A Pathway to Excellence

Bruce R. Smoller

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1960s

The decade saw a change in leadership in both the dean’s office and within the department, as well as the further evolution into a clinically oriented department. Faculty members felt increasing pressure to balance an expanding workload with the need to garner extramural funding to sustain basic science research laboratories. By the end of the decade, Dr. Orbison would leave the department to assume the position of dean of the medical school.

Cost of a loaf of bread: $0.19
President of the USA: John F. Kennedy
World series winner: New York Yankees
Cost of a gallon of gas: $0.31
1964: First measles vaccine
1967: First human heart transplant

Chair

When Dr. Orbison announced his decision to move to the dean’s office in 1967, Dr. Roger Terry was named interim chair, a position he held until 1969. The last years of the decade saw the department operating in what was essentially a holding pattern, awaiting the appointment of a permanent chair to replace Dr. Orbison. It was difficult to hire any new faculty members during this transitional period.

Dr. Stanley Patten (see figure 20) was named as the third chair of the Department of Pathology in 1969. He was also elected president of the American Society of Cytology during this year and went on to be awarded with the society’s Papa-nicolaou Award. Dr. Patten was an avid tennis player and very much enjoyed scuba diving. He was to oversee the department for more than twenty years.
Faculty

In 1960, there was a total of sixteen faculty members in the department. Dr. Ashton B. Morrison joined the faculty in 1960, sharing an interest in renal pathology with Dr. Panner. He remained for only a few years before leaving to take the position as the chair of the Department of Pathology and, ultimately, the dean at Rutgers University Medical School. Dr. Eric Schenk also joined the faculty during this period. He contributed expertise in cardiovascular and gastrointestinal pathology and developed immunofluorescence technology within the department. In 1963, Dr. Stanley F. Patten was recruited to URMC from Cleveland to serve as the director of cytopathology. He was later to be named the department chair. Dr. Patten was a nationally renowned expert in cytopathology, with a special interest in automation. Almost immediately, he transformed the cytology laboratory into one of the largest and best-known such departments in the country. Dr. Lowell Lapham joined the department in 1964, adding neuropathology expertise to the expanding department. A graduate of Harvard Medical School, Dr. Lapham spent nearly ten years at Case Western Reserve before joining the department in Rochester. Dr. Terry was officially named the chief of surgical pathology in 1964 (a position he had held, de facto, for more than a decade).

By 1965, the senior faculty roster included Dr. Whipple, listed as professor emeritus, and Drs. Orbison, Hawkins, and
Terry as professors. Dr. Goetz Richter was hired onto the faculty as an addition to the basic science component of the department. Dr. Richter was a graduate of Johns Hopkins Medical School and was recruited from his position on the faculty of Cornell University Medical School. In 1968, Dr. Donald Stuard returned to his medical school alma mater, the University of Rochester, to direct the autopsy service. Dr. Robert Cooper joined the department, splitting time between surgical pathology, cytopathology, and the dean’s office. The number of faculty members remained relatively constant at about sixteen throughout the decade (see figure 21). This became an increasing source of concern throughout this period of time as the clinical load and the educational programs continued to grow.

In 1969, Dr. Elise DePapp joined the faculty (see figure 22). While it is difficult to establish because of the varying roles and titles of faculty and other departmental staff over the decades, it is almost certain that Dr. DePapp was the first woman to have a full-time faculty position in the department.
after Dr. Robscheit-Robbins from the 1920s. (As academic titles were quite different in that era, Dr. Robscheit-Robbins’s role in the department is not entirely clear. She never had a title that included the word “professor,” though others held such a title during her many years within the department. From 1958–1962, Dr. Elizabeth Bottcher was listed on the departmental roster as a clinical senior instructor. This title may have been reserved for senior trainees and not full-fledged faculty members. In the early 1960s, Dr. Evilene E. Schneeberger, who had trained in the department, remained on faculty as an instructor for a year or so. Her work was as a postdoctoral fellow working with Dr. Ashton Morrison before leaving for a long and distinguished career at Massachusetts General Hospital and Harvard Medical School. Again, this was probably not a true faculty position). Unlike her predecessors, Dr. DePapp carried the title of assistant professor of pathology. She also held joint appointments in the Departments of Pediatrics and Obstetrics and Gynecology. Some of Dr. DePapp’s work for the department was with the Clifton Springs Hospital. She stayed on the faculty until 1976, at which point she became employed fully by the Genesee Hospital. As per Dr. DePapp, she chose “money over prestige.” She maintained her affiliation as a clinical professor throughout her long career, which ended in 1998.

The year 1969 saw the departure of Dr. Roger Terry, who had served as the leader of surgical pathology for eighteen years (with various titles over that time period). He relocated to the University of Southern California, presumably because
he had been overlooked for the chair position. Dr. Robert Greendyke, a clinical associate professor and director of the blood bank from 1966 onwards, served as the main member of the faculty charged with residency instruction for all of clinical pathology during this decade. His primary job was as the medical examiner for Monroe County and his role within the department was on a part-time basis. Other clinical pathology education was delegated to technologists within the clinical laboratories, most of whom resided outside of the department. Clearly, the department’s commitment to education in clinical pathology was still in its rudimentary stages at this time.

Space

Prior to 1967, when the new medical school research wing was opened, the department occupied approximately 8,000 square feet of space for all of its functions. The space was largely unchanged from when the department first opened in the 1920s. While the mission of the department had largely evolved from its inception, neither the space nor the faculty numbers had kept up with the transformation. During this time, the residents occupied offices on the first floor of the building, close to Dr. Whipple’s original office. The surgical pathology suite by this time had been relocated to the second floor. Of note, the blood bank was located on the ground floor in what is currently the post office during this time. While nominally within the realm of the department, it was physically at some distance from the remainder of the department in what was still a relatively small hospital structure. It would remain in this location until midway through the 1970s.

Clinical

As a result of having two faculty members with an interest in renal pathology, the department began its diagnostic electron
microscopy program in the early 1960s. This relatively new technology was also utilized in the work-up of tumors in surgical pathology. In addition, Drs. Panner and Schenk established a robust direct immunofluorescence program for analyzing skin and kidney biopsies. Dr. Panner also performed autopsies at small rural hospitals throughout the western part of the state as the department continued to balance an increased presence within the community with its position as a basic science department.

The early 1960s saw the rapid expansion of the fields of laboratory medicine. Laboratories of bacteriology (microbiology), chemistry, and blood banking began to coalesce into the departments of pathology throughout the nation, transforming the clinical scope as well as the training programs. The situation at URMC lagged a bit behind the national trend.

The 1960s also saw the rapid growth and evolution of the cytology laboratory. The rudimentary laboratory had no faculty oversight. Dr. Stanley Patten was recruited from Cleveland to address this deficiency. His arrival at Rochester immediately thrust the department into the national limelight as a leader in the field of cytopathology, with specific interests in automation.

The surgical pathology specimen volume grew only modestly throughout this decade, rising to 7,950 by 1969.

As early as 1963, Dr. Orbison was expressing the concerns of his faculty that their time was increasingly being devoted to clinical service and non-scholarly activities and that there was not enough time built into the schedule to allow for adequate research activities. This problem was exacerbated throughout the decade by the scope and volume of clinical operations continuing to increase, yet the number of faculty members remained constant.

Research

Early in the decade, Dr. Ashton Morrison studied histochemical and biochemical aspects of chronic renal insufficiency.
His research efforts that began in Rochester would persist throughout his career. He made many significant contributions to the field. Dr. Panner studied hypokalemic nephropathy in experimental animals, as well as pursuing his interests in lysosome formation. Dr. Lapham developed a research program that studied cerebellar development in the fetus. He also was a major contributor to the institutional research program in Alzheimer’s disease. Dr. Goetz Richter joined the research arm of the faculty and developed an extensive program in ferritin metabolism and immunology. He worked extensively on iron and ferritin in cell pathology, especially as it applied to hepatocellular carcinoma. He also studied the effects of ferritin synthesis on myocardial fiber hypertrophy. Dr. Richter was awarded many grants from the NIH, the Rockefeller Foundation, and other organizations over his tenure on the faculty at URMC. He remained a mainstay in the research division until his retirement and is currently a professor emeritus in the department. Dr. Stanley Patten continued with his work in the field of cervical carcinogenesis, bringing the department to the national forefront in the field of cytopathology.

Education

It was during the 1960s that the size of the medical school class expanded from seventy-four to ninety-six students. Pathology course time within the curriculum also expanded during this era. The faculty oversaw a full-year sophomore curriculum in pathology for medical students throughout most of this decade. Drs. Schenk and Panner were the mainstays of the departmental educational programs, presiding over training sessions with the medical students and residents. Dr. Schenk routinely received awards from the medical students for his outstanding contributions to their education. Dr. Panner was singled out by many students, residents, and junior faculty as a superb mentor full of invaluable career advice.
With the formation of the American Council on Graduate Medical Education (ACGME) and the subsequent involvement of the federal government in the financial support for residents, efforts to standardize training requirements began to develop some traction.

In 1960–61, the department finally offered its first formal residency rotations in clinical pathology. Chemistry operated within the Department of Medicine under the direction of Dr. William B. Mason, who was given a joint appointment in pathology. Hematology education was run by Ms. Jean Shaffer, a medical technologist, who was given a similar joint appointment, a process that was to be followed with increased frequency as training in clinical pathology became routine. The hematology laboratory was also under the direction of the Department of Medicine. The microbiology laboratory was firmly ensconced within the basic science Department of Microbiology and Immunology. The clear separation of basic science and clinical departments had not yet been realized, and residency training in pathology reflected this.

Dr. Richter, who was appointed in 1967, assumed the co-directorship of the departmental training grant.

Though it is difficult to enumerate precisely the number of trainees, as nomenclature was different and training programs less formal, at the start of the decade there were approximately two chief residents and nine residents and interns in the department, with anywhere from four to six post-sophomore year-out student fellows. The department appears to have had approximately ten postgraduate trainees (what we now call residents) per year throughout most of the decade. Resident recruitment was considered to be quite difficult during this period, as per many communications between the chairs and the deans. While this reflected a national trend, departmental leadership thought the issue to be of more significance in Rochester.

A record number of twelve medical students opted to take part in the year-out program in 1966–67. There were four such fellows in 1969–70.
New Developments/Achievements

Automation in cytopathology and the development of electron microscopy and immunofluorescence technologies heralded great advances in the realm of anatomic pathology.