor</th>
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<tbody>
<tr>
<td>1941–1942</td>
<td>M. O. Lee</td>
</tr>
<tr>
<td>1942–1944</td>
<td>R. G. Hoskins</td>
</tr>
<tr>
<td>1945–1946</td>
<td>K. W. Thompson</td>
</tr>
<tr>
<td>1946–1954</td>
<td>W. O. Thompson</td>
</tr>
<tr>
<td>1954–1956</td>
<td>P. K. Thompson</td>
</tr>
<tr>
<td>1957–1962</td>
<td>A. Albert</td>
</tr>
<tr>
<td>1963–</td>
<td>N. P. Christy</td>
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### Annual Postgraduate Assembly

The Society owes a debt of gratitude to those of its membership who have contributed so regularly and so effectively to the conduct of its Annual Postgraduate Assemblies. Realizing the increasing importance of endocrinology to general medicine and the need for authoritative instruction, both clinical and basic, the Council in 1947 established an annual postgraduate assembly in addition to its regular sessions.

Over the years, these assemblies have been remarkably well attended and have provided an outstanding opportunity for physicians interested in advances in endocrinology to meet personally with authorities in the field and to benefit from carefully analyzed summaries of important advances. Although it is evident that the largest attendance will occur when the postgraduate assemblies are held in major metropolitan areas, the committee has also considered the impact which a group of outstanding scientists can have in a local community as a means of stimulating medical interest and assisting local medical faculties. I am confident that in the future this latter point will be given due consideration and would hope that the Society's effort in its postgraduate education will not always be necessarily measured in numbers.

The Fifteenth Postgraduate Assembly of The Endocrine Society was held at Bard Hall, Columbia University College of Physicians and Surgeons, from September 30 through October 4, 1963. The General Chairman was Dr. John C. Beck, and the local Chairman was Dr. Nicholas P. Christy. I should like to urge all of our membership to consider an invitation to serve on the faculty of these courses as not only a great honor, but a serious obligation of active membership in the Society.
The Society

"During the latter years of the past century, interest in the endocrine glands increased at a constantly accelerated pace. Enthusiasm tended to outstrip discretion, and exploitation of inadequate knowledge came to be a reproach. By the year 1916, it became evident that an organized effort should be made to encourage sound developments and to
To curb abuses in the field. To this end, the Association for the Study of Internal Secretions was initiated and a permanent organization effected on June 4, 1917."

The background, breadth and leadership exhibited by the founding fathers is readily appreciated from the biographical sketches which I have prepared of the first President of the Association, C. E. de M. Sajous of Philadelphia (Fig. 3; Table 3), Secretary-Treasurer Emil Goetsch of Baltimore (Fig. 4; Table 4) and Councilor Walter B. Cannon of Boston (Fig. 5; Table 5). These brief accounts not only provide a historical background for our present day membership, but also illustrate the fact that these men—in addition to their noteworthy contributions to endocrinology and their dedication to the purposes of this Society—were versatile as well in other areas of biological science.


At this time I would urge the membership of this Society to give serious consideration to the necessity for devoting a portion of its energy and time to widening the horizon of its scientific interest and understanding. The temptation to narrow one's field of interest in the face of an almost overwhelming increase in the total body of scientific knowledge is understandable, but fraught with serious danger for the individual as well as the field. Society, rightly or wrongly, has accepted the professional man as an educated citizen—this is an image which all should strive to perpetuate. Each one of us has an obligation to devote a proportion of his scientific energies to an understanding of fields independent of but related to his own area of endeavor. Only by this means will it be possible to keep abreast of advances in science which

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**TABLE 5. Walter B. Cannon (1871-1945)**

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<thead>
<tr>
<th>Year</th>
<th>Institution</th>
<th>Degree</th>
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<tbody>
<tr>
<td>1896</td>
<td>Harvard University</td>
<td>A.B.</td>
</tr>
<tr>
<td>1897</td>
<td>Harvard University</td>
<td>A.M.</td>
</tr>
<tr>
<td>1900</td>
<td>Harvard University</td>
<td>Sc.D.</td>
</tr>
<tr>
<td>1906</td>
<td>Harvard University</td>
<td>Professor of Physiology</td>
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<tr>
<td>1921</td>
<td>Endocrine Society</td>
<td>President</td>
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**Selected Publications**

- The Medical Factors of Digestion
- Bodily Changes in Pain, Hunger, Fear and Rage
- Traumatic Shock
- The Wisdom of the Body
- Autonomic Neuro-effector Systems
- The Way of an Investigator
may offer specific contributions to one's own area of research.

It is to be expected that groups of investigators interested in the thyroid, in the adrenal, in diabetes, in fertility or in growth will from time to time wish to discuss their observations in considerable detail with colleagues having similar interests, but it is to be hoped that each of these individual groups will continue to be woven into the complete fabric of endocrine-metabolic disorders in general. This should be a major objective of this Society. This is also the reason why we should be wary of devoting all our scientific sessions at our annual meeting to highly specialized discussions about very restricted areas or problems. A reasonable proportion of the time and effort expended at our annual meeting should be devoted to more general discussions which would give our entire membership an opportunity to be briefed in the background, progress and future opportunities for exploration of important areas in the endocrine-metabolic field. This is one of the reasons why we look forward to the Council's recommendation of an annual Upjohn Lecture for the selection of Professor Frank G. Young by the Awards Committee to inaugurate this series of lectures.

The opportunity for members of our Society to explore widely the important fronts of endocrinology, for our clinically oriented members to be enabled to increase their understanding of basic science on the one hand and general medical problems on the other; for our non-medical scientists to have the opportunity to exchange views with their medical confreres and to become more intimately acquainted with the unsolved problems of metabolic-endocrine origin—these should represent important objectives of a society such as ours. These are some of the reasons why we should have high membership participation in our meetings and our discussions, and this is why your Program Chairman, Dr. Engel, has made such an effort to develop this point of view.

Having commented upon the desirability and necessity of maintaining breadth in one's scientific interests, I should like to discuss the extent to which we, as members of a highly democratic western civilization, thoroughly steeped in the rights and perquisites of the individual, daily confronted by the need to establish a warm and effective individual patient-physician relationship, can support programs which deal with society as a whole. Here the individual's interest is temporarily compromised for the good of the larger group. Here we often deal with a statistical approach. Here we are confronted by national and international problems for which most of us have been poorly prepared. Customarily this field has been thought to be the province of the departments of preventive medicine in medical schools or of schools of public health, and we have for the most part taken little responsibility for either the assessment of the problem or for developing means for its effective control or eradication.

I am not proposing that we all should become social scientists or immediately change the direction of our patient care, teaching or research efforts. I am suggesting, however, that individuals who compose scientific societies such as ours have an increasing responsibility for ensuring that some of their effort, some of their resources and some of their interest be directed toward these goals. I will reiterate that it is not easy for many of us who have been concerned so much of our lives with individual patient needs to appreciate or to cultivate this larger view. It does appear to me, however, that in the endocrine-metabolic field we
have unique opportunities to combine our scientific knowledge with a wider application to society. In the field of goiter and disorders of thyroid function we have whole populations afflicted, as illustrated so well by the studies of Stanbury, Werner, Roche, for example, all members of our Society. In the area of diabetes mellitus we perhaps have a unique opportunity to ameliorate an undesirable genetic heredity by modifying a patient’s environment. And, of course, in that greatest of all problems—control of the growth of population—society will be more and more dependent upon our specific scientific knowledge. In all three of the examples I have mentioned you will appreciate that the best of scientific knowledge will be of relatively little benefit unless the new information can be accepted and applied to large population groups. I am hopeful that in the years to come, as a measure of our maturity as scientists, we shall be able to accept a larger social responsibility in the endocrine-metabolic area and that the activities of our membership as well as the papers and discussions on our program will reflect this new viewpoint. The time is ripe for the clinician well trained in the scientific method to collaborate with the emerging new discipline of social science. The successful application of scientific knowledge to larger groups within society will be most likely to succeed if carried out by men who have been trained in the direct responsibility for the care of individual patients.

Summary

I have attempted to point out the increasingly important role which this Society can exert—in behalf of medicine in general and endocrine-metabolic disorders in particular. We should stimulate the highest in scientific attainment—both in the experimental laboratory and at the bedside. We must provide means of transmitting our special knowledge to those who can employ it in the general care of patients, and in this regard we must maintain our own close ties with general medicine if we are to remain effective physicians. Over and beyond this we must now assume a new responsibility, and this concerns the application of scientific knowledge to larger population groups. To be successful this latter endeavor will require the close collaboration of basic scientist, physician and social scientist. I am hopeful that this Society in future years may accept responsibility for facilitating the solution of these problems just as it undertook in 1917 responsibility for placing the important but young emerging discipline of endocrinology on a solid, scientific basis.

Again, I am indeed grateful for the honor which this Society has paid me and for the unique opportunity of working with such an outstanding and devoted group of officers, council members and chairmen of important committees.