

## Department of Medicine: the first 22 years

My long-term goal in academic medicine was to have the opportunity to serve as Chairman of a Medical School Department. In 1967 when I was appointed as Chief of the Division of Gastroenterology at Cornell University Medical College in New York, this goal appeared to be about ten years distant. At that time, my immediate plan was to maintain the strong academic program in Gastroenterology that had been established by my mentors, Drs. Tom Almy and Marvin Sleisenger. In November 1968, when Dean Harrell sent me information about Hershey and inquired about my interest in the Medicine Chair, I had several questions to resolve: Was this the best time in my career to consider the Chair of Medicine in a new medical school? Would a medical school with plans to train family physicians need or support a research oriented Department of Medicine? Where is Hershey? As a New Zealander reared on Cadbury's chocolate rather than Hershey chocolate, I had no knowledge of this town! I decided that I could not resolve any of these questions without a visit, and was pleased to be invited to visit for interview in early March 1969.

On this first visit, I was particularly impressed by the following:

Dr. Harrell was establishing a new medical school in spacious rural surrounding, and in spite of the early publications which focused on the training of Family Physicians, he had also planned well for a full spectrum of academic programs. When I met Basic Science Chairmen with strong research credentials, noted that graduate programs were already established and that medical students in the early classes were also participating in

research, and toured the animal research facility, it was clear to me that this medical school had the potential to achieve academic excellence.

As I toured the building with Dr. Harrell (a three hour tour which did not include the hospital), I appreciated the vision of a master planner (and also knew that anyone who did not accept Dr. Harrell's invitation to walk through every corridor of the animal facility would not remain as an active candidate!). The uncluttered space and views of the countryside were in striking contrast to my urban medical center experience. I also remembered the miserable animal quarters on the upper floor of Cornell Medical College.

What about future expansion? I was shown open spaces, and the model blocks were again assembled from the leather satchel on Dr. Harrell's desk to show the future additions to the academic building and the hospital over a ten-year period.

Four members of the pioneer class (Larry Bieber, Ted Kantner, Roger Brumbach, and Peter Roode I think) met with me on my first visit; their enthusiasm and initiative (as well as their anxiety about whether there was going to be any clinical program when they entered their 3rd year in September) was evident.

Where were the patients going to come from? Although I was told that there was an optimal population base, and had a brief tour of Harrisburg on the way to the airport, I was not reassured.

At breakfast on the second morning of my visit, Dr. Harrell's first question was "What kind of Department of Medicine would you like to develop?" I must have shown some potential in my answer.

Shortly after I had written to Dr. Harrell expressing my continued interest in Hershey, he appeared in my office at New York Hospital -- he was checking his references quite carefully! I was delighted to be invited for a second visit. My question about whether this was the opportunity that I should pursue had been answered in a brief discussion with Dr. Fred Plum, Chairman of Neurology at Cornell: "If you see this as an opportunity that will be a lifelong challenge, you must accept; if you view this as a stepping-stone to another position, you must remain at Cornell." I did see an exciting challenge. Later, John Waldhausen was contemplating similar issues as he sat on the packing boxes in my office at New York Hospital.

I arrived in Hershey in July 1969 when the hospital building was still steel scaffolding, when the only other clinical faculty were in the Department of Family Medicine, and a third year class was about to begin. Patients and staff at the Harrisburg Hospital provided the clinical experience for the pioneer class and taught physical diagnosis to the second year students. The students thrived in an environment that demanded self education and clinical problem solving, but many were not sure that they would be competitive for residency training -- they had no house-staff role models. At a time when one knew that there was a need for long range planning, every day was filled with clinical teaching (often three visits to Harrisburg Hospital) and recruiting.

The absence of University Hospital beds during the first year was a mixed blessing in clinical faculty recruitment. Those who arrived before the University Hospital was open (October 1970) were able to devote more time to teaching, recruiting and establishing their academic programs without being overburdened by patient care; but the uncertainty was to whether patient referrals would permit the optimal development of subspecialty programs made many candidates hesitant. The same elements that attracted me to Hershey were to bring other faculty -- the opportunity to develop a new program, the support and enthusiasm of the Basic Science Faculty, and Dean Harrell's leadership. David Jenkins (from Vanderbilt) arrived in January 1970, to be Chief of Hematology (just in time for me to take a long-planned vacation in New Zealand), and Wayne Bardin (from N.I.H.) and Jim Gault (from San Diego) arrived in July 1970 to establish the Divisions of Endocrinology and Cardiology, respectively. By October 1970, when the University Hospital opened the first beds, the Department of Medicine had grown to seven faculty with the addition of Elaine Eyster and Robert Hamilton in Hematology and Robert Dye in Gastroenterology.

The opening of the University Hospital brought new challenges and stresses; there were no house-staff, and many specialty areas lacked faculty. Staffing of the Emergency Unit was a particular problem; I have vivid memories of a phone call from Dr. Harold Engle referring a baby who was cyanosed and in heart failure -- I called my consultant (Nick Nelson) before the baby arrived in the ECU, and hoped that he would get there first! John Waldhausen repaired the infant's congenital heart defects on the following day. We were not staffed to treat all patients with a similar degree of expertise; many patients

had to be referred to Harrisburg Hospital. In the hospital, senior medical students and faculty gained experience and responsibility as Acting-Interns or relived their earlier experiences as house-staff.

During the 1971-72 academic year, we were not in the residency matching program; we were pleased to recruit a fine group of unmatched students from several programs. New faculty in Neurology (Robert Brennan), Cardiology (David Leaman, and James Liedtke), Oncology (Allan Lipton), Endocrinology (Richard Santen) and Internal Medicine (John Burnside) provided broader academic and clinical skills. Other Divisions in the Department of Medicine were established over a period of several years; Arnold Muller, Division of Emergency Medicine in 1973, Harvey Solomon, Division of Clinical Pharmacology in 1973, Anton Schoolwerth, Division of Nephrology in 1974, Donald Lookingbill, Division of Dermatology in 1975, Robert Aber, Infectious Diseases in 1976, and Clifford Zwillich, Pulmonary Medicine in 1982.

In spite of our early anxieties and the early predictions in the Philadelphia press that there would be few patients at Hershey, the clinical programs expanded rapidly. The average daily Medicine in-patient census was 70 patients in 1971-1972 and 75 in 1972-73; (The average daily Medicine in-patient census was ... in 1990-91). The most dramatic expansion of clinical services during the 70's and 80's was in the ambulatory area. Medicine outpatient visits in 1972-73 numbered 11,730; in 1990-91 there were .... outpatient visits and .... ambulatory diagnostic or therapeutic procedures. The rural setting proved to be a strength of the clinical program rather than a handicap; patients with

diverse medical problems were referred to faculty, kept their appointments (the broken appointment rate in many urban University hospitals approaches 50%), and readily accepted this teaching environment. Thus we were able to develop models of primary, secondary and tertiary care in an academic setting.

A major strength of the teaching program in the Department of Medicine has been a succession of outstanding Chief Residents who have served as superb role models for both students and residents, and have contributed to the growing strength of the residency program. Nine of 18 former Chief Residents remain in full-time academic positions. Under Dr. Robert Aber's directorship (1984 to 1992), the Internal Medicine Residency training program expanded to provide a transitional year of Medicine for residents entering other specialties, to include combined Medicine/Pediatrics training, and to establish University teaching services at the Lebanon Veterans Administration Hospital.

The academic goal of this Department of Medicine has been to develop a strong balanced program of Patient Care, Teaching and Research. A talented and dedicated faculty achieved these goals over the 22 year period.

The majority of new Assistant Professors (including some Division Chiefs) had been recruited from their Residency and Fellowship Training programs with minimal research training or experience. Faculty in Basic Science Departments played an important role as research mentors for junior Medicine faculty; this support has promoted collaborative

research and the development of independent investigators in the Department.

After a period of rapid Departmental growth both in the number of faculty and in research support in the 70s, there was a five year period in the early 80s when the available academic space and fiscal constraints limited growth. This has been followed by a period of further expansion from 1985 to the present time. The new Academic addition in 1993 will provide space for the recruitment of new faculty in Immunology/Rheumatology, Metabolism, Hepatology, and Clinical Nutrition, and will provide for the expansion of both clinical and basic research in existing Divisions.

With the increasing complexity of diagnostic and clinical procedures on the one hand and basic research on the other, the gulf between patient care and basic research is widening; it is becoming more difficult for Clinical faculty to be both accomplished clinicians and creative independent investigators. Non-clinical faculty in the Department provide increasing support for Clinician investigators; their number have grown from 5 in 1980 to 11 in 1991.

The growth of research in the Department of Medicine is reflected by the increase in extramural research support over the past 22 years. The parallel growth in patient care services is reflected by patient visits and clinical income during the same period.

(Figures to show growth of faculty (clinical and Ph.D), increases in extramural funding, and patient care statistics and clinical income over the period from 1970 to 1990).

The academic environment that we enjoy in the Department of Medicine at Hershey has been strengthened by the talent, loyalty, and hard work of our support staff -- administrative, clerical, financial and research.

The Hershey experience has surpassed all of my expectations of 1969. It has been a privilege to have contributed in part to this enterprise; the satisfactions and joy that I have experienced over these 22 years have far exceeded the occasional headaches and heartaches.

What does the future hold? Herb this is yours . . . .



FACULTY STATISTICS 1971 - PRESENT

Year	Card.	Derm.	Endo.	Gastro.	Heme.	I. M.	E. M.	Neuro.	Onc.	Pulm.	Renal	Rheum.	Clin. Pharm.	I. D.	Totals
71-2	3		1	2	3	1		1	1						12
72-3	4		2(4)	3	3	2	1	2	1				1		19 (4)
73-4	4		3(4)	3	3	3	1	3	1				1		22 (4)
74-5	5		3(4)	3	4	4	1	3	2		2		1		28 (4)
75-6	6(1)	1	3(4)	2	3	4	1	3	2		3	1	2		31 (5)
76-7	6(1)	1	3(4)	2	3	4	1	4	2		3	1	3	1	34 (5)
77-8	8(2)	1	3(4)	3	4	4	2	6	2		4		3	1	41 (6)
78-9	8(2)	1	3(4)	2	3	4	2	5	2		2		3	1	36 (6)
79-80	9(2)	1	5(3)	2	3	5	3	5	2		3		3	2	43 (5)
80-1	9(2)	1	5(3)	3	3	5	4	4	2		3		3	2	44 (5)
81-2	9(2)	2	4(2)	4	3	5	5	4	3		3		2	2	46 (4)
82-3	7(3)	2	3(3)	4	3	5	4	4	3	2	3		2	2	44 (6)
83-4	7(2)	2	4(2)	3	3	4	4	3	3	3	2		2	3	43 (4)
84-5	5(2)	2	4(2)	4	3	4	4	3	3	3	3		1	2	41 (4)
85-6	10(2)	2	4(1)	4	3	4	5	4	3	3(1)	3			2(1)	47 (5)
86-7	10(2)	2	4(3)	4	3	6	6	5	3	3(1)	4			3(1)	53 (7)
87-8	10(2)	2	5(4)	5	3	6	8	5	3	5(1)	4			3(1)	59 (8)
88-9	12(2)	3	5(4)	5(1)	4	6	7	5	3	6(1)	5	1		3(1)	65 (9)
89-90	15(2)	3	7(3)	5(1)	5	6	9	6	2	5	6	1		4(1)	74 (7)
90-1	15(3)	3	6(4)	5(1)	4	9	9	6(1)	2	6	6(1)	1		5(1)	77 (11)
91-2	15(3)	4	5(4)	5	4	8	9	6(1)	2	6	6(2)	2		5(1)	77 (11)

() Indicates Ph.D.'s

### Chief Residents in the Department of Medicine

1972-73	John Rothschild	Subspecialty practice in Wilkes-Barre
1974-75	Mark Potter	Endocrinology, Hershey Faculty
1975-76	Ronald Moore	Internal Medicine Practice, N.C.
1976-77	John Field	Cardiology/Emergency Medicine, Hershey
1977-78	Jack Luderer	Clinical Pharmacology, Industry
1978-79	John Jehl	Internal Medicine Practice, NH
1979-80	Gerald Naccarelli	Cardiology, Baylor
	Michael Weitekamp	Internal Medicine, Hershey
1980-81	Janet Woodcock	Rheumatology, U. Cal. S.F.
	Frank Guillard	
1981-82	Frank Guillard	Internal Medicine Practice, State College
	Barry Warner	Internal Medicine Faculty, Ohio
1982-83	Craig Kurtz	Cardiology Practice, Illinois
1983-84	Chet Oddis	Rheumatology, University of Pittsburgh
1984-85	Richard Simons	Internal Medicine, Hershey
1985-86	Lynne Britton	Internal Medicine Practice, Harrisburg
	Claude Fanelli	Cardiology poractice Harrisburg
1986-87	Thomas Ruth	Internal Medicine Practice, Lancaster
1987-88	David Irwin	Hematology/Oncology fellowship
1988-89	David Stern	Divinity School, Chicago
1989-90	Roberta Millard	Internal Medicine, Hershey
1990-91	Lisa Tkatch	Infectious Disease fellowship, Pittsburgh
	Thomas Martin	Infectious Disease fellowship, Pittsburgh

Research  
(OC)

AEF

1970-71		}	802,365
71-72			
72-73			
73-74	659,000		832,981
74-75	1,342,840		1,102,656
75-76	226,135		1,475,085
76-77	1,409,000		1,675,527
77-78	2,003,265		1,763,313
78-79	1,921,377		2,089,313
79-80	2,022,119		2,316,933
80-81	1,935,687		2,595,559
81-82	1,687,510		3,247,076
82-83			4,118,112
83-84			3,978,885
84-85	1,883,047		4,393,369
85-86	2,634,115		5,212,653
86-87	3,436,869		6,014,748
87-88	5,345,506		7,214,463
88-89	6,865,928		8,013,613
89-90	9,236,799		9,626,000
90-91	6,543,727		12,089,000
<del>91-92</del>			