1950s

The 1950s ushered in new leadership and started the gradual evolution toward a more clinically involved faculty. As research laboratory space became less available and the faculty's clinical responsibilities expanded, the department was gradually transforming from a basic science department into one with a major clinical focus. In 1953, Dr. Whipple stepped down as the dean of the school and Dr. Donald Anderson was appointed. He was to hold this position until 1966.

Cost of a loaf of bread: $0.16
President of the USA: Harry S. Truman
World series winner: New York Yankees
Cost of a gallon of gas: $0.27
1953: Watson and Crick describe structure of DNA
1955: Jonas Salk develops polio vaccine

Chair

After thirty-four years, Dr. Whipple retired as the chair of the department on June 3, 1955. His reputation as an avid hunter was well known throughout the department, as is seen in this 1953 departmental Christmas party poem penned by Dr. Terry (see figure 15). He left behind a department with a national reputation as one with major scholarly contributions and lasting innovations to medical education. His year-out student fellowship program became a model adopted by medical centers throughout the country. His trainees and less senior faculty members went on to become chairs and deans in institutions nationwide. He died in 1976 at the age of ninety-eight. It is
alleged that he spent his last years in declining health as an occupant of Strong Memorial Hospital.

In 1955, Dr. Lowell Orbison (see figure 16) was recruited to the Department of Pathology after serving for eight years at the Case Western Reserve University (then known as the Western Reserve University) in Cleveland. He was appointed as the first George Hoyt Whipple Professor of Pathology and

Figure 15. Christmas poem for Whipple (1953), written by Dr. Roger Terry and presented to Dr. Whipple
became only the second chair in the long and storied history of the department. His named chair was the result of one of many generous gifts proffered to the medical school by Dr. Whipple. Dr. Orbison remained as chair until 1967, at which point he was named as the third dean of the medical school, a position he kept until his retirement in 1979. While his illustrious career saw him serve as both a department chair and the dean of the medical school, by all accounts his outstanding characteristic was as a passionate teacher. Dr. Orbison continued to be a major contributor to the systemic pathology course throughout his tenure as the dean of the medical school. While known for being very serious, the residents during this time reveled in playing the occasional practical joke on their chair, which by all accounts he took in good humor.

Dr. Orbison hired Ms. Dorothy Lennon to help with the management of the department’s front office in 1955. She remained with the department until her retirement in 1979, gradually ascending to the title of department administrator.

Faculty

At the onset of the decade, the faculty numbered approximately thirteen members. In 1951, Dr. Frank McKee, who had trained in the department, became an assistant professor and assumed the role as the director of laboratories at the Genesee
Hospital, a position he held until 1954. That year, he moved to UCLA to serve as the director of clinical laboratories for a short time before returning to Rochester as an associate dean. Thereafter, Dr. John Abbott, a senior instructor in the department, replaced him at Genesee Hospital. Genesee Hospital performed 233 autopsies (for a net autopsy rate of 68.4 percent) in 1954 and had 4,422 surgical pathology specimens and 750 cytopathology cases. There was a tight working relationship between the department at Strong Memorial Hospital and that at Genesee Hospital. (Dr. Bernard Brody, a 1951 alumnus of the University of Rochester but not a member of our faculty, worked with Dr. Abbott, serving as the director of the clinical laboratories at Genesee Hospital for many years. By all accounts, these clinical laboratories were far more sophisticated than those at Strong Memorial Hospital. Dr. Brody was a general internist!)

In 1956, Dr. Richard Moore joined the faculty but remained only a single year. Dr. William Woods joined the faculty in 1957 and remained for about five years. In 1958, Dr. Bernard Panner joined the department following a stint as a resident at the Mallory Institute in Boston (see figure 17). After completing residency training within the department, he would remain with the department until his retirement in 2016. The number of faculty had expanded to approximately sixteen by the close of the decade. A commitment was made toward the end of the era to attempt to retain the best of the trainees, as recruiting faculty members from outside of Rochester continued to be quite difficult. The theme of difficulty in recruiting high-quality faculty members persisted in annual reports generated throughout the decade.

The department oversaw all pathology coverage at Highland Hospital for much of the decade. Various other smaller hospitals throughout the region also contacted the department throughout the 1950s hoping to get part-time pathology coverage. However, the significant shortage in faculty members limited the ability to which the department was able to provide any help (see figure 18). The trend toward regionalization of
Figure 17. Bernard Panner (left), a member of the department from 1958 until his retirement in 2016

Figure 18. Department of Pathology (1959)
clinical services centered around the university-based department had already begun.

Space

The physical plant of the department changed minimally during this time. It remained primarily in the area that currently houses the divisions of neuropathology and autopsy on the first floor of Strong Memorial Hospital. Increasingly, lack of space was thought to be hampering the clinical and research missions of the department as Dr. Orbison advocated forcefully to find additional space for the department.

By the mid-1950s, it became apparent that preservation of surgical pathology specimens was essential, while no space was allocated for this purpose. A concerted effort to press the medical school and hospital administrations for storage space and additional clinical laboratory space became an annual theme. The physical plant for the department had been designed to accommodate a basic science department with space for experimental laboratories, classroom space, and a morgue. The founders had not envisioned the department’s evolution into a clinically oriented department with the need for clinical laboratory space.

Clinical

While part of Dr. Orbison’s “charge” from institutional leadership was to consolidate anatomic and clinical pathology into one department, there was very little movement toward this goal for much of the decade. As might have been expected, there was significant resistance from the clinical departments to cede control of the laboratories that were historically their realm. (There were individual departmental research and financial considerations that made such transfers unappealing). Initial plans for developing a formal residency training
A Pathway to Excellence

program in clinical pathology were seen as early as 1957. However, at this point, these plans largely involved arranging for pathology residents to rotate through various laboratories under the auspices of the Departments of Internal Medicine and Microbiology (see figure 19). As the plans for a formal training program began to take shape, the department was granted an additional two residents, one for each year of clinical pathology training.

By 1950, the department had logged in 12,452 autopsies since its inception and was performing approximately 650 per year. The autopsy rate continued to be nearly 70 percent, which was considered quite high for this period in the history of American medicine. The autopsy suite was overseen from 1937 through 1950 by Mr. Boris Jesperson. In 1958, the department performed 757 autopsies, including 123 for the coroner’s office. This accounted for 76 percent of the deaths at the medical center. Nationally, the rates ranged from 40–60 percent during this era, so the medical center continued to be significantly above the national average. As per Dr. Schwartz, former chair of URMC’s Department of Surgery, in the 1950s,
1950s

surgical residents were under intense pressure to obtain autopsy permission from the families of any patient who died while under their services. Further, they were expected to attend the postmortem examinations. He alleges that autopsies were performed without gloves, contributing to the inordinately high rate of tuberculosis amongst the pathologists and surgeons during this time.

Dr. Roger Terry joined the faculty in 1951. He was called away for military duty in 1953 and was gone for several years. When he returned in 1956, he assumed the role of director of surgical pathology and remained in this position until 1969. In this capacity, he signed out the vast majority of cases processed in the department. It was during this period that the handling of pathology specimens derived from surgical procedures became the primary responsibility of pathology. In 1956, obstetrics and gynecology transferred responsibility for pathologic diagnoses to Dr. Terry and his small team. Dr. Terry was widely regarded as a true gentleman and a superb diagnostician. Dr. Elise DePapp fondly remembers a New Year’s Eve in about 1961 when she was on call and performing an autopsy into the evening hours. Dr. Terry entered the morgue and saw her there. Knowing that she was pregnant at the time, he insisted that she go home and relax and that he would finish the autopsy examination, despite his position on faculty and hers as a resident. In 1959, 6,293 surgical pathology specimens were signed out in the division currently known as anatomic pathology. It was now beginning to take the shape of the division that is currently known as surgical pathology.

The field of cytology was in its infancy early in the decade. Dr. Hannah Peters, having studied with Dr. Georgios Papanicolaou, was serving as the lead cytologist in this newly emerging field. Dr. Irwin Frank, a URMC medical student, worked in the cytology laboratory and gradually learned from Dr. Peters how to interpret these new “Pap smears.” When Dr. Peters was forced to leave the country due to political issues (she was married to a Russian man who was deported), the medical center was left with only Mr. Frank having any capability of interpreting these slides. Mr. Frank took over the task and continued
to perform this service for the medical center for the course of his medical student days and well into his urology residency here at URMC. These cases were officially signed out by a local obstetrician/gynecologist. Dr. Frank ultimately published several papers regarding the utility of cytopathology in diagnostic gynecology and urology. During this time, cytology did not reside within the department, but seems to have been associated with the Departments of Surgery, Urology (then a division of Surgery), and Obstetrics and Gynecology.

The cytology laboratory formally became part of the department in 1959, and with it came the hopes of developing a training program. The cytology laboratory examined 47,236 slides in 1959. The strategic question at the time was whether the laboratory should provide diagnostic services to Monroe County and the surrounding hospitals, or limit its service work to university-based cases. The discussion about the role of an academic department in the clinical care of the surrounding community persisted for decades. As the medical center continued to expand its operations and extramural research funding continued to diminish, the answer to this dilemma resolved itself.

Significant clinical responsibilities greatly limited the time faculty members were able to devote to research. This limitation continued to worsen over the course of the decade. Despite the consolidation of diagnostic surgical pathology into the department and the rapidly expanding specimen numbers, the department was severely hampered by issues regarding space and the number of faculty members throughout the decade. The predominant functions of research and teaching gradually were being supplanted by clinical pressures.

Research

Dr. Orbison brought his research focus on the effects of increased blood pressure on vessels, other vascular diseases, and the composition of connective tissue with him when he
arrived in Rochester. Drs. Hawkins and Woods continued to pursue their research in vitamin B\textsubscript{12} metabolism.

Correspondence between Dean Anderson and Dr. Orbison exposed the lack of available laboratory space and any type of animal facilities as major impediments to departmental growth in the latter part of the decade. The Animal House (originally built in 1922) was at full capacity. It is interesting to note the census of the facility at that time: 253 dogs, 44 cats, 17 monkeys, 4 sheep/goats, 193 rabbits, 6,678 rats, 1,510 mice, 1,200 hamsters, 124 guinea pigs, 265 fowl, 10 ferrets, and 24 others.

**Education**

In 1957, the department secured a five-year federal training grant at a rate of $4,256 per year. This amount was used to cover the stipends for three postgraduate fellows, as well as modest laboratory expenses and travel for each of them. The grant was to support developing research programs for trainees.

The sophomore medical student pathology course was by now essentially a full-year didactic program run by the senior members of the faculty. In addition, there were clinicopathologic conferences offered to the third- and fourth-year medical students.

In the mid-1950s, there were four interns, four residents, and four year-out medical student fellows rotating within the department. Over this period of time, all reports describe the trainees as “men,” and there were approximately eight to ten trainees per year. Women do not appear to have been part of the medical education program until very late in the decade. Near the end of this era, in concert with the initial moves toward adding a formal clinical pathology curriculum, the department was able to add two additional residents into the program. Dr. Robert Greendyke, who was to later join the faculty as its first clinical pathologist (part time), completed two full years of training in clinical pathology in the later years of the decade.
During this period, the PhD program was essentially confined to offering this advanced degree to dental students. There were no independent PhD students with the department.

New Developments/Achievements

Dr. Whipple created an endowed professorship in pathology and a fund to endow medical student fellowships that bears his wife’s name. He also endowed visiting lectureships in honor of the school’s first three emeritus professors, Drs. John R. Murlin, Walter R. Bloor, and Samuel Clausen.