CHAPTER 20

> *"An approved modern medical school is not merely an institution for the teaching of students of medicine. Directly or indirectly, such a school also elevates the existing standards of medical practice, graduate medical education and public health, not only in the community in which the institution is situated, but also in a large surrounding area, the benefits often reaching quite remote parts of the state."*
> — Dr. Royal A. Schaaf,
> Response to Edward J. Ill Award, 1948.

No matter what other miracles might be achieved, no medical man could feel complacent while cancer remained a scourge. Dr. Edgar J. Ill, in the final decade of his life, continued to urge new approaches to its study and treatment. In 1940, he sought a constant survey of the results of treatment so that members of the Medical Society would have objective, correlated statistics readily available for reference.

In 1921, the *Journal* devoted the November issue to discussions of many aspects of the disease and recorded plans connected with Cancer Week. In the intervening years, similar reports continued to appear. In 1947, the Society's Advisory Committee on Cancer Control, after conferences with the Board of Trustees and representatives of other interested agencies, announced a state-wide tissue diagnostic service to be at the disposal of every physician.

The Cancer Committee of the Society, working with the N. J. Division of the American Cancer Society, by 1947 had established twenty diagnostic-therapeutic cancer clinics, and ten diagnostic clinics, with each session attended by members of hospital staffs under the chairmanship of a physician trained in cancer control.

Funds for general hospital cancer clinics in strategic locations throughout New Jersey had become available through the work of Mr. George E. Stringfellow, president of the New Jersey Division of the American Cancer Society. His organizing ability had long been apparent as an industrialist, vice president of Thomas A. Edison, Inc., and member of several other boards of directors, as well as a representative of Kiwanis International to the United Nations.

In 1949, Mr. Stringfellow was made an honorary member of the Society. In presenting him, Dr. William O. Wuester, Chairman of the Society's Cancer Control Committee, noted that under Mr. Stringfellow's direction, the New Jersey Division of the American Cancer Society had raised over $2,000,000 in a three-year period. He had been a leader in formulating the bylaws under which the Cancer Society operated, and the policies he laid down were used by many other states. After he took office, Mr. Stringfellow was quick to establish the appropriate roles for the profession and the public, enunciating the principle that, "It is the responsibility of the layman to raise the money and to administer the funds in accordance with sound

business practices. It is the responsibility of the doctors to advise how, where, and for what medical facilities, programs and services the money shall be spent." [1]

In 1950, the "Cancer Crusade Citation" of the American Cancer Society was accepted on behalf of all New Jersey physicians by Dr. Royal A. Schaaf, chairman of the executive committee of the New Jersey Division of the American Cancer Society and a *Fellow* of the state Medical Society. The American Cancer Society particularly commended the extension of clinics throughout New Jersey, noting that when the program of cancer control started in the state in 1947, there were only eleven tumor clinics. In 1950, there were fifty-one, half of them already fully approved by the American College of Surgeons, and the remainder expected to be approved during the next survey.

The state's heightened vigilance against cancer prompted Dr. Maxwell Malament of the Veterans Administration Hospital, East Orange, to suggest routine rectal examinations of all male patients over the age of fifty as a means of early detection of prostatic carcinoma. "The male patient is not as cancer-conscious as the female," he said, "and only 20 per cent of all patients examined at cancer detection clinics are male." Yet he pointed out that early diagnosis of cancer of the prostate was essential for curative surgery and was of added significance in a population that is living longer and where 82 per cent of all prostate cancer deaths occurred after age sixty-five.[2] In the same year, Dr. Sanford G. Bluestein of Paterson evaluated the superior effects of selective cobalt radiotherapy over X-ray therapy in cancer treatment.

Early detection, diagnosis and treatment were essential factors in the physicians' continuing efforts toward cancer control. The dedicated pursuit continued and in 1964 the president of the New Jersey Division of the Cancer Society presented $160,600 to the national group. The money represented state-wide contributions, with $125,600 of it designated as a memorial to Dr. Schaaf, whose death in 1964 ended a long and distinguished career.[3]

Educational needs

The Medical Practice Act, as amended in 1939, demanded of candidates for medical licensure in New Jersey four years of high school, two years of college, including courses in chemistry, physics and biology; four years of professional school, resulting in a diploma from the professional school; and one year of internship. These educational requirements embodied principles the members of the Society had formulated from the beginning of the organization in 1766. "We must be vigilant and as active in protecting this law . . . as we were in its passage," President Dr. E. Zeh Hawkes warned his colleagues in 1940. He described it as equally valuable to the profession and to the public welfare, but already, he said, there had been attempts at amendments that would nullify its essential provisions.

Those in New Jersey who wanted to enter the medical profession faced added handicaps because there were no medical colleges in the state, and institutions in other states naturally gave preference to their own residents. The anticipated return of veterans with educational benefits under the

G. I. Bill, as well as forecasts of continuing shortages of physicians, spurred the efforts to provide medical training within the state.

In 1938, the state and county medical societies planned to resume their early postgraduate educational functions by conducting graduate lecture courses. Working with the State Department of Health and aided by federal funds, the societies began a second approach, through demonstration clinics for family doctors in such specialized fields as tuberculosis control, maternal welfare, child hygiene and venereal disease. War interrupted the plans temporarily, but in 1945, Dr. Henry B. Decker of Camden reported for the Committee on Graduate Medical Education. The committee proposed to Rutgers University that, with the Society's assistance and cooperation, it should establish a graduate school of medicine. The object was to make further training available for practicing physicians, and to use outpatient departments and wards of various hospitals with selected staff members as teachers. After thirty-five months of two to three hours of study weekly, and submission of an acceptable thesis, a Master of Medical Science degree was to be granted. The plan went into effect on a trial basis on October 1, 1946, at Cooper Hospital in Camden. Two years later, Dr. Decker reported the test a success and recommended that the plan be extended to other centers throughout the state.

As a first step in carrying out the recommendation, The Medical Society of New Jersey, in a proposal to Governor Driscoll, offered to assume leadership for a study of all matters relating to the need for, and development and operation of, an approved medical school in the state.

It was predicted in 1948 that unless existing medical study facilities were augmented, there would be a marked shortage of physicians in the state by 1960.

Dr. L. Samuel Sica of Trenton was chairman of the Committee of the Medical Society working with representatives from Rutgers and the Governor's eight "members at large." The twenty-two members of the Commission reported their findings on March 5, 1951, stating that, "To meet the specific and general health needs of New Jersey, a medical college should be created . . . [and] . . . the establishment of a medical college would substantially improve the availability and quality of medical care for our citizens."

The report said the college would "provide urgently needed medical educational opportunities for New Jersey citizens; enable practicing physicians to keep abreast of the latest developments in the care of the sick; encourage and facilitate the undertaking of basic and applied research in medicine and related fields; increase the supply of doctors and related professional health personnel; and improve the quality of all medical care throughout the state, thereby raising the health standards of all." The need for a medical-dental school also was evident from the findings.[4]

A referendum proposing the establishment of a State Medical-Dental School at Rutgers University was put on the ballot in 1954, but, in view of the announced plans of Seton Hall University to establish a medical-dental school, the referendum was defeated.

Two years later, the Seton Hall College of Medicine and Dentistry was established at the Jersey City Medical Center with Dr. Charles L. Brown,

former dean of the Hahnemann Medical College in Philadelphia, as dean. The first class was graduated in June, 1960, with sixty-nine receiving degrees. However, there were financial and other difficulties almost from the beginning, and toward the mid-1960's officials of Seton Hall announced that the school would have to close unless the state came to its assistance. In December, 1964, Governor Richard J. Hughes signed legislation appropriating $10,000,000 for the state's acquisition of the Seton Hall Medical and Dental College at a cost of $4,000,000, and also for the creation of a two-year medical school at Rutgers University. The former Seton Hall school was then renamed the New Jersey College of Medicine and Dentistry.

Aid for medical students

Medical Society members were long aware of the difficulties confronting New Jersey residents seeking medical education. Heavier enrollments after World War II made it impossible for out-of-state schools to accept all qualified New Jersey applicants. Those schools that could accept Jerseymen were given concrete evidence of New Jersey's appreciation when in 1953 the Medical Society donated $25,000 to the American Medical Education Foundation. Society President Dr. Harrold A. Murray requested that the money be assigned "only to those medical schools in this country in which students from New Jersey are currently in attendance, and pro-rated, as far as possible, in direct proportion to the number of New Jersey students on the official roster of each school." In 1954, the Medical Society received an award of merit from the A.M.E.F. It read in part: "For your outstanding contribution to the preservation and continuance of the high standards of medical education in the United States."

While continuing its financial support of the American Medical Education Foundation, the Society established a Medical Student Loan Fund in 1957 for the specific purpose of helping qualified New Jersey medical students complete their education. The membership was urged to send memorial honorary contributions to the fund, and the Auxiliary has been requested each year to make the fund its No. 1 project. Many generous contributions have been received in response to these appeals. In April, 1965, Dr. Luke A. Mulligan of Leonia, Committee chairman, reported the gross fund totaled $207,500, which included $6,302 designated as the Albert Barker Kump Memorial Grant and $5,030 as the Joseph E. Mott Memorial Grant.

In its first eight years of operation, the fund granted a total of $157,275 in loans to 102 New Jersey medical students. Eight loans had been repaid in full by 1965 and seven loans partially repaid. In its 1964 annual report, the Committee stressed that requests for financial assistance from New Jersey medical students were increasing each year, and, if the loan program was to continue, the Fund needed more money. To meet the need, the House of Delegates adopted a special $5 per capita assessment for 1965, 50 per cent of which would be contributed to the fund. The special assessment was continued for 1966, by action of the 1965 House, making available for 1965-66 an estimated $36,000.[5]

Problems connected with internship and the need for more interns and residents in New Jersey hospitals called for continuing study after World

War II. Dr. Sherman Garrison of Bridgeton, chairman of the Medical Education Committee, offering recommendations in 1964 concerning interns, placed the need for more medical students in New Jersey at the top of the list. Other suggestions were to decrease the excess number of interns and residents in teaching hospitals associated with medical schools and to admit more foreign medical graduates into internships.

The work of Dr. Hilton S. Read of Ventnor on behalf of foreign medical students was widely recognized. The honorary degrees awarded him from institutions ranging from the University of Cologne, Germany, to Swarthmore College, Pennsylvania, and Rutgers University, attest to his accomplishments as a medical practitioner and educator and his advancing of international understanding.

In 1951, Dr. Read and his wife planned a visit to Germany. When the Unitarian Service Committee of America learned of it, Dr. Read was asked if he would also undertake a survey among German medical schools relating to a Unitarian Church program. In doing the survey, he found that misconceptions and misunderstandings about the United States were widespread. He then devised a see-for-yourself plan of bringing outstanding medical students and young doctors to America for study and experience.

Reassuring results with the first group prompted an extension of this service to more hospitals that offered A.M.A. — approved internships and were willing to assume other responsibilities in connection with the foreign students. The non-profit Ventnor Foundation was set up to receive small contributions from participating hospitals to be used in part as loans for transportation and administrative costs. Extensive efforts were made to plan cultural activities for these visitors and to give them access to private homes, American medical personnel, and professional groups. Some served, for example, as attending physicians in children's summer camps. A Ventnor Foundation "alumni" meeting on the tenth anniversary of the Foundation was held at Cologne, Germany, in 1961. It featured a symposium on medical education from an international viewpoint.[6]

Future Physicians Clubs

Although high school "activity" clubs provided for budding chemists, astronomers, photographers and singers, no specific orientation was offered the student who wished to pursue a career in medicine. Dr. S. William Kalb of Newark pondered the matter, did some personal investigating, then came up with an idea that found popularity across the nation. Dr. Kalb and the Essex County Medical Society pioneered in Future Physicians Clubs for high school students in New Jersey. Faculties in the high schools as well as in the local medical colleges and the Association of American Medical Colleges gave the idea overwhelming support. The results were so satisfactory that in 1961 the Essex County Society recommended that the parent Society suggest to the A.M.A. a similar project on a national scale.

In 1962, there were forty-two high school Future Physicians Clubs in Essex County and, with A.M.A. endorsement, the project was widely reported in *Medical Economics, World Medical News,* national school publications, science digests, and newspapers and periodicals. Over 200 medical societies in states across the country asked for details.

Hunterdon Medical Center

With the recognized need for more medical students and physicians, and with a steady ground swell toward specializing, the residents and medical practitioners in Hunterdon County effected some surprising reversals in current trends. Most important was their development of a regional medical center that was the first of its kind and has been a continuing model for rural areas throughout the United States and the world.

One of the few counties in New Jersey that retained much of its original rural character, Hunterdon's County Board of Agriculture was the focal point for instituting and carrying out local projects. It was natural, therefore, that at the first meeting of the Board in January, 1946, a member should suggest discussion of a hospital for the county. Members of the County Medical Society were consulted from the outset, and both the profession and the public were determined that Hunterdon must have something better than the conventional rural hospital.

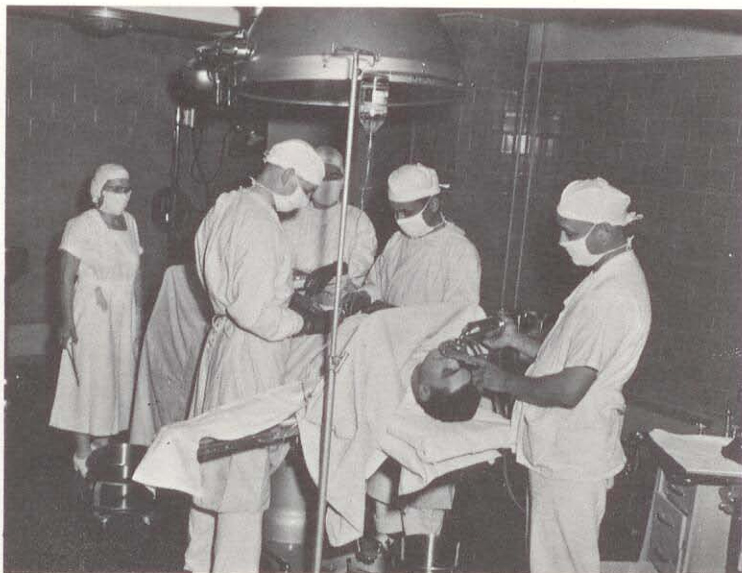
Without specifying a location, Dr. Ralph K. Hollinshed of Westville had discussed contemporary needs for rural practice when he addressed the state Medical Society as president-elect in 1943. He noted that young men were reluctant to become general practitioners in rural areas because they feared they would have too little opportunity for scientific study and continuing education. Dr. Hollinshed thought regional laboratories might solve the problem. He envisioned them with facilities "for complete chemical, bacteriological, serological, and X-ray examination," attracting young men to rural sections, improving the practice among older men as well, and affording a gathering point for members of the profession to discuss the scientific side of medicine. Dr. Hollinshed spoke of the possibility of financial assistance from the federal government and the State Department of Health for establishment and maintenance of such a facility. In general, the plans for the Hunterdon Medical Center embodied these concepts, plus one more: a university affiliation that would make available a top-rank hospital and teaching staff, and would give medical school undergraduates and interns an opportunity to examine and consider general practice as well as specialized fields.

From the introduction of the plan to its realization, Lloyd B. Wescott of Clinton was an inspired community leader. However, he was the first to credit the many county residents, local and academic medical men, and lay and professional organizations involved in the project. Their combined efforts resulted in an exceptional medical facility serving all of the surrounding communities, attracting new medical graduates to general practice in Hunterdon County and providing a center for public health protection as well as individual medical treatment.[7]

When the program started in 1946, Hunterdon had a population of about 40,000 with an average per capita income of $1,149. Dairy and poultry farms were the chief sources of income. There were a few light industries, relatively little in the way of local points of interest or recreation to draw large numbers of tourists, and a geographic location too far from either

The Hunterdon Medical Center opened in July, 1953, with this unit. Expansion of the facility became necessary within the first ten years.

The Hunterdon Medical Center includes some of the most modern surgical facilities in New Jersey. (This photograph was supplied through the courtesy of Dr. C. Buckman Katzenbach of Flemington, N. J.)



New York or Philadelphia for convenient commuting. Even a man as knowledgeable and optimistic as Lloyd Wescott doubted that the staggering sum of $1,600,000 could be raised in time to meet the deadlines which would qualify the medical center for helping funds from the state and federal governments, the Commonwealth Fund, and the Kress Foundation. But the miracle happened.

There was no doubt of the need for the medical center, particularly after the survey conducted by Dr. E. H. L. Corwin, research secretary of The New York Academy of Medicine. In May, 1948, the *Journal of The Medical Society of New Jersey* carried some of his findings. Among them, he reported that Hunterdon was the only county in the state without a general hospital; there was practically no health protective service in the county; school health services were inadequate; there were no medical or surgical specialists in the county (exclusive of the tuberculosis sanitarium at Glen Gardner); no organized blood transfusion facilities, public diagnostic or X-ray laboratories and no cancer clinics. There was no nurses' registry, and 85 per cent of the practitioners had no hospital appointments. The death rate was 20 per cent higher than for the rest of the state; there were nine public health nurses instead of the nineteen required on the basis of population, There were no facilities for patients with contagious diseases or for public immunization services. Eight per cent of the residents were hospitalized annually — outside the county — and 17 per cent of the babies born to Hunterdon mothers were delivered at home, although the national average, including the most remote prairie, mountain and bayou settlement, was well under 10 per cent.[8]

Acknowledgement of Hunterdon's need came, too, from the State Department of Institutions and Agencies, which certified the county for top priority for hospital building funds under the federal Hill-Burton Act.

Details of the determined community drives for contributions, the planning and the ultimate completion of the successful facility are described in the book *Hunterdon Medical Center* by Dr. Ray E. Trussell. The author was director of the Center during the five crucial years it was being established and put in operation. Then Dr. Trussell accepted the position of Director of the School of Public Health and Administrative Medicine at Columbia University. He was succeeded at the Hunterdon Center by Dr. Edmund D. Pellegrino, who provided further progress reports in several medical and lay publications.[9]

Long before the specialists were engaged or the affiliations with New York University — Bellevue Medical Center determined, the Hunterdon County Medical Society members individually signed a statement approving the Medical Center. This was published in the local newspapers, so that the public would be assured of the local practitioners' endorsement of the Center.

The Medical Center opened in July, 1953. In writing about it two years later, Dr. C. E. de la Chapelle, Professor of Medicine and Associate Dean, Post-Graduate Medical School, New York University — Bellevue Medical Center, said, ". . . Hunterdon Medical Center has more than fulfilled its reputation as one of the most unusual projects in the chronicles of medical care in this country. It represents a new formula for medical service in a

rural community, in which a hospital represents the medium by which patients remain under the care of their family physicians, who in turn have the complete cooperation, as well as guidance when needed, of a full-time specialist staff. In this type of organization the full-time staff supplements the family physicians but does not supplant or compete with them. The environment is that of a university-type medical center in which education and training as well as investigation play such important roles in medical care." [10]

All heads of departments at the Center were expected to have teaching responsibilities there and also to teach or participate in activities at the New York University — Bellevue Medical Center. At the outset it was suggested that undergraduates from a number of medical colleges might serve as clinical clerks for several months. This too has been done, with students from the New York University School of Medicine, the University of Pennsylvania School of Medicine and the State University of New York College of Medicine electing to spend up to three months at the Hunterdon Center. Because of this exposure, some expressed an interest in becoming general practitioners — providing they had a similar arrangement. Others, previously undecided, were convinced that the chores of the general practitioners were too onerous for them.[11]

Socialized medicine

The medical student who naively supposed he could insulate himself by choosing to specialize rather than to serve as a general practitioner had only to review the decade of the 1940's to know that no medical man could be totally removed from the buffetings of extraneous matters affecting the profession.

One of the most disturbing to medical doctors was the Wagner-Murray-Dingell Bill, introduced in the United States Senate in 1942-43. In 1951, Dr. Sigurd W. Johnsen of Passaic described the bill's proposal to set up a compulsory health insurance scheme as "the greatest threat to the continued existence of our system of private practice." At first only the A.M.A. and state medical societies saw in the bill the inherent dangers of socialized medicine, but soon other organizations passed resolutions condemning what they regarded as an un-American form of bureaucratic control.[12]

The Medical Society of New Jersey in 1945 prepared statements concerning the bill for the information of the New Jersey members of Congress. In summary the Society said, "While in accord with the objectives sought by this bill, we are not in sympathy with the general philosophy of the measure. . . . The universal application of the concept underlying this bill would seriously weaken the government of the several states by the federal government abrogating and appropriating legitimate functions, duties and responsibilities of the states and their political sub-divisions; and [the bill, if enacted] would weaken the character of the people by relieving them of practically *all* of their primary responsibilities."[13]

The bill prompted studies to evaluate the health and medical care of citizens in the nation. The Brookings Institution's study and conclusions on medical service in 1948 reported: "It is apparent that the United States, under its voluntary system of medical care, has made greater progress in the application of medical and sanitary science than any other country. This

progress is now reflected in low mortality and morbidity rates of infectious diseases and in increased life expectancy. These trends will continue unabated under our present system of medical care."

In recommendations to New Jersey Senator H. Alexander Smith's subcommittee on medical service in the United States, the Brookings Institution urged that the national government "leave to the individual states the question of whether compulsory health insurance is to be adopted or whether the provision of professional services is to be left in the realm of free enterprise."

The survey recommended that for the time being "the national government and many of the state governments might well devote their resources and energies to research and development in the fields of public health, health education at the school level, teaching preventive medicine, assisting in the acquisition of physical facilities and training of personnel, and providing systematic care for the indigent."[14]

In his 1949 "State of the Union Message," President Harry S. Truman declared that the American people needed "a system of prepaid medical insurance which would enable every American to afford good medical care."

The Medical Society of New Jersey, while emphatically supporting the basic purpose of President Truman, opposed federal compulsory health insurance as a means of achieving it, believing such a plan would be contrary to the public interest.

The Society statement called federal compulsory health insurance unnecessary and opposed it because "it would provide a progressively inferior kind of medical care for the people . . . would introduce political interference into medical service . . . would cost the taxpayers additional billions of dollars annually, would deliver less medical care to those who seriously need it, would hamper medical progress and be the first fatal step toward a completely socialized economy."[15]

The Medical Society recognized that in negating a proposal there was the implied obligation to suggest something better in its stead. In 1950, the Society introduced proposals for a national and state medical care program. In a preface, the Society stated its belief that "there are large areas in which government may beneficially cooperate with the citizens, individually or acting through voluntary associations in furthering a health program — in the interest of all the people, and without jeopardy to individual liberty." After establishing classifications for those who require medical care, the Society added, "No matter what program is devised, it should be experimental, flexible and evolutionary in character. It should be sufficiently concrete so as to be readily understood and practically adaptable everywhere."

A twelve-point program was offered. Its first item was "Voluntary nonprofit organizations should be used as the best means of budgeting hospital and medical service for the individual and his family." Income-tax deduction was suggested for those not employed but willing to meet the cost of enrollment in a voluntary non-profit organization. Notice was taken of the growing practice of employer contributions in health and welfare programs and further encouragement of this practice was urged. Extended benefits were recommended when enrollment was sufficient to make them practical.

State, local and federal funds were seen necessary to pay for the care of the medically indigent and for public assistance cases. The Society plan advocated actuarial studies of the cost of providing care for the needy and chronically ill, since such information was then lacking. Legislation by states was urged to accomplish a consolidation of local health jurisdictions leading to a staff and facilities for modern basic public health protection.

Noting that there were numerous areas in the United States where private practice was economically and professionally impractical, the plan suggested the possibility of having the U. S. Public Health Service provide competent physicians for such areas when requested by state or local agencies.

Finally, aware that an increase in medical personnel would be necessary, the Society supported a program of government subsidy, where needed, to assist qualified individuals to obtain professional training.

Governor Driscoll studied the proposed plan and sent a telegram to Dr. James F. Norton of Jersey City, then serving the dual offices of president of The Medical Society of New Jersey and vice president of the American Medical Association. The governor's message said, "It is appropriate that the historic Medical Society of New Jersey, which traditionally has been a leader in the care of the sick and injured, should offer the state and nation a constructive, stimulating, twelve-point 'cooperative health program.' I am confident that your program will prove helpful to those in authority sincerely interested in finding the best possible solution to problems outlined in the statement issued by the Society. . . ." The New Jersey plan had further endorsement by national and state legislators of both major parties. It was introduced into the *Congressional Record* with a joint endorsement by New Jersey's United States Senators H. Alexander Smith and Robert C. Hendrickson.[16] But the threat of socialized medicine continued.

In 1961, confronted by the United States Congress' King-Anderson Bill, Society President Dr. Ralph M. L. Buchanan of Phillipsburg and the Society's Board of Trustees reaffirmed that, "The Medical Society of New Jersey — in common with other members of the medical profession and all who are dedicated to the preservation of a sound character in our people and in our nation and to the maintenance of a sound and well-balanced national economy — is 'for': The retention by the individual citizen — and of that citizen's family — of the responsibility and the right for selecting, arranging and paying for his own necessary health care; the limitation of tax burdens upon the individual citizen and his family so as to leave to them the financial means of meeting this responsibility; the development and widespread utilization of adequate and economical private voluntary health insurance coverage as the best means of enabling such individual citizen and his family to meet this responsibility; the intervention of government to assist only those citizens who need health care and are themselves demonstrably incapable of meeting the costs for it; and the maintenance of a minimum of federal governmental intervention and control."

The Society added that it felt assignment of responsibility for financing necessary health care should be in the order of: the individual citizen, the family, local voluntary agencies, local, county, state and federal government, each to take over only when the prior agent of responsibility could not meet the need.[17]

The Medical Society in 1965 again supported the operation of the Kerr-Mills Act and opposed the unwieldy and economically unsound provisions of the federal Medicare proposals.

Group practice

As noted earlier, the association of several physicians, each with his own specialized training, was brought to prominence in the early 1900's by the Mayo Clinic at Rochester, Minn. In New Jersey, where distances between communities were not as great, little interest in this movement was apparent until the 1930's when the economic advantage of a shared office was a strong consideration. Somerset had one of the earliest group practices in New Jersey and in October, 1940, the Somerset County Medical Society was host at an all-day symposium on clinics attended by A.M.A. President-elect Dr. Frank H. Lahey and members of the Lahey Clinic in Boston, and by state Society President Dr. Watson B. Morris of Springfield and other New Jersey physicians.

In 1941, Dr. Buchanan reported that the Warren County Medical Society until then had discouraged clinics because of the smallness of the county and the more economical and effective method of treating an ambulatory indigent patient in the office of the physician of his choice. In that year, however, the Society had been instrumental in establishing a twice-monthly tumor clinic at the Warren Hospital under the direction of Dr. Roscoe W. Teahan of the Jeanes Hospital in Philadelphia.

In 1947, a *Journal* editorial declared group practice had come of age in New Jersey. It took note of the Summit Medical Group, one of the oldest in the country, with twenty-five years of successful experience. It classified the newly established Newark Clinical Group as more truly meeting the definition of "an association of physicians of different skills, using medical equipment and administrative personnel in common, with a formal pattern of professional collaboration and a unified administrative and financial organization." The writer noted the probable criticisms, but recognized the appeal for young doctors to enter group practice in order to have immediate opportunities to use their "freshly acquired knowledge and skills." Older practitioners welcomed the group operation, he added, because it permitted regular days off and vacations, without loss of patients. The steady growth of group practice attested to the patient's acceptance of it.

An official home

Probably the most outstanding achievement in the decade of World War II was the maintenance of civilian health at a high level despite the absence of a great number of medical practitioners, followed by the rapid re-integration to civilian life at the end of the war. In 1946 alone, more than 1,000 New Jersey physicians stepped out of uniform to resume their civilian roles. The Medical Society's anticipation of their needs and the continuing shortages of physicians in accelerated services such as those for veterans, simplified the adjustments. A new professional home welcomed them back to Society activities.

In 1898, Dr. Claudius R. P. Fisher of Bound Brook had included in his presidential address a recommendation for a permanent Society home. There

In 1944 this stately dwelling at 315 West State Street, Trenton, became the headquarters of The Medical Society of New Jersey.

were similar suggestions in ensuing years, but the Society continued to be operated from the professional offices of the president and secretary. Occasionally, a new officer discovered to his dismay that his predecessor had even carried Society records about in his coat pocket, and many notes were missing. The situation improved with the appointment of a full-time administrator serving as *Journal* editor and secretary of the Society, but his home and office, in Atlantic City, were not sufficiently centralized. The frequent need to attend to legislation relating to health and medical services led to the rental of an office in Trenton in 1933. The Society moved from one building to another in the next ten years and finally, in 1944, purchased the property at 315 West State Street in Trenton. Acquisition of the site, only one block from the State House, and with space for offices, Auxiliary files and meetings and public gatherings, was one of the highlights of Dr. Joseph F. Londrigan's term as president. A plaque in the reception hall reads:

In honor of
our members who served in
World Wars I and II
this building is dedicated as the
permanent home of
The Medical Society of New Jersey.

To some, the giant Sequoia pine in the parking area at the rear, probably transplanted by previous owners about 1900, seems a further symbol of the sturdy, continuing growth of this venerable Society.

In a *Journal* editorial in 1938, Dr. Frank Overton had written, "The Medical Society of New Jersey is a very real personality which is the embodiment of the ideals and wisdom of its founders and of the thousands of members whom it has inspired. Its history is in effect a personal biography in which its growth is traced from youthful beginnings to a virile manhood, through a constant expansion of its methods and breadth of view in keeping with the growth of scientific knowledge and the opportunities for its application to human needs."

It was true that the Society was "always greater than the sum of its parts," yet until the end of World War II, it had varied with the personalities of its leaders. Suddenly, in a single decade, the great elders of the Society were gone. Among them, Drs. Edward J. Ill, Wells P. Eagleton, Samuel Barbash, Christopher C. Beling, Reeve L. Ballinger, Harry R. North, Andrew F. McBride, Henry C. Barkhorn and LeRoy A. Wilkes.

With the threat to the private practice of medicine engendered by government intervention in the great Depression and again in wartime, many physicians returned from military service wanting a Society strongly united, representative of the total membership, influential and vocal.

It was time, they felt, for the state Society to have a full-time executive director occupying the Trenton headquarters and available to the profession and the public. The requirements were high: he must have professional knowledge, be an able executive, a public relations expert, have the ability and dignity to represent the profession to the allied professions, to legislators, to educators and to the public . . . act as an alert liaison between the profession and the people, and, finally, be comparatively young. All these qualities were found in 1951 in the person of Mr. Richard I. Nevin, an educator at St. Peter's College of Jersey City, who had a deep understanding and respect for the medical profession, a comprehension of its problems and virtues, and a gifted tongue and pen. Succeeding presidents remarked upon his felicity with words.

Much more than literary skill is involved in the duties of this busy executive. He travels throughout the nation on behalf of the Society, joining with representatives to consider legislative recommendations and programs that will retain the high status of the profession and its vital physician-patient relationship.

Other innovations

A variety of innovations took place in county medical societies in the war years; one had been advocated since the earliest cases of medical testimony

in courts of law. In 1940, Dr. Aldrich C. Crowe of Ocean City announced that the Cape May County Medical Society had inaugurated periodic joint meetings with the County Bar Association so that physicians and lawyers could have a closer understanding of one another's problems. He believed that was a "first" for the local and state Society. The practice of joint meetings was continued from time to time by Cape May and other county societies.

In 1946, the organization of a Health Congress encouraged broader understanding among professional and lay groups involved in health services. Organizations invited to participate with the Medical Society included such state groups as the Health and Sanitary Association, Department of Health, Pharmaceutical Association, Council of the C. I. O., the American Legion, the Hospital Association, the Dental Society, Department of Institutions and Agencies, Chamber of Commerce, Nurses' Association, the Grange and the Federation of Labor.

Dr. Harrison S. Martland (1883-1954) of Newark.

The Golden Merit Award

In 1957, through the efforts of the Society's Council on Public Relations, the Golden Merit Award was established as a means of honoring those members of the Society who had held the degree of Doctor of Medicine for fifty years. Presentation of the award has been made each year since then at the Society's annual meeting. In the first year, there were 177 recipients. By June 1, 1965, a total of 250 members had become laureates of the Golden Merit Award.

Dr. Henry Ameroy Hartwell, poet-physician of Hudson County, was one of twenty-six so honored in 1958, and he expressed his appreciation in verse. A few lines included:

> Some pillars that we build may long endure,
> While others shake and crumble into rust.
> The few that bend are never quite secure,
> For time disperses all in arid dust.
> But you have built a diamond in my heart
> No storm, nor winds of Time, can tear apart!

As the recipients and their families joined for this annual recognition, they inevitably remarked upon the advancements in medicine during their lifetimes. No modern achievement was more frequently mentioned than microbiology, much of which had been developed in New Jersey. The 1940's and 1950's witnessed a steady expansion and improvement in the medical research laboratories of the Garden State, with promise of still further benefits to mankind in the years ahead.