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Lyons: This is November 30, 1965, in the auditorium of the Nurses' Residence [at 5 e. 98<sup>th</sup> Street]. In an hour, at 4:30, Dr. George James will be officially installed as the first Dean of the Mount Sinai School of Medicine.

The first voice heard will be that of Mr. Milton Steinbach, [President, Mount Sinai School of Medicine] who acts as chairman at the investiture of Dr. James.

Steinbach: ...Dr. Schwartz, honored guests, ladies and gentlemen. I am indeed pleased to welcome each of you to this investiture. I should like particularly to welcome the deans of New York City schools of medicine, and our distinguished Advisory Committee. It was our Advisory Committee that guided us so wisely through our early and difficult course and gave us the very valuable benefit of their scholarly experience. This investiture will soon be followed, in the months ahead, by faculty appointments, whereupon our school will become a fully functioning organization, waiting only for the completion of our physical facilities to admit our first class in 1969. [The School opened in fall 1968 – ed.]

The exciting conception and enthusiastic efforts of Drs. Popper, [Martin] Steinberg, and the other doctors who made up our planning group has really turned a dream into a reality. I am sure you all share with them the great satisfaction and pride that comes to us on this significant occasion.

One of our distinguished guests today is the president of the Downstate Medical Center, and he is Dean of their School of Medicine. He speaks to us as a representative of the deans of New City Medical Schools. Ladies and gentlemen, Dr. Robert Allen Moore.

Moore: Mr. President, Dr. James, Dr. Popper, Dr. Schwartz, ladies and gentlemen. This is a memorable day for The Mount Sinai Hospital, for the people of New York, and for medical education. To Mount Sinai Hospital, because now you are to utilize the superb facilities and staff for medical care, which you now have, for medical education as well. You need have no worries about the quality of your program, because you already know what high quality is and have insisted on it in all your programs. Also to The Mount Sinai Hospital because you, a private voluntary institution, have established a medical school.

In recent decades there has evolved in our society a concept of the cooperation and balance of government and private enterprise. The number of public and private medical schools in this country has been about equal. Of the eleven schools listed in the last directory of the Association of American Medical Colleges as provisional members or non-member institutions in development, nine are public and two are private. The Mount Sinai Hospital will make a third private institution. I and my colleagues in medical education congratulate you on your courage in assisting to preserve this desirable balance of public and private in our society.

Moore: The Mount Sinai school, to citizens of New York, means an opportunity for more able young men and women to study medicine and to realize their ambition to be a physician. New York is a debtor state in the education of physicians. Other states educate 250 more New York residents than we educate residents of other states. Although some of us were concerned in the early Fifties about the adequacy of qualified young men applying to medical schools, the trend has now turned, and I believe there will be a goodly number of able students for your new school by the time it opens.

To medical education, Mount Sinai Hospital adds another to the growing list of medical schools for a growing America. At the end of the war, the number of schools was in the mid-seventies. Today, it is in the high eighties. In 1970 there will be over 100 schools of medicine in the United States. It is a reputation that medicine and medical education do not recognize the need for more physicians in this country.

When Dr. James telephoned and asked me to participate today, as a representative of the medical schools of New York City, he called me the senior dean of the group. I was not particularly aware of this, but perhaps my 19 years as a dean, a vice-chancellor and president and dean, give me the privilege of making some general remarks, when the average years of tenure of the 85 deans serving in the United States in 1965 was four years -- a very short "half life," George!

If I were to give you only one admonition and I use this word in the future tense and not in the past, it would be: never forget that the primary function of a medical school is education. It could not and would not exist without that function. Good education cannot exist without research, and medical education without medical care. The modern medical school is a blending together of a school with a research institute and a hospital; the better the blending, the better the school. But if it is a research institute blended with a school and a hospital, or if it is a hospital blended with a medical school and a research institute, it will not be a good school. Education means sound programs and able teachers. The able teacher is one who can stimulate the imagination and the curiosity of the student. A teacher cannot do this unless he has curiosity himself, and curiosity when disciplined is research. But education must remain the hub about which all other programs and objectives revolve.

Education in medicine also demands that the teachers be able practitioners of the art and the science of medicine, so that the students will observe and learn by example the best of medical care. In the last two decades, the American people have increasingly turned to the medical schools for guidance and support in the operation of medical care facilities, far in excess of what are really needed for the educational program. Great medical centers are being established. They consist of one or more of a university hospital, a school of dentistry, pharmacy, public health, nursing, other health-related professions, a Veterans' hospital, the city or county hospital, a voluntary hospital, a state hospital, a cancer, stroke and heart disease complex, shortly, a mental health center, and, not to be forgotten, a medical school.

Moore: It is proper that the public should turn to the medical school, but in responding to this request, the medical school should not lose sight of why it exists: serve the public need without submerging the school and education. In my opinion, we have not found out yet how to do it. Today, the medical school is gradually being lost in the medical center.

Finally, let me say a word to you, Mr. President, that we are all so pleased that you have George James as your dean, and that he joins the ranks of the vice-presidents and the deans. You have chosen well. He has proven that he knows what to do and how to do it. He brings to medical education the talents of a skilled administrator, knowledge of the public need in the health field, a background in education, and a dedication to excellence. George, your colleagues have no doubts about the future of the Mount Sinai School of Medicine.

[applause]

Steinbach: Thank you very much, Dr. Moore. I find it indeed pleasing to introduce the next speaker. He is Associate Director of the Association of Medical Colleges. This Association gave us, technically, "reasonable assurance of accreditation," inasmuch as full accreditation can only come to us when we are fully functioning. He assumed his present responsibilities after a distinguished tour as Dean of the Medical College of Virginia. Ladies and gentlemen, Dr. William Farlow Maloney.

Maloney: Mr. President, others on the speakers' platform, honored guests, and ladies and gentlemen. It is with very great pleasure that I bring the congratulations of the Association of American Medical Colleges to Dr. James, to Dr. Popper and to Dr. Schwartz, and to the developing Mount Sinai School of Medicine. We're all aware of the singular nature of this development. It is the only school to be developed in modern times with a hospital as its sponsor and foundation, rather than a university. That this is a hospital uniquely qualified to undertake such responsibility has been apparent for some time, but it was only revealed to me in its completeness as I prepared these remarks today.

For example, I had thought to discuss academic foundations and traditions and the necessity for a commitment to the intellect, to talk about providing not only an opportunity for scholarship, but a sanctuary for the scholar, and for the need for the institution to be founded in the faith that man is enabled by understanding. I had thought to do this, only to find that Mount Sinai Hospital had a long tradition of academic pursuit and dedication to the advancement of learning and the search for truth. Then, too, it might have been appropriate to discuss the distinctions of the faculty of a school from the staff of a hospital. But there is a star-studded history of discovery, innovation, original contribution to medical care and to biological science by generations of staff members of this institution, as well as the existing educational programs of long reputation for high quality, both in the post-M.D. area as well as in other health professions.

Maloney: It is left only in this area to draw the delicate and important distinction between the responsibility for planting and nurturing beginning growth, and that of adding refinement to the maturing years. It's the difference between shaping and polishing. Just as the parent's responsibilities and opportunities are greatest in the child's earliest years, so is the teacher's responsibility and opportunity greatest in the medical student's years. This is the formative time in which he develops his concepts and attitudes about his profession, his colleagues, his patients, and toward learning, toward science, and toward society as his professional concern.

In view of the Association's great concern for the financial welfare of the nation's medical schools, it also seemed logical to address remarks to friends and supporters of Mount Sinai Hospital and its board of trustees, emphasizing the essential nature of their even greater support in the future, both financial and moral. But here again the record shows a magnificent support to date, and every evidence of their enlightened understanding for the future.

Without the need, then, to discuss these several topics, there remains opportunity to allude briefly to four areas of educational objectives, curricular content, and methods of teaching in our medical schools that are compelling change. It's a change with which the new Mount Sinai medical school must reckon. The first of these forces is specialization. The knowledge important to medicine long ago reached the point where it had to be broken down into learnable parts. The flood of accumulating knowledge today threatens to inundate the educational enterprise. Today, paradoxically, while multiplying knowledge forces individuals into increasingly more restricted areas, at the same time the need for a breadth of understanding of the inner relationships of these specialties increases. It should be recognized that biological science today is at the stage of the physical sciences before the discovery of the laws of thermodynamics, of quantum mechanics and atomic structure. Biology, particularly human biology, remains largely an infinitude of yet-to-be-related fact and detail. Unity is appearing. New foundation stones of common genetic mechanisms, metabolic processes, and ultrastructural elements are forming. Still, the selection of the most useful and most important information from the mass available is extremely difficult.

In human biology and medicine, this emphasizes the responsibility of the medical school to assist the student to understand the basic concepts and principles, to have competence in the scientific method, to think creatively, to develop human understanding and to be independent and self-sustaining in assimilating knowledge.

Discussion of our increasing body of knowledge leads naturally to a consideration of the new ways of teaching that can assist the student in its assimilation. The art and science of teaching and learning, therefore, are a second force in current medical education. In the past, many physicians seem to have assumed that the M.D. degree was also a degree in education. There was very little attention, if not disdain, for the pedagogical knowledge and concepts that originated in the colleges of education. Today, the members of the faculty of education are recognized as colleagues of those in medical education. In the last decade, the

Maloney: field of medical education has come to the forefront in the study and design of new teaching methods and learning theory.

The emphasis is on the proper choice of the method and device to fit the task to be done. Methodology and technical devices are useful in enhancing the teacher's efficiency and the student's learning, but teaching remains teacher-patient-student centered, a fact born-out by the positive correlation that continues to be demonstrated between the quality of the graduate and the number of teachers per student.

Research is a third force influencing medical education today. An exquisite interdependence exists between research and education. Research provides a practical frame of reference wherein the student develops objectivity and critical perception and judgment, and where scientific method becomes an established pathway for the individual's problem-solving processes. In our time, when medical care is based increasingly on the artful application of the principles of science, it is essential that the students in the medical school be educated in productive investigative laboratories as well as at the bedside. In turn, research attitudes and methods applied at the bedside cannot help but increase the effectiveness of medical care.

However, there has been much feeling that the swing of the pendulum in the direction of research emphasis in medical schools has been too extreme. We're now seeing a more central position being taken. There is increased awareness of the responsibility for emphasis in teaching on medical care. In a major way this is a result of multiple pressures of our society.

Social forces then provide the fourth and last area for discussion. Medicine's own successes have brought about a revolutionary change in society, one with which medicine is now struggling, thus far somewhat ineptly. Health is coming to be regarded as a right, not a privilege. This transition is completely altering the demands of society upon the medical establishment. Society's ability to enforce its demands is altered also. Both education and research must reckon with these pressures. The educational environment is a crucial element. Its substance is example, not words. The ultimate environment for learning, for example, should include the complete range of types of medical care and medical care systems in our society. Commonly it does not. The dimensions which need to be added include, among others, the full gamut of preventive and restorative functions in medical care, the complete spectrum of deviations from health, and actual medical practice which involves first contact, continuing comprehensive care of the individual. It's unrealistic to expect the medical school to teach family medicine without the essential classroom and teaching laboratories, namely, an active ongoing responsibility for family and community care. It is hoped that some medical education centers will provide education models by incorporating a population group, preferably a cross section in nature, as a part of their total responsibility.

Maloney: Now if concepts such as comprehensive care, family medicine, family physician, the health and medical care team, community laboratory are to be given meaning, to both education and health and medical care, the medical education centers, the practicing health and medical professions and the community leadership must find a common ground upon which they can stand and work together. Well planned research and medical care can provide this common ground. It can also provide the momentum that will give the sense of direction to the changes in the application of these concepts that will be required for progress. Society's voice can be heard seeking more physicians and other health personnel, broader services from hospitals and other institutions, and improved accessibility to these services. As a profession dedicated to the service of our fellow men, we are responsible to respond to the people's voice with positive, objective, constructively critical thought and action, which will assure that our response defines the problem, guides the solution, and fulfills the need. It is with this attitude that medical education institutions in this country must anticipate the future.

Your colleagues in medical education look to Mount Sinai School of Medicine, and those leaders being invested here today, to proceed with such an attitude and with such actions, in the full confidence that you are equal to the responsibility of such leadership. Thank you.

[applause]

Steinbach: Thank you, Dr. Maloney. I stand here with deep humility and pride, to have been and to be part of a team under the energetic and inspiring leadership of Gus Levy. As President of The Mount Sinai Hospital and Chairman of the Board of Trustees of the School of Medicine, he has brought us to this advanced position in our rapid progress. Gus, I am sure we all share your pride. Gus Levy, President of Mount Sinai.

[applause]

Levy: Thank you very much, Milton. Distinguished investitures, I guess is the proper name, and distinguished guests. I guess the reason that we didn't wear purple robes and all the robes today is because I'm one of those less fortunate ones who never got a college degree, and I wouldn't have known what kind to wear, and they wanted me still on the dais, so I guess they called off the robing. But nonetheless, it's a great day in the annals of Mount Sinai, and I'm delighted to be a part of it.

Medical education is nothing new to Mount Sinai. Ever since its inception, we've been interested, and have practiced medical education. As a matter of fact, today, within the portals of the hospital, we have some 250 interns, residents, and post-doctoral educational fellows.

Levy: My job is to tell you a little bit about the history of the founding of the School, which I'll do in a very short order. When I first became a trustee of Mount Sinai, about seven or eight years ago, my predecessor as President, Joe Klingenstein, gave me the job of being chairman of an ad hoc committee to study the founding of a medical school. Hans Popper and Horace Hodes and Al Gutman and several of the others, Martin Steinberg, sold me a bill of goods. And ever since they sold me a bill of goods, I have really been sold, and believe in it deeply.

However, about three years ago we got real serious about it, and we created a board of the Medical School, and in 1963 we asked some distinguished doctors in the field of medical education to help us by joining us as an advisory committee. Graciously and kindly they accepted, and they've been wonderful to us. Many of these gentlemen are present here today.

Exploratory discussions have been held with several universities about an affiliation, and after a great deal of discussion and careful consideration, our Advisory Committee suggested that we proceed with the development of our medical school alone, creating as much academic flavor and program as possible, and being always ready to work out a meaningful affiliation with a top-flight, first grade university.

In early 1964, the Board of Trustees appointed what we call the "core faculty," consisting of six clinical chiefs. This group, the original six, has since been expanded to include the Dean of the Graduate School, Dr. Schwartz, and, of course, our new Dean of the Medical School, Dr. James. The committee to select a dean spent well over a year in reviewing possible candidates, and interviewed a number of consultants. Our happy choice, upon their advice and our own decision, was terminated this summer when Dr. James assumed this responsibility, and he actually took office November 1st of this year.

Our original plans for construction of the medical school were developed by Mr. Joseph Blumenkrantz, and his proposals were then submitted to the Public Health Service in Washington, where they were subsequently approved. We look forward to hearing, sometime in June or July of next year, that the full sum that we applied for, some 25 and a half million dollars, will be granted. The detailed architectural structure and development is now being carried on by the firm, the architectural firm of Skidmore, Owens & Merrill, who are rapidly moving ahead with definitive drawings. Our fundraising has been actively pursued, and at the present time we have on hand in cash and valid pledges approximately 25 million dollars.

A key factor in our progress and development has been the granting of what Milton Steinbach termed "the reasonable assurance of accreditation" by the Liaison Committee of the American Medical Association, the Association of American Medical Colleges, which, as you know, is represented here today by Dr. Maloney. To have been accepted by that group gives us great confidence that in pursuing this project with vigor and urgency, that we will be able to admit our first class of students in the fall of 1969. Under the administrative leadership of



Levy: Drs. James, Popper and Schwartz, we have every confidence that this will be an outstanding medical school, and will carry out Mount Sinai Hospital's tradition of excellence. Thank you very much.

Steinbach: Thank you very much, Gus. Now it is my pleasure to enjoy a homespun privilege. Our next speaker is Mount Sinai all the way. Truly representing the long and distinguished tradition of Mount Sinai, his career has been outstanding, as a leader in the field of medicine and medical care. He will, I believe, talk as representative of the feelings of the Mount Sinai staff towards our new and different school of medicine. Ladies and gentlemen, I give you our own Dr. [George] Baehr.

[applause]

Baehr: Mr. Chairman, I shall dispense with the usual introductory remarks, so that I may have a few more minutes to express what is in the minds and the hearts of all of us. In view of the fact that I represent today -- have the honor of representing-- the staff of this institution, past and present, I should like to look backward with you over the development of this institution as an educational center for medicine over the last 113 years.

If we look backward, we can recognize five stages of its development. It was founded in 1852, and from 1852 to 1882 it was a hospital for the poor, as all hospitals of that day were. There were no private bed accommodations, [There were beds for private patients from the beginning. ed.] and there were no internes. The trustees of that day, in their wisdom, selected the most distinguished physicians in the community to provide patient care for the people on the wards, the poor sick on the wards, and they included such distinguished persons as: Valentine Mott, the most distinguished surgeon of the city; Willard Parker, one of the first to recognize the communicability of epidemic diseases, against great resistance of that time, and who later, in whose honor, the Willard Parker Hospital was named; Abraham Jacobi, who was the founder of the field of pediatrics, and subsequently became the first professor of pediatrics at the College of Physicians and Surgeons of Columbia University, perhaps the first professor of pediatrics in the world; Emil Gruening, a founder of otolaryngology, who early in his career did perhaps the first radical mastoidectomy; Arpad Gerster, a follower of Lord Lister, who came to this country and introduced aseptic and antiseptic surgery and wrote the first textbook on aseptic and antiseptic surgery. But the greatest of them all, of that first 30 years, was Edward Gamiel Janeway, a man of great wisdom, of remarkable broad experience, of great clinical acumen, and a remarkable teacher. He had his influence upon the clinical tradition of this hospital which has been indelible. It was his son who subsequently became Professor of Medicine at Columbia and later at Johns Hopkins.

Baehr: The second period in the history of the Hospital might be called the period of scientific renaissance. Most of the medical schools in this country, almost all of them, were lying dormant and not keeping pace with the progress of medical science in the European centers of education and scholarship. In 1882 [sic 1872 – ed.], when the Hospital moved to its site on Lexington Avenue and 67th St., for the first time accommodations were provided for private patients [sic] and for the first time internships were created. During this period of 22 years, from 1882 to 1904, when we opened our first doors here at the present site, great leaders developed within the institution, such as: Bernard Sachs, one of the founders of neurology; Henry Koplik, pediatrician, who followed Abraham Jacobi and who was known for Koplik spots which permitted the early recognition of measles and its isolation; Carl Koller, the founder of ophthalmology, who discovered the anaesthetic effect of cocaine and revolutionized the surgery of eye diseases; Charles May, his contemporary, who wrote the first authoritative textbook on ophthalmology which was used in virtually every medical school in this country and most countries abroad, and was translated into almost all modern languages; Howard Lilienthal, the founder of thoracic surgery; Charles Elsberg, who began here as a general surgeon and developed the field of neurological surgery, and later took the chair of neurological surgery at the College of Physicians and Surgeons at Columbia; Albert Berg, one of the great gastrointestinal surgeons, whose innovations in gastrointestinal surgery are used to this day; Nathan E. Brill, who recognized early the endemic typhus fever that we had in this city, and who was responsible for some of us joining an expedition from Harvard to the Balkans and to Russia in 1915, to help control the epidemic of that disease which was raging at that time in Eastern Europe and threatened to spread to the west like the Black Plague.

It was during this period, with these leaders, that the Hospital began to attract the best students from the best medical schools as internes and residents. It was this period during which the great European centers were developing the basic sciences of medicine, and following the completion of their internships, and under the stimulus of their inspiring leaders, many of these men went abroad during the last two decades of the 19th century and brought back with them the scientific technology and developed the laboratories here in this hospital, at a time long before the investigations and report of Abraham Flexner, which appeared, as you know, in 1910.

You might bear in mind that it was during this period that William Henry Welch came back from abroad with new knowledge and created the first department of pathology at Bellevue Hospital, and who subsequently was the leading mover, leading spirit, in developing the Johns Hopkins medical school. It was simultaneous and contemporary with this development of the Johns Hopkins

Baehr: medical school, with its great science departments as the foundation of medical training, that these laboratories were developed here by people who had developed and were trained in our own hospital, who had gone abroad and brought back with them the modern technology of science. This was done without the aid of a Rockefeller Foundation or Carnegie Corporation, done on our own initiative, with facilities provided for them by the trustees of the Hospital. They built these laboratories and developed them and administered them for a long period of years without salaries.

The third period in the history of the Hospital could then be called the period of clinical and scientific development. It began in 1904, when the doors were opened in this hospital, and continued until 1926, a period of 22 years. During this period there developed people like: Emanuel Libman, whose contributions to knowledge of bacterial infections made this hospital world renowned; Edwin Beer, who was the first head of the department of urological surgery and who developed the method of destroying bladder tumors through the cystoscope, by electric fulguration without open operation; Leo Buerger, who is well known because of his discovery and description of Buerger's disease, and who developed the optical system which is used in the modern cystoscope; Richard Lewisohn, who invented the citrate method of blood transfusion, before the First World War, that has saved hundreds of thousands of lives in war and peace; Isidor Clinton Rubin, who is world renowned because of his contributions to his studies of human fertility; Burrill B. Crohn, who, with associates, discovered regional ileitis; Moses Swick, who invented, and was recently honored by the New York Academy of Medicine for his invention of intravenous urography.

Now, the fourth period we might call the period of full-time scientific leadership. It began in 1926, when it was recognized by the clinical leaders in this hospital that they could no longer continue to administer the growing laboratories of the hospital, they could no longer continue with one foot in the laboratories and the other foot on the clinical side of the hospital, and they brought this to the attention of the trustees of the Hospital. Within one year the trustees of the hospital changed the entire complexion of the laboratory services by putting them under full-time leadership. They brought [Paul] Klemperer and [Sadao] Otani for pathology; Gregory Schwartzman, a pupil of Berdet of Belgium, as bacteriologist; [Michael] Heidelberger from the Rockefeller Institute, to establish the first full-time chemical laboratory service. And during this period of 22 years, the great development of residency training took place, and increasing numbers of young men came from some of the best medical schools in the country to complete their graduate medical education.

In 1944, it was recognized by the trustees that no longer could the clinical services be conducted without full-time leadership, because of the great educational responsibilities and the scientific research responsibilities of the leaders of the staff. So, beginning in 1944, the clinical services of the hospital were headed up, one after another, by full-time clinical leaders.

Baehr: During all these years, and as a matter of fact for a period of 42 years, the staff had been conducting postgraduate medical education courses for Columbia University. But the graduate education program began to dominate. And as you've heard today, there were 250 or even 260 young men in training here, receiving their graduate training as internes, residents, and as research and educational fellows. The clinical staff, the full-time clinical and laboratory staff of the hospital had been recruited by the trustees from such medical schools as Harvard, Columbia, Johns Hopkins, Northwestern, Western Reserve, Pennsylvania, and from foreign universities in England, Holland and South Africa.

Now, such a vast program of full-time graduate education, now, of course, it is recognized, needs the underlying foundation of an undergraduate medical school with strong preclinical science departments, closely integrated with a school of the basic sciences. But in our laudable ambition to achieve scientific preeminence in this school, I hope we shall not forget the need for a school of the social and behavioral sciences, and for what I'm sure Dr. James has in mind -- because he has reserved that department for himself -- a department of community medicine, so as to keep our faculty and students from forgetting that the primary purpose of all this is the care of the sick, the preservation of health, and the amelioration of human suffering.

Recently Dr. Raymond Pruitt, Professor of Medicine at Baylor University Medical College, addressing the Association of American Medical Colleges said something that we can all agree with, that a medical school must be a citadel of biological science, but he also said that the center of its training program for physicians must be an uncloistered teaching hospital, and I would add, an outpatient family care service, as has Dr. Maloney. An outpatient service in which the graduate student will receive intensive and relative training for the social as well as medical responsibilities he will assume as physician to the people. I would also amplify Pruitt's statement by expressing the hope that this new type of personal physician will hereafter continue to have his roots in the teaching hospital, with the branches of his practice extending into the homes of the people. It seems to me that only in this way can the two cardinal requirements of ideal personal health service be met. These two cardinal requirements are, as Dr. Maloney has already said, continuity of family medical care, with all that it implies, and continuity of the education of the practicing physician throughout his professional career.

Today we look to those who are going to lead us to move us ever onward, along new paths of achievement in medical education, scientific productivity, and public service, which we are confident in their hands will be second to none.

[applause]

Steinbach: Thank you very much, Dr. Baehr. At this point, I would like to introduce Dr. Irving Schwartz, who today is being invested as Dean of our Graduate School, a former graduate of New York University College of Medicine, and then Professor of Physiology at Mount Sinai. He also now enjoys an association with the Rockefeller Institute for Medical Research, performing research at the Brookhaven National Laboratory for the past seven years. Dr. Schwartz, will you acknowledge your academic acclaim?

[applause]

I should have you share with me my affection and high regard for our beloved Hans Popper. His inspiration needs no elaboration. His scholarly achievements are world renowned. As Dean for Academic Affairs at the Mount Sinai School of Medicine, I am sure we shall surpass all academic heights. We cannot fail, under his exciting and devoted leadership. Dr. Popper, will you acknowledge?

[applause]

Now, with great confidence and true devotion, I present the next speaker: a graduate at the top of his class from a famous and renowned medical school at an outstanding and distinguished university -- I think Dean Lippard will agree that Yale needs no mention after that description. He went on to serve on the faculties of several educational institutions, and to become the Commissioner of Health in New York City, an assignment he has just left after outstanding accomplishment. We look forward to great development and achievement at Mount Sinai under his leadership. I am honored to present to you the Vice President and Dean of the Mount Sinai School of Medicine, Dr. George James.

[applause]

James: Mr. President and fellow Yale graduate, Dean Popper, Dean Schwartz, President and Chairman Gus Levy, President Moore, Dr. Maloney, and Dr. Baehr. It is a rare privilege that I have been afforded, to be permitted on behalf of the three of us who are being invested today to say a few words in reply.

First, I would like to correct one omission, one glaring omission, in this very fine address given you by Dr. George Baehr. No list of the individuals who have served in Mount Sinai in a position of greatness would be complete without his own name near the head of the list. [applause] Not only has he served superbly as clinician, but he has always been keenly interested in how the fine work that goes on within the hospital could be translated to the large groups of people for whom medical care was something only to be heard of. He also has served admirably in terms of research support, and, more recently, in the development of one of the most enlightening and exciting medical care experiments that this nation has seen. It is a privilege for all of us to try to follow somewhat in his footsteps.

James: There are so many words of gratitude which the three of us could utter here today. The Board of Trustees of this institution has been unique for over a hundred years, as you have heard how they have supported, without regard to anything other than excellence, the best of medical care. And the present Board of Trustees are worthy successors of all who went before. Anyone who is approached and given an opportunity of service in this institution is enormously impressed with their tremendous contribution.

I would be extremely remiss if I, as the newcomer here, did not pay a very personal debt of gratitude to Dr. Hans Popper, an individual who, in addition to being the world's leading authority on liver diseases, has found time to touch nearly every other base in medicine, who has been keenly interested in medical education, whose statements about community medicine and public health sound more logical than my own, and a person who has done much of the basic planning of this fine institution.

Yes, I would say that our task for the future should be made far easier by the excellent work which has gone on before. But as we approach this problem, the three of us, I think we look to the acceptance of four separate responsibilities. First of all, if anyone looks at medicine today in the world, if one realizes in the twenty leading causes of death, modern medical science has demonstrated its ability to make a dramatic impact against the trend of only a very few, and imperfectly at that. If you see that of the major leading causes of disability, we have yet to show that we can make a dramatic change against any of them, you must start any venture of this nature with a deep responsibility for humility. One hundred years ago the best doctors of the era were noted primarily, I suppose, for a good deal of arrogance, for a good deal of being sure that they were right. Today, the best of our physicians are exceedingly humble, our Nobel Prize winners more than anyone. They realize that tomorrow they will be proved wrong, not "may," they "will" be proved wrong, and they only hope that they are not the last to realize it and admit it.

So those of us who are associated with this institution realize that as we face the future, we must constantly be humble, we must constantly welcome criticism, be critical ourselves, and be ready to change, and develop the kind of flexibility which only a glance at the last five years will indicate is essential, if we're going to live through the next five.

The second responsibility we have is that of relevance. Dr. Maloney mentioned something about this when he talked about translating the medical school function into the community. It would be an enormously strange thing if the medical institutions of this nation remained (as many of them are, I suppose) as ivory towers, ivory towers to a medicine certain people would like to see and would like to practice. We must always remain part of the community. We must always be alert to the solution of the problems which are current in the community, and in the world. We are not training physicians merely to replicate a skill. We are training physicians who, with their own efforts and as captains of teams of workers, are going to see that problems are solved. The test of their effectiveness is the solution of the problem, not the mere multiplication of a technique.

James: It is essential that this institution remain relevant to the health problems of our era, no matter what they be, and they will change, and no matter what problems are brought to us in the years to come.

The third responsibility we have -- and this has been expressed very amply and adequately by Dr. Baehr and by others -- is the responsibility for excellence. We are not privileged to follow in the footsteps of those who went before if we will not accept this challenge for excellence. There must be no compromise with it, no compromise under any circumstances. The individuals who created the sciences of ophthalmology and the practices of ophthalmology and otolaryngology and pediatrics, as you have heard, and developed the newer diagnostic techniques and the deeper understandings of disease -- these people all had as their criterion excellence. And this we, too, must have, and to this we each of us will dedicate ourselves.

One final responsibility that we must assume -- and Dr. Baehr has certainly laid the charge before us very openly and very drastically -- is the responsibility of leadership. No one can come in an institution like this and expect to coast, expect to live on the basis of the excellence which has gone on before, even though that would be quite possible. The institution has prided itself by being always among the forefront of medical care and research institutions, and those of us associated with it must be prepared to at least try to carry it to new heights. Leadership in this current age is not going to be easy. Each congress brings forth new challenges, challenges in the way of new programs, new social concepts, new support machinery. Every research institution in the world is bringing forth new techniques. Our individual citizens are demanding more in the way of excellent care. Any institution which finds itself, as we will in 1970, as one out of a hundred, can be 1 percent of the problem, 1 percent of the solution, or it can seek to do more. And if we are to be worthy successors of those whom we follow, then we must seek to make a greater impact than 1 percent. And I believe, on the basis of the excellent faculty which we already have, on the excellent supporting services and nursing and social work and others, the tremendous research interest we have in this institution, the plans that have been well laid by my predecessors here, that the group with which we are all associated intends to accept this challenge of leadership.

It would be superfluous at this time for us to take up the occasion's hours, by discussing what our dreams are for the future, and some of the additional steps we have taken to get there. Mr. Levy has given you a succinct history of the trials and tribulations of the development of this medical school. There are many, many things we have on the drawing board; there are many plans with which we are working actively. Every member of the medical staff is involved, and every one of you in this room will be involved one way or the other. We are happy for the welcome we have received from our fellow deans in the City of New York. We are pleased with the friendly welcome we have received from the American Association of Medical Colleges. We are delighted with the cooperation The New York Academy of Medicine, the county medical societies, and the citizens of New York City have afforded us. If any of you have additional suggestions for what we should do, I know from past experience that

James: you are not hesitant to let us know. We will be eager to receive them, and if we don't act upon all of them, at least we will have had the advantage of your knowledge, your best wishes, and your fine experience.

In the days to come, and in the years to come, I hope, Dr. Baehr, that those individuals who made this institution the great one it is, will stand beside us and continue to serve as that inspiration through which we can at least try to carry this institution to what Mr. Levy has called "new heights of excellence." Thank you.

[applause]

Steinbach: Thank you very much, Dr. James. I've been asked to remind you of the fact that we are having a reception in the lounge, which can be reached by merely turning left as you go out the door. I believe some refreshments will be served. And with that short information, I say, thank you all for coming. Godspeed.