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Part III: Clinical Departments and Divisions --- Chapter 19: Division of Internal (General) Medicine (pages 386-395)

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Before the establishment of the Division of General Medicine in 1968, evolutionary changes in the Department of Medicine resulted in progressive subspecialization. To understand the mechanisms behind this process, it is well to recount briefly the trends of change over the past two centuries.

Art and Science

It is often not recalled that medical diagnosis was poorly organized before the development of percussion and auscultation during the first three decades of the nineteenth century. Even then, acceptance by physicians was limited so that only in the most progressive medical centers would stethoscopy and physical diagnosis have been employed as a routine. Early nineteenth century textbooks usually referred only obliquely to physical diagnosis as a part of the management of the patient or disease. Later in the century, physical diagnosis as an academic pursuit became increasingly important. When teaching was largely preceptorial, decades were often required for even such major changes to reach day-to-day practice. At Jefferson, a disciplined diagnostic process has always been esteemed. The great clinicians from Eberle (1825) to McCrae (1935) and beyond stressed the basic skills of history taking, symptomatology, and physical examination in the evaluation of disease processes and the direction of treatment. Almost from the beginning, classroom, clinic, and hospital facilities were in close proximity.

Laboratory Medicine for Jefferson Students

As scientific progress burgeoned toward the end of the nineteenth century, simple laboratory
procedures were added to students' course content. Soon ways were sought to provide laboratory facilities for students' direct use. Dr. McCrae, upon his arrival at Jefferson in 1913, enthusiastically supported dedication of the new Laboratory of Clinical Medicine to Jacob Mendes DaCosta, M.D., who had been Chairman of Medicine from 1872 to 1891. The Laboratory was located on the second floor of the Laboratory Building on Tenth Street, and its equipment was provided in part by funds from the Alumni Association.

From this time forward, the teaching of clinical laboratory methods became the responsibility of the Department of Medicine, supplementing the earlier programs conducted by pathologists and bacteriologists. From 1913 the clinical laboratory was stated to be available for use of the students relative to patients anywhere in the hospital. The instruction was provided by several of the younger members of the Department, but in 1921 Dr. Harold W. Jones (Jefferson, 1917) was appointed Director of the Clinical Laboratory. The unit combined laboratory studies of blood, urine, and other body fluids with established methods of clinical diagnosis for which Jefferson was well known. The course was then taught to Senior medical students who performed tests on hospital patients assigned to them, but later Junior students were included. From the 1940s onward, the course was taught to Sophomores only, constituting a “bridge” between the basic sciences and the clinical courses. By that time, laboratory facilities were available in the hospital for the use of students for their patients.

The Trend Toward Specialization

The teaching at Jefferson has always been directed toward imparting a broad knowledge of the art and science of medicine. As specialization advanced early in the twentieth century, along with increasing emphasis on the applied sciences, many clinicians became defensive about laboratory techniques to the exclusion of clinical skills. Dr. McCrae's Oslerian philosophy of teaching reflected this concern, but it must be recalled that upon his arrival at Jefferson he encouraged the use of chemistry and microscopy for basic blood and urine studies by the students. His insistence upon thoroughness in all aspects of general medicine may paradoxically have advanced the growth of specialties. His successors in the Department of Medicine saw the gradual establishment of 13 Divisions, each of which represented a mature specialty. Specialization was thus a relentless process.

A major change in the provision of medical care was developing. Gradually physicians who limited their practices to nonsurgical diagnosis and treatment became known as “diagnosticians,” “consultants,” or later, “internists” as a phase of specialization. In the 1930s the specialty boards, notably the American Board of Internal Medicine, were developed to provide standards of advanced achievement. As subspecialization progressed, especially in the 1960s, it was realized that hospital-trained board candidates were well versed in secondary and tertiary care, but there was a deficiency in the experience of taking full responsibility for patient care in office or outpatient settings. Consequently, Departments of Medicine began to assign their members continuing primary care to divisions of “General Medicine” or “Internal Medicine.” Among these faculty members were several who attempted to meet the learning deficiency by inviting residents to see patients with them in their private offices, especially in the Mohler Building. The procedure proved cumbersome and time-consuming.

Formation of the Division

In 1968 Dr. Wise, recognizing the need for emphasis on the care of the entire patient, decided to form the Division of General Medicine. Because the Laboratory of Clinical Medicine was already in place as a teaching section under Dr. John H. Hodges (Figure 19-1), this became the cornerstone of the new Division. Dr. Hodges, who had been appointed the first Ludwig A. Kind Professor of Medicine in 1964, was named the Director of the Division of General Medicine. He was also an Associate in the Division of Hematology, but most of the early members did not have a prior Division affiliation. With the new arrangement each member of the Department faculty was assigned to a Division. The new
Division included the General Medical Clinic under the direction of Dr. John N. Lindquist, the Emergency Ward under Dr. Joseph Keiserman, and the Laboratory of Clinical Medicine under Dr. Hodges. The membership of the Division was listed in the Department Annual Report of 1969–1970 as follows: Dr. John H. Hodges, Director; Dr. Joseph Keiserman, Miss Jane Kirk, M.T., Drs. William Allison, William V. Betsch, Adolph Borkowski, Leonard S. Davitch (Jefferson, 1943), Philip J. Dorman, Elmer H. Funk, Jr., (Jefferson, 1947; also in Clinical Pharmacology), Elliott Rosenberg, Norman G. Sloan, William Stepansky (Jefferson, 1952), William R. Thompson, and Herbert A. Yantes (Jefferson, 1950).

The Clinical Laboratory Under Dr. Jones

Teaching of medicine in the 1920s was stimulated by the presence of young and able clinicians. The appointment of Dr. Harold W. Jones as Director provided a new thrust in the use of methods ancillary to clinical diagnosis and treatment. Jones proceeded in the early 1920s to organize the laboratory teaching as a vital aspect of student teaching. In company with subsequent Directors of Clinical Laboratory Medicine, he was actively involved in clinical practice. In addition, his ability to recognize and develop research opportunities along with laboratory teaching led him into the field of hematology, already pioneered at Jefferson by Dr. Arthur Dare (Jefferson, 1890) and Dr. J. C. DaCosta, Jr.,† (Jefferson, 1893; see Hematology). With his aggressive studies in the transfusion of blood, Jones rapidly progressed to national recognition. He ultimately was responsible for the formation of the Cardeza Foundation and was advanced to Professor of Medicine.

Fig. 19-1. John H. Hodges, M.D. (in suit at left); Director of Division of Internal (General) Medicine (1968–1978).
In the laboratory, Dr. Jones was assisted early by Dr. Christian W. Nissler (Jefferson, 1919). Later, Dr. Leandro M. Tocantins (Jefferson, 1928), who ultimately succeeded him as Director of Hematology, joined him in the Laboratory of Clinical Medicine and in 1937 assumed the Director's duties when Dr. Jones relinquished active responsibility for the Laboratory. In 1941, Dr. Tocantins was joined by Dr. Karl Paschkis, an endocrinologist who became Director of the Division of Endocrine and Cancer Research in the Department of Experimental Medicine, and by Dr. Abraham Cantarow, who became Chairman of the Department of Biochemistry (1945).

Dr. Charles Wirts of the Division of Gastroenterology spent several years as Proctor in the Laboratory. In 1942 Dr. John H. Hodges (Jefferson, 1939), a medical resident (1942–1946), began a two-year proctorship. In 1944 Dr. Reimann, Chairman of the Department of Medicine, appointed him Director of the course—Dr. Hodges had returned to Jefferson after a two-year rotating internship at the Philadelphia General Hospital and a year of general practice in Martinsburg, West Virginia.

### Dr. John H. Hodges

Dr. Jones had written a small book, published in 1928, titled *The Application of Laboratory Methods to Clinical Medicine*. This evolved into an important guide for Clinical Laboratory Medicine with frequent revisions. By 1966 Dr. Hodges had seen it through 11 revisions, the last of which, entitled *Manual for Laboratory Medicine*, had over 300 pages and 23 contributors. The book covered the basic tests and function studies pertinent to Internal Medicine and served as a guide for the course. Specimens derived from normal individuals and hospitalized patients were studied under constant supervision in the course. The history, physical findings, and laboratory results were correlated with logical diagnostic conclusions. Laboratory discussions, demonstrations, and lectures interspersed with oral, practical, and written quizzes helped to place various diagnostic features into proper perspective. Members of various specialties were recruited for lectures and discussions to broaden and maintain the high level of educational experience.

Early in the teaching of the course, Dr. Hodges had medical technology assistance of high caliber from the very conscientious Miss Francilla Sherry. Then later, Miss Jane E. Kirk, M.T., Instructor in Medicine, made outstanding contributions for many years by directing the maintenance of the laboratory and preparing specimens. An accomplished hematologic technician, she had seen service in the Cardeza Laboratory and the hematologic division of Lankenau Hospital. In addition to expertise in blood and bone marrow techniques and morphology, Kirk became accomplished in the other procedures and was an invaluable laboratory teacher. Among those who spent some years as full-time assistants were Dr. John B. Atkinson (Jefferson, 1948), a hematologist who was a pioneer in bone marrow transfusion in the therapy of leukemia in twins, and Dr. Arthur J. Weiss, a hematologist who became Director of the Division of Oncology. Occasional assistants in the laboratory included Drs. Herbert Bowman (Jefferson, 1947), later Hematologist to the Harrisburg Hospital, Sandor Shapiro, and Allan Erslev, both of whom succeeded to the directorship of the Cardeza Foundation. Among the resident physicians who trained in this course were Dr. Michael Manko, who became Chairman of the Department of Medicine and Chief of the Division of Infectious Diseases at Lankenau Hospital, and Dr. Edward C. Bradley (Jefferson, 1955), who became a specialist in cardiovascular diseases and a Jesuit priest.

### Changes in Laboratory Location and Emphasis

The location of the Laboratory changed several times early in its development, but in 1928 the new College Building at 1025 Walnut Street provided a special Laboratory of Clinical Medicine on the third floor. When the Biochemistry Department expanded, the Laboratory was moved to the sixth floor, where it shared with the Department of Microbiology the large student laboratory on the northwest side. The Director maintained an office on the eighth floor. In 1969, the Laboratory was
moved to Jefferson Alumni Hall upon the completion of that building. No special provision, however, had been made for teaching space, which was shared with courses in the basic sciences and required the use of three rooms at the same time. The laboratory course was losing its identity, and for the teaching year of 1972 it came under the combined direction of the Dean’s Office and the Department of Medicine. Dr. Hodges’ 30-year association with the course came to an end.

The General Medical Clinic

The clinical practice aspects of the Division of General Medicine had a long and respected tradition in the Medical Clinic. Although the names of department heads are generally listed as Clinic Chiefs, others, perhaps less well known but contributing significantly to the teaching, deserve mention. Drs. Frederick J. Kalteyer (Jefferson, 1899), Ward Brinton (Jefferson, 1894), E. J. G. Beardsley, H. R. M. Landis (Jefferson, 1897), C. H. Turner (Jefferson, 1909), Harold L. Goldburgh (Jefferson, 1915), Mitchell Bernstein (Jefferson, 1914), Jacob M. Cahan (Jefferson, 1915), Reynold S. Griffith (Jefferson, 1918), and Thomas Aceto served prior to the Lindquist era. Thus the Medical Clinic played a teaching role for many years. In retrospect, the loose organization of the Clinic appears to reflect built-in ineffectiveness, but it must be remembered that all approaches to the patient were much more direct than was the case later on. Students were assigned to patients who were the responsibility of the Clinical Assistants, and the teaching was intimate and personal. During the nineteenth century, the evidence suggests that outpatient care was directed largely toward indigent patients, many of whom required hospitalization. Separation into Medical and Surgical Clinics was followed by gradual splitting off of specialty clinics from each but especially from the Medical Clinic, leaving a group who were cared for as long-term medical patients or relative to hospital admission. Following World War II, and accompanying major changes in patient care, the General Medical Clinic assumed a new role as a primary care clinic and a source of referrals to medical Specialty Clinics and to other Departments.

The Lindquist Era

Dr. John Norman Lindquist (Jefferson, 1943) (Figure 19-2), the Director of the General Medical Clinic and the Geriatrics Clinic from 1951 to 1975 was a Pennsylvania native who was reared in Jamestown, New York. Before matriculating at Jefferson, Lindquist received a B.S. degree from Washington and Jefferson College at Washington, Pennsylvania (1939). This college had resulted from the amalgamation of Washington College and Jefferson College, the latter at Canonsburg, Pennsylvania, from which Jefferson Medical College had received its original charter. Washington and Jefferson was later to recognize Dr. Lindquist’s accomplishments by bestowing

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Fig. 19-2. John N. Lindquist, M.D.; Chief of the Medical Clinic (1951–1975)
upon him its Alumni Achievement Award (1967). Following a wartime internship of ten months at Jefferson Hospital, he went to Europe as a member of the United States Army Medical Service (1944–1947) and attained the rank of Major. Returning to Jefferson he served a medical residency until 1951, when he was appointed to the outpatient clinic and started a private practice. He was an Attending Physician to Jefferson Hospital as well as a Consultant in Medicine and Geriatrics to local hospitals, and he presented talks, usually on subjects relating to geriatrics and nursing home problems, to organizations locally and in neighboring states. The author of scientific articles, Lindquist was also a delegate to numerous committees and councils on aging, including Philadelphia County, the State of Pennsylvania, and the White House Conferences. Honors included dedication of the 1956 Jefferson Yearbook, the Christian R. and Mary S. Lindback Award for Distinguished Teaching (1964), and the dedication of the John N. Lindquist, M.D., Hall in the Philadelphia Center for Older People where he was a Trustee and had been Chairman of the Board. Dr. Lindquist served as President of the Alumni Association for the period 1978–1979.

Under Dr. Lindquist, the General Medical Clinic was a primary teaching area for Junior and later Senior students. Dr. Lindquist stressed history taking, physical diagnosis, the ordering of tests and consultations, proper decorum and the ideal attitude toward patients. He supplied the students with a brochure on the conduct of the Clinic. He was in constant attendance to aid the students and had a staff of 38 physicians with seven or eight in attendance each day. These Chiefs were listed as follows for the period of the late 1960s: Drs. Joseph Keiserman, Robert Gilbert, Joseph Gonnella, Edward Kotin (Jefferson, 1930), J. J. Kirshner (Jefferson, 1933), and Peter Amadio (Jefferson, 1973). The personnel of the Clinic included the head nurse, nutritionist, licensed practical nurse, nurse’s aide, secretary to Dr. Lindquist, two clinic secretaries, two volunteers, and an executive secretary.

The General Medical Clinic was the first and most important facility in the student’s education in the care of the ambulatory patient. It was frequently, for the patient, the beginning of the treatment process, which might include referral to specialized areas or to the hospital. Dr. Lindquist supervised all activities with a practical wisdom and an insistence on the highest of ideals.

During the post-World War II period, the personnel of the clinic came to include the Medical Residents in addition to the volunteer staff. Medical records also were organized to provide continuity of care for the patients in spite of changing personnel. For two decades, the Clinic adapted to rapidly changing conditions in a very effective manner. The establishment of Medicare and third-party programs, however, gradually caused a decline in patient numbers even though the clinic was charging minimal fees only to those who could afford to pay. The Clinic closed in 1975.

The Emergency Service

The Emergency Department was for a time peripherally related to the Department of Medicine although under the administration of the Hospital. This relationship profited by the appointment in 1966 of Dr. Joseph Keiserman (Figure 19-3) as Director of the Emergency Service after long experience in the General Medical Clinic. For nine years his practical wisdom guided the care of patients with a great variety of acute and chronic problems. Instruction of students and residents was a major part of his service that he enjoyed with philosophical contentment. Dr. Keiserman, a graduate of the Medical School of the University of Pennsylvania, became associated with Jefferson in 1936 when he was appointed to the Medical Clinic by Dr. Jacob Cahan, Service Chief at the time. For several years he attended the clinic five days weekly, seeing patients and teaching students. Upon return from military service following World War II, he resumed his clinic teaching but also was appointed to Medical Ward Service, alternating at first with Dr. Louis Laplace. The combination of military experience, inpatient service, and clinic duties fitted him uniquely for his new position.

In 1968 the Emergency Service moved from the first floor of the Curtis Building to the ground level of the Thompson Annex Building, a site...
formerly occupied by the Clinical Amphitheater. The new location with improved accessibility and advanced design proved helpful in promoting the type of sensitive care that characterized Dr. Keiserman's medical practices. His background of interest in the arts, history, and philosophy with a light touch provided special features even in this unlikely setting. The Emergency Room was a popular teaching medium at a time when many people were using its facilities because of the diminishing availability of physician services in local neighborhoods. Jefferson students were well served in their contacts with Dr. Keiserman and his staff.

The Division and Family Medicine

Coincident with the formation of the Division of General Medicine, there was increasing public concern that doctors no longer made house calls. With the increasing numbers of specialists the availability of Primary Care or Personal Physicians was rapidly diminishing. Partially in response to this need on the national level, the American Board of Family Practice was established in 1969. This specified a three-year residency with additional training in Medicine, Pediatrics, Obstetrics-Gynecology, and Ophthalmology, with the aim of preparing the physicians for total family care. Private and government funds were becoming available for training programs in Family Practice or Family Medicine throughout the country. Dean William F. Kellow was very interested in this new specialized class of physicians, an enthusiasm that was not shared by the Chairman of Medicine, Dr. Robert I. Wise. With the persistence of Dr. Kellow and the cooperation of Dr. Willard A. Krehl, a Division of Family Medicine was established in 1971 in the Department of Community Health and Preventive Medicine, with Dr. Paul C. Brucker as Professor and Director. Dr. Brucker was a graduate of the School of Medicine of the University of Pennsylvania and organizer of a highly successful group of Family Physicians. In 1973, the new Division was reconstructed as a full Department of Family Medicine with Dr. Brucker as Professor and Chairman.

In 1973 plans were initiated to coordinate the services of the Departments of Medicine and Family Practice. It was agreed that inpatient services would be the responsibility of the Department of Medicine but utilized by both Departments. The ambulatory service would be the responsibility of Family Practice but utilized by both Family Practice and the Division of General Medicine. Reciprocal appointments to the two services were planned but not definitively realized.

Further Division Changes

The year 1972 was a time of further changes in the Division of General Medicine in the Department of Medicine. There was a gradual decrease in emphasis on the Laboratory of Clinical Medicine course; outpatient clinics were gradually closing as

Fig. 19-3. Joseph Keiserman, M.D.; teacher, humanitarian, clinician; First Emergency Room Director (1966).
the number of patients declined in response to the rising acquisition of medical insurance. The General Medical Clinic closed in 1975. The third element of the Division, the Emergency Ward, actually came under the Department of Surgery. Thus the Division was more a titular than a practical concept.

Residencies and Fellowships were planned for General Medicine. The changing nature of the components of this Division, however, and the announcement by Dr. Wise of plans for early retirement discouraged efforts in this direction. Outpatient offices were established so that Residents who cared for unassigned hospital patients could continue to care for them as outpatients. This was an effort to increase their experience in ambulatory care. Another effort in this direction was the assignment of 46 members of the Department of Medicine to the Division of General Medicine early in 1976. Forty of these physicians had primary appointments in other Divisions.

Dr. Hodges Retires
Dr. Hodges, who had changed from geographical full-time (partial salary plus private practice) to full-time status and membership in the practice plan in 1972, accepted leave and retirement from practice on disability, August 1, 1977, and on July 1, 1979, became the Ludwig A. Kind Emeritus Professor of Medicine. In 1981 his portrait was presented to the University by colleagues and friends. He served as Alumni Trustee for two terms on the Board of Trustees of Thomas Jefferson University (1978–1984). In 1984 the Board elected him as an Emeritus member and he continued to serve actively.

Dr. John H. Martin,
Division Director

A new Director of the Division of General Medicine, Dr. John H. Martin (Figure 19-4), was appointed by Dr. Gray in 1978 along with his responsibilities as Associate Chairman of the Department of Medicine. Dr. Martin (M.D., Temple University School of Medicine, 1958), had received the M.S. degree from the University of Minnesota after serving three years at the Mayo Clinic. Following two years in the Medical Corps of the Army Air Force, he returned to the Mayo Clinic as a consultant for a year and then spent a year studying rheumatology at Temple University. A recipient of the Philip S. Hench Scholarship Award, a member of Alpha Omega Alpha, and certified by the American Board of Internal Medicine and the subspecialty Rheumatology, he was well qualified when he came to Jefferson. Under Dr. Martin the Division assumed responsibility for the entire Medical Residency program, while the Department of Medicine provided office space and support personnel.

New Division Responsibilities
One of the new services offered by this Division was consultation coverage for the Wills Eye Hospital. This service provided routine and emergency coverage for the internal medicine problems of the patients. It did not preclude a physician on the Wills staff from using any other Jefferson physician as a consultant, but it

![Figure 19-4. John H. Martin, M.D.; Director, Division of Internal (General) Medicine (1978–1986).](image-url)
guaranteed that, if called, a member of the Division would respond immediately to requests for emergency consultation and provide same-day response for routine consultations. Later, similar service was extended to other Jefferson programs. At the time of his appointment, Dr. Martin was the sole full-time member of the Division. In 1979 he recruited Dr. Alan G. Adler and Dr. Guy E. McElwain, Jr., as Instructors in the developing Division. Members of the Division were also responsible for unassigned medical patients admitted to Jefferson Hospital and for monitoring the Residents’ Ambulatory Patient follow-up program. Dr. Martin emphasized preoperative medical consultations, and recruited Dr. Geno J. Merli (Jefferson, 1975) to strengthen these activities.7

Dean William F. Kellow died December 3, 1981, having retired just a few weeks earlier. Dr. Gray was named Interim Dean. In turn, Dr. Martin assumed the duties of Interim Chairman of the Department of Medicine on November 16, 1981. He continued the dual responsibilities of the Department and of the Division of General Medicine until the appointment of Dr. Willis C. Maddrey in 1982. The Division prospered in this interval. Dr. Martin introduced innovations in house staff function with reference to order writing, weekend charting, and chart dictation. A workshop was presented at the Annual Meeting of the American College of Physicians in Philadelphia in 1982 involving all members of the Division. From this presentation there evolved a manual, a yearly course, and a publication that included instruction in Preoperative Medical Consultation. The group also evolved a course for Residents designed to instruct them in methods of teaching and in designing research projects. A teaching course was devised to be given under the auspices of the American College of Physicians and the American Organization of Program Directors.

Change of Division Name
Dr. Maddrey changed the name of the Division from General Medicine to Internal Medicine in 1983. It may be noted that the Society for Research and Education in Primary Care Internal Medicine (SREPCIM)8 was founded in 1978 with a grant to the American College of Physicians from the Robert Wood Johnson Foundation. In January of 1986 there appeared the inaugural issue of the Journal of General Internal Medicine, a bimonthly journal for general and primary care internists.9 The American College of Physicians maintained a strong interest in this group and did not wish to see it separate into a specialty fragmented from internal medicine. The new name for the Division was in accord with this ideal.

The Division continued to advance in the areas of medical consultation, ambulatory care (from offices located on the fourth floor of the New Hospital), postgraduate education, and research. Dr. Martin resigned his position in March of 1986. Dr. Geno J. Merli (Figure 19-5) was appointed Acting Director, and early in 1987, he was confirmed as Director.

Dr. Merli (Jefferson, 1975) had completed residencies at Jefferson in both Rehabilitation Medicine and Internal Medicine. He became Clinical Assistant Professor in each Department in 1981 after having been certified by the American

![Fig. 19-5. Geno J. Merli, M.D.; Director, Division of Internal (General) Medicine (1987–).](image)
Board of Internal Medicine in 1980. He was involved in the study of drugs, the prevention and treatment of venous thrombosis, and teaching modalities. He also developed workshops on spinal cord injury and consultation evaluation.

It is apparent that Department-Division relationships have been undergoing exploratory and innovative change as part of the pattern of academic progress. This applies particularly to Internal (General) Medicine, Family Medicine, and Preventive Medicine. Because these disciplines vary a good deal among various teaching institutions, the experience at Jefferson is not unusual. Changes in emphasis will surely continue dependent upon perception of need and propriety.

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