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The Executive Faculty: An Administrative Tradition at the School of Medicine of Washington University.

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THE EXECUTIVE FACULTY

(An administrative tradition at the School of
Medicine of Washington University, St. Louis)

The Executive Faculty? How did it begin? The Bulletin of the School of Medicine in 1911 lists the Executive Faculty, and carries this notation: "The Executive Faculty of the Medical School is composed of the heads of departments designated by the Corporation of the University and discharges and deals with all matters usually disposed of by executive faculties". Not quite. It can be argued that the Executive Faculty at Washington University has been different from all others from the beginning. More about this later.

I. The Early Years

It is not possible to trace the beginning of the Executive Faculty system at Washington University without first mentioning the Flexner Report and Robert Brookings. Prior to the Flexner Report in 1910, the Medical School at Washington University was only a little better than most of the other proprietary schools in this Country. They were called "proprietary" schools because the faculty, all of whom were in the full-time practice of medicine, charged fees for admission and lectures.

In 1909, Abraham Flexner began a survey of 155 medical schools in the United States and Canada for the Carnegie Foundation for the Advancement of Teaching. The survey created a national sensation. Some schools collapsed completely, while others reorganized. In the report Flexner made to Dr. Pritchett, President of the Carnegie Foundation (and a former Professor of Astronomy at Washington University),

he said that one of two courses must be adopted: "The department (as the whole school was then called) must be either abolished or reorganized".

Dr. Pritchett mailed the report to Robert Brookings, President of the Board of Directors of Washington University. Who was Robert Brookings? Brookings had come to St. Louis at the age of 17, and had been given a job by Samuel Cupples, a manufacturer's agent for all types of woodenware, from clothespins to wooden bowls and spoons. Young Robert had later become a member of the firm at age 21. He subsequently amassed a great fortune; but, in middle life, turned his tireless energy toward the university, first establishing the Lindell and Skinker campus, and then building, from scratch, an excellent medical school. Incredibly, Brookings himself had not graduated from high school.

Brookings had visited Johns Hopkins and the newly completed Harvard Medical School. He had gone abroad and spent a year studying medical education in Great Britain and on the Continent. Apparently it did not occur to him that the selection of a medical faculty might have been outside his province as President of the Board. He was devoting his whole life to launching a medical school, and he was not conscious of bounds to his authority. Apparently, he was not seriously challenged in this regard.

Brookings had recruited the young men in 1910-11 who formed the nucleus of the original faculty: George Dock, M.D., in Internal Medicine; Philip Shaffer, Ph.D., in Biochemistry; Eugene Opie, M.D., in Pathology; and Joseph Erlanger, M.D., in Physiology. Apparently it was Erlanger, in correspondence from the University of Wisconsin, who had stipulated that the Executive Faculty should

be allowed to select their own dean. This may not have been a major point to a man like Robert Brookings at the time. There seems to have been no controversy about this issue. And yet, allowing the Executive Faculty to select their own dean seems to have been the basis for the evolution, or development, of a system of governance different from that of any other medical school.

It is interesting that the stipulation about the deanship came from Erlanger, since he is the only one of the original four who did not subsequently serve in that role. The Bulletin (of 1911) lists eight members of the Executive Faculty. In addition to the four named above, John Howland, M.D., Robert J. Terry, M.D., David L. Edsall, M.D., and Fred T. Murphy, M.D., were also listed. Edsall and Howland were very distinguished physicians who were recruited early to the faculty, but stayed only for a short time. Both had departed by 1914. Terry was the lone holdover from the pre-1910 faculty, and he remained for many years as Head of the Department of Anatomy. Murphy was Head of the Department of Surgery, but he had left this post by 1919.

First and foremost, the Executive Faculty consisted of an extraordinary group of individuals who saw great merit in that system of governance, and who devoted their best efforts toward making it work. Hereafter, brief biographies of some of the most noted and strongest supporters of the Executive Faculty are presented at intervals in the text.

II. The Deanship

George Dock was the oldest and most experienced of the original group. He served as the first dean from 1910 to 1912. He subsequently

remained as Head of Internal Medicine until 1923. Eugene Opie served as dean from 1912 to 1915, and he remained as Head of Pathology, also until 1923. Philip Shaffer served as dean from 1916 to 1919, which was to be the first of his two non-consecutive terms as dean. Erlanger and Shaffer remained on the faculty for many years, and continued as department heads, until they retired.

III. Joseph Erlanger

Joseph Erlanger was born in San Francisco, California on January 5, 1874. He received the B.S. degree in 1895 from the University of California, Berkeley; and his M.D. from Johns Hopkins University in 1899. He remained at Johns Hopkins until 1906, rising to the rank of Associate Professor of Physiology. From 1906 to 1910, he was Professor and Head of the Department of Physiology at the University of Wisconsin Medical School. In 1910, he accepted the position as Professor and Head of the Department of Physiology at the newly restructured Washington University School of Medicine, St. Louis. He won the Nobel Prize in 1944, together with his colleague, Herbert Gasser, M.D. He received honorary degrees from Johns Hopkins and the Universities of California, Pennsylvania, Michigan, Wisconsin and Brussels. He served as president of the American Physiological Society. On the occasion of his 70th, 80th, and 90th birthdays, Washington University presented him with books of letters from friends, colleagues, and students from throughout the world.

IV. Philip A. Shaffer

Philip Anderson Shaffer was born in Martinsburg, West Virginia, on September 20, 1881. He enrolled in the University of West Virginia

just before his sixteenth birthday. In his junior year he encountered a newly appointed teacher of chemistry, Otto Folin. Their association led Shaffer into biochemistry under the tutelage of Dr. Folin, and to an enduring friendship. In 1904, Shaffer received the first Ph.D. degree in physiological chemistry ever given by Harvard University. Subsequently, he accepted a research position in the Loomis Laboratory in New York City, a part of Cornell Medical College. Six years later he was appointed to the chair in physiological chemistry at Washington University School of Medicine (St. Louis), at the age of 29. He was a founding member of the American Society of Biological Chemists, and later served as president for two years, and for many years as chairman of the Editorial Board. In his later years he was frequently referred to by his contemporaries as the Dean of American Biochemistry. Dr. Shaffer was one of the strongest supporters of the Executive Faculty system. He served two terms as dean; from 1915 until 1918, and from 1937 to 1946. His longtime associate, Dr. Edward A. Doisy referred to him as a kind and thoughtful man, who was remembered for a "quiet iron-strong gentleness and forthrightness".

V. Recruitment by Shaffer

Philip Shaffer's first term as dean was brief, but during that time he recruited two of the greatest stars ever to join this faculty, W. McKim Marriott, M.D., and Evarts A. Graham, M.D. Marriott had been at Washington University briefly in the fall of 1910 as an Instructor in Biological Chemistry, but had returned to Johns Hopkins in the Department of Pediatrics. In 1917, he was recalled to Washington University as Head of the Department of Pediatrics

and Physician-in-Chief to the St. Louis Children's Hospital. In 1919, Graham came to Washington University from the private practice of surgery in Mason City, Iowa, to Head the Department of Surgery. He subsequently became a giant in American surgery, and perhaps our best known faculty member ever throughout the world.

VI. Evarts A. Graham

Evarts Ambrose Graham was born in Chicago on March 19, 1883. He received the A.B. degree from Princeton University in 1904; and an M.D. from Rush Medical College in 1907. His surgical training was received at Rush Medical College from 1909 to 1916. He was in the private practice of surgery in Mason City, Iowa, from 1916 to 1918. He was a major in the U.S. Army Medical Corps in 1918-19, where he attracted attention studying empyema, a complication of the vast influenza epidemic. In 1919, he became Bixby Professor and Head of the Department of Surgery at Washington University. He became known throughout the world for two quite different accomplishments: (1) discovering a method for diagnosing gallbladder disease by x-ray, 1923-25, and (2) the first successful surgical removal of an entire lung, 1933. Dr. Graham helped found the American Board of Surgery, and served as its chairman from 1937 to 1941. He was president of the American Surgical Association and the International Congress of Surgeons. For many years he was chairman of the Board of Regents of the American College of Surgeons. The British government awarded Dr. Graham the Lister Medal, and announced his election as an honorary fellow in the Royal College of Surgeons, in 1943. He was the second American to receive the Lister Medal, the first had been Harvey Cushing. The French Government made Graham a knight

of the Legion of Honor. During a memorial service for Dr. Graham, on March 31, 1957, Sir Russell C. Brock described him as "without any doubt, the most prominent figure in surgery in the first half of this century".

VII. The Unanimity Principle

In the early days, the Executive Faculty felt that recommendations, which needed to be approved by the Board of Trustees, should be unanimous. It was thought that this would make any reversal by the Board much less likely. Therefore, in the case of split votes, a member of the minority group would usually move that the action be made unanimous, and a second vote in that direction would be taken. This practice continued well into the 1960's. Thereafter, the group apparently became less convinced about the need for this measure, and it was discontinued, in most instances. In the 25 years that the author served as dean, all selections of new department heads were unanimous on the first vote taken. Apparently, during this same period, the annual elections of the dean were similarly unanimous. During these elections, the dean would be asked to leave the room, and the voting members of the Executive Faculty would each be handed blank ballots. After the ballots were counted, the secretary would ask the dean to re-enter the room. What about decisions that do not require Board approval? If some action must be taken, one way or the other, the majority wins. A split vote is accepted without question. It should be mentioned that there have been special instances wherein the majority has been reluctant to force a given decision on the minority, e.g., if one or more minority voters indicate that the decision will cause a very significant

hardship on their department. In such instances the proposition has usually been revised until it is acceptable to all.

VIII. The 1920's

From 1920 until 1923, G. Canby Robinson, M.D., served as dean. Dr. Robinson had been in the Department of Medicine with George Dock. He later also served as dean at Vanderbilt, and still later at Cornell. His career, as described in his book Adventures in Medical Education, Harvard University Press, 1957, spanned medical education in this Country during the first half of the 20th century. In 1921, Herbert S. Gasser, M.D., who had been recruited to the Department of Physiology by Erlanger, was made Head of the Department of Pharmacology, and thus joined Marriott and Graham on the Executive Faculty. Erlanger and Gasser won the Nobel Prize in Medicine in 1944. At the top of his career Dr. Gasser left Washington University to continue his notable scientific work at the Rockefeller Institute in New York City.

In 1923, McKim Marriott became dean, and continued until 1936, thereby serving as dean longer than any other, except for the author. Mr. W.B. Parker, Registrar, once told the writer that Dr. Marriott functioned as Dean entirely out of his office in St. Louis Children's Hospital. In 1924, David P. Barr, M.D., was recruited to Head the Department of Medicine. He remained as a very important member of the Executive Faculty until 1941, when he departed to take a similar position at Cornell. By the mid-1920's, the Executive Faculty was functioning in a distinctive manner, and had become a very successful form of administration.

IX. No Substitutes

It is not easy to explain the success of the Executive Faculty

system of governance, especially to skeptics. The writer would like to point directly to the "no substitutes rule" as a source of great strength in the system. Apparently early on, it was agreed that members of the Executive Faculty cannot send substitutes, or alternates, to meetings of the group. This underlines the idea that responsibility cannot be shared. Each member must make every effort to attend meetings, and to be well informed about the issues, or else responsibility will be compromised. Agendas are distributed in advance of meetings, and members have an opportunity to discover what will be discussed, and to seek postponement of an item, if absence is unavoidable. Having the department "represented" is not the issue that it might be in other administrative bodies. The responsibility of each member in the governance of the School continues between meetings. The no substitution rule means, beyond doubt, that a member will not be placed in the position of dealing with an alternate in debate, who may not share the view of the absent member, and who certainly does not share the continuing responsibility. The rule serves to increase the feeling that each member is a shareholder in the fortunes of the Institution. The Executive Faculty establishes policy within the School, approving major purchases, and approving all faculty promotions and tenure decisions.

X. The 1920's, Continued

By 1925, Leo Loeb, M.D., had arrived to Head the Department of Pathology, after Opie. He served on the Executive Faculty until 1937. In 1928, Jacques J. Bronfenbrenner, M.D., and Sherwood Moore, M.D., joined the Executive Faculty. Bronfenbrenner was Head of Bacteriology, and Moore became the first Head of Radiology. Also in 1928, Otto H. Schwarz, M.D., became Head of Obstetrics and Gynecology.

XI. The Success of the School

It is widely held that the success of any university, college or school is primarily dependent upon the quality of the faculty. This is undoubtedly true, although there are many other factors. In the opinion of the writer, the success of this School has been largely due to the character of the search for new department heads, new members of the Executive Faculty. The department heads in a medical school setting, and particularly at this School, determine the quality of the faculty. All members of the faculty within a department are chosen by the head; with, or without, consultation with others. With great consistency our department heads have been chosen primarily on the basis of accomplishments in research. It is the dominant factor in the choice of pre-clinical heads, and it is also a major factor in the selection of clinical heads. A search committee consisting of seven to twelve senior members of the faculty, the majority of whom are themselves department heads, carefully reviews the bibliographies of the candidates, first and foremost. After the list has been shortened on the basis of the quality of published research, other attributes, such as ability in teaching and/or clinical work, and personal characteristics, are considered. When the search committee has made its choice, the dean, who is almost always chairman of the committee, is informed, and the individual is invited to meet each member of the Executive Faculty, before a vote is taken and the position is offered. Thus, the Executive Faculty considers the selection of new department heads to be its single most important continuing function.

XII. The 1930's

In 1931, Carl F. Cori, M.D., became Head of Pharmacology. He and his wife, Gerti Cori, won the Nobel Prize in Medicine, in 1947. Carl Cori subsequently became Head of the Department of Biological Chemistry. He was, of course, known throughout the scientific world, and was one of the most influential members of the Executive Faculty during his long career. His influence in this group was similar to that of Philip Shaffer, Joseph Erlanger, Evarts Graham, Carl Moore and Oliver Lowry. Major proposals were seldom, if ever, brought to the Executive Faculty without a preliminary review by Dr. Cori.

By 1932, Edmund V. Cowdry, Ph.D., known throughout the scientific world for his fundamental work in cytology, had become Head of Anatomy; and, by 1934, Lawrence T. Post, M.D., had become Head of Ophthalmology. In 1936, Alexis F. Hartmann, M.D., widely known for his work on the treatment of diabetes in children, was appointed Head of Pediatrics. In 1940, Willard M. Allen, M.D., began his long career as Head of the Department of Obstetrics and Gynecology. He was the discoverer of progesterone, a great scientific achievement. That same year, Theodore E. Walsh, M.D., became Head of the Department of Otolaryngology. In 1937, Philip Shaffer had begun his second term as dean, which was to continue until 1946. No one stands above Philip Shaffer as the architect and builder of this School in its first quarter century. In 1940, Robert A. Moore, M.D., became Head of the department of Pathology. He would later serve vigorously as dean from 1946 until his departure from the school in 1954.

During the great depression, which affected the entire Country during the 1930's, expenditures were kept to an absolute minimum, and little expansion took place.

XIII. The 1940's

In 1942, Edwin F. Gildea, M.D., was recruited to be Head of the Department of Psychiatry. That same year W. Barry Wood, M.D., was appointed Head of the Department of Medicine, succeeding Dr. Barr, and becoming, at age 32, one of the youngest and most vigorous heads of internal medicine in the Country. By 1947-48, three new appointments had been made: H. Lester White, M.D., Head of Physiology; Oliver H. Lowry, M.D., Head of Pharmacology; and Robert E. Shank, M.D., Head of Preventive Medicine. All three of these remained in their positions until retirement. Dr. Lowry, alongside Dr. Carl Moore, was to become a strong supporter of the Executive Faculty system, and an articulate spokesman for its merits, throughout the next 30 years.

XIV. Oliver H. Lowry

Oliver Howe Lowry was born in Chicago on July 18, 1910. He received the B.S. degree from Northwestern University in 1932; and the Ph.D. and M.D. degrees from the University of Chicago in 1937. He then became an Instructor in Biological Chemistry at Harvard, working initially with Professor A. Baird Hastings. In 1942, he moved to the Division of Physiology and Nutrition of the Public Health Research Institute of The City of New York. In 1947, he came to St. Louis as Professor and Head of the Department of Pharmacology at Washington University. He served as dean of the

School from 1955 until 1958. He is a member of the National Academy of Sciences, American Society of Biological Chemists, Harvey Society, American Academy of Arts and Sciences, American Chemical Society and the Royal Danish Academy of Science. In 1966, he received the Borden Award for research of the Association of American Medical Colleges. The annual Oliver H. Lowry Lectureship was established in 1978, and the Oliver H. Lowry Prize for Excellence in Pharmacology (student awardees) was established in 1980.

XV. The 1950's

In 1950, Hugh M. Wilson, M.D., became Head of Radiology, succeeding Sherwood Moore; and Edward W. Dempsey, Ph.D., was appointed Head of Anatomy. Dr. Dempsey was to play a key role later as dean from 1958 until 1964. Carl A. Moyer, M.D., arrived in 1951, to replace the retiring Evarts Graham as head of Surgery. By 1953, three new appointments had been made: Bernard Becker, M.D., Head of Ophthalmology; W. Stanley Hartroft, M.D., Head of Pathology; and Arthur Kornberg, M.D., Head of Microbiology. Dr. Kornberg later received the Nobel Prize in Medicine, shortly after leaving Washington University for Stanford. Dr. Becker, distinguished for his work on glaucoma, remained in his position until retirement; Dr. Hartroft departed in the late 1950's to take a position elsewhere.

In 1953, Robert Moore departed to take an administrative position at the University of Pittsburgh School of Medicine, and Carl V. Moore, M.D., was appointed dean, becoming the first non-department head to occupy this position since Canby Robinson. Dr. Moore remained as dean for only a year and a half; becoming Head of the Department of Medicine, in 1955, when Barry Wood departed to become Vice President

at his alma mater, Johns Hopkins. As soon as Dr. Moore stepped down, Oliver Lowry became the dean in 1955. He served willingly, but reluctantly, for three years, until 1958, when he was replaced as dean by Edward Dempsey.

Setting aside the great prestige of Nobel Prize winners for the sake of discussion, Carl V. Moore certainly sits alongside Evarts Graham as one of our greatest faculty members. Graham and Moore, alongside Nobel Laureates Erlanger and Cori, were at the top of the list of supporters of the Executive Faculty system of governance.

XVI. Carl V. Moore

Carl Vernon Moore was born in St. Louis on August 21, 1908. He attended Elmhurst College; but received the A.B. degree from Washington University in 1928, and the M.D. degree in 1932. After graduation, he served on the house staff in medicine at Barnes Hospital for a year and a half. He then moved to Columbus, Ohio to work in the laboratory of Charles A. Doan as a fellow in hematology at Ohio State University. Thus began his love of hematology and his fascination for iron metabolism. He returned to Washington University in 1938 to organize the hematology laboratories of the Department of Medicine. By the late forties, Carl Moore's laboratory had become a leading training center for hematologists, attracting talented fellows from around the world. He rose rapidly to the rank of Professor of Medicine in 1946; and, in 1948, Barry Wood asked him to serve as Co-Chairman of the department. In 1953, he became Dean of the School of Medicine; and, in 1955, he stepped aside to accept the job he loved as Head of the Department of Medicine.

He later served the School again as the first Vice Chancellor for Medical Affairs in 1964-65 (only one year, at his insistence). Despite his contributions as an investigator and administrator, Carl Moore was primarily a great teacher of medicine. He was recognized throughout the medical world, serving as President of the Central Society for Clinical Research, the American Society for Clinical Investigation, the Association of American Physicians, and the International Society of Hematology. Among his many honors were the Goldberger Award in Clinical Nutrition, the Phillips Award of the American College of Physicians, and the Flexner Award of the Association of American Medical Colleges. He was a member of the National Academy of Sciences and the American Academy of Arts and Sciences.

XVII. A Real Crisis

Throughout its history the Executive Faculty has faced a number of difficult crises, and has dealt with them in respectable fashion. One of the greatest was the formation of the WUMSAH Board. Beginning in 1960, there was a move afoot to bring the Medical Center together under a single rubric. The primary planners were Edgar Queeny and Edward Dempsey, who had been able to work together very well, before 1963. Prior to that time the hospitals and the medical school each planned for the future separately, and often without informing one another. No single coordinating unit, or office, existed. The merits of a "superboard", planning for the entire medical center, seemed obvious to many people. Institutions would share their plans with one another, and total costs would be reduced. The Board would be called Washington University Medical School and Associated Hospitals; it later became Washington University

Medical Center, or WUMC. Each member of the Medical Center would have a specified number of representatives on the superboard. It was not possible, however, to avoid an ominous word; the Board would be "over" the member institutions. One of the members would be Washington University/School of Medicine.

Prior to the plans outlined above, the Executive Faculty had always staunchly defended the independence of the School, and their right to govern it in accordance with their best collective wisdom and judgement. Now they were being asked to join voluntarily in a plan that would create a new board "over" them. The misgivings among some members of the Executive Faculty were strong, deep seated, and keenly felt. Their independence would obviously be lost; the School would no longer be governed by them, but by a newly created superstructure. The School would swiftly sink into mediocrity, or worse, if its future were to be determined by non-academics and non-scientists.

Legally, the actual decision was undoubtedly up to the Board of Trustees of the University; but, as usual, they looked for a recommendation from the Executive Faculty. At the same time, there were substantial misgivings on the part of the hospitals. Therefore, over a two year period numerous meetings took place, and the powers of the "superboard" were somewhat reduced; some of its actions would require ratification by the members. Despite this, some members of the Executive Faculty continued to see the plan as a direct threat to the future of the School of Medicine, and they expressed themselves forceably. The plan was discussed at a number of meetings. Dean Dempsey, one of the architects, favored the formation of such a board, and many members of the Executive Faculty wanted to follow his leadership. However, when a vote was taken,

five members of the group voted "against", including Carl Cori, Carl Moore and Herman Eisen. Eventually, an unanimous decision was forwarded to the University Board.

XVIII. The 1960's

In 1961, Herman N. Eisen, M.D., was appointed Head of Microbiology, succeeding Arthur Kornberg, who had departed for Stanford University. Early in his career, Dr. Eisen had been elected to the National Academy of Sciences for his fundamental work in immunology. Also in 1961, Paul E. Lacy, M.D., Ph.D., was appointed Head of Pathology, after the departure of Stanley Hartroft. Dr. Lacy later was elected to the National Academy of Sciences for his outstanding work on the transplantation of pancreatic cells as a means of treating diabetes. Upon the retirement of Edwin Gildea, in 1963, Eli Robins, M.D., became Head of Psychiatry; and a new Department of Neurology was established, with James L. O'Leary as the department head. Drs. Robins and O'Leary were distinguished leaders in the world of neuroscience. In 1965, Juan Taveras, M.D., was recruited to become Head of Radiology, replacing Hugh Wilson, who retired. Also in 1965, M. Kenton King, M.D., who had been acting dean since the departure of Edward Dempsey in the fall of 1964, became the dean. Dr. Carl Moore had been appointed the first Vice Chancellor for Medical Affairs in 1964; he then stepped down at his own request in 1965, and William H. Danforth, M.D., became the second Vice Chancellor. Dr. Danforth served with distinction as Vice Chancellor, soothing over the troubled waters with Barnes Hospital, establishing a good relationship with Edgar Queeny, and presiding over a renewal

of the upward course of the School of Medicine permitted by the peace which followed.

XIX. The Vice Chancellorship

In 1963-64, the disputes, mostly about money, between the School and Barnes Hospital had become so intense that two outside referees were brought in as potential mediators. Dr. Joseph Hinsey, the leading administrative officer of the Cornell Medical School in New York City, and Dr. John Knowles, Director of the Massachusetts General Hospital, made a 3 to 4 day visit to the Medical Center. They interviewed a great many people, and subsequently wrote a report. Their most significant recommendation indicated that one top administrator should be placed over both the School and the Hospital (how could the two institutions continue to fight if one person were in charge of both? A rather simple solution).

Since Barnes Hospital and Washington University are separate corporations, with separate boards, the idea of one administrator responding to two boards was not especially appealing to either side. After many discussions, over several months, the office of Vice Chancellor for Medical Affairs was established, by the University Board of Trustees, as an administrative position in the University. The Vice Chancellor would be appointed by the Chancellor, and would represent the Medical School in all external matters, especially including dealing with the hospitals (Jewish, Children's, and most importantly Barnes). The Vice Chancellor would be over the Dean, but what would his or her relationship be to the Executive Faculty? There is no question that the Executive Faculty again felt greatly threatened. They were selecting their own Dean, and electing him annually, but now an administrative

officer, appointed by the Chancellor, was being placed over the Dean. They argued strongly that the search committee for a Vice Chancellor should contain a majority of members from the Executive Faculty. This was accepted by Chancellor Eliot, and later by Chancellor Danforth.

XX. Secretary to the Executive Faculty

Any description of the function of the Executive Faculty should properly call attention to the long-term role of two individuals. The position of Secretary to the Executive Faculty is vitally important. Beginning in the 1930's, and continuing well into the 1960's, Mr. William B. Parker served as secretary to the group. He was primarily the Registrar of the School of Medicine, but his role in providing the minutes of Executive Faculty meetings greatly increased his stature within the School. In the early days, the minutes of meetings of the Executive Faculty were considered to be highly confidential, and the only copy was kept locked in the vault by Mr. Parker. Compared with the 1990's, the functions of the School, in the 1920's and 1930's, were much simpler. There were few research grants; the faculty was small. Mr. Parker once told the author that, in the early days, the Executive Faculty, while in assembly, determined the salaries of all secretaries and other employees within the School. As the School became larger, this, of course, was no longer possible. In the late 1960's, John L. Schultz, Ph.D., followed

Mr. Parker as Registrar and Secretary to the Executive Faculty. He has now entered his fourth decade in this role, which he performs in excellent fashion. Thus, these two individuals span more than sixty years of service to the School.

XXI. A Perceived Crisis

The author has no doubt that the formation of the Faculty Council, in the early 1960's, was a direct criticism of the Executive Faculty, and an expression of substantially diminished confidence in the School leadership on the part of many members of the junior faculty. The Executive Faculty had taken no action authorizing the formation of such a "Council", and, indeed, was mostly unaware of its earliest beginnings. Dean Dempsey, by his own repeated admission, was totally absorbed by the "fight" with Edgar Queeny and Barnes Hospital. Very little attention was being devoted to other important matters, e.g. the search for new department heads. The Executive Faculty seemed to be divided; all of them wanted to support Dean Dempsey, who had been a most capable dean, but some felt that his arguments were too strong, and his positions intransigent. A new contract with Barnes Hospital needed to be signed by late 1964.

Leaders amongst the junior faculty held meetings and discussed their goals. They formed a Faculty Council, and elected officers. Initially, the department heads did not seem to be included in the Council; there appeared to be two separate faculty organizations, an Executive Faculty and a Faculty Council. There was a definite opinion on the part of most members of the Executive Faculty that

a mutiny was in progress. The feeling became so intense that a nocturnal meeting was held at the home of the new dean (MKK) on a dark December night to decide whether to "recognize" the Faculty Council, and whether or not the department heads would "permit" themselves to become members. Some individuals were obviously opposed to actually joining the rebel group.

After a few months, feelings became less intense, some department heads began to attend meetings of the Faculty Council, and eventually the Executive Faculty "recognized" the Faculty Council. Other changes occurred which indicated a mutual respect between the two groups. The two faculty members elected to the Executive Faculty (clinical and pre-clinical) were subsequently elected by the Faculty Council (previously ballots had been collected from the faculty-at-large by the Registrar). Minutes of Executive Faculty meetings, which had not been distributed to anyone in the early years, were now actually shared with the elected representatives from the Faculty Council. In the opinion of the author, this was not a true crisis, because the founders of the Faculty Council also had the welfare of the School very much in mind and heart. There can be little doubt, however, that it was perceived as a real crisis in 1964-65.

XXII. The 1960's, Continued

In 1966, P. Roy Vagelos, M.D., later to be elected to the National Academy of Sciences, and still later to leave Washington University for Merck Co., was recruited from the National Institutes of Health to replace the retiring Carl Cori as Head of Biochemistry. That same year, Joseph Ogura, M.D., a distinguished laryngeal surgeon, was appointed to replace the retiring Theodore Walsh as Head of

Otolaryngology. In 1967, Walter F. Ballinger, II, M.D., came from Johns Hopkins to become Head of Surgery; and Philip R. Dodge, M.D., a distinguished pediatric neurologist, was recruited from Harvard to become Head of Pediatrics. In 1968, W. Maxwell Cowan, M.D., was brought from the University of Wisconsin to Washington University as Head of Anatomy; and Carlton C. Hunt, M.D., was recruited from Yale University to Head the Department of Physiology. Drs. Cowan and Hunt were distinguished neurobiologists at the time of their appointments. Dr. Hunt had previously headed departments of physiology at the University of Utah and Yale University.

XXIII. A Time of Turmoil

In the late 1960's, a crisis developed around the Department of Surgery. The new Head, Dr. Ballinger, immediately recognized a problem in his department, which had been growing steadily worse for years. The full-time faculty members were doing very little clinical (operative) surgery. There was a relatively large, and strong, part-time staff. Its members were doing almost all of the surgery within the hospitals. It was generally accepted that surgical competence is dependent upon steady clinical work of appreciable volume; and, therefore, the full-time faculty in Surgery were in difficulty, and unhappy. Recruitment into such a situation was difficult, if not almost impossible.

Dr. Ballinger proposed a novel and creative solution; allow the Department of Surgery to become totally part-time (the equivalent of a private practice arrangement). He felt that the department could flourish under such circumstances. This, however, would

violate one of the School's most strongly held concepts, the "full-time system". Advocates of the full-time system, with this School at the leading edge, had argued, for 50 years, that such an arrangement gave the full-time clinical faculty time for research and teaching (they would not need to look beyond a good salary for income). Schools with clinical faculty earning their entire income in private practice had not flourished for many years, and had produced very little research.

Dr. Ballinger was determined to push his proposal to a vote in the Executive Faculty. An interesting phenomenon developed. As he would discuss his plans individually with other members of the Executive Faculty, he encountered understanding and sympathy, and for good reason. The problem was real, and his unusual proposal would solve it. However, in many discussions within other groups of department heads, the feelings about the desirability and merit of the "full-time system" were quite fundamental and exceedingly strong. The writer, in 25 years as dean, did not encounter any time of greater turbulence within the Executive Faculty, as judged by the extraordinary number of small group meetings, appointments in the dean's office, and especially nocturnal telephone calls, amounting to several received each evening at home.

The proposal was eventually defeated. The problem abated rather slowly over the following years, as the number of part-time faculty decreased, together with a concomitant increase in full-time staff in surgery.

XXIV. The 1970's

In 1970, William M. Landau, M.D., was appointed Head of Neurology, to replace the retiring James O'Leary. Subsequently, Dr. Landau

became a leader in American Neurology and a strong critic of those who strayed from the path of science. In 1971, a very young Ronald G. Evens, M.D., was made Head of Radiology, replacing Juan Taveras, who had accepted a position at the Massachusetts General Hospital. That same year James C. Warren, M.D., Ph.D., was recruited from the University of Kansas, to replace the retiring Willard Allen as Head of Obstetrics and Gynecology. In 1971, a very important move was made at Washington University. Dr. William Danforth was appointed Chancellor by the Board of Trustees, replacing the retiring Thomas Eliot; and Samuel B. Guze, M.D., Professor of Psychiatry, was appointed the third Vice Chancellor for Medical Affairs.

In 1971, C. Ronald Stephen, M.D., was recruited from Duke University to become the first Head of the newly created Department of Anesthesiology. In 1973, David M. Kipnis, M.D., was chosen to become Head of the Department of Medicine, replacing Carl Moore, who had died six months previously. Dr. Kipnis, later to be elected to the National Academy of Sciences for his research on diabetes, developed a very strong department of medicine, and became a leader on the Executive Faculty. Also in 1973, Sidney Goldring, M.D., became Head of Neurosurgery, when neurosurgery was moved from the Department of Surgery to form a combined department of neurology and neurosurgery. Subsequently, Dr. Goldring became a leader in American neurosurgery.

In 1975, Joseph M. Davie, M.D., Ph.D., was appointed Head of Microbiology, replacing Herman Eisen, who had taken a position at the Massachusetts Institute of Technology; and Luis Glaser, Ph.D., became Head of Biochemistry, replacing Roy Vagelos, who

had taken an executive position at Merck Co., and later became a distinguished Chairman and Chief executive officer of that company. Also in 1975, Samuel Guze, a leader in American psychiatry, was appointed Head of Psychiatry, and a James S. McDonnell Department of Genetics was newly created, and Donald C. Shreffler, Ph.D., was recruited from the University of Michigan, first as Acting Head of the Department, and subsequently as Head. In 1976, Philip Needleman, Ph.D., later to be elected to the National Academy of Sciences, became Head of Pharmacology, replacing the retiring Oliver Lowry.

XXV. Administration

The administration of our large school works, in part, because it is divided into administrative sub-units. In 1992, there are seventeen departments. The larger clinical departments are divided into divisions. Within the school there are a number of other sections, e.g. Health Administration, Occupational Therapy and Physical Therapy. Each of these units is headed by an individual with direct administrative responsibility. The dean would be unable to handle the whole structure without these smaller units. In contrast, there are a number of schools (with "deans") at Washington University, which have smaller faculties than a medium-sized department in the medical school.

XXVI. Size of the Executive Faculty

A group can become too large to permit open, free-ranging discussion in assembly. The writer believes that this concern accounts for the relatively small number of departments at this school. Some medical schools have thirty departments. Nevertheless,

the Executive Faculty has grown over the years. In 1992, there are at least nine or ten non-department heads attending meetings of the Executive Faculty. Each additional person (representative) has been added because, in the opinion of the group, "the advantages outweigh the disadvantages". The addition of any new regular attendee requires action by the Executive Faculty, although the dean may invite a "guest" to address a specific item in the agenda. If the group becomes any larger, an executive committee may result. There would be many problems associated with such an administrative structure, and the original concept of an Executive Faculty would be lost.

XXVII. The 1980's

In 1981, Gerald D. Fischbach, M.D., was recruited from Harvard University to become Head of Anatomy, replacing Maxwell Cowan, who had departed to join the Salk Institute. Later that same year, Samuel A. Wells, Jr., M.D., was brought from Duke University to Head the Department of Surgery. Drs. Fischbach and Wells developed strong departments, and became leaders on the Executive Faculty in the 1980's. In 1982, John M. Fredrickson, M.D., was recruited from the University of Toronto to Head Otolaryngology, replacing Joseph Ogura who had died.

In 1984, three new department heads were appointed. William D. Owens, M.D., was named as Head of Anesthesiology, replacing the retiring Ronald Stephen. Daniel L. Hartl, Ph.D., was appointed Head of Genetics, replacing Donald Shreffler; and Philip D. Stahl, Ph.D., was named Head of Cell Biology and Physiology, replacing the retiring Carlton Hunt. In 1985, Emil R. Unanue, M.D., was recruited from Harvard University to replace the retiring Paul

Lacy. Dr. Unanue was later elected to the National Academy of Sciences for his excellent work on the role of macrophages in immunology. In 1986, Harvey R. Colten, M.D., a distinguished researcher in allergy and immunology, was also recruited from Harvard to Head Pediatrics, replacing the retiring Philip Dodge.

In 1988, Henry J. Kaplan, M.D., was recruited from Emory University to Head Ophthalmology, replacing the retiring and long-time senior member of the Executive Faculty, Bernard Becker. That same year, Staffan J. Normark, M.D., was recruited from the University of Umea, Sweden, to become Head of the Department of Molecular Microbiology. In 1989, Gary K. Ackers, Ph.D., was brought from Johns Hopkins University to Head the Department of Biochemistry and Molecular Biophysics, replacing Luis Glaser who had departed for the University of Miami. That same year, C. Robert Cloninger, M.D., was appointed Head of Psychiatry, replacing the retiring Samuel Guze; and Ralph G. Dacey, M.D., was named Head of Neurosurgery, replacing the retiring Sidney Goldring. In March, 1989, William A. Peck, M.D., a nationally recognized authority on osteoporosis, who had served on the Executive Faculty as the representative of Jewish Hospital for 10 years, became Vice Chancellor for Medical Affairs, and on October 1, 1989, he became Dean, thereby replacing both Samuel Guze and Kenton King in these administrative roles.

XXVIII. Variation in Executive Faculty Members

Throughout the existence of the Executive Faculty, a significant

variation has been evident in the degree of interest of each of its various members in the responsibility of the group for general School affairs. This first becomes evident during a group discussion of a subject which represents an important challenge to the whole School. Perhaps three to six individuals will express their opinions forcefully, pro or con, on the subject. The rest will often remain silent. Over the course of time, all will develop impressions about the quality and wisdom of the judgements expressed. The dean will certainly be tempted to place these individuals on working committees, appointed to study the subject; individuals who have shown the greatest interest and expressed opinions, pro and con.

As time passes, the same five or six individuals may have demonstrated a broad interest (beyond their own departments) in general matters as they come before the Executive Faculty. Inevitably, these persons will tend to become leaders within the group.

New department heads are not chosen on the basis of the breadth of their interests in general school affairs. They are chosen on the basis of their accomplishments in research, their prominence in their field, and their ability to build a department. Thus, it is not surprising that all do not have an equal interest in the wide spectrum of problems brought before the Executive Faculty.

Some may argue that the size of the department represented determines the relative strength of a member of the group, and there is undoubtedly some truth in this point of view. However, most of us have known heads of small departments who exert great influence because of their wisdom, judgement, and broad interests. Some day perhaps the Executive Faculty will have seventeen equally strong leaders, but it has not been true over the past eighty years.

XXIX. The 1990's

In 1991, Dennis W. Choi, M.D., Ph.D., was appointed Head of Neurology, replacing the retiring William Landau; and Jeffrey I. Gordon, M.D., was named Head of Molecular Biology and Pharmacology, replacing Philip Needleman, who had departed to become an executive at Monsanto Co. Also, in 1991, James R. Schreiber, M.D., was recruited from the University of Chicago to Head the Department of Obstetrics and Gynecology, replacing James Warren.

XXX. Credo

In a casual conversation one day years ago, Carl Moore said to the writer: "If you believe, as I do, that a group of very good people will (on average over time) make better decisions than will the greatest scientist, or most skillfull administrator, acting alone; then you will appreciate our Executive Faculty." There are, of course, many others who prefer a different administrative form; wherein decisions come down from the top. They may yearn for a situation in which they can focus entirely upon departmental needs and administration, while the top administrator of the school makes the institutional decisions wisely. The latter groups may be attracted toward a "strong" dean, at least until they get one. A strong dean can be rather disconcerting when he, or she, disagrees with one on vital issues.

The School has had department heads who have shown no interest in school-wide affairs. At least they expressed none. They have tended to constitute a silent minority, thereby reducing the total size of the active group.

The Executive Faculty, in its best form, consists of individuals

who place the common good above departmental concerns, at least occasionally. Such a spirit is contagious, and may lead to an era of good feeling.

M. K. King