society was to inspire the American College of Surgeons, only newly organized itself, to include a requirement for a laboratory director trained in either clinical or anatomical pathology to preside at all hospitals where ACS members operated.

Clearly, the pathologists were worried about the lack of knowledge among physicians about the tests available, and the diagnostic accuracy they offered. If pathologists wanted to build decent practices, they needed to educate all physicians about the utility of engaging a pathology specialist in diagnosis, so that physicians would refer cases to them for analysis. The reference to encouraging “better mutual understanding” within their own field of practice suggests that the pathologists who organized the society felt that there was undue discord and competition even among pathologists themselves. And competition and disagreement among pathologists was highly counterproductive when pathology was far from established as a useful clinical endeavor.

The Society appears to have been short-lived; its demise probably occurred during the WWI. The ACS did eventually require adequate pathology services in hospitals used by ACS board-certified surgeons, and pathologists gained far greater acceptance in the decade following, as further improvements in laboratory techniques provided more accurate and useful results to clinicians. The Houston Pathological Society may have fulfilled its goal and seen no further purpose in association.

**Houston Society of Clinical Pathologists, 1948**

The exact date that the Houston Society of Clinical Pathologists emerged as a distinct organization is difficult to identify. As early as 1944, clinical pathologists practicing in Houston met every Friday afternoon in the original Baylor College of Medicine quarters in the old Sears-Roebuck building on Buffalo Drive, to share slide viewing and discussion with the handful of other pathologists and basic science residents who wished to participate. Dr. Paul Wheeler inspired the organization of these informal meetings, and with Drs. Herbert Davenport, Earl Kerr, Schubert Knittel, Elizabeth Powell, Stuart A. Wallace, and several basic science residents, he continued the tradition for several years, setting the precedent for a regular convening of pathologists in this area for improving understanding and practice in pathology.

This focus on improving the caliber of pathology practice continued to predominate in the subsequent organization of local pathologists, first as a Section on Clinical Pathology of the Harris County Medical Society, and shortly thereafter, as the Houston Society of Clinical Pathologists. Dr. F. William Sunderman, a pathologist in private practice, was the driving force behind the initial attempt to organize local pathologists in 1948, leading in July of 1949 to the formal request to the Harris County Medical Society for recognition of the group as the Section on Clinical Pathology. This was shortly after HCMS opened up to the organization of special sections and within months of the organization of the Medical and Surgical Sections. Unlike its predecessor, the HPS, the HSCP provided a cross-section of pathologists in Houston and Galveston, with pathologists from academe and research joining pathologists practicing in hospitals and private laboratories to form the society. Drs. Melvin Haley and Stuart Wallace at Baylor, R.H. Chappell at Memorial Baptist, Peter Marcuse at St. Joseph's, William Russell and C.B. Sanders at MDACC, F.W. Sunderman, L.S. Smith, and M.H. Grossman in private practice were particularly active in the organization of the new society.
The stated objectives of the HSCP were:

1) To promote closer association of its members.
2) To encourage the standardization of laboratory methods and to elevate the standard of work performed in laboratories of clinical pathology.
3) To protect and promote the interests of pathologists.
4) To stimulate scientific investigation.
5) To promote the practice of scientific medicine by a wider application of clinical laboratory methods.

The statements of purpose of HPS and HSCP sounded remarkably similar, with both groups seeking to expand the use of pathology lab testing by other physicians, to raise the standards of practice, and to contribute to scientific advancement in pathology. The pathologists in 1949 were still concerned that too few physicians understood what pathology could contribute to their patient care, and that pathologists in the area did not uniformly adhere to a high enough standard of practice. Both groups saw scientific investigation as the route to improving these situations.

Yet the 34 years intervening between the establishment of the Houston Pathological Society and the formation of the Houston Society of Clinical Pathologists had changed the professional context for pathologists considerably. Full-time pathologists had been a regular part of hospital practice for at least two decades, and pathologists had a number of professional organizations devoted to their specialty: the Texas Society of Pathologists (formed in 1921), the American Society for Clinical Pathology (1922), and the College of American Pathologists (1945). Since 1936 the American Board of Pathology had provided certification in both anatomic and clinical pathology. The specialty of pathology had been well established by 1948, and military medical experience had highlighted to all physicians in military practice that pathologists made a quite valuable contribution to clinical diagnosis.

In 1948 pathologists no longer needed to promote pathology as an essential part of hospital practice, as the members of the HPS had felt necessary in 1914. Indeed the problem demanding solution in 1949 was quite the opposite. The demand for pathology services after WWII far outstripped the available number of physicians trained in pathology, a problem exacerbated by the growing habit of physicians to order a whole battery of tests for each patient, without choosing judiciously which tests would be the most relevant. At the same time, a vast number of military personnel, who had received some training in laboratory work, were returning to the United States. The HSCP was primarily concerned with preventing the deterioration in standards of practice with the employment of inadequately trained technicians, and the very real possibility that non-physicians would be hired to work as pathologists in the absence of physician-pathologists to fill those positions.

The purpose of the HSCP was thus quite different than that of the HPS. The HSCP did not have to convince physicians and hospitals that pathologists were valuable additions to the medical team; they had to educate the entire medical community about the most effective use of pathology services and the consulting pathologists. They were far more worried about the encroachment by non-physicians into pathology practice. The Houston pathologists were faced with the challenge of both training as many high-caliber pathologists as possible, and convincing the medical community that physicians with specialty training in pathology were the only ones who could properly interpret laboratory results in the
light of the clinical history of the patient. Because the question of who would practice pathology was so central to pathologists in all positions, whether practicing, teaching or doing research, the membership quite naturally reflected the whole range of institutions and types of pathology.

The combined focus on business aspects of pathology, and the science of pathology, immediately created problems. Almost as soon as the pathologists applied to the HCMS for status as a special section, they discovered that the HCMS would control the time, place, and content of the pathologists’ meetings. Especially important was the fact that independent business meetings, and discussion of non-scientific or economic subjects would not be allowed. Since several of the most pressing issues for the pathologists revolved around reimbursement for services, the business relationships between pathologists and other physicians and hospitals, and the suppression of laboratories run by non-physicians, these proscriptions were intolerable.

The group immediately amended their request to the HCMS, and instead set up two societies, one as a section of HCMS, and the other as the independent Houston Society of Clinical Pathologists, with membership in the two being identical. Every monthly meeting was divided between the HSCP and the Section, with discussion of business, ethical, professional issues taking place over dinner at a restaurant, or occasionally the home of the president of HSCP. After dinner, the group re-adjourned at the Harris County Medical Society facilities for the scientific part of the program presented by the guest speaker. In this way, the pathologists had the opportunity to discuss business matters among themselves, but also to use the scientific presentations as general education for pathologists and other physicians about latest advances in pathology. The constitution of the HSCP also called for an annual seminar of scientific subject, in addition to the papers presented at each monthly meeting.

Active membership in the HSCP was originally offered to any physician licensed to practice medicine in Texas who was actively engaged in the field of pathology or one of its subspecialties. Despite the use of the term clinical pathology in the name of the society, Dr. Mervin H. Grossman emphasized in 1950 that the organization encompassed both “Clinical Pathologists and Pathologic Anatomists, representing both the practice of medicine as well as the academic side.” A decade later, as full-time pathology became more entrenched as a professional field, and the numbers of part-time pathologists dwindled, active membership was limited to those physicians engaged full-time in the practice or teaching of pathology, with part-time pathologists restricted to associate (non-voting) membership. Pathology residents were especially encouraged to become members of the society, with greatly reduced membership fees. During the 1960s, the residents who joined the HSCP called themselves the “black shirts” for some reason known only to them.

This dual identity, as a society and as a special section of HCMS lasted only a few years, until HCMS disbanded all special sections, leaving the HSCP with no home base for the scientific part of their monthly meetings. For the next several years the organization floundered, with infrequent meetings and conflicting ideas about the purpose of the Society and the organization of regular meetings. Suggestions for ways to revive the Society included: 1) abolition of the scientific portion of the meetings, with business and social programs each month; 2) limitation of scientific programs to only four times a year; or 3) continuation of scientific programs with limited business meetings as a means for HSCP to lead the way in developing the practice of clinical pathology. With such a split between those viewing the society
as primarily a business organization, and those seeing it as a forum for scientific exchange, it is not surprising that no consensus was reached. One member suggested that the society take an entirely new direction by becoming involved in community problems, with civil defense, blood banking, and the establishment of a medico-legal toxicology lab being the most pressing needs.

The HSCP remained essentially defunct for several years, with only two meetings in 1951, two in the spring of 1952, and one in 1953. The organization revived fully again in 1955, when the members resolved to be more active in the future, and to include a scientific component at each meeting to which the public would be invited. One meeting each year was to be devoted to the discussion of business matters and professional ethics in pathology. Dr. Jack Abbott was one of the members most actively involved in resurrecting the Society.

Dr. Wilkenfeld recalls the HSCP as being a mostly scientific organization, with little involvement in politics. The monthly meetings, with socialization over dinner and a scientific paper presented afterwards, undoubtedly seemed mostly academic. But the HSCP was at the same time heavily involved in the politics of pathology education and practice. The HSCP focused its efforts in several categories: 1) protecting the practice of pathology against encroachment by non-physicians; 2) improving standards of practice through education; and 3) establishing a medical examiner’s office.

**Protecting the practice of pathology against interlopers**

Pathologists found their position as directors of clinical laboratories threatened from two sides during the 1960s—both from medical technologists and biochemists. The September, 1960 issue of *Medical Record & Annals* (the journal of the 9th District Medical Society, of which HCMS is a part) carried an article by a Ph.D. biochemist on clinical tests. The author lambasted directors of laboratories who were not chemists, on the basis that pathologists did not have the capacity to understand the reagents they used and would not be aware of potentially contaminating substances or the invalidation of test results because of variations in laboratory conditions. The HSCP members countered by pointing out that pathologists in charge of clinical labs were quite familiar with the selection and control of reagents. More important was their point that clinical pathology does not begin and end with the lab test; the function of the pathologist goes far beyond the technical level and requires profound understanding of disease processes in humans. The HSCP drafted a pointed letter of response to the editor of the journal.

At the same time, Ann Barden, a medical technologist with 19 years of experience in both research and clinical laboratories at UTMB, opened a private laboratory in Houston. The Physicians, Clinical and X-ray Laboratories was advertised as “A Texas Sized Lab for Texas Physicians. The largest private lab in the State of Texas.” Although the HSCP members declined to comment on a specific lay lab, they did call a special meeting in October, 1960, to plan a strategy for dealing with lay laboratories in general. The statement they sent to the Harris County Medical Society was divided into three parts: 1) It reiterated the fact that the Medical Practice Act of Texas classified the practice of pathology as the practice of medicine and pathologists are required to adhere to the same legal and ethical requirements as other physicians. 2) It reviewed the principles of the College of American
Pathologists and its definition of the practice of clinical pathology. 3) It conveyed a personal admonition to the Harris County Medical Society members who supported lay laboratories by sending their lab requests to them.

The following year, the HSCP was again engaged in legal matters by the introduction of a bill for licensure of clinical laboratories. The bill attempted to set standards for practice in clinical pathology, but it defeated its own purpose by “grandfathering in” all existing labs, regardless of the training of the laboratory director. The bill further attacked the prerogative of clinical pathologists to claim special medical expertise by stipulating that anyone with $25 and a B.A. and a science major, a B.Sc., or a Ph.D. would in the future be eligible for licensing as a clinical laboratory director.

The bill, by declaring that the proposed licensing for clinical laboratories and their directors should not be construed as authorizing any person to practice medicine or furnish the services of a physician, in effect dismissed the sum of science, specialist training, and experience embodied in clinical pathologists as tangential to medical diagnosis and treatment. This was seen, understandably, by clinical pathologists as a direct attack on their role in medicine as physicians and clinical experts. In contradiction to the many advances clinical pathology had contributed to the understanding of disease, diagnosis, prognosis, and treatment, many people had an image of pathologists as merely technicians serving the patient’s primary physician.

A new bill for licensure of clinical laboratory directors was introduced in 1963 by the Texas Association of Clinical Laboratories (TACL), a lay organization. The fact that there were enough lay laboratories at the time to support a professional organization and lobbying effort is indicative of the very real threat of substandard work in some labs, and the extent of competition among pathology labs to provide services. In the opinion of HSCP members, the TACL had engaged in a propaganda campaign filled with half truths and untruths. However, the appearance of the letter, emanating from the Austin headquarters of the TACL, misled physicians into thinking that the TMA was behind the proposed legislation.

Dr. Carl Lind, as president of TSP and an active member of HSCP, made the apt point that similar bills are introduced at almost every meeting of the state legislature, and the bills were usually intended to protect existing labs from competition from new labs, not necessarily to attack pathologists. After all, the lab labs were entirely dependent upon referrals from physicians, and many prominent physicians with considerable political clout used lay labs and were in favor of the licensing of these labs. So, the pathologists were not entirely supported in their insistence upon physicians as directors by physicians in the TMA. This gap in perspectives between pathology specialists and their other medical colleagues came from the persistent view among many physicians, with little training in pathology themselves, that pathologists provided a service, but were not, in fact, consulting specialists with diagnostic skills that might surpass those of the primary physician.

Of the three possible approaches to the problem, (suing lay labs for practicing medicine without a license, submitting an alternative bill on licensure, or amending the Texas Medical Practice Act to include laboratory medicine under the definition of the practice of medicine), legal action through the courts was the avenue most favored by the TSP, and presumably by such influential figures from Houston in the TSP as Drs. Lind and Hill.
The HSCP, in collaboration with their state counterparts, decided in 1963 to bring legal action against several lay-operated laboratories for practicing medicine without a license. The decision to pursue this avenue against lay laboratories was supported by a ruling from the Attorney General of Texas, Will Wilson. Anyone who was compensated for using laboratory tests on blood, urine, tissue and other specimens from patients, for the purpose of diagnosing disease, was engaging in the practice of medicine, according to Article 741 of Vernon’s Penal Code. This no doubt angered many physicians, since the suits against the laboratories also brought into the trial the physician who originally referred the patient to the laboratory.

In a continuation of the saga, the TMA informed the pathologists that it could no longer support the HSCP in its opposition to licensure of labs. If the HSCP could not prevent licensure of lay laboratories, the members at least wanted to have some method of publicly distinguishing between the two types of labs. They immediately requested the assistance of the HCMS in segregating in the yellow pages the listing of clinical laboratories directed by licensed physicians, and those run by non-physicians so that referring physicians could easily find labs supervised by physicians. It turned out that “Physicians & Surgeons—M.D.—Laboratory Diagnosis” was a listing available throughout Texas, but the by-laws of the HCMS prevented the use of that heading in Houston. The telephone company was unwilling to set up a new heading of laboratories, so the issue reached a stalemate.

**Improving the use of pathology services by clinicians**

Educating physicians about the contribution pathology could make to clinical care has been an ever-present concern among local pathologists since laboratory tests first became routinely available in the early 1900s for clinical diagnosis; it still remained a pressing concern for the HSCP six decades later. Despite a considerable increase in the use of diagnostic testing since the turn of the century, and the post-WWII revival of anatomic pathology as an important part of surgical practice, HSCP members still felt that clinical pathology services were greatly underused or misused. In 1963, Dr. H.C. Allen proposed the development of an exhibit for the Post Graduate Medical Assembly meeting in July, as way to educate physicians about recent advances in pathological diagnosis and the best way to utilize the skills of the pathologist. In particular, the society wished to highlight the advantages of using laboratories directed by pathologists in comparison to the risks of using lay-operated labs. Dr. Allen’s idea was to produce a traveling exhibit for use at medical meetings all over the state. The displays would illustrate the proper use of a good lab, and how a pathologist could give the primary physician a quick and accurate test result to assist in diagnosis. When Dr. Allen presented the idea to the members of the state society, they eagerly adopted the idea. As a way to emphasize the positive, rather than simply lambaste lay laboratories, the HSCP proposed that the exhibit focus on the history of laboratory medicine, contributions made by pioneering physicians, and recent advancements in patient care brought about by laboratory medicine.
The Houston pathologists were walking a tightrope—they hoped to educate physicians about pathology without antagonizing those physicians who regularly used laboratories directed by non-physicians. A traveling exhibit extolling the advances made in pathology seemed to be the best way to improve public relations between the pathologists and physicians in the TMA, who had landed on different sides of the fence over the issue of licensure of clinical laboratories and non-physicians as laboratory directors. The pathologists in HSCP were intent on defeating legislation allowing licensure of lay labs, but they were unlikely to achieve this without the firm support of the TMA.

Establishing a medical examiner’s office
In Houston and Galveston, medical-legal autopsies were handled on an ad hoc basis for the first half of this century. For the Galveston area, the pathology department at UTMB provided forensic autopsy services, while the pathologists at Jefferson Davis Hospital conducted autopsies for Harris County until the Baylor faculty began to share the task in 1943. In 1949, shortly after the M.D. Anderson Cancer Hospital was opened, that institution arranged for the residents at MDACC to perform medicolegal autopsies for the City of Houston, because the very small patient care program would have supplied insufficient opportunities for the residents to perform autopsies. In 1952, the autopsy committee of the HSCP reported that pathologists who performed autopsies often encountered little compliance from funeral home directors; although fresh autopsies produced far more reliable results, the directors often embalmed the bodies before allowing pathologists to perform autopsies. The task of performing medicolegal autopsies became more complicated with the growing numbers of cases needing investigation, the increasing sophistication of laboratory techniques, and the intricacies of providing medical evidence in courts of law.

Joseph A. Jachimczyk, M.D.
As chief medical examiner for Harris County from 1960 to 1995, Dr. Jachimczyk greatly expanded the scope of forensic pathology, and made this area a leader in the techniques and instrumentation for forensic investigation, including, among other things, electron microscopy, toxicology, odontology, and genetic testing. Under Dr. Jachimczyk’s direction, forensic medicine now includes examination of the living, not just the deceased, with such applications as the investigation of rape. Dr. Jachimczyk has also contributed enormously to the improvement of life for many, through the development of the medical examiner’s office as a center for tissue and organ donation.

In a period when forensic pathology was just emerging as a subspecialty of pathology, Dr. Jachimczyk came to Houston in 1957 with an impressive amount of training in forensic pathology. He earned his medical degree from the University of Tennessee in 1948, and pursued training in forensic pathology at Harvard Medical School. He also obtained a doctorate in law from the Boston College Law School. Before coming to work as a forensic pathologist at Jefferson Davis Hospital in 1957, Dr. Jachimczyk served as assistant medical examiner for the State of Maryland, director of the laboratories in the U.S. Public Hospital in Brighton, MA, and a teaching fellow in the Department of Legal Medicine at Harvard University.

The HSCP was galvanized into calling a special meeting for March 17, 1955 by the introduction of a bill to the state legislature to establish a coroner system in cities or counties with populations greater than 250,000. The HSCP particularly objected to provisions in the bill that made the coroner a politically appointed office, limited the term to two years, and set the annual salary at $15,000. They argued that the tenuous political position of the office would not appeal to
pathologists of good caliber, and would interfere with the proper conduct of laboratory. Furthermore, they objected to the lack of provisions for lab facilities, financial and personnel support for the laboratory work, and eventual integration of the coroner into a state-wide system. What laymen did not fully appreciate was that forensic autopsy is not just an ordinary autopsy, and the laboratory equipment and support services required for forensic purposes are often quite specialized.

The HSCP offered their assistance to the Commissioners Court and County Judge in setting up a county coroner or medical examiner system that would attract good quality pathologists and provide sufficiently for the difficult job of forensic pathology. Their collaboration resulted in the establishment of the medical examiner office for Harris County in 1960, and the appointment of one of those few pathologists fully qualified in forensic pathology. Dr. Joseph Jachimczyk arrived in Houston in 1957 as Houston’s first pathologist specifically trained in forensic pathology and law. He served as chief medical examiner from 1960 until his retirement in 1995. Houston was unusual in obtaining the services of such a highly qualified medical examiner as early as 1960. Many cities had no medical examiner as late as 1970, when there were fewer than 200 pathologists in the United States trained specifically in forensic pathology, and only 30 were engaged full-time in the field. Galveston did not have a medical examiner until 1975, when Dr. William Korndorffer was appointed to the position.

The HSCP membership eventually decided that the political and legal issues concerning pathologists in Texas were best handled by the state organization rather than by the HSCP. Instead, the HSCP turned to a greater focus on scientific meetings, especially the annual spring seminar with guest speakers and the presentation of a group of related cases, accompanied by slides.
Conclusions

Initially, pathologists were the instructors trying to convince general physicians that laboratory testing was simple enough for all physicians to incorporate it into their practices. But as pathologists themselves began providing diagnostic services, their identity as medical specialists depended upon convincing the rest of the medical community that pathologists had mastered complicated techniques that were out of the realm of the general physician. This backfired when the association of pathology with technique led other physicians to think of pathologists as technicians, rather than as fellow physicians; this perception was exacerbated by the increasing reliance pathologists placed on laboratory technicians for routine aspects of clinical pathology. By WWII, clinicians valued the test results produced by the clinical labs, but rarely thought of the pathologist, working in the laboratory far removed from the clinical floors, as a fellow physician. Pathologists managed to dispel this notion only through a concerted campaign to present the particular skills of the pathologist as analytical skills, rather than technical skills, essential to the understanding of disease.

These trends affected pathologists throughout the country, but the pathologists in Houston and Galveston reacted to these challenges in their own ways. What was unusual about the community of pathologists here was the close collaboration between pathologists in many different medical institutions and the cooperation among pathologists in private laboratory practice, hospital practice, and academic positions. Both in formal organizations like the HSCP, and in informal associations, such as the Friday afternoon slide seminars, these different groups of pathologists all shared a common interest in constantly improving the standards in the field of pathology. There was occasional tension between private pathologists and academic pathologists, but that tension was inconsequential compared to the rifts among similar groups in other cities.
In their efforts to put pathology in Houston and Galveston in the forefront of pathology, local pathologists took advantage of the close proximity of many institutions in this area. By sharing their respective expertise with all of the residents at the TMC on a rotating basis, and combining efforts to train medical technologists, the pathologists here quickly produced an enriched educational atmosphere that would have been unattainable had the institutions worked in isolation. The pathology departments in the medical schools and some of the hospitals here had the advantage of starting as new institutions that were unfettered by existing organizational structures or traditions. Despite the inconvenience of working for a time in old warehouses, surplus army buildings, and incomplete buildings, it did allow a fair bit of flexibility in designing and modifying teaching methods, practice arrangements, and cross-disciplinary or cross-institutional research projects.

In the century since pathology was introduced into medical education in Galveston, pathology has made a full circuit. When Allen Smith first taught pathology, it formed a substantial part of every medical student’s training. Over the intervening decades, pathology as a basic science waxed and waned in importance in the medical curriculum, just as the utilization of diagnostic pathology in clinical and surgical practice varied greatly within the medical community. After a long period during which training in pathology was divided up and absorbed by other medical disciplines, both clinical and surgical pathology have regained much of their centrality to medicine, and research and practice have increasingly overlapped in large scale clinical studies. Pathologists are once again perceived as providing unique insights into disease processes at ever more sophisticated levels.
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The Annual Harlan J. Spjut Award was established by the Houston Society of Clinical Pathologists in 1989 to honor Dr. Spjut upon his retirement, for his brilliant scholarship, masterly teaching, meticulous patient care, and outstanding devotion to the highest principles of medicine throughout his long and productive career in pathology. The Harlan J. Spjut Award is bestowed annually upon a pathologist or other scientist, currently or formerly of this community, who has demonstrated sustained and distinguished scholarly achievement in pathology or a related discipline. The first Annual Harlan J. Spjut Award was presented in 1989.

1989 S. Donald Greenberg, M.D.
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1996 Bruce Mackay, M.D., Ph.D.
1997 L. Maximilian Buja, M.D.
1998 Mario A. Luna, M.D.

1989 S. Donald Greenberg, M.D.

Dr. Greenberg is well known for his research in respiratory pathology and cytopathology, as well as his outstanding career in teaching pathology at Baylor College of Medicine. Dr. Greenberg received his M.D. degree from Baylor in 1954, and after completing his residency in pathology in 1961, he remained at Baylor on the pathology faculty. While at Baylor, Dr. Greenberg developed the pulmonary pathology research program, and served as professor of pathology, otolaryngology and communicative sciences, and medicine. He also contributed to work in environmental pathology as an adjunct professor at the University of Texas School of Public Health. In addition to being voted as an outstanding teaching numerous times and receiving many awards, Dr. Greenberg received the Minnie Stevens Piper Professor Teaching Award in 1987, and was recently the recipient of the 1998 Caldwell Award.

Courtesy of Dr. Greenberg.
1990 James J. Butler, M.D.

Dr. Butler joined the Department of Pathology of the University of Texas M.D. Anderson Cancer Center in 1959, after completing his medical training at the University of Michigan Medical School, postgraduate work at the University of Cincinnati Medical School and the State University of Iowa Medical School, and working for several years in the Section of Hematologic Pathology of the Armed Forces Institute of Pathology. At M.D. Anderson Cancer Center, Dr. Butler built a strong program of research and training in hematopathology, and promoted cooperation with clinical hematologists. The majority of his publications dealt with reticulendothelial neoplasms, but he covered many other topics as well, including pitfalls in pathological diagnosis and the best means for their avoidance.

1991 Harvey S. Rosenberg, M.D.

Dr. Rosenberg is well known for his leadership role in developing pediatric pathology as a subspecialty. He has been part of the Houston medical community since 1949, when he graduated from Baylor College of Medicine. After a residency and fellowship in pathology at Boston Children's Hospital, interrupted by military service at William Beaumont Army Hospital in El Paso, Dr. Rosenberg returned to Houston to become chief pathologist at Texas Children's Hospital, and to join the pathology staff at Baylor College of Medicine. In 1979, he joined the faculty of The University of Texas Medical School at Houston. One of Dr. Rosenberg's most significant contributions to pediatric pathology has been as co-editor of the annual publication Perspectives in Pediatric Pathology, first published in 1973.

1992 John G. Batsakis, M.D.

Dr. Batsakis fostered close collaboration between pathologists and head and neck surgeons during his tenure as chair of the Department of Pathology at the UT M.D. Anderson Cancer Center. He came to MDACC in 1981, after wide experience in pathology at other institutions. Dr. Batsakis graduated from the University of Michigan Medical School in 1954, completed a rotating internship at George Washington University Hospital, and then returned to his alma mater for a four-year residency in pathology. He joined the faculty there, after a two-year stint in Walter Reed Army Medical Hospital as Assistant Chief of Pathology. Before coming to Houston, Dr. Batsakis spent two years as Chair of the Department of Pathology and Laboratory Medicine at Maine Medical Center in Portland, and Professor of Pathology at University of Vermont.

1993 Jack L. Titus, M.D., Ph.D.

During Dr. Titus' tenure in Houston, from 1972-1987, the Department of Pathology at Baylor College of Medicine flourished, attaining national recognition for its teaching and research programs. Dr. Titus was also a founding trustee for the Gulf Coast Regional Blood Center, and contributed greatly to the organization and running of blood services in this area. Dr. Titus began his career in general practice, after graduating from the Washington University School of Medicine. His pathology career began four years later, when he began a pathology fellowship and graduate program at the Mayo Foundation and Graduate School; after earning his Ph.D. at the University of Minnesota, he returned to the Mayo Medical School as a professor of pathology. Dr. Titus moved to Houston in 1972 as the W. L. Moody, Jr. Professor and Chair of the Department of Pathology, as well as chief of pathology services at Methodist, Jefferson Davis, and Ben Taub hospitals. Dr. Titus' special interest in cardiovascular pathology contributed significantly to Baylor's research program in cardiovascular pathology.
1994 Alberto G. Ayala, M.D.
Dr. Ayala earned his nickname “El Supreme” from his tireless work in teaching, research, and diagnosis, and his role as mentor to surgical pathology fellows and residents, and foreign visitors at the M.D. Anderson Cancer Center. Dr. Ayala joined MDACC in 1957, after graduating from the School of Medicine, University of Nuevo Leon, Monterrey, Mexico, fulfilling military service obligations, and completing a residency in pathology at the University of Texas Medical Branch in Galveston. Dr. Ayala was named deputy chairman of the Department of Pathology at MDACC in 1966, and director of surgical pathology in 1982. His prolific publication record has helped establish his international reputation for excellence in anatomic pathology.

1995 Jerome H. Smith, M.D.
Dr. Smith joined the faculty at the University of Texas Medical Branch at Galveston in 1977 after a very broad experience in pathology. He received his M.D. and master’s degree in anatomy from the University of Nebraska, and went on to serve residencies in both anatomic and clinical pathology at Peter Bent Brigham Hospital in Boston. He went on to obtain a Master of Science in hygiene in the Department of Tropical Public Health at the Harvard School of Public Health in 1969. He then departed for Africa, where he directed three different pathology services, in the Democratic Republic of Congo, in Cairo, and in Kinshasa, Zaire. During his tenure at UTMB (1977-1984 and 1989-present) he developed an international reputation for his work on parasitology and infectious disease pathology, especially on schistosomiasis. He began the Decedent Affairs Office at UTMB, which maintains an autopsy rate of 50-60%. As director of pathology education at UTMB, he oversaw an extensive reform of the medical school’s pathology curriculum.

1996 Bruce Mackay, M.D., Ph.D.
Dr. Mackay is well known for his pioneering work at the M.D. Anderson Cancer Center in the use of electron microscopy in the study of human cancers and other pathologic processes. He completed his medical training and Ph.D. at the University of Edinburgh, and stayed as a lecturer in anatomy. Dr. Mackay joined the faculty at MDACC in 1969, after teaching at the University of Iowa, completing residencies in both surgery and pathology at Vancouver General Hospital, serving as chief resident in pathology at the King County Hospital in Seattle, Washington, and teaching pathology at the University of Washington. At MDACC, Dr. Mackay quickly gained great respect as a consultant in surgical pathology, as well as for his research in malignant melanoma, soft tissue tumors, and lung cancers using histochemistry, morphometrics and flow cytometry in addition to electron microscopy.
1997  L. Maximilian Buja, M.D.
Dr. Buja, currently dean of the University of Texas-Houston Medical School, came to Houston in 1989 to assume the chairmanship of the Department of Pathology at UT-Houston. Dr. Buja earned his medical degree from Tulane University School of Medicine in 1967, and a masters degree in anatomy the following year. After a mixed medicine internship at Charity Hospital, he completed a pathology residency in the Laboratory of Pathology of the National Cancer Institute, and worked as a senior investigator in the Section of Pathology of the National Heart and Lung Institute. Dr. Buja served on the faculty at Southwestern Medical School in Dallas from 1974, and was appointed as the A.J. Gill Professor of Pathology in 1987. His primary research interests and areas of publication have been in aspects of cardiovascular pathology, including mechanisms of cell injury, and intracellular electrolyte balance.

1998  Mario A. Luna, M.D.
Dr. Luna has been the director of autopsy services at the University of Texas M.D. Anderson Cancer Center since 1968, after completing a fellowship and serving for four years on the faculty in pathology at the same institution. Dr. Luna received his M.D. degree from the University Autonomous of Guadalajara México, and completed residencies in pathology at both Unidad de Patologia del Hospital General in Mexico City and the Cook County Hospital in Chicago. Throughout his career in pathology, Dr. Luna has maintained strong ties with pathology societies in Mexico, Venezuela, Chile, Argentina, Brazil, and Europe. Dr. Luna has published extensively on head and neck pathology and infectious diseases, and has received many awards for his work.
In addition to the information obtained through interviews with Dr. Alberto Ayala, Dr. S. Donald Greenberg, Mrs. Anna Haley and Dr. Melvin Haley, Dr. William Hill, Dr. Tomas Klima, Dr. Margo Restrepo, Dr. Harvey Rosenberg, Dr. David Smith, Dr. Harlan Spjut, and Dr. Jerome Wilkenfeld, and from responses to a HSCP questionnaire distributed to members, the following resources were used in the research for this history of pathology in Houston and Galveston.

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6 University of Texas Medical Branch at Galveston, Catalog for 1891, quoted in “Times on the Island: UTMB--Alma Mater to Texas Pathology, Galveston, Texas, February 1996” prepared for the Texas Society of Pathologists 75th Anniversary Celebration, 1996.

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