

January 1989

## Part III: Clinical Departments and Divisions -- Chapter 9: Department of Medicine (pages 233-283)

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### Recommended Citation

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## PART III

### *Clinical Departments and Divisions*



Clinical Amphitheater ("Pit") of 1877 Hospital

← *Opposite page:*  
Clinic of Dr. W.W. Keen in "Pit" of  
1877 Hospital (ca. 1900)





# Department of Medicine

JOHN H. HODGES, M.D.

*“Wherever the art of medicine is loved,  
there also is love of humanity.”*

—HIPPOCRATES (460–370 B.C.)

THE PASSAGE of over 150 years makes possible the comparison of the status of the teaching of Medicine at Jefferson. In 1985 the Department Chairman, Willis C. Maddrey, had 475 Faculty Members in 13 Divisions, 88 Residents, two Chief Residents, and 30 Fellows. The Department occupied five floors in the College Building and was assigned 219 teaching beds in Thomas Jefferson University Hospital, with additional medical teaching arrangements in ten affiliated Hospitals. Research grants totaled over \$8 million. By contrast to this extensive and diversified teaching, patient service, and research group, one individual was responsible for the teaching at Jefferson’s founding in 1824.

This contrast in the Medical Department’s size, manpower, research, and financial capabilities was the norm in United States medical schools in the eighteenth and early nineteenth centuries. It was also true of the other partitions of medical teaching such as Surgery, Obstetrics, Chemistry, and Anatomy. The new schools of this era started a change in medical education. Before the advent of the medical school, the Preceptor had the authority to decide when a pupil was ready to practice on his own. The role of the medical school in taking over this decision was gradually

accepted over a period from about 1760 to 1875. The total number of graduates of the four surviving medical schools from the eighteenth century was approximately 100 (University of Pennsylvania, Columbia, Harvard, and Dartmouth)<sup>1</sup> in contrast to the roughly 16,000 a year being graduated in the latter portion of the twentieth century.

In 1765 the Medical Department of the College of Philadelphia (later the University of Pennsylvania) had six members, with Dr. John Morgan as the Professor of Medicine.<sup>2</sup> The Medical Department of King’s College, New York, (Columbia) also had six professors at the time of its establishment in 1768, each of whom had the total responsibility for the teaching of a complete subject: Physic, Midwifery, Chemistry, Surgery, Physiology, or Anatomy. As late as 1849 the total medical faculty of the University of Pennsylvania consisted of seven members, and the Medical Department of the University of the State of Missouri had nine members.<sup>3</sup> Thus, it was not unusual that the list of the faculty for Jefferson Medical College that was presented for a charter in 1824 contained but four names, one of whom was Dr. Joseph Klapp as the Professor of Theory and Practice.



## Joseph Klapp, M.D. (1783–1843); First Chairman (1824)

Dr. Klapp (Figure 9-1), an 1805 graduate of the University of Pennsylvania, had a large practice and was one of the physicians to the Philadelphia Almshouse Infirmary. He published medical papers such as those that appeared in the *American Medical Recorder* of 1818 and which included *Sudden Death*, *Singultus*, and *On Tremulant Diseases* (vertigo, mania, and epilepsy).<sup>4</sup> He had been one of the teachers with McClellan prior to the formal establishment of the Medical College. A few months later Klapp was transferred to the Chair of Anatomy. Illness caused his resignation after only six months of association with Jefferson Medical College. His effect on the medical portion of the curriculum was nominal, at most. This busy clinician had three sons who were active physicians in Philadelphia and continued the local prominence of the family name in medicine.<sup>5</sup> Klapp was succeeded by Dr. John Eberle.

Practice of Medicine (September, 1824). Subsequent to Eberle's graduation from the University of Pennsylvania (1809), he practiced medicine in Lancaster County. He returned to Philadelphia to continue practice but was destined to reach fame through his teaching and writings. He was, for a time, one of the editors of the *American Medical Recorder*, and in 1827 he published his Jefferson Medical College *Notes of Lectures on the Theory and Practice of Medicine*,<sup>6</sup> a book of 87 topics from anasarca to yellow fever, which was interspersed with ruled pages for notes by the students. The purchase of this treatise by the students, along with their usual lecture fees, aided his income. A prodigious reader of medical journals, Eberle wrote *A Treatise on the Practice of*

## John Eberle, M.D. (1787–1838); Second Chairman (1824–1830)

Dr. Eberle (Figure 9-2) was listed originally as the Professor of Obstetrics, then as Professor of Materia Medica, and finally, following the transfer of Klapp to Anatomy, as Professor of Theory and



FIG 9-1. Joseph Klapp, M.D. (1783–1843); First Chairman (1824).



FIG. 9-2. John Eberle, M.D. (1787–1838); Second Chairman (1824–1830).

## John Revere, M.D. (1787–1847); Fourth Chairman (1831–1841)

Dr. John Revere (Figure 9-4), a Bostonian and son of the Revolutionary patriot Paul Revere, was appointed in 1831 to succeed Drake in the Chair of Theory and Practice of Physic. An 1807 honor graduate of Harvard, he served a preceptorship in Boston and received his M.D. degree from Edinburgh, Scotland, in 1811. At the time of his appointment at Jefferson he was practicing in Baltimore, Maryland. He had translated Magendie's *Physiology* and published some papers. Revere became an editor of the *Medical Record* and served as Dean (1839–1841) during his last two years at Jefferson. His personal graciousness endeared him to his peers, and his ability as a lecturer earned him the admiration of the students. In 1832 the course of the Chairman for the class of 96 students included physiology, pathology, fever, exanthemas, functional disorders, blood-letting, and therapy for the diseases discussed. An attempt was made to differentiate what was known in

*Medicine* (1831),<sup>7</sup> a two-volume work of over 1000 pages, which was to go through six editions. The *Notes* and *Treatise* were both preceded by a two-volume work entitled *Treatise of the Materia Medica and Therapeutics* (1825).<sup>8</sup>

Eberle chaired the original meeting of the faculty (December 20, 1824)<sup>9</sup> and served as Jefferson's second Dean from 1827 to 1828 (the first was Dr. Benjamin Rush Rhees, Professor of Materia Medica). He was a regular attendant at the Infirmary in the Tivoli Theater site of the College. The constant disturbance of a chronic abdominal disorder coupled with a tendency to emotional swings probably contributed to his transfer to Materia Medica in 1830. He was succeeded in the same year by Dr. Daniel Drake.

## Daniel Drake, M.D. (1785–1852); Third Chairman (1830–1831)

Daniel Drake (Figure 9-3) received the first certificate to practice medicine that was issued west of the Alleghenies (1805) and was the first to travel east and bring back a medical diploma (University of Pennsylvania, 1815). His varied career included owning a pharmacy and general store in Cincinnati, holding positions as Professor in several medical schools in Kentucky and Ohio, and aiding in the founding of the Medical College of Ohio and Cincinnati College (later the University of Cincinnati), the Cincinnati Infirmary, and the Ohio School for the Blind. An eloquent extemporaneous speaker, Drake became the favorite of the students at a time when they could attend lectures free of charge at Jefferson or the University of Pennsylvania for a fortnight before deciding at which institution they would like to matriculate.<sup>9</sup> His outspoken manner with colleagues was to cause repeated changes of academic position, and after one year he resigned and returned to the West where he pursued a productive life in medicine and civic activities.<sup>10,11,12</sup>

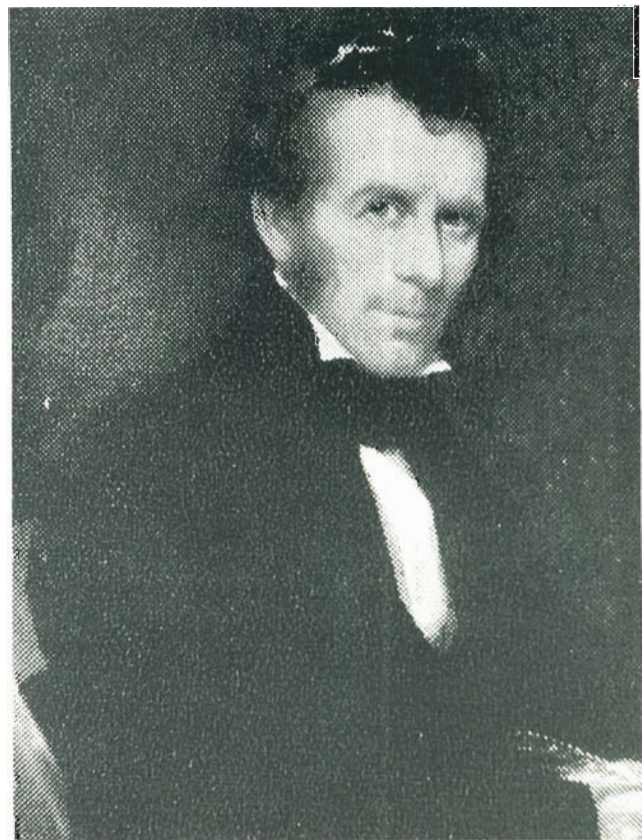


FIG. 9-3. Daniel Drake, M.D. (1785–1852); Third Chairman (1830–1831).



contrast to what was conjectured.<sup>14</sup> Revere resigned in 1841 to take a similar position in the founding of the Medical Department of New York University. His successor, Dr. John Kearsley Mitchell, was destined to strengthen and solidify the standards of medicine as set forth by Revere.

### John K. Mitchell, M.D. (1793–1858); Fifth Chairman (1841–1858)

Dr. Mitchell (Figure 9-5) was a man of diverse talents who wrote poetry, expressed his views on social matters (*Means of Elevating the Character of the Working Classes*), combined philosophy and science (*Wisdom of God as Displayed in the Formation of Water*), and displayed his chemical talents by writing *A Study of Tests of Arsenic* and by devising an apparatus for the solidification of gaseous carbonic acid. He received international acclaim with his paper *Osmosis of Fluids and Gases*. His medical work included his views on *The Cryptogamous Origin of Malarious and Epidemic Fevers*. Mitchell invented a spine appliance for

cases of vertebral disease and suggested a curative treatment by extension of the trunk and support of the head. His timely teaching included hypotheses about the yet-to-be-discovered antibodies and toxins.

Mitchell was born in 1793 in Shepherdstown, Virginia (later West Virginia), the son and grandson of physicians. Of Scottish origin, he received his academic degree from the University of Edinburgh and later the M.D. degree from the University of Pennsylvania. Poor health led him to travel to China on three occasions as a ship's physician. He subsequently started what was to be a large and continuous practice in Philadelphia. In 1822 he began lecturing on Medical Chemistry at the Philadelphia Medical Institute and subsequently became a Professor of Chemistry at the Franklin Institute.

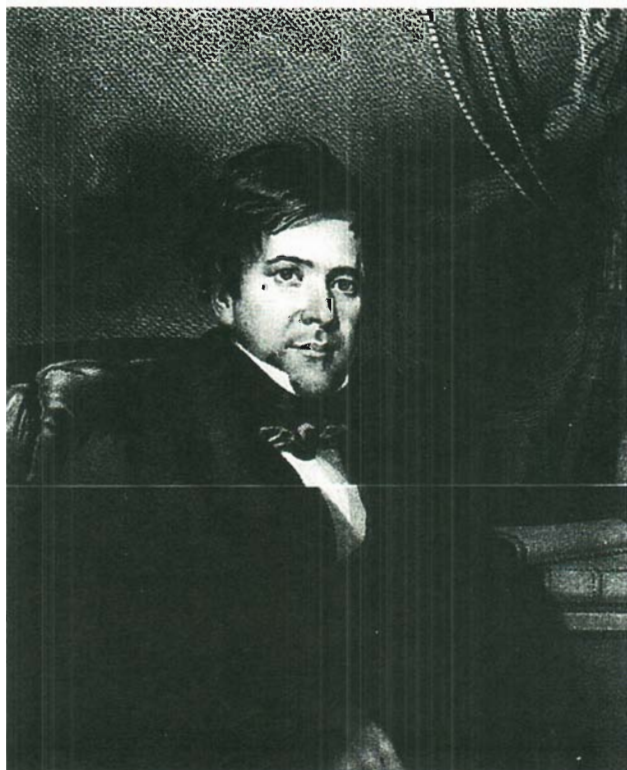


FIG. 9-4. John Revere, M.D. (1787–1847); Fourth Chairman (1831–1841).

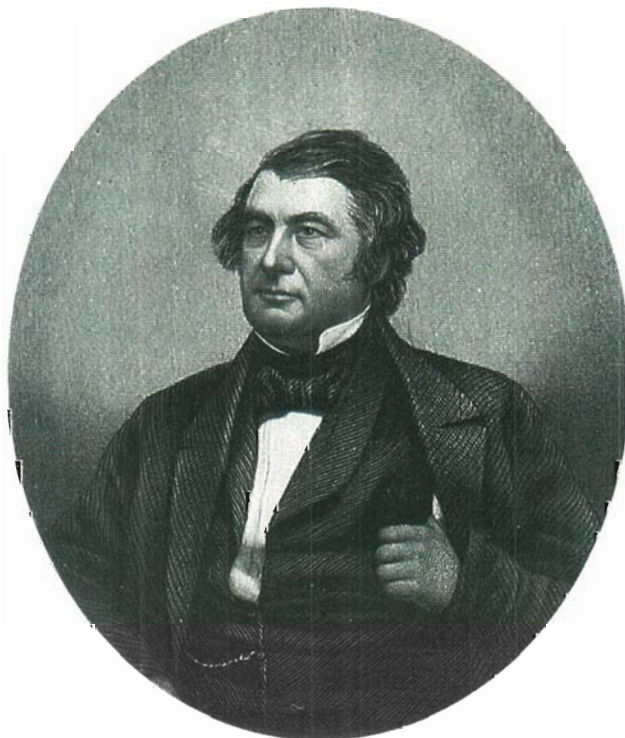


FIG. 9-5. John K. Mitchell, M.D. (1793–1858); Fifth Chairman (1841–1858).

This was a time when the clinics became “the right arm of the College.”<sup>13</sup> The General Dispensary of Jefferson Medical College was attended regularly by the students, and the patients were entrusted to them under the direction of the Professor.<sup>14</sup> Students also had access to the lectures at the Pennsylvania Hospital, and the class was transported by horse-drawn “omnibuses” (on top as well as inside the vehicles) twice a week to the Philadelphia Almshouse by way of the Old Market Street Bridge, which was the chief means of getting across the Schuylkill. They had access to the facilities of the Philadelphia Dispensary and the Wills Eye Hospital following the latter’s opening in 1834.

The tall, portly, charming Mitchell lectured in a polished and witty manner. As the students’ friend, he cared for their illnesses, gave them advice, and assisted them financially. Although he was ill he hosted the graduating class at his home for their commencement reception a month before his death in 1858.

### ■ Robley Dunglison (1798–1869); Professor of Institutes of Medicine and Medical Jurisprudence (1836–1868)

The teaching of Medicine had been additionally strengthened by the appointment of Dr. Robley Dunglison to a position created for him, the Chair of the Institutes of Medicine and Medical Jurisprudence, which he occupied from 1836 until one year before his death in 1869. Although the “Institutes” comprised what was later more specifically delineated as “Physiology,” his course included adjunct material in the field of theory and practice of medicine. This learned man, who had a keen ability to judge character, also served as Dean of the Medical School from 1854 to 1868, when he resigned the office and became Emeritus Professor.

Dunglison was born in 1798 in the Lake Region of England; he started a medical apprenticeship

there at the age of 17, studied in various European medical centers, passed the examination at the Royal College of Surgeons, and obtained his medical degree in Erlangen, Germany, in 1824. Responding to an invitation from United States ex-President Thomas Jefferson, Rector of the University of Virginia, Dunglison accepted a comprehensive Chair in that institution. He stayed at Virginia for nine years, during which time he became famous as a lecturer, author, and man of letters. He was physician and friend to Presidents Jefferson and Madison. His appointment at Jefferson Medical College was preceded by three years as Professor at the Medical School of the University of Maryland. By this time the number of students at Jefferson had increased to 364 and the course had been extended to five months by including October.<sup>15</sup>

Dunglison, a man of broad knowledge, had an extensive personal library and wrote many professional and nonprofessional articles on such topics as road making, penitentiary discipline, early German poetry, the sanskrit language, and English fashions in the seventeenth century. He devised some of the gastric juice experiments on Alexis St. Martin that were reported by Beaumont and gained international fame from his treatises on *Practice of Medicine, Therapeutics and Materia Medica, New Remedies, Medical Dictionary*, and an edition of *Forbes Cyclopaedia*. He received numerous honors and was a member of over 100 scientific societies. Dunglison was a fluent speaker whose extemporaneous lectures received the undivided attention of his class.<sup>9</sup> He gave clinical lectures on development, physiology, therapeutics, and jurisprudence at the Philadelphia Hospital, Blockley.<sup>16</sup>

### ■ Robert M. Huston, M.D. (1795– 1864); Professor of Materia Medica and Therapeutics (1841–1859)

Some lectures were added to the general curriculum in April and May of 1836. Coinciding with Mitchell’s appointment in 1841 was that of Robert M. Huston, M.D. as Professor of Materia Medica and General Therapeutics. The renaissance taking place in the faculty at this time thus included these additional medical subjects. By 1850 student enrollment reached 516, with 211 graduates. The following year a total of 1,074 cases were treated in the Medical Department.



## Samuel H. Dickson, M.D. (1798–1872); Sixth Chairman (1858–1872)

The appointment in 1858 of Dr. Samuel H. Dickson (Figure 9-6), another Southerner, to succeed Dr. Mitchell as Professor of Theory and Practice of Medicine was a sad foreboding of the upcoming War Between the States. Dickson had been a founder of the Medical College of South Carolina and for 22 years had held the Chair of the Institutes and Practice of Medicine. This school had been for many years the only medical school of any repute in the South, east of the Alleghenies, which probably contributed to the fact that at the time of his appointment the class at Jefferson had a majority of Southern students.

Samuel Dickson was born in Charleston, South Carolina, in 1798, graduated from Yale, and following a preceptorship in Charleston earned the M.D. degree at the University of Pennsylvania in 1819. He returned to Charleston to practice medicine and to serve as Professor at the University of South Carolina. He then spent three years at the Medical College of New York, succeeding Dr. Revere. After eight more years of practice in Charleston, Dr. Dickson received the

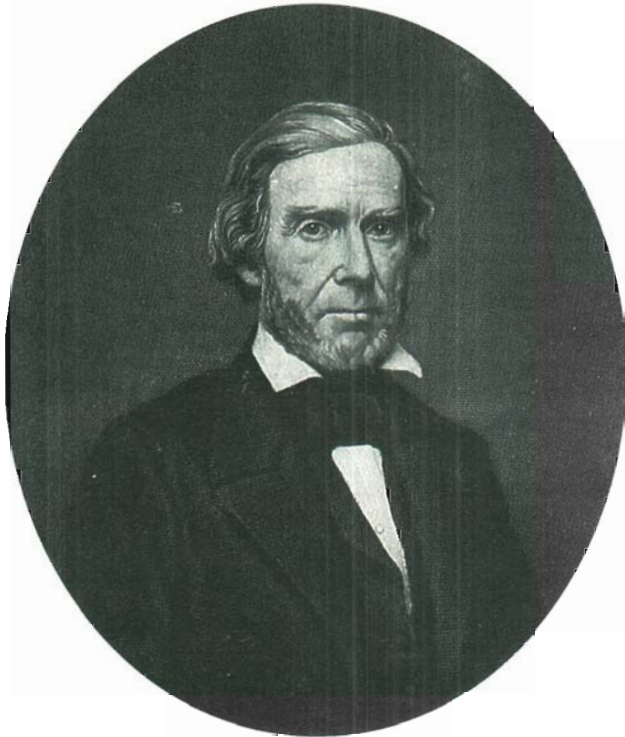


FIG. 9-6. Samuel H. Dickson; M.D. (1798–1872); Sixth Chairman (1858–1872).

call from Jefferson. This eloquent orator was noted for his knowledge of the art as well as the science of Medicine. His outstanding work was *Elements of Medicine: A Compendium View of Pathology and Therapeutics* (1859).<sup>17</sup>

The so-called “Summer Courses” were firmly established by 1866. There were specialized lectures by W. H. Pancoast in Anatomy, by S. W. Gross in Surgery, by J. Aitken Meigs in Physiology, by R. J. Levis in Eye and Ear, by F. F. Maury in Venereal Diseases, by J. M. DaCosta in Clinical Medicine, by J. H. Brinton in Surgery, and by W. W. Keen in Pathological Anatomy. This made a total of eight Lecturers in addition to the Chairmen. Each Lecturer was chosen with reference to his capacity to teach the subject assigned to him. This would seem, in essence, to herald the start of specialty teaching, but even as late as 1899 there were adverse criticisms of this form of teaching.<sup>18</sup> Throughout the years it would not be unusual for a Lecturer to succeed to the position of Chairman.

## Jacob M. DaCosta, M.D., LL.D. (1833–1900); Seventh Chairman (1872–1891)

One of the first examples of the succession of a Lecturer to the position of Chairman was Dr. Jacob Mendes DaCosta (Figure 9-7) who succeeded to the Chair of Medicine in 1872. An 1852 recipient of the M.D. degree from Jefferson, he studied the various divisions of Medicine under the greats of Europe during the two years following his graduation. Returning to Philadelphia, he entered practice and became a Lecturer on the Jefferson Faculty in 1866. A man of broad medical knowledge, DaCosta published various papers and a treatise, *Medical Diagnosis* (1864), which went through nine editions and was translated into several foreign languages. His classic description of “irritable heart” in 1871 marked him as a pioneer in Cardiology.<sup>19</sup> DaCosta

was noted for the excellence of his clinics. An original member of the Association of American Physicians, he was also a Fellow of the American Philosophical Society, received Honorary LL.D. degrees from Jefferson, the University of Pennsylvania, and Harvard, and became Emeritus in 1891. He and Dr. John Chalmers DaCosta, Jefferson's first Samuel D. Gross Professor of Surgery, were not related.

The expansion of facilities was keeping pace with the expansion of the faculty. A new hospital building was opened in 1877, and its Medical Division included Drs. Jacob da Silva Solis-Cohen, James C. Wilson, John B. Roberts, and Oliver P. Rex. A laboratory building at Tenth and Sansom, adjacent to the Medical Hall, was opened in 1879. This allowed for studies and demonstrations in

practical chemistry, microscopy, and physiology. There was a gradual increase in the displayed objects of the Medical Museum. By 1895 the full faculty listed eight Chairmen, eight Honorary and Clinical Professors, one Adjunct Professor, seven Lecturers, nine Demonstrators, and 30 Instructors and Assistant Demonstrators.<sup>20</sup>

The Summer Course extended through the months of April, May, June, and September. It was voluntary, without additional tuition cost, and welcomed by most students as a desirable adjunct to the Regular Course which began in October and ran to April. The curriculum had grown to a voluntary three years by 1884, which became compulsory in 1891. At this time, Dr. James C. Wilson, previously Instructor in Physical Diagnosis and Diseases of the Chest, was appointed Chairman. Before 1885 a thesis and an oral examination were required for a diploma. At this time these were discontinued and replaced by a written examination in each branch. In 1895 the curriculum was increased to four years, and in the same year the institution changed from a proprietary school to one in which the Board of Trustees assumed the sole responsibility for financial management, including salaries of the professors.

### James C. Wilson, M.D. (1847–1938); Eighth Chairman (1891–1911)

Although “Medicine” had always been a distinct part of the curriculum, it began its expansion into a Department with the appointment of Lecturers and subsequently Clinical Professors, Instructors, Demonstrators, and Assistant Demonstrators during the Chairmanships of Dickson and DaCosta. Dunglison in the Chair of Institutes of Medicine and as Dean abetted this thrust. The Department expansion continued under the Chairmanship of Dr. James Cornelius Wilson (Figure 9-8), appointed in 1891. By 1904 there were actually 19 “branches” of instruction at Jefferson. Henry C. Chapman, M.D. was Professor of the Institutes of Medicine and Medical Jurisprudence, a “branch” that later became physiology under Dr. Albert P. Brubaker but contributed some of its teaching to Medicine. Therapeutics was destined eventually to fuse into the Department of Medicine. James C. Wilson,



FIG. 9-7. Jacob M. DaCosta, M.D. (1833–1900); Seventh Chairman (1872–1891)



M.D., was the Professor of the Practice of Medicine and Clinical Medicine. Under his Chairmanship served the following members of the Department: Solomon Solis-Cohen, M.D., Professor of Clinical Medicine; Ward Brinton, M.D., Demonstrator of Physical Diagnosis; John C. DaCosta, Jr., M.D. (Figure 9-9), Demonstrator of Clinical Medicine; Frederick John Kalteyer, M.D., Demonstrator of Clinical Medicine; Aller G. Ellis, M.D., Instructor in Hematology; Henry G. Godfrey, M.D., Assistant Demonstrator of Clinical Medicine; Archibald H. Graham, M.D., Assistant Demonstrator of Clinical Medicine; and Authur Dare, M.D., Assistant Demonstrator of Physical Diagnosis.

The administration of such a department required a leader in medical sciences and one who could be captain of a “departmental ship” while he carried on a large medical practice. Dr. James C. Wilson provided this capability. Born in 1847, he was the son of Dr. Ellwood Wilson (Jefferson, 1845) who was a teacher, an assistant to Charles D. Meigs, and a member of the Jefferson Board of Trustees. Young Wilson graduated from Princeton *cum laude* and received his M.D. from Jefferson in 1869. He served as Resident Physician to the Wills Eye and Pennsylvania Hospitals before going



FIG. 9-8. James Cornelius Wilson, M.D. (1847–1938); Eighth Chairman (1891–1911).

abroad for a year to study in Dresden and Vienna. On his return he was made Chief of the Jefferson Hospital Medical Clinic and served as Physician to many of the other Philadelphia hospitals. His teaching at Jefferson included the course in Physical Diagnosis and lectures on renal and pulmonary disease. He served as Chief Clinical Assistant to Professor Jacob Mendes DaCosta, whom he succeeded in 1891. A true clinician, Wilson believed in the vigilant search for the cause of illness, attention to the comfort of the patient, the use of a minimum of drugs, and permission for nature to take its course. He contributed to medical journals and was the editor of *An American Textbook of Applied Therapies*.

It was in 1904 that the student body was delineated into two segments: the first, the Undergraduates, were candidates for the M.D. degree, and the second were special students or those graduates of medical colleges, approved by the faculty, who desired to receive instruction in one or more branches. The latter were granted a Certificate by the respective Professors whose Lectures or Clinics they attended after passing an examination in the subject. This was the origin of Specialty Certification, at the time subject to local approval, but which would be replaced over the years by the establishment of Medical Specialty Boards.

The members of the Jefferson Hospital Staff in the Department of Medicine included: James C. Wilson, M.D., Professor of Medicine and Clinical Medicine; Hobart A. Hare, M.D., Professor of Materia Medica and Therapeutics; Solomon Solis-Cohen, M.D., Professor of Clinical Medicine; John C. DaCosta, Jr., M.D., Assistant Physician; and Frederick John Kalteyer, M.D., Assistant Physician.

The Outpatient Staff included John C. DaCosta, Jr., M.D., and Frederick John Kalteyer, M.D., as Chief Clinical Assistants, and the following assistants: A. H. Graham, M.D., A. Dare, M.D., W. Brinton, M.D., H. G. Godfrey, M.D., and D. R. McCarroll, M.D.

Wilson had declared that he would resign the Chairmanship in 1911 but was not taken seriously.



When he actually resigned there had been no plans for his successor; therefore, the Board of Trustees appointed an interim committee to direct the Department until Wilson's successor could be found. This committee was made up of Drs. E. J. G. Beardsley (Jefferson, 1902), Frederick J. Kalteyer (Jefferson, 1888), Elmer H. Funk (Jefferson, 1908) and Ross V. Patterson (Jefferson, 1904).

Wilson asked his friend Dr. William Osler, at Oxford University, to recommend a suitable successor for the Chair. Osler recommended his nephew by marriage and member of his former staff at Hopkins, Dr. Thomas McCrac. Wilson had known Osler on closest terms during the latter's Philadelphia years (1884–1889) and those in

Baltimore (1889–1905). Figure 9-10 shows Wilson with Osler, who was a guest of the J. C. Wilson student medical society at Jefferson in 1896. The society was founded in 1892 by admiring senior students who wished to augment their knowledge by hearing faculty or visiting professors that Wilson regularly obtained for the monthly meetings. Although Wilson retired in 1911, he faithfully attended all the meetings of the society for the next ten years.

Wilson's early retirement at age 64 was probably occasioned by an insidious decline in his health due to tuberculosis, gout, and increasing hearing loss. During the late 1890s he had spent nine months in southern France in an attempt to improve his vigor. Despite the threat of chronic illness he continued to practice for many years following his academic retirement and continued as Physician-in-Chief at the German (Lankenau) Hospital. Poetry, Shakespeare, and chess were his intellectual stimulants during this time. Wilson died on October 28, 1938, at the age of 91. He left a legacy, nationally as well as locally, of learned scholarship, able teaching and fine medical practice.



FIG. 9-9. Teaching of Clinical Diagnosis; John C. DaCosta, Jr., M.D. (1910)

## ■ Magee Professorship of Medicine and Magee Memorial Hospital for Convalescents

Wilson believed that the progress of medicine had neglected “the patient who got over his sickness, but could not get well,” and he delivered a paper on this subject at the College of Physicians of Philadelphia in 1924.<sup>21</sup> These long-held interests undoubtedly influenced a loyal and wealthy patient of Dr. Wilson, Miss Anna J. Magee, to endow in her will of 1916 the Magee Professorship of Medicine as well as the Magee Memorial Hospital for Convalescents. The Professorship was designated to be attached to the Chair of Medicine of which Dr. Thomas McCrae became the first incumbent in 1917. All future Chairmen of Medicine would carry the title of Magee Professor. The endowment for the Magee Hospital at 6

Franklin Plaza stipulated the constitution of a Board of Trustees of 11 members to which Dr. Wilson would belong and become the first Physician to the Hospital. The exact terms stated: “In case of death, resignation or incapacity to act, the person who shall at the time be Professor of the Practice of Medicine and Clinical Medicine, in the Jefferson Medical College, shall become his successor as Physician and as a member of the Board of Trustees.”

The Jefferson art collection includes the portrait of Miss Anna J. Magee.



FIG. 9-10. William Osler, M.D. (first Professor of Medicine at Johns Hopkins School of Medicine) as guest of the J. C. Wilson student medical society in 1896.



## ■ The James Cornelius Wilson Professorship of Medicine

Wilson's beneficent influence on Jefferson continued beyond his death with the establishment of the James C. Wilson Professorship of Medicine in 1973. This evolved through the efforts of Drs. Creighton H. Turner<sup>22</sup> and Robert I. Wise.

Dr. Turner (Jefferson, 1909), a protégé of Dr. Wilson and prominent in teaching of physical diagnosis at Jefferson as Associate Professor of Medicine, was the family physician for Wilson's daughters, Beatrice and Helen. He conveyed to Dr. Wise, the Magee Professor of Medicine, his awareness of the love of Wilson's daughters for their father and the expression of their father's interest in the welfare of Jefferson before his death. Dr. Turner introduced the daughters to Dr. Wise, who continued their medical care and further cultivated their interest in Jefferson.<sup>22</sup> Beatrice Wilson bequeathed \$1.5 million in her will for establishment of the James C. Wilson Professorship of Medicine to be filled by the Director of the Division of Cardiology in the Department of Medicine for research, teaching, and patient care.<sup>23</sup> The first appointee was Dr. Albert N. Brest in the fall of 1973.

## Thomas McCrae, M.D. (1870–1935); Ninth Chairman (1912–1935) and First Magee Professor (1917–1935)

In 1912 Dr. McCrae (Figure 9-11) was appointed Professor of Theory and Practice of Medicine, a title that in 1917 would change to Magee Professor of Medicine and Clinical Medicine. He was born in 1870 of Scottish parents, Colonel David McCrae and Janet Eckford McCrae, in Guelph, Ontario, Canada. Most of his classical and medical education was obtained at the University of Toronto, where he received the Bachelor of

Medicine in 1895, after which he went to Johns Hopkins as an Intern. This education was supplemented by studies in Göttingen, Germany. He started as Resident Medical Officer on the service of Dr. William Osler in 1901. (His brother John, the pathologist and physician, and the poet famous for "In Flanders Fields," who died in France in 1918, also had some of his training with Osler.) Dr. McCrae received the M.D. degree from the University of Toronto in 1903, and in 1906 was appointed Associate Professor of Medicine at Hopkins with the addition of Therapeutics in his teaching curriculum. His first scientific articles were written in this early period at Hopkins: a monograph in conjunction with Dr. Osler on *Cancer of the Stomach*<sup>24</sup> and later a report of five cases of lymphatic leukemia.<sup>25</sup> Osler had published the *Principles and Practice of Medicine* in 1892 and later enlisted McCrae's help and relied on him for further editorial assistance as well as contributing articles. This continued, after Osler's death in 1919, to the twelfth and final edition in 1935. When Osler was called upon to edit another medical book, *Modern Medicine*, a seven-volume work, he indicated that McCrae would "do all the



FIG. 9-11. Thomas McCrae, M.D. (1870–1935); Ninth Chairman, Department of Medicine (1912–1935), First Magee Professor (1917–1935).



dirty work.<sup>226</sup> McCrae contributed many articles to *Modern Medicine* and did most of the compilation of all three editions. In 1908 he married Amy Gwyn, a niece of Dr. Willian Osler.

Dr. McCrae was a dignified and polite individual who behaved in a kindly manner to his peers.<sup>27</sup> He disliked administrative duties and meetings, preferring to spend his time teaching. A somewhat methodical lecturer, he was at his best with small groups of students in the clinics and wards of the Jefferson and the Pennsylvania Hospitals. He stressed the importance of a complete history and physical examination with emphasis on the symptoms and signs that would lead to a diagnosis—X-rays and laboratory studies were adjuncts that would only confirm a diagnosis already made. He stressed the cases that a student would more commonly see, such as rheumatism, heart disease, syphilis, and pneumonia (Figure 9-12). The drugs McCrae usually prescribed were barbiturates, cascara, mercury, aspirin, and digitalis. He showed a personal

interest in patients and had an active consulting practice, both locally and in Canada, but limited the number of patients so that his practice did not “run” him. In earlier times, he had played football for four years at Toronto; later he enjoyed vacations in Canada and the British Isles, especially visits to the Oslers at Oxford and to his beloved Scotland. Sometimes described as shy or timid, McCrae enjoyed many friends. The few persons with whom he was intimate enjoyed his wit and humor.<sup>28</sup>

McCrae’s interest in the history of medicine led to many articles in the *Johns Hopkins Bulletin* from 1900 to 1906. He later wrote *The Early History of*



FIG. 9-12. Clinic of Professor Thomas McCrae (1918).

the Association of American Physicians following his Presidency of that organization in 1930.<sup>29</sup>

The interim committee of Kalteyer, Beardsley, Patterson, and Funk, together with Emeritus Professor Wilson, Professor Hobart A. Hare, Professor John C. DaCosta, Jr., Professor Solomon Solis-Cohen (Figure 9-13), and eight others made up the entire faculty of the Department of Medicine when McCrae assumed the Chairmanship. This did not take into account those with Jefferson Hospital appointments as Resident Physicians and those assigned to the Outpatient Medical Clinics.<sup>30</sup> His ensuing Chairmanship of 24 years was to set a record of longevity for any Department of Medicine Chairman and was accompanied by the growth of faculty to 37 members in 1935, in a pattern that saw the continued evolution of the specialities in Medicine.



FIG. 9-13. Solomon Solis-Cohen, M.D. (1857-1948); Professor of Clinical Medicine (1904-1927)

## ■ Hobart Amory Hare, M.D. (1862-1931); Professor of Therapeutics (1891-1931)

Professor Hobart A. Hare (Figure 9-14), a graduate of the University of Pennsylvania in 1884, resigned his Chairmanship of Diseases of Children at the University of Pennsylvania to accept a Professorship of Therapeutics and Materia Medica at Jefferson in 1891.<sup>31</sup> This distinguished teacher and clinician, called “decisive and dogmatic” by McCrae, might be described as the Dean of the clinical teaching of the nucleus of physicians who taught Medicine at Jefferson Hospital. His textbook, *System of Practical Therapeutics*,<sup>32</sup> was destined to go through 21 editions, some in foreign languages that included Chinese. In 1913 Hare held the title of Professor of Therapeutics, Materia Medica and Diagnosis; in 1916 he was named the first Sutherland M. Prevost Professor of Therapeutics, Materia Medica and



FIG. 9-14. Hobart A. Hare, M.D. (1862-1931); Professor of Therapeutics (1891-1931).



Diagnosis. Thus, even from the times of Revere and Duglison, Therapeutics had strong ties with, or was vested in, the Department of Medicine. This Professorship was established in 1916 by the Board of Trustees from the contribution to endowment funds made by Mrs. Sutherland M. Prevost in memory of her husband who had been a Trustee of Jefferson Medical College from 1891 to 1905. The staff members who worked with Dr. Hare included Drs. Ross V. Patterson, E. Quinn Thornton, L. F. Appleman (Figure 9-15), and Reynold Griffith (Figure 9-16). Dr. Hare held this Professorship until his death from carcinoma of the prostate in 1931. He was succeeded by Dr. Elmer H. Funk, who died after one year. Then Dr. E. Quinn Thornton (Figure 9-17) held the Professorship for a year until he was succeeded by Dr. Ross V. Patterson in 1934. Professors Kalteyer and Beardsley, active clinicians at Jefferson, continued to teach into the latter portion of the 1930s, applying particular emphasis to the signs and symptoms of disease.

Dr. Elmer H. Funk (Jefferson, 1908), the bright and energetic clinician, served for a short time as Medical Director of the Hospital before Dr. McCrae asked him to be the Director (1913) of the

Tuberculosis Department located in the newly purchased buildings at Third and Pine Streets, a Department that was destined to become the Division of Chest Diseases. Dr. Funk was promoted to Assistant Professor of Medicine and Therapeutics in 1926 and was succeeded by Dr. Burgess Lee Gordon (1927) as Medical Director. This relieved Dr. Funk, whom Dr. McCrae increasingly had called upon to perform various duties such as assisting with the editing of the third edition of Osler's *Modern Medicine*.<sup>33</sup> Dr. Gordon (Jefferson, 1919), who had extensive postgraduate training in Internal Medicine in Boston, was an interesting teacher and a strong administrator. He developed numerous inventions, among which were a pneumothorax machine, which displayed pressure readings, and the Gordon stethoscope.



FIG. 9-15. Leighton F. Appleman, M.D., taught Pharmacy, Materia Medica, and Therapeutics (1904–1932).

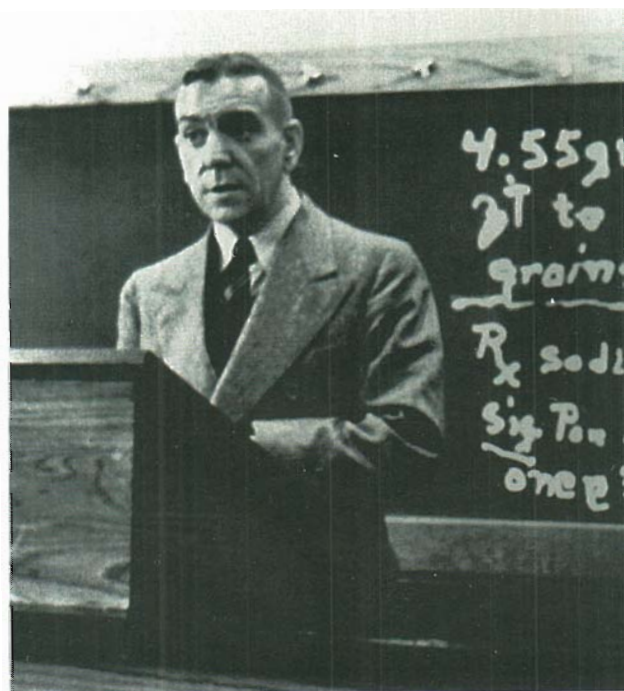


FIG. 9-16. Reynold S. Griffith, M.D., lecturing in Therapeutics (1938).



death in 1938 and succeeded Dr. E.Q. Thornton as Sutherland M. Prevost Professor of Therapeutics in 1934. This strong administrator and extemporaneous lecturer in Therapeutics left the bulk of his estate to Jefferson Medical College, one of the benefits of which was the establishment of the Ross V. Patterson Fellowships.

### ■ Ross V. Patterson, M.D. (1877–1938); Electrocardiography

Dr. Ross V. Patterson (Jefferson, 1904), who was a member of the departmental governing committee bridging the interval between the Chairmanships of Wilson and McCrae, strongly recommended the acquisition of an electrocardiogram machine. McCrae liked this idea, and when Patterson obtained the machine McCrae had him appointed to head the Subdepartment of Electrocardiography of the Medical Department of the Hospital (1918). Dr. Patterson served as Dean of Jefferson Medical College from 1916 until his



FIG. 9-17. E. Quinn Thornton, M.D. (1866–1945); Professor of Materia Medica and Therapeutics (1932).

### ■ Gastroenterology

Gastroenterology flourished in McCrae's time particularly due to the efforts of Dr. B. B. Vincent Lyon and Dr. Martin E. Reh fuss. Dr. Lyon (Johns Hopkins, 1907) studied in Europe, joined the Jefferson Faculty in 1912, and established the first Gastrointestinal Clinic at Jefferson. He was a worldwide authority on gallbladder function and disease. Dr. Reh fuss (University of Pennsylvania, 1910) spent two postgraduate years in Europe, where he developed the Reh fuss gastric tube. He joined the faculty at Jefferson in 1914 and continued his research on gastric digestion. Drs. John T. Eads (Jefferson, 1926) and Guy M. Nelson (Jefferson, 1928), two of his protégés, were fine clinical gastroenterologists. Dr. Reh fuss was appointed the Sutherland M. Prevost Lecturer in Therapeutics in 1941. His work was characterized by "old world" graciousness and charisma.

### ■ Clinical Laboratory Teaching

In 1913 the Board of Trustees established the Jacob M. DaCosta Laboratory of Clinical Medicine. It was outfitted on the second floor of the Laboratory Building with stone tables, lockers, and microscopes, by funds supplied partially by the Alumni of Jefferson Medical College. Originally, Dr. McCrae and senior students performed studies of blood, gastric contents, and urine from the patients assigned to them in the hospital. By 1921 it included instruction to the junior students, and the laboratory facilities were available to members of the faculty. Separate instruction in Hematology became a part of the curriculum in the late nineteenth century. Dr. Arthur Dare (Jefferson, 1890) invented the Dare hemoglobinometer, and Dr. John C. DaCosta, Jr. (Jefferson, 1893) published an extensive textbook, *Clinical Hematology*,<sup>34</sup> in 1901, with a second edition in 1905. Dr. DaCosta rose to the rank of Professor before he left Jefferson in 1915. Hematology, which had been taught through

lectures by Dr. Allan E. Ellis in the Department of Bacteriology (1907) and later by Dr. Erwin D. Funk, who had dual appointments in Pathology and in Medicine, became established with the Laboratory of Clinical Medicine. By 1922 the teaching of Clinical Laboratory was under the direction of Drs. Harold W. Jones (Jefferson, 1917) and Christian W. Nissler.

Doctor Jones was a brilliant physician who had an excellent manner with patients. The more than 60 scientific articles he had published covered general medicine and laboratory studies, particularly hematology. He was one of the pioneers of blood transfusion, first direct and later by the indirect method. Jones continued to direct the Laboratory of Clinical Medicine until 1938. The following year a hematology foundation was funded by the will of Mrs. Charlotte Drake Martinez Cardeza, a patient of Dr. Jones. Mrs. Cardeza's son established the Cardeza Professorship of Clinical Medicine and Hematology, and Dr. Jones was named the first recipient of the Chair in 1941.

In 1929 the Laboratory of Clinical Medicine moved to new quarters in the New College building (1025 Walnut Street) to share the third floor with the Department of Biochemistry. Later on it moved to the sixth floor to share space with Microbiology. With the opening of Jefferson Alumni Hall, Clinical Medicine forfeited all claim to an independent teaching space and shared areas of the Basic Sciences. Dr. Leandro M. Tocantins joined Professors Cantarow and Jones in teaching in the Laboratory of Clinical Medicine. Dr. Jones stopped this teaching assignment in 1938, and several years later Dr. Karl Paschkis joined Drs. Cantarow and Tocantins.

## ■ Tradition of Clinical Instruction

The outline of studies in the Department of Medicine was characterized by courses in history taking, physical diagnosis, and symptomatology, starting in the Sophomore year with continuing emphasis on these basic disciplines throughout the next two years. The Sophomores also began having supervised teaching contact with patients. Clinical Clerkships, at first limited to the Senior year, along with lectures, became the principal method of teaching Medicine in the Junior and Senior years. This was carried out by the Jefferson group under the title "Practice of Medicine and Clinical Medicine," headed by Dr. McCrae, and

the Philadelphia Hospital group titled "Clinical Medicine," under the direction of Dr. Solomon Solis-Cohen, Professor of Clinical Medicine. The latter group included Drs. Samuel A. Lowenberg, David W. Kramer, Harold L. Goldburgh, and R. Max Goepp, among others.

Dr. Solomon Solis-Cohen (Jefferson, 1883) was an excellent diagnostician, physician, and therapist, highly skilled in the use of a variety of medications. He was President of the Philadelphia County Medical Society and was prominent as a member of the Board of Education of Philadelphia.<sup>31</sup> Following the retirement of Dr. Solis-Cohen in 1927, the listing of the group "Clinical Medicine" was discontinued.

## ■ Academic Achievements

Dr. McCrae studied the effects of foreign bodies in the bronchi in conjunction with bronchoscopist Dr. Chevalier Jackson and later with Dr. Louis Clerf. These studies were the topic of the Lumleian Lecture, which McCrae presented before the Royal College of Physicians (of which he was a member) in London in 1924.<sup>35</sup> This was followed in 1927 by an article, including Doctors Funk and Jackson, on primary carcinoma of the bronchus, which detailed the findings, warned of its increasing frequency, and stressed the value of bronchoscopic diagnosis.<sup>36</sup>

The close bonds between Osler and McCrae continued even after Osler went to Oxford in 1905. Osler's confidence in McCrae's tenacity of purpose was evident in a July 15, 1904, letter to C. F. Martin: ". . . I have been beguiled into editing a 7(!!!) volume System of Medicine (McCrae to do the dirty work) . . ."<sup>26</sup> and thus began a relationship cemented by their mutual work on Osler's textbooks, which continued even after Osler's death in 1919. The last work directly inspired by Osler was a review of 80 cases of syphilis of the liver with tumor.<sup>37</sup> Dr. McCrae's admiration for the teaching methods of Osler,<sup>38</sup> the evidence of his care for the patient as an individual, and the insistence upon a careful



history and physical examination, are well documented in his preface to the twelfth edition of the *Principles and Practice of Medicine* by Osler and McCrac (1935):

“In these days it is often said that the number of thoroughly trained clinicians is growing less and that internal medicine is being split up more and more into separate compartments with walls of various thickness between them. This tends to emphasize the study of one system without sufficient attention to the patient as an individual made up of many systems. Certainly we should keep before ourselves and our students the need of emphasis on the study of the patient as a whole and as a human being, and all the manifestations of disease as shown in him. Too often the idea is held that a clinician can be made overnight, especially with the aid of instruments and laboratory procedures. In saying this the value of the aid from these is not made light of but time and effort and hard work must go to the acquiring of a knowledge of disease and the patient in whom it exists. We can not be Oslers but we can do our best to follow his steps. The physician and student should always make it a rule to learn everything possible about a patient by the use of his own senses and brains. For example, to have a roentgenologist make the diagnosis of fluid in a pleural cavity should cause a clinician to be thoroughly ashamed of himself. As far as possible a textbook of medicine should emphasize the clinical side of disease problems.”

McCrac also acknowledged the assistance of his associates with this book including Drs. Rehfuss, Mohler, Jones, Gordon, Kramer, Duncan and Cantarow. This same year he wrote the preface for the book *Diabetes Mellitus and Obesity*<sup>39</sup> by his Associate in Medicine Dr. Garfield G. Duncan, who emphasized the teaching of metabolic diseases in the wards of the Pennsylvania Hospital. Dr. McCrac experienced increasing limitation in ambulation during the early 1930s. For two years before his death his mobility was limited to use of a wheelchair, but he continued his activities at Jefferson until the spring of 1935. His death on June 30, 1935, followed complications of a

laminectomy at the Hospital of the University of Pennsylvania. The actual cause of his illness remained unclear even though his brother-in-law, Dr. Norman Gwyn, made efforts to summarize the medical findings.<sup>40</sup>

McCrac, this great physician, teacher, and author, was known for his dignity, wisdom, humor, and humility, and was always dedicated to his profession. His ability to impart to his students his own dedication to a knowledge of medicine and care for the patient created in them respect and admiration which lasted a lifetime.

## Hobart A. Reimann, M.D., Sc.D. (1897–1986); Tenth Chairman (1936–1951)

The death of Dr. Thomas McCrac, the Magee Professor of Medicine and Chairman of the Department, in the summer of 1935, was a tragic loss to the faculty—the feeling among students, faculty, and administration was that no one could replace McCrac. His personal clinical approach to the patient and his graciousness as a physician and teacher had left its mark for the great number of alumni whom he had instructed. Thus, the appointment of his successor was awaited with anxiety. Within a year the administration brought Dr. Hobart Ansteth Reimann (Figure 9-18), Professor of Medicine and Chief of the Hospital Medical Service, University of Minnesota, to be the Magee Professor and Chairman of the Department of Medicine. This tall, slender, 38-year-old, oval-headed, aquiline-nosed individual with a wisp of a moustache strode through the halls in a military bearing with long and purposeful steps. His manner of speaking was rapid, articulate, and precise, with a sense of humor always ready in the background.

McCrac had used the gradually evolving laboratory facilities to aid in the confirmation of his carefully and patiently constructed clinical diagnosis. Reimann was to rely heavily on laboratory findings and to lay the groundwork for new fields of laboratory endeavors to confirm the precisely made diagnosis. He was to speed the evolution of the science of medicine by talks and publications at Jefferson and throughout the medical world. By this combination of the clinical and the investigative Reimann was destined to recognize and describe new entities of disease.

Hobart Reimann was born in Buffalo, New York, October 31, 1897, the son of Ottilla Ansteth and George Reimann.<sup>41</sup> His father was a pharmacist, and German was the language spoken in the home. Before age ten Reimann had traveled with his family to Florida, California, the western National Parks, and Cuba, a prophetic indicator of his future worldwide travels principally in his role as a Professor and Educator in the field of Medicine. He ranked fourth in a class of 160 and was President of his class in the local high school. He completed a year of pharmacy studies at the University of Buffalo, then matriculated for a year in premedical studies at Townsend Hall, obtaining his M.D. training at the University of Buffalo Medical School (1917–1921). While in medical school he occupied his summers with laboratory work, such as preparing slides for medical school teaching or aiding in the establishment of a research laboratory. At that time, as throughout later life, Reimann managed to have vacations for himself and for his family, frequently including medical writing in the vacation time. Scientific articles were to number over 300 during his lifetime. His first published paper, written while he was in medical school, reported on the study of the relative efficacy of benzidine and guaiac as a

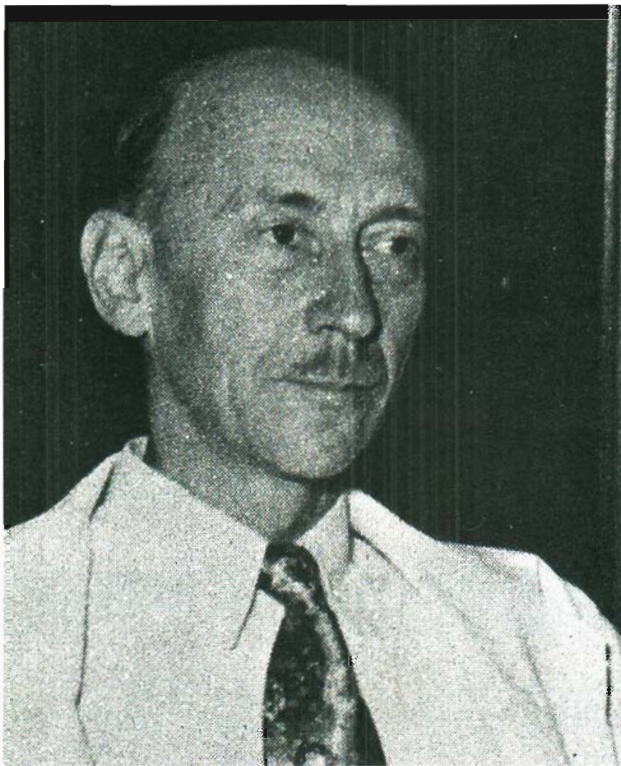


FIG. 9-18. Hobart A. Reimann, M.D., Sc.D. (1897–1986); Tenth Chairman (1936–1951).

test for fecal blood. This study was accomplished by using his own blood with himself as a test subject. Medical school was followed by a year of internship and a year as Chief House Physician at the Buffalo General Hospital. During the latter year he completed a restructuring of the hospital's Clinical Laboratory. Dr. Rufus Cole invited him to be an Assistant Physician at the Rockefeller Institute, which was then under the direction of Dr. Simon Flexner. While there Reimann worked on the transformation of the pneumococcus from a rough strain to smooth and back again. The work was performed under the direction of Dr. Oswald T. Avery, who laid the groundwork for the elucidation of DNA and RNA. After three years at the Institute, Reimann accepted a previously postponed offer to study for a year at the Anton Ghon Institute in Prague. While there he worked with the tubercle bacillus and with Rocky Mountain spotted fever. He then spent two years as Associate Professor of Medicine at the Peking Union Medical College under the auspices of the Rockefeller Foundation. Ample laboratory facilities permitted him to continue to work on the pneumococcus and to study typhus, and he added Chinese to his linguistic capabilities. He joined the Medical Department of the University of Minnesota in 1930 and rose to the rank of Professor of Medicine and Chief of the Medical Department of the University Hospital.

### ■ Changes in Teaching Philosophy

At Minnesota Reimann started work as author and editor of a three-volume book entitled *Treatment in General Medicine*,<sup>42</sup> which eventually went through three editions. A longer survival is not surprising because, to Reimann, treatment was “cut and dried” and was unimportant if it was not curative. The interest in microorganisms continued and included the study of *M. tetragenous*, its infectious and variant forms,<sup>43</sup> and typing of the pneumococcus. Additional studies included blood proteins and amyloid disease leading to the description of primary amyloidosis.<sup>44</sup>



Reimann demanded exactness from his students in their pursuit of the patient's history, physical findings, and laboratory studies. The latter led to the establishment of a students' laboratory in Jefferson Hospital, and in each of the affiliated teaching hospitals, where the clinical clerk performed the basic laboratory studies on each of his assigned patients, thus carrying forward a precedent established by McCrac. In a medical environment where empirical treatment and measures of dubious value were still common, Reimann insisted upon an etiological diagnosis whenever possible. Ward rounds required that the Intern or Resident present every detail of the case history, even down to the differential leukocyte count, while the Professor held the patient's chart. A logical diagnosis and consideration for therapy was expected in the summary. His familiarity with the pneumococcus fostered the routine typing of the organism in cases of pneumonia at Jefferson, and if specific anti-serum was available, its administration was advised. The treatment had variable therapeutic efficacy and sometimes undesirable side-effects. The advent of sulfonamides in 1936 and the beginning availability of penicillin in 1941 eliminated the use of serum treatment. His interest in pneumonia continued<sup>45</sup> and it led him to the observation of an illness with an acute infection of the respiratory tract, or atypical pneumonia, which he felt was caused by a virus.<sup>46</sup> Thus the first description of virus pneumonia was published in 1938 in the *Journal of the American Medical Association* and republished in the Centennial series of the same Journal in 1985 as one of 51 *Landmark Articles in Medicine*.<sup>47</sup>

## ■ Medical Residency

The era of the late 1930s was a time of the beginning of formal residencies throughout the country. Dr. W. Paul Havens, Jr., was the first medical resident at Jefferson. A graduate of Harvard Medical College, he was destined to become an expert in the field of hepatitis. He studied and reported on the occurrence of the

organism of Rocky Mountain spotted fever in ticks in the local areas and collaborated with Dr. Reimann on some of his articles published in the literature at that time and received an honorary degree from Jefferson in 1985. The second resident, Dr. Allison H. Price (Jefferson, 1938), became Dr. Reimann's direct assistant. He carried out the day-by-day management of the Department and made possible the details that entered into the accomplishment of many of Dr. Reimann's research projects.

The original Medical Department office, a room for the Chairman and a small adjoining room for the secretary, was located off the Sansom Street side of the main corridor of the first floor of the Old Hospital Building at Tenth and Sansom Streets. Dean Patterson's promise of laboratory space equal to that which he had at Minnesota finally occurred when the office was moved to the northwest corner of the eighth floor of the College Building (1025 Walnut Street). This location also provided offices and laboratories for Dr. Price and the third resident, Dr. John H. Hodges (Jefferson, 1939). (See Figure 9-19.) During the first two years of his medical residency (1942-1946), Dr. Hodges proctored in the course in Clinical Laboratory Medicine, now taught in the Sophomore year, which at that time was ably directed by Drs. Leandro Tocantins, Abraham Cantarow, and Karl Paschkis. In 1944, Dr. Hodges was given the Directorship of the course by Dr. Reimann and continued in that role for the ensuing 28 years while he performed and collaborated in research work. After 1946 he carried on an active clinical practice.

An attack of acute gastroenteritis suffered by Dr. Reimann and his family coincided with the observation on Men's Medical Ward by Dr. Hodges of eight cases of severe and acute nausea, vomiting, and diarrhea with negative studies for a bacterial or parasitic involvement. Subsequent clinical and laboratory research by Drs. Reimann, Price, and Hodges led to the establishment of viral dysentery as an entity.<sup>48,49</sup>

Visiting physicians were in regular attendance at Reimann's weekly "pit" sessions with the Junior and Senior students in the amphitheater of the Thompson Annex. He was always in full command at these sessions, with the students on the alert in case called upon by name from the ever-present roll book. A wide variety of cases was presented, from snake-bite and favism to infectious diseases, the latter being his particular interest, as evidenced by the fact that Reimann wrote 40

consecutive Annual Reviews of Infectious Diseases (1935–1975) published principally in the *Archives of Internal Medicine* and the *British Postgraduate Medical Journal*.<sup>50</sup> Research in microorganisms, perpetuated by his work at the Rockefeller Institute, in Prague, in Peking, at the University of Minnesota, and particularly with viruses at Jefferson, was coupled successfully with the study of their clinical disease counterparts. The United Nations Rehabilitation and Relief Administration called upon him in 1945 to join a cholera team in Chungking, China, and he spent a two-month leave of absence working with cholera patients in and around Chungking. His subsequent report called to the attention of the medical world the prime importance of prompt fluid replacement in lowering the mortality rate.<sup>51</sup>

It was Reimann's nature to take positive stands on issues in medicine, and sometimes he pursued them with considerable vigor. He spoke out

publicly against the overworked theory of “focal infection” and its role in systemic disease,<sup>52</sup> decried the excessive practice of the removal of teeth and tonsils as a panacea for the prevention and treatment of some illnesses, and expressed concern over the unnecessary or excessive use of antibiotics, both for prophylaxis and in therapy. This stimulated the establishment of hospital committees to monitor the use and choice of antimicrobials by physicians, with the improvement in the indications for and selection of specific drugs and also, eventually, in financial saving.



FIG. 9-19. John H. Hodges, M.D., Director of Clinical Laboratory Medicine, later the Ludwig A. Kind Professor of Medicine, with Arthur J. Weiss, M.D., and Jane E. Kirk, M.F.



editor of *Acute Respiratory Tract Infections*. *Infections and Parasitic Enteric Diseases* appeared in 1976. He was a contributor to *Oxford Medicine*, *Encyclopedia Britannica*, *Encyclopedia of Medicine*, *Musser's and Cecil's Textbook of Medicine*, *Conn's Current Therapy*, and *Current Diagnosis*, and others.

Reimann's first wife, Dorothy Sampson Eaton, studied as an artist and probably stimulated him to try his talents as a painter. Dorothy died in 1958. His second wife, Cecelia DeMise, who became his constant supporter and critic, fostered his artistic work in water color and pastel. There were one-person shows, and his work, particularly in pastels, received local and national acclaim in exhibits, on the cover of the *Journal of the American Medical Association*,<sup>55</sup> in permanent display in private homes, and in the halls of Hahnemann and Thomas Jefferson Universities.

Dr. Reimann contributed to the education of numerous students and physicians. His research in the field of medicine uncovered many "firsts" and contributed widely to the clinical practice of medicine. He, in turn, was honored as a member of Alpha Omega Alpha, Sigma Xi, the American Board of Internal Medicine (1934), and by membership in numerous prestigious local, national, and international medical societies. Awards received included the Charles V. Chapin Medal of the Rhode Island Medical Society; Citation for Distinguished Service in Medical Education, University of Buffalo; Order of Cedars, Lebanon; Shaffrey Award, Medical Alumni of St. Joseph's College (University); and Hahnemann Corporation Medals for Distinguished Service, and he was made an honorary member of the J. Aitken Meigs Medical Association (to which he presented a copy, in pastel, of Petit's painting of Dr. Meigs). Jefferson's students honored him when the Senior Class (1951) chose him as the subject of a portrait to be presented to the College; this portrait by Cameron Burnside is displayed outside the room dedicated to Dr. Reimann in the Kellow Conference Center. The Board of Trustees of Thomas Jefferson University conferred upon Reimann the Honorary Degree of Doctor of Science (1977), and perhaps one of the most appreciated of Jefferson's honors was the conferring of the title Visiting Professor of Medicine (1979). His affection for Jefferson had remained with him throughout the years, and on reception of the Professorship he stated that "it

## ■ Reimann's Further Career

Reimann's frustrations in the administration of his Department caused him to resign in late 1951. This started his nine-year worldwide odyssey that ended in his return to activity in Philadelphia with an appointment as Professor of Medicine at Hahnemann Medical College (University) in 1960. The initial and perhaps the most enjoyable assignment for Dr. Reimann in this era was the four years he spent in Lebanon as Visiting Professor of Medicine at the American University of Beirut. The beautiful campus and the exotic city of Beirut were at that time (1952–1956) a pleasure to experience. Subsequent assignments included the University of Indonesia, Djakarta, and the University of Shiraz, Iran. At Hahnemann he added the duties of Associate Medical Director and continued to publish and to travel. He served as Field Director (A.M.A.), Project in Medical Education, Saigon, Vietnam, and as Guest Consultant, CARE-MEDICO, Avicenna Hospital, Kabul, Afghanistan. He also served as Guest Consultant, CARE-MEDICO in Honduras, and Visiting Lecturer at military hospitals in Colombia.

The following statement occurs in the first paragraph of Reimann's paper, *The Problem of Long-Continued, Low-Grade Fever*,<sup>53</sup> published in 1936: "The problem of diagnosis in patients with long-continued low-grade fever occurs far more commonly than one would be led to believe by the few studies that have been reported dealing exclusively with the subject." This study at the University of Minnesota concerning 16 women without significant organic disease who had an apparent temperature range above the medically accepted normal variation, started a pursuit throughout the ensuing years of conditions with fever occurring periodically, fever accompanying periodic agranulocytosis, conditions of periodic swelling of a joint, and other with a temporal rhythmicity. Numerous reported papers resulted and culminated in the publishing (1963) of the book *Periodic Diseases*.<sup>54</sup> He was the author and editor of *Acute Respiratory Tract Diseases* and the

was like returning home.” Reimann retired from Hahnemann in 1980 but retained his connection with Jefferson until his death from pneumonia on January 21, 1986.

## ■ Departmental Growth and Changes

The establishment of the Cardeza Professorship in 1941 gave strength and enduring growth to hematology in respect to teaching and research. The acquisition of a Fellow in Hematology, Dr. Welland A. Hause (Jefferson, 1938), and the appointments of Drs. Leandro M. Tocantins (1936), Franklin R. Miller (1944), and Lowell A. Erf (1945) to the staff strengthened this growing specialty under the direction of Dr. Harold Jones.

Additional changes in 1941 included the advancement of the teaching of Clinical Laboratory Medicine in the Sophomore year where it was under the direction of Professors Cantarow and Tocantins and Drs. Paschkis, Wirts, and Bucher. Doctor Tocantins had come to Jefferson in 1932 as a J. Ewing Mears Research Fellow and was becoming established as an important hematologist who in 1938 would publish a comprehensive document on platelets.<sup>56</sup> Dr. Karl Paschkis was an internist with a strong interest in endocrinology who had emigrated from Austria in 1938 and in 1940 was the J. Ewing Mears Teaching and Research Fellow in Physiology and Medicine. He was destined to become the Director of the Division of Endocrine and Cancer Research in the Department of Experimental Medicine, an interdepartmental complex confirmed by the Board of Trustees in 1949. This Department also had Dr. Abraham Cantarow, the Chairman of Biochemistry, and Dr. Abraham Rakoff, Department of Obstetrics and Gynecology, as prominent members. The Department was responsible for research contributions in the areas of the relationship of endocrines to carcinogenesis and in the realm of basic steroid chemistry. This Department was discontinued in 1958. Dr. Paschkis was the Director of the Division of Endocrinology in the Department of Medicine from 1942 until his death on January 27, 1961. Dr. Joseph J. Rupp succeeded him as Director of the Division and served until he assumed a position in the Dean’s office in 1969.

Dr. Carl Bucher (University of Pennsylvania, 1916), a member of the Department of Pathology of the Hospital, stressed laboratory studies, such as the Wassermann and Kahn tests, and was

destined to become Hospital Chief of Pathology. Dr. Charles Wirts was working in Gastroenterology under Lyon and Reh fuss. He, like Lyon and Reh fuss, had some of his postgraduate education in Europe and was the last of the twentieth-century gastroenterologists at Jefferson to exhibit this “old world” flair. Dr. Hodges was placed in charge of teaching in the Laboratory of Clinical Medicine in 1944, and he continued in that role until 1972. This course formed the union between basic science and clinical medicine. The students performed tests on blood, urine, and various other body fluids. They were instructed in pulmonary function, electrocardiography, venous pressure, forensic medicine, renal and hepatic function, endocrinology, and all laboratory procedures used in diagnosis. The knowledge of these tests was combined with the various symptoms and physical findings in disease states to lead to clinical diagnoses. Physical diagnosis was under the direction of Dr. Creighton H. Turner until 1942, when he was succeeded by Dr. Robert Charr. Clinical Clerkships were conducted on the wards in Jefferson Main (Old) Hospital, where Dr. Reimann and his staff held forth, and at the following affiliated hospitals: Methodist, Cooper, Philadelphia General, Lankenau, Germantown, Pennsylvania, Barton Memorial, and the White Haven Sanitorium. The Outpatient Clinics at Jefferson were manned by various members of the staff, principally volunteers. The General Medical Clinic came under the Directorship of Dr. John N. Lindquist (Jefferson, 1943).

Dean Patterson died in 1938, and Dr. Henry K. Mohler of the Medical Staff succeeded him as Dean and as Sutherland M. Prevost Professor of Therapeutics. Following the death of Dr. Mohler in 1940, Dr. William Harvey Perkins succeeded to the Deanship and Dr. Martin E. Reh fuss became the Sutherland M. Prevost Professor of Therapeutics. Dr. Reh fuss had been presenting clinics to the Senior students and now he also gave many of the lectures in Therapeutics. In 1949 the Board of Trustees discontinued the Professorship of Therapeutics, and Dr. Reh fuss



continued the course as a lectureship in the Department of Medicine.

## ■ Tropical Medicine and World War II

The specialized teaching of Tropical Medicine started in 1913 with lectures by Dr. E. R. Stitt (U.S.N.). Dr. Stitt was succeeded after 1922 by Dr. Glen F. Clark (U.S.N.). In 1942, Dr. William Sawitz was brought from New Orleans by Dr. Perkins and started a course in Parasitology and Tropical Medicine. It was at about this time that the Mary Markle Foundation financed the teaching of tropical medicine for two representatives from each of the medical schools in the country. This was in response to the recognized needs of the Armed Services in their experiences in the tropical warfare in the Pacific, particularly the Guadalcanal campaign. The course consisted of five weeks of lecture and laboratory work at the Bethesda Naval Medical Center or at Walter Reed Army Hospital, followed by five weeks of field instruction in Central America. Doctor Hodges represented Jefferson (1943) and on completion of the course was appointed Assistant to Dr. Sawitz and aided in teaching this course for five years.

When Dr. Reimann succeeded Dr. McCrae, the Medical Staff consisted of 32 members. At the time of Dr. Reimann's resignation, late in 1951, there were 89 staff members, ten residents, and three fellows.

## ■ The Interim Committee

A committee for the administration of the Department of Medicine (Figure 9-20) was established by the Board of Trustees in 1951 following the resignation of the Chairman Dr. Hobart A. Reimann.<sup>57</sup> This group, like the one appointed in 1911 at the retirement of Dr. James C. Wilson, consisted of four members of the Medical Staff: Drs. Rehfuss, Jones, Duncan, and

Tocantins. Dr. Martin E. Rehfuss, who with Dr. Philip B. Hawk had performed extensive studies on gastric digestion and published various books on Gastroenterology, as well as a textbook of practical therapeutics,<sup>58</sup> was named Chairman. Dr. Harold W. Jones was a noted hematologist and Director of the Charlotte Drake Cardeza Foundation and Laboratories. Dr. Garfield G. Duncan, a Canadian, was educated at McGill University and joined the staff of the Pennsylvania Hospital under the tutelage of Dr. McCrae. He rose to the Directorship of the Medical Service of the Pennsylvania Hospital. As a colonel in the Army in World War II, he received commendations for his work in malaria and infectious hepatitis. His publications dealt with metabolism and principally diabetes mellitus. A fine gentleman, Duncan was admired by the students as a wise and capable physician. Dr. Leandro M. Tocantins (Jefferson, 1926), was Secretary of the Committee. His particular interest was in coagulation and bleeding diseases. An outstanding hematologist, Tocantins was Head of the Department of Hematology at Pennsylvania Hospital and Assistant Director of the Division of Hematology at Jefferson.

The Committee successfully directed the functions of the Department until the appointment of the new Chairman, Dr. John E. Deitrick, in 1952.

## John E. Deitrick, M.D. (1905–); Eleventh Chairman (1952–1957)

The arrival of John English Deitrick (Figure 9-21) at Jefferson was a timely one for the academic processes of the Department and the College, which needed to devise new procedures and to strengthen older channels of operation. Deitrick had just published the *Preliminary Observation of a Survey of Medical Education* and was in the process of writing the results of a *Survey of the Medical Schools in the United States at Mid-Century*.<sup>59</sup>

John Deitrick was born April 13, 1905, in Watsontown, Pennsylvania, the son of Edgar Dentler and Capitola (Heine) Deitrick.<sup>60</sup> He graduated from Wyoming Seminary, attended Princeton University, where he received his B.S. degree in 1929 (Phi Beta Kappa), and earned the M.D. degree (Alpha Omega Alpha) from Johns

Hopkins University in 1933. Following an Internship at Hopkins and four years of Residency at The New York Hospital (1934–1938) he became a member of the Staff of the Hospital and the Faculty of Cornell University, rising to the rank of Associate Professor of Clinical Medicine and Director of the Cornell Division at Bellevue Hospital. Dr. Deitrick developed a private practice, but his primary interest was directed toward medical education. In 1948, the American Medical Association and the Association of American Medical Colleges selected him to direct a national study of medical education. He moved to Chicago, set up a staff, and for the next four years was occupied in accomplishing this task.

Dr. Deitrick had a profound knowledge of the workings and interrelationships of Medical School faculties, the administration, and the hospital staff. He appointed a committee of the medical staff, chaired by Dr. Hodges, to investigate the feasibility of establishing a Hospital Intensive Care Unit. He and the committee met with the Hospital Director, Dr. Hayward Hamrick, and approval was obtained for the first Intensive Care

Unit at Jefferson. Another committee, chaired by Dr. Hodges, worked out a plan to have intern and resident care of the patients of the private medical service. This was approved by the Staff on January 12, 1956. Dr. Deitrick worked persistently with Dean George A. Bennett and Dr. Hamrick to improve the status of the Medical Residents and to establish their financial support.

### ■ A Period of Rebuilding

It is possible that the resignation of Dr. Hobart A. Reimann in 1951 was an omen of future problems among the faculty, problems that reached a climax in 1955 with the resignation of Dr. Lewis C. Scheffey as Chairman of the



FIG. 9-20. Interim Committee (1951): Drs. Martin E. Reh fuss, Leandro M. Tocantins, Garfield G. Duncan, and Harold W. Jones.



Department of Obstetrics and Gynecology, the retirement of Dr. Louis H. Clerf as Chairman of Laryngology and Bronchoesophagology, the request of Dr. Charles F. McKhann to be relieved of his position as Chairman of the Department of Pediatrics and assigned as Professor of Pediatric Research, and the resignation of Dr. Paul C. Swenson as Chairman of the Department of Radiology. The announcement of these changes at the Annual Alumni Association Meeting (June 16, 1955) was met with boos from the audience even though there was an accompanying announcement of the formation of a new Department of Anesthesiology. This prompted Dr. Deitrick and two other members of the faculty,

Dr. Abraham Cantarow and Dr. John H. Gibbon, Jr., to make a written appeal to Mr. Percival E. Foerderer, Chairman of the Board of Trustees (June 27, 1955).<sup>61</sup> They stated that situations caused by certain policies and practices were at fault: Candidates for Professorships and Heads of Departments had been selected by the administration without a voice by the faculty, the Jefferson Medical College Internship had become less attractive, the Staff of the Hospital had no influence on the Internship and the choice of interns, and the recent resignations had lessened the prestige of the institution. The loss of the Radiology staff created inconveniences in patient care. This disturbed the morale of the students, the faculty, and the alumni.

In the appeal, Deitrick, Cantarow, and Gibbon suggested that a committee of the Executive Faculty, with the Dean, choose and recommend a candidate to the faculty for approval and that this selection be recommended to the Board of Trustees for final approval. The interns should be selected by the Medical Staff of the Hospital, with the Dean and Medical Director represented ex officio, and their selection presented to the Board of Trustees for approval. The head of every major department should be provided with an operating budget that would be approved by the administration six months before the beginning of the fiscal year. A meeting might be held, possibly three times a year, between representatives of the Board of Trustees and the faculty. The passage of time has seen these principles become a reality.

One of the precedent-setting changes undertaken by Dr. Deitrick was the establishment of the Mohler Physicians Offices in 1955. This was a setting for outpatient practice for members of the faculty. The fees for participation were minimal, on an hourly basis, and directed to the younger members of the faculty to give them a site for private practice in the immediate vicinity of the College. The Board of Trustees underwrote the original costs of renovating the first floor of the Henry K. Mohler Building (formerly the Blakiston Building) at 1020 Walnut Street and outfitted it with a laboratory and fluoroscope. A secretary and nurse aided in the formal care of the patients. Dr. Hodges served as Director of the unit from its inception and continued in this role for its 20 years of existence. The unit moved to 1216 Walnut Street (St. James Annex Building) in 1966 prior to the demolition of the Mohler Building. An average of 25 physicians were members of the unit at a time and most of them



FIG. 9-21 John E. Deitrick, M.D. (1905–), Eleventh Chairman (1952–1957).

moved to the Edison Building at Ninth and Sansom Streets in 1975 following the formation of practice-type offices in this building and the sale of the St. James Annex. In turn, many of the staff physicians moved to the Thomas Jefferson University Hospital when offices were made available on alternate floors of this structure at Eleventh and Chestnut Streets in 1978. These offices were supplemented in 1986 with the completion of a new outpatient building at Eleventh and Walnut Streets adjacent to the Forrest Theater.

Faculty changes were occurring. Pennsylvania Hospital became unavailable for teaching because of its academic relationship with the Medical School of the University of Pennsylvania. Dr. Garfield Duncan, however, was encouraged to continue to teach the Junior students at Jefferson. Dr. Harold Jones retired as Director of the Cardeza Foundation (1956) but retained the

Professorship of Medicine until he became Emeritus in 1958. Dr. Leandro M. Tocantins succeeded Dr. Jones as Director of Cardeza. The Cardeza Foundation, with its Transfusion Unit and other facilities, moved into a specially renovated building at 1015 Sansom Street in 1956. Dr. Martin E. Rehfuss became Emeritus Professor of Clinical Medicine and Director of the Division of Therapeutics in the Department of Medicine. Dr. F. William Sunderman (Figure 9-22) who came to Jefferson during the Chairmanship of Dr. Reimann, was Director of the Division of

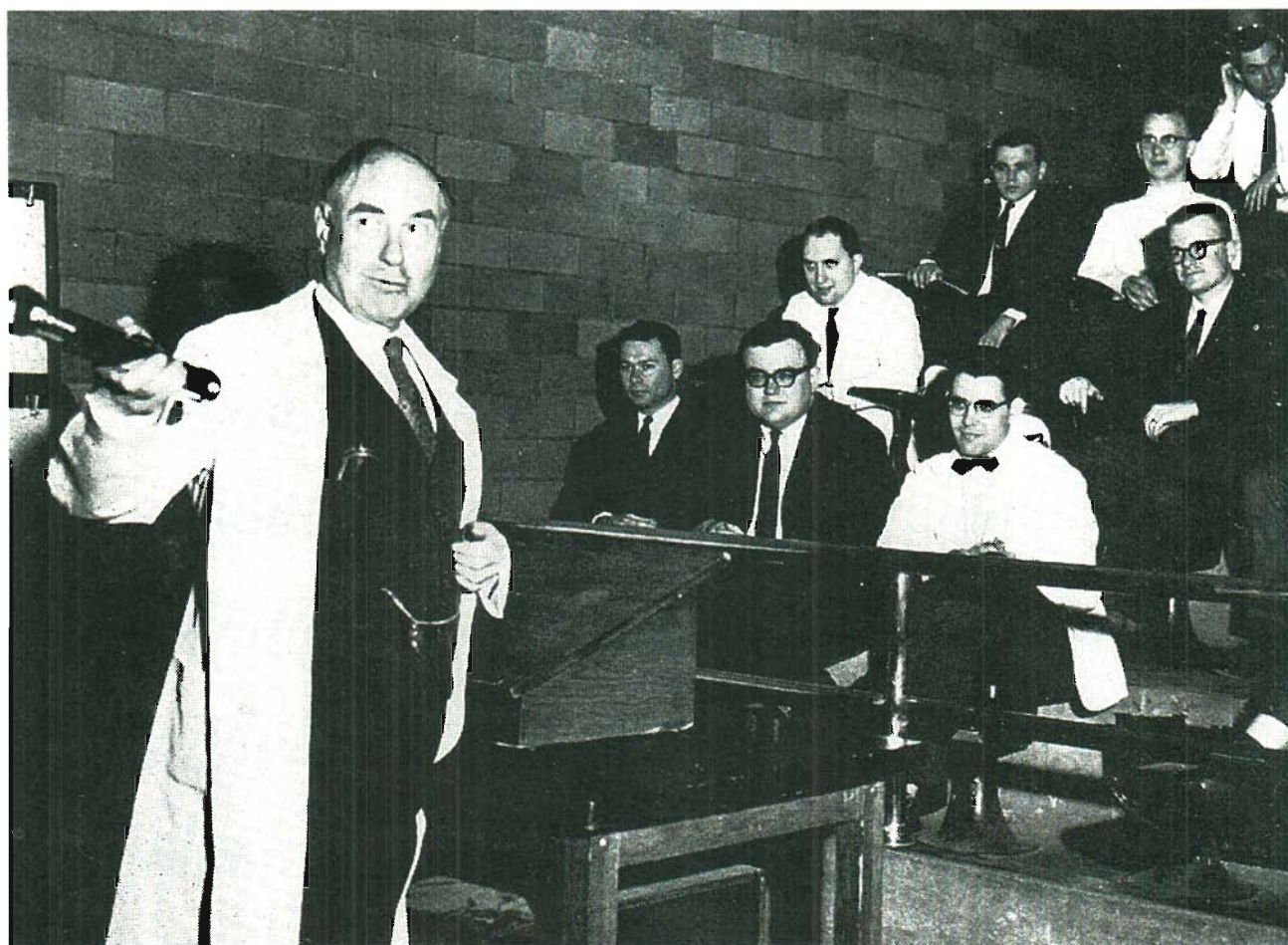


FIG. 9-22. F. William Sunderman, M.D., Director of Metabolic Research.



all the medical schools in New York State, obtained financial support from Governor Rockefeller for the private New York Medical Schools and established a primate colony for all the medical schools in the State. He remained Dean until 1969 and became Emeritus Professor of Medicine at Cornell in 1970.<sup>61</sup>

### William A. Sodeman, M.D., Sc.D., L.H.D. (1906–); Twelfth Chairman (1957–1958)

It could hardly have been predicted that when Dr. William Harvey Perkins came from Tulane to Jefferson in 1941 to be Dean, his successor, Dr. William Anthony Sodeman (Figure 9-23), an associate and successor at Tulane, later would come to Jefferson as Magee Professor of Medicine (1957) and then also as the Dean (1958).<sup>60</sup> This forthright man, who had the ability to make a rapid summation of a situation and evolve a practical solution, was a broadly educated internist and an accomplished administrator. He was born in Charleroi, Pennsylvania, on June 13, 1906. The family moved to Toledo, Ohio, when he was six, and he received his secondary school education there.<sup>63</sup> Sodeman obtained the B.S. degree (Phi Beta Kappa and Phi Kappa Phi) in 1928 and the M.D. degree (Alpha Omega Alpha and *cum laude*) in 1931, both at the University of Michigan. Following an internship at St. Vincent's Hospital in Toledo he went to Tulane for a four-year residency and fellowship in Internal Medicine with Dr. John Herr Musser (1932–1936). Additional formal education was obtained as a Commonwealth Fund Fellow in Cardiology at the University of Michigan (1938–1939). Dr. Sodeman's academic career of over 20 years at Tulane started in 1932 with his appointment as Instructor in Medicine. He was appointed as Professor and Head of the Department of Preventive Medicine in 1941. In 1946 the Department of Preventive Medicine merged with the Department of Tropical Medicine and he became the Professor of Tropical Medicine and Chairman of the Department of Tropical Medicine and Public Health (William Henderson Professor), a position he held until 1953, uninterrupted except for a partial year (1951) as Visiting Professor in Medical Sciences at the Calcutta (India) School of

Metabolic Research. His chief realm of productivity was the monitoring of the nationwide standardization of laboratory tests.

Dr. Deitrick was a tall, quiet, modest physician who brought to Jefferson a much-needed realignment of its academic and administrative processes. In his words, "The period 1952–1957 was one of confusion, conflict, change, and progress at Jefferson. There was confusion between the Medical School and the Hospital Administrators. There was also conflict between the Faculty and the Administrators. The Hospital was operated primarily for the private practice of medicine with the new pavilion for private patients and the old wards for student teaching. There was very little research."<sup>61</sup>

Dr. Deitrick's academic abilities were recognized locally as well as nationally. He served on Committees for the Philadelphia County and State Medical Society, for the College of Physicians of Philadelphia, and for the Heart Association. In Philadelphia he became a member of the Laennec Society, the J. Aitken Meigs Society, and Sigma Xi. He was later President of the Association of American Medical Colleges and the New York Academy of Medicine, and he served on the Board of Directors of various New York Medical Associations, the Associated Medical Schools of New York and New Jersey, and the American Cancer Society. He was a member of the Advisory Committee on Medicine of the W. K. Kellogg Foundation.

Deitrick's dozens of publications covered cardiovascular research, the effects of immobilization, and perhaps the most significant, the treatises pertaining to medical education.<sup>59,62</sup> The experiences at Jefferson may have served as practical training for this affable and intelligent master of medical education to move on to his next academic challenge. Dr. Deitrick resigned on July 31, 1957, to accept the position of Dean and Professor of Medicine of Cornell University Medical College. During his 12 years as Dean at Cornell, two buildings were constructed, one for research and the other for a library. He was instrumental in organizing cooperative efforts for

Tropical Medicine. He had served for four years (1953–1957) as Professor and Chairman of the Department of Internal Medicine at the University of Missouri School of Medicine when he received the call to be Chairman of the Department of Medicine at Jefferson. His colleagues at Tulane had described him as “. . . a teacher, research worker, writer, speaker, councilor, but above all a clinician who is a doctor’s doctor; a person who was fair and logical in everything he did.”<sup>64</sup> His broad talents in the field of Medicine were emphasized by his certification in the American Boards of Internal Medicine, Cardiovascular Diseases, and Preventive Medicine.

It did not take long for Dr. Sodeman to come to the conclusion that it was important for the welfare of Jefferson’s Department of Medicine that it strengthen the subspecialties and that all these units remain within the Department. He was referring to Hematology with its desire for autonomy and Cardiology which did not have a



FIG. 9-23. William A. Sodeman, M.D., Sc.D., L.H.D. (1906–); Twelfth Chairman (1957–1958), Dean (1958–1967).

Director who was certified and which was financially under the authority of the Hospital Director. Efforts to effect these changes were deferred by the untimely death of Dean Bennett in 1958. Several factors favored Sodeman’s ideas for improvement of the Department. Dr. Robert I. Wise of the Division of Infectious Diseases, whom he had known in New Orleans, concurred with his thoughts. Dr. Sodeman was instrumental in encouraging the appointment of Dr. Wise as his successor in the Chairmanship of the Department of Medicine.<sup>63</sup> In his new role as Dean he could work with Dr. Wise in the implementation of their mutual aspirations for the Department of Medicine.

Dr. Ross V. Patterson had been placed in charge of a Subdepartment of Electrocardiography in the Medical Department of Jefferson Hospital in 1918. This became the Ross V. Patterson Heart Station after the death of Dr. Patterson in 1938. Its awkward administrative status was temporarily resolved through an agreement between Dean Sodeman and Hospital Director, Dr. Ellsworth Browneller, that the heart station become the responsibility of the Department of Medicine with administrative and financial power still that of the Hospital (1960).<sup>22,60</sup> It remained for Dr. Wise to make a final definition of the Division of Cardiology in 1964.<sup>22</sup> Dr. Wise was destined also to establish the Division of Hematology containing the Cardeza Foundation within the Department of Medicine.

Doctor Sodeman won respect from the Medical Staff that continued when he undertook the new role as Dean. Perhaps his change from clinician to mainly an academician was the loss to the Department of Medicine of “an unsurpassed diagnostician,” in the words of John H. Killough, Ph.D., M.D., who was an early Director of the evolving Division of Cardiology and who became an Associate Dean and Director of Continuing Medical Education under Dr. Sodeman. Among Dr. Sodeman’s accomplishments as Dean were the vestiture in the Admission Committee of final choice of applicants; the institution of Faculty Retreats; the introduction of National Board Examinations into the curriculum; the admission



of women students; the reestablishment of a viable Department of Radiology under a new Chairman, and the removal of Jefferson from the American Association of University Professors' blacklist.<sup>63</sup> He and Dr. Samuel Conly, Associate Dean, were responsible for the implementation of the College and Medical School total five-year plan in combination with Penn State University. He corroborated the plans for new buildings such as the Stein Radiology Research Center and Jefferson Alumni Hall—the latter the basic science and communal building at 1020 Locust Street. Through the combined cooperation of Mr. James Large, Chairman of the Board of Trustees, and Mr. William Bodine, President of the College, he made possible the Alumni Advisory Committee, which evolved into the establishment of Alumni Trustee members of the Board of Trustees starting in 1965.

Sodeman's activities in the American Medical Association Council on Medical Education, the Chairmanship of the Liaison Committee on Medical Education, and membership on the National Board of Medical Examiners brought national acclaim to Jefferson. In 1962 he received the Clarence E. Shaffrey Medal of St. Joseph's College for Distinguished Service to Medical Science.

When Dr. Sodeman prepared for his 1967 retirement from Jefferson he conveyed to President Peter A. Herbut the idea of Jefferson becoming a Medical University.<sup>63</sup> His resignation as Dean and as Vice-President for Medical Affairs, a title given by the Board of Trustees in 1962, decreased the stresses on his life and allowed his taking the position of Scientific Director of the Life Insurance Medical Research Fund. This Fund was sponsored by 120 life insurance companies in the United States and Canada. His purpose was to aid in directing the funds to medical schools for the improvement of education and research.

Dr. Sodeman started a new career in 1970 as Executive Director, Commission on Foreign Medical Graduates, formed to upgrade educational standards and levels of practice of doctors trained in medical schools in other countries but who seek to practice or take additional training in the

United States. He continued in this position for three years and then became Clinical Professor of Medicine of the Medical College of Ohio at Toledo, a position he continued to occupy in 1986.

Doctor Sodeman rarely limited himself to a single category of activities. Throughout his career he became consultant to medical schools, to the United States Public Health Service, and to other groups. He lectured frequently and was a Visiting Professor here and abroad. He published over 200 articles in the medical literature, primarily on cardiac and tropical medical subjects, and continued to serve on editorial boards of medical journals. His textbook, *Pathologic Physiology: Mechanisms of Disease*, has gone through seven editions (1950 to 1985). As a member of numerous scientific societies, Sodeman has served as Presidents of the American Society of Tropical Medicine, the Heart Association of Southeastern Pennsylvania, the American College of Cardiology, and the American College of Physicians. Awards have included the Sesquicentennial and the Distinguished Alumni award of the University of Michigan and the Strittmater Award of the Philadelphia County Medical Society. He was made a Distinguished Fellow of the American College of Cardiology and Emeritus President of the American College of Physicians. In 1968 his portrait was presented to the College by colleagues and friends.

Dr. Sodeman's wife, the late Agnes Wagner Sodeman, a strong and independent person, acted as his constant companion and critic. She served in the Women's groups related to the organizations in which her husband was active, and founded the Faculty Wives Club at Jefferson in 1961.

Dr. Sodeman's distinction as an individual and his many triumphs in the medical field continue to be a source of honor and pride for Jefferson.

## Robert I. Wise, M.D., Ph.D., Sc.D. (1915–); Thirteenth Chairman (1959–1975)

The phrase “a demand for excellence” perhaps best describes the 16-year term of Robert Irby Wise, M.D., Ph.D. (Figure 9-24), as Magee Professor of Medicine and Chairman of the Department. A quote from the preface of his history of that period further defines his meaning of excellence: “As we approach the end of the twentieth century,

the college is again in an ascendancy of achievement of excellence. The physical plant is magnificent. The faculty is creative and stimulating in educational programs. An environment exists for inquiry, which is essential for productive clinical investigation and a high quality of patient care. All are necessary if excellence in medical education is to be maintained."<sup>23</sup>

Dr. Wise had been a member of the Division of Infectious Diseases, directed by Dr. Paul Havens in 1955, when Dr. John E. Dietrick was Magee Professor. He was born May 19, 1915, in Barstow, Texas. He received the B.A. degree from the University of Texas in 1937 and the M.S. in 1938 from the University of Illinois, where he performed research and taught in the Departments of Animal Husbandry and Bacteriology while working there for the M.S. and the Ph.D. (1942). He spent one year as Director of the regional Public Health Laboratories of the Texas State Department of Health in Wichita Falls and Houston. The following four years he was Associate Professor of Bacteriology at the University of Texas Medical Branch, Galveston,



FIG. 9-24. Robert I. Wise, M.D., Ph.D., Sc.D. (1915–); Thirteenth Chairman (1959–1975).

and four years later (1950) he received the M.D. degree from the same institution.

It was during the following year's internship at the U.S. Public Health Service Hospital in New Orleans that he met Dr. William A. Sodeman, whom he was to succeed as Magee Professor. After a two-year residency in Medicine and fellowship in Infectious Diseases at the University of Minnesota Hospital, Wise was appointed Assistant Professor of Medicine and a year later acquired the additional title of Assistant Professor of Bacteriology and Director of the Bacteriological Laboratories, University of Minnesota Hospitals. He was certified by the American Board of Internal Medicine in 1957.

Thus, with this solid base in bacteriologic study, teaching, research, and administration, and with a recently acquired expertise in clinical medicine, Wise was presented with a new challenge when he was appointed the Magee Professor and Chairman of the Department in 1959 to succeed Dr. Sodeman, who had served as Acting Chairman since his appointment as Dean in 1958. Dr. Wise recognized, at the beginning, certain problems and determined to confront them. He delved into the history of the Department and assembled information about each Head of the Department from the time of Jefferson's inception in 1824. This was published in 1975.<sup>60</sup> He perceived that Jefferson was a model for private practice but that it should be more aggressive in the pursuit of research. The salaries for geographical full-time (partially salaried plus private practice) physicians were low and without fringe benefits or pension and lacked uniformity. General funds for the Department were low. Jefferson students were no longer assigned to the Pennsylvania Hospital and there were fewer than the ideal number of applications for the Jefferson Hospital Internship.

## ■ Clinical and Affiliated Hospital Teaching

The faculty in 1959 had 162 members. There were 15 medical Interns and ten Fellows. The



and the following affiliated hospitals:

Philadelphia General

Goldburgh Service	Dr. Harold L. Goldburgh
Kramer Service	Dr. David W. Kramer
Israel Service (1959)	Dr. Harold L. Israel
Methodist	Dr. Harold F. Robertson
Lankenau	Dr. Malcolm Miller
Germantown	Dr. Ralph W. Mays
Cooper	Dr. Edwin Murray
Atlantic City	Dr. J. Gleason

Sophomore courses were: Clinical Laboratory Medicine, under the direction of Dr. John H. Hodges with the assistance of Dr. John B. Atkinson and Miss Jane Kirk; Physical Diagnosis was conducted by Dr. Daniel W. Lewis, succeeded in 1965 by Dr. William Fraimow when Dr. Lewis transferred to St. Agnes Hospital. Much of the clinical teaching was performed on the medical wards on the second floor of the Main Hospital, but since the time of Dr. Dietrick there had been a gradual assignment of Residents and Senior students to the private side. By 1964 Junior students also were assigned to the private patients. The wards were eliminated in 1971, and an area on the sixth floor of the Main Hospital was arranged for the care of indigent patients under the supervision of a resident and staff member whose assignments were rotated systematically.

The Junior students were assigned to the General Medical Clinic, where they received practical training in history taking, physical examination, and the care of the patient under the direction of Dr. John N. Lindquist and members of the staff.

The following Clinics were active at this time:

General Medicine	Dr. John N. Lindquist
Asthma	Dr. Howard C. Leopold
Cardiac	Dr. Daniel Lewis
Arthritis No. 1	Drs. Irvin F. Hermann and Richard Smith
Arthritis No. 2	Dr. Abraham Cohen
Hypertension	Dr. Edmund L. Housel
Peripheral Vascular Diseases	Dr. David W. Kramer

The physicians assigned to these clinics were principally on a volunteer basis. Senior students were assigned to clinics other than General Medicine.

The clinical clerkships were at Jefferson Hospital

Over the ensuing years, terms of affiliation were in existence temporarily at the Veterans Administration Hospital (Philadelphia), the Hunterdon Medical Center, the Landis State Hospital, the U.S. Naval Hospital (Philadelphia), and on a continuing basis with the Mercy Catholic Medical Center, Einstein Southern, Bryn Mawr (1972), the Wilmington Medical Center (1971), and Our Lady of Lourdes (1972). Teaching at the Philadelphia General Hospital was discontinued in 1971.

The organization of the Department consisted of the following:

Endocrinology and Cancer Research	Dr. Karl E. Paschkis
Gastroenterology	Dr. C. Wilmer Wirts
Hematology (Cardeza Foundation)	Dr. Leandro M. Tocantins
Infectious Diseases	Dr. W. Paul Havens, Jr.
Metabolic Research	Dr. F. William Sunderman
Pulmonary Diseases	Dr. Martin J. Sokoloff
Laboratory of Clinical Medicine	Dr. John H. Hodges

Dr. Robert L. Evans (Jefferson, 1950), Instructor in Clinical Medicine, was the administrative assistant to the Head of the Department and developed the teaching organization. He had been Chief Medical Resident with Dr. John E. Deitrick, then succeeded to the present position and continued until late in 1959 when he resigned to become Director of Medical Education at York Hospital in Pennsylvania.

In 1963 the rotating internship was changed to a straight intern program, the intern year thus constituting the first year of medical residency.

These programs were aided by the Martin Rehfuss Fellowships. The Chief Medical Resident was a key individual in the clinical teaching programs, and Dr. Wise had discussed with Dr. Rehfuss the importance of this position. Dr. Rehfuss' will in 1964 left a bequest of \$250,000 that was to be used to supplement the salary of the Chief Medical Resident, thereby enhancing the importance and value of this position.

The library-conference room that was established during the renovation of the Chairman's office on the eighth floor of the College Building was dedicated to Dr. Martin E. Rehfuss and to Dr. John H. Gibbon, Jr. The latter had used the room as a construction laboratory for the final stages of the perfection of the heart-lung machine, which was first used on a human in 1953. It was the prototype for all heart-lung machines used throughout the world in open heart surgery.

Dr. Francis J. Sweeney (Jefferson, 1951) succeeded Dr. Evans in coordinating the senior student program for three years until his appointment to direct the medical services at the Philadelphia General Hospital. He returned in 1968 as Hospital Director and later became Vice-President for Medical Affairs. Dr. Elliott Goodman was the coordinator for the Junior year. With the change from rotating internship to Medical Residencies in 1963, the popularity of the program began to increase, and the numbers grew from 12 to 81 over the next 12 years. In 1971 residency rotations were started with Methodist, Southern Einstein, and Our Lady of Lourdes Hospitals. A Committee on Postgraduate Education coordinated this effort. A Committee on Private Medical Services gradually evolved a system with private medical patients admitted to specific areas of Jefferson Hospital. Medical rounds on this service were conducted originally by Dr. Wise, accompanied by residents and students and later by other staff physicians. By 1966 there were 230 patient beds assigned to the Medical Service. Dr. Joseph Medoff (Jefferson, 1939) developed a list of criteria for physician preference in the admission of patients and a list of illnesses that could legitimately be termed emergencies. This improved problems of priorities for hospital admissions.

Dr. William F. Kellow, who was the Dean of Hahnemann Medical College, was appointed Dean to succeed Dr. Sodeman in 1967. Both he and his assistant, Dr. Joseph Gonnella, were appointed to the staff of the Medical Department. One of the

first important actions of Dr. Kellow was the establishment of a Practice Plan for full-time staff members. The first plan was devised, with his direction, by a committee in the Department of Medicine (1968). This became the guide for the rest of the College and subsequently a benefits package evolved for full-time staff members. Another Departmental Committee was Appointments and Promotions.

An administrative problem that needed to be settled was the status of the Cardeza Foundation and Division of Hematology, which Mr. J. Howard Pew, Chairman of the Cardeza Committee, and Dr. Leandro M. Tocantins, the Cardeza Professor, wished to be maintained as a Department separate from Medicine. Dr. Wise confronted them on this issue and it was resolved by their agreement to have Cardeza and Hematology be a Division of the Department of Medicine. There continued to be a Board of Trustees'-appointed Committee, which had a primary function for direction of the care of the finances of the legacy. Dr. Tocantins died in March of 1963 and was succeeded by Dr. Allan J. Erslev, a native of Denmark who received his medical education there; he came to the United States in 1946 and worked at the Sloan-Kettering Institute, Yale University, and the Thorndike Memorial Laboratories before coming to Jefferson. A fine teacher and researcher, Erslev was one of the discoverers of erythropoietin and was coauthor of the textbook *Hematology*.<sup>65</sup> The Cardeza Foundation moved to new quarters on the seventh, eighth, and ninth floors of the Curtis Building in 1974. Hematologic research, clinical care, and teaching had risen to a high level of excellence coincident with additions to the staff that included Dr. Scott Murphy in platelets, Dr. Sandor Shapiro in coagulation, Dr. Farid Haurani in red cell kinetics, Dr. Jose Martinez on fibrinogen, and others. Dr. Erslev retired as Director of Cardeza in 1985 and became Emeritus and Distinguished Professor. Sandor Shapiro was appointed to succeed him as Director of Cardeza.

The Pulmonary Division was experiencing a gradual reduction in emphasis on tuberculosis and



a concomitant increase in the incidence of obstructive and interstitial lung diseases. Drs. Hurley Motley and Richard Cathcart, experts in pulmonary physiology, dealt with these trends. Dr. Peter Theodos served as clinical coordinator for the Anthracite Health & Welfare Fund's research project in the lung diseases of coal miners.

The appointment of Dr. Harold Israel (1959), an expert in sarcoidosis, additionally with the clinical acumen and teaching abilities of such stalwarts as Drs. Jacob J. Kirshner and J. Woodrow Savacool, contributed toward a broad-based Division of Pulmonary Diseases. Dr. Sokoloff retired as Director in 1963, to be succeeded by Dr. Richard Cathcart, who served until 1974. The latter was replaced by Dr. William Atkinson, a graduate of the Ohio State University (1964) who came to Jefferson as a Resident and Fellow in Pulmonary Disease and had studied alpha-1-antitrypsin. He introduced fiberoptic bronchoscopy and supervised the transformation of a portion of the hospital pulmonary unit into a modern pulmonary laboratory and a pulmonary intensive care unit.

## ■ Progress in Research

Dr. Karl E. Paschkis, the Director of the Division of Endocrinology and the Director of the Division of Endocrine and Cancer Research in the Department of Experimental Medicine, together with Dr. Abraham Cantarow, had been responsible for the formation of the Endocrine Clinic. The members of this Division (14 members in 1950–1951) had been active in research into the endocrinological aspects of experimental carcinogenesis. John J. Schneider, M.D., Ph.D. and Marvin L. Lewbart, M.D., Ph.D. maintained a laboratory on the eighth floor of the College Building and were nationally famous for their pioneer work in the study of steroid compounds. Dr. Ralph Carabasi (Jefferson, 1946), an oncologist, was particularly interested in breast cancer. Dr. Abraham Rakoff, prominent obstetrician and gynecologist, who contributed to research in the field, was a member of the

Division. The Department of Experimental Medicine was discontinued in 1958. When Dr. Paschkis died in 1961 he was succeeded by Dr. Joseph Rupp (Jefferson, 1942) as Director of the Division of Endocrinology until he entered the Dean's Office in 1969 as Assistant Director of Continuing Medical Education.

Dr. F. William Sunderman had maintained an office and laboratory on the eighth floor of the College since the Chairmanship of Dr. Reimann. When Dr. Sunderman retired in 1966 as Director of the Division of Metabolic Research, a new Division of Endocrinology and Metabolic Diseases was established. Dr. David W. Kramer (Jefferson, 1912), an early writer on diabetes (1922) and a national authority on peripheral vascular diseases through his interest in diabetes, directed the Peripheral Vascular Disease Clinic. Kramer died in 1969, and his clinic became a part of the Division of Endocrinology and Metabolic Diseases. He had discussed with Dr. Wise his intent to support the Division of Endocrinology, and in 1973 the bequest in his will endowed the Bertha and David Kramer Professorship of Medicine to support the Director of the Division of Endocrinology and Metabolic Diseases. When Dr. Rupp retired as Director of the Division of Endocrinology in 1969, he was succeeded by Dr. Richard Field, who had been Chief of the Diabetes Unit at the Massachusetts General Hospital and was renowned in the field of diabetic retinopathy. Dr. Field resigned after a year and there was no full Director of the Division until the appointment of Dr. Glennon in 1977. Dr. Joseph A. Glennon became the first Kramer Professor of Medicine and Chief of the Division of Endocrinology and Metabolic Diseases. A graduate of the University of New York and certified in Internal Medicine, Endocrinology and Metabolism, Glennon had extensive clinical experience and was interested particularly in diabetes and obesity.

Dr. Charles Wirts, who with Dr. Franz Goldstein had developed a Fellowship program in Gastroenterology, resigned as Director of the Division of Gastroenterology in 1966. He was succeeded by Dr. O. Dhodanand Kowlessar, a native of India, who had studied at Oxford, trained in biochemistry, and obtained his M.D. degree from the University of Iowa. He held the position of Director of the Division until 1985, when he became Associate Chairman for Educational Programs. Kowlessar had replaced Dr. Laurence Wesson as head of the Clinical Research Center, a position he occupied until the closure of

the Center in 1971 because of lack of funding. Dr. Franz Goldstein became Head of Gastroenterology at Lankenau Hospital in 1970, and in the same year Dr. Gordon Benson became a member of the Division to direct research in diseases of the liver with particular emphasis on the effects of alcohol. Dr. Susan J. Gordon (Jefferson, 1966) joined the Division and developed an expertise in gastroscopy.

When Dr. Wise came to Jefferson in 1955, he became a member of the Division of Infectious Diseases under the direction of Dr. W. Paul Havens, Jr. Dr. Havens, a Harvard graduate (1936), had interned at Lankenau Hospital and was the first Medical Resident in the program started by Dr. Reimann. He spent a year at the Rockefeller Institute, became noted for his work on viral hepatitis while in the armed services, and studied under Dr. John Paul in Preventive Medicine at Yale. He returned to Jefferson in 1946 as a member of the Departments of Medicine and Microbiology. Dr. Wise continued his work on the *Staphylococcus* while Dr. Francis J. Sweeney, Jr. carried on the bulk of the effort. Soon after Dr. Wise became Chairman, a hospital epidemic of *Salmonella derby*, which occurred in 1963, involved the resources of Dr. Eileen L. Randall of Microbiology and Dr. Sweeney, Dr. Wise, and Dr. Eugene Sanders of the Center for Disease Control. The results proved the efficacy of the infection control system devised by Dr. Wise in 1955, to which he had added a nurse surveillance officer the following year, had reported it to the American Medical Association in 1957, and saw it become a requirement of the Joint Commission on Accreditation of Hospitals in 1958. Subsequent members of the Division included Dr. Craig K. Wallace, who became Director of the Fogarty Institute of International Health, and Dr. Michael A. Manko, who became Chief of Medicine at Lankenau Hospital. Dr. Havens retired in 1972. Dr. Joseph S. Gonnella became Acting Director in 1975 and Dean of the Medical College in 1983.

The process of bringing the Heart Station under the control of the Department of Medicine had been started by Dr. Sodeman. Former directors succeeding Dr. Ross V. Patterson had included Drs. Hayward Hamrick (also Medical Director of the Hospital), Bruce Nye (later Associate Dean), and Charles W. Semisch III (Jefferson, 1933). Dr. Wise in 1960 combined the services of cardiac catheterization, pulmonary function, and electrocardiography, with Dr. John H. Killough as Director. Dr. Richard Cathcart and Dr. Daniel W.

Lewis (Jefferson, 1944) served under him. Four years later Dr. Killough became Director of Continuing Medical Education as a member of the Dean's Office. Dr. Cathcart was appointed Director of the Pulmonary Division, and Dr. Lewis resigned to become Director of Cardiology at St. Agnes Hospital. Dr. William Eliades (Jefferson, 1958) carried on until a definitive Division of Cardiology was established in 1969, with Dr. Albert N. Brest, who transferred from Hahnemann Medical College, as Director. Soon an Intensive Cardiac Care Unit was developed. In 1973, Dr. Brest became the first James C. Wilson Professor of Medicine.

In 1959 Dr. William H. Schmidt retired as Associate Professor of Physical Medicine in the Department of Medicine after 42 years of service. He was succeeded that year by Dr. John W. Goldschmidt, who directed the construction of a new and modern area for the Division and headed the first independent Department of Physical Medicine and Rehabilitation. In 1967 he became Dean of the newly established College of Allied Health Sciences.

The Division of Rheumatology was established in 1959 with Dr. Nathan Smukler (Jefferson, 1947) as Director. Dr. John R. Patterson (Jefferson, 1954) became a member, and in 1967 Dr. John Abruzzo joined the group and later became its Director.

## ■ Subspecialty Developments

A Division of Medical Oncology was established in 1961, with Dr. Arthur Weiss as Director. Dr. Weiss had a strong interest in cancer, the study of anticancer drugs, and had participated in the development of the technique of lymphangiography with Dr. Laird Jackson. With Dr. Weiss' interests gradually being directed toward his large private practice in oncology, he gave up the Directorship to Dr. Chester Southam in 1971. Cancer patients utilized 56 percent of the medical hospital beds in 1975. Dr. Michael Mastrangelo, a former Medical Resident, became



Director in 1984. Acting Directors included Drs. William P. Delaney and J. Frederick Laucius. In 1958 Dr. Weiss established the Jefferson branch of the Clinical Drug Evaluation Program of the Cancer Chemotherapy National Service Center and the following year became cochairman of the Central Oncology group. Dr. Farid Haurani became Jefferson's representative of the Cancer and Acute Leukemia Group B.

Hemodialysis was started at Jefferson by Dr. James E. Clark (Jefferson, 1952) in 1959 after he had studied with Dr. Lewis W. Bluemle at the University of Pennsylvania. Dr. Lawrence G. Wesson, Jr., from New York University School of Medicine, was appointed Director of the Division of Nephrology in 1961. Dr. Clark continued in charge of dialysis until his resignation in 1968 to become Chairman of the Department of Medicine at Crozer-Chester Hospital and Professor of Medicine at Hahnemann. Dr. Wesson resigned as Director in 1974 and was succeeded by Dr. Michael Simenhoff. Dr. Wesson established and was Acting Director of the Clinical Research Center in 1964. This was a ten-bed laboratory unit backed with funds from the National Institutes of Health. Dr. Kowlessar became the Director in 1966, but the Center was closed in 1971 because of a lack of funds.

The Allergy Clinic had existed for many years, having been founded by Dr. James Alexander Clark (Jefferson, 1916) as an outpatient clinic, and was staffed by very loyal volunteers. Dr. Howard C. Leopold replaced Dr. Harry L. Rogers as Director in 1959. Dr. Frank J. Gilday, Jr. (Jefferson, 1944) was appointed Acting Director in 1974 after the death of Dr. Leopold.

The Division of Genetics was established in 1969. The motivating force for this Division was a graduate of the University of Cincinnati, Dr. Laird Jackson. Jackson completed a residency at Jefferson and started work in Oncology with Dr. Arthur Weiss. He developed a competence in chromosome study and in genetics in general, assisted in this work by Marie Barr. The Division worked with the Departments of Obstetrics, Gynecology, Pathology, and Pediatrics. In 1972

Dr. Susan Z. Cowchock (Jefferson, 1968) developed the first maternal serum-alpha-fetoprotein method in the United States to detect fetal neural tube abnormalities. Dr. Jackson was basically a member of the Department of Medicine but held secondary appointments in the other departments. He was coauthor of a textbook, *Clinical Genetics*,<sup>66</sup> developed programs in prenatal counseling and Tay-Sachs detection, and drew international attention with the development in 1983 of first-trimester fetal diagnosis by chorionic villus sampling.

Funds from Smith, Kline and French (Smith, Kline and Beckman) were used in 1969 to establish a Division of Pharmacology for the testing of drugs, but the Division was discontinued in 1973, to be reestablished in 1977 under the direction of Dr. Roger K. Ferguson. Dr. Francis J. Sweeney, Jr., had returned to become Medical Director of the Hospital in 1967, and through his efforts, combined with those of Dean Tice of the College of Pharmacy and Dr. Wise, a system of satellite pharmacies, manned by pharmacists and student pharmacists, was started in the Hospital. The system continues as an integral Hospital service. As a member of the Editorial Board of the *Medical Letter*, Dr. Wise had become particularly interested in Pharmacy.

Following the 1971 teaching session the Directorship of the course in Laboratory of Clinical Medicine was changed from Dr. John H. Hodges to Drs. Robert C. Mackowiak and Carla Goepf, of the Dean's office, who would coordinate with the Department of Medicine the newly evolved Sophomore course designated the "Introduction to Clinical Medicine." It was becoming apparent that specialization in Internal Medicine was causing a decrease in the education of Internists in the realm of General Medicine. Two things happened to counterbalance this change: the establishment of a Division of General Medicine (1974) with Dr. Hodges as Director and the establishment of a Department of Family Medicine. During the same period (1972) the General Medical Outpatient Clinic was being discontinued. About 40 physicians became members of the Division of General Medicine including Dr. Paul C. Brucker, Chairman of the Department of Family Medicine, and a member of his Department, Dr. Edward H. McGehee. An agreement between the Departments of Medicine and Family Medicine provided that Family Medicine hospital patients would be cared for in

the Medical Department and that General Medicine outpatients would be cared for in the Family Practice Department.

During the Chairmanship of Dr. Wise, the Ludwig A. Kind Professorship of Medicine was established through an initial gift of over one-half million dollars by Mrs. Ludwig A. (Hester) Kind, in memory of her late husband. Ludwig Kind, an industrialist, had been an owner of the Kind Gelatin Company, President of the Kind Knox Gelatin Company, and President of the Board of Directors of the First Bank of Camden. He and Mrs. Kind, who lives in Cherry Hill, New Jersey, had been patients of Dr. John Hodges. The Board of Trustees confirmed the Professorship in 1964, and Dr. Hodges was made the first Ludwig A. Kind Professor.

Through the generosity of Mr. Percival Foerderer, Chairman of the Board of Trustees and former patient of Dr. Rehfuß, a Lectureship in honor of Dr. Rehfuß was established after the death of Dr. Rehfuß in 1968. A lecture is presented each year under auspices of the Percival E. and Ethel Brown Foerderer Foundation.

### ■ Accomplishments of Dr. Wise

Dr. Wise's continued striving for excellence led him to develop a system of reports from members of the Staff concerning individual students and also from students about specific instructors. This kept a steady flow of information to the office of the Chairman. This highly academic teacher was a member of Alpha Omega Alpha and the author of over 45 medical papers including articles on public health, botulism, staphylococci, brucellosis, and antibiotics. He was a member of the Association of American Physicians and was active on various committees of the American College of Physicians (of which he was a Fellow) and the College of Physicians of Philadelphia. He served on the Board of Trustees of Magee Memorial Hospital and Drexel University, the Board of Directors of the West Philadelphia Corporation, as representative of the American College of Physicians to the American Medical Association and Chairman of Internal Medicine of the American Medical Association.

Wise received the Ashbell-Smith Distinguished Alumni Award of the University of Texas at Galveston and the Julius W. Sturmer Memorial Lecture Award of the Philadelphia College of Pharmacy and Science. He was a Consultant to

many organizations and a frequent Visiting Professor. His colleagues and friends presented his portrait to Jefferson in 1975, and Thomas Jefferson University awarded him the Honorary Degree of Doctor of Science in 1980.

Dr. Wise became Emeritus Professor of Medicine in 1975, and he and his wife, Catherine Dosterschill Wise, settled in Maine, where he became Chief of Staff, Veterans Administration Medical and Regional Office Center, Togus, Maine, until retirement in 1984. They then moved to Williamsburg, Virginia, and kept a summer home in Maine.

This tireless worker never ceased in his efforts to improve the Department of Medicine and Jefferson in general. The strengthening of existing divisions and establishment of new divisions, the establishment of Professorships, and the maintenance of a high level of quality of academic and clinical standards are prominent in the numerous accomplishments of his Chairmanship.

### ■ Interim Arrangements Again

It was the third time in the twentieth century that a group of four faculty members had been called upon to administer the Department of Medicine in an interval between the retirement of one and the appointment of a new Departmental Chairman. The notice of plans for the early retirement of Dr. Robert I. Wise had been announced at a regular monthly meeting of the Department on February 21, 1974, by Dr. John H. Hodges representing Dean William F. Kellow.<sup>67</sup> A previous similar statement of resignation of Dr. Hobart A. Reimann (1951) had come unheralded and unexpected. The departure of Dr. Wise in the fall of 1975 was followed, rather than preceded, by the appointment of a search committee for his successor, even though his intent was well known and had been preceded by the exhibition of pictures of his new home in Maine. Dr. James Wilson's statement of intent to retire had also gone unheeded (1911).



Dean Kellow appointed four Administrative Coordinators to manage the affairs of the Department until the appointment of the new Chairman. These were Professors Allan J. Erslev, John H. Hodges, Albert N. Brest, and O. Dhodanand Kowlessar. It was decided that each Coordinator rotate through the office of the Chairman for a period of three months to administer the day-by-day duties and that they meet as a group as the need for decisions arose. Dr. Erslev occupied the office from October through December of 1975, followed for three months by Dr. Hodges, who was succeeded by Dr. Brest. The latter continued through the summer months because of the imminent arrival of the new Chairman.

### Frank Davis Gray, Jr., M.D. (1916–); Fourteenth Chairman (1976–1981)

Frank Davis Gray, Jr., M.D. (Figure 9-25), Director of the Division of Medicine at the Lankenau Hospital and Professor of Medicine at Jefferson, came across the City to the Jefferson campus as the new Magee Professor on September 13, 1976, following the July 2 recommendation of the Search Committee. Faculty and students had been impressed by the calm, soft-spoken, and orderly teaching methods of this Head of the Medical Division of one of Jefferson's teaching affiliates. Dr. Gray had described his impression of the role of Community Hospitals in medical student teaching.<sup>68</sup> He saw a student in his hospital clerkship as a deliverer of health care in a team of Attending Physician, Residents, and Interns, constituting a core group, with consultants as ancillary contributors to the learning process. It was Dr. Gray's impression that the practice of medicine should be the aim of the clerkship.

Dr. Gray's academic conclusions had evolved during his eight years at Lankenau and his prior

experiences at Yale University, where he rose from Instructor (1949) to Associate Professor of Medicine (1957). This was complemented by his attendance at the Yale-New Haven Medical Center, where he served as Director of the Cardiopulmonary Laboratory, Director of the Cardiac Clinic, and Director of the Chest Clinic. During this period of time, before he came to Lankenau in 1968, Gray was consultant to the Laurel Heights, Veterans Administration and Woodruff Hospitals (Connecticut).

Born in Marshall, Minnesota, August 24, 1916, the son of Frank D. Gray and Nettie Wilhelmina Urbach, Dr. Gray remained in his home town for his secondary schooling. He received the B.S. degree (1938) from Northwestern University, Evanston, Illinois, and entered Columbia University, College of Physicians and Surgeons, New York. After two years he attempted to combine research with his medical program and studied tissue culture of leukocytes for a year in

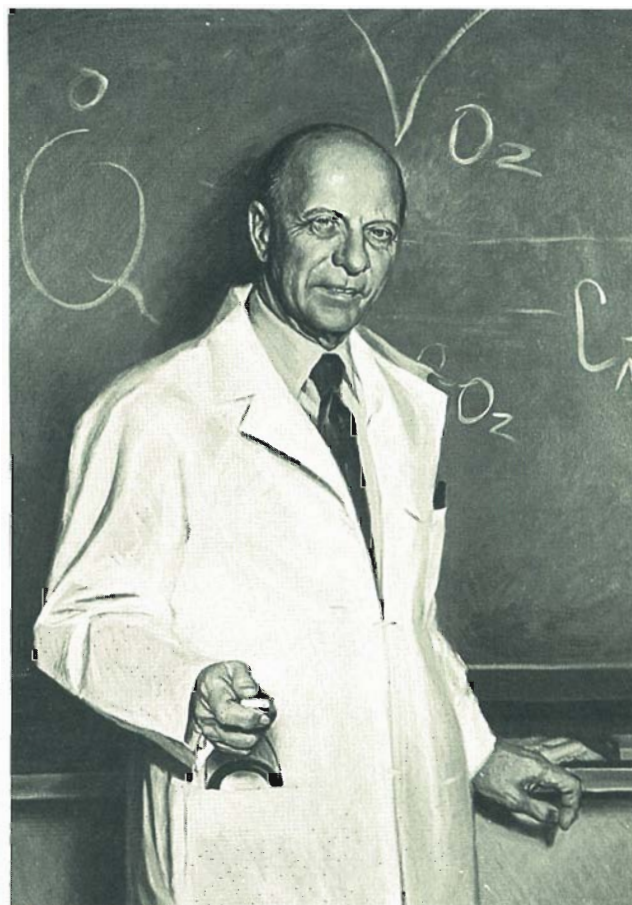


FIG. 9-25. Portrait of Frank D. Gray, Jr., M.D. (1916–), Fourteenth Chairman (1976–1981).

Columbia's Department of Microbiology. This was not an outstanding success in the realm of research but had a happy result in that he married his teacher, Frieda Gersh, who also became an internist after receiving the M.D. degree from New York University Medical College in 1944. He continued his medical studies at Columbia and received the M.D. degree in 1943. A year as Intern and Assistant Resident at the Bellevue Hospital in New York was followed by two years of active duty in the Army Medical Corps. He landed in Normandy in September of 1944 as an Infantry Battalion Surgeon. Gray progressed across Europe, and when the war ended he was stationed in southern Bavaria. He was made Regimental Surgeon and rose in rank from Lieutenant to Major at the time of retirement from active duty in 1946. It is not surprising that the military service recognized the fine training qualities of Dr. Gray and sent him to service schools at Carlisle Barracks and Fort Sam Houston. By the time of his retirement from reserve service in 1971 he had advanced to the rank of Colonel.

The year 1946–1947 was spent as Assistant in Surgery at the Johns Hopkins University, followed by a year as Assistant Resident at the Grace-New Haven Community Hospital and a year as Research Fellow in Medicine at Yale University.

Dr. Gray became a member of numerous medical societies including the American College of Chest Physicians, serving on various committees and as Vice-Chairman of the Board of Regents (1979–1981). He was President of the Connecticut Chapters of the American Thoracic Society and the American Heart Association. A Fellow of the American College of Physicians, he became Medical Advisor and Editor of their Self-Assessment Program (1983). He was a member of the American Society for Clinical Investigation, the American Federation for Clinical Research, the Association of American Medical Colleges, the Association of Military Surgeons of the United States, the Association of Professors of Medicine, and the Association of Past Professors of Medicine. A member of Alpha Omega Alpha and Sigma Xi, Gray was certified by the American Board of Internal Medicine in 1952 and recertified in 1974. He attended Special Management Schools given by the Armed Forces and was certified (1978) by the Harvard School of Public Health for the Harvard University Executive Program in Health Policy and Management for Chiefs of Clinical Services. He served on numerous administrative committees throughout his career

both before, during, and after his appointment at Jefferson.<sup>69</sup> Fulfilling the prerogative of the Magee Professorship, Gray served on the Board of Trustees of the Magee Rehabilitation (Memorial) Hospital.

Dr. Gray's book, *Pulmonary Embolism*,<sup>70</sup> published in 1966, contained a concise discussion of the definition, varieties, and causes of pulmonary emboli with the resulting physical and laboratory changes. This was followed by clear presentations of the diagnosis, management, and prognosis. The book is complete with 15 concise and frankly presented illustrative case reports and nearly 700 references. Dr. Gray also contributed eight chapters and monographs plus over 54 articles in the scientific literature. Of these latter articles, the first five discussed congenital heart disease and were written while he was at Johns Hopkins. The remainder dealt with clinical and physiologic studies of cardiac and pulmonary diseases, the teaching of clinical medicine, and the educational role of the community hospital.

Dr. Gray's Chairmanship was characterized by a maintenance of the status quo in some areas and notable changes in others. The Department continued to administer the American Board of Internal Medicine Examinations, and Subspecialty Examinations were added.

## ■ Associate Chairman

An innovation in the administration of the Department was the appointment of an Associate Chairman (1978). This position was incorporated in the duties of Dr. John H. Martin when he was brought from Temple University, where he had been Professor of Medicine, to be Director of the Division of General Medicine and Professor of Medicine. Dr. Martin had specific responsibilities for House Staff matters and was expected to be familiar with all of the functions of the Department so that he could take over in the Chairman's absence. The appointment carried with it supervision of the medical residency program. It was Dr. Gray's intent that the Division of General



Medicine be made up of faculty members who were interested in a practice that cut across all medical specialties and emphasized primary care. The Department of Medicine made available office space and support facilities. Dr. Martin as Division Director also assumed responsibility for the Wills Eye Hospital consultation service. The Division of General Medicine was renamed the Division of Internal Medicine under Department Chairman Dr. Willis C. Maddrey in 1983, with Dr. Martin continuing as its Director.

## ■ New Affiliations

The constant need for adequate numbers of patients to meet teaching needs, such as in physical diagnosis, prompted Dr. Gray to arrange with Coatesville Veterans Hospital and the Sacred Heart Hospital in Norristown to give adequate coverage to such educational disciplines. The course in Physical Diagnosis for Sophomore students was changed from minimal teaching contact spread over a large part of the year to a concentration particularly in the “miniclerkship” as directed by Dr. O.D. Kowlessar and Dr. Carla Goepf.

The affiliated hospitals continued to supplement the educational requisites for the Junior and Senior students. Visits and meetings by Dr. Gray and other members of his faculty with responsible physicians in each institution were conducted on a regular basis. The affiliation with Wills Hospital was strengthened by the establishment of a routine and an emergency consultation service, whereby a member of the Division of General Medicine would see the patient on call or by the end of the same day. The Wills Eye Hospital staff physician could call any physician who had privileges, but most availed themselves of this assured service. The Wilmington Veterans Administration Hospital became a “Dean’s Hospital” in 1978. This meant that Jefferson’s Dean and a joint Jefferson Medical College and Veterans Administration Committee had control over academic and professional affairs, especially the appointment of teaching faculty. The

first full-time Chief of Medicine appointed under this plan was Dr. Brajesh N. Agarwal. This program made a major bid for additional resident staff, as did other affiliates, and at the same time there was increased need for resident coverage in the New Hospital at Jefferson. It was not until July of 1981 that Dr. Agarwal and Dr. Gray were able to establish a residency program at the Wilmington V. A. Hospital, and this was effected by rotation of Jefferson’s residents through the Wilmington Hospital.

The number of Department of Medicine Residents, not counting Subspecialty Fellows, expanded from 56 to 82 during Dr. Gray’s tenure as Chairman. The increase in residents and the increased commitment to the affiliates resulted in the decision (1980) to appoint two Chief Residents instead of one, beginning with the year 1982–1983. The other major change in the residency program was the establishment of set times for teaching rounds and conferences. This was a system that had been used previously but which seemed to fade out of usage. In 1979 a plan of geographic location of a teaching team with resident assignment that was proposed by a committee under the chairmanship of Dr. Michael Simenhoff was approved. In this plan a house staff unit had a “home floor” of approximately 32 beds with a chief, an associate chief, and several attending physicians. All patients of the members of this team were assigned to this area as far as was possible. This greatly enhanced the *esprit de corps* among the physicians, nurses, and students and contributed to patient care and the efficiency of the unit.

## ■ Lectureships

The Rehffuss Lecture, sponsored in 1963 by the late Mr. and Mrs. Percival Foerderer, continued as an annual event in the Department of Medicine. Prominent speakers were recruited and members of the Foerderer family were always in attendance. The Housel Lecture was also delivered annually, starting in 1981, to honor Dr. Edmund L. Housel (Jefferson, 1935). Dr. Housel had been the founder and long-time Director of the Jefferson Hypertension Clinic. A lecturer prominent in the field of cardiology was chosen accordingly, with special reference to hypertension.

Between 1977 and 1981, Dr. Mark Altschule, Emeritus Professor of Medicine at Harvard Medical School, served as annual Visiting Lecturer

on varying subjects. His presentations were followed by hospital rounds with the residents. These lectures had previously been given at Lankenau during Dr. Gray's tenure there. The Department was awarded an Alpha Omega Alpha Visiting Professorship, the 1978 incumbent having been Dr. W. A. Tisdale from the University of Vermont. This visit extended for one week and included rounds, conferences, and lectures.

## ■ Progress in Departmental Divisions

Changes occurred in some of the Divisions during Dr. Gray's Chairmanship. The Division of Nephrology developed sophisticated units for inpatient and ambulatory dialysis, but the renal transplant program was still trying to reach its potential.

In 1978, the Division of Cardiology was stimulated by the opening of the Dr. Samuel Bellett Laboratory of Cardiac Catheterization in the New Hospital. New skills and equipment for physiologic studies signaled a major advance in diagnostic procedures. Dr. Sheldon Goldberg succeeded to direction of the Catheterization Laboratory in 1980. The Heart Station and Non-Invasive Laboratory were under the direction of Dr. Edward K. Chung, and the Division was directed by Dr. Albert N. Brest, since 1973 the Wilson Professor of Medicine. During Dr. Gray's Chairmanship, all of the research, clinical, and educational programs of the Division made significant progress.<sup>71</sup>

The Division of Infectious Diseases had been temporarily under the directorship of Dr. Joseph Gonnella because Dean Kellow had requested that the choice of a permanent director await the appointment of a new Chairman of Medicine. In 1977, Dr. Sheila A. Murphey was appointed Director of the Division. Dr. Murphey was trained in internal medicine and infectious diseases and came to Jefferson from the University of Pennsylvania. Her post at Jefferson included responsibilities as Epidemiologist to Thomas Jefferson University Hospital. In 1978 she recruited Dr. Erick J. Bergquist (Jefferson, 1973; Ph.D., University of Maryland) who quickly made his influence felt in clinical teaching and in the Antibiotic Review Program of the Hospital. Both Drs. Murphey and Bergquist had secondary appointments in the Department of Microbiology.

The Division of Rheumatology had made

significant strides under the Directorship of Dr. Nathan M. Smukler. Whereas it had originally been two outpatient clinics, Smukler built a strong Division with good educational abilities, a fine consultative service, and facilities for laboratory research. Among the additions that occurred during Dr. Gray's tenure were the establishment of a Lupus Study Center in October of 1979 and the opening of new research laboratories on the sixth floor of the Curtis Building in June of 1981, under the direction of Dr. John L. Abruzzo, who had succeeded Dr. Smukler as Director the preceding year.

The treatment of malignant diseases assumed increasing importance during Dr. Gray's tenure, having reached 50 percent of admissions in the Department of Medicine. The aging population and the skills of department members were largely responsible. Dr. Gray perceived a need within and outside the Department for development of a center that would reach a level of excellence in patient care, teaching, and research, combining all of the oncologic activities of the Institution. Dr. William E. Delaney, III (Jefferson, 1953) was appointed Interim Director of the Division of Oncology in July, 1980. Dr. Delaney had previously been a member of the Surgical Pathology Staff of Jefferson Hospital, had transferred to St. Vincent's Hospital in New York City, and had then decided to become a clinician. He served an Internal Medicine Residency at the Lankenau Hospital and a two-year Fellowship in Medical Oncology at Johns Hopkins before returning to Jefferson with appointments in both Internal Medicine and Pathology. Dr. Delaney transferred to Lankenau Hospital after serving as Interim Director for just one year. Dr. Gray took over as Acting Director until he became Interim Dean, and then Dr. J. Frederick Laucius, one of Jefferson's outstanding clinical oncologists, was appointed Acting Director and served until Chairman Willis C. Maddrey appointed Dr. Michael J. Mastrangelo Director of the Division in 1983. Dr. Mastrangelo, a former Resident in Medicine at Jefferson, had been a member of the



New Hospital in 1978: the Pulmonary Intensive Care Unit, which had been established on the second floor of the Main (Old) Hospital in 1976; the General Medical Intensive Care Unit (the “first” as identified above); and the Cardiac Intensive Care Unit, which had been located in the Annex Building.

Fox Chase Cancer Center in Suburban Philadelphia and had attained considerable acclaim for his work in immunology and malignant melanoma.

The Division of Endocrinology and Metabolic Diseases had lacked a strong guiding hand since the resignation of Dr. Joseph Rupp as Director in 1969 except for the year in which Dr. Richard Field served as Director (1970). Dr. Rupp had been Acting Director but his duties in the Dean’s Office, particularly in the realm of Continuing Education, decreased the time that he could devote to the Division. Dr. Rupp had become an accomplished and popular lecturer on Continuing Education programs, traveling to many areas, especially in the State of Pennsylvania, talking mostly on endocrinological subjects. Taking matters into their own hands, the members of the Division who were interested in diabetes mellitus joined interested faculty from other departments and services to form the Interdisciplinary Diabetes Study Group, the first meeting of which was held December 1, 1976. In September of the following year Dr. Joseph A. Glennon was appointed Director of the Division and the first Kramer Professor of Medicine. This Professorship was endowed by the will of Dr. David W. Kramer (Jefferson, 1912), who had died in 1969. Dr. Glennon, a graduate of New York University, was certified in Internal Medicine, Endocrinology and Metabolism, and had particular interests in diabetes and obesity.

## ■ Intensive Care

The first Intensive Care Unit at Jefferson was established in the Thompson Annex in response to the request of Dr. John E. Deitrick while he was the Magee Professor (1952–1957). The use of the facility rather promptly came under such great demand that separate Medical and Surgical units were constructed. Dr. Gray had the final responsibility for the transfer of three of the Medical Department’s Intensive Care Units to the

## ■ New Subdivisions

The establishment of a Clinical Pharmacology Unit at Jefferson had been considered for some time but hope for a concrete solution began with negotiations in 1976 between Jefferson and the pharmaceutical company Merck, Sharpe and Dohme. Dr. Roger K. Ferguson of the University of Eastern Michigan was appointed Director of the Clinical Pharmacology Unit and Professor of Medicine. The unit was in operation by 1977.

It was during Dr. Gray’s Chairmanship that two hematologic units with close connections to the Cardeza Division of Hematology were established. The first was the completion of a contract between the Commonwealth of Pennsylvania and the Division of Hematology to establish a Sickle Cell Center at Jefferson with a satellite center at the Pennsylvania Hospital. Dr. Edward Burka was named Director. Second, the Division of Hematology/Cardeza Foundation received a federal grant in 1977 to establish a Hemophilia Center for research and service in hemophilia. Dr. Sandor S. Shapiro was the first Director of this unit. The Hemophilia Unit remained very active, with hundreds of patients registered, and in 1987 it continued to occupy its original site on the second floor of the Main (Old) Hospital. A short time after the establishment of the Sickle Cell Unit, Dr. Burka transferred to the Pennsylvania Hospital and Jefferson became the site of the satellite Clinic.

## ■ Departmental Faculty and Teaching

Dr. Gray, in his quiet and efficient manner, did many things to ensure the smooth functioning of the Medical Department and to enhance the correlation of its actions with other departments of the University. Representative activities included meetings with the Volunteer Faculty Organization, indicating his appreciation for their work in the Department, and the establishment of

the Young Investigators Award (1978), a program allowing young investigators who had not hitherto had grants of their own to develop projects qualifying for federal grants. This proved more helpful as a research stimulus, especially for newly organized Divisions, than the Dean's overage research program, which was for approved but unfunded federal research grants. Dr. Gray was on hand to aid in the transfer to the New Hospital during its first year of occupancy (1978). In 1979 he established a Departmental word/text processing unit under the direction of Miss Frances Hylan, a unit that provided word processing, editorial work, storage/retrieval facilities, manuscript development, and related services for members of the Department and to other Jefferson Medical College faculty at cost.

The faculty of the Department of Medicine in 1981 totaled 445, of which 195 were based at Jefferson. The remainder were largely accounted for by the teaching programs in the affiliated hospitals (Bryn Mawr Hospital, Coatesville V.A. Hospital, Daroff Division of Albert Einstein Medical Center, Lankenau Hospital, Mercy Catholic Medical Center, Methodist Hospital, Our Lady of Lourdes Hospital, Sacred Heart Hospital, Norristown, Wilmington Medical Center, and Wilmington V.A. Hospital). Among the honors received by members of the faculty of the Department of Medicine were the presentations of portraits to Jefferson. Five were presented during Dr. Gray's Chairmanship: Charles W. Wirts, Jr., William F. Kellow, Robert C. Mackowiak, Nathan M. Smukler, and John H. Hodges.

Following a protracted illness, Dean William F. Kellow retired November 16, 1981 (he died on December 3), and Dr. Gray agreed to become Interim Dean, another instance of a member of the Department of Medicine succeeding to the Dean's Office. Dr. Gray continued as Interim Dean until the appointment of Dean Leah M. Lowenstein, D.Phil., M.D. Gray retired on June 31, 1982, and was honored by the presentation of his portrait (Figure 9-25) on that day. Dr. Gray's calm and exacting nature combined with a strong memory for facts enabled him to make a signal contribution to Jefferson's progress.

Dr. John H. Martin, the Vice-Chairman of the Department of Medicine, assumed the full duties of the Department on the day Dr. Gray occupied the Dean's Office. Dr. Martin continued in this role until the appointment of Dr. Willis C. Maddrey as Chairman and Magee Professor of the

Department of Medicine became effective May 1, 1982.<sup>67</sup>

## Willis Crocker Maddrey, M.D. (1939–); Fifteenth Chairman (1982–)

The first successful liver transplant performed at Jefferson on May 31, 1984, was an outcome of two short years of effort by the new Magee Professor of Medicine, Dr. Willis Crocker Maddrey (Figure 9-26). Thus was fulfilled one of the goals he had set forth after his May 1, 1982, arrival from the Johns Hopkins Medical School, where he had been Professor of Medicine and Associate Physician-in-Chief of the Department of Medicine. The transplant, an interdepartmental accomplishment, made possible by the temporary approval of the State Health Department, was followed by the establishment at Jefferson later that year of a permanent liver transplant center. The event signaled a milestone in the career of this brilliant, energetic, and perceptive planner. Maddrey was born March 29, 1939, in Roanoke Rapids, North Carolina, the son of Dr. Milner Crocker Maddrey (Jefferson, 1931) and Sara Jane Willis. The young Maddrey gave early evidence of his abilities when he graduated *summa cum laude* from Wake Forest University in 1960. His election to Alpha Omega Alpha followed at the Johns Hopkins School of Medicine, where he received the M.D. degree (1964). The paper on *Familial Cirrhosis*, published in 1964, concerned work he performed while in medical school and was an indication of his future pursuits.<sup>72</sup>

Dr. Maddrey's postgraduate training on the Hopkins Osler Service, which included one year of internship and three years of residency, was appropriately commended in his last year by appointment to the Chief Residency (1969–1970). Military service interrupted the residency (1966–1968) by duty in Calcutta, India, in the U.S.



Public Health Service under the auspices of the Office of International Research of the National Institutes of Health. A year as a Fellow in Liver Disease at Yale University under Dr. Gerald Klatskin was followed by his appointment as Assistant Professor of Medicine at Johns Hopkins. There he rose to Associate Director, Associate Physician-in-Chief, and Professor of Medicine. Honors at Johns Hopkins included the Henry Strong Denison Award in the Medical Sciences (1963–1964) and presentation by the Senior Class

of the George Stuart Outstanding Teacher Award (1970). An internationally recognized authority on liver disease, he coauthored a book, *Liver* (1984),<sup>73</sup> and contributed over 20 book chapters on hepatic topics. His early article in 1964 was followed by over 80 articles dealing principally with studies on liver-related problems. Maddrey's editorial abilities were recognized by his appointment as Associate Editor of *Medicine*, Consultant to the *American Journal of Medicine*, and membership on the editorial boards of *Viewpoints in Digestive Diseases*, *Hepatology*, and *Gastroenterology*, and the international advisory board of *Alimentary Pharmacology and Therapeutics*, as well as membership on the board of the American College of Physicians. He was also made a Regent in the latter organization.

A Diplomate of the American Board of Internal Medicine, Dr. Maddrey was a member of its Subspecialty Board and President of the Council of Subspecialty Societies. He was active in the National Institute on Alcohol Abuse and Alcoholism, and he served on the Board of Directors of the American Liver Foundation and of the Magee Hospital of Philadelphia.

### ■ Impact on Student Instruction

Schooled in the disciplines of administration and teaching, as well as patient care, Maddrey soon directed his attention to the role of the Department in its medical student instruction. It had been the custom to direct the Freshman class in first aid, emergency medicine, history taking, and physical diagnosis. By 1983 the formal teaching of freshmen by the Department was discontinued. Dr. Carla Goepp continued to direct the Sophomore course "Introduction to Clinical Medicine," which had been started in 1972. This consisted of lectures from most of the Departments of the Medical College with the aim of bringing the knowledge of the basic sciences into practical clinical application. These lectures were supplemented by case studies with slide demonstrations of laboratory findings. Physical diagnosis and history taking were taught throughout the year, with concentration toward the end of the year in a four-week miniclerkship at Jefferson or at one of 14 outlying hospitals. The Junior students had 12-week clerkships in which half of the time was spent at Jefferson and the other half at Lankenau, Our Lady of Lourdes,



FIG. 9-26. Willis C. Maddrey, M.D. (1939–); Fifteenth Chairman (1982–).

Fitzgerald-Mercy, Misericordia, Medical Center of Delaware (Christiana), or Wilmington V. A. Hospital. Dr. Melissa A. McDiarmid was appointed coordinator for Junior medical affairs in 1982 and was succeeded by Dr. Joseph Majdan several years later. The Senior students served subinternships, a step above the Junior year in the hospital patient-care system. About half of the Seniors spent this time at Jefferson and the remainder at affiliated hospitals. The other activity for the Seniors was a choice of electives in the various subspecialties. In the summer of 1984, Dr. Maddrey appointed Dr. O. Dhodanand Kowlessar as Associate Chairman of the Department of Medicine for Educational Programs. Dr. Kowlessar's duties included coordination of the Departmental programs for medical students in the Sophomore, Junior, and Senior years, and active participation in the teaching program of the students both at Jefferson and the affiliated hospitals. Dr. Kowlessar was also in charge of the program for counseling the medical students regarding their curricula within Jefferson and for subsequent postdoctoral training.

The governance of the Department was further strengthened by assigning additional importance to the Executive and Advisory Committee, which met monthly and reviewed the activities of the Department for all matters relating to the medical staff. The Chairman of the Committee, Dr. Joseph Medoff (Jefferson, 1939)(Division of Gastroenterology), had played a similar role for nearly 30 years. The committee had been instrumental, more recently, in the development of the new programs regarding the Medical-Respiratory Intensive Care Unit (MRICU) and the renovations in the Hospital permitting increased facilities for the Medical Staff. The unbiased nature of Dr. Medoff's opinions made them of special value to Chairmen and Deans.

Dr. Medoff was made sponsor of the Hobart A. Hare Medical Society in 1961. Through his continuing efforts the society underwent a rejuvenation and was established as an Honor Society for the Department of Medicine. Dr. Medoff and his wife and children established the Philip and Bella Medoff Memorial Prize for a Senior member of the Hare Society in honor of Dr. Medoff's parents. The members of the Society presented Dr. Medoff's portrait to Jefferson in 1976 as a tribute to his accomplishments on its behalf. In addition, Dr. Medoff and his wife Elinor had established the Alexander and Lottie

Katzman Award in Gastroenterology in honor of Mrs. Medoff's parents.

## ■ Plans and Progress

Dr. Maddrey's goals for the Department included strengthening the clinical research base while expanding the educational and patient care programs.<sup>74</sup> He initiated a five-year plan in pursuit of these goals through recruitment of talented new faculty. He recognized Jefferson's historical strength as a center for teaching and patient care and indicated that the development of clinical research would promote excellence in clinical care. Research support for the Department, during the first four years of Dr. Maddrey's Chairmanship, grew from approximately \$2½ million to \$8 million. Although this was good growth, it was not the desirable amount Dr. Maddrey wished to have to establish the Department as a major force in biomedical research. The Department budget increased about fourfold to nearly \$20 million a year. The full-time faculty, 50 percent of whom he had recruited, was by 1986 generating nearly \$9 million yearly for the Practice Plan.

## ■ Teaching Leadership

Teaching flowed from Dr. Maddrey as a natural talent. Medical grand rounds was a weekly exercise that had been an educational device of the Department in some form for many decades. The presentation of an actual clinical case, with discussion related to the particular medical problem, survived up to the demise of the clinical amphitheatre in the mid-1960s. Since then a case presentation, usually in the absence of the actual patient, had been the rule. Dr. Maddrey changed this to two case presentations, reminiscent of the procedure at Hammersmith Hospital in London, England, each case followed by succinct discussions by experts in the field and then audience participation in a question and answer session. Dr. Maddrey's broad knowledge, quick grasp of a situation, and wit in his role as



moderator, stimulated discussion and added wisdom to these excellent teaching sessions. He cherished his contacts with the students on teaching rounds in the hospital and attempted to know each one personally. He received the Christian R. and Mary F. Lindback Award for Distinguished Teaching in the Clinical Sciences in 1986.

The Jefferson medical residency continued to grow in popularity. There were over 1,200 applicants in the 1987–1988 class for 39 positions to maintain a total of 90 house officers. This contrasted with approximately 300 applications for 31 positions in the 1981–1982 session. The residents had clinical and teaching experience at Jefferson and at one or more of these affiliated hospitals: Our Lady of Lourdes, Methodist, and Wilmington V.A. This program was under Dr. O.D. Kowlessar as part of the total Jefferson residency program under the direction of the Dean and his staff. The Departmental Selection Committee was headed by Dr. Erick Bergquist, who was later succeeded by Dr. Howard Weitz. Nine of the 13 Divisions of the Department had fellows, the highest number of fellows having reached 11 in the Division of Cardiology for the year 1985–1986.

## ■ The Divisions of the Department of Medicine

The continued maturity of the subspecialties in medicine saw their development in the Department of Medicine grow to 13 distinct Divisions by the year 1986, when a Division was defined by the Executive Council as “an academic unit structured as a major distinct but subordinate administrative unit of a department within the medical college. It shall have a high level of educational, service and research responsibilities, an appropriate administrative structure, and a function commensurate with the mission of the department.” Specific criteria for the formation, cessation, membership, function, and administration of a Division were specifically delineated. Each division had a Director who was

appointed by the Chairman. Each member of the Department had a primary appointment in a Division and occasionally in more than one.

As the detailed history of the specific Divisions will show in subsequent chapters, they evolved from clinics or less well-structured units under the aegis of the Department and were organized as Divisions at varying times in recent decades. A brief resume of the status of each Division as of 1987, especially relative to personnel recruited and research development, follows.

### Hematology

The Division of Hematology (1941) continued to progress under Dr. Sandor Shapiro, who succeeded Dr. Allan J. Erslev as Director on June 30, 1985. Dr. Erslev was designated Distinguished Professor, one of the highest honors of the University. He had pioneered in the development of knowledge of humoral regulation of red cell production and supported the theory of the major role of the kidney in the production of the factor erythropoietin.<sup>75,76</sup> In 1987 his editorial was published in the *New England Journal of Medicine* in response to an accompanying article reporting successful clinical trials of recombinant human erythropoietin in the correction of the anemia of end-stage renal disease.<sup>77,78,79</sup> The erythropoietin work continued at Jefferson with a National Institutes of Health grant to Dr. Jaime Caro. The Division's other activities included Dr. Shapiro's studies of hemostasis and hemophilia, Dr. Scott Murphy's studies on preservation of platelets, Dr. Jose Martinez on fibrinogen, and Dr. Stephen Hauptman on lymphocyte transfusion in patients with acquired immune deficiency syndrome (AIDS). Dr. Farid Haurani retired in December of 1987.

### Pulmonary Medicine

The Division of Pulmonary Medicine (1946) was stimulated in 1985 by the arrival of Dr. James E. Fish and Dr. Stephen Peters as Director and Associate respectively. In 1986, Dr. Jonathan Gottlieb was recruited from Yale to head the newly developed Medicine-Respiratory Intensive Care Unit (MRICU). Drs. Fish and Gottlieb were developing a Critical Care Medicine Program while members of the Division continued research on airway resistance and inflammation. Dr. Harold L. Israel, international expert on sarcoidosis, joined the fulltime staff in 1985.

## Gastroenterology and Hepatology

The Division of Gastroenterology and Hepatology (1946) was headed by Dr. Steven R. Peiken as Acting Director. Peiken spent the latter part of 1986 in England on sabbatical leave studying with Dr. Graham Dockray and further developing his research into the effects of cholecystokinin analogues on satiety. Dr. Maddrey served as Director during his absence. Early in 1987, Dr. Eckhart G. Hahn, one of the foremost world authorities on collagen metabolism and the mechanisms of cell injury, was recruited from the University of West Berlin as Director of the Division. On June 16, 1987, Dr. Hahn was formally installed as the first Rorer Professor in Medicine. The relationship of Jefferson and the Rorer Group dated back to the 1940s when members of the Department of Medicine conducted clinical trials of Rorer's prominent antacid in Jefferson Hospital. The approximate \$1 million that established the Professorship in 1983 was the culmination of discussions between Rorer and the University during the Decade Fund Drive. The source of the endowment was the combination of the charitable trust contributions of Herbert C. Rorer and Gerald F. Rorer, the sons of William H. Rorer, the founder of the Company, and the corporate contribution of Rorer Group Inc. Plans for the Division included a new endoscopy and clinical area for advanced technical procedures, including the use of lasers.

## Infectious Diseases

The Division of Infectious Diseases (1957) played an important role in the control of infections in the Hospital while its Director, Dr. Sheila A. Murphey, continued research on *Staphylococcus aureus*. Dr. Hans H. Liu joined the staff from Rockefeller University on March 1, 1986. His Daland Fellowship provided for the study of the mechanism of induction of bacterial drug resistance and analysis of infections in human liver transplantation. Dr. Erick Bergquist resigned his position in mid-1987.

## Rheumatology

The Division of Rheumatology (1959) with Dr. John Abruzzo, Director, cooperated in the development of a comprehensive bone center with responsibility shared by Drs. Abruzzo, Joseph A. Glennon, Director of Endocrinology, and Eric L. Hume of the Department of Orthopedics. Dr. J.

Bruce Smith was expanding his research into immune functions with special emphasis on the autologous mixed lymphocyte reaction and its mediation by cellular factors. Dr. Maureen H. Bocchieri continued her work studying the oncogenic aspects of T-lymphocytes.

## Nephrology

The Division of Nephrology (1961) under Dr. Michael Simenhoff continued responsibilities in the field of renal transplantation, while Dr. James F. Burke, Associate Director, was responsible for dialysis. He cooperated with Dr. Bruce E. Jarrell in the renal transplant procedure with 80 transplants in 1986 compared to 70 in 1985. During the 1985–1986 period, Dr. Burke conducted approximately 1,000 acute dialysis procedures, and Dr. George C. Francos conducted the 14 chronic dialysis units for 100 patients, 20 of whom were employing home dialysis.

## Oncology

The Division of Oncology (1961) continued to be highly visible and increasingly active. Dr. Michael J. Mastrangelo, who was appointed Director in 1984, relieving Acting Director Dr. J. Frederick Laucius, proceeded to develop laboratory research programs that would address central issues in the biology and treatment of cancer. The new laboratory program was headed by Dr. David Berg. Dr. Mastrangelo's primary interest was in immuno-adaptive therapy of patients with cancer with particular emphasis on melanoma. Drs. H. S. Brodovsky, L. J. Rose, C. M. Southam, and A. J. Weiss continued to be active in the Division. Financial resources of the Division, virtually nonexistent in 1982, amounted to about \$1 million in 1986. The Division was well poised for skilled and sensitive approaches to this important research and clinical area of medicine.

## Endocrinology and Metabolic Diseases

The Division of Endocrinology and Metabolic Diseases (1961) (which had replaced the Division



underway in the New Hospital to be used by the Chairman and the Divisions of Internal Medicine, Nephrology, Pulmonary Diseases, and Endocrinology.

of Endocrine and Cancer Research of 1949) under Dr. Joseph A. Glennon, recruited Dr. Steven B. Nagelberg, formerly of the National Institutes of Health. Dr. Nagelberg continued the study of the beta subunits of gonadotropins until he left Jefferson in January of 1987. Dr. Boas Gonen continued his work in the field of lipoprotein research and its application to clinical medicine. Dr. Joseph A. Glennon resigned in 1987 after completing ten years as Director of the Division.

### Cardiology

The Division of Cardiology (1964) by 1986 had progressed to nine full-time members under Dr. Albert N. Brest, the first James C. Wilson Professor of Medicine (Cardiology). Dr. Sheldon Goldberg, who had pioneered coronary angioplasty at Jefferson, was in charge of the new cardiac catheterization laboratory that had opened in 1985. A new cardiovascular research laboratory was developed in 1986 directed toward methods of reducing the size and severity of myocardial infarcts in experimental situations. To further develop the programs in electrophysiology, Dr. Gregory Kidwell was recruited to work with Dr. Arnold J. Greenspon. The strength of this Division was maintained and enhanced by a part-time staff of 20 outstanding clinical cardiologists at Jefferson and others at affiliated hospitals.

### General Internal Medicine

The Division of General Internal Medicine (1968), having been changed in name to the Division of Internal Medicine in 1983, was under the acting directorship of Dr. Geno J. Merli following the resignation of Dr. John H. Martin on March 1, 1986. Dr. Merli was appointed Director on February 23, 1987. The Division was pursuing clinical research especially in the prevention and treatment of thrombosis in postoperative states and in spinal cord-injured patients. In 1987, extensive renovation of the clinical offices was

### Genetics

The Division of Genetics (1968) under Dr. Laird G. Jackson was responsible for the first use in this country of chorionic villus sampling for the detection of congenital defects early in gestation (1985). Dr. Jackson and members of the Division of Oncology were cooperating in research on the genetics of colon cancer. Dr. Susan Z. Cowchock, Associate Professor of Medicine, and Dr. J. Bruce Smith of the Division of Rheumatology were investigating the possibilities of an immunologic basis for recurrent abortion.

### Occupational and Environmental Medicine and Toxicology

The Division of Occupational and Environmental Medicine and Toxicology (1983) was formally established in July, 1983. The new Division was an outgrowth of an earlier section of Pharmacology plus previous functions of the Department of Community Health and Preventive Medicine. Dr. Maddrey headed the new Division until October, 1984, when Dr. Lance L. Simpson became Director with the dual title of Professor of Medicine and Pharmacology.<sup>80</sup> Dr. Simpson was awarded a contract from the Department of Defense to continue his work on bacterial toxins, having previously received the Jacob Javits Award for outstanding research in neurobiology. Dr. Maddrey had objectives for the Division that included a student educational program, research, continuing education, and a resource for persons exposed to environmental hazards. It was also planned that the Division would participate in clinical activities of the Health Maintenance Program under Dr. Joseph F. Rodgers following the retirement of Dr. Willard A. Krehl.

### Clinical Pharmacology

In 1986, Dr. Thorir D. Bjornsson, from Duke University, became Director of the Division of Clinical Pharmacology, pursuing his investigation of anticoagulants and the endothelial cell culture evaluation of mechanisms of atherogenesis.

On November 19, 1987, Dr. Maddrey appointed Dr. Lawrence Samuel Friedman as Vice-Chairman

of the Department, describing him as a gifted teacher and superb clinician. A native of Newark, New Jersey, Dr. Friedman attended Princeton University, followed by studies at Johns Hopkins University where he received the B.A. in 1975, the M.D. in 1978, and his Internship and Residency training at the Johns Hopkins Hospital (1978–1981) where, like Drs. McCrae and Maddrey, he served on the Osler Service. Subsequent to a year as a Research Fellow in Medicine at Harvard he had a three-year Fellowship in Gastroenterology under Dr. Kurt J. Isselbacher at the Massachusetts General Hospital. A member of Phi Beta Kappa and Alpha Omega Alpha, Friedman received teaching awards at Hopkins and later at Jefferson following his appointment to the staff in 1984. He has been a prolific writer, with major interest in inflammatory bowel disease and liver problems, and has been prominent in national societies.

The Department of Medicine has experienced many significant changes over the years. From a single Professor in 1824, Medicine has become the largest Department, with faculty numbering in the hundreds and Divisions of subspecialties numbering 13. Included in the entire faculty, a very large number of physicians have volunteered their services to the Department. The quality and significance of their contributions have been inestimable.

The changes in Departmental functions reflect the complexity of medical progress, the evolution of hospitals, the conquest of diseases, especially infections, and major developments in medical education. Patient care at Jefferson Hospital has assumed tertiary status but the needs of students continue to command priority at all levels. Each Chairman through the years has perceived his time-related mission differently, but each has accomplished major goals during his tenure. Molecular medicine is already well established at Jefferson and in this new era the Department is substantially involved.

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