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Part IV: University Components and Activities ---
Chapter 53: College of Graduate Studies; Chapter
54: Jefferson Affiliations; and Chapter 55: The
Volunteer Faculty (pages 942-960)

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CHAPTER FIFTY-THREE

College of Graduate Studies

JUSSI J. SAUKKONEN, M.D., HARRY L. SMITH, JR., PH.D., AND ANDREW J. RAMSAY, PH.D., Sc.D.

"That man can interrogate as well as observe nature, was a lesson slowly learned in his evolution."

—SIR WILLIAM OSLER (1849–1919)

Graduate programs leading to advanced degrees other than that of the Doctor of Medicine have a long history at Thomas Jefferson University. Since the early 1900s, interest in other forms of postgraduate education went along with the interest of faculty members in clinical and basic science research, and with the need to train interested people in these areas. From an historical perspective, the development of the College of Graduate Studies proceeded through three periods.

The First Period (1912–1923)

The first period of development was initiated by Philip Bovier Hawk, Ph.D. (Figure 53-1). On succeeding James W. Holland, M.D. as Head of the Department of Physiological Chemistry in 1912, Dr. Hawk found the academic environment to be devoted entirely to the education of medical students. No research of consequence was being conducted in the basic sciences, as contrasted to
Hawk's experience at Illinois, University of Pennsylvania, and other places where he had been on the faculty. To address this matter, Dr. Hawk proposed to the faculty that a course of studies be instituted that would lead to master and doctoral degrees in Physiologic Chemistry. This was approved by the faculty and by the Board of Trustees under the University charter granted to the institution in 1838.

The rules and regulations for this program were established, stipulating the formation of a five-member Committee of Postgraduate Education.

The program appeared to start well. Fifteen degrees (eight M.S., four Ph.D., and three Sc.D.) were awarded in the next ten years. In December, 1923, however, the Administration of the Medical College received communications from alumni that the good name of their alma mater and those of some of its faculty were seen in advertisements for such products as Postum and Fleischman's Yeast.

On December 11, 1923, the Board of Trustees requested an investigation into the matter by the Dean and faculty. Dr. Hawk was called before the Executive Faculty to give his side of the story before any action was taken.

Dr. Hawk, under questioning, revealed that he had had a long association with certain food companies who provided monies to him in return for analyses of their products and a permission to use the results with the names of the faculty members in their advertisements. He used these funds to support the research in his Department, including that done by graduate students and other faculty members. No one else in the Department knew the source of the funds, for Dr. Hawk thought it would be unethical for them knowingly to do such work. Dr. Hawk felt that he had not done anything unethical and had not violated any College rules. The Faculty reacted that he had indeed violated general understanding and unwritten rules. On December 18, 1923, the Board of Trustees severed all ties of Jefferson Medical College with Dr. Hawk. He departed immediately, and the graduate program ceased for the next 26 years.

The Second Period (1949–1967)

The second period, represented by the Board for the Regulation of Graduate Studies, began in 1949. At the Executive Faculty meeting of the Jefferson Medical College on January 31, 1949, Dr. Kenneth Goodner proposed the establishment of graduate courses leading to M.S. and Ph.D. degrees in Anatomy, Bacteriology-Immunology,
Biochemistry, Pathology, Pharmacology-Toxicology (Figure 53-2) and Physiology. This proposal was promptly approved by the Faculty and the Board of Trustees. The Board for Regulation of Graduate Studies was created, composed of the Chairmen of Departments, namely: George Bennett (Anatomy), Kenneth Goodner (Bacteriology), Abraham Cantarow (Biochemistry), Peter Herbut (Pathology), Charles Gruber (Pharmacology), and Earl Thomas (Physiology). In addition, the Dean of the Medical College, Dr. W. Harvey Perkins, was also appointed. Rules and regulations were formulated and approved by the Faculty and the Board of Trustees. They included not only the appointment of the Medical College Dean to the Board regulating these programs, but also a limitation on the number of students who could enroll in the programs. A stipulation was also made that this was not an alternate route for a student to gain admission to the Medical College. A $500 tuition was established.

Dr. Goodner was elected first Chairman of the Board and Dr. William G. Sawitz was appointed Secretary. The first application was from Sonia Schorr, and the first Ph.D. was given to Russell Miller in Bacteriology in 1951.

The members of the Graduate Board were strong personalities with unique characteristics, but sharing the common characteristic of being short on patience. Dr. Sawitz, as Secretary for the Board, was responsible for maintaining records and scheduling. Although not a voting member, he helped the Board in his quiet diplomatic manner to calm individual members when their pet projects were threatened. Within an environment in which the conditions for improvement were not easily attained in these early years, much time was spent in debating programs and in experimenting with the educational process.

The limitation on the number of students permitted in the program was removed in 1959. Graduate students were recognized as giving more to the education of medical students than they were receiving. It appears that the Executive Faculty had first been concerned that graduate education might interfere with the prime responsibility of the school to educate medical students. With graduate students being teaching assistants in the basic science courses, however, they helped to improve the student-instructor ratio and thus facilitated a more individualized education for medical students. In addition, graduate instructors were of the same age as the medical students and a good rapport was easier to establish.

The Third Period (1967—)

Under the initiative of Dr. Peter A. Herbut in December, 1967, the third period of graduate studies began. Although no Department of Physics existed at the College, arrangements were made with the Bartol Research Foundation of the Franklin Institute Department of Physics to have...
it recognized as the Department of Physics at Jefferson. This provided a mechanism for this group to offer a graduate program, the degrees being granted by Jefferson under the regulations established for the basic science Departments. Approval was received in late spring of 1968. This program continued until June 30, 1977, when, because of the move of the Bartol physics laboratory from its original location in Swarthmore to the University of Delaware, the faculty shifted their appointments to the latter University.

This is an example of one of the formal arrangements that had been made by the Graduate Board with sister institutions in and around Philadelphia. A program, begun in 1967 and still functioning, is the cooperative program in basic sciences with Hahnemann University, Temple University, and Medical College of Pennsylvania (formerly Woman's Medical College). More recently a Cooperative Program has also been initiated with the Philadelphia College of Pharmacy and Science. The expertise in a variety of areas is shared so that each member of the group does not need to duplicate efforts. Some earlier efforts to broaden the scope of graduate programs did not succeed. Programs in biomedical engineering and in nutrition with another University in the city never progressed beyond the planning stage.


When Thomas Jefferson University was established in 1969, the College of Graduate Studies replaced the Board for the Regulation of Graduate Studies. In accord with the new designation, Dr. Robert C. Baldridge (Figure 53-3) was appointed the first Dean. Born on January 9, 1921, in Herington, Kansas, Dr. Baldridge obtained his B.S. degree (Chemistry) at Kansas State University (1943), an M.S. (Biological Chemistry) at the University of Michigan (1948), and a Ph.D. (Biological Chemistry) also from the latter institution (1951). After teaching biological chemistry at the University of Michigan (1951–1953), he transferred to Temple University School of Medicine (1953–1970) where he rose to Professor of Biochemistry and Associate Dean of the Graduate School (1966–1970). His Deanship at Jefferson in 1970 included a Professorship in Biochemistry.

Dean Baldridge undertook the responsibility of having the new College recognized as an accredited Graduate School. Initially there was the task of formation of a Graduate Council that was, in part, representative of members of the faculty other than the Department Chairmen. This was a delicate situation. It was decided that three Department Chairmen would sit on the Council and that three additional members were to be elected from Departments whose Chairmen were not sitting. All members had a two-year term, and the Department Chairmen rotated through their
terms. The Dean of the College of Graduate Studies presided at Council meetings, and the President of the University was an ex-officio member.

After more than a decade of fruitful service, Dr. Baldridge resigned in 1981 to pursue his earlier interest in teaching and research. His investigations continued in inborn errors of metabolism as related to biochemical genetics. From July 1, 1985, to April 1, 1986, he served as Acting Chairman of the Department of Biochemistry and retired on June 30, 1986.

Jussi J. Saukkonen, M.D.; Second Dean (1981—)

Jussi J. Saukkonen (Figure 53-4) was born on October 10, 1930, in Helsinki, Finland. He became Candidate of Medicine (bachelor’s degree) at the Helsinki University School of Medicine (1951); Research Fellow, Institute for Experimental Cancer Research, University of Heidelberg, and Institute for Physiological Chemistry, Philipps University, Marburg/Lahn, West Germany (1954–1956); Licentiate of Medicine (M.D.), Helsinki University School of Medicine (1955); Doctor of Medicine and Surgery (thesis), Helsinki University (1956); and Postdoctoral Fellow, Cell Chemistry Laboratory, College of Physicians and Surgeons, Columbia University (1957–1959). He conducted a general practice of medicine in Helsinki (1959–1962); became Head of the Biochemistry Laboratory of the Central Public Health Laboratory (1959–1965); and was Director of the Department of Biochemistry in the latter agency (1966–69). From 1962 to 1970 he was Lecturer in Medical Chemistry (part-time) at the Helsinki University School of Medicine.

Dr. Saukkonen came to Jefferson in 1969 as Associate Professor of Microbiology and rose to full Professor in 1972. His teaching has been in aspects of microbial physiology and genetics. He lectures to the medical students on bacterial infections and to the graduate students on molecular biology.

On July 1, 1981, Dr. Saukkonen assumed the Deanship of the College of Graduate Studies, in which capacity he continues to serve along with his Professorship in Microbiology. In 1983 he additionally became Senior Associate Dean for Scientific and Faculty Affairs in the Medical College. He has served on local, national, and international editorial boards and chaired important committees in planning, accreditation, and graduate programs in academic health centers.

Two Assistant Deans were appointed in 1981: Robert M. Greene, Ph.D., from the Department of Anatomy, primarily to oversee recruitment and admissions, and Joseph R. Sherwin, Ph.D., with primary responsibility for curriculum development and student affairs.

Three new programs were added under the Baldridge and Saukkonen Deanships. A Master of Science in Clinical Microbiology began in 1974. Its purpose was to enhance the training of clinical microbiologists in management skills while increasing their knowledge in the basics of the disciplines that make up microbiology. A Master’s Program in Toxicology was established in the Department of Pharmacology in 1978. It received
funding from federal sources and was intended to train individuals holding doctoral degrees in other disciplines to qualify as toxicologists. In 1986 a Master of Science degree program in Rehabilitation Nursing was begun. The latter was the initial step in establishing professional graduate programs in areas in which the faculty strength extended into the College of Allied Health Sciences.

Since graduate students are generally supported by stipends, there have been determined efforts to provide scholarship funds to help recruit the best possible graduate students. The Deans have initiated several projects that provide such funds. In the mid-1970s, a tutorial program was established in conjunction with the College of Allied Health Sciences. Substantial sums of money provided by the Foerderer Foundation have supported a number of students. The Smith Scholarship Fund provides continuing support for a student over his or her course of study. The Rocco Fund provides tuition support for Master's degree students in Clinical Microbiology.

It is well established that graduate students can play a substantial role in the day-to-day conduct of research (Figures 53-5 and 53-6). The growth in the College of Graduate Studies between 1969 and the present time has paralleled the growth in interest in biomedical research at the University. In 1969 the basic science Departments in which the graduate programs were housed received slightly less than $1.4 million to support research. By 1986 this had risen to over $5.5 million per year. Moreover, the number of federally funded predoctoral training programs rose to three: one in developmental biology, one in cardiovascular physiology, and one in experimental pathology. With a major commitment to research during the decade of the 1980s, future growth should be equally impressive.

Prizes have been established for outstanding students as evidenced by their research theses. The Charles W. LaBelle Prize was awarded from 1965 to 1977. This was replaced in 1980 by the Alumni Prize.

Tables 53-1 and 53-2 indicate the yearly graduates since 1950 as well as the distribution of degrees among the various disciplines. In an era of ever-increasing sophistication in technology and research, the College of Graduate Studies is in appropriate balance with the prestige of the other components of Thomas Jefferson University. It offers the same high-quality programs and potential for growth that have been the hallmark of Jefferson since its inception more than a century and one-half ago.

Fig. 53-5. Jo Lynda Jones, graduate student in anatomy (1986).
Table 53-1 Yearly Graduates Since 1950

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Table 53-2 Distribution of Degrees Among Individual Disciplines

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Fig. 53-6. Brian Learn, graduate student in microbiology (1986).
Jefferson Affiliations

CARLA E. GOEPP, M.D.

"Particles of science are often very widely scattered."

—SAMUEL JOHNSON (1709–1784)

A significant proportion of the excellent clinical training of Jefferson students and house staff has been received at the hospitals affiliated with Jefferson. Indeed, since the increase in the size of each medical school class to 223 in the early 1970s, more than one-half of the clinical instruction has been given at the Affiliates. In the overall history of Jefferson, this process has evolved into a most important aspect of student teaching and house staff training. Opportunities for clinical experience were provided Jefferson students from the early days, but during the nineteenth century such opportunities were loosely structured. Beginning near the turn of the twentieth century, with student visits to Philadelphia General and Pennsylvania Hospital, the volume and diversity of clinical material there proved increasingly valuable. Building upon this experience, student assignments were formalized, and the teaching became more effective. Appointments of Jefferson physicians to other hospital services provided the link in this process. Reciprocal service and teaching relationships with Jefferson house staff rotating through the Affiliated Hospitals was a natural outgrowth of the earlier arrangement. A salient affirmation of the critical importance of the Affiliated Hospitals was the appointment on April 1, 1986, of Dr. Joseph F. Rodgers as Associate Dean of Affiliations and Residency Program Coordinator.

Philadelphia General Hospital (Blockley)

As early as 1818, Jefferson's founder, Dr. George McClellan, while a student was elected "Resident Physician" to the Philadelphia Almshouse, then situated at Tenth and Spruce Streets. Its successor, Philadelphia (General) Hospital, as a public institution attracted academic physicians as volunteers to positions that commanded increasing prestige later in the nineteenth century. Students were gradually involved in informal teaching arrangements and attended "clinics" conducted by service chiefs who also held Jefferson appointments. At the turn of the century, teaching became more formalized with students...
joining in rounds and teaching conferences on a scheduled basis. Medicine and Surgery were primarily involved, but other Departments including Ophthalmology, Urology, Obstetrics-Gynecology, Pathology, Neurology-Psychiatry, and Otolaryngology followed. All teaching related to inpatients, because Philadelphia General had no outpatient service until 1919. Among the early people who served were Drs. Solomon Solis-Cohen and R. Max Goeppl in Medicine, Dr. J. Chalmers DaCosta in Surgery, and Dr. Orville Horwitz in Genito-Urinary Surgery. Jefferson physicians later included Drs. Samuel A. Loewenberg and Harold L. Goldburgh in Medicine and Dr. William Lemmon in Surgery.

During the three decades following 1920, the affiliation program was greatly expanded and strengthened. Gradually the medical schools of Philadelphia assumed a more specifically defined role in the clinical activities. Ultimately the departments were separated along medical school lines. As student teaching and house staff rotation were organized, Dr. Francis J. Sweeney, Jr. was appointed Director of Medical Services in 1966. Sophomore, junior, and senior students went to Philadelphia General for clinical experience. This arrangement ended in 1971, and the hospital closed in 1977.

**Pennsylvania Hospital**

From the time of the founding of Jefferson, students were encouraged to supplement their lectures with clinical observation. Pennsylvania Hospital during the nineteenth century was a free source of patients and more or less formal clinics were conducted by Jefferson Professors with Pennsylvania appointments. Policies relative to teaching students of medicine were in place from the founding of the Hospital in 1751, even before a medical school existed. Early Jefferson physicians included Dr. John Kearsley Mitchell in Medicine (1827–1834); Dr. Charles D. Meigs, who served in the Lying-In Department (1838–1849); Dr. Joseph Pancost in Surgery (1854–1864); Dr. James Aitken Meigs in Medicine (1868–1879); Dr. Richard Levis in Surgery (1871–1887); and Dr. Morris Longstreth as Pathologist and Curator (1870–1890). The teaching arrangements became incorporated into the regular curriculum as time went on, with assignment of students to ward rounds and to demonstrations and lectures held in the old Clinical Amphitheater at Pennsylvania. Physicians prominent during the period before World War II included Drs. Thomas McCrae and Garfield Duncan in Medicine, Dr. Adolph Walkling in Surgery, and Drs. Norris W. Vaux and P. Brooke Bland in Obstetrics.

It is clear that the long-standing relationship between Jefferson and Pennsylvania Hospital with its established commitment to medical education was a great benefit to the students before the era of clinical clerkships. Upon affiliation of the Hospital with the University of Pennsylvania in 1957, this program ended.

**Lankenau Hospital**

Jefferson physicians had been staff members at Lankenau since its early days as the German Hospital, and some teaching had been carried out since 1949. A formal teaching arrangement was developed in 1966, after which time students have profited greatly from their experience in this hospital. Although primarily a community hospital, research and academic activities have long complemented its clinical facilities. Lankenau has also maintained a hospice service offering care for terminally ill patients at home and in the hospital. Since 1966, students were assigned to rotate through Lankenau as clinical clerks in Medicine, Obstetrics-Gynecology, and Surgery, as well as receiving instruction in many of the other Departments. Joint residencies in Orthopaedics, Otolaryngology, Ophthalmology, and Neurology have been developed.

**Our Lady of Lourdes Hospital, Camden, New Jersey**

This institution had an exceptionally strong tie, since many of its Medical Staff received student,
residency, and fellowship training at Jefferson. An affiliation agreement was reached in 1972 through the efforts of Associate Dean John Killough and Our Lady of Lourdes officials. This was extended to include rotation of students and house staff in Medicine, Pediatrics, Surgery, Urology, and Orthopaedics.

Bryn Mawr Hospital

This long-established suburban community hospital of 402 beds became a major affiliate of Jefferson in 1972. In recent years sophisticated programs such as the Imaging Center, the Center for Radiation Oncology, and the Alcohol and Drug Intervention Unit have been added to its traditional medical and surgical functions. The clinical educational program has involved medical students in Medicine, Surgery, Obstetrics-Gynecology, Urology, and Family Medicine. Jefferson residents have rotated through Surgery, Urology, Otolaryngology, Orthopaedics, and Obstetrics-Gynecology.

Chestnut Hill Hospital

In 1974 informal teaching relationships that had existed for some years were firmed into an agreement of affiliation that has proved beneficial to both parties. The initial link was through the Department of Family Medicine. A well-financed community hospital with 220 beds and a strong Surgery Department, Chestnut Hill has provided teaching of medical students and a Transitional Residency program that have broadened the base of the educational experience. Affiliations were developed for both junior and senior students in Family Medicine. Other Departments with teaching arrangements have been those of Surgery, Pediatrics, Urology, Orthopaedics, and Anesthesiology.

Methodist Hospital

Because of the long association of South Philadelphia with Jefferson graduates and faculty, Methodist Hospital with its large accident and outpatient services was easily accommodated into a closer relationship during the few years following World War II. Informal affiliation in General Surgery developed about 1950 and later in the decade extended to Medicine and Obstetrics-Gynecology. In the 1960s the still informal arrangement included students and residents rotating in Surgery and students in Orthopaedics. In 1971, the formal agreement of affiliation was signed to permit rotation of students and residents in Medicine, Surgery, and Obstetrics-Gynecology. Rotation of residents in Otolaryngology and Emergency Medicine occurred later.

Mercy Catholic Medical Center

This general medical center of 800 beds and large emergency and outpatient services became affiliated with Jefferson Medical College in 1969. The timing coincided with the merger of Misericordia and Fitzgerald-Mercy Hospitals to form the largest Catholic medical complex in the Delaware Valley serving a widely divergent population. Jefferson teachers had previously been active in both hospitals. The affiliation included clinical instruction in Medicine, Obstetrics-Gynecology, Surgery, and Pediatrics.

Wills Eye Hospital

Wills Eye Hospital, the nation's oldest and largest hospital devoted to the prevention and cure of eye disease, has been affiliated with Jefferson since 1972. Physicians at Wills became the Ophthalmology Department for Jefferson Medical College and Thomas Jefferson University Hospital. Traditionally, Wills receives more eye trauma cases than any other institution in the Delaware Valley. Wills' specialized medical staff, strong research program, and high technology permit unique
handling of full needs relating to opthalmology. Wills' resources became available for both elective and core rotations for Jefferson’s students in their clinical years. Jefferson students participated in firsthand observation not only of the patients in the hospital’s trauma center but also have received training in preventive eye care and retinal, corneal, oculoplastic, and oncologic problems.

Children’s Rehabilitation Hospital of Philadelphia

Children’s Rehabilitation Hospital was a successor (1986) to Children’s Heart Hospital, a facility founded in 1927 by businessman William M. Anderson for convalescent care of children with heart disease, usually of rheumatic fever origin. Antibiotic treatment and prophylaxis of streptococcal infection diminished the need for such long-term care, and admission of children with a variety of chronic illnesses followed.

In 1970 the Hospital became related to Jefferson at the request of Children’s Heart Hospital Trustees. Jefferson assumed operational and clinical responsibility, and the hospital has been operated through a committee of the Board of Trustees. Many children with intractable asthma and bronchopulmonary diseases have been treated there. The services have also included children with developmental disabilities such as spina bifida, cerebral palsy, and Down’s syndrome, as well as acquired disabilities.

Research, education, and patient care have come into balance. Junior students have rotated for periods of one day to two weeks, and an elective for seniors in the care of chronically ill children became available. Second-year Pediatrics Residents were involved, and the services were coordinated with specialized procedures in the Departments of Pediatrics and Rehabilitation Medicine at Jefferson.

The Magee Rehabilitation Hospital

Anna J. Magee, a center-city philanthropist and a grateful patient of Dr. J.C. Wilson, died in 1923 leaving a bequest for the establishment of the hospital, which finally opened in 1938. She also provided funds for the endowment of the Magee Chair of Medicine at Jefferson. She specified in her will that the Board of Directors of Magee Hospital should include a representative from Jefferson.

Almost from the beginning, the Magee Hospital developed an affiliation with the Department of Internal Medicine of Jefferson Medical College and Hospital, thus enhancing the monitoring of patients with multiple disabilities. The affiliation also provided an opportunity for residents in internal medicine to participate in the procedures of rehabilitation and to observe the responses and tolerance of the patients.

The close association with training programs at Jefferson was moved forward in 1977 when Dr. William E. Stass (Jefferson, 1962), Professor of Rehabilitation Medicine, became President and Medical Director at Magee. The affiliation agreement was reached in 1975, and residents began rotations in 1977. Subsequently, Residents in Family Medicine as well as Rehabilitation Medicine rotated at Magee. Teaching there has included second-year students in the physical diagnosis course as well as third- and fourth-year students for a two-week clinical rotation.

Veterans Administration Medical Center, Coatesville, Pennsylvania

Veterans Administration Medical Center, Coatesville, Pennsylvania, supplies a key service to the veterans who occupy its 1,494 beds and utilize its many outpatient facilities. This affiliate became linked for instruction with the Department of Psychiatry and Human Behavior in 1967 for training students and residents in psychiatry and neurology. Training was jointly supervised by the Office of the Associate Chief of Staff for Education at the Medical Center and the Dean’s Committee at Jefferson, which included faculty in Psychiatry and Neurology. This Center also conducts training in clinical psychology, social
work, nursing, dietetics, dental, and occupational speech therapy.

Latrobe Area Hospital

This semirural hospital has served an area where Jefferson graduates have traditionally been strong. In recent years, however, Latrobe has shared with similar regions the problem of attracting physicians. At the same time, the new policy developing at Jefferson to train physicians for underserved areas led to talks between the Dean’s Office and Latrobe Hospital officials in 1973 during which the benefits of affiliation soon became obvious. The timing coincided with the beginning of the Department of Family Medicine under Dr. Paul C. Brucker in 1974, and an agreement permitted the first class of Residents to begin in July and the first students in August. The agreement included monthly visits by a Visiting Professor to participate in rounds, conferences, and lectures.

The program provided for six junior students in Family Medicine each six weeks for purely outpatient service. Later a senior program was added for one to four students to include 50% inpatient service. The relationship has proved cordial in every respect. Almost all the local faculty and 70% of the hospital residents have been Jefferson graduates.

The Jefferson–Delaware Medical Education Program

Medical Center of Delaware (formerly Wilmington Medical Center) became affiliated with Jefferson in 1970; at that time the Center was composed of three separate hospitals. Part of the plan was to link all of the smaller hospitals in Delaware into a special Continuing Medical Education network; Dr. Wayne Martz spearheaded and directed the program until 1986. The original link was through the Department of Family Medicine. The newest part of the Medical complex was developed in Christiana, where the 1,050-bed hospital has offered clinical opportunities in Medicine, Surgery, Pediatrics, Obstetrics-Gynecology, Neurology, Anesthesiology, Orthopaedics, Urology, Neurosurgery, Family Medicine, Radiology, and Psychiatry and Human Behavior.

Since 1970 Jefferson has been the designated Medical School for the State of Delaware, providing for up to 20 places for qualified residents of Delaware for each first-year class under the Delaware Institute of Medical Education and Research program. Eligible applicants must have met Jefferson’s premedical requirements at an accredited college or university. Participants in the joint program were expected to serve major portions of their clinical clerkships at Delaware Hospitals affiliated with Jefferson.

Dr. Peter Chodoff (Jefferson, 1951), Director of Medical Education and Research at the Medical Center of Delaware, was appointed Assistant Dean of Jefferson Medical College on July 1, 1987.

Veterans Administration Medical Center, Wilmington, Delaware

The Veterans Administration Medical Center has been part of the V.A. Medical and Regional Office Center, Wilmington, Delaware, and has served veterans of the Eastern Shore of Maryland, Southern New Jersey, Pennsylvania, and Delaware. This affiliation with Jefferson has been managed by a Dean’s Committee since 1980. The Center includes a 336-bed acute medical and surgical hospital, a modern research facility, and a 60-bed nursing home.

Recently, student and house staff instruction has been available in Internal Medicine, Pulmonary Diseases, Gastroenterology, Cardiology, Hematology/Oncology, Rheumatology, Nephrology, General Surgery, Otolaryngology, Urology, Orthopaedic Surgery, and acute Neurology. There is also a unique Maxillofacial Prostodontia Program at the Wilmington V.A. Hospital.
Delaware State Hospital

The Delaware State Hospital (at Farnhurst) and Jefferson signed a special affiliation agreement in 1975. This cooperative venture related primarily to the academic program of mental health education and research in the Department of Psychiatry and Human Behavior, and at this facility provided third-year clinical clerkships in psychiatry for Jefferson students. Resources available to the program included inpatient and outpatient facilities and psychiatric emergency services. Child, adolescent, geriatric, forensic, and community psychiatry comprised the required clerkship as well as the student electives. Many faculty are Jefferson graduates or graduates of the psychiatric residency program at Delaware State Hospital.

Bryn Mawr Rehabilitation Hospital

This 92-bed hospital, known for special concerns in trauma therapy and rehabilitation, became affiliated with Jefferson in 1982. Common goals for joint programs in Rehabilitation Medicine were developed. In addition, plans include promoting continuing medical education and research. Residents in Rehabilitation Medicine have been rotating through Bryn Mawr every three months, and student electives are planned.

The Penn State-Jefferson Cooperative Program

In 1963 an exploratory B.S.-M.D. program for gifted students was developed jointly by Pennsylvania State University and Jefferson Medical College. At first a five-year program, it was extended to six years in 1983. Students were selected during the last year of high school and were required to begin the intensive course early in June. Successful students were granted a B.S. by Penn State after completion of the second year at Jefferson. Despite the intensity of the course, this program has been successful in reducing the total time for medical education of a limited number of qualified students. Several other medical schools have developed programs similar to this one pioneered by Jefferson and Penn State.

A.I. DuPont Institute, Wilmington, Delaware

A special affiliation was developed between DuPont Institute and Jefferson in 1970. This provided for one year of training of two Jefferson residents annually in pediatric orthopaedics.

Albert Einstein Medical Center—Daroff Division

This hospital of 250 beds affiliated with Jefferson in 1971, offering instruction in Medicine, Surgery, Obstetrics-Gynecology, Anesthesiology, Orthopaedics, and Urology. The programs were discontinued in 1987.

Underwood Memorial Hospital

This 330-bed community hospital in New Jersey became an affiliate of Jefferson for clinical experience in Family Medicine in 1980.

Geisinger Medical Center

Geisinger, founded in Danville, Pennsylvania, as a regional medical center in 1915, is a multi-institutional system of health care. Its full-time staff of 391 physicians serves the Geisinger Medical Center of 649 inpatient beds, the Geisinger Clinic, the Geisinger Wyoming Valley Medical Center of 250 beds, as well as 43 satellite clinics and 34 communities in Northeastern and Central
Pennsylvania with a population of over 2,000,000 people. During its 73-year history, Geisinger has been a model for comprehensive patient care and more recently has entered into the field of research.

The formal Jefferson–Geisinger affiliation began in July of 1988. Sophomore students were sent for their miniclerkships and junior students were sent in Internal Medicine, Surgery, Obstetrics-Gynecology, Pediatrics, and Family Medicine. This will be expanded to include more students in more departments as well as to initiate mutual programs in clinical research and exchange of residents and fellows. The affiliation will provide the students with a different view—an experience slanted more toward ambulatory care, which is one of the growing needs in medical education.

Other Affiliations

Through the years, reciprocal teaching and service arrangements, always emphasizing the bilaterality of the relationship, have been made with numerous other hospitals and institutions. Many of these have been of limited duration or for specific stated purposes. Affiliations no longer in effect have included Veterans Hospital of Philadelphia, Hunterdon Medical Center, Henry R. Landis State Hospital, U.S. Naval Hospital, Cooper Hospital of Camden, Germantown Hospital, and Atlantic City Hospital.

In addition to the Medical College, the College of Allied Health Sciences has developed a broad network of affiliations with more than 200 hospitals and related facilities throughout the United States and other countries. These affiliates have cooperated in the teaching of technicians, laboratory managers, physical therapists, and other technical trainees. Such institutions as Drexel University and the Franklin Institute of Pennsylvania have also been affiliated for special purposes.

References
Jefferson Medical College has for generations been an institution for the training of clinically oriented physicians. Late in the nineteenth century, when practical teaching effectively supplemented lectures, Jefferson developed a program of faculty appointments of physicians who wished to contribute teaching of medical students in return for hospital privileges and an academic association. Voluntary faculty positions became popular during those years and led to contributions of note by many teachers and professors whose main reward was an academic position. The title of “Professor” was generally reserved for the department heads but sufficient prestige attached to Clinical Professor, Associate and Assistant Professor to attract important clinicians to the faculty. Young graduates often enhanced their clinical training by working in the outpatient department where diversity of clinical material was always superb, then advancing to hospital appointment and academic status and acquiring proficiency in certain areas of medicine that created a demand for their services. A voluntary teaching appointment was therefore a valued and valuable educational tool. In fact, the major portion of clinical teaching was the responsibility of voluntary faculty members.

As time went on and American schools of medicine gradually joined the trend toward full-time teaching, Jefferson’s volunteer program continued strong. The involvement of physicians in practice, however, remained an important factor in the development of good and complete physicians to practice medicine. Even when other medical faculties in Philadelphia became closed as full-time entities, the well-established Jefferson plan resisted the change. The involvement also affected setting of hospital policies, since a large number of beds were occupied by patients on the services of volunteers. At midcentury, when research was assuming an increasing role in medical education, the responsibilities of volunteers in patient care were perceived to be somewhat at variance with the teaching functions of full-time faculty members. Especially was this true at the level of teaching of Residents and the availability of teachers for small-group-section instruction on the clinical floors. Complaints were
at times voiced by Residents and their chiefs that volunteers were interested only in the services provided by Interns and Residents and were not devoting time for clinical teaching. While it was acknowledged that such complaints had some validity, it was generally agreed that most volunteer faculty members were indeed contributing a great deal to teaching of medical students and house staff.

A number of forces came into play in the 1950s and 1960s that had an impact on the volunteer process. Besides increased emphasis on research, these included the intrusion of government and insurance controls into hospital services and practices, technological advances and their impact on medical care, and changes in the nature of illnesses brought about by medical progress. The strong traditional commitment of Jefferson physicians to clinical skills and concern for the patients aided in slowing the trend toward full-time faculty. Resistance to change and cost factors were also of consequence.

With the arrival of Dean Kellow in 1967, the previous efforts of Dean Sodeman to provide for research and funding were more aggressively pursued. The Dean instituted a “practice plan” whereby each full-time faculty member would be on salary and his income from fees for patient care would be shared among the College, the Department to which he was attached, and the faculty member. The inauguration of this plan was not graciously accepted by many longtime volunteer faculty members and added to the reasons for the organization of the Volunteer Faculty Association of Jefferson Medical College.

The Volunteer Faculty Association

In the latter part of 1970, informal discussions of these matters plus concerns about power structures and decision making led to the formation of an organization to address the perceived problems. The prestige of early leaders lent authenticity to the group, and their respected judgment in general led to an ability to contribute some balance to the process, as opposed to the occasionally heard criticism that its interests were limited to those of a pressure group. Among the leaders were Drs. Abraham E. Rakoff and Benjamin Haskell, both of professorial rank. Dr. Rakoff was elected the first President. A set of bylaws was promptly developed, the procedural authority being vested in a Board of Governors (Figure 55-1). By March 4, 1971, the Association was well established, and the meeting of the Board of Governors gave evidence of a structure already functioning with committees to address specific issues. Among the goals and objectives as stated in the bylaws were the support of the Medical School and University, academically and economically; the protection of the private practice of medicine; equal access of all faculty to medical and teaching opportunities; the identification and correction of inequities “that are perpetrated because of volunteer or full-time status”; efforts to increase representation of the Volunteer Faculty Members on the University’s decision-making bodies; and the assurance of recognition by the Administration and community of the importance and function of the Volunteer Faculty Association.

The organization prospered, and the recognition desired was promptly forthcoming from President Herbut and Dean Kellow, both of whom were guests at stated meetings of the Association. Space was provided, staff engaged, and numerous issues were addressed, the mere discussion of which often defused them. Retired Dean Sodeman, a speaker in 1975, made a cogent observation regarding increasing emphasis on ambulatory care and the need for voluntary teachers including internists as providers of primary care. Some of the issues related to efforts to obtain more hospital and faculty appointments for volunteers, especially recent residents, allocation of unassigned emergency room and clinic patients to volunteers, and representation on faculty policy and research committees. A constant problem was the shortage of hospital beds and their allocation.

Before long, efforts to obtain an authoritative voice in hospital affairs led to the candidacy of volunteers for positions on the Executive Committee of the Hospital Staff and, for some years, domination of the officers elected to that body. For a time, the Association also endeavored to obtain a position for one of its members on the University Board of Trustees. Although this was not accomplished, in 1981 a manner of
representation was acknowledged because the President of the Hospital Medical Staff was attending the meetings of the Hospital Committee of the Board.

Having become established and functioning effectively, the Association Board of Governors met with Dean Kellow on June 24, 1976, with special reference to the Full-time Practice Plan, but also addressing the usual issues of full-time-volunteer relationships. The Dean pointed out that budgetary problems had become acute with the loss of federal and state funds for medical education and ancillary programs such as those related to minority groups, underserved areas, and family medicine. The practice plan was one of the sources of new funds to replace those lost. He indicated that one of the objects of the plan was to restrict the practices of full-time faculty so that their research, teaching, and administrative functions could be carried out effectively. Also discussed was the matter of tenure for volunteers as compared with full-time faculty. The meeting proved cordial.

The opening of the New Hospital in 1978 changed but did not eliminate problems of relationships between volunteers and full-time faculty and the allocation of hospital beds. Gradually, however, the perception of a teaching hospital as a tertiary care facility resulted in more subspecialty patients being referred to full-time members. Also the change to virtually full-time status of new department and division heads gradually diminished the number of volunteers receiving referrals. In this process, the proportion of hospital patients on the services of full-time members increased by 1987 to 64%.

The Association discussed the matter of the clinical teaching in the affiliated hospitals and

Fig. 55-1. The Board of Governors of the Volunteer Faculty Association (1971). Seated, left to right: Drs. Benjamin Haskell, Leopold Loewenberg, John Templeton, Gerald Marks, Abraham Rakoff, William Baltzell, John Reddy, George Strong, and Joseph Medoff. Standing, left to right: Drs. Kalman Faber, Philip Bralow, Paul Poinsard, Norman Schatz, Joseph Rogers, Frederick Wagner, and Jules Bogaev.
some effort was made to include in the Association those appointed to the affiliated volunteer staff. This proved impractical in view of the distances involved. During the late 1970s and the 1980s the Association also examined nursing care of hospital patients as well as the ancillary services for patients. A general meeting was addressed by Dr. Laura Merker, Associate Hospital Director for Nursing Services, on November 8, 1979, and these concerns were discussed. This type of interaction was useful in promoting understanding between the Association and the power structures to the benefit of the Medical School and the University.

The Association has continued its functions but changes in recent years have resulted in a leveling off of the problems originally faced. A number of earlier members have joined the full-time staff, and the volunteers generally have organized into groups. Hospital practice in the foreseeable future will no doubt be further influenced by collective organizations such as Health Maintenance Organizations. Increasing reliance on affiliated hospitals for the teaching of primary care medicine will no doubt influence the need for voluntary teaching for some time to come. The teaching of outpatient medicine, recently of increasing importance, will probably also depend upon community hospitals and practices, a trend that has escalated with the advent of Family Medicine as a Clinical Department.

Despite the changes and uncertainties, the Volunteer Faculty Association continues to fulfill its mission of achieving harmony in its integral role in the welfare of the College and Hospital.