CATALOGUE of the
Alpha Omega Alpha
HONORARY FRATERNITY
1902-1922

Edited with the assistance of Chapter Secretaries and the Committee on Publication
By WILLIAM W. ROOT, M.D., Secretary-Treasurer
History of the Alpha Omega Alpha Medical Scholarship Society and Its Relation to Medical Education*

By William W. Root, M.D., Secretary-Treasurer

In these early years of the twentieth century more progress has been made in advancing the standards of medical education in America than in all the preceding years put together. Of all the influences at work during this marvelous period but one organised effort has arisen within the student body and no future history of medicine can be complete without some reference to such influence. This is the Alpha Omega Alpha Society. Its organization marks a transitional period in medical education and in its betterment this order claims a modest share of credit. It was started as a protest against a condition which associated the name medical student with rowdism, boorishness, immorality and low educational ideals and be it noted such protest arose entirely from students, not one member of the faculty having been consulted.

At five o'clock in the afternoon of the 25th day of August, in the year of our Lord 1902, six seniors met in the bacteriological laboratory of the College of Physicians and Surgeons of Chicago to give definite expression to their positive stand for better things in the medical school and to band themselves together to do what they could to remedy a condition which seemed intolerable to them.

On October 29th this new departure numbered 21 students, all of whom were present on the evening of that date in the "Blue Room" of the Bismarck Hotel, where a detailed explanation was given by the founder and a severe indictment of conditions found in medical school made by the second man chosen to membership, Mr. E. S. Moore, in the course of which he stated that among the virtues conspicuous by their absence was honesty and to the extent that articles of any value would be sure to remain where placed in the medical building only by nailing them securely. A lack of scholarly attainments, on the part of

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*An address before the Alpha Chapter of Ohio, Western Reserve University Medical Department, November 20, 1902. Revised October, 1932.
†The members before formal organization were William W. Root, Charles L. Williams, Ernest S. Moore, Benjamin Thomas, George H. Howard, John E. Haskell, Will E. Moore, Wenzel M. Wechs and Milton W. Hall. Of these Howard, Haskell and Hall were absent from the August meeting. All graduated from "P. & S." except Root, who took his M.D. from Rush. Formal notice of such an organization appeared in the Chicago papers and in the Jour. A. M. A., Sept. 27, 1902, p. 778.
a large majority, quite in keeping with the low moral tone, was felt as keenly. At this time but three medical schools in this country required college work for entrance and in fact many students had only the preparation furnished by our grammar schools, such standards as did obtain being very loosely enforced. The necessity that the students themselves combine to remedy such a condition was emphasized.

A movement with such aims and ideals could not long remain local and we find that on December 13th of the same year a permit was granted to 14 senior students of Rush Medical College, and on February 7th of the following year to 13 senior students of the Northwestern University Medical School. Then these boys were not satisfied to keep so good a gospel in Chicago, and we find before the close of this school year chapters at the Western Reserve University Medical School, Jefferson Medical College and the Medical Department of the University of Pennsylvania. Why it was that these high-grade and conservative seats of learning should welcome so new a movement, before more than the roughest draft of its constitution had been completed, can be explained only by the intrinsic merit of the ideal stimulating such movement. On May 20, 1905, a charter was granted to the Medical Department of Washington University at Saint Louis.

The year 1906 was a notable one for this society, since in it four schools of the highest standing were admitted to the chapterate. On February 1st a chapter was established at Harvard, followed on the 10th by one at the University of California. On April 20th a charter was granted to Johns Hopkins and on November 13th one to the University of Toronto. Columbia University was added November 1st, 1907, the University of Michigan December 10th of the same year, the University of Minnesota January 15, 1908, and Cornell University May 2, 1910. In 1911 Syracuse and McGill, in 1914 Nebraska and Tulane, in 1915 Cincinnati, Pittsburgh and Indiana, in 1919 Virginia, and in 1920 Iowa, Texas and Yale were granted charters, making in all to date 26 chapters, all fully active with many applications pending from excellent institutions.

In 1906, when this order was four years old, a careful comparison was made as to its progress relative to other college organizations, when it was found that it had grown for the time since establishment more than twice as rapidly as had any of the other college honor societies, while of the ninety-eight college fraternities enumerated in Baird's Manual but two had made so good a record.

In justice to facts, three names must always be associated with the early history of Alpha Omega Alpha. These are William Webster Root,
Burchard Hayes Roark and Winfield Scott Hall. Root conceived the idea, wrote the constitution, designed the badge and has fathered the movement generally; Roark* assisted in organizing the chapter at Rush Medical College and took a special trip east at which time chapters were organized at Western Reserve, at Jefferson and at the University of Pennsylvania. The funds for this trip were advanced by the founder. Hall, has, ever since the formation of the Northwestern chapter, recognized the significance of this movement and threw the immense prestige of his reputation as an educator, lecturer and author of international fame, into this fraternity of which he was the head from 1904 to 1913. Extremely busy man though he was, one third of his time had been devoted to the furtherance of this movement, as stated to the writer at the end of one school year. He was ably assisted by Walter B. Cannon as Associate Primarius, 1904-1913 (now called Vice President), who has continued as Chairman of the Committee of Extension which inaugurated the high standards best shown in the character of the institutions in which chapters have been established. From 1913 to 1918 Professors Burton-Opitz of Columbia and G. Carl Huber of Michigan served as President and Vice President during whose wise leadership we steadily grew in size and influence. It was due mostly to President Burton-Opitz’ influence that chapters were placed at Columbia, Cornell and McGill Universities. For the six year term 1918-1924 Dean John L. Heffron of Syracuse University was chosen as President and Professor John J. Mackenzie of Toronto University as Vice President. This period is one of great expansion in prestige and usefulness. Recognition from educators, slow in coming during our early years when the nature of our society was not understood, now seems assured. This is also a period when marked discretion and excellent judgment must be used and we are fortunate in having had these two leaders. It is most painful to record here the death of our esteemed Vice President and Director August 1st, 1922, which is the hardest blow the organization has yet received. His place can hardly be filled for such a combination of scholarly attainments, teaching ability and power to inspire others, with so attractive a personality, is indeed rare. Elsewhere are noted certain aspects of his service with us.

As intimated above, this society is an honorary fraternity and membership is based exclusively upon scholarship, moral qualifications being satisfactory. It may at first seem strange that an organization avowedly for a specific moral purpose should not welcome all to assist in so

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*A brief sketch of Alpha Omega Alpha from the pen of Dr. Roark appeared in the Journal of the Phi Rho Sigma Fraternity for February, 1906, p. 11.
good a cause, but should be, on the contrary, so exclusive. It was felt, however, by the organizers that this very exclusiveness would help to carry out the original purpose and that hence the idea of an honorary fraternity should be rigidly adhered to that the order might have the added prestige the better to effect the moral purpose for which it was established. To this end the qualifications of each candidate are most rigidly examined. Chapters are limited to medical colleges of the highest standing and in the election of undergraduates students only can vote except that members of the faculty who are also members of the fraternity have a negative vote. The election of students is conducted as follows: an official list of those standing highest in scholarship is obtained from the college records and no other names can be considered. This list is sent to each faculty member of the society and if no adverse criticism be submitted the elections are made by the student members from this list in the order of scholarship rank. The power of election is left with the students for the reason that they alone know of dishonesty in examination or immorality on the part of the candidates, either of which would preclude membership. The officers of the chapter are commonly students or recent graduates with the exception of the Counselor, who exercises a general oversight and who must be a member of the faculty. A few students may be chosen at the end of the third year of the medical course, but most of the membership is made up from the fourth-year class, not more than one-fifth of the candidates for graduation being elected. A small number of honorary members may be selected from those who have performed some distinguished service to their fellows. Women are admitted on the same terms as men. In fact race, color, creed, sex and social standing form no barrier to membership, the only qualifications necessary being scholarship and character. The badge is a flat key to be worn as a watch charm and shaped after the manubrium sterni. At the annual chapter meetings an address is given by some distinguished member of the medical profession. Already some of these addresses are notable contributions to medical literature. Candidates are regularly initiated, at which time the Oath of Hippocrates is read and the members are impressed with the moral tenets of the order. All, however, is non-secret and the constitution and further details can be mailed to any one interested.

The society has a charter dated January 31, 1903, and granted by the state of Illinois.*

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*This Charter bears number 4030905 and was filed for record in the Cook County Building, May 21, 1907, and recorded in Book 109 of Corporation Records, p. 408.
The general management is vested in a board of seven directors and in the executives,—president, vice president and secretary-treasurer,—chosen by them. A committee of five on Extension decides upon the eligibility of an institution for a charter and passes upon an application for the same before it is voted upon by the chapters or by delegates at the biennial council when the directors are chosen and other business of a general nature transacted. The President of the society has large powers and all business not covered by the constitution is left to his discretion with the consent of the Board of Directors. A second general committee of five on Meetings and Recommendations, just inaugurated, will arrange for our general gatherings and suggest to the President and to the members any change in policy or modification of usages thought better to serve our purposes. The personnel of our executives is found elsewhere.

In college such an organization forms a powerful stimulus to scholarship, for the student upon entrance to his medical course, soon learns that only rank honestly attained can secure "this highest honor in medical school." In the words of the late Dean Quine of the parent chapter "it is for the man who has made good" and it is likely that the man who has made good in medical school possesses those qualities of mind and character which shall make him eminently helpful to his fellows. Not only this but our young brothers have inaugurated among the student body movements for its betterment or have converted their chapter meetings into training schools for the arduous duties ahead, as will be presently noted.

All of our chapters are substantially in agreement in that elections are made on a scholarship basis, that a dinner is held once a year and that at an open meeting a distinguished member of our profession is asked to give an address. In other respects chapters may differ widely owing to local conditions, traditions of the school and the like. Our parent chapter at the University of Illinois placed in the Quine college library an Alpha Omega Alpha case with $30 worth of books, including three volumes of Robert Koch's works, life of John Shaw Billings and life and letters of William Beaumont, and to these are being added suitable volumes from time to time. The Western Reserve chapter has instituted an Alpha Omega Alpha Prize Essay Contest, the prize consisting of $50 and open to any medical student in the Western Reserve University. Such prizes for results of original investigation obtain also at the Syracuse and Cincinnati chapters.

Beginning with the Harvard chapter and followed by Toronto, Syracuse, Michigan and others, meetings have been instituted devoted to
the reading and discussion of scientific papers and to clinical reports, one chapter even having inaugurated tuberculosis clinics in a neighboring city. Special mention in this connection should be made of our late Vice President, the Counselor of the Toronto chapter, who developed there a veritable research club where each member must present at least one paper each year. Our Board of Directors advises all chapters to have meetings as frequently as is compatible with college duties, at which a program of high order shall be carried out by the active members. Furthermore it is their policy to have the Secretary-Treasurer visit annually as many chapters as possible in order to observe the progress made.

Our influence is exerted not only in stimulating honest scholarship, ethical ideals and the research spirit in college but also in laying stress upon suitable qualifications for entrance and graduation and upon better standards for the profession generally. I may add that our methods in the evaluation of schools are quite distinct and while we are very glad to secure information and assistance from other organizations devoted to the improvement of medical standards and to reciprocate when we can, we nevertheless act as an organization quite independently in that we have our own standards, make our own inspections and prepare our own reports. Before a school is voted upon for a charter it is personally inspected and reported upon by our own representative however favorable the reports may be from other educational agencies and we have always, before submitting an application to the chapters or to the Council, required an unanimous vote from our Committee on Extension. A prominent member of one of these stated to the writer in this connection that our organization performed a distinct service here in that, being less bound by certain purposes of expediency, a higher standard is set with the added stimulus that goes with it.

All in all we hope now at our twentieth anniversary to have but entered upon an unique field of usefulness, and trust, as stated by a distinguished educator, "that this fraternity will have a great deal to do with the improvement of the general tone and solidarity of the medical profession." "To be worthy to serve the suffering"—such is our motto and may this watchword, together with the lofty ideals set before us by Hippocrates, "the patron preceptor of our order," be kept as a guiding star that the distinct purposes for which this society was instituted may never be relinquished.
A Biography of William Webster Root

William Webster Root, physician and founder of Alpha Omega Alpha Society, was born in Niagara Falls, New York, August 19, 1867, the son of E. Volney and Amelia Emily (Root) Root, and a descendant of Thomas Root, who came from England about 1637 and located at Hartford, Connecticut.

Doctor Root was graduated from Cornell University in 1890 with the B.S. degree. After serving two years as instructor in natural sciences at Peddie Institute, Hightstown, New Jersey, he returned to Cornell as a graduate student, specializing in chemistry.

He was married July 25, 1895 to Anna Conant, daughter of the late Reverend Benjamin Franklin Bronson, D.D., a Baptist clergyman of Providence, Rhode Island. They had six children, Manly Bronson, George Kennan (deceased), Georgiana, Hasseltine Chaplin, Anna Conant, and William Webster, Jr. (deceased).

He taught for eight years (1895–1903) in the Chicago Manual Training School and at the University of Chicago, where he continued his study of chemistry. He received his medical degree at Rush Medical College, University of Chicago, in 1904.

The doctor was a research bacteriologist and secretary to the director of the biological department of Parke, Davis & Co., Detroit, from 1908 to 1911; bacteriologist and house physician at Muford & Co., Philadelphia, 1911–1912, and practicing physician at Slaterville Springs, New York, from 1912 until his death. He was assistant physician at the Utica, (N. Y.) State Hospital for the Insane, 1920–1921, and held a commission as First Lieutenant, M.R.C., U. S. Army, 1912–1917, and served as contract surgeon at Cornell University in 1918.

In 1903, Doctor Root founded the Alpha Omega Alpha Honorary Fraternity (now the Alpha Omega Alpha Honor Medical Society), writing its constitution, designing its insignia and serving as its general secretary-treasurer until his death. The Society is a purely scholastic (Continued on page 4)

St. Louis Annual Dinner and William W. Root Lecture

The Annual Alpha Omega Alpha Dinner will be held at the Jefferson Hotel, Thursday, May 18, 1939 at 6:30 P.M. The William W. Root Lecture will be presented by Dr. Ludwig Hektoen. All physicians and their wives attending the American Medical Association meeting are invited.

Meeting of the Board of Directors

All officers, directors, and members of the Committee on Extension and Policy were present at the luncheon meeting in Chicago on February 14, 1939. This meeting was held at the time of the February meeting of the Council on Medical Education of the American Medical Association.

It was decided that a copy of The Pharos, the publication of Alpha Omega Alpha, be sent to the library of each medical college in the United States and Canada. It was also decided that news of each chapter be published in a section on chapter activities in The Pharos.

The applications of several medical colleges for chapters were considered, and that of Emory University, Atlanta, Georgia was approved. Some of the other schools were recorded as ready for inspection visits.

The meeting adjourned after a two and one-half hour session.

Emory University Applies for Charter

The application of Emory University School of Medicine has been reported upon favorably by the Committee on Extension and Policy and has also been unanimously approved by the Board of Directors. The president has submitted the application to the chapters for approval. The chapters are requested to report approval or disapproval of the application to Dr. J. J. Moore, secretary-treasurer, as soon as convenient. If four-fifths of the chapters approve, the proposed chapter may be installed with the petitioning group as charter members.
organization, having chapters in fortyone medical schools in the United States and Canada. Race, color, creed, sex, and social standing form no barriers to membership, the only qualifications being scholarship and character. The first members were all medical students, the election of active members being in their hands. It is the first and only national honor Greek letter society in the medical schools of North America. Its general purpose is "better teaching, fuller medical knowledge, better medical practice, better medical service for all, better public health, better understanding and respect for medicine and doctors on the part of the public." The Society has offered prizes for original investigation, established loan funds for needy students, conducted lecture courses or formal programs and has fostered annual addresses of distinguished medical men before members of the profession and the laity. Chapters are chartered only in the best medical schools in the United States and Canada.

In 1935, Doctor Root was one of the founders of the Association of College Honor Societies, and served as its secretary-treasurer until his death. This organization was designed to regulate the influx of undesirable groups of this class and to grapple with problems relating to such college organizations. The original group included Phi Beta Kappa, Tau Beta Pi, Sigma Xi, Alpha Omega Alpha, Omicron Delta Kappa, Sigma Tau, and the Order of the Cofit.

The doctor was a Fellow of the American Medical Association, a member of the American Association for the Advancement of Science, the Association of Military Surgeons of the United States, a member of the Masonic Lodge, of the Baptist Church, and was an independent Republican. He wrote numerous papers on biological and educational topics and was for many years secretary of the local school board.

He died at his home in Slaterville Springs April 23, 1932.

Ludwig Hektoen (Continued from page 3)

General Pathology in the College of Physicians and Surgeons of Chicago in 1892 and Professor of Morbid Anatomy and Director of the Laboratory of Normal and Pathologic Histology, Bacteriology and Hygiene in Rush Medical College in 1894, he continued as a teacher until his retirement as Professor and Head of the Department of Pathology at the University of Chicago and Rush Medical College but a few years ago.

Cessation from teaching did not stop the energetic drive of the scientist. From July, 1936 to January, 1938 he was chairman of the National Research Council, having served on two former occasions as chairman of the Division of Medical Sciences. Today he is the Executive Director of the National Advisory Cancer Council under the National Institute of Health, is a director of the American Society for the Control of Cancer and editor of the Archives of Pathology and of the Journal of Infectious Diseases.

His services have been rendered to all mankind. At first as intern and practitioner he waited on the individual; then as teacher, scientist and investigator he gave service to the medical student, the profession and humanity. He was Director of the John McCormick Institute for Infectious Diseases from its establishment in 1902 until its close after the depression. From this institution came the work of Drs. George F. and Gladys Henry Dick establishing the cause of scarlet fever, a pest for susceptibility; a method of active immunization and a specific toxin for treatment. He has delved in many fields as indicated in his many hundreds of articles on pathology, bacteriology, immunity, therapy, cancer, forensic medicine and medical history. In honor of his 75th birthday last year the Archives of Pathology issued a special number dedicated to Dr. Ludwig Hektoen. (Most of the data printed here was taken from the article in that number by Dr. Morris Fishbein).

It is seldom that we have a lecturer who was intimately acquainted with the man to whom the lectureship was dedicated. Dr. Hektoen taught Dr. Root in pathology when the latter was a student in Rush Medical College in 1903. He encouraged Dr. Root in his worthy project and in 1927 was elected an honorary member of Alpha Omega Alpha.

Association of College Honor Societies Meeting

At the meeting of the Association of College Honor Societies, held in Indianapolis, February 19-20, 1939, several steps were taken which are of interest to the academic world.

The definition of an Honor Society, previously adopted, was revised to read "an Honor Society shall be defined as an organization in a college or university of recognized standing which meets the following minimum qualifications, namely, (1) it receives into membership those who achieve high scholarship and who fulfill such additional requirements of distinction in leadership or in some broad field of culture as the organization may establish; (2) it elects to membership irrespective of membership in or affiliation with other organizations; and (3) it confers membership solely on the basis of character and eligibility."

For purposes of convenience, Honor Societies were then classified into two groups, (1) Scholarship Honor Societies—organizations established in colleges and universities of recognized standing, meeting the requirements set forth above and basing eligibility to membership primarily upon the attainment of a high standard of scholarship, shall be considered "Scholarship Honor Societies"; membership should include only individuals in the highest 20% of scholarship; and (2) Leadership Honor Societies—organizations established in colleges or universities of recognized standing, meeting the requirements set forth above and basing eligibility to membership primarily upon attainment in leadership or in some broad field of culture, and ranking in the highest 35% of scholarship.

It was voted that the Association recommend to Scholarship Honor Societies that their membership include only individuals ranking in the highest 20% of scholarship, and that Leadership Honor Societies not go below the top 35% in scholarship.

A committee was appointed to investigate the number and characteristics of those Honor Societies which draw their membership from limited specialized fields of study. It is believed that the report of this committee will aid the Association in the consideration of the relationship which should exist between such groups and the Association of College Honor Societies. In addition, this committee is to investigate the eligibility of any other organization which may possess the necessary qualifications for membership.

Pending completion of this study, a resolution was adopted recommending great care on the part of university authorities whenever the establishment of any new honor groups (so-called) is proposed.

Officers elected for the ensuing year are: president—Dr. J. J. Moore, of Alpha Omega Alpha, vice-president—Professor P. W. Ott, of Tau Beta Pi, and secretary-treasurer—Dr. Lawrence R. Guild, of Phi Kappa Phi. Members of the executive committee elected are: Dr. William Mosely Brown, of Omicron Delta Kappa, and Mrs. F. D. Coleman, of Mortar Board. Members at large are: Drs. Henry B. Ward, and Oscar M. Voorhees.

A booklet of information relating to the Association has been prepared and will be available for distribution in the near future.

Lawrence R. Guild, Secretary-Treasurer
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Winfield Scott Hall
A Pioneer of Alpha Omega Alpha

Winfield Scott Hall, M.D., author, lecturer, and physiologist, was born in Batavia, Illinois, January 5, 1861, the son of Albert Nelson and Adelia (Foote) Hall. He is the holder of many degrees; B.S., Northwestern University, 1887, M.D., 1888, M.S., 1889; M.D., University of Leipzig, Germany, 1894, Ph.D., 1895.

Doctor Hall married Jeannette Winter, of Juniata, Nebraska, October 11, 1888, (recently celebrating their golden wedding anniversary in Berwyn, Illinois); their children are Albert Winter, (AΦA, Northwestern, 1923), Ethel Louise, Raymond Ludwig, and Muriel Jeannette.

He was an intern at Mercy-Hospital, Chicago, 1889-1890; Professor of Biology at Haverford College, 1889-1893; Professor of Physiology, Northwestern University Medical School, 1893-1919; Professor Emeritus since 1919, and Junior Dean of the Medical Faculty, 1901-1913. Other positions were lecturer on dietetics, Mercy Hospital School for Nurses, 1896-1918; lecturer on physiology, Y.M.C.A. College, Chicago, 1898-1917; lecturer on dietetics, Wesley Hospital School for Nurses, 1903-1918; medical director of Bureau of Social Hygiene, Board of Christian Education, Presbyterian Church, 1919-1925; exchange professor, Université Internationale, Brussels, Belgium, 1921-1925. The doctor is a member of various organizations, namely, Phi Beta Kappa, (Northwestern, 1892); Sigma Xi; fellow of the American Academy of Medicine, (president 1901-1905), Chicago Academy of Sciences; American Association for the Advancement of Science; American Physiology Society; American Medical Association, (chairman section on pathology and physiology, 1905); president of American Medical Society for Study of Alcohol and Other Narcotics, 1903-1910; president of Alpha Omega Alpha, (honor medical society, international), 1904-1913; member International Congress on Tuberculosis; member hygiene reference board, Life Extension Institute.

Annual Dinner and Lecture Held
In St. Louis

The Annual Dinner and William W. Root Lecture were held in the Jefferson Hotel, St. Louis, on May 18, 1939. Approximately one hundred and twenty-five members and guests from most of the chapters attended. Dr. Walter L. Biering, our president, made everyone feel at home. He had old “Dr. Pepys” (Dr. Morris Fishbein), a very close associate of the Editor of the Journal of the American Medical Association, introduce the lecturer, Dr. Ludvig Hektoen. “Dr. Pepys,” who speaks as fluent as he writes, and who has had a long and intimate contact with Dr. Hektoen, presented him in such an engaging manner that all received him as an old friend.

Dr. Hektoen told of the days when Dr. William W. Root, founder of Alpha Omega Alpha, and to whom the Lectureship is dedicated, was his student at Rush Medical College. He then gave a picture of what is being accomplished in the fight on cancer at present, with glimpses of future possibilities. (This lecture is given on pages 4 and 5 of this issue of The Pharos.)

The meeting was adjourned at 9 p.m. to permit those present to attend the reception to the president of the American Medical Association.

Dinner and Biennial Council Meeting
In New York In 1940

This next Annual Dinner and William W. Root Lecture will be held at the Waldorf Astoria Hotel the evening of June 13, 1940 in New York. All members of Alpha Omega Alpha attending the next convention of the American Medical Association should mark this date in their appointment books. Wives and friends are invited. We expect to have the largest meeting to date. The dinner will be followed by the 17th Biennial Council Meeting at which all chapters should have delegates.

Installation of Chapter
At Emory University

The forty-second chapter of Alpha Omega Alpha Honor Medical Society was installed at Emory University School of Medicine, Atlanta, Georgia, on Monday, May 29, 1939. This interesting ceremony followed the installation banquet at the Atlanta Athletic Club, with the Dean of the School of Medicine, Dr. Russell H. Oppenheimer, presiding. The program included the conferring of the Charter of Beta of Georgia Chapter by Dr. Walter L. Biering, National President of Alpha Omega Alpha; Acceptance of the Charter by Dr. Russell H. Oppenheimer; Presentation of Certificates and Keys by Dr. Biering; Response on Behalf of Emory University, Dr. Harvey W. Cox, President of the University; Address on Behalf of the Faculty of the Basic Medical Sciences Dr. George Bachmann, Professor of Physiology; and Address on Behalf of the Faculty of the Clinical Medical Sciences by Dr. James E. Paulin, Professor of Clinical Medicine.

At the presentation of the certificates and keys, Dr. Biering greeted the following faculty initiates as charter members, namely, Doctors George Bachmann, Daniel Collier Elkin, Roy Rachford Kracke, James Robert McCord, and Cyrus Warren Strickler. The student charter members, from the class of 1939, are Frederick William Cooper, Jr., Talbert Cooper, Cecil Benjamin Elliott, John Pearl Gifford, John Ross McCain, and John Mifflin Hood Ridley.

After the signing of the Constitution and By-Laws by the initiates, Dr. Biering welcomed them officially into the fellowship of medical scholarship as represented by the Alpha Omega Alpha Society. He emphasized the obligation of membership as well as the responsibility entailed toward their chapter, to Emory University School of Medicine and to the ideals exemplified by the Alpha Omega Alpha Society.

The occasion was honored by the presence of several alumni members: Doctors George F. Archer, Jr., of Vanderbilt Chapter, T. Sterling Claiborne, Vir...
Lombard, Warren Plimpton, (H), Harvard University, '82 ('23). Professor Emeritus of Physiology, University of Michigan Medical School. Died July 13, 1939, aged 84.

Mayo, William James, (H), '83 ('27). Surgeon and Chief of Staff, Mayo Clinic. Died July 28, 1939, aged 78.

University of Minnesota—Alpha of Minnesota
Boe, Aslak Milo, '26 ('24). Died January 8, 1939, aged 40.
Thorson, Stuart John, '24 ('23). Died May 16, 1939, aged 42.

Cornell University—Beta of New York
Baker, Margarette Darvas, (Mrs.), '11 ('10). Died March 22, 1939, aged 52.
Ferguson, Jeremiah Sweeter, (H), '27. New York University, '21 ('10). Secretary of the Faculty, Cornell University Medical College. Died June 30, 1939, aged 68.
Stockard, Charles Rupert, (H), University of Würzburg, Germany, '22 ('17). Professor of Anatomy, Cornell University Medical College. Died April 7, 1939, aged 60.

Syracuse University—Gamma of New York
Bratton, Harry Jay, (A), '03 ('15). Associate Professor of Clinical Medicine, (Tuberculosis), Syracuse University College of Medicine. Died September 20, 1939, aged 58.
Rose, Charles Merrill, (A), '09 ('15). Died June 9, 1939, aged 54.

McGill University—Alpha of Quebec
Brodie, Maurice, '28 ('28). Died May 9, 1939, aged 35.
Chandler, Edward Bremner, '21 ('21). Died May 12, 1939, aged 42.

University of Nebraska—Alpha of Nebraska

Tulane University of Louisiana—Alpha of Louisiana (Stairs and Bars Chapter)
Bel, George Samuel, (A), '95 ('20). Professor of Theory and Practice of Medicine and Clinical Medicine Emeritus, Tulane University of Louisiana School of Medicine, and Professor of Medicine, Louisiana State University Medical Center. Died August 10, 1939, aged 67.
Metz, Abraham Louis, (A), '93 ('26). Professor of Chemistry and Toxicology Emeritus, Tulane University of Louisiana School of Medicine. Died February 10, 1939, aged 75.

University of Cincinnati—Beta of Ohio
Friedlander, Alfred, (A), '95 ('18). Dean and Professor of Medicine, University of Cincinnati College of Medicine. Died May 28, 1939, aged 67.
Patrick, Hugh Talbot, (H), Bellevue Hospital Medical College, '84 ('20). Professor Emeritus of Neurology, Northwestern University Medical School. Died January 3, 1939, aged 78.

University of Pittsburgh—Gamma of Pennsylvania
Miller, Charles Miner, '28 ('27). Died August 27, 1939, aged 45.

Indiana University—Alpha of Indiana
Woolery, John Stimson, '33 ('33). Died February 3, 1939, aged 33.

University of Virginia—Alpha of Virginia
Flippin, James Carroll, (H), (C), '01 ('19). Dean and Professor of Clinical Medicine, University of Virginia Department of Medicine. Died February 16, 1939, aged 61.
Neff, John Henry, (H), (C), '10 ('19). Professor of Urology, University of Virginia Department of Medicine. Died November 9, 1938, aged 51.

State University of Iowa—Alpha of Iowa

University of Texas—Alpha of Texas
Colquitt, Landon Armstrong, '22 ('22). Died November 12, 1938, aged 42.
Plant, Oscar H., (A), '02 ('35). Professor of Pharmacology, State University of Iowa College of Medicine. Died October 2, 1939, aged 64.
Wagner, Grover Cleveland, Jr., '34 ('34). Died January 1936.

Yale University—Alpha of Connecticut

Vanderbilt University—Alpha of Tennessee
Bromberg, Perry, (H), University of Tennessee, '95 ('39). Professor of Clinical Urology, Vanderbilt University School of Medicine. Died July 4, 1939, aged 64.

Jones, Robert Logan, (A), '98 ('27). Died September 15, 1939, aged 68.

New York University—Delta of New York
Gotheimer, Martin, '33 ('33). Died October 25, 1936.
Park, William Hallock, (H), Columbia University, '86 ('29). Biggs Professor of Preventive Medicine Emeritus, and Director of Research Laboratory, New York City Health Department. Died April 6, 1939, aged 75.

St. Louis University—Beta of Missouri

University of Buffalo—Epsilon of New York
Altman, Irwin Sherwood, '34 ('34). Died June 9, 1939, aged 29.
Williams, Herbert Upham, (H), (C), '89 ('24). Professor of Pathology and Bacteriology Emeritus, University of Buffalo School of Medicine. Died December 8, 1938, aged 72.

Winfield Scott Hall
(Continued from page 1)
of America, 1924--; director of Life Conservation League of America, 1924--; member of Authors' League. Dr. Hall was also counsel for Northwestern University International Academic Commission; president of Health League, Chicago, 1913; member of National Council, Boy Scouts of America, Chicago Council, Boy Scouts of America; president of Child Conservation League of America; member of medical service, National War Work Council, International Y.M.C.A.; with U. S. Volunteer Medical Service, 1918-1919; and with U. S. Public Health Service, 1919-1929.

Professor Hall is the author of many articles and textbooks on Physiology and is also an extensive contributor to medical and educational journals. Among his writings are: Laboratory Guide in Physiology, 1897; Anatomy of the Central Nervous System in Man and in Vertebrates, 1899; Text-Book of Physiology, 1899; Elementary Anatomy, Physiology and Hygiene, 1901; Manual of Experimental Physiology, 1904; Text-book of Normal and Pathologic Physiology, 1905; Essentials of Physiology and Hygiene, 1908; also From Youth into Manhood; Nutrition and Dietetics; The Strength of Ten; Sexual Knowledge; Life Problems; The Doctor's Daughter; John's

(Continued on page 12)
Winfield Scott Hall
(Continued from page 11)

Vacation; Constructive Eugenics; A Physician's Counsel to Parents; The Intimate Life; The Book of Our Own Life; Man and Woman—In the Family and in Society; and Love and Marriage, published between 1909 and 1929.

Three names must be associated with the early history of Alpha Omega Alpha. These are William Webster Root, Bur- chard Hayes Roark and Winfield Scott Hall. Dr. Hall has, ever since the formation of the Northwestern chapter, recog- nized the significance of this movement. He threw the immense prestige of his reputation as an educator, lecturer and author of international fame, into this Society of which he was the president (primarius) from 1904 to 1913. Extremely busy man though he was, he told the Founder, William Webster Root, that one third of his time had been devoted to the furtherance of Alpha Omega Alpha during one year. We, of Alpha Omega Alpha Society, salute "The Grand Old Gentle- man of Alpha Omega Alpha," who lives in retirement in Berwyn, Illinois. He is now seventy-eight years of age, and is in rugged health.

### STATISTICAL SUMMARY OF MEMBERS

**September 1, 1939**

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(Key: L—living, D—deceased, T—total)
The Early Days of Alpha Omega Alpha

By E R N S T S. M O O R E, M.D. *

The medical educational pot was boiling briskly in 1900. Fundamental changes in medical education had begun to make themselves felt. Many schools had been, or still were, commercial ventures. Admission requirements were elastic; instruction largely by lectures and text-book study; laboratories generally inadequate, sometimes none.

Educational standards were low. Heads of departments were selected who could buy substantial blocks of stocks. The usual premedical requirement was a high school diploma. The better schools were departments of universities, or were affiliated with a university. University pressure was being exerted to raise the standards of their medical departments to general university levels.

The medical students of the College of Physicians and Surgeons, Medical Department of the University of Illinois, in the years immediately preceding and following 1900 were a primitive group. They were emotionally hair-trigger men, quick to resent an affront, and prompt to avenge an injury. Their behavior in halls and classrooms was rough and boorish. They were loyal to their friends and to each other. Class spirit ran high, and class clashes, often of riotous proportions, were of weekly occurrence. They respected neither authority nor property. Whenever a class was lined up for supplies for a class period, more or less roughhousing was present.

I recall an incident that occurred during a line-up for chemistry supplies.

*Dr. Moore was the second member elected by the parent chapter, and was for many years on the faculty of the College of Medicine at his Alma Mater, retiring as Associate Professor of Medicine Emeritus several years ago. He is now living, at the age of 75, in Pasadena, California. The editors appreciate very much his reminiscences of the early days of the Alpha Omega Alpha Society.

(Continued on page 4)
The Early Days of Alpha Omega Alpha (Continued from page 1)

Large stock bottles of chemicals were on a shelf beside the line of students. Rough-housing was on as usual. A large bottle of strong sulphuric acid was smashed and poured over the adjacent student. As his trousers began to fall from him, eaten away by the acid, prompt first aid was rendered by pouring ammonia and sodium hydrate solution over him. No serious damage followed.

A favorite prank in the bacteriological laboratory session was to take everything from the desk of a student, who for a moment left unguarded his supplies. He was simply out of luck for that day. The following session everything would be returned with interest if he took it right.

They quickly took the measure of their teachers. Popular and successful instructors were welcomed with extravagant clapping of hands and lusty cheering. When personality or lack of ability in a teacher aroused the resentment of a class, no one could tell what would happen. On a hot day the windows of a lecture room would be closed, the curtains drawn down, the lights out and every one who could light up pipe, cigar or cigarette. This was the welcome that awaited the unfortunate professor.

This general crudity of behavior and disregard for gentlemanly conduct afforded no criterion for the quality of their studenship. They were earnest, energetic, capable students. They worked as long hours with as much zeal and as much success as do the medical students of today. They respected and admired superior studenship. An unusually outstanding recitation was frequently applauded.

They were keenly interested in the wealth of new things that were being added to medical knowledge. They welcomed the better courses, the superior instruction and the enlarged facilities that resulted from affiliation with the University of Illinois. Didactic teaching gave way to more and more clinical instruction. The importance of research was gradually realized; more and more opportunity was given to capable students to undertake it.

The student of those days was interested primarily in becoming a doctor. He wanted to learn the practical things that he could use at once in the care of his patients. The faculty was composed largely of men who were in active practice. They sought to prepare young men to be practitioners.

Into this vigorous period of transition came a junior medical student. He was a teacher of chemistry, eastern trained, steeped in university tradition — Root by name. He was shocked by student activities that seemed crude and chaotic. Cheating in examinations was repugnant, rough housing was distasteful. But he was a diplomat, said very little, thought a lot. His thoughts began to take form. Why not form a student honor group to foster scholarship and honesty and promote high medical ideals?

Root was a serious, earnest man with a soft, persuasive voice. His eyes had a direct, assured but disarming gaze. His sincerity of purpose and confidence in the righteousness of his cause were manifest. In July of 1902 he approached several classmates and told them of his plan. They were interested and they suggested the names of others. Eight or ten were selected who approved the proposed organization. Frequent meetings were held, some at Root's home. He supplied a name, a motto, design for the key and the basic ideas. Many suggestions were made. A secretary was appointed, who recorded and assembled the various ideas. The secretary was instructed to make out a draft of a constitution embodying the various suggestions. This was done, and after some amendments were made, it was adopted.

Alpha Omega Alpha was now a going organization and had something real to offer. There was an active campaign put on to interest selected men to become members of the new honor fraternity. A number accepted the invitation.

On the night of October 29, 1902, the group, twenty-one in number, met in the Blue Room of the old Bismark Hotel on Randolph Street. We had a good dinner and listened to informal talks by Dr. Root and others. The constitution and by-laws were read and ratified, and the new members were formally inducted.

This society was a strictly conceived and organized student idea. Dean Quine and several faculty members were invited to become honorary members, and accepted. This established university recognition and faculty approval of the society and its aims.

In the beginning, full approval of the student body was not current and membership was not prized as it later came to be. Crusaders, battling for reform, are always subject to criticism. "High brow" and "Holier than thou" were occasional terms of derision. In the earlier years, scholarship, as reflected by superior grades earned, was the first requisite for election. The election to membership was always subject to high ideals, honorable conduct in examinations, evidence of leadership and promise of eminence in post-graduate life.

The parent chapter gave Dr. Root confidence and a firm foothold from which to carry on. Soon chapters were established at Rush and Northwestern. This gave us three chapters in university sponsored medical schools. The annual tri-chapter dinner with its prominent speaker became a prized event.

Soon an open meeting with an outstanding speaker was held each year. Later it was felt that the restricted number who might be elected in any year was too small. A larger number of the student body, carefully selected, would better reflect the purpose of the organization and enhance its usefulness. Hence, a larger percentage of a class was chosen. It was a wise move.

With the passing years Alpha Omega Alpha has become a national organization with important educational significance. I am sure none of the charter members, aside from Dr. Root, had any idea of the extent of their small beginning. From its inception, Dr. Root had dreams. He looked ahead and had visions of what future development would accomplish. To convert these dreams to reality became the dominating purpose of his life. How well he succeeded is known to us all.

*Dr. Root was assisted very ably by Burchard Hayes Roark in organizing the chapter at Rush Medical College. Winfield Scott Hall was the moving influence in chartering the chapter at Northwestern University, and for many years devoted a good share of his busy life to the Society.

Directors' Meeting
(Continued from page 3)

Ross T. McIntire, Rear Admiral, U.S. Navy; Colonel W. Lee Hart, Chief of the Medical Branch, Eighth Service Command; Major General Brock Chisholm, Director General of Medical Services, Royal Canadian Army Medical Corps; Air Commodore James W. Tice, Director of Medical Services, Royal Canadian Air Force; and Surgeon Captain Archie McCallum, Medical Director General, Royal Canadian Navy.

The budget for the year 1943-44 was approved.

The Secretary was directed to send the next edition of The Pharos to all members of Alpha Omega Alpha in the United States.

The meeting adjourned at 2 P.M.

Editor's Note:

The list of members in the armed forces will be concluded in the fall issue of The Pharos. Space did not permit its inclusion in this edition.
A Brief Account of the Origin of the Alpha Omega Alpha Honor Fraternity*

The Alpha Omega Alpha Society had its origin in the mind of the writer and first secretary, W. W. Root, who studied at the College of Physicians and Surgeons of Chicago during the summer term, 1902. The thought that all in medical school was not commendable and that improvement could be furthered by students who felt the need for a better state of things caused him to hit upon the honor fraternity idea as a means to this end.

To change to the first person, I was impressed by the large number of men strong in brains and character in the senior class. I cannot say when the idea first occurred to me but I know that I was turning the thing over, in embryo, in my mind for several months before the opening of the summer term. I first mentioned the matter early in August to Mr. C. L. Williams who warmly espoused it but felt uncertain as to his being the one to help start it. He suggested that I see Mr. E. S. Moore. I did so. Moore thought the idea a good one but feared the lack of unity necessary to make the matter a success. He also thought that we would have to do much active work to make the thing successful in its inception. I felt myself that this procedure might destroy through aggressiveness its very object and that at first it would be best to be passive. It is well to add here that while we make use of the honor fraternity idea, the society will fail of its object if election means simply an honor with no higher mission than a compliment to a student because of high scholarship or other good qualities. Mr. Moore added that he was not convinced and that it would be quite necessary to get a few others to convince him of its feasibility. I suggested a name Mr. Williams had mentioned, Mr. B. Thomas, the president of the class in its junior year. Mr. Moore acquiesced right away. Mr. Thomas was much impressed, thought the order would diminish dishonesty in examinations and said he would consider the matter very seriously. After some trouble I succeeded in getting these three seniors together in the library. We had a ballot and elected the following seniors; G. H. Howard, J. E. Haskell, W. H. Moore, W. M. Hall.

August 25 a meeting was held in the Bacteriological Laboratory, Monday afternoon at five o'clock. The above were present with the exception of Messrs. Hall, Howard and Haskell. Mr. E. S. Moore upon my suggestion acted as chairman and was later made temporary president and Mr. Wochos temporary secretary. At this meeting in order to explain my plan I read what I had written in the form of a Constitution and By-Laws. I moved that we declare ourselves as organized with the general purpose as stated, the details as to Constitution and the like to be worked out later; carried.

A committee on Constitution consisting of Messrs. Root, Thomas and W. H. Moore was appointed by the acting president to which he was also to belong. A committee on

* From early Alpha Omega Alpha records on file at the central office in Slaterville Springs, N. Y.
Golden Anniversary of Alpha Omega Alpha Society

Exercises at
University of Illinois College of Medicine

Sunday, June 8, 1952 at 3:30 P.M.

The interesting exercises commemorating the Semi-Centennial of the Society were in the Union Building with Dr. Walter L. Bierring, president of the Society, as chairman.

In his opening remarks the chairman briefly reviewed the history of Alpha Omega Alpha and observed that it was fitting to commemorate the semi-centennial and to recall the role the Society has played in the advancement of medical education within the area of the medical school where the first chapter was organized by William W. Root and his associates fifty years ago.

In introducing the first speaker, Dean Emeritus Dr. David J. Davis, reference was made to his being the oldest active member of the Society present, having been a charter member of Beta Chapter of Illinois at Rush Medical College when it was organized in December 1902. His address follows:

This occasion celebrates the Golden Anniversary of the founding of the Honor Medical Society, Alpha Omega Alpha. It would seem appropriate and fitting therefore to memorialize the event by a program suitably arranged and designed as a Tribute to the Founders and to the Charter Members of the Society.

The time was 1902 when medicine and medical education were far different from what they are today. This task was, I assure you, a far more difficult one than it would be today. It was the first venture of this nature in medicine. Many at the time sneered at the idea. More were uninterested, but one medical student, William W. Root, who first conceived the idea had the persistence and patience to follow through because he was convinced it was a good thing to do. He was right.

After these fifty years, AΩΑ has been established in most of the medical colleges of the United States and Canada. Thus it has proved its worth. It has become a very much worthwhile contribution to modern medicine.

As chairman of the Committee on Arrangements for the occasion among the matters and suggestions, I proposed that a suitable historic marker be prepared and placed at the site of the origin of the Society. This was a feasible project because the exact spot is accurately known. Some ten years ago Dr. E. S. Moore, a charter member and a close associate of Dr. Root, had told me that the Society had originated in a meeting of Dr. Root and himself on the west steps of the old building of the College of Physicians and Surgeons on the southeast corner of Congress Street and Ogden Avenue in Chicago. Though this old building was demolished in 1936 we know today exactly where these steps were. Furthermore Dr. E. S. Moore is still alive in Pasadena and only last week I had a letter from him confirming in writing what he said earlier. In this letter he specifies the time, the place and many of the circumstances. In this letter too, he heartily approved of placing an historic marker at the designated site.

After further study and consideration the proposal was submitted to Vice-President A. C. Ivy
of the University of Illinois who promptly approved the general project and authorized Professor Tom Jones of the Medical and Dental Illustration Department to prepare designs and illustrations for further study. Dr. Ivy also agreed to take up the matter with the proper authorities of the Cook County Board since the historic spot is now a part of Pasteur Park and is now owned by the County. Also at the time matters having to do with funds and other commitments were considered and arrangements agreed upon so that the project could proceed. At that time, too, I apprised President Biering of the Society of these matters by letter, who in reply also approved of the project.

The two men already mentioned—Dr. William W. Root and Dr. E. S. Moore—who knew the most about the origin and early years of AΩΑ, have written and published in The Pharos on this subject. Dr. Root was the creator and founder, and Dr. Moore was his right arm in this enterprise, his associate and his helpmate. He was his first secretary. They were close friends, classmates and coworkers. It was fortunate that this mutually friendly and effective relationship existed between these men who were to have so much to do with the early years of AΩΑ.

Dr. Root has long since died (1932) and his biography was written and published in The Pharos (see Vol. 2, No. 2, May 1939). Dr. E. S. Moore is still alive, living in Pasadena, California. For this occasion I wrote to him to elicit, if possible, or if he could not come to send us a word of greeting for the program. In reply I received last week the following message:

Greetings, to the members of AΩΑ, who have gathered to celebrate the 50th anniversary of the honor medical society’s founding.

I very much regret I cannot be one of your number. It has always been a source of personal pride to have been one of the charter members who established the first chapter, under the guidance of Doctor Root.

Doctor Root had all the essentials worked out, basic principles, a Greek motto, and those who should be members. He visioned a student group who would take part in the growing movement for the elevation of medical education from its low standards to university status. The charter group made some suggestions, proposed rules and by-laws and thus rounded out the Constitution, which was adopted.

With an initial chapter as an anchor, Doctor Root, a born crusader, had found his life work. From that time on his supreme endeavor through life was given to furthering the aims and purposes of Alpha Omega Alpha.

This gathering today attests his wisdom and steadfastness.

Cordially yours,

May 22, 1952
Ernest S. Moore

These two men, Dr. Root and Dr. Moore were fortunate, too, in selecting a conscientious group of charter members both from the student body and the faculty. Through mutual discussion twenty of the former and six of the latter were agreed upon as the initial members of chapter number one.

In reviewing the list today we learn that all but five of the students and all of the faculty members have died.

Some years ago in The Pharos (in December 1944 issue) photographs including brief biographical notes were published of all charter members, both students and faculty. This was done with the help of Mr. and Mrs. G. Meredith Brill of the central office in Slaterville Springs, N. Y., with her husband, Assistant Secretary-Treasurer and Managing Editor of The Pharos.

It is interesting to note that all of the twenty students excepting one, after graduation in medicine, continued to practice their profession with success and credit.

One became a business man.

In 1946, the Apollo statue was unveiled in the East Court of the Medical Group of Buildings. This was the result of an effort on the part of the local chapter to contribute some worthy gift to the National AΩΑ Society. With the generous gift of $300. from the National Society plus aid in funds or materials by the University of Illinois and the State of Illinois, it was possible to create this work of art as a fitting reminder to medicine of the ancient Greek God of the Healing Art. A complete report of the program presented at that time appeared in The Pharos in December 1946.

To summarize and in conclusion, therefore, as a fitting tribute on this Golden Anniversary occasion to the founders and to the original charter members, we may include the many chapters of AΩΑ now in existence (61), the official publication, The Pharos, the Apollo statue above referred to, and now a suitable Historic Marker on the spot where the first AΩΑ chapter was conceived by Dr. William W. Root.

Further details concerning the marker including provisions for further study and suggestions will be presented later in this program by Professor Tom Jones.

Mrs. G. Meredith Brill, daughter of the Founder, was introduced to the audience by Dr. Biering. She has long been associated with the Society, first unofficially and later officially, in the central office at Slaterville Springs, N. Y., with her husband, Assistant Secretary-Treasurer and Managing Editor of The Pharos.

Mention was made here, by Dr. Biering, of the Founder’s Fund, established recently in memory of her husband, by will of the late Mrs. William W. Root, whose interest and collaboration with him in the development of AΩΑ was lifelong. It was her wish that the purpose of the Fund be to loan to an occasional student the initiation fee that could not otherwise be afforded, and she hoped that the Fund would be added to by interested persons. That any student who had earned the honor of election to AΩΑ should be deprived of accepting it through lack of funds was insupportable to the wife of the Founder.

The next speaker on the program was Dr. Josiah J. Moore, Secretary-Treasurer of the Society. He gave an interesting review of the Society’s growth in an address entitled “The First Half Century of AΩΑ.” Dr. Moore has been a member for forty years; he was initiated by the Rush chapter in 1912. Referring to the early history of the Society in Chicago and the formation of the three chapters there during the first year—1902—he traced some of the significant steps of progress from those early days to its present status with sixty-one active chapters, three of which are in Canada. Four new chapters, he said, are being chartered during the next year. Dr. Moore then read the new Oath of Geneva as adopted by the World Medical Association and mentioned that AΩΑ has adopted this Oath in place of the Oath of Hippocrates.

The historic occasion was specially honored by the presence of the President-elect of the American Medical Association, Dr. Louis H. Bauer, a member of Alpha Chapter of Massachusetts at Harvard University, having been elected forty-one years ago, in 1911. In true scholarly form he presented
the Greetings of the American Medical Association:

"On behalf of the American Medical Association, I am happy to bring you greetings on the occasion of the 50th Anniversary of this Medical Honor Society.

Just as membership in the Phi Beta Kappa has become nationally known as a hallmark of undergraduate academic distinction, so membership in the Alpha Omega Alpha has become recognized as the outstanding symbol of distinction in the medical undergraduate field.

It is a prize sought after by all medical students in schools having chapters and is the envy of those schools which do not have chapters.

Like all symbols of proficiency, however, the key is not a key to guaranteed future success, but only a key to future opportunity based on a promising beginning.

The student possessing a key, having had recognition of what appears to be outstanding ability, is immediately saddled with the expectations of others, that he will continue to be outstanding. He has something to which he is expected to live up. If he fails to continue in the forefront of his colleagues in the steady progress of medicine, he cannot but feel that he has failed to bear out the judgment of those who originally selected him as a worthy recipient of the honor conferred upon him.

If really worthy, therefore, he has a continuing compelling urge to do well and to contribute to the knowledge and advancement of the greatest profession in the world.

If you agree with what I have said, then you must agree that Alpha Omega Alpha, by its very establishment and by its recognition of undergraduate medical achievement, has contributed in no small way to the advancement of medicine. This, indeed, should be the result if the aims of the Constitution have been successfully carried out,—namely, "to encourage high ideals of thought and action in schools of medicine and to promote the best in professional practice and also to encourage medical research." Members are also urged "to do what they can to exalt and ennoble the profession."

I can offer no greater wish for the next 50 years of this organization than that it may continue to inculcate the future generations of physicians with its motto,

"Αξίω σώματι κάθε ἀληθείας
Το θείο τοις ἀληθεύτους
Τοις σύνδεσμοι
To be worthy to serve the suffering."

It seemed most appropriate to have the following thoughts expressed on behalf of the medical students and AΩΑ membership of the later day by the president of Alpha Chapter, University of Illinois College of Medicine, Dr. Edward M. Wasserman:

"Fellow members of Alpha Omega Alpha:

Today we gather together to commemorate the fiftieth anniversary of the foundation of our society by Dr. William Root. We have reached the half way mark in our first century, an opportunity in which to re-examine the principles and ideals upon which AΩΑ was founded—a point at which we may momentarily stop our history, look backward into an eventful past fifty years, and forward into an uncertain but promising future.

How does membership in AΩΑ affect the medical student? Does it actually aid the student in the realization of those ideals for which AΩΑ stands?

The AΩΑ member has many opportunities for new and meaningful experience. He is a member of a group which actively discusses general problems in the field of medicine, problems of society, problems of student life, and he belongs to a group which can act positively upon conclusions drawn from these discussions. He has added opportunity to meet fellow students and faculty members in a new setting, and he often gains knowledge from this experience which he would not have gained otherwise.

An examination of the type of activity undertaken by any of the local chapters furnishes examples of these unique experiences. To speak from my own experiences, our local chapter meetings have been extremely rewarding, each one key-noted by comradeship and purpose. Our guests at chapter meetings have spoken on topics ranging from the practice of medicine in Africa to the pros and cons of national health insurance. Our chapter's follow up study of AΩΑ alumni has been an example of the type of project which we have undertaken. Questionnaires were sent out to a large sample of the University of Illinois AΩΑ alumni. Questions regarding career, family and personal philosophy were in most cases answered quite sincerely and frankly. This collection of material has been read and reported upon to the members and has been a source of information and inspiration. Our local chapter's plans for the future include two main projects: (1) Furthering student faculty discussions about problems in medical school. (2) More active participation by the alumni in chapter functions. The student body as a whole benefits from the presence of an AΩΑ chapter on the campus. Aside from the more obvious benefits of University lectureships and other campus functions, the freshman and sophomore student benefits from the knowledge that it is possible to overcome the obstacles of a weighty curriculum; it is reassuring to know that someone one has known fairly well has done this with very apparently the same native abilities as his own. We have some of the benefit that has come from the existence of the honor society on a campus.

Any honor society is based upon the premise that those who are worthy or show promise of worth will be legitimately honored by their peers. We may recognize the problem faced by an honor society in attempting to determine and interpret the criteria for membership. We make a sincere attempt to choose those who show promise of worth in the very early phase of their career, but it is important to keep in mind our limitation in this respect. It has become difficult in the past number of years to know students in terms of their total personality; this is because of the large numbers of students in a modern medical school, and the subsequent fractionation of the classes into smaller working units. Although the student's scholastic achievement becomes quantitated down to the decimal point, we get only an inkling about his other characteristics from his dealings with his fellow students and with patients in the clinic. Consequently, we must be humble in attempting to judge our peers in terms of their character. Nevertheless, our society is dedicated to the development and expression of those positive humanistic feelings which are so valuable and have brought most of us into the field of medicine.

To be worthy to serve the suffering in our day of specialization and increasing institutional practice, it becomes difficult at times in their total the feeling of real service to human beings in need of assistance. It
becomes too easy to be a medical automaton and bear oneself with intellectuality and aloofness. In the student’s brief clinical experience, he is often amazed at what a kind act or word can do in terms of aiding the patient, and in developing that close trust necessary in the cure.

To serve the suffering well, one must understand suffering and its causes; sympathy follows understanding. The modern practice of medicine demands investigation into the patient’s unhappiness as well as his organic pathology, even if the two are seemingly unrelated. Insight into the causes of human unhappiness, however gained by the student of medicine, is a valuable gift and can bring real ability to alleviate suffering in every sense of the word.

The ideal expressed by our motto, then, is the real meaning of AOA for the medical student. It stands as a Pharos or guide for the future medical student, as it has stood for the past fifty years—for the development of those human attributes which make one truly worthy to serve the suffering.”

The next interesting feature of the program was the presentation of a drawing of an Historic Marker to commemorate the founding of the Society at the University of Illinois fifty years ago. The plan for this marker was outlined by Professor Tom Jones, artist and designer and member of AOA, on behalf of the University of Illinois, Professor Jones, whose life is dedicated to medical art, showed sketches of the proposed marker to be placed in Pasteur Park opposite Cook County Hospital. The initial plan, necessarily simple in conformity with available funds, is for a simple marble shaft with brass plate at the top suitably inscribed. It is hoped that it can be landscaped when placed on the spot where William W. Root’s first conversation with fellow students concerning organization of Alpha Omega Alpha took place in 1902. Should additional funds be made available, a more useful memorial might be constructed, perhaps in the form of a sundial.

The acceptance of this Historic Marker was made on behalf of the College of Medicine by Dean Stanley W. Olson and for the University of Illinois by the Vice-President, Dr. Andrew C. Ivy. Both officials of the University expressed the highest appreciation for the distinction extended to the College of Medicine and recognition of its part in maintaining the high ideals and purposes of Alpha Omega Alpha. Dean Olson remarked that the establishment of this memorial on the site of the old Bacteriological Laboratory would imbue students and faculty at the College of Medicine with a feeling of grave responsibility, not only in the physical sense in caring for the memorial but in the constant challenge to maintain high standards of scholarship and character as envisioned by the Founder fifty years ago.

At the close of the exercises there was a general expression by all present of grateful appreciation to the officers and members of the Medical Faculty and the Alpha of Illinois chapter of Alpha Omega Alpha, University of Illinois, for the interesting program commemorating this historic and eventful occasion.

Following the exercises, a social hour was enjoyed by the assemblage through courtesy of the local committee on arrangements. Mrs. Brill exhibited at this time a collection in book form of old documents and records of the Society from its founding in 1902 through the early years to 1914. Included in this volume are photographs and sketches of those whose names must always be associated with the early days—William W. Root, Founder, Burchard Hayes Roark, charter member, Rush 1902, who was instrumental in helping to organize the Rush chapter and who took a trip east on funds advanced by Root and himself at which time chapters were organized at Western Reserve, Jefferson and at Pennsylvania; Winfield Scott Hall, who served as “primarius” from 1904 to 1913 and who was a moving influence in chartering the chapter at Northwestern. He devoted a good share of his busy life to the Society during these years, closely collaborating with the Founder.

First ideas as to what shape the insignia might take were sketched on a paper included in the records, original draft of the Constitution in Dr. Root’s handwriting, his own account of what motivated him in wishing to found such an organization, printed notice of its having been organized as it appeared in the AMA Journal under date of September 27, 1902, printed program of the “First International Assembly” as the Biennial Council was then called, photograph of the 1904 AOA membership at Rush Medical College, and many other early records of historical value. A few reprints of the photograph of the Rush Medical College chapter in 1904 are available for free distribution to those interested. Please send your request to the Slaterville Springs, N. Y. office.

At conclusion of the social hour those who desired were taken in autos throughout the new Medical Center being developed around the University of Illinois College of Medicine and all marveled at the extensive construction of new buildings for teaching and research, hospitals, halls for nurses, residents, interns—over an area about one mile square—from which all old buildings are being removed. When completed, one of the greatest medical centers in the world today will have been constructed.
A Golden Epoch in American Medicine*

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The William W. Root Lecture was established in tribute and honor to the founder of Alpha Omega Alpha Honor Medical Society. There is a deep sense of humility in following the distinguished group of medical leaders that have presented this Lecture during the past twenty-five years.

In commemorating this semi-centennial of Alpha Omega Alpha Society it is opportune to reflect in retrospect the epochal period it portrays in American medicine. It was a time of great change in medical training, scientific investigation, the art of practice, of specific and dramatic curative measures, all of immeasurable benefit to human welfare.

Since the turn of the century, man's environment has changed, largely as the result of the expansion of his control over physical forces, in the growth of speed, the elimination of time and space, and the enlargement of the domain of man's skill and knowledge.

In fact, much of the entire structure of modern medicine has been built within the past five decades during which period American medicine has grown to fullest stature.

During the last decades of the previous century, many of the leaders in medicine had sought further training in European medical centers, and coming back with the flavor of an older civilization imbued with the spirit of a Billroth, a Pasteur and William Osler brought the impact of the laboratory and clinical teaching at the bedside to the door of every institution in America concerned with the training of physicians.

With it came a newer concept of the origin of infectious diseases and of the closer relation of preventive and curative medicine.

An eminent American surgeon, past president of the American Medical Association of that early day, spoke these words, "prevention runs like a thread of gold through the entire fabric of medicine".

At the opening of the century there comes to mind the heroic figure of Walter Reed and his effective efforts in the control of yellow fever. Directly after the Spanish-American War, Yellow Jack had again raised its ominous banner on the rampage in Havana with a heavy toll each day of officers and men.

A yellow fever commission was organized, headed by Major Walter Reed, the other members including medical offficers Keen, Carroll, Lazear and Agrawol. The first effort was to confirm the mosquito transmission of the disease, first expounded by Dr. Carlos Finlay nineteen years before. All members of the Commission and two volunteers permitted self-inoculation by infected mosquitoes, and each contracted yellow fever. Major Carroll became seriously ill, and Major Lazear succumbed to the infection, and thus became a martyr to science.

Largely due to the careful experiments by Lazear before his death, and the recognition that mosquitoes to be infected must sting the yellow fever victim during the first three days, and then before its transmission does not occur, the virus must have a chance to ripen within the mosquito's body for at least 12 days.

One still gains a thrill in reading a letter written by Reed to his wife on New Year's Eve, December 31, 1900: "Only ten minutes of the old century remains; here I am sitting reading that most wonderful book, "LaRoche on Yellow Fever" written in 1853; forty-seven years later it has been permitted to me and my assistants to lift the impenetrable veil that has surrounded the causation of this most dreadful pest of humanity and to put it on a rational and scientific basis. I give God that it has been accomplished during the latter days of the old Century; may its cure be brought out in the early days of the new."

The problem was solved after 8 months of faithful effort and Camp Lazear was disbanded March 1, 1901.

Armed with this new knowledge, Major Gorgas instituted needed sanitary regulations to control the mosquitoes, and Havana was freed of its age old scourge in ninety days. Later with this and other knowledge Gorgas made safe the Panama Canal for the passage of commerce of the world, as well as the tropics habitable for the white man.

Upon Major Reed's return to Washington he resumed his teaching at the Army Medical School, receiving many honors, including an honorary Master of Science Degree from Harvard University. Just a year later he succumbed to an attack of acute appendicitis in the zenith of a distinguished and promising career. He rests in Arlington Cemetery, where his monument bears the epitaph—"He gave to man control over the dreadful scourge Yellow Fever."

During the first decade of this period a young scientific investigator, Dr. Howard Taylor Ricketts of Chicago, began to shed new light on the origin and control of that group of infectious diseases which includes Rocky Mountain Spotted Fever and the several types of typhus fever.

While his earlier researches in blastomycosis and immunological problems were all marked by clear and forcible reasoning, it was his brilliant work on Rocky Mountain Spotted Fever that revealed him as investigator of the first rank.

He took up the study of Rocky Mountain Spotted Fever in the spring of 1905 while on an enforced vacation in Montana. He found it to be a rather remarkable disease in that it occurred in well defined areas in the mountains, being sharply limited to the spring months, varied greatly in severity, the rate of mortality in one place being 5%, and in another between 80 and 90 per cent. For some time it had been regarded as caused in some way by the bite of a tick.

Dr. Ricketts promptly found that the disease was communicable to lower animals, and that a certain tick which occurred on a large number of animals in those regions, by its bite, could transmit the disease from the sick to the healthy animal.

These observations opened a new aspect of problems both in the laboratory and the field, and after much hard work over a period of three years, he came to the conclusion that in man spotted fever depended simply on the accidental bite of an adult tick carrying active virus. The seasonal prevalence was explained as only adult ticks find

* William W. Root Lecture presented at the annual dinner of Alpha Omega Alpha Society, Palmer House, Chicago, June 12, 1932.
their way to man and they occur only in the spring of the year.

Naturally the work furnished clear and direct indications as to what to do in order to prevent the disease. During the last year he demonstrated the immediate cause of spotted fever as a small bacillus, which he found in the blood of patients and in ticks and their eggs.

In his studies connected with this tick-borne disease, Dr. Ricketts was assisted by a young student in biology in Montana and later in medicine in Chicago, Mr. Josiah J. Moore.*

In recognizing the strong resemblance between Rocky Mountain Spotted Fever and typhus fever, Dr. Ricketts had become strongly impressed with the thought that the special knowledge and training acquired in this study would prove of great value in the study of typhus fever and its control.

Typhus fever has been one of the great epidemics of the world. Its devastations are recorded "on the dark pages of history, the pages that tell of war, overcrowding, want and misery." Napoleon's retreat from Moscow was largely due to the extensive outbreak of typhus among his troops. Until the middle of the last century it prevailed in practically all large European centers, which largely disappeared owing to better sanitary conditions. Fifty years ago it still smoldered in many centers, as in Mexico where it claimed hundreds of victims each year. In its virulent forms typhus fever may become one of the most contagious of diseases, and there is no disease that has claimed so many victims among physicians and nurses.

After careful consideration, fully aware of the dangers and risks he would run, Dr. Ricketts decided to take up the study of typhus fever in the City of Mexico, and with his volunteer assistant, Mr. Russell M. Wilder, a senior medical student, began work in December 1909.

Before many weeks had passed, results of great importance were secured; it was found that typhus is different from Rocky Mountain Spotted Fever, although having many points in common; that Mexican typhus is communicable to the monkey; and that it may be transmitted by an insect (Pediacillus vestamentii), a species of louse. After several months they were able to confirm the discovery of a micro-organism, a bacillus, in the blood of typhus patients and in the insect.

While courageously and devotedly pushing this work to completion, Dr. Ricketts was stricken with typhus and died in Mexico City May 3, 1910.

Thus a young and noble career of great achievement and of large service to humanity came to a sudden and heroic end, and a new name was placed on the martyr roll of science. Many of the observations and discoveries in connection with this work of Dr. Ricketts had a much wider significance particularly in the control in World War II of typhus fever and that group of infections now termed the rickettsial diseases.

During the Spanish-American War more soldiers died of typhoid fever than from battle casualties. One of the achievements of preventive medicine has been the protective vaccination against typhoid fever, largely instituted by Colonel Frederick P. Rowland of the Medical Corps, so that in World War I there was not a single case of typhoid fever in the United States Army. Since then through protective vaccination, typhoid fever has become a rare disease, the only problem remaining being the control of the typhoid carrier.

Malaria, another mosquito-borne disease, has been brought under effective control in the United States during the past half century. This has been accomplished largely through elimination of the special mosquito vector (anophelines) by DDT spraying and destroying of all pools and stagnant waters which are breeding places of the mosquito. While the anophelines mosquito still abounds in certain areas of the United States, the insect no longer spreads malaria as readily as formerly because there are fewer infected people and less opportunity for transmitting the disease.

It is understood that in Mississippi a prize is now awarded to any one reporting a new case of malaria in these states.

However on a world scale, the battle against malaria is just beginning. In the malaria regions of Asia, the Near East, and Equatorial Africa, the anophelines mosquito will infect some 300 million people, twice the population of the United States, and about three millions of its victims will die. The effect will not be restricted to the areas involved, because malaria has a high impact on the world's economy and politics. It is also the major cause of poverty and malnutrition.

Members of the military forces returning from the Korean campaign have been kept on suppressive drugs, develop an attack of malaria on their return to the United States and Canada. Wherever malaria has been brought under control through modern drugs as quinine and the newer substitutes, with proper preventive measures, makes it as relatively easy to keep malaria in check.

During the third decade of this period, two remarkable achievements came to American medicine in the treatment of diabetes and pernicious anemia.

The story of the final conquest of diabetes may best illustrate the integration of scientific research along many lines, and finally lead to results of greatest practical importance. At the turn of the century there was a growing opinion that the pancreas was at fault in the disease diabetes; the previous researches in European medical centers on the chemistry of the hydro-carbons, the physiology of the liver, the recognition of diabetic coma, the studies on the metabolism of nutrition, the experimental production of diabetes in dogs by extirpation of the pancreas, and pathologic changes in the Islets of Langerhans in the pancreas, all of which suggested a gland of internal secretion. This was further crystallized in 1916 by the English physiologist, Shearer, naming the hypothetical as yet undiscovered hormone, insulin.

Efforts were made by careful investigators to obtain alcoholic and acidulated extracts of the islet tissue of the pancreas, and when the same were injected into pancreaticized dogs, the glycosuria diminished and the general condition improved. The prize, however, was reserved for three Canadian physicians, Banting, Best and MacLeod, of Toronto, to perform similar experiments, and in 1922 were able to report the successful clinical use of insulin in patients with diabetes.

A number of modifications have since been made in insulin preparations permitting less frequent ad-
ministration of the same, and the list of permissible diabetic foods had been greatly increased, so that the diabetic patient of today has a wide choice of diet and can live a normal life of many years.

During the first twenty years of this century, the patient with pernicious anemia could look forward to only one termination, as patients rarely lived more than two years after the first symptoms. This disorder of the blood-making system in which the red cells are greatly diminished and the maturing factor of the same is deficient, has baffled investigators as to its origin, and specific treatment, ever since it was first recognized by Addison one hundred years ago. Whipple in 1921 published the results of repeated bleedings of dogs producing a condition of the blood state similar to that observed in the blood of patients with pernicious anemia. He found further that by feeding these anemic dogs certain foods rich in protein, such as liver, the blood condition rapidly returned to normal.

These experiments formed the basis of the contribution of Minot, Murphy, Castle and associates in Boston, to establish the liver treatment of pernicious anemia. It became evident that a constituent of normal gastric secretion was absent in pernicious anemia patients which interfered with blood formation. This was called the intrinsic factor, that interacts with some constituent of food (extrinsic factor) to produce the active antianemia principle which is stored in the liver.

The liver extracts combined with the intrinsic principle, vary in percentage concentration and given at stated intervals maintain the blood of the pernicious anemia patient at a normal level. Since this is clearly a deficiency disease it is necessary to continue the liver treatment more or less continuously. Like the use of insulin in diabetes, it permits the patient to engage in normal activity for many years.

In recent years in the treatment of special types of pernicious anemia, preparations of folic acid and Vitamin B have been used with effective results.

A new era in American medicine, particularly in the treatment of infectious diseases occurred with the introduction of the anti-biotics, just preceding World War II. The first group were the sulfa drugs, originating in Germany, but greatly purified by manufacturers in this country, which reduced the mortality from pneumonia and other acute infections due to streptococcus and staphylococcus to a marked degree.

The second group of anti-biotics of which penicillin was the first example, were all products of lower microorganisms such as molds, fungi, and soil bacteria.

The story of penicillin constitutes another romance in medicine. Discovered in 1929 by Dr. Alexander Fleming, now Sir Alexander, a London pathologist, prepared from a common soil mold, later identified by the American entomologist Thom, as penicillin notatum, after which Dr. Fleming named the product penicillin.

The successful isolation and purification of penicillin, and the clear cut proof of its antibiotic action and clinical use with assay and unit of dosage was the work of Dr. Horace Florey, now Sir Horace, and associates at Oxford.

The onset of war expedited the development of penicillin, and the great need of its mass production, which was promptly met by entering drug manufacturers in this country. An important center in the team work was the Regional Research Laboratory of the U. S. Department of Agriculture at Peoria, Illinois. The efforts were soon successful to increase the yield of penicillin for all the needs of the war period.

The supervision of its production on a large scale and careful distribution, to the armed forces, and especially civilian hospitals were under the direction of a committee of the National Research Council; all of which was indicative of a broadly conceived program of study and critical research that placed our knowledge of penicillin on a sound scientific and clinical basis. It soon came into extensive use in the military hospitals of all the Allied Nations, and may well be accredited with a prominent part in winning the last war.

Later it became generally available for civilian hospitals in this country and the dramatic results everywhere were in keeping with the high expectations of the earlier studies.

As penicillin was still powerless in certain bacterial infections, search for other weapons led to discovery of a number of other antibiotics, all of which have been developed in American laboratories.

Waksman discovered streptomycin in 1942, and it became an effective remedy in tuberculosis; chloromycetin was developed in 1947 by Burkholder in the Detroit laboratories of Park Davis & Company, and has been specially effective in typhus and the other Rickettsial diseases.

Benjamin M. Dubber and his associates at the Lederle Laboratories in Pearl Harbor, New York, discovered, tested and produced aureomycin, which has given remarkable results in the treatment of brucellosis, amoebic dysentery, and such virus diseases as atypical pneumonia, psittacosis and the Rickettsial diseases. Terramycin, one of the newer antibiotics, is proved to have a still broader spectrum of effects among many of the micro-organisms in the bacterial, viral, rickettsial and protozoan groups.

While penicillin is extensively used in a large group of infections, the two outstanding results are its use in subacute bacterial endocarditis and the venereal diseases.

Before the introduction of penicillin, the disease subacute bacterial endocarditis, a prolonged inflammation of the heart valves, was invariably fatal. By the use of large doses of penicillin, a majority of these cases now are cured, and it is acknowledged by leading internists that the new treatment of subacute bacterial endocarditis is, barring insulin, the greatest therapeutic triumph of this century.

It has had an equally remarkable therapeutic effect in the treatment of venereal diseases. The former methods of treatment required several years for disappearance of symptoms, but now with adequate dosage and prompt diagnosis, it is possible to render the infected person non-infective after one or two days, and a disappearance of all symptoms of the disease within two to three weeks. The incidence of congenital syphilis after effective treatment of the mother has been reduced to a minimum: likewise the admission of chronic forms of the disease in mental hospitals has been lowered by one-half.

There is reason to say that syphilis is on the way out and to hope that ere long the curtain will drop on this the darkest shadow in the land.

The physicians of the United States and Canada had an enviable
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record in World War II. Those in the armed forces both by their quality and by their numbers, cooperated in the finest program of medical care ever developed by any army or navy.

More than 55,000 physicians left their civilian positions, and all credit is due to those who remained at home. Eighty thousand doctors remained to care for a one-hundred and twenty million people, each physician caring for an average of 1,500 persons.

This was a tremendous breaking-jaw, and resulted in an increase in morbidity and mortality in the medical profession.

The remarkable results obtained in the handling of the casualties of war, close to a half million, is the best criterion of the service rendered to the military forces.

The control of malaria, typhus and other tropical diseases in the war period will form an epic story for years to come.

Another beneficent contribution arising out of the war experience is the development of blood transfusion on a scientific basis. The opportunity to observe on a large scale the almost miraculous restorative properties of transfused whole blood, is now reflected in its more extended use in civil practice. It is well recognized that the transfusion of blood is the most successful type of tissue transplantation so far developed. It transforms the red cells of the blood, which not living, are at least physiologically active.

Landsteiner in this country has divided human blood into four groups, of which is universal, but in the other three groups, the donor and recipient must belong to the same group.

Landsteiner and Wiener reported ten years ago, the discovery of a new element in human blood called the Rh factor indicating that human beings can produce anti-bodies against the antigen in the erythrocytes (red cells) of other persons.

Transfusion of Rh positive blood to an expectant mother may lead to the destruction of the red blood cells in the fetus or newborn, producing a condition known as hydrops fetalis, a fatal disease.

Transfusion of whole blood is a life-saving procedure in conditions of shock, severe burns and injuries with great loss of blood.

Again, many blood derivatives have proven of great value in certain disease conditions.

During the past fifty years, significant progress has been made in the diagnosis and treatment of cardiovascular diseases.

The classic contribution of James B. Herrick in 1912 definitely defined coronary thrombosis as a clinical entity, readily recognized by its characteristic symptom complex, and in most instances amenable to treatment and recovery.

Herrick with other American clinicians have added a new chapter in internal medicine, and likewise greatly advanced our knowledge of myocardial infarction and chronic degenerative heart disease.

In recent years the judicious use of anticoagulant drugs, like dicumarol and heparin have distinctly changed the course of the illness in coronary thrombosis, and extent of damage to the heart muscle.

The incidence of heart disease is definitely on the increase; from being the third in mortality ratio in 1900, it has increased to first place at the present time. We now recognize three prominent causes of heart disease: rheumatic fever, syphilis and arteriosclerosis. Rheumatic fever is the principal cause of heart disease in the young, and the intensive efforts to control its incidence as well as lessening the complications of this disease by active penicillin and other antibiotic therapy, are bearing encouraging results.

Former forms of heart disease occurring in middle life was frequently due to a previous syphilitic infection, but the more effective recovery of this disease during its earlier stage as the result of antibiotic therapy has greatly lessened the incidence of this form of chronic heart disease.

Arteriosclerosis is the most frequent cause of heart disease beyond middle life, and its causation is still beyond our ken. It is hoped that the large amount of careful research carried on by American investigators on the relation of disturbed lipoid or fat metabolism in this disorder may shed further light on this obscure problem.

The successful removal of large numbers of foreign bodies from the heart cavities during the war period, developed a technique and experience that led to still greater extension of cardio-surgical surgery following the war.

Now the “blue-baby’’ and other congenital malformations of the heart and connecting large blood vessels are relieved by surgical means, and thus are not the hopeless problem of earlier years.

Great progress has also been made in the surgical relief of chronic defects of the heart valves, as in mitral stenosis usually caused by previous attacks of rheumatic fever. The operation of valveotomy in mitral stenosis is now well established and with the remarkable restoration of physiologic function, these patients are rendered more comfortable and free from distress.

Thoracic surgery or surgery of the chest is the youngest yet most precocious of the special fields of surgical endeavors. Aside from remarkable advances in the cardio-vascular field, the removal of a lung, affected by disease, is now accomplished without endangering the life of the patient.

Great milestones have marked the evolution of American surgery during the past half century, too numerous and complex to outline fully at this time. It has been a period of great names and interesting personalities, who left their impress on American medicine for all time.

We can not omit the great advance in anesthesia for aside from the control of infection—that of pain, has opened up a new era in surgery.

The most exciting recent development in American medicine was the announcement three years ago by Hench and Kendall of the discovery of a new hormone of the adrenal cortex, called or Compound E, and of a pituitary corticotrophic hormone (ACTH) and their dramatic effect in the treatment of rheumatoid arthritis; it has been equally effective in the allied group of disorders, the so-called collagen diseases, which include rheumatic fever, periarteritis nodosa, scleroderma and lupus erythematosus. It presents a new therapeutic approach in that the pathologic physiology of this group of diseases is rendered potentially reversible, and has further demonstrated the importance of the adrenal cortex in body metabolism.

As the tolerance dosage becomes better established with a clearer understanding of its therapeutic limitations, the future of these new remedies is most promising.

By this remarkable discovery, Hench, Kendall and associates, have opened the way for great advance in medical knowledge. It won for these two distinguished medical scientists the Nobel award in 1950, the
Passana award and many other honors.

In reviewing these epochal events in American medicine, it will be evident that medical education, in order to keep in tune with new discoveries and changes in medical practice, must have undergone an equally remarkable evolution in methods of training during the past half century.

One can look back now and see the great drama that took place in medical education in America. Within a comparatively few years the number of commercial medical schools was strikingly reduced, university medical schools were organized, the length of the medical course was markedly increased, the number of medical students diminished, and there began that evolution that has advanced medical education in America so that it is the peer of that of any country in the world.

It must ever be to the credit of the American physician acting through the American Medical Association, who saw the need of using the constantly growing knowledge and was willing to make the sacrifices that go with change.

Two years after the founding of Alpha Omega Alpha Society, the Council on Medical Education of the American Medical Association, was established and in cooperation with the Association of American Medical Colleges and other related agencies, began a campaign for better instruction, better procedures of licensure of physicians and surgeons, and larger campaigns for the general support of medical education.

There was further supervision of the promotion of graduate teaching in medicine. Now practically all medical graduates have at least a year's internship and hospital residencies have steadily increased with the establishment of certifying boards in the different medical and surgical specialties. These with fellowships have offered increasing opportunity for training and teaching.

So rapid were the developments in the practice of medicine itself, that it speedily branched off into specialties. One after another they flared on the horizon, some born overnight, self styled or self anointed as it were, but this too has been brought under supervisory control by the organization in 1933 of the Advisory Board for Medical Specialties, which determines the formation of new boards of certification and in cooperation with the Council on Medical Education and Hospitals, A.M.A., gives approval to the residency and graduate training required for certification by the individual specialty boards.

The remarkable discoveries and achievements of American medicine during this period are largely due to physicians and surgeons adequately trained in special fields of research or practice.

For a while it seemed with the growth of specialization, as if the family physician of the past was doomed, but gradually the training of the specialist has been pushed up into the hospital years, and the undergraduate curriculum in our medical schools is now being arranged to provide a broad well-rounded training for the 'basic' doctor who with additional graduate experience will emerge as the general medical consultant of the future, the cultured family physician who will best be able to determine when specialized skill and knowledge is needed for the welfare of the patient.

In relating the life period of Alpha Omega Alpha Society with the epochal achievements in American medicine from its beginning in 1902 of three local university chapters to the present chapter membership of sixty-one, with a prospect of adding four more chapters during the year, this Honor Society by the maintenance of high professional ideals and through its member leadership, in no small measure has contributed to the progress of the period.

We recall that the Muse of Medicine has held her Temples of learning during the past 100 years in various centers of the old world, London, Paris, Berlin, and Vienna, but soon after the turn of this Century and particularly following World War I she gained a firm foothold in the new world across the sea. So that now American institutes of training and research have become the Mecca for the medical pilgrim of the world.

Because of world-wide changes it must be evident to all, that the challenge and responsibility for the future progress of world medicine rests largely with the medical schools, research institutions, clinicians, practitioners, and public health workers here in America.

However, if this high place in world medicine is to be maintained, it is timely to recognize that American medicine in the future will require the recruitment of superior students, the organization and integration of the community to supply the opportunities of advanced medical education and continued generous financial support.

Due to the increasing cost of the educational program, medical training and practice is facing a financial crisis that endangers the high standards of American medicine developed within the past fifty years.

It would appear as if history must again repeat itself. Where a half century ago the American doctor through the American Medical Association determined to place its own house in order, and bring medical education in America to a place of leadership in the educational world, so now, the organized profession of medicine must meet this new challenge to preserve these great opportunities for service that symbolize American medicine today.

In this critical hour we note with pride that the American Medical Association has again come courageously forward to take over this new responsibility, as evidenced by the organization of the American Medical Education Foundation, and further by the incorporation of the National Fund for Medical Education established by American industrialists and prominent laymen. This great movement however, can not attain its ultimate goal unless it becomes the personal responsibility of every American physician, and thus insure the best guarantee of the continuing educational freedom and practice of medicine in America.

With due appreciation of the great heritage of service and opportunity that we now enjoy, we pray for that wisdom to guide aright the Destiny of American medicine in the days ahead.
Alpha Omega Alpha
(Honor Medical Society)
Founded by William W. Root

HISTORY
AND CONSTITUTION

1955
THIS is a non-secret, College Medical Honor Society, membership to which is based entirely upon SCHOLARSHIP, moral qualifications being satisfactory. It was organized at the College of Medicine of the University of Illinois, Chicago, August 25, 1902, and is the only order of its kind in medical schools on this continent. Its definite mission is to encourage personal honesty and the spirit of medical research.

It is not a social organization and the custom is growing of devoting the chapter meetings to the presentation of clinical cases and scientific papers with discussion.

Public addresses, by distinguished physicians, are given each year under chapter auspices and many of the addresses have proved to be notable contributions to medical literature.

Its methods for the advancement of medical education ally it with such organizations as the Carnegie Foundation for the Advancement of Teaching and the Council on Education of the American Medical Association, and those who have studied closely these methods and the ideals of the Society believe that its remarkable growth and influence in so brief a period mark but the beginning of a unique movement for better things in the profession.

It will be seen from the roll of chapters, every one active, that nearly all of the institutions of the highest rank in Canada and the United States are represented, and it is only to those attaining such rank that charters will be granted. Every medical school in America which has to date been approved by our Committee on Extension is now included. Educators and others interested may be furnished with further information and with copies of the Constitution upon application to G. Meredith Brill, Slaterville Springs, N. Y.
HISTORICAL NOTE

College fraternities or, as earlier called, Greek letter societies, are peculiarly an American institution. In the colleges of the colonial era debating and literary societies arose primarily as an opportunity for training in public speaking, an outstanding attribute for clergymen, lawyers, and men in public life. Such societies had names of classical origin, either Greek or Latin. Some of them had mottoes, usually in Greek, expressing their ideals. A few were in part secret.

In December 1776 at the College of William and Mary at Williamsburg, Virginia, the second oldest college in the present United States, was organized a Society which adopted no name, but a Greek motto meaning Philosophy, the Guide of Life. It adopted secrecy, a ritual, an oath of fidelity, and other features. These features may have been due to the fact that debate of the public questions of the day by patriotic college students might prove offensive to the representatives of the King, who had their headquarters in the town of Williamsburg, or they may have been in youthful emulation of the Free and Accepted Masons, the colonial headquarters of which were in the same town.

The Society took its name from its motto. In the original records this motto was written out, and then all but the initials of the three words were erased. This added to the charm of secrecy—not even to divulge its motto. The initials of the Greek words were ΦΒΚ and the organization was known as the Phi Beta Kappa Society. Although the parent society soon became inactive because of the Revolutionary War, between 1780 and 1787 branches were established at Yale, Harvard, and Dartmouth Colleges, in 1817 at Union College, in 1825 at Bowdoin College, and in 1830 at Brown University.

The social-political, anti-masonic protest extending from 1825 to 1835 had two influences on college societies. One was a stimulus to the establishment of a new type of secret student organization designated by initials of Greek mottoes and therefore called Greek letter societies. Soon they were called fraternities and their branches were designated as chapters in imitation of Masonry. Phi Beta Kappa did not use either the word fraternity or the word chapter at this time. The first of these college fraternities was at Union College.

The anti-masonic agitation was violent in New England. It extended to all secret organizations and singled out Phi Beta Kappa as
a moral detriment to college youth because of its secrecy. Public opinion forced college officials to demand that this society "give up its secrets." The students protested, but finally divulged their secrets which proved to be harmless and trivial.

In some of the colleges, the faculty, many of whom had been members as students, took over the control of Phi Beta Kappa which thus became an active faculty-student literary organization instead of the former student society. These faculty members controlled the election of new members, and they confined their selections to students who excelled in their college studies. Such leading students at graduation were accorded "honors" in the subjects in which they excelled and were known as honor students. They had shown in their college studies evidence of scholarship.

Soon membership in Phi Beta Kappa was essentially a designation of having been an honor student, and the society came to be called an honor society, and at times a scholarship society.

With the establishment of engineering and technological schools in the United States there arose a place for a second type of honor society. Phi Beta Kappa was essentially philosophical and literary as there was little natural science in American colleges prior to 1860. Hence it was not an appropriate organization for a school of technology. As a result there was established at Cornell University in 1886 an honor society named Sigma Xi, membership in which designated accomplishment in the physical or natural sciences.

To have established an honor society in medical schools in 1886 or to have extended Sigma Xi to medical schools at that date would have been inappropriate, for medical schools of that time were devoted almost entirely to teaching the art of medicine and little of medical science appeared in the schools.

No year can be set for the beginning of the revolution in American medical education, but approximately it was in the latter part of the decade of 1860-70. The causes are too many and complicated to discuss here. The results were: first, an increase in length of session from sixteen to twenty weeks, later to twenty-four, thirty, and thirty-two, or more; next an increase in the number of sessions of attendance required for graduation from two to three, and later to four.

About 1885 came the graded curriculum. This inaugurated a period of twenty-five years of progress which included definite entrance requirements, at first low, but progressively increasing. Laboratory teaching came in, and soon after salaried, full-time teachers, followed by the beginning of a research program.

By 1900 the character of medical education had so greatly changed that the medical sciences constituted a considerable part of the cur-
riculum in the more progressive schools, and a few schools had adopted higher entrance requirements.

All this developed beginnings of scholarship among medical students and the time had come when definite recognition of accomplishment by medical students was appropriate.

It was to meet this need that in the College of Physicians and Surgeons of Chicago, the Medical Department of the University of Illinois, in the summer of 1902, a small group of students organized a medical honor society. Following the familiar method of designation by Greek initial letters it was called Alpha Omega Alpha.

The most active student in this episode was William W. Root, then entering his junior year in that college. His interest in this organization did not cease with graduation, but rather increased, and in the thirty years from the founding of the society until his death in 1932, Dr. Root was constantly its fostering parent. These many years of devoted service are properly recognized and commemorated by the national officers in designation of Dr. Root as founder of the society.

In the later months of 1902 a second chapter was organized at Rush Medical College, then affiliated with the University of Chicago, located in a neighboring city block. Early in 1903 a chapter was organized at the Medical School of Northwestern University, sponsored by Dr. Winfield S. Hall, dean of the school. The organization was still local and confined to the city of Chicago when, in 1903, a representative of the three chapters, the late Dr. Burchard H. Roark of Rush, made a trip east which resulted in the establishment of chapters at Western Reserve University, at Jefferson Medical College, and at the University of Pennsylvania.

In 1905 one chapter was founded, in 1906 four, in 1907 two, in 1908 one, and in 1910 one, so that at the end of 1910 there were fifteen chapters. Meanwhile there was great progress in medical education. The Council of Education of the American Medical Association had been organized, all of the medical schools had been inspected and publicly designated in one of three grades. The culmination of this period of revolution was the appearance in 1910 of the Survey of Medical Education by the Carnegie Foundation.

In this revolutionary period the founding of Alpha Omega Alpha and its progress deserves to be considered one of the less than a score of major influences which marked the great improvement of medical education and of the medical profession in the United States.

The increase in number of chapters was slow in the early years of Alpha Omega Alpha because of its high ideals. It declined to establish chapters except in the better schools where equipment, personnel, facilities, and research were sufficient to stimulate scholarship.
The period from 1910 to the present has been a period of evolution in medical education, less dramatic than the revolution of the previous twenty-five years, but more effective in the stabilization and consolidation of the earlier advance. In it Alpha Omega Alpha has enjoyed a consistent growth, ever mindful of its ideals. It has been a stimulus to student effort during the years in the medical school and has implanted in the habits of many of its members a conception of service and improvement. Many of these men have become leaders in the various phases of medical education, research, and practice.

The ideals of Alpha Omega Alpha have also experienced an evolution. At its origin, following the policy of Phi Beta Kappa, election to Alpha Omega Alpha was primarily evidence of success in the medical school, and was based almost entirely upon grades attained in courses. Gradually it has come to be recognized that scholarship involves more than the mere ability to do well the tasks set and done under the intimate oversight of teachers. Scholarship involves initiative, independence, and the ability and will to carry on scholarly activities without oversight. Therefore the conception has come that election to this society is not only a recognition of accomplishment as a student, but also an insignia of both promise and expectancy of leadership in some phase of medicine after graduation. It is changing from an honor society to a scholarship society. The individual who has demonstrated as a student that he has greater ability than the average is remiss if he does not develop that greater ability and render service better than the average in the profession. If one does not expect to continue his endeavors for excellence after graduation, logically he should decline election.

Alpha Omega Alpha has already rendered service to the progress of American medicine, and in the future years should, and probably will, increase this service, if, in the selection of members, not only accomplishment as a student is recognized, but also careful consideration is given to promise of future leadership based upon all those personal and intellectual characteristics that experience has shown will usually lead to high attainment.

Frederick C. Waite
Alpha Omega Alpha

(Honor Medical Society)
Founded by William W. Root

Directory

Edited by G. Meredith Brill
Assistant Secretary-Treasurer

1956
HISTORICAL NOTE

At five o'clock in the afternoon on the 25th of August in the year of our Lord 1902, six medical students (William W. Root, Charles L. Williams, Ernest S. Moore, Benjamin Thomas, Will H. Moore, and Wenzel M. Wochos) met in the bacteriological laboratory of the College of Physicians and Surgeons, University of Illinois, in Chicago, to discuss their ideals and standards for better medical education, and to formulate a student honor group to foster student honesty and help promote higher medical ideals of scholastic achievement. Thus the Alpha Chapter of the University of Illinois was organized, and Alpha Omega Alpha Honor Medical Society* came into being.

It is interesting to note that this movement for higher ideals and better things in medicine had its beginning within the student body. It was a period of reawakening of American medicine and Chicago was its birthplace.

Leading spirits in the medicine of that period, as Frank Billings, Christain Fenger, Ludvig Hektoen, Nicholas Senn, James B. Herrick, Robert B. Preble and Arthur D. Bevan in Chicago, and other leaders in the larger eastern medical centers as Welch and Osler, recognized that medical training was not keeping pace with the continuing progress in all fields of medical practice.

All of the above had sought further training in European medical centers, and coming back with the flavor of an older civilization, imbued with a spirit of a Billroth, a Virchow, Pasteur and Koch, brought the impact of the laboratory and clinical teaching at the bedside, to the door of every institution in America concerned with the training of physicians.

The organization of Alpha Omega Alpha in 1902, with its high aims and ideals seemed to forecast the remarkable evolution in American medical education in the succeeding half century. Two years later the Council on Medical Education of the American Medical Association began its great work to standardize the medical schools in this country on a university basis. Eight years later came the Abraham Flexner report on Medical Colleges which produced that great revolution in American Medical education. This caused a reduction in the number of schools from approximately 155 to half that number, raised the requirements in all departments and finally stimulated millions of dollars for proper maintenance to flow into the colleges.

In the latter part of the preceding century there was a gradual increase in courses of instruction, and in 1885 a graded curriculum was first inaugurated, which included specific entrance requirements, at first low, but progressively higher, thus cumulating a period of twenty-five years of progress.

* In the earlier years the term "Fraternity" was used, but later was changed to "Society."
HISTORY

By 1900, the standards of medical education had changed appreciably so that the medical sciences constituted a major part of the curriculum in the more progressive schools. A few schools had adopted higher entrance requirements of students, which led to the beginning of scholarships for students of medical education. Fundamental changes in medical education had begun to make themselves felt. Previously, many schools had been, or still were, commercial ventures. Admission requirements were elastic; instruction was largely by lectures and text-book study; laboratories were generally inadequate or lacking. Educational standards were low. At this time only three medical schools required college education for entrance. Many students had only grammar school education. Such standards as did obtain were very loosely enforced. The usual premedical requirement was a high school diploma, or equivalent thereof. The better schools were composed of departments of universities, or were affiliated with a university. At this time, university pressure was being exerted to raise the standards of medical departments to university levels.

The unsavoury traditions of medical school life were intensified by a liberal sprinkling of uncouth and rowdy students. There was drinking, sex irregularity, cheating and general dishonesty among the students.

These conditions seemed intolerable to William Webster Root, a third year student.* Older than most of his classmates, he had a wife and three children at this time. A Cornell University graduate, he took advanced work in chemistry there and at the University of Chicago, then taught in secondary schools for several years before entering the study of medicine at the University of Illinois. He was a man with great tenacity of purpose and a serious student. He had been impressed, furthermore, with "the large number of men strong in brains and character in the senior class." It was several months before the opening of the summer term in 1902 that the idea of an Honor Society first took definite shape in his mind. He carefully deliberated as to the best way to go about it, then early in August of that year, approached a fellow student, C. L. Williams, and presented his idea. A little later he managed to get three seniors together in the library for an exploratory meeting. The August 25 meeting mentioned in the first paragraph followed.

The subsequent organization of the Society was patterned after the pre-existing honor societies of Phi Beta Kappa** in liberal arts and Sigma Xi*** in science.

Recognizing the deplorable conditions mentioned above, Root and the group of students he gathered together, were timely in their positive stand for better things in medicine, not alone good scholarship, but honesty and decency, with higher professional ideals.

Dr. E. S. Moore described his classmate, Root, as follows: "he was a

* In his senior year Root transferred to Rush Medical College, and graduated in 1904.
** Established in December 1776 at College of William and Mary, Williamsburg, Va.
*** Established at Cornell University, Ithaca, New York, in 1886.
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serious, earnest man with a soft persuasive voice. His eyes had a direct but disarming gaze. His sincerity of purpose and confidence in the righteousness of his cause was manifest...

In the early period, meetings of the Society were frequently held at Root's home in Chicago. Mrs. Root, a woman of scholarly attainment, encouraged and assisted her husband through the years in matters connected with the Society. Alpha Omega Alpha was his main interest then and it remained so for the rest of his life.

Three names must always be associated with the early history of Alpha Omega Alpha—William Webster Root, Burchard Hayes Roark, and Winfield Scott Hall. Root was the initiating spirit for he conceived the idea, wrote the constitution, designed the key and motto, and fathered the movement in every way during its first thirty years. Roark, who graduated from Rush Medical College in 1903, early caught Root's enthusiasm. He helped to establish the second chapter, at Rush in Dec. 1902, when 14 senior medical students were elected to membership, then took a special trip east at which time chapters were organized at Western Reserve, at Jefferson and at the University of Pennsylvania, all in 1903. Considerable preparation by Root preceded the chartering of each of these chapters and the funds for Roark's trip came from the slender resources of the founder. Hall, after establishment of the chapter at Northwestern in Feb. 1902, where he was Dean of the Medical School, soon recognized the significance of the new organization. He served as President from 1904 to 1913 and during these years did much to develop and strengthen the movement. His prestige and reputation as an educator, lecturer and author were of tremendous benefit to the furtherance of Alpha Omega Alpha, and he devoted much time to it. He assisted directly in the establishment of chapters at Washington University, Saint Louis in 1905; Harvard University, University of California, Johns Hopkins University and University of Toronto in 1906; Columbia University and University of Michigan in 1907; University of Minnesota in 1908; Cornell University in 1910; Syracuse University* and McGill University in Montreal in 1911. It should be mentioned here that the Vice President who shared Dr. Hall's active interest in the Society was Dr. Walter B. Cannon of the Harvard University Medical School, later to become world renowned as a physiologist. Dr. Cannon's interest in the Society grew with the years and he rendered valuable service for many years through his chairmanship of the committee on extension and policy.

Thus it may be seen how the idealism of this fledgling Honor Society fired the imagination of outstanding figures in the medical world, who eagerly passed the word along. Indeed, membership in this Society was soon to be thought of as "the highest honor in medical school."

From the beginning, the Society has attracted men of high calibre to serve as officers, directors and members of important committees.

* Now State University of New York College of Medicine at Syracuse.

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Dr. Root served as president the first two years, from 1902 to 1904. He was then elected secretary-treasurer and continued in that capacity for the remainder of his life, until his death on April 23, 1912.

In addition to the six chapters established during his period as president, thirty-two university medical schools in the United States and Canada were granted charters to establish chapters of Alpha Omega Alpha during his lifetime. With one exception he attended each chapter installation and throughout the years made many visits to medical schools on this continent to stimulate interest in the Society.

Following Dr. Hall’s term of office as president—1904 to 1913—and that of his assistant Dr. Cannon, Professors Russell Burton Opitz of Columbia University and G. Carl Huber of the University of Michigan, served as President and Vice-President respectively from 1913 to 1918. During their excellent leadership Alpha Omega Alpha grew in size and influence. It was during this period that new chapters were established at the University of Nebraska and Tulane University in 1914, and at the Universities of Cincinnati, Pittsburgh and Indiana in 1916.

Dean John L. Heffron of Syracuse University, and Professor John J. MacKenzie of the University of Toronto, served as President and Vice President of the Society from 1918 to 1924. This period was also one of great expansion and prestige for Alpha Omega Alpha.

Recognition from educators, which was slow at first, now seemed to be widely accepted. This was also a period when marked discretion and excellent judgment had to be used, and Alpha Omega Alpha was fortunate in having Dean Heffron and Professor MacKenzie as its leaders. During their period of service new chapters were established at the University of Virginia in 1919; The State University of Iowa, University of Texas and Yale University in 1920; and at Vanderbilt University, New York University and University of Oregon in 1923.

The Society and medical education sustained a great loss when Dean Heffron died on September 24, 1924, as the result of a fracture of the skull in an automobile accident on his way to lunch with Dr. Root at the University Club, Syracuse.

Several months after Dr. Heffron’s death, the Directors of the Society appointed Dr. Walter L. Bierring of Des Moines, Iowa, as the fifth President of Alpha Omega Alpha. A distinguished educator, he was destined to serve a longer period than any of his predecessors. At each third Biennial Council he was re-elected and his present term expires in 1958.

Dr. Bierring was greatly interested in medical education by reason of many years of teaching pathology, bacteriology and internal medicine at the State University of Iowa, long membership on the National Board of Medical Examiners, and on several special educational commissions.

Dr. Bierring’s dedicated, unselfish service to the Society cannot be measured. His administration as President has been one of distinction and growth.
HISTORY

It is largely due to his careful editorial discrimination that the Society's publication, The Pharos, enjoys increasing popularity with the years.

This period of thirty-two years has been marked by continued progress and extension of the educational influence of this Society. Within the course of thirty-two years, 44 new chapters have been installed at the following university medical schools: St. Louis University and the University of Buffalo in 1924; Louisville, Colorado, Wisconsin and Georgia in 1926; Kansas in 1930; Duke University in 1931; Ohio State in 1933; Women's Medical College of Pennsylvania in 1934; Emory 1939; Tufts College and Medical College of Virginia in 1940; Tennessee in 1941; University of Western Ontario and Wayne State University 1942; Boston University, Long Island College of Medicine*, and Wake Forest College in 1948; Marquette University, Louisiana State, University of Utah, University of Southern California, Baylor University, University of Maryland and Albany Medical College in 1949; Medical College of Alabama, University of Washington, Southwestern Medical School of the University of Texas, and Temple University in 1950; Hahnemann Medical College and Hospital, and University of Vermont in 1952; Medical College of South Carolina and University of Oklahoma in 1953; University of North Carolina, George Washington and Georgetown Universities, and University of British Columbia in 1954; Howard University, and University of Arkansas in 1955; the University of California at Los Angeles and the University of Puerto Rico at San Juan in 1956. The latter is the first chapter established outside the United States and Canada.

With the exception of a few of the earlier years, the President has attended in person each chapter installation, presenting the charter to the Dean of the University Medical School concerned.

During this period Dr. Austin A. Hayden of Chicago was Vice President from 1924 to 1940, and Dr. Jonathan A. Meakins of Montreal to the present time. Both were of great help in furthering the interests of the society.

Soon after the death of the first Secretary, Dr. William W. Root in 1932, the Directors properly recognized his devoted services and commemorated the same by designating him as Founder of the Society, so to appear on all official documents. At the same time the William W. Root Alpha Omega Alpha Lecture was established.

Dr. Josiah J. Moore of Chicago was appointed Secretary-Treasurer in 1932, and has continued in that position. As a teacher in pathology at the University of Illinois College of Medicine, Secretary of the Scientific Section on Pathology of the American Medical Association, and one of the leading national pathologists concerned with the formation of the American Board of Pathology, he was greatly interested in advancing the higher standards of medical training. Ever since his election to membership in Alpha Omega Alpha at Rush Medical College, University of Chicago, in 1911, he has been greatly interested in this medical honor society giving of his fine

* State University of New York College of Medicine at New York City.
energy unstintingly through the years. His acquaintance with Dr. Root and the other charter members added further to his interest.

During his term of service thirty-four chapters of the Society were installed. With only an occasional exception, he attended each of the installation exercises, presenting the certificate and key to each charter initiate with an inspiring charge to each group on their new responsibilities as members of Alpha Omega Alpha. Dr. Moore represents AΩA in the Association of College Honor Societies* and is past president of that organization.

Dr. Moore is ably assisted by Mr. G. Meredith Brill**, Assistant Secretary-Treasurer, who is in charge of the main office of the Society at Slaterville Springs, the central New York State village where Dr. Root, the Founder, lived and practiced medicine as a country doctor for twenty years. Mr. Brill first assisted Mrs. Root with the work of the Society during the difficult period of the Founder's illness and death and has now managed the central office for almost twenty-five years.

The Directors have always added distinction to the Society, including such eminent medical educators as G. Canby Robinson, Ray Lyman Wilbur, Waller S. Leathers, Louis B. Wilson, Willard C. Rappleye, Wilburt C. Davison, Herman G. Weiskotten, Jonathan C. Meakins, and Howard T. Karsner.


In 1925 an AΩA dinner was established in connection with the annual sessions of the American Medical Association, at which the speakers included some of the leading physicians and scientists of the period. Several were from England. After 1932 this annual address was named the William W. Root Lecture. It was a matter of general regret that this happy annual occasion had to be discontinued in 1953, because of conflicting arrangements in the annual AMA program.

Up to the present time Honorary memberships have been granted by the Board of Directors to 51 leading physicians and scientists located in the following countries:—Argentina, Australia, Austria, Belgium, Chile, China, Colombia, Czechoslovakia, Denmark, England, France, Iceland, India, Mexico, Philippines, Russia, Scotland, Spain, Sweden, Switzerland, Syria (Lebanon), and Union of South Africa.

This has been a further means of extending the ideals and purposes of Alpha Omega Alpha on a world wide basis. Chapters of Alpha Omega Alpha may also elect alumni members from the graduates of the medical school concerned, who ten or more years after graduation have gained special dis-

* Founded by Dr. Root in 1925.
** Son-in-law of Dr. Root.
HISTORY

tinction in any field of medical science or practice. This forms a further bond of interest between the medical school and its graduates.

In the granting of charters to establish new chapters of the Society, the Committee on Extension and Policy is greatly aided by the two recognized standardizing agencies, the Council on Medical Education and Hospitals of the American Medical Association and the Association of American Medical Colleges.

The following events are of historical interest.

On June 5, 1946 a statue of Apollo was unveiled at the archway of the Medical, Dental and Pharmacy building on the campus of the University of Illinois College of Medicine commemorating the founding of the first chapter of Alpha Omega Alpha. Speakers at the unveiling ceremony included Dr. Walter L. Bierring, Dr. Josiah J. Moore, Dr. Raymond G. Allen, then Dean of the College of Medicine, Dr. David J. Davis, Dean Emeritus of the College of Medicine, Dr. Warren H. Cole, Professor of Surgery, and Frank T. Maher, president of the Alpha of Illinois Chapter.

The 50 year golden anniversary was appropriately celebrated at the University of Illinois College of Medicine on June 10, 1952. The principal address was given by Dr. Louis H. Bauer, president of the American Medical Association.

A memorial plaque commemorating the founding of Alpha Omega Alpha was presented by the Medical Center Citizens Committee of Chicago and dedicated in Pasteur Park, Chicago on November 22, 1955. The acceptance of the plaque and response were made by President Walter L. Bierring.

It is well established that during its first half century, Alpha Omega Alpha has gradually become an integral part of medical education in America and through its chapters and members has distinctly stimulated medical research, the higher educational and ethical standards, as well as the nobler professional ideals in the art and practice of medicine.

It is our hope that some day the central office and permanent future home of the Society will be located on the campus of the founding college, the University of Illinois College of Medicine.

The future should see chapters in every medical school in the United States and Canada, with gradual introduction to other countries. That future is well portrayed by Dr. E. P. Lyon: "Bring your great talents, Alpha Omega Alpha, like Columbus to the shore of the unknown. Chart new pathways, sound new depths, dare new winds and currents, visit strange lands, bring back new fruits—then shall ye be great. Then shall ye be dukes and kings in the aristocracy of intellect. Then shall ye deserve your heritage—and your key."
Dedication of Memorial Plaque Commemorating the Founding of
Alpha Omega Alpha Honor Medical Society

PASTEUR PARK, CHICAGO MEDICAL CENTER
TUESDAY, NOVEMBER 22, 1955

Through the active interest of the Medical Center Citizens Committee of Chicago, a bronze plaque with the following inscription in simple Gothic lettering was placed in Pasteur Park, Chicago Greater Medical Center on Tuesday afternoon, November 22, 1955:

"On August 25th, 1902, at this location which was the College of Physicians and Surgeons, later the University of Illinois College of Medicine, there was founded the Alpha Chapter of Alpha Omega Alpha, Honor Medical Society, dedicated to the improvement of scholastic standards in medicine and to the advancement of the profession. Since then its influence has grown and its chapters expanded throughout North America."

The dedicatory exercises included the following:

Two of the counselors of the Committee and Cook County Commissioners, the Honorable Arthur X. Elrod and the Honorable George F. Nixon, presented the plaque on behalf of the Citizens Committee, expressing appreciation for the privilege of having this commemorative plaque become a part of the Chicago Medical Center. They were followed by Miss Reva Kemp, secretary and treasurer of the Committee, who spoke for the Board of Directors, comprised of — Mrs. Merrill C. Meigs, president, Mrs. Britton I. Budd, Mrs. Rollin S. Church, Mrs. Andrew C. Ivy, Mr. George F. Sisler and Mrs. Frances B. Watkins.

Dr. Walter L. Bierring, National President of Alpha Omega Alpha Society, expressed appreciation of the recognition by the Citizens Committee of such a significant event as the founding of Alpha Omega Society, in the address which follows:

"The Medical Center Citizens Committee of Chicago—Ladies and Gentlemen:

On behalf of the Directors, Officers and members of Alpha Omega Alpha Honor Medical Society, it is my pleasure to express to the Medical Center Citizens Committee of Chicago the highest appreciation for the presentation of this beautiful bronze memorial plaque, to commemorate the founding of Alpha Omega Society fifty-three years ago at the University of Illinois School of Medicine, to be placed here in Pasteur Park of the Chicago Medical Center.

On this interesting and memorable occasion we are mindful of the significant import of dedicating a memorial plaque here in Pasteur Park and the Chicago Medical Center, commemorating the founding of Alpha Omega Alpha Honor Medical Society.

Nearby is also the beautiful statue of Apollo, dedicated by Alpha Chapter of Alpha Omega Alpha Society in June 1946. Apollo, the God of Light and Life, was symbol-
ized by the Greeks as the God of the healing arts with powers over disease and epidemics, as well as of the higher and finer ideals of life itself.

The beginning of Alpha Omega Alpha Society soon after the turn of the century was coincident with a remarkable reawakening of medicine here in Chicago and throughout America.

Perchance the spirit of inquiry generated within the student body of the University of Illinois Medical School, and crystallized in the formation of this society, was a prophetic forecast of the significant and evolutionary changes in medical education that followed.

Even on this day, we are conscious of the blessing of the master spirits that in large measure invoked this significant awakening here in Chicago.

Somehow we feel the presence in spirit, of William W. Root, the Founder of the Society, who with a small group of fellow students gathered on a warm August day in 1902 in the old bacteriological laboratory (close by), felt the urge of student obligation in the advancement of medical education, and the need of a society to direct attention to the higher and finer ideals in medicine.

Likewise our thoughts revert for the moment to those grand men of Chicago medicine, as Frank Billings, Ludwig Hektoen, Christian Fenger, James B. Herrick, Winfield S. Hall, and in a later period, Josiah J. Moore, David J. Davis, and Basil C. H. Harvey.

The fondest hopes of the founders of Alpha Omega Alpha Society could not possibly encompass the full significance of the movement they were initiating.

It needs no prophetic words of mine to portray the leadership that its membership will continue to attain in every field of medical endeavor.

As we commemorate through this memorial plaque the beginnings of Alpha Omega Alpha Honor Medical Society here in the environment of Alpha Chapter, University of Illinois, it is equally fitting to re dedicate its ideals and high purposes to the continued advancement of medical education and practice.

In the atmosphere of this Medical Center of Chicago, destined to be one of the greatest in the world, may we entertain the hope that the birthplace of Alpha Omega Alpha may in time become its permanent home, where it will continue to radiate its potent influence in moulding the character of the cultured physician of the future. Thus may it fulfill its manifest destiny to serve as Pharos, a beacon to light the pathway of progress and invoke the noblest idealism in medicine and human service, for tomorrow and the years beyond."

The next response was by Dr. Josiah J. Moore, Secretary-Treasurer of the Society, who spoke as follows:

"Ladies and Gentlemen:

This interesting and historic occasion is further testimony that Alpha Omega Alpha Society has attained a recognized position in the field of American medical education. We are deeply conscious of the honor conferred in placing this memorial plaque on the site where Alpha chapter had its beginning more than a half century ago.

It was my personal privilege to have known intimately the founder, William W. Root and two of his associates, Ernest S. Moore and L. D. Donkle, and I feel that these dedicatory exercises are a further tribute to their inspiring leadership for better things in medicine.

Since that August day in 1902, this Honor Society has been extended to seventy-one University Medical Schools in the United States and Canada and thus has been an integral part in the remarkable advancement of American Medicine with the past half century.

As each new chapter was installed, the purposes and ideals of Alpha Omega Alpha left the impress of scholarship, character and leadership with the students and graduates of these institutions.

I do appreciate the enterprise of the Medical Center Citizens Committee and its secretary, Miss Reva Kemp, through whose efforts this memorial plaque was constructed.

It is most appropriate that this memorial plaque is located in the only park in the world named for that great master of medicine, Louis Pasteur, and that it was accepted by one of his students, Dr. Walter L. Bierring, President of Alpha Omega Alpha, who served under Pasteur in 1892. The motto of Alpha Omega Alpha is similar to that of Pasteur—‘To be worthy to serve the suffering.”

### APA Personal

**Dr. George Whipple Retires**

Dr. George Hoyt Whipple, Dean of the University of Rochester School of Medicine for 32 years, retired last June 30th at the age of 76 after 50 years of distinguished service to medical education. Although retiring as an active member of the faculty, he plans to continue his research at the medical school. Dr. Whipple, whose studies in the indispensable role of certain foods, principally liver, in the formation of hemoglobin pointed the way to the cure of pernicious anemia, was awarded the Nobel Prize in 1934, jointly with the late George F. Minot, APA, discoverer of the cure of pernicious anemia and Dr. William P. Murphy. As an outgrowth of Dr. Whipple’s research on anemia, the University of Rochester has been able to set up three new endowment funds; these were made possible by payments by the Eli Lilly Company over a period of 30 years for work in the university’s pathological laboratory in the study and standardization of secondary anemia liver extracts, in collaboration with the pharmaceutical firm. Dr. Whipple is an alumnus member of Johns Hopkins chapter of APA.

**Dr. Keefer Appointed Medical School Director**

Dr. Chester Scott Keefer, for the past 15 years Wade Professor of Medicine at Boston University School of Medicine, has been appointed Director of the School. On July 1st last he succeeded Dr. James M. Faulkner, who remains on the faculty of the School of Medicine as Professor of Clinical Medicine and became visiting physician and member of the department of clinical research and preventive medicine in the Massachusetts Memorial Hospitals. Dr. Keefer, who is physician-in-chief and director of clinical research in preventive medicine at the Massachusetts Memorial Hospitals, will eventually become director of the
made at later periods to enter the training process up to and including the resident period.

c. All are agreed that the university has much to contribute to the training program. This is variously visualized as systematic reading and exploration of university science via the small-seminar technique and as a resource for individuals who wish to compensate for serious deficiencies in their prior experience. All accept the need for closer integration of university and medical subject matter by one device or another.

d. All are generally agreed that the M.D. degree should be available but not mandatory for those who have discarded the possibility of clinical practice. Most feel that an extension of time beyond the conventional four-year period may be essential for a superior product.

e. All agree that an early and continued exposure to the research process itself is an essential part of such a work experience when once obtained provides for the reduction to practical terms of such abstractions as the theory of measurement. Such a work experience must be in a carefully contrived environment and cannot merely constitute a loose association with an investigator who happens to need at the time some semi-skilled assistance.

f. It is universally agreed that a student in this type of training will require an adequate preceptor as a prime essential to his success. It is also agreed that simple excellence in research may not suit an individual for such a responsibility.

Apart from the substance and mechanics of the programs currently under active consideration, certain general objectives are held as essential to the long-range success of the programs.

There must be ample scholarship funds available to permit the selection of the excellent, rather than limit the selection process to those who can finance their own training. The stipends should be generous. These students will not look forward to a high income, but rather to one which permits a simple livelihood. Further, the training period may well be an extended one rather than one limited by certainty to four years. Its duration will be related to the need for training for public service in a broad sense, and not for later private convenience.

Lastly, there must be created more adequate and more numerous career opportunities for our investigators of the future, whether inclined to the clinical or preclinical. We must establish the concept that a well-trained investigator is a national resource that should be rewarded for his excellence rather than penalized financially because he has chosen a career of service. There must and will come a change in public acceptance of the importance of the individual to society, just as there has already come an acceptance of the importance of his contributions.

**Summary**

My concern is that the methods of selecting and training individuals for research careers have not changed essentially over a period of fifty years and are grossly inadequate today if we wish to make rapid progress against the complex problems posed by the chronic illnesses. The quality and quantity of trained investigators places the greatest single limitation on such progress and threatens to become an even greater limitation in the future. An awareness of this fact is beginning to change present-day concepts of training for research. The whole community of medical science shares in the responsibility for thoughtful action through which this training need may be met.

**WORTHY TO CARE FOR THE SUFFERING**

ALPHONSE M. SCHWITALLA, S.J., Ph.D., M.D. HON.**

FELLOW MEMBERS OF AFA:

The motto of this honor society "Worthy to Care for the Suffering" is applicable to any or all phases of medicine, medical research, medical education, medical administration, and many others, for all these must conspire to achieve in the physician that worthiness which is necessary to give adequate care to the suffering. I am directing my remarks to one phase only, interpreting our motto directly and emphatically to the analysis of one phase of medicine—the worthiness of the physician in the practice of medicine, that is the care of the suffering through medical practice.

Physicians may be classified as:

those for whom medicine is an avocation and those for whom it is a vocation

those for whom it is an occupation and those for whom it is a calling

those for whom it is merely a duty and those for whom it is an opportunity

those for whom it is a means of earning a livelihood and those for whom it is the attainment of an ideal

those for whom the practice of medicine is a source of financial income and those for whom it is the gratification of a love for the needy and suffering

doctors who treat disease in humans and those who treat diseased humans.

And thus these contrasts in attitudes and practice might be extended almost indefinitely. For those of us who are this evening entering into the medical honor society of AFA the practice of medicine must be, preeminently and above all, relieving suffering. Research? Yes. Welfare activities? Yes. Specialized education? Yes. But all this because through these and in these there is contained some phase of the dynamic motivation, the driving force, the spiritual uplift, of helping in the alleviation of human suffering. That is the final purpose of AFA.

Let me first of all extend to the Creighton Chapter of AFA in Nebraska a most hearty welcome into our Brotherhood. Your professional Alma Mater is the gateway to the great Northwest, and she has peopled those states with a goodly percentage of her students of medicine. You have the distinction of being welcomed into AFA at a time when medical organization is at the apex of its desirable purposes. The American Medical Association, and the more than 500 various medical societies in the United States were never more flourishing nor did they ever wield a greater influence for the national welfare. The same can be said of the unnumbered medical societies of the countries of the world. In the international field the World Medical Association and the World Health Organization are widening immeasurably the visions and outlook for usefulness of the physician. What the long-range results may be in the course of time from interna-
nationalizing the viewpoints and attitudes of medicine, including medical education, cannot be estimated. But the early meetings of these two international bodies were so successful that even the most optimistic hopes and expectations would seem to be fully justified. Fully in line with these thoughts, attention might well be called for a moment to the international viewpoints in the allocations of Pius XII, who on at least twenty occasions in the last three years spoke in audiences to international medical groups and presented new emphases to points of international medical interest. Especially in the fields of medical ethics in relation to international law, and basic natural law, he made his influence felt, thus promoting a worldwide viewpoint on such matters as military and disaster medicine, the physicians' place in decision on atomic bombing, and care for the injured of the enemy, reciprocal obligations between the professions, such as those between law and medicine, on euthanasia, artificial incubation, the termination of international airways, and many related subjects of medical interest.

In the field of the associations dealing with general medicine, psychosomatic medicine, psychiatry and general practice, these three fields are all at the same time experiencing an enlargement of interests and responsibility, and this can scarcely be considered as accidental. The medical societies of the nations, even in the retarded countries of Africa, Asia and Oceania, are putting themselves into contact with the medical societies of the more cultured nations, and are contributing to enlarging the world's medical concerns.

In our own country, for example, welfare agencies, industry, educational agencies, commerce and finance, all the sciences and arts are attempting to vivify their own activities by infusing them with the meanings of the medical viewpoint. Hospitals, recreational agencies, sports, general institutions too numerous even to summarize, pediatric agencies, all these are begging physicians of competence and understanding to accept responsibility on Boards of Directors or Trustees and on their advisory professional staffs. Governments are no less eager to welcome physicians into the most diversified and specialized positions of their multitudinous activities, aware of the fact that sickness and health, handicaps or advantages, are all very often in life's struggles traceable to health and medicine. Physicians are counselors and advisors in the most diverse of life's problems.

It would lead us too far to attempt to name the countless research fields in which medicine is today reaching unprecedented triumphs through organizations. From all of this it is obvious that an AFA must experience an intensified enthusiasm and a renewed emphasis on the purposes of medicine.

If the answer to this demand is AFA, what then is AFA? What is our honor society? The question is easy to answer. It is a society in which the selected members of a profession or a vocation dedicate themselves to achieve distinction in their respective fields of endeavor. First the rejection of mediocrity, and then the striving for unselfish superiority and excellence, as well as the recognition in the individual physician of that attitude by one's colleagues and fellows, constitute the essence of the honor society. What Phi Beta Kappa is to letters and the humanities, what Sigma Xi is to science, that AFA purports to be to medicine—a safeguard in our hereditary endowment, the stimulation of unselfishness, the guardian of the self-dedication of the physician, the guarantor of truth, goodness, and high ideals. Obviously these are moral demands upon character of high value and worthiness. And this brings us to a brief consideration of the words abbreviated as AFA. It has become traditional to name fraternities and societies by the initials of the Greek words of their mottoes, and these words are supposed to summarize the aspirations of the members of the fraternity. And so the first word we must emphasize in defining our purpose is "worthiness," worthiness in the intellectual characteristics to be sure, worthiness in applying skills, in using the means at the disposal of medicine in saving humanity, but even more, worthiness, which means having characteristics of truth and truthfulness, morality, virtue, delicacy, purity, unselfishness, complete dedication to the succor of others—above all, the ability to carry responsibility. The Greek word "axios" means comprehensively worthy to every sense of the word. The Hippocratic oath, the history of which takes us back six to eight centuries before Christ, lays special emphasis by particular mention of certain characteristics of the physician—gratitude to one's teachers, or as we would say today, loyalty to our school; unselfishness in the use of acquired wealth, dedicated service to the sick, profound respect for human life, recognition of one's professional limitations, maintenance of professional secrecy. All these are included in the concept of worthiness to practice medicine. Isidore of Seville in the sixth century A.D. says that medicine is the synthesis of all branches of knowledge. We might equally well say that the worthiness of the physician is the synthesis of all kinds of goodness. The physician possesses various manual, mechanical and mental; virtues—such as humility, self-effacement, charity; and an objective to achieve heroic moral personal stature.

The second word in the AFA motto is "ophelein," which is the infinitive of the word meaning to assist, to help, to relieve, to take any care, and other similar meanings. It defines accurately what the revival of the oldest function of medical care must be—to cure the patient, to fight disease, to counsel and direct the patient; in other words, to give intimate, personal advice out of respect and love for the patient, who as a human being is worthy of respect and love no matter how depraved and loathsome and repulsive and maimed or mangled or vicious or unappreciative he may be.

And the third word of the motto is "algountas," the suffering, those who endure pains and aches, discomforts and diseases of all and every kind, physical and mental. As medicine learns more about man and his total internal and external environment, suffering comes to include also the limitations and shortcomings of man demanding the endurance of restrictive vice, the efforts and misdeeds of ourselves and the resul the tants of our vicious habits, as well as bearing the iniquities of man's relations with man. And thus there developed Preventive Medicine and Creative Medicine, Industrial Medicine and Agricultural Medicine, Anthropological and Pathological Medicine, and perhaps many other much-embracing medical generalities.

In this brief summary it may be noted that all three of these words have vast comprehensive meanings. The Greek word "axios" signifies the countless gradations of meaning between "valuable," "estimable," and "worthy." The word "ophelein" signifies all the gradations of meaning between "to be of use to" and "to relieve," or "to enrich." The word "algountas" signifies all the shades of meaning between "physical pain" and "mental distress." In other words, our motto is made up of three words which each suggest the comprehensiveness of medicine and hence the demands which medicine must make.
upon the general culture and education, the skills and the moral responsibility of the physician.

And so with the progress of the science and art of medicine, it has injected itself and has been injected into practically all phases of human interest. Today, as in all ages past, we speak of medicine and religion in one breath, even as of old in Egypt, Assyria, and Greece, as well as in the oldest nations of Asia and Africa, in the primitive no less than in the cultured areas. These two deepest concerns of man in their ultimate relations between medicine and religion have become controlling influences. In these vast areas of human interest, needs and demands, medicine operates today by giving that care, direction, and counsel which it alone can give. It also serves as the unifying and integrative factor in consolidating and elevating the meaning of human efforts, as for example, when medicine is used to integrate the combined efforts of law and social welfare. Finally, it does all this because it emphatically respects the dignity and worth of man, in himself, in relation with other humans, and particularly in relation to God, whose interests medicine seeks to promote as an assistant in protecting and conserving man's complete welfare, physical and spiritual, for time and for eternity, for God's sake.

WILLIAM HARVEY AND CURRENT PROBLEMS OF THE CIRCULATION*

FRANK GLENN, M.D.**

To be invited to give the annual AMA lecture in this medical center is, I consider, an honor. With eagerness I accepted. Several weeks since then and in the course of preparing this material I have become rather humbly. The reasons for this rest in the realization that you are an erudite group and the subject is a complex one. Nevertheless this is an appropriate time to discuss Doctor William Harvey and current problems of the circulation. There are two justifications for this. The first is historical. It is just 500 years ago that Doctor William Harvey, discoverer of the circulation, died. Secondly, cardiovascular disease is attacked from numerous approaches with unprecedented success. Harvey’s contributions were so fundamental that they stand far above those of all other individuals in this field. Furthermore, within the past 20 years the cardiovascular system has become the object of intense investigation on the part of medical students throughout the world.

Folkestone, a small town on the east coast of England, south of Dover, was the birthplace of William Harvey. Born on April 1, 1578, we know little about his first decade of life. At the age of 10 he was a student in King’s School at Canterbury. Learning to read, write and speak Latin after the old authors Cato, Horace, and Cicero must have been a severe discipline. It was in keeping with the schools of that time and Harvey seems to have done well. After six years in Canterbury he entered Cambridge. Scholarship and application to studies in the colleges of England near the turn of the century was not common. In contrast to the lower schools there was little discipline and the opportunity for various indulgences diverted many a well-intending youth. Drinking, gambling and fighting as well as extravagant living so frequently interfered with the serious application of study that the failure rate was very high. Because Harvey received his degree in arts in 1597 it is assumed that he continued to follow the path of industry that he had been taught at Canterbury.

From 1597 to 1599 at Cambridge he followed medical subjects. Just what these included is obscure. That an M.A. degree was required for admission to study medical subjects does indicate that standards were high. A student of medicine was obliged to study six years before he was eligible for examination. The University of Padua was held in high regard by English physicians and travel to study there was undertaken by the well-to-do and those who because of scholastic ability were able to obtain a scholarship. It is likely that Harvey was financed by his father. However, he could have qualified for aid on the latter basis. After three years in Padua he received his degree on April 25, 1602. His work in anatomy was outstanding. Fabricius ab Aquapendente was his teacher and he is credited with having inspired young Harvey whose ability and industry had attracted his attention.

In 1602 Harvey returned to England...
Mr. Chairman:

Nothing in years has stimulated such rich reminiscence as the invitation to take part in the inauguration of the Alberta Chapter of Alpha Omega Alpha. Again and again in recent weeks memory has called me back to a series of events and states of mind belonging to a six-year span that I shall always dub the most exciting period of my life. Other years have been rewarding too, of course; and many have been memorable in other ways. In fact, there is sufficient recollection of the dull or painful sort to deter me a long while from committing that all too frequent crime of doctors—tedious autobiography. Nonetheless, reminiscence has its place in life, particularly in later decades when musculo-skeletal and other tissues respond less briskly than before. It is then that the joys of recollection and the satisfactions of reflection help one feel, despite degrees of infirmity, younger than ever, even "rarin' to go." Such then has been the stimulus and my reward in calling back people and events I associate with AOA in two different settings—McGill University, Montreal and Washington University, St. Louis.

At the risk of capturing again my own enthusiasm but failing to transmit it faithfully to you, I propose dwelling briefly on two of the centers of medical learning, one in Eastern Canada and the other in the American Middle West, as they appeared in my time and influenced members of my generation. Each is like to impart something of the distinctive flavor of atmosphere which the AOA chapter in each center either enriched significantly or reflected clearly in its program. From this comparison I would deduce the view that the program of an honor society must vary with the circumstances of the setting. Finally, I shall invite your speculation on the role of Alpha Omega Alpha in meeting the special problems of today; hazards which students and teachers alike, in schools large and small, must face clearly and deal with fearlessly if medicine is to complete its professional mission with the approval of society and the maintenance of its own self respect.

Now, to go back thirty years. The date on the reverse of my AOA key is 1928. My story covers two years as an undergraduate member of the McGill Chapter, two as a graduate living at the Royal Victoria Hospital across the street and two at Barnes Hospital and Washington University School of Medicine in St. Louis. In the outside world this period was one of transition; it embraced the climaxes of the prosperous twenties, the great stock market crash and the depressed thirties; the Kellogg Pact had been signed but faith in international order was yielding to despair; Japan was on the move and totalitarian forces were getting under way in Europe. The world of medicine, on the other hand, seemed blissfully unaware of the portents of the times; it was as unprepared for the chaos of economic collapse as it was for the outbreak of war in 1939. In fact, however, medicine was extremely busy. It was engaged in the gigantic task of introducing modern science to clinical medicine. The basic sciences of biochemistry, physiology and pharmacology were relatively well developed in most medical schools, but their influence on clinical teaching and practice varied greatly from center to center. The discovery of insulin and of the liver treatment of pernicious anemia, six and two years earlier than my time at McGill, had spurred the experimentalists in metabolism and in hematology. But in cardiology the clinical recognition of coronary thrombosis was just being made, and in many teaching hospitals the application of the newer knowledge of electrolytes to problems at the bedside was flimsy, to say the least; salt restriction for heart failure was not taken seriously till years later. At McGill University in the late 1920's progress in these respects was irregular. The medical science departments were strong but they had little contact with their clinical colleagues at the two large teaching hospitals, the Montreal General and the Royal Victoria. The Osler tradition of sharp observation of the patient and careful recording of the clinical data was well exemplified by a series of memorable teachers—H. A. Laffleur, who had been Osler's first resident at Hopkins, long retired as a teacher but still an active consultant; C. P. Howard who had sat on Osler's knee when the latter taught at McGill; and W. F. Hamilton and A. H. Gordon, who joined an encyclopedic knowledge of disease and supreme diagnostic acumen to the philosophy of practice so well put by Francis Peabody of Harvard, "The secret of the care of the patient is in caring for the patient." In surgery, A. T. Bazin and F. A. C. Scribner kept their clinical approach both valid and dynamic by thoughtfully incorporating the lessons learned in World War I. There were others, however, in every clinical department who taught their dogma with relentless authority, who did not read the new scientific literature and who scorned change. Some of these teachers were exceedingly dramatic as they would gesticulate and shout such dicta as "Never, never, never, as long as you live, incise a hematoma." Another one, some ten years later, my father had taught, had the new-fangled Abbot tube, had trouble with its balloon on first trial and stowed it away. Neither he nor his colleagues tried it again until many months later when two doctors working in the country forty miles from Montreal reported the successful use of the new tube in a dozen cases.

There were, however, three islands of experimental medicine at McGill destined eventually to "leave the lump." The first was the University Clinic at the R.V.H., where a group of brilliant young scientists under the professorship of medicine, Jonathan C. Meakins, conducted research in endocrinology, metabolism and respiratory physiology. Among the names of that period were Donald V. Christie, the present professor of medicine, Gerald T. Evans now at Minnesota, C. N. H. Long at Yale, Eleanor M. Venning and later J. S. L. Browne, both still at McGill. On the wards they were flanked by several competent physicians in practice who had research experience elsewhere—G. R. Brow, D. Sclater Lewis, Edward H. Mason and Walter de M. Seriver. A member in spirit of this coterie of intellect, and indeed often its leader, was the professor of surgery, Edward H. Archibald. An original scholar and at heart an experimentalist, he called for the shedding of sham and straight thinking wherever duty called him. The second center of scientific ferment in the period, 1928-1932 was the department of pathology under "Popsy" Rhea at the Montreal General Hospital and the associated metabolic laboratory of I. M. Rabinovitch. Here,
in a most congenial way, argument thrived and authority was disputed. The influence of this group was to arouse curiosity and to stimulate a critical view of medicine, rather than to give a discipline in the design and prosecution of research. Yet all who came under the spell of this energetic group were more honest doctors because of it. The third nucleus was, as it should be, in the nervous system. In 1928 Dr. Wilder Penfield and Dr. W. V. Cone arrived to set up neurosurgery at the R.V.H. By the time the Montreal Neurological Institute was opened six years later, housing the new university department of neurology and neurosurgery, the joining of laboratory research, clinical investigation and medical practice had had its clearest demonstration and vindication so far in Canada. Drawn together in one team to render service and to advance knowledge were physicians, surgeons, pathologists, radiologists, biochemists and physiologists; doctors, nurses and social workers and most important for support, philanthropic citizens.

Now, what did these three scientific foci mean to the medical students of the day at McGill? It is hard to measure, but I would say this—they meant much to a few, but not nearly enough to the rest. It is true that lectures and bedside teaching were strengthened when the scientists had their turn; but for most students there was little chance to see them at their work, much less to assist them in it. For the majority, I fear the subject matter of medicine was a finite body of knowledge, with additions made from time to time in a somewhat nebulous way, usually elsewhere. Scientific discovery was assumed vaguely to be of the nature of revelation; scientists were born, like artists as we thought, with unique mental qualities which could not be gained by effort.

It was in this setting that membership in Alpha Omega Alpha was an exciting adventure. Quite apart from the flattery of belonging to a select group, which may be spurious at all, shall indicate later, we had interesting contacts with great people. Some of these spoke at our banquets as well as at open meetings. Dr. Penfield described the Wanderjahr of the postgraduate student; Dr. Bryce Black spoke on the Oesophagus at McGill, and Hans Zinser depicted in memorable manner the romantic rise of bacteriology. Of even greater value was the symposium put on by student members every one or two years. Ours was on Rheumatic Fever and my theme was its bacteriology. I shall never again know as much about streptococci as whether our teachers in the audience benefited much from these discussions is less clear than that the participants profited from the critical comments and from the review of the literature. At other monthly meetings we visited departments in turn where scientific work was demonstrated. We met informally not only professors and lecturers but also research fellows who were not unlike ourselves.

Academic life was revealed in a new light. Moreover, the search for answers to scientific riddles could enrich any doctor's life. For most of us I suspect this was a time for re-examination of professional goals. How many changed I do not know; nor can we ever be sure that what some accomplished later was due to stimulus received from Alpha rather than the result of the strength or good fortune that led to election to the Honor Society. In any case, the Directory of 1956 reveals that of the student members in that four-year period nine subsequently became full professors or department heads; five were medical deans and of the remaining fifteen a good many are known to me to be leading practitioners in various parts of North America. One became a noted deputy minister of health in Saskatchewan; another is the present minister of health in Nevada. It is worth asking, however, what happens to students who were not elected to Alpha. I am without complete figures but the Directory lists three who were elected to the Society years later at McGill or subsequently for distinguished service in professional posts.

At McGill then, 25 to 30 years ago, Alpha Omega Alpha met a real need. For a number of students it provided a closer glimpse of the moving front of scientific medicine than was yielded by the curriculum and the bulk of teachers at that time. It started friendships between students and younger teachers that have meant much to both ever since. It gave students a conception of the broader tasks of the university and it gave teachers further insight into the student mind. The need at McGill of an honor society was determined by local, historical circumstances; these determined too the role it could best play.

Now let us turn to a completely different setting—Washington University School of Medicine and Barnes Hospital in St. Louis, in the years 1932-1934. This medical school, almost as old as McGill, had its origin in 1840 as the first one built west of the Mississippi River. Its first major re-organization came in 1910, a year after Abraham Flexner's inspection. Flexner crossed the country blasting the diploma mills and challenging medical education to seek a university standard as in Germany. The new professors were a stellar group—George Dock in medicine, Opie in pathology, Howland in pediatrics, Erlanger in physiology, Shaffer in biology and Kephart in anatomy. All but two were in their thirties; Dock was fifty and Shaffer only twenty-nine! The full-time basis for clinical teachers was established at Johns Hopkins in 1913. In the same year, the faculty and governors at Washington University, and its hospital trustees all gave enthusiastic support to the idea of reorganizing the clinical departments on a true university basis. Chancellor Robert Brookings and St. Louis citizens found the money and soon there was a school ranking with the best in the country. It is wholesome for Canadians to contemplate this outstanding development in a city comparable in many ways to Montreal and Toronto. Determining factors were, I suggest, the clear vision that took seriously the findings of the Flexner Report; the staffing of the basic departments with first-rate scientists; the early settling on the full-time principle, along with the judicious selection of part-time teachers from the ablest of the local profession; and last but not least, the leadership in university matters given by outstanding statesmen, with the backing of an unusually public-spirited citizenry.

To a young Canadian in 1932, the medical center on the edge of Forest Park was a hive of scientific enterprise and good medical care, in a community robustly interested in music, art and literature, as well as baseball. There was a distinguished medical faculty. McKim Marriott, professor of pediatrics and dean, and Alexis Hartmann were unravelling problems in fluid and electrolyte disturbance in children. The professor of surgery, Evarts Graham, had become famous for his studies in liver function and the incidental discovery of our present method of using an opaque dye to x-ray the gall bladder. His colleagues in this work were all there—Sherwood Moore, professor of radiology and a former student of Curran; professor of surgery; and Warren Cole, also in surgery and later to go to the
chair at Illinois. Active also in Graham's department were Nathan Womack, subsequently head of surgery at Iowa and now at North Carolina; and the late Robert Elman who combined clinical teaching with experimental work in many fields, found time to write a textbook and was exceedingly kind to newcomers.

Two of Dr. Graham's cases brought me into close contact with him. One was the removal of an islet cell tumor of the pancreas in a beautiful example of hypermetabolism. It was the custom for metabolic cases to be returned from the operating room to the medical service where the resident ordered appropriate glucose, insulin, etc. Dr. Graham disapproved of my Montreal formula and I was called to his office to be admonished. On that July evening, with both temperature and humidity at a hundred, he was labouring with Harry Ballon of Montreal on their book on diseases of the chest; yet time was available to listen to the younger man's story. Not only did I learn something; I left in a state of intense exhilaration. The second occasion was nearly a year later when Dr. Graham performed the first successful removal of an entire lung. The patient's wife came from Montreal and this provided another close contact with the surgeon who approached every tough case as he would a problem in research.

To David Preswick Barr, my direct chief, I owe more than I can say. Scientific curiosity, rigorous self-discipline, but with equanimity and good humor, and a warm outgoing interest in his flock of young doctors made Dr. Barr an eminently successful professor of medicine at Washington University in 1941 at Cornell. Whether relaxing at a steak fry or at the swimming pool with his house staff, or making rounds in the hospital, he was ever on the watch for the critical observation or bright idea of the younger person. When an unusual problem appeared at the bedside Dr. Barr never divulged any unfamiliarity he might have had. This was an occasion for rejoicing over some new scientific territory to enter. Students and interns were kept up an enthusiastic sally to the library. All would have a hand in looking up the literature but there was never doubt as to who would be the best master of it. Under these circumstances learning was fun. Then there were others who brought their own special qualities to the life of the department—Harry Alexander, Harold Bulger, Ralph Muckenfuss, Joseph Larimore, Sidney Schwab, Jacob Singer and Albert Tausig. The latter was the clinical counterpart of Montreal's A. H. Gordon. In addition, he shone in music, mathematics and chess, and was the energetic leader of the Civil Liberties Union; he was a citizen indeed. As a matter of fact, good citizenship was an attribute of the best of the Washington University group. They tended to face the problems of the day in open-minded, scientific manner. When the Committee on Costs of Medical Care released its report in 1932 Dr. Barr arranged for Nathan Sinnai to come from Michigan to speak on its findings. He then invited Father Schiwatlla of St. Louis University, writer of the Minority Report, to present an opposing view. Both meetings were well attended and the discussion was spirited, yet objective; problems of medical economics and social welfare received the same careful analysis as tumors of the pancreas or pulmonary sepsis.

What about students, interns and resident staff in such a rich setting? Here was a chance to compare the influence of a highly scientific environment with that of a Canadian school still bearing the stamp of the predominantly clinical British institution. In one respect, McGill had an advantage; its students came from all parts of Canada, United States and some from abroad. Washington University at that time drew chiefly from St. Louis and Missouri, with a few from farther West and South. Whether from metropolis or Ozarks, however, there was never doubt as to the student's relation to the sciences once he was in medicine; nor was there question of his admiration and respect for his teachers and their scientific interests. A large number of first and second year students were assisting in research. Even when on the wards in their third year I was astounded to learn that a reference to The Chief was less likely to be to one of the clinicians, but rather to Bronfenbrenner, Cori, Cowdry, Erlander, Shaffer or Terry—all teachers in the science departments! A good many became involved in clinical investigation while still students and this interest was common among the Barnes Hospital house staff. Research was obviously not a thing in the air; it was also a thing to do. For only a small group was this a disadvantage. Inevitably there were some students in each class then who were without either talent or genuine interest in scientific pursuits. It was unfortunate that these still felt they had to go along with the crowd; it would have been better for them to concentrate frankly on clinical medicine at their own level. For the majority, however, medical school was an enlivening experience, conducive to the best kind of intellectual growth. One proof of this lies in the record of the alumni of this school; their scientific contributions has been striking and they have given leaders to many fields.

What of Alpha Omega Alpha under these circumstances? The programs of the McGill and Toronto Chapters would have been redundant here. Special measures were unnecessary to stimulate scientific zeal. The latter had become a regular product of the normal educational process. One is not surprised, therefore, that membership in the Honor Society was not as distinctive a label as elsewhere. In fact, the Directory shows that some of the most distinguished alumni of the school became members of the Society only when elected years later. I suspect why they were not admitted as students; they were too busy getting a real education as embryonic scientists to make the winning of high examination grades a primary aim. On the other hand, the annual AΩΑ lecture was one of the high points of the year. There was great interest in learning what scholar would be chosen, and the lecture room was always packed. Those I heard were E. A. Doisy on ovarian hormone synthesis, and Leo Loeb on thyropituitary relations. The ovation in each case was tremendous. And so, at Washington University, as at McGill, we see how local, historical, circumstantial a quarter century ago determined both the degree of need of the Society and the scope of its role.

Alpha Omega Alpha was founded in 1902 to stimulate serious medical study, and to counter dishonesty in the study as well as in the practice of medicine. At first glance one may conclude that its role has ended. Most schools place fairly strong emphasis on scientific grounding; most students are fairly hard workers and the number cheating at examination must be few or nil. The hazards to good medicine of early in the century have been checked. Leaders arose whose perception, integrity and responsibility drove them to wage war against the Horse and the Day of the Scapegoat. In this crusade the Society we honor tonight played a valiant part. Is its mission ended? In my view, the answer cannot be an unconditional "Yes" or "No." If we think of AΩΑ as inflexibly following
one or other of the two patterns I have described, then the answer must be in the affirmative: its day is done. In this rapidly moving world there is no room for the stereotype. On the other hand, if I ask the question in another, perhaps more dynamic way, and I get another answer. Let us suppose that William Booth and his colleagues, Booth and Hall, were alive and young; what would they think of medicine today? What if Dr. Bierring and Dr. Routley were not the senior statesmen they are but junior students or young teachers at the University of Alberta, or at any other good medical school on this continent? Would their pride in what is good be tinged only with complacency; or would they feel concern for features in our scheme of things that bode evil? In the minutes that remain I would merely mention certain hazards intrinsic in the trends of our times and ask you if the charter bequeathed by these idealists has relevance today.

Throughout history it has never been easy to separate the problems of medicine from those of society, and this is no less true now. Let me divide the critical issues we face into two groups—the technical and the philosophical. On the one hand, there is the problem of applying our scientific knowledge to treatment of disease and promotion of health in the community. On the other, there is the doctor's relation as a privileged person to problems of human need in our shrinking world. The first has to do with verifiable knowledge, skills and organization. The second concerns the basic ends of life and demands sensibility, sympathy and a scale of values not necessarily susceptible of validation by scientific method. Let us pursue each of these briefly. The great advances in medicine this century have been twofold in nature: the contribution of scientific techniques to diagnosis and therapy, and the organization of public health and curative services to make their benefits widely available. Neither process is complete and many in our world only a beginning has been made. Already, however, there is deep concern over what may be called the side effects or complications of modern medicine, especially if provided on a mass scale. The influence of microscope and test tube has been to focus attention on the mechanics of disease at the expense of understanding the human being afflicted. On all sides you hear talk now about the fragmentation and depersonalization of the patient—paying more attention to the organs than to the man. This is thought to arise from our preoccupation with so-called scientific medicine; I say "so-called" because it is not really scientific to deal only with the part and to disregard the whole. Fortunately, as you know, steps are being taken in some universities, hospitals and medical societies to counteract and understand the loss of sight of the human being; nevertheless we must face the fact that we are still in danger of being dominated by mechanical medicine. This evil is enhanced too by pressure to render greater and greater amounts of service. It is our sincere purpose to meet the needs of all, but we must recognize the hazards of mass production methods. Not only do they foster mechanical approaches, but many of our schemes give further emphasis to the commercial aspects of medicine by equating a dollar value to everything a doctor does. In our day of prepayment plans, prosperity and materialism I do not say that medicine as a profession and medicine as a business cannot be combined, but certainly they are antithetical. So far there is little agreement as to solution, but let us not deny the seriousness of these problems which result from making medicine scientific and its fruits available to all.

Now for the philosophical group of critical issues. Were these not serious and all pervading I believe we could easily carry on our stride the technical group just dealt with. But again and again, perhaps collectively more than individually, we seem to have been indecisive or actually in error because of a deficit of principle, or lack of a scale of values clearly putting first things first. For example, discussion of a new tariff of fees may go on at length without considering the effect on the welfare of the patients. To pay lip service to idealism but in fact disparage it is insincere. A selfish, materialistic view of life is bad enough; but to regard this as normal or valid is to reject the richest heritage in our civilization. In these shortcomings doctors are not alone. These are defects in our society; they are revealed in our attitude towards education and welfare, in our national policies and in our feeble efforts to reduce conflict and misery in the world. Related to all this is a lack of respect for the dignity of the individual; the tendency to view men in terms of their lowest common denominator, only quantitatively different from other mammals. It turns up surprisingly in the way patients often are examined; or are dealt with when in pain, or are given news of their fatal illness. In the benign atmosphere of this particularly friendly medical center you may not have seen such failings; but you will see them later when you go out into the wider world. These failings no doubt are deeply rooted in the human race; but their persistence or even blossoming at a time when technical progress gives us so much power to unleash should arrest us. As we recall the atrocities of so few years ago we should remember how thin the veneer of civilization is. The doctor must share with the scientists the obligation to direct knowledge and skill towards human betterment, not only in respect to externals but with poet and prophet, artist and religious seer, to preserve and enhance the spiritual qualities of life. These will be our bulwarks in facing the technical and philosophical hazards of our day; from these will come the scale of values, the order of priority of principles, by which some of our toughest problems will become simple.

To seek this kind of wisdom and to practise this kind of virtue requires clarity of mind and ruggedness of will. It may be necessary at times to stand against the main stream even of one's profession. When free from stubbornness or vanity such isolation may actually purify one's perception of the world. From the reviews of "Dr. Zhivago" I gather that Pasternak is rebelling against more than the regimentation of the totalitarian state; he is in revolt also against the conformity demanded by the materialistic and gregarious society of the Western world. This is the burden too of the Existentialist philosophers and novelists. "Only individuals seek the truth—not masses."

Without question these are moral issues rather than scientific but perhaps a certain priority of moral values is just as distinctive a characteristic of our civilization as is our scientific progress. The practising physician should be able to see with Dr. Zhivago "the naked human soul stripped to the last shred." The job of the doctor puts him in an advantageous position to weigh the significance of these values; to influence people towards a recognition of their priority, and to emulate in his own life the best hall marks of our culture.

Now to return to the mission of Alpha Omega Alpha. In a lengthy and somewhat
The Wisdom to Comprehend*

EARL P. SCARLETT, M.B., F.A.C.P., F.R.C.P.C.**

MY MASTERS IN MEDICINE, MEMBERS OF THE OLD GUARD, GENTLEMEN OF THE FACULTY, ALPHA OMEGA ALPHA INITIATES, AND GENTLEMEN PHYSICIANS AND SURGEONS:

This is an important occasion in the history of the Faculty of Medicine of the University of Alberta, marking as it does the installation of the Alpha Chapter of AΩA in this province. It is with particular pleasure that I welcome the distinguished visitors who have come to us from outside the province, and also, and equally warmly, members of AΩA from various centres in Alberta.

You will allow me to express my own special pleasure in being in attendance on an occasion which in future will be marked with a white stone in the history of this School. I welcome the opportunity to be received back into the fraternity of my medical brethren after my term as Chancellor of this University, during which time it was my duty to convey the charm of antiquity and to express the grace of platitudes, while at the same time retaining my medical orthodoxy. I have just been reflecting that my first appearance in this city of Edmonton was within our medical world when I addressed the Osler Club on November 8, 1934, on which occasion I was so graciously received and introduced by the former Dean of Medicine, Dr. J. J. Ower.

Our visitors may be wondering why our Faculty of Medicine has been so long in affiliating itself with AΩA. As I see it, there are probably two reasons. First of all, citizens of this Western land have never been at all anxious to get mixed up with what they persistently think of as the effete East, at least not too soon in their career. And secondly, those connected with this School would seem to have had a deep respect for the significance of what is embraced in AΩA, and therefore were reluctant to proclaim their allegiance until they themselves had gone far beyond the fledgling state. After deliberation it would seem that these two considerations have now been fully resolved, and in consequence the University of Alberta’s Faculty of Medicine in this, the 50th Anniversary of the founding of the University, now feels itself ready to join the Society of AΩA.

The history and development of this School, spanning as it does two generations, has been an eventful one in which graduates and citizens take pride. As one who, by fortune, has acquired allegiance to several universities in this land, I am increasingly conscious of the influence of the University of Alberta and its Faculty of Medicine in matters which deeply affect Canada. Their contribution in the personality of the philosopher, the educator, the sociologist, and not least, of those concerned with science and the art of medicine, has added to the stature of learning and to the common good of this nation. Many of us are the beneficiaries of the legacy of the able and distinguished men who were members of this Faculty in its earlier days. These men showed an unwavering loyalty to scientific truth as a supreme duty, sterling integrity, and, in more than

* Chairman’s remarks at the Installation banquet of Alpha Omega Alpha, Honor Medical Society, Alpha Chapter of Alberta, University of Alberta, Edmonton, Alberta, November 27, 1958.
** Dr. Scarlett, retiring Chancellor of the University of Alberta, is a member of AΩA, Toronto Chapter, Consulting Internist, Calgary, Alberta, Canada.
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THE PHAROS
Seventy-fifth Anniversary of Alpha Omega Alpha
1902-1977

William W. Root
founder
Dr. W. W. Root
Family physician in a rural area

Kenneth R. Crispell, M.D.

W. Root is well-known as the founder of Alpha Omega Alpha, and a considerable literature is available concerning him in that capacity, but very little has been published about the man, his personal and professional life.

Inasmuch as I happen to have been born and raised in the village where Dr. Root spent most of his life as a medical practitioner, knew his family, and was cared for by him, I should like to share with the membership of AOA, now in its seventy-fifth year, some of my recollections of him and information about him I have gathered from his family. An invaluable resource in this matter has been his daughter, Mrs. Hazel Brill, a long-time friend and neighbor of my family, who served as assistant secretary-treasurer of AOA for many years prior to the removal of the office of the society from Slaterville Springs, New York, to Chicago.

A talented and dedicated man, Dr. Root actually had two separate careers, one as a teacher and another as a research scientist and physician, the latter of which he did not begin until the age of thirty-nine, a rather remarkable and unusual age to begin a new career in medicine.

Dr. Root was a well-trained scientist and teacher before he embarked on the study of medicine. After graduating with a B.S. degree from Cornell University in 1890, he taught chemistry and physics for two years at a private boys’ school in New Jersey. He then returned to Cornell in 1892 for two years as a graduate student in chemistry. Three years later he married one of his Cornell classmates, Anna Bronson, and moved to Chicago, where he taught natural sciences at the Chicago Manual Training School in addition to some courses at the University of Chicago. Apparently, he not only held two teaching jobs but also took courses in medicine at the University of Illinois, meanwhile saving money for the purpose of going to medical school full time when he could afford it. An old diary reveals that he rode a bicycle to his teaching duties and his medical courses.

Dr. Root’s student days at the University of Illinois and the founding of AOA have been recorded by Ernest Moore, the second member elected by the parent chapter, and for many years a member of the faculty of the College of Medicine of the University of Illinois. I quote from portions of his article as it relates to Dr. Root and the conditions prevailing in 1902 when AOA was formed.

Educational standards were low. Heads of departments were selected who could buy substantial blocks of stock. The usual pre-medical requirement was a high school diploma. . . .

The medical students of the College of Physicians and Surgeons, Medical Department of the University of Illinois, in the years immediately preceding and following 1900 were a primitive group. They were emotionally hair-trigger men, quick to resent an affront, and prompt to avenge an injury. Their behavior in halls and classrooms was rough and boorish. They were loyal to their friends and each other. Class spirit ran high, and class clashes, often of riotous proportions, were of weekly occurrence. They respected neither authority nor property. . . .

This general crudity of behavior and disregard for gentlemanly conduct afforded no criterion for the quality of their studentship. They were earnest, energetic, capable students. They worked as long hours with as much zeal and as much success as do the medical students of today. They respected and admired superior studentship. An unusually outstanding recitation was frequently applauded. . . .

The student of those days was interested primarily in becoming a doctor. He wanted to learn the practical things that he could use at once in the care of his patients. The faculty was composed largely of men who were in active practice. They sought to prepare young men to be practitioners.

Into this vigorous period of transition came a junior medical student. He was a teacher of chemistry, eastern trained, steeped in university tradition—Root by name. He was shocked by student activities that seemed crude and chaotic. Cheating in examinations was repugnant, rough housing was distasteful. But he was a diplomat, said very little, thought a lot. His thoughts began to take form. Why not form a student honor group to foster scholarship and honesty and promote high medical ideals?

Root was a serious, earnest man with a soft, persuasive voice. His eyes had a direct, assured but disarming gaze. His sincerity of purpose and confidence in the righteousness of his cause were manifest. In July of 1902 he approached several classmates and told them of his plan. They were interested and they suggested the names of others. Eight or ten were selected who approved the proposed or-
ganization. Frequent meetings were held, some at Root's home. He supplied a name, a motto, design for the key and the basic ideas. Many suggestions were made. A secretary was appointed, who recorded and assembled the various ideas. The secretary was instructed to make out a draft of a constitution embodying the various suggestions. This was done, and after some amendments were made, it was adopted.

Alpha Omega Alpha was now a going organization and had something real to offer. There was an active campaign put on to interest selected men to become members of the new honor fraternity. A number accepted the invitation.

On the night of October 29, 1902, the group, twenty-one in number, met in the Blue Room of the old Bismarck Hotel on Randolph Street. We had a good dinner and listened to informal talks by Dr. Root and others. The constitution and by-laws were read and ratified, and the new members were formally inducted.

With the passing years Alpha Omega Alpha has become a national organization with important educational significance. I am sure none of the charter members, aside from Dr. Root, had any idea of the import of their small beginning. From its inception, Dr. Root had dreams. He looked ahead and had visions of what future development would accomplish. To convert these dreams to reality became the dominating purpose of his life. How well he succeeded is known to us all.

For reasons unknown, Dr. Root transferred to Rush Medical College for his senior year, receiving the M.D. degree there in 1904. He was then thirty-nine years old, had a wife, three children, and a fourth expected soon. Dr. Root first practiced medicine in Parker, Indiana, working there for approximately four years. He next tried bacteriological research in industry for three years at Parke, Davis and Co. in Detroit, followed by one year at the H. K. Mulford Laboratories in Philadelphia, where he primarily did research, undoubtedly on vaccines, since this company was an early leader in the field.

For his time, the pre-Flexner era, Dr. Root must have received more training in the sciences and basic research than the majority of his colleagues. One wonders whether or not he might have been asked to join a medical faculty. Perhaps he was overtrained for his day and might have been a threat to faculties composed mainly of practitioners with little interest or training in the basic sciences. The most likely assumption is that he was in dire straits financially and could not support a family on an academic salary, a situation that was certainly prevalent until the middle fifties.

It may come as a surprise to many that Dr. Root spent most of his professional life as a family physician in Slaterville Springs, a rural village of approximately 300 residents located in agricultural central New York State, nine miles east of Ithaca, the home of Cornell University. Dr. Root had spent his boyhood in this Finger Lake region and had been graduated from Cornell. The village of Slaterville Springs had gained some local notoriety in the late nineteenth century as a health spa due to the presence of "magnetic mineral springs," whose waters were thought to have curative properties for all ages and diseases. Enough people were attracted to the "magnetic mineral springs" to support a hotel, which existed for some forty years until it was destroyed by fire in 1916.

Perhaps one of the most surprising facts about Dr. Root locating in Slaterville Springs is that there was already one physician in the village when he arrived to practice medicine and another in a small town six miles away. As one might expect, all of the physicians presently practicing in the area are located in Ithaca rather than in the small towns in the area. Slaterville Springs has changed very little since Dr. Root's time, the village still consisting of a few residences, a general store, and post office. The schoolhouse is no longer used, due to centralization of the public school system. The only innovations since Dr. Root's time are a gas station, a volunteer fire station, and a liquor store, the latter undoubtedly causing more controversy and discussion among the natives than did the launching of the first satellite. In time the post office will probably be closed, as the main reason for its continued existence had been the volume of mail generated by the AOA central office.

Why did Dr. Root return to family practice, and why did he settle in a very small rural town in central New York State? Apparently, his real love was the practice of medicine; and after trying research, he made the decision to return to what he enjoyed most, patient care in a rural setting. There were several factors involved in choosing Slaterville Springs as a place to practice. First, he was returning to the area where he had been raised and gone to college. Second, there was a practice for sale. Third, he and his family were disenchanted with the flat topography and humid climate of Philadelphia and were attracted to the rolling hills, clean air, and pure mineral water of Slaterville Springs.

Fourth, he and his wife were both in favor of raising their family near the cultural environment afforded by Cornell University, their alma mater. Lastly the leisurely pace of a small rural practice could be expected to leave him more time to work at his other great love, Alpha Omega Alpha. He continued to try new careers, and at the age of fifty-two he served for a year as assistant physician at a state psychiatric hospital in Utica, New York. After returning to private practice, he is said to have told his wife that the opportunity to study and treat mental disease helped him to serve his patients more "knowledgeably."

Dr. Root's daughter remembers him as a very serious student who kept abreast of new developments in medicine, reading not only American medical journals, but many a treatise in German or French. He had a good sense of humor, enjoying his family as well as good music and literature. Quite a student of Shakespeare, Dr. Root often quoted him, applying his wisdom to life situations. He is said to have been a devoted father and
included his children, as well as his wife, in his many activities. His only son studied medicine and was elected to AOA in 1920.

Mrs. Root shared many of her husband's interests and was a great help and inspiration not only in the early days of AOA but for many years afterwards due to her literary attainments and good judgment. Mrs. Brill remembers her mother saying that their home in Chicago was always open for long evenings of discussion with other students about many topics, chief of which was AOA, its organization and its future. Great stress was laid on having membership mean more than just high grades in school. Fine character and future promise in the profession were considered equally important to this innovative and perceptive young group of medical students. Mrs. Brill recalls of her father that

as a country doctor, he treated everything from splinters to broken bones, did tonsillectomies and cared for accident victims, using chloroform as an anesthetic. Most babies in the area then were born in the home and this meant many hurried drives into the country, day and night, and long hours of waiting. For many years he did urinalyses in his office. Often he was called upon for family counseling, as well as medical care.

Remuneration for services rendered often took the form of crocks of butter, bushels of potatoes and apples, new oak flooring for the office, home-baked goods, service of a laundress, repairs and painting of our home.

He served as health officer of the township during the terrible epidemic of poliomyelitis. (This was probably 1934 as I remember going to his office with a group of my classmates to have my nasal mucosa "painted" with an alum mixture as a preventative measure against polio.) He was active in church work, the Masonic Lodge, and was secretary of the regional Board of Education for several years.

All of the above was accomplished along with the growing correspondence of the AOA society and his dedication to his precepts. No wonder he was often absentminded and preoccupied within the family circle! I once heard him say to my mother, "Before I die, I would like to feel that I had a small part in accomplishing something for the betterment of humanity."

It did not sit well with the community that he was often absent from the community to travel to charter new chapters, counsel others who were organizing chapters, and make inspection trips to schools under considerations for chapters. I realize now what a conflict he must have had, and why it was difficult for the community to understand his frequent absences. I hasten to add that of course he made provision for a substitute physician during these absences.

In addition to all his writing for and about AOA, Dr. Root apparently found time to write articles for both scientific and lay literature. The subjects included, among others, sudden death from administering diphtheria antitoxin, relation of oral infections to mental illness, and the origin of Freemasonry.

My personal recollections of Dr. Root as a physician are somewhat hazy due to the paucity of contacts I had with him as his patient. In those days, no one, including children, visited a physician unless he or she was really sick. My first professional contact with Dr. Root was at the age of four with what might be called self-imposed burns. A great social event of the time was so-called sugaring off, which consisted of boiling maple sap to a very high temperature and then pouring the boiling syrup over snow to make maple "taffy." On one such occasion I, in my aggressiveness to be the first to be served, spilled hot maple syrup on both forearms and suffered what in view of the residual scarring must have been second-degree burns. Dr. Root was called and came to the house equipped not only to handle the emergency, but to give definitive treatment. He wrapped both forearms with bandages and a soothing ointment. Like all physicians of his day, he dispensed his own drugs and carried a complete pharmacy with him on house calls, either in one of his three black bags or stored in his car. For years "my burns and Dr. Root" were discussed at family gatherings. His quickness to respond to the telephone call, his kindness to me and the family, and the good results of the treatment were embellished to the point where both Dr. Root and I were local heroes for having survived the ordeal! M'y memory
of that experience has more to do with remembering odors than recalling Dr. Root’s personality. Some twelve years later, while working in a drug store and dispensing a particular ointment, I realized that the salve had a familiar smell. On checking with my family I learned that indeed it was the same ointment used by Dr. Root in treatment of my burns.

In recent discussions with my mother and other senior members of my family still living in Slaterville Springs, I have heard them describe Dr. Root as an elitist, rather shy and distant, and not particularly conversant with the economic problems of the farmer. They, too, noted that he was often away, and thus they tended to use the “other doctor,” who was always available and was “one of them,” since he had his own small farm. One very senior relative also questioned Dr. Root’s diagnostic ability. This was based on the fact that Dr. Root spent much more time questioning and examining than did the “other doctor,” who asked only for the chief complaint, usually did no physical examination, gave some medicine, and had one out of the office in a very few minutes! These small vignettes are a fine demonstration that most patients then, and even now, when they have a choice, pick their physician on the basis of personality, empathy, their own interpretation of professional competence, and availability rather than training or documented expertise. As mentioned previously, Dr. Root was undoubtedly one of the most well-educated physicians in the East, the “other physician” having received one year of college and two years of training in a school of homeopathy.

It must have been trying for a scholar like Dr. Root to practice in this small rural town where patients wanted only symptomatic treatment (the nearest hospital was hours away and was a place to die) and believed that a physical examination was a sign of diagnostic incompetence. I can feel for Dr. Root because in 1946 after completing army service and awaiting the start of a residency, I returned to Slaterville Springs to assist the only physician left in this area. The situation present in the twenties and thirties still persisted. Patients were horrified if I suggested the need to do a physical examination and terrified if I suggested the need for hospitalization. It was rumored, as with Dr. Root, that the “young doctor” couldn’t be much good if he didn’t know how to treat people without all those new examinations and tests. It was partly true and they were probably partially justified in scheduling their next visit with the “old doctor.” It was frustrating, but it was a good lesson in teaching one to inform the patient what you are doing and why!

Dr. Root died in 1932 at the age of sixty-four of gastric carcinoma and hypertension. Just a few days before his death, he had dictated some letters pertaining to AOA matters and expressed gratitude that the society would remain in capable and trusted hands. Indeed AOA not only remained in trusted hands but the general office remained in the capable hands of the Root family in Slaterville Springs. Mrs. Root, Dr. Root’s daughter, Hazel, and her late husband, Meredith Brill, served in succession as assistant secretary-treasurer from Dr. Root’s death in 1932 until the office was moved to Chicago in 1968.

It is fairly obvious that Dr. Root’s life would have been entirely different had he been born in the modern era of medical education and medical practice. First of all, he probably could not have become a physician, as very few admission committees will consider a thirty-six-year-old applicant. It is also highly unlikely that he would have settled in a town of 300 people with a fairly low economic base, as no new physician has chosen this area in the last twenty-five years.

It is difficult to summarize the many life activities of Dr. Root other than to say that for his time and perhaps for any time he was an unusual rural family physician. Certainly, seventy-five years after its founding, AOA remains as a living memorial to his dedication to establish and maintain an organization that has had a “small part in accomplishing something for the betterment of society.” Most would agree that one of his life wishes has been fulfilled.

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Institutions no less than men are subject to the aging process. Man has a relatively narrowly defined life-span whose upper limit, reflecting the inevitability of cell death, rarely extends past the age of 100 and more often is of the order of 75 years, give or take 10. By contrast, most institutions have no such preordained life expectancy. They may outlive their usefulness and succumb at some point, but they are not invariably subject to termination—certain, predictable, and programmed into their very existence. Thus, we are familiar with such long-lived educational entities as Oxford and Cambridge, two of the world’s oldest universities, as well as their somewhat less ancient descendants in this country—Harvard, William and Mary, Yale, and Columbia. Among venerable honor societies, one can include the Royal Society (1660), the American Philosophical Society and the American Academy of Arts and Sciences (both founded in 1780), and Phi Beta Kappa, born with our republic in 1776.

None of these distinguished institutions has been without its difficulties, but all are still going strong in a world of rapid change.

Alpha Omega Alpha, which this year marks its seventy-fifth birthday, is a mere fledgling when considered in the context of the much more senior company to which I have alluded. Like them, however, it was founded for a worthy purpose, has gained strength over the years, and has withstood successfully the assault of those who find excellence a threat.

When William W. Root brought a small group of peers together in 1902 to found Alpha Omega Alpha, the state of American medical education was dismal. There were a few bright spots, notably the then recently established Johns Hopkins Medical School, but, as Abraham Flexner documented so well a few years later, the overall situation was terrible. Fortunately, as history has so often shown us, when there is a need for leadership, capable individuals who envision higher goals respond and step forward. Dr. Root was one of those persons of vision, and he set about to help upgrade medical education by fostering scholarship and promoting high ideals. Apparently most of his contemporaries considered him presumptuous in thinking he could have an impact on the then status quo. Nonetheless, it was by dint of his personal dedication and drive that Alpha Omega Alpha was formed to encourage higher standards. It is not surprising and indeed it could have been predicted that the initial efforts of Root and his colleagues who joined him in the venture would be derided; yet it is a historical fact that Alpha Omega Alpha grew impressively from its modest beginning. Within ten years 17 chapters had formed, and as a result of continued growth the number of chapters now totals 105.

In the late sixties, when student unrest swept through some undergraduate campuses, disrupting the groves of academe, many medical schools likewise were affected; and some Alpha Omega Alpha chapters became inactive. In most instances the inactivity was promoted by a relatively small group of students protesting the “elitism” embodied in an honor society. In an environment where the recognition of excellence fell from grace Alpha Omega Alpha could not flourish. Fortunately, with time the pursuit of scholarship and the recognition of excellence have regained their credibility, and in essentially all medical schools election to Alpha Omega Alpha has again become a mark of distinction.

Membership in Alpha Omega Alpha recognizes those among the very able young men and women in our medical schools who have the motivation and the drive to make the most of their innate ability and of the educational environment in which they pursue their studies. It is this added motivation and drive that leads to superior performance. Years ago, in his preface to the Report of the Fourth Teaching Institute of the Association of American Medical Colleges, George Packer Berry, then dean of the Harvard Medical School, wrote: “To succeed at horse racing, one must have horses that not only can, but will, run fast.” He went on to point out that in selecting medical students it was essential to select those “who not only can, but will, seek high goals and reach them.” What Dr. Berry said in 1956 is equally applicable today. John Silber, president of Boston University, recently articulated the case for excellence in education concisely and impressively. He quoted Representative Barbara Jordan of Texas on the recognition of excellence: “We have been so brainwashed by an erroneous definition of democracy that we have difficulty prescribing any program or formula, or giving any grant which is better or more than some other grant because we don’t want to be accused of being antidemocratic because we recognize that some people are excellent.”

I suggest that Ms. Jordan’s statement is one that should be read by those medical school faculty members and students who take issue with the concept of recognizing superior intellectual performance. Alpha Omega Alpha, in its seventy-five years, has stood for just that. It is the embodiment of the concept that those who excel should be recognized for a job well done. Should the day come when high achievement in medical scholarship can no longer be acknowledged, as by membership in an honor society, our profession will have lost a large measure of its respected place in society.

R. J. G.

References


Alpha Omega Alpha — An anachronism?

J. Donald Easton, M.D.

I recently immigrated to my present institution from one that has no Alpha Omega Alpha chapter. The students at that institution decided en masse to refuse membership even if they were elected to it. They were committed to their egalitarian view of the medical student body, and because they believed only in a pass-fail grading system, they did not believe that the membership could be meaningfully chosen anyway. Apparently, they did not believe that cream floats to the top, yet, they would have been horrified to be perceived as a “homogenized” group, rather than as a group of variably talented individuals. These students thought of those who value and condone an honors system as elitists; it is my view that such a position is itself arrogant. In any event, it was my exposure to this new “medical school of the seventies” and its student body that resulted in my choosing to comment here on the balance between traditional and revisionist views in medical education.

The central emphasis of medical education in the 1950s and early 1960s was on the acquisition of new knowledge and the teaching of students to render the most advanced and specialized scientific treatment to their patients in a humanistic and comprehensive manner that we all called “treating the whole patient.” Biomedical information was growing at an exponential rate, and this growth was the dominant factor in leading medical educators to believe no one could keep abreast of an entire discipline. Consequently, sub-specialization was viewed as necessary and desirable. It was an exciting time, and most of us became specialists. Then came the political and social turmoil and distress of the late 1960s and early 1970s, which resulted in major dissatisfaction with many of this country’s establishments. The medical school was one of these establishments. We began to speak of the Health Care System and its many ailments. The new medical student was said to be more socially concerned, and determined to alter the delivery of health care to society in a more equitable and humanistic fashion than before. With this new social consciousness came a cry for change in medical school curricula. Steps were taken to diversify the old curriculum by eliminating much of the basic science exposure, by providing more elective and free time, and by allowing multiple “tracks” from matriculation to graduation. Relevance became the watchword and several medical schools developed a three-year curriculum. Finally, the internship disappeared from the American scene (though the first-year medical and surgical resident in my institution is still nostalgically called an intern). With these changes came medical school departments of preventive medicine, social medicine, community medicine, family medicine, environmental health, and medical ethics and humanities; and pediatrics here was evolving into Child Health. The majority of medical schools eliminated the traditional grading system and adopted the pass-fail system, though some retained an “honors” designation. These changes were presumably adopted in the hope that the medical school’s product would be a physician of high quality who would develop and work in a health care system that would be reasonably priced and humanely and equitably distributed.

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It has been said that “all that glitters is not gold!” I fear for the consequences of some of these changes. The following quotation has been attributed to Petronius:* “We trained hard, but it seemed that every time we were beginning to form into teams, we would be reorganized. I was to learn later in life that we tend to meet any new situation by reorganizing, and a wonderful method it can be for creating the illusion of progress while producing confusion, inefficiency and demoralization.” I am confident that Petronius did not have medical school curriculum revision in mind, and I am perhaps being

* Though there were several prominent Roman Petronii, most notably the Neroian, Petronius Arbiter, author of the Satyricon, and later the emperor, Petronius Maximus, there is no evidence that the aphorism actually originated with any of them.
excessively cynical in resurrecting his words in this context. I am, however, concerned that many of the valuable traditions that have evolved in medical education will be lost in the frenzied, change-oriented 1970s. Change is often both necessary and valuable but we must not throw out the baby with the bathwater.

One of my concerns involves the major spiritual and financial loss of support for basic biomedical research that has occurred in the past decade. We have United States senators belittling research on giant squid axons and damning the whole scientific peer review process. The demand is for applied research. Results! Something that will help sick people! These are our leaders. These are the men who were pumping money into the development of bigger, better, and more respirators to take care of more and more polio victims, that is, applied research, while they were allocating little of our money for exploring the biology of viruses and immune mechanisms that would ultimately lead to the disappearance of poliomyelitis. It has been noted elsewhere that these are the same leaders that brought us Urban Renewal and the War on Poverty. When this attitude pervades the university to the point that only twenty-five or so students and faculty members constitute the audience at Student Research Day, I wonder if it is time to swing the pendulum back part way and find a more desirable balance between basic research and applied research, between some research and no research, between that which is obviously relevant and that which appears to be irrelevant.

Another of my concerns is the excessive diluting of the basic science courses in some medical schools. Again the cry is for relevancy, sometimes to the brink of antiintellectualism. Some of us still believe that the preclinical courses serve not only to provide a scientific background for practice, but also to screen students for the ability to reason scientifically, to discipline themselves intellectually, and to meet the rigorous commitment ahead. In order to be critical in one’s clinical thinking, one must be soundly based in the principles of the scientific method.

The loss of the grading system is another disquieting issue. The reasons for dropping traditional grading are not entirely clear to me. There are those who argue that medical students have been excessively selected and that they are all intensely committed to providing optimal health care for their fellow man. Significant differences in their motivation, intellect, and common sense, are said not to exist and need not be measured and labeled. Some also assert that grading promotes unhealthy, even downright destructive competition. Others believe that grades do not measure the most meaningful qualities in nascent physicians. Some of these impressions may be so.

I believe that A-through-F grading is largely constructive. I believe that it motivates us to give our very best. Some students require no external inducement to perform, but most of us are human. We respond to the carrot, and we respond to the stick; and it seems unlikely to me that humankind today is any different in this regard than it has been since the beginning. Most of us thrive on competition. We thrill to the performance of a Jimmy Connors or a Joe Namath. We watch the Olympic Games: Franz Klammer, Dorothy Hamill, and Nadia Comenici are spectacular. It is breathtaking to see Nureyev and Barishnikov, and the violin of Jascha Heifetz or Isaac Stern enravishes even philistines. We admire, value, and reward these performers maximally even though the second, third, and sixth-best performers are astonishingly good, too. In the same way, we admire and value the qualities and professional competence of those who rank 98, 99, and 100, in a medical school graduating class. They relieve suffering and save human life, too. We know at the outset that while all of the players in professional baseball are highly selected, only one team will win the World Series. It is difficult for me to imagine 56,000 raving fans watching mighty Mizzou play the Nebraska Cornhuskers if no one keeps score (that is, no one grades the performance). Most of us fall agreeably fast for quality. In winning there is inspiration and aspiration that stimulates the best in all who will play the game. I believe that while the competitive system is not perfect, it is much more constructive than destructive. It need not measure only test scores. We can use any criteria we deem important. I also fear that the loss of the A-through-F grading system will result in a deterioration of academic standards in medical schools. The patient, not you or I, will pay that price. The pass-fail system fre-
Is Alpha Omega Alpha still relevant?

Peter E. Dans, M.D.

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My purpose in this paper is to discuss whether induction into Alpha Omega Alpha Honor Medical Society, founded in 1902, has any more relevance today than the acquisition of another honor for one’s curriculum vitae, and a key to treasure. A little history might help answer the question.

Alpha Omega Alpha was founded by William W. Root, a thirty-eight-year-old medical student at the College of Physicians and Surgeons, Medical Department of the University of Illinois, in Chicago.1 Root started the society, in his words, because the name “medical student” was associated “with rowdyism, boorishness, immorality and low educational ideals.”1 He proposed to several classmates the idea of starting a group to foster scholarship and high medical ideals. With no faculty input (something Root was very proud of), six seniors met in the bacteriology laboratory in August 1902 to discuss forming “a student honor group to foster scholarship and honesty and promote high medical ideals.”2, 3 It appears that Root’s popularity may have plummeted, because he transferred to Rush Medical College, also in Chicago, where he started a second chapter and graduated in 1904. In rapid succession, chapters were founded at Northwestern, Western Reserve, Jefferson, the University of Pennsylvania, and Washington University, in St. Louis. Root was particularly pleased when, in 1906, Harvard, the University of California, Johns Hopkins, and the University of Toronto established chapters. Now there are 123 chapters.

Because of reforms in medical education and progress in medicine generally, today’s medical schools, and today’s medical students, would be unrecognizable to Root. Alpha Omega Alpha played an important, but not widely appreciated, role in this transformation. In 1909, Root

![Image of William W. Root, founder, Charles L. Williams, Ernest S. Moore, Benjamin Thomas, Will H. Moore, Wenzel M. Wochos](Image)

Six students founded Alpha Omega Alpha “to foster scholarship and honesty and promote high medical ideals.”

noted that the University of Illinois chapter had given books by Robert Koch, William Beaumont, and John Shaw Billings to the Quine college library; chapters at Western Reserve and later Syracuse and Cincinnati established an essay contest for results of original research; the Harvard, Toronto, Syracuse, Michigan, and Hopkins chapters, among others, initiated meetings devoted to discussions of scientific papers and clinical reports. One chapter started tuberculosis clinics in a neighboring city.1

Clearly, Root's 1902 description of medical students no longer pertains today, and, thus, one can legitimately ask: Has AΩΑ outlived its purpose? Medical schools are first-rate; students are no longer boorish rowdies. What need is there for an organization dedicated to scholarship and character? Hold on, though; medical students may not be the paragons of virtue that we would like to think they are. Human nature being what it is, problems of cheating and dishonesty persist, although they may not be as flagrant as they were in Root's days. As a prelude to the required course "Ethics and Medical Care" that I directed at the Johns Hopkins University School of Medicine from 1983 to 1991, then Dean Richard S. Ross kindly allowed me to administer an annual questionnaire to entering students at orientation. I was interested in learning about their understanding of ethics, their familiarity and firsthand experience with medical care, and their thoughts on various important societal issues.2 The students eagerly filled out the anonymous questionnaire that seemed to connect with the reasons that they were drawn to medical school.

When I asked these students about ethical dilemmas that they had confronted in their young lives, a few answered, "None," but a number mentioned cheating and lying. For example, one said, "Dilemmas I faced in college/turning in the cheaters/I did not." This experience is not uncommon, even in schools that have honor codes.3 While some colleges are on record as saying that their honor codes work, most students report that the pressure not to turn in cheaters is simply too great. This pressure may be even greater in an era when dishonesty seems to have become more acceptable. For example, the student who blew the whistle on a recent cheating scandal at the U.S. Naval Academy reported being pressured to change his testimony, "to stick by the brigade."4

Still and all, most Hopkins students cited "honesty" as the single most important quality a physician should possess. Some admitted to cheating in the past. Yet, almost all said they would not cheat in medical school — as if admission to medical school was a magical cure-all for dishonesty. When queried about this, students volunteered that there would be no need to cheat now that they had reached their goal. Even so, when asked if their fellow students would cheat, many thought that fellow students would, with the median percentage of expected cheaters to be about 28 percent of the class. One year, 15 percent of the students thought that no one would cheat, while one student said everyone would — a rather respectable ratio of lambs to lions.

Unfortunately, considering the importance of the issue, there are surprisingly scant data on the extent of cheating among medical students. One of the best studies was done by Frederick Sierles and colleagues, who surveyed 448 medical students taking required courses in psychiatry at two American medical schools.5 With a broad definition of cheating, 375 (87.6 percent) of the 428 who returned the questionnaire admitted to cheating at least once in college and 249 (58.2 percent) at least once in medical school. The strongest correlation with expected medical school cheating was with a cynical attitude such as, "Everyone cheats," or "It's a dog-eat-dog world," and with having cheated in college.

Why is cheating important? The most disturbing aspect of the Sierles study was the correlation between cheating on exams and falsifying information about a patient's history, physical examination, and laboratory workup. We do not know the real extent of cheating at Hopkins, but between 1987 and 1990 I gave anonymous questionnaires to exiting fourth-year students. Based on Sierles's broad definition, about 5 percent of students said that they had cheated in basic science courses, and 15 percent said that they had reported nonexistent lab results, his-

The old Bacteriological Laboratory at the University of Illinois, College of Medicine, was the site of AΩΑ founding. Frontispiece. Pharos 16 (11) November 1952.
torical, or physical findings in the clinical years. They said their cheating was usually under pressure or when a test was considered irrelevant. Only one out of about 300 students ever admitted to falsifying research results. When asked, however, how many of their classmates they thought engaged in cheating, about one-third of the students thought that 20 percent or more of their colleagues had cheated. We do not know how many really did, but it's interesting to note the discrepancy between what students said they did and how they saw the extent of the problem among classmates. It reminds one of the results of polls on doctors and politicians, that is, my (doctor, congressman) is good, but (doctors, politicians) are not.

Another example of dishonesty, namely, scientific fraud, has gotten a lot of media attention. Although the number of cases is small, the problem is considered to be serious. The celebrated case of William Summerlin, at Memorial Sloan Kettering, who reported fraudulent experimental results in rats by painting them with magic marker to suggest that they could transmit somatic mutations, illustrates that one can be brilliant and dishonest at the same time. The most far-reaching case involved John R. Darsee, a graduate of Notre Dame University and the University of Indiana Medical School, with fellowships at Emory and then at Harvard. He falsified results in many of the almost 100 papers he authored in his short academic career. What was most disturbing was that many coauthors allowed their names to be on his manuscripts without ever checking his work; no one seemed to question his prodigious output. In fact, in the prevalent "publish or perish" ethos, length of bibliography has been seen as an asset. The exponential growth in multianvestigator, multicenter research has made it less feasible to monitor the work of collaborators and has increased the importance of trust.

In considering this issue, however, one cannot divorce doctors from the society in which they exist. Troubling studies in the late seventies and early eighties suggest that pressures to cheat are enormous and that there has been a change in moral standards. For example, seven out of ten managers at Uniroyal, Inc., felt pressure from the firm to compromise "personal ethics," by, for example, marketing potentially dangerous tires and turning in plausible but incomplete reports. A similar survey at Pitney Bowes revealed that a majority of managers under age thirty-five indicated that they would lie for the firm if it would help their careers. Almost half of the respondents to another poll admitted that they regularly called in "sick," lied to their best friends, hid extramarital affairs, and cheated on exams. Then there is the Manhattan insurance worker who took three New York Times from the self-service vending machine each day and only paid for one. When asked why, he said he was simply doing a favor for his friends, and, after all, no one was hurt, except possibly the Times, which wasn't going to miss a few papers.

Cheating is in a sense an abrogation of the principle of justice — taking unfair advantage, as well as the principle of respect for persons (it shows little), and fidelity (it abrogates trust). One reason why honesty is especially important in medicine is that, in the final analysis, the last bastion of defense for the patient in the privacy of the examining room is the physician's character. So, we should not minimize Alpha Omega Alpha's importance as an organization committed to high ideals. Take the current AΩA motto, "Worthy to serve the suffering," or more properly, Root's original motto, "To be worthy to serve the suffering." The latter turned out to be incorrect Greek but was probably more appropriate, as it avoided the implication that members were perpetually worthy and nonmembers were unworthy. Root's motto expresses an ideal that must be continuously striven for in the face of the difficulties in practicing medicine today. It affirms the nobility of the profession and points out what we can be at our best.

Alpha Omega Alpha's journal, The Pharos, is probably the place where this commitment to medicine's ideals is most visible. Although its circulation is over 70,000, the journal goes out primarily to members of the society, which means that members talk mainly among themselves — rather than to other caregivers and the public at large. This is too bad, because its name, Pharos, is that of the ancient lighthouse of Alexandria. One of the Seven Wonders of the World, it was destroyed by an earthquake in 1375 A.D. Said to be visible twenty-seven miles out to sea, its beacon symbolizes the search for truth. In some respects, the society's name does too: Alpha Omega Alpha — the Beginning, the End, and the Beginning again. It neatly capsule the way the quest for scientific knowledge proceeds by searching, arriving at a conclusion, and then beginning the search once again.

Does all of this Pollyanna comment not invite what Root's colleague Moore said were early criticisms of the society — as being "high brow" and "holier than thou"? Moore's defense was, "Crusaders, battling for reform, are always subject to criticism." Still, affirming a righteous cause does risk descending into self-righteousness; similarly, championing AΩA poses certain risks. First, it may have been easier to select students on the basis of scholarship and character in Root's day than it is now. Clearly, many superb physicians who bloom during the clinical years are not elected to AΩA because of the selection criteria — an issue that has been partially remedied by adding a house-staff category to the alumni and faculty slots. Also, the use of a scholastic ranking cutoff for election purposes does not assure a similar ranking in character. Class rankings are easier to use and to defend in this litigious environment, but it would be intriguing to compare them with rankings based on anonymous student peer evaluations and moral reasoning measurements.

Alpha Omega Alpha has been also criticized for being "elitist." For example, the chapters at Harvard, Stan-
Is Alpha Omega Alpha still relevant?

ford, and McGill became inactive and stopped electing members in the 1970s, presumably because of such concerns, and have subsequently lost their charters. Yet, Phi Beta Kappa, which only has chapters in the United States, remains active at Harvard and Stanford, undoubtedly because that society’s ideals make it worth preserving, even though the same criticisms are applicable. I believe that such criticisms of AΩA, while understandable, are misguided. One should not confuse elitism with exclusivity, which equates with a striving for excellence. ¹⁹ The latter means seeking to do what one does best and being the best at what one does — no matter what the task or walk of life. ²⁰ That some people are elitist in the “exclusivity,” or negative sense of the term, and lord it over people because of their accomplishments, does not mean that organizations committed to high standards are irrelevant and should be disbanded.

My answer, then, to the question that I posed in the title of my paper is: Yes, Alpha Omega Alpha is still relevant today. Without reminders of the ideals to be striven for, we shall descend (and have descended to some degree as a society) into mediocrity and a least common denominator approach to character and scholarship. In fact, I believe that AΩA must reaffirm its commitment to Root’s concern about character — not just on the pages of The Pharos but by chapters taking a leadership role on campus. This is especially important at a time when physicians are being portrayed as arrogant and greedy in the popular media. AΩA can play a major role in publicly re-dedicating the profession to its noble ideals. The advent of new health care reforms and the resultant attention being focussed on medicine makes this a most propitious moment to do so.

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John Snow Takes the Waters

Immersed in his tub, steam rising above the brow,
he thought of the possible explanation:
beneath the stones worms crawled.
Animistes shuddered at the impending scourge of gods bent on retribution.
They all had drunk from the well.
In the crystalline flow of shared dew,
hidden like a missed comma,
poisonously poised, choleric in its simplicity,
it had reached and invaded the dark crypts,
destroyed will, turned on switches
in cells by yet innominate proteins.
The swift losses, the scornful cascade
of vital fluids, the ebbing inner sea,
the shrivering cells resembling coral.
And then: quivering pulse, darkness in the sky,
heavy, vibrating lids over
the empty eyes —
the ovoid coma, the camphor-lined,
recalcitrant, unmarked grave.
The well, the horror of the well.

Manuel Martinez-Maldonado, M.D.*

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Alpha Omega Alpha: Encouraging excellence in medicine for more than a century

David C. Dale, M.D., and Edward D. Harris, Jr., M.D.

Dr. Dale (ΑΩΑ, Harvard Medical School, 1966) is president of Alpha Omega Alpha, and Dr. Harris (ΑΩΑ, Harvard Medical School, 1962) is editor of The Pharos and executive secretary of ΑΩΑ.

"Worthy to Serve the Suffering"

A
lpha Omega Alpha (ΑΩΑ) was founded by a small group of medical students at the College of Physicians and Surgeons of Chicago in 1902, at a time of critical transitions in American medical education. The sciences basic to medicine—microbiology, chemistry, and physiology—were blossoming, but only a few medical schools had faculty qualified to teach them. Hospitals were growing in size and numbers, but the modern relationships of teaching hospitals to medical schools were only beginning to emerge. The number of students in medical schools had increased dramatically. In 1880, the United States had about 100 medical schools with 12,000 students; this represented about one-tenth of all students in higher education. By 1900 there had been a 60 percent increase in the number of medical schools, to 160 schools, and the number of medical students in U.S. medical schools had doubled. Rapid expansion of the population and settling of the western states were important factors in this growth, but running a small medical school could also be an attractive and remunerative enterprise for some physicians.

In the 1890s, the Association of American Medical Colleges (AAMC) characterized schools as "regular," "homeopathic," "eclectic," "physiomedical" and "nondescript." The facilities, faculties, finances, and curricula, as well as the students in all schools of all classifications were very heterogeneous. In 1871, Charles Eliot, president of Harvard, stated that "the Harvard medical students were
noticeably inferior... to students in other departments." He felt then that increasing entrance requirements and a three-year curriculum would improve the quality and dedication of students. By the late 1900s, many schools had introduced curricular changes as well as stricter admission standards. The most notable and influential curricular changes were at Johns Hopkins University, the University of Michigan, the University of Pennsylvania, and Harvard University.

Overall, at the turn of the century medical students were not well prepared for scientifically-oriented medical training; it was unusual if they had more than a high school education.

**William W. Root and the founding of Alpha Omega Alpha**

The founder of AΩA, William Webster Root, began his medical education at the National Medical School in Chicago in 1899. In 1900, he transferred to Harvey Medical College, and then enrolled at the College of Physicians and Surgeons of Chicago (later named the College of Medicine of the University of Illinois) in 1901. Root was born in Niagara Falls, New York, on August 19, 1867, the son of E. Volney and Amelia Emily Root. He was a descendant of Thomas Root, who had emigrated from England to Hartford, Connecticut, about 1637. Root graduated from Cornell University with a Bachelor of Science degree in 1890. He then completed two years of graduate work in chemistry at Cornell while teaching chemistry, physics, and biology. Just before matriculating at medical school, Root taught at the Chicago Manual Training School and was enrolled as a graduate student at the University of Chicago. He was then 34 years old, married to a college classmate, Anna Bronson, and father of three children.

Undoubtedly, Root was one of the most mature and prepared students in his class. In an essay he wrote in 1909, Root stated that it was the lack of interest in scholarly attainments among medical students that led him to begin AΩA. A classmate, Ernest S. Moore, and one of the original members of AΩA, was more critical of his fellow students and the school. In describing the class, he said that "honesty was conspicuously absent" and that "behavior in the halls and classrooms was rough and boorish." He said that "articles of any value would be sure to remain where placed in the medical building only by nailing them securely." He also indicated that the faculty was only interested in training new practitioners and that "heads of departments at the school were selected by who could buy a substantial block of stock."

Root first discussed the idea of forming an "honor fraternity" with a few of his classmates in July 1902. Years later, Ernest Moore wrote, "In the summer of 1902, I was sitting on the steps of the old College building. It was almost time to start the grind when Dr. Root came out of the building and sat down beside me and began to tell me about a plan he had in mind to organize a medical honor fraternity, patterned after the lines of Phi Beta Kappa. When this conversation had ended, he had sold me his ideas and we had selected a list of men to be invited to membership." Root then presented his ideas to this group of students at a meeting on August 25, 1902. Plans moved quickly, and on September 27, 1902, twenty-eight students met for a dinner at the Bismarck Hotel in Chicago to ratify a constitution drafted by Root and to induct the society's original members. Today the name, emblem, motto, and goals of AΩA are the same ones presented at the early organizational meetings. AΩA still uses the motto proposed by Root, Ἄξιος ὀφελεῖν τοὺς ἀλγοντας—"Worthy to Serve the Suffering"—and emphasizes scholarship and appropriate professional demeanor as the basis for membership. Remarkably, the founders clearly stated from the beginning their intentions that race, color, creed, gender, and social standing should never be barriers to membership.

After the Alpha Chapter of AΩA was established at the College of Physicians and Surgeons at Illinois, plans developed quickly for other AΩA chapters, all orchestrated by the vision and leadership of William Root. Root first talked with students at the other Chicago medical schools. On December 13, 1902, a charter was granted for 14 senior students at Rush Medical College to become members of AΩA. On January 31, 1903, Root, with two other students, Thomas A. Bryan and Benjamin Thomas, filed with the State of Illinois the Articles of Incorporation for the Alpha Omega Alpha Medical Honor Fraternity. The original documents named John Eddy Haskell, Chairman; William Henry Moore, Director; and William Webster Root, Secretary. The fee for incorporation was ten dollars. Less than two months later, on February 7, 1903, thirteen senior students at Northwestern University Medical School were inducted. It is not clear how these original students from the Chicago schools were selected, and a few years later this became the subject of some controversy. It is very likely that Root himself identified like-minded students who then selected the other initial members.

In the February 2, 1903, minutes of the Committee on the Constitution and Extension, Root recorded, "Five present. [We discussed] whether to send a man east. Four moved in favor; I did not vote." Root then loaned the society $100 without interest and his fellow student, Burchard Hayes Roark, traveled to Cleveland and Philadelphia to help organize chapters at Western Reserve, Jefferson, and the University of Pennsylvania. Then, at the end of the 1903 academic year, Root transferred to Rush Medical College and graduated in 1904, along with 24 Rush classmates as members of the beta, or second chapter of AΩA in Illinois. His academic transcripts from the College of Physicians and Surgeons and from Rush show that Root was a good student. His best grades were
show that Root was a good student. His best grades were in pediatrics (100 percent), surgery (95 percent), and obstetrics (95 percent), and his attendance record was excellent.

Dr. Root remained the secretary-treasurer of AΩA and the key person who maintained both the records and the cohesiveness of the organization until his death on April 23, 1932, after 30 years of leadership. Given his interest and training, it is surprising that Root did not enter academic medicine after medical school. However, at the time of graduation he was 37 years old with four children, a number that later swelled to six. Following graduation, Root practiced medicine in Parker, Indiana, for four years. From 1908 to 1911, he worked at the Parke Davis Company in Detroit in bacteriological research, and subsequently moved to the HK Mulford Laboratories in Philadelphia (from 1911 to 1912). Root then returned to the family home in the rural village of Slaterville Springs, New York, nine miles from Ithaca. From 1920 to 1921, he served as physician at the Utica, New York, State Hospital for the Insane, and was commissioned as First Lieutenant, M.R.C., U.S. Army (from 1912 to 1917). Root spent the rest of his professional life as a family physician in Slaterville Springs and as secretary-treasurer for AΩA.

William Webster Root died in 1932.

Anna Bronson Root

William Root's widow, Anna Bronson Root, continued to work on behalf of AΩA until her death in 1947, serving in the capacity of assistant secretary-treasurer and editor of The Pharos. An article in the May 1947 issue, written by one of her daughters, Hasseltine Root Brill, is excerpted here:

Anna Conant Bronson Root
1865–1947

It is with regret that we announce the death on February 15 of Mrs. Anna Conant Bronson Root, widow of the late Dr. William Webster Root, founder and lifetime secretary-treasurer of this Society. At Dr. Root's death in 1932, Dr. J. J. Moore became general secretary-treasurer and Mrs. Root was appointed assistant secretary-treasurer. She officiated in this capacity until her death, with the assistance of Mr. and Mrs. G. Meredith Brill, her daughter and son-in-law. In addition to ordering insignia, answering correspondence, keeping up-to-date membership card files for sixteen thousand members and other duties incidental to such an office, Mrs. Root became, in 1937, editor of "The Pharos." She was happy to remain affiliated with the Society and was deeply grateful for the consistent cooperation of the national officers.

Born in Boston on June 6, 1865, she was the only daughter of Dr. Benjamin Franklin Bronson and Ann Hasseltine (Chaplin) Bronson, whose father, Jeremiah Chaplin, was the founder and first president of Colby College at Waterville, Maine. She was graduated from Abbot Academy in Andover, Massachusetts and from Cornell University in 1893 after which she taught French and German in secondary schools and at the Women's college of Brown University. A woman of scholarly aptitude, she relinquished a promising career in the teaching profession to marry William Webster Root, who was then a teacher of physics and chemistry in Chicago.
Manual Training School and at the University of Chicago. Mrs. Root encouraged his decision some years later to study medicine though it meant very frugal living for their growing family. It is well known that he conceived the idea of Alpha Omega Alpha as an effort to encourage among the students “personal honesty and the spirit of medical research,” while yet an undergraduate at the University of Illinois School of Medicine in 1902. Rush Medical College awarded him the M.D. degree in 1904 and he proceeded to practice medicine in Indiana and in Slaterville Springs, N.Y.

...Mrs. Root helped her husband constantly with the ever-growing Society correspondence since his patients took much of his time. Indeed, Society work became so much a part of their family life that their children learned to say “Alpha Omega Alpha” as soon as they learned to talk at all. The Roots were unable to afford regular household help and Mrs. Root shuttled between kitchen and office. Many an address which Dr. Root gave was read first to his wife.

They collaborated on the wording of the constitution and other Society publications where Mrs. Root’s unflagging excellence in phrase turning and use of English were a valuable asset. She proofread all publications then and later on.

The national Alpha Omega Alpha office was in the Root home until 1938 when the equipment necessary to carry on the work completely outgrew the home accommodations. During Dr. Root’s lifetime, however, the office remained in their home and Mrs. Root always found time to counsel her husband on Society business and answer correspondence in his absence.

Dr. and Mrs. Root rest under a simple white marble stone. Under Dr. Root’s name are these words, so engraved at his request — “Founder of AΩA.”

—May 1947, pp. 3, 15

Root, Hall, Cannon and the Committee on Expansion

The year 1905 marked an important transition for the fledgling organization. Although started by students, Root and a few of his colleagues maintained leadership of the organization. They proved to be effective in recruiting exceptional leaders from academic medicine to join them in making AΩA a national organization. Dr. Root was clearly the person making this all happen. Ernest Moore wrote, “Root was a sturdy, sincere man. He was a crusader at heart and a quiet, persistent, efficient warrior when in action. His high ideals, his enthusiasm, and his earnestness gave us AΩA.”

With a vision of building a national organization, Root first recruited Winfield Scott Hall to become the primarius or president. Thomas Bryan first suggested the title “Primarius” for the leaders of the organization at the Constitution and Extension Committee meeting in February 1903. Bryan also recommended that Root be the first primarius. Handwritten records of this meeting show that at first Root accepted the idea, signing the minutes for that meeting as “Dr. W. W. Root, Primarius, Alpha Omega Alpha.” Root subsequently chose to become the organization’s long-term secretary-treasurer.

Winfield Scott Hall served as primarius of AΩA with great dedication from 1904 to 1913. Hall was a European-trained physician and head of the Department of Physiology of the School of Medicine at Northwestern University. In this era, physiology was the cornerstone for basic science education for medical students. Hall had joined the faculty at Northwestern in 1885.

Winfield Scott Hall, first primarius of Alpha Omega Alpha
He, like Root, was a crusader, determined to bring scientifically-minded teaching to Northwestern. He was captured by Root’s idea that a medical honor fraternity could aid in bringing Northwestern to the forefront of U.S. medical schools, and he put all of his prestige and reputation as an educator to the use of the organization.

Hall then aided Root in recruiting another physiologist and a rising young star on the faculty at Harvard, Walter B. Cannon, to become associate primarius or vice-president of Alpha Omega Alpha, even before there was a chapter at Harvard. Cannon became famous as a teacher, researcher, and author of The Wisdom of the Body. He is best known for his research on the sympathetic nervous system, beginning with the first radiographic studies of gastrointestinal motility. Like Root and Hall, Cannon was an idealist who believed that good works could make a difference in society. Cannon served as associate primarius and the principal aide to Hall and Root from 1904 to 1913. More importantly, Cannon served until 1930 as chairman of AΩΑ’s Committee on Extension, the committee that reviewed applications and decided which medical schools were permitted to open AΩΑ chapters.

In his third annual report to Primarius Hall in 1906, Root noted with some pleasure that AΩΑ, for the first time, was no longer in debt, having a credit balance of $67.34. He wrote, “It is exceedingly gratifying to me, to whom the society when in the experimental stage owed some $200, to see a comfortable bank account with every assurance that it will be increased in the future.” He then stated, “Our regular income for this coming fiscal year from keys, certificates, and chapter tax should be, not counting any increase in the chapter role, not less than $350.” Root then added, “Considering the labor that will be necessary for the next year, which I think will be more than in either Phi Beta Kappa or Sigma Xi, and also considering our present financial condition and future prospects, I think it would not [be] out of place to respectfully ask the Primarius for the same salary that Dr. Voorhees, Secretary-Treasurer of Phi Beta Kappa receives, viz. $100. If the Society could not afford any compensation, I should most willingly, even to the neglect of my practice, put the enormous amount of time on this work that I have in the past.” He closed, “Congratulating you on the wonderful growth of this ethical order under your able leadership, I remain, William W. Root.” For the year ending August 31, 1906, the Society had receipts of $536.17, expenses of $486.83, with a credit balance at the Parker Bank Company in Parker, Indiana. Root recorded expenses for one trip, a trip to Ann Arbor to visit the University of Michigan, from October 20 to 24, 1905. The round-trip train fare was $15.60, shoe shine and shave $0.15, a newspaper, $0.05, and per diem requested was five days at $4 per day. Over the years, Root requested modest compensation for his time, and at one point requested a new typewriter to be paid for by AΩΑ. As secretary-treasurer, his careful stewardship, as well as his dedication to the organization, were very important.

Without doubt it was Root’s enthusiasm, his willingness to invest time and his own money, and his careful records that made AΩΑ a lasting and influential organization. Later his wife, Anna, and then his daughter and son-in-law, Hazel and G. Meredith Brill, maintained the records of AΩΑ in Slaterville Springs through the Great Depression and World War II, until the AΩΑ offices moved to Chicago in 1968.

It was fortunate for AΩΑ that Walter B. Cannon agreed to chair the Committee on Expansion. He served in this role 1905 to 1930, relinquishing it only after all of the American Medical Association (AMA) Class A medical schools had opened AΩΑ chapters. Cannon stepped down after developing papillary cancer of the bladder, which presented as hematuria on a trip in Europe, his first major health problem and one possibly caused by the radiation exposure he experienced early in his research career. Joining Cannon on the
original committee were: John M. Dodson, dean of the Rush Medical School, then affiliated with the University of Chicago; William Pepper, dean of the University of Pennsylvania School of Medicine; and Nathan P. Colwell, secretary of the AMA Council on Medical Education. By 1905, national leadership of AΩA had clearly passed from the students to the medical establishment.

Under this able leadership, AΩA grew steadily. New chapters were added: in 1905, Washington University; in 1906, Harvard University, the University of California at San Francisco, Johns Hopkins University, and the University of Toronto; the University of Michigan in 1907; in 1908, the University of Minnesota; Cornell University, in 1910; Syracuse University and McGill University in 1911. AΩA grew easily because William Root had drafted a good constitution in 1902. With revisions in 1904, 1909, 1911, and 1920 (and a few thereafter), AΩA had a reliable blueprint for the remaining years of the century. The constitution made it relatively easy for new schools to organize their chapters, and gave considerable latitude to each school in selecting a councilor and student members and in organizing chapter activities.

Expansion was central to the development of AΩA, and Walter B. Cannon was the central figure in this process. Cannon was a Midwesterner from Wisconsin who went to Boston for medical school, but never forgot his rural roots and simple upbringing. Years after becoming an internationally recognized professor, he still enjoyed summers of physical labor on his small New Hampshire farm. At Harvard, Cannon rose from the position of instructor in physiology in 1900, to the George Higginson Professorship of Physiology in 1906. One of his biographers, Elin L. Wolfe, commented in a personal communication that there seemed never to be a medical organization Cannon would not join, and AΩA was one of them. As associate primarius and first AΩA councilor at Harvard, he helped the class of 1906 establish its chapter, both as a stimulus for better work among students and as the link binding Harvard with other important medical schools of the country. Root wrote to the senior class president, Channing Frothingham, on January 15, 1905, “Go ahead and pick out five men who can, with Cannon and Mallory [form a chapter].” At the end of the year Frothingham recorded, “The men are chosen solely from those of the highest rank. Besides scholarship, the character of the individual is taken into consideration and those men, given the preference, who appear destined for a successful medical career.”

After Hall invited Cannon by telegram to become associate primarius, Cannon responded promptly on stationery from the Physiology Laboratory of the Harvard Medical School, “I should esteem it an honor to be Associate Primarius of the Alpha Omega Alpha fraternity.” Only eight days later, he sent another note to Dr. Hall, on the new AΩA stationery that listed his name as the associate primarius, together with Primarius Hall and Secretary-Treasurer Root, writing, “I am much pleased with this new honor, and I shall be happy to promote the aims of the new fraternity as far as I can.” And to show his interest, he added, “I have written to Dawson at Johns Hopkins about the Society, but have not yet received an answer.” Primarius Hall then wrote Cannon after receiving the application for the Harvard chapter, “Through the leverage that we can get from Harvard, I hope that [we can] organize chapters at Columbia and Johns Hopkins.” Later that year, Cannon invited Professor Barker of Johns Hopkins to speak at the AMA meeting in Boston so that they could discuss AΩA. He also wrote to Root about inviting other schools to have chapters: “I have no doubt in my mind as to the advisability of such possibilities as Columbia, McGill, Toronto, or any of the larger state university medical schools.” He added, “What is meant by New York University? I do not know of it. I do not know the character of St. Louis University or Syracuse University. If you and Dr. Hall approve, however, I see no reason to differ from your opinion.” In this same letter he added, “The two things needed in medicine, as I see it, are a high spirit of service and a searching thorough acquaintance with the methods of discovering disease and caring for diseased people. To support these two needs, the Society stands for moral uprightness and devotion.”

Cannon’s job in deciding which schools to recommend for chapters was sometimes difficult. On October 21, 1907, he wrote to Primarius Hall that he had inquired of members of the chapter at Western Reserve about the conditions of the medical school at the University of Cincinnati, and that their recommendation was against forming a chapter there. Cannon said, “I wrote as kindly a letter as I could to Dr. J. H. Shaw, of the University of Cincinnati, stating that for the present that there was likely to be opposition to opening a chapter there.” Shaw responded to Root that he regarded Cincinnati as a “one-horse, low-down affair, not worthy of consideration” and imputing to Cannon a smug complacency because he was at Harvard. Cannon wrote to Hall, “Of course the first charge is ridiculous, but the second is rather serious. . . . I wrote to Dr. Shaw and now I hope that, so far as my attitude is concerned, he is informed. Cannon also favored establishing chapters in the Midwest (e.g., Iowa, Kansas, Minnesota), but met with substantial opposition, particularly from the chapter at the University of Pennsylvania.

Controversies and stories
As AΩA grew, not every school that applied was granted a chapter. If disagreement existed, delay ensued until a consensus was reached. Weaker schools, particularly those that got low marks from the AMA reviews, did not receive chapter charters. When there were problems, Cannon, with the
support of the primarius and Root, managed to select only the best schools for new chapters. Consistently, however, there was candor in the evaluations and politeness in the correspondence with the schools.

There were also other interesting controversies. For example, on November 26, 1907, Root, always signing as the Founder and Secretary-Treasurer, wrote to Primarius Hall proposing that three officers, the primarius, the associate primarius, and the secretary-treasurer be appointed to their positions for life. Hall responded quickly in a letter November 29, 1907 stating, “Now, doctor, I cannot bring my- self to affix my name to this document. I cannot feel that it is wise. I fully believe that you should be life-Secretary and through life a member of the board of directors. I believe it would be a grave and tactical blunder for me to retain the position of Primarius for much longer. Let us hold this in abeyance till we have had an opportunity to think it over.” The wisdom of Hall prevailed. He later retired from AΩA activities, but Root remained secretary-treasurer and member of the board for the rest of his life.

A more serious controversy arose in 1912 regarding the role of the chapters versus the board of directors in controlling the affairs of AΩA. The constitution stated that the general executive control of the society “shall be vested in the Primarius and the Board of three Directors.” The primarius was designated to select his own successor and to remain on the board for six years after leaving office. As the number of chapters increased, the constitution was revised, and the board of directors expanded to five members, with three of the five chosen from the chapter councillors, with terms of three years.

F. C. Waite of Western Reserve had been appointed to the Committee on Expansion about 1908, and was then elected to the Board in 1909. Early in 1912, he wrote to Primarius Hall stating, “Now that the first 10 years have elapsed, the fraternity should be put in the control of its constituent chapters.” He advocated that all of the directors should be elected, and he announced his resignation from the Board effective June 10, 1912. He implied that Hall, Cannon, and Root did not now have legitimate authority to lead the society and indicated that they had achieved their positions without competing for them. This angered Root. He quickly marshaled several resources in his defense. In a memorandum to the councillor and secretary of each chapter, he pointed out the Waite was “not a medical man.” He noted that concessions had been made repeatedly to the Western Reserve chapter and that Waite’s term on the board was expiring anyway. He consulted Baird, Cox and Scherr, a New York law firm. Raimond Baird replied on May 6, 1912, that the administration of the fraternity was in line with customary and proper procedures. Root made sure that chapter representatives supporting his views would be present or represented at the upcoming Atlantic City meeting of AΩA, in conjunction with the annual AMA meeting. The June meeting occurred. Root and Hall prevailed and continued to direct national affairs.

Another idea of potentially major impact surfaced in 1909, when Primarius Hall suggested to E. A. Schafer of the University of Edinburgh that AΩA might establish a chapter in Scotland as part of international expansion. On February 2, 1909, Schafer responded to Hall, indicating that the Royal Medical Society of Edinburgh had given the idea “prolonged consideration” but could not “see its way to take up formation of a branch in Edinburgh.” He commented, “Medical ethics are very well looked after in Great Britain.” He added, “The Royal Society was of the opinion that there was therefore no serious necessity for impressing the medical minds over here with the importance of the Hippocratic maxims.” This response probably tempered Hall’s enthusiasm to pursue this idea. Over the years that followed, many other discussions about forming AΩA chapters outside of the United States and Canada probably occurred. A chapter chartered at the American University at Beirut, Lebanon, in 1958 remains the sole exception to this decision to limit chapters to accredited schools in North America.

Another interesting controversy arose in the late 1920s, during the Prohibition era. Some AΩA students at Tulane were accused and convicted of prescribing alcohol for the families of their friends. It is not entirely clear who turned them in, but the AΩA councillor wrote asking Dr. Root to decide whether the students should be dismissed from AΩA. Root deferred to the local chapter for resolution of this politically charged issue.

The evaluation of medical schools

After the first few schools had established their chapters, the evaluation of schools for new chapters became more systematic and more stringent, greatly aided by Nathan Colwell of the AMA’s Council on Medical Education. Schools petitioning for a chapter were required to provide detailed information on their facilities, faculty, finances, curricula, and students. At some schools, the initial inquiry about starting a chapter came from students; at others it came from the dean or a faculty member. Inquiries came to Root, Cannon, and Hall, who remained in remarkably close contact with each other. The records suggest that Root was the first of these men to have a typewriter; most of the early correspondence from Cannon and Hall is in beautiful penmanship. Letters from the medical school dean often accompanied applications for a new AΩA chapter. If an application was promising, it was sent to the members of the Committee on Expansion. If the Committee approved, Cannon advised Hall, who in turn asked Root to obtain votes from current chapters on admitting a new chapter. This process worked well for well-known schools, but it was also cumbersome. As Hall pointed out to Root in a letter on December 7, 1905, it was difficult for the medical student members in one chapter to know enough about another school to give a meaningful evaluation.
Several tensions were at play in selecting schools for AΩA chapters. Root was particularly interested in having chapters at the best U.S. medical schools. The schools and their faculties and students often had difficulty in assessing their own quality. The best assessment of schools was information garnered through the AMA review process, to which the AΩA Committee on Expansion was closely linked because Dean Dodson of Rush chaired the Committee and Colwell was its executive secretary. Correspondence between Root and Hall indicated their belief that where there were multiple medical schools in a city or state, it would be better if the higher ranked school had an AΩA chapter first. Thus, Johns Hopkins was encouraged to open a chapter before the University of Maryland, Washington University before St. Louis University, and Columbia before the other New York schools. From one vantage point, this brought prestige to AΩA; from another, it served to raise medical school standards, as school leaders appreciated AΩA’s expectations and saw themselves compared with other schools. It is clear from the correspondence that the officers and directors took their responsibilities very seriously, and they were thorough in their evaluations. When proprietary schools wrote to Root about a new chapter, he generally directly discouraged them from applying, politely pointing out deficiencies or reasons for the likelihood that their application would not be successful.

On August 29, 1909, Root sent out a list of schools without chapters to members of the Committee on New Chapters: Cannon, Hall, Dodson, and Waite. Root favored chapters for Stanford, Colorado, Yale, Indiana, Drake, Iowa, Kansas, Tulane, Nebraska, Cornell, Syracuse, Texas, Virginia, and McGill. He included a “doubtful” list: St. Louis University, Dartmouth, Fordham, New York University, Cincinnati, Manitoba, Queens (Kingston-Ontario), and Laval (Quebec and Montreal). None of the small “proprietary” schools were on Root’s list.

Over the next two decades, Root, Cannon, Hall, and Hall’s successors corresponded actively with schools proposed for, and discouraged from, applying for AΩA chapters. For example, William Leavenworth, a student at the Bowdoin Medical School in Portland, Maine, wrote to Dr. Root about establishing a chapter at his school on February 6, 1916. Root replied on February 9, 1916, indicating that he had reviewed the facilities and information about the school provided to the AMA. He acknowledged his interest in a school in Maine having an AΩA chapter because his mother-in-law had been born in Brunswick and her father had been the first president of Colby College there. He then indicated that before the application could be given serious consideration, a detailed review would be necessary by the Committee on Extension, composed then of Cannon, Dodson, Dean Heffron of Syracuse University, Colwell of the AΩA, and Root. He also advised the student that if he personally wanted to be a member, “it will be necessary first to convince us that you are one of the ranking men of your class.”

When students from Vanderbilt University inquired about a chapter, there was considerable correspondence about whether the Methodist-Episcopal bishops or a Board of Trustees controlled the institution. When the courts decided in favor of the Trustees, Root assured students at Vanderbilt that a chapter was possible there. However, it was several more years before the Vanderbilt chapter was actually approved. Root, Cannon, and members of the committee favored opening a chapter at Stanford in their review of 1909. There was a wealth of correspondence, but school officials were very slow in getting the application completed. The chapter finally opened in 1928 with much celebration, although in the late 1970s Stanford students decided that AΩA engendered a “competitive spirit” that was incompatible with the medical school; the chapter became inactive and eventually was dissolved.

AΩA was expanding, and it was evaluating schools at the same times as were several other organizations that had substantially larger budgets. AΩA benefited from their efforts. The AAMC, organized in 1876, was a relatively weak organization before 1900. In 1903, its new secretary-treasurer, Ted C. Zapfe, began visiting member schools, summarizing their plans of study, and making specific recommendations for conversion to four-year medical programs and higher entrance requirements. In 1904, the AMA Council on Medical Education had been formed with Arthur Dean Bevan, professor of surgery at Rush and colleague of Dodson of the AΩA Committee on Extension, serving as its first chairman. In 1909, Abraham Flexner began his national review of medical schools, under the sponsorship of the Carnegie Foundation. Flexner’s status as an educator and the bite of his comments were very important in the closing of small, private, for-profit medical schools and raising the standards of medical education.

Councillors, students, and membership
The 1904 constitution of Alpha Omega Alpha set forth the standards for selection of medical student members to the society by each chapter. The constitution stated that the mission of AΩA is to encourage high ideals of thought and action in the schools of medicine and to promote that which is the highest in professional practice. As students, members are to avoid that which will make them unworthy of their calling and to further the same spirit among fellow students. As practitioners, members are to maintain and to encourage the lofty ideals set forth by the revered father of medicine, Hippocrates; to show respect for other members of their calling, to advocate high requirements for entrance to the course in Medicine and for graduation; in short, to do what they can to exalt and to ennoble the profession.
commercial spirit and all departures from medical ethics are to be avoided and the purely scientific, the philosophic and the poetic features of the profession are to be cultivated.

This early version of the constitution also stated that "junior and senior students in medical schools, possessing a chapter were eligible for election as active members, based on scholarship, strength of character; individuality and originality, and moral character; unselfishness, respect for one's self and for others, combined with lofty ideals." The total number of members in the senior class was set at 30 and not to ever exceed one-sixth of the class. At the first election for the junior class, no more than five candidates were to be selected. One negative vote was sufficient to exclude a candidate, but in such cases, the member so voting was responsible to state the reasons in full before the other members. Privileges of membership required payment of an initiation fee of $3. The constitution has since been revised several times, but the basic criteria for the selection of student members have not changed.

In the 1909 constitution, Article III, Section 11, stated,

Graduate students and other physicians or investigators in subjects allied to medicine, who have gained wide recognition through original research, or in an administration, and who conform to the requirements demanded for undergraduates may be elected to active membership provided the number of living members thus elected in any chapter shall not at anytime exceed one-twelfth of the total number of living members elected in course.

The constitution also stated "physicians may also be elected from classes antedating the granting of the charter, not more than one-twelfth of any class being chosen."

Honorary members also were elected. This class of membership later became limited to distinguished individuals not eligible for membership by usual routes; those who did not attend a medical school that has an AΩA chapter, or are members of a medical school faculty that lacks an AΩA chapter. The first 1911 Harvard Medical School report lists six honorary members: Reginald Heber Fitz, Frederick Cheever Shattuck, Theobald Smith, Edward Hall Nichols, Richard Clarke Cabot, and Henry Asbury Christian.

At first, with only a few chapters and a few students, AΩA was a small organization. However since the number of chapters was increasing and election to membership was for life, membership has grown quite substantially. By 1922 there were 3780 members; in 1936 there were 10,125 members, and by 1956, 25,848 had been elected. In 2002, at the one-hundredth anniversary of its founding, there are more than 100,000 members of AΩA.

Changes in leadership

After Primarius Hall left office in 1913, the titles of president and vice-president were used for all subsequent officers. Burton Opitz of Columbia University was president from 1913 to 1918, and G. Carl Huber of the University of Michigan was vice-president during the same period, followed by Dean John L. Heffron of Syracuse University as president from 1918 to 1924 and John J. MacKenzie of Toronto University as vice-president from 1918 to 1922. While serving as vice-president, Mackenzie was killed in an accident en route to a meeting with Root on August 1, 1922. Through the early years, a major factor for the success and stability of AΩA was the gradual transitions that occurred in its leadership. In 1930, with all of the AMA category A schools having chapters and with other changes in their lives, both Cannon and Colwell resigned from the Committee on Extension/Committee on New Chapters. Root became ill and died in 1932 from carcinoma of the stomach. John Dodson resigned from the Board and subsequently died in 1933, and new leadership was sorely needed. Fortunately for AΩA, Josiah J. Moore of Chicago was ready to assume the responsibilities of the secretary-treasurer, Elias P. Lyon became the chairman of the Committee for New Chapters, and Walter L. Biering was then serving as AΩA's president.

Walter Biering, president from 1924-1960

After Root, Hall, and Cannon, Walter Lawrence Biering was the next powerful force leading AΩA. Biering was born in July 1868 in Davenport, Iowa, and graduated from the State University of Iowa College of Medicine. After graduation, Biering spent two years absorbing the best of European science and medicine, including studies at the Pasteur Institute, where he learned to prepare diphtheria toxin. In 1908, he became professor of medicine at the University of Iowa and, in 1908, director of the University Hospital in Iowa City.

In 1909, Abraham Flexner visited Iowa. The visit was described as a whirlwind affair, and, by many accounts, was superficial. Flexner's report was highly critical of the medical school. It was rebutted bitterly by the faculty at Iowa. The professor of surgery was livid: "The facts intended to be set forth [in Flexner's report] are so far removed from the truth that a relationship cannot even be recognized." The price for saving the school was the removal of Walter Biering as chairman of the Department of Medicine. This occurred on June 24, 1910. Campbell Howard, a junior member of the McGill medical school faculty was hired in his place. In 1921, Biering was elected to AΩA, and he became a member of the AΩA board of directors, following the death of John Mackenzie.

William Bean, former chairman of the University of Iowa Department of Medicine, wrote a fitting tribute to Walter Biering for the July 1961 issue of The Pharos:
Memorial Tributes
Walter Lawrence Bierring, M.D.
1868–1961

Dr. Bierring, the grand old man of American medicine, is dead. He whose life seemed inextinguishable and who had risen more than once from a grave illness, is no longer among us. The plain fact of his mortality is set before us to contemplate. He, who seemed to have captured the well hidden secret of Ponce de Leon and embodied youthfulness in great antiquity has departed in the ninety-third year of his age. With his death one of America’s strongest links with British and Continental medicine of the Nineteenth Century is broken. No longer do we have the beneficence of the urbane wisdom and humanity of this grand old man who managed to retain a young outlook, despite his venerable years which he wore with dignity but without solemnity.

Only when I came to Iowa thirteen years ago did I fall directly under his spell. He had been head of the Department of Internal Medicine of the College of Medicine, Iowa City from 1903 to 1910.

I think many undergraduate medical students shared my delight in the inspirational recollections Dr. Bierring was able to evoke of memorable days in the Pasteur Institute, of working in Koch’s laboratory, visits and studying at the famous German schools and his visits to Britain. He was able to share with us intimate knowledge of many of medicine’s heroic figures. Possessing as he did great natural advantages in mind and character, his habits and attitudes guaranteed for them full employment. He exemplified the rare phenomenon of productivity which increased rather than diminished with the years. Not for him was just the old man’s dreaming of dreams but also the seeing of visions. Finally combining the zest of youth and the wisdom of years Dr. Bierring escaped the bane epitomized by La Rochefoucald who said, “Old men are fond of giving good advice in order to console themselves for being no longer able to serve as bad examples.”

Dr. Bierring can properly be called the father of Alpha Omega Alpha since, though he did not found it, it was through his thoughtful and constructive work that it reached its full stature as a symbol of distinguished excellence in medicine. As president of Alpha Omega Alpha for 36 years and editor of The Pharo Dr. Bierring saw the unprecedented growth of American medicine with great improvement in quality of research, scholarship and practice. Members of Alpha Omega Alpha may be proud that through his wise statesman-like control this growth has been not only very extensive in scope but very fruitful in encouraging excellence.

Perhaps Dr. Bierring’s character can be summed up best in a story which Dr. Peyton Rous once told me, which I have related elsewhere. “It occurred at the time when the cornerstone of the University Hospitals building was laid in Iowa City in the middle 1920’s. The great ceremonial occasion was attended by representatives from many universities and institutions. As Dr. Bierring and Dr. Rous were being driven to the affair to hear the great speakers, they came upon the scene of an accident. A runaway horse had overturned a wagon and a young farmer lay injured. Dr. Bierring immediately got out and attended to the medical needs of the injured man, while the procession moved on without him. Only when the injured man was cared for did Dr. Bierring, unruffled and unaware of the impression he had made, move on to the pavilion of the elect where the speeches were in progress.”

Others have listed the many marks of distinction, the numerous memberships, honors, and offices in the outstanding medical societies which came Dr. Bierring’s way. He accepted them with good grace but without any notion that they conferred infallibility. The essence of Dr. Bierring’s contributions was his vision of the larger aspects of medicine, its potential grandeur and the value of encouragement of scholarship, seeking out the best in learning, in teaching, in research and in practice. His
several missions accomplished, Dr. Bierring died in the fullness of years, ripe in wisdom, mellow in the knowledge of history so much of which he himself had seen at first hand. American medicine may well take pride in a person whose accomplishments are worthy of the heroes of old. We all share with his family the sorrow inevitable with bereavement, and we sympathize with the members of his family who survive him, but this sorrow happily is tempered by our contemplation of his great achievements, his wisdom and his character.

—July 1961, pp. 184–87

While Bierring can be considered the father, if not the founder, of the society, it is appropriate to list here the presidents whose sequential vision and leadership has held AΩA together while advancing its programs and influence.

<table>
<thead>
<tr>
<th>Name</th>
<th>Years</th>
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<tbody>
<tr>
<td>William W. Root, founder (1902, University of Illinois)</td>
<td>1902-1904</td>
</tr>
<tr>
<td>Winfield S. Hall (1903, Northwestern University)</td>
<td>1904-1913</td>
</tr>
<tr>
<td>Russel Burton-Opitz (1907, Columbia University)</td>
<td>1913-1918</td>
</tr>
<tr>
<td>John L. Heffron (1911, Syracuse University)</td>
<td>1918-1924</td>
</tr>
<tr>
<td>Walter L. Bierring (1921, University of Iowa)</td>
<td>1924-1940</td>
</tr>
<tr>
<td>Willard C. Davison (1931, Duke University)</td>
<td>1940-1963</td>
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<tr>
<td>Victor Johnson (1936, University of Chicago)</td>
<td>1963-1966</td>
</tr>
<tr>
<td>John Z. Bowers (1954, University of Maryland)</td>
<td>1968-1978</td>
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<tr>
<td>James A. Campbell (1944, Harvard Medical School)</td>
<td>1978-1980</td>
</tr>
<tr>
<td>Sherman M. Mellinkoff (1944, Stanford University)</td>
<td>1980-1984</td>
</tr>
<tr>
<td>James F. Glenn (1943, Duke University)</td>
<td>1984-1986</td>
</tr>
<tr>
<td>Carol J. Johns (1950, Johns Hopkins University)</td>
<td>1986-1987</td>
</tr>
<tr>
<td>Jeremiah A. Barondess (1949, Johns Hopkins University)</td>
<td>1987-1989</td>
</tr>
<tr>
<td>Leo M. Henikoff (1961, University of Illinois)</td>
<td>1989-1990</td>
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<td>Stuart A. Schneck (1952, University of Pennsylvania)</td>
<td>1990-1993</td>
</tr>
<tr>
<td>Frank C. Arnett (1968, University of Cincinnati)</td>
<td>1995-1996</td>
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<tr>
<td>Michael V. Drake (1989, University of California, San Francisco), president-elect</td>
<td>2002-</td>
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**The Pharos**

One of Bierring’s most noteworthy accomplishments was initiating the AΩA quarterly journal, *The Pharos*. When publication of *The Pharos* began in January 1938, forty-one chapters of Alpha Omega Alpha had been chartered. The list of the chapters, with the names of their secretaries or councillors,
was published in this and subsequent issues. The first listing included the board of directors and the members of the single committee that had been organized and put in charge of developing interest in other medical schools to apply for charters. Initially, The Pharos served as a newsletter for the society, but gradually grew into a nontechnical medical quarterly with focus on medical history, ethics, and literary essays related to medicine.

The May 1938 issue of The Pharos noted that the 1937 annual dinner of AΩA was in Atlantic City, concurrent with the annual meeting of the AMA. Morris Fishbein, editor of the Journal of the American Medical Association, Charles Heyd, president of the AMA, and John Upsham, president-elect of the AMA, joined AΩA speakers and officers at the head table, reflecting the warm and natural association that existed then between the two organizations. The leadership of American medicine was supportive of AΩA and its members. This was a relationship that was to change in subsequent decades as academicians rejected what they believed to be the conservative and reactionary policies of the AMA.

For many years, beginning with the first issue, The Pharos published a section titled “Chapter News from Chapter Secretaries” that listed activities of each chapter during the preceding months. It appears that there were no limitations placed on the number of words that each secretary could submit! A “Necrology” section was included as well in each early issue. It is striking how many members died then at young ages, clear evidence of the extension of longevity achieved through medical science and practice since the 1960s.

In the 1950s another section, “ΔΩA Personals,” was added. In that column, appointments of deans and chairpersons at academic medical centers were recorded. For example, the January 1960 issue of The Pharos announced that Dr. Robert J. Glaser had been named vice-president for medical affairs at the University of Colorado School of Medicine. In 1957, the first publication of a “Medical School News” section in The Pharos announced, “The facilities of Stanford University School of Medicine in San Francisco are to be replaced by a modern medical center on the University campus at Palo Alto.” Thus, The Pharos provided a distributive news function that has since been assumed by national newspapers and the journal of the AAMC, Academic Medicine.

Over the years, but particularly under the editorship of Doctors Robert and Helen Glaser, from 1962 to 1997, The Pharos became recognized as a leading publication on the social, economic and professional issues of medicine. Other features were subsequently added: book and movie reviews, student essays, illustrations, and poetry to enrich the experience of readers. An anthology of the first 60 years of The Pharos (from 1938 through 1998) is being compiled for publication by Dr. Edward D. Harris, Jr., the journal’s editor.
invitation to present the lecture at the annual session of the Student AMA, but this arrangement has not continued. The distinguished Root Lecturers were:

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
<th>City</th>
<th>City</th>
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</thead>
<tbody>
<tr>
<td>1927</td>
<td>Ray Lyman Wilbur</td>
<td>Washington, D.C.</td>
<td>Milwaukee</td>
</tr>
<tr>
<td>1928</td>
<td>James B. Herrick</td>
<td>Minneapolis</td>
<td>Cleveland</td>
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<tr>
<td>1929</td>
<td>William S. Thayer</td>
<td>Portland, Oregon</td>
<td>Atlantic City</td>
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<tr>
<td>1930</td>
<td>William J. Mayo</td>
<td>Detroit</td>
<td>Kansas City</td>
</tr>
<tr>
<td>1931</td>
<td>George E. de Schweinitz</td>
<td>Philadelphia</td>
<td>Atlantic City</td>
</tr>
<tr>
<td>1932</td>
<td>Lafayette B. Mendel</td>
<td>New Orleans</td>
<td>San Francisco</td>
</tr>
<tr>
<td>1933</td>
<td>Charles F. Martin</td>
<td></td>
<td>St. Louis</td>
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<tr>
<td>1934</td>
<td>Lewellys F. Barker</td>
<td></td>
<td>New York</td>
</tr>
<tr>
<td>1935</td>
<td>George R. Minot</td>
<td></td>
<td>Cleveland</td>
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<tr>
<td>1936</td>
<td>Anton J. Carlson</td>
<td></td>
<td>Atlantic City</td>
</tr>
<tr>
<td>1937</td>
<td>Walter B. Cannon</td>
<td></td>
<td>San Francisco</td>
</tr>
<tr>
<td>1938</td>
<td>George Dock</td>
<td></td>
<td>St. Louis</td>
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<tr>
<td>1939</td>
<td>Ludvig Hektoen</td>
<td></td>
<td>New York</td>
</tr>
<tr>
<td>1940</td>
<td>Irvin Abell</td>
<td></td>
<td>Cleveland</td>
</tr>
<tr>
<td>1941</td>
<td>Howard T. Karsner</td>
<td></td>
<td>Atlantic City</td>
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</table>
After World War II: A celebration

In 1944, as the United States was deeply involved in World War II, fighting both the Axis powers and Japan, Alpha Omega Alpha had expanded to 47 chapters. Before the end of the war, more than 6,000 members of AΩA, representing 40 percent of the entire living membership, were in the armed services. In one issue of The Pharos from 1944, a list of 50 members killed in action was printed, with the promise of a complete list at the end of the war. That final list was never published.

In 1946, in commemoration of the founding of Alpha Omega Alpha at the University of Illinois in 1902, a drinking fountain surmounted by a statue of Apollo was erected in a courtyard there. The reasons for the choice of Apollo for the statue were addressed by David J. Davis, dean emeritus of the University of Illinois, and published in The Pharos in December 1946. After a long and convoluted introduction and recounting of Greek mythology, Dr. Davis concluded,

In making these remarks I have presented only a few of Apollo’s outstanding attributes, selecting those that may explain why this God of the ancients still appeals to us and why we should wish to preserve him in stone as we are doing here today. He had many virtues. In directing the pestilence it is evident he, in his vengeance, was seeking a crude justice, it is true, but perhaps the only kind that the Greeks at that time could understand. He, their God, had been defied and that meant defying Light and Life, indeed, the very Sun itself. And by this pestilence the Greeks were taught a lesson they could never forget.

Alpha Omega Alpha was created for the purpose of directing attention to the higher and finer things in medicine. Apollo stands here as the material embodiment of the higher and finer things not only in medicine, but also in the far wider range of human life itself.

—December 1946, pp. 3, 7-11

One more celebration at the University of Illinois

In 1955, a further dedicatory exercise to commemorate AΩA was held at the University of Illinois, and recorded in The Pharos:

Through the active interest of the Medical Center Citizens Committee of Chicago, a bronze plaque with the following inscription in simple Gothic lettering was placed in Pasteur Park, Chicago Greater Medical Center on Tuesday afternoon, November 22, 1955:

The AΩA annual dinner in Atlantic City, New Jersey, June 11, 1942. Does anyone recognize any of these people? Let us know.
Unveiling ceremony of the statue of Apollo at the University of Illinois College of Medicine, June 5, 1946. From left to right: Dean R. B. Allen, Walter L. Bierring, president of AΩA, J. J. Moore, secretary of AΩA, Dean Emeritus D. G. Davis.

"On August 25th, 1902, at this location which was the College of Physicians and Surgeons, later the University of Illinois College of Medicine, there was founded the Alpha Chapter of Alpha Omega Alpha, Honor Medical Society, dedicated to the improvement of scholastic standards in medicine and to the advancement of the profession. Since then its influence has grown and its chapters expanded throughout North America."

February 1956, pp. 25-27

Relocation of Alpha Omega Alpha's offices

From the time of the society's founding, the administrative offices of AΩA had been in Dr. Root's home in Slaterville Springs, New York. In 1960, however, President Bierring was able to announce that the "change in the central office from Slaterville Springs, New York, to Chicago, Illinois, marks an important epoch in the future life of the Society." The space was granted by Dr. James A. Campbell, chairman of medicine at the University of Illinois, on behalf of the administration of Presbyterian-St. Luke Hospital at a "moderate" rent. It was noted that the new offices were "only fifteen minutes by taxi from the Palmer House" and within 100 yards of the "old Bacteriological Laboratory where the Society had its beginning on August 25, 1902." The challenge of moving the central office of the society was daunting, and it remained in Slaterville Springs under the auspices of Mr. G. Meredith Brill, assistant secretary-treasurer, until 1968. (Mr. Brill was the husband of Hazel Root Brill, daughter of William Root.) During this period, the office of the secretary-treasurer, Dr. James Campbell, was in Chicago, while the editorial office of The Pharos in 1962 was in Dr. Robert J. Glaser's office at the University of Colorado School of Medicine in Denver. Glaser succeeded Campbell as the secretary-treasurer, the position being renamed

Executive Secretary James A. Campbell presents a key to Arthur J. Lazik, president of the newly-formed Delta Chapter of Illinois at the Chicago Medical School, 1965.
executive secretary. The editorial office traveled with Dr. Glaser to Boston in 1963, and then to Palo Alto, California, in 1965 when he became dean of the Stanford University School of Medicine. It was not until 1980, upon the death of Dr. Campbell, that the administrative offices of AΩA and the editorial offices of The Pharos were combined in the Menlo Park, California, office complex where they remain. Dr. Glaser retired as executive secretary and editor of The Pharos in 1998. Through most of the years Dr. Glaser was involved in the direction of AΩA’s national office and programs and The Pharos, he was ably assisted by AΩA’s administrator, Carolyn Kuckein. Mrs. Kuckein retires from this important job at the end of 2002.

Having administrative continuity in any organization is important for its efficiency. This was especially true for AΩA. The following piece by G. Meredith Brill summarizes well, and with great humility, the efforts that the heirs (and in-laws of heirs) of William W. Root put into holding AΩA intact and publishing The Pharos.

An Expression of Appreciation and Some
Reminiscences

In the January 1968 issue of The Pharos my retirement on June 30 of this year as Assistant Secretary-Treasurer was announced. Since then many kind notes full of good wishes have been received from chapter officers, other members as well as non-members; these are warmly welcomed and deeply appreciated.

I am most grateful for the years of pleasant association with the membership, the national officers, Board of Directors, and others interested in this Society. It was an honor to know and work with the Society’s founder, Dr. William Root, briefly before his death in 1932, and then to assist Mrs. Root, who had been designated Assistant Secretary-Treasurer. After her death in 1947 Mrs. Brill (the Root’s second daughter) and I took over the management of the Central Office.

We have seen the Society grow from thirty-nine chapters and eighty-five hundred members in 1932 to ninety chapters today. There are more than 36,000 living members. We worked with Dr. Walter L. Bierring, President, and with Dr. Josiah J. Moore, Secretary-Treasurer, from 1932 until 1960. It has been our privilege since then to continue management of the Central Office under Dr. James A. Campbell, the National Secretary-Treasurer; during this period Drs. Wilbur C. Davison, Victor Johnson, and Dr. Donald G. Anderson have served as presidents of the Society.

The Pharos, so named by Dr. Bierring, first appeared as a four page leaflet in 1937, with Mrs. Root appointed its Managing Editor. As it grew in favor with the membership, it was my responsibility to serve as de facto Editor and Managing Editor from 1943 until 1960, working in close collaboration with Dr. Bierring whose interest in this publication was very keen.

We will miss the lively and stimulating correspon-
dence with the chapters and others. Mrs. Brill and I have cherished the little notes often tucked in with dues checks or other communications. They have been answered whenever possible, and we value them greatly for their expression of continuing interest in AΩA.

Confident that chapter officers and others will extend to my successor the courtesy and consideration I have enjoyed from you all these thirty-six years, I send cordial greetings and best wishes to all AΩA members wherever you are.

Sincerely yours,
G. Meredith Brill
Slaterville Springs, N.Y.
July 10, 1968

—July 1968, p. 114

It is worth noting that for years the records and mailing lists for the thousands of AΩA members existed on 3-x-5-inch index cards. Correspondence was laboriously typed. It is difficult to remember that personal computers were not readily available until 1984!

Funding and new initiatives

In its early years, AΩA could barely support keeping its own records and funding a few visits to evaluate schools for new chapters. Publishing The Pharos was expensive. Dues were $2 per year in the 1950s. This gradually changed under the Glaser leadership. By the 1970s, AΩA Visiting Professorships were available to chapters and production of the videotapes of “Leaders in American Medicine,” a project initiated and funded by Drs. David and Beatrice Seegal of Columbia University, had begun.

In 1982, a broader range of program were developed and presented to the board of directors by Dr. Jeremiah A. Barondess, chairman of the Committee on Program and Planning. These were recorded in the minutes of the annual meeting of the board held on October 7, 1982. Dr. Barondess reported on the implementation of the recommendations presented at the September 29, 1981, board of directors’ meeting. Following full discussion of each item, the board approved the following recommendations of the committee:

1. The establishment of an AΩA Student Essay Award, beginning in the 1982-83 years.
2. The establishment of up to five AΩA Student Research Awards, beginning with the 1982-83 year.
3. A proposed amendment to the constitution to provide for the election of up to three members of the house staff at a medical school with an AΩA chapter.
4. A meeting of all chapter councillors or their designates, the first such meeting to be national in scope and to be held in 1983 in conjunction with the annual meeting of the Association of American Medical Colleges.

5. More vigorous promotion of the “Leaders in American Medicine” including: a) preparation of a catalog that includes a paragraph on each subject, and b) samples of video tapes that will be sent to chapters to familiarize them with the series.
6. Improved communication between the national office and AΩA chapters through a president’s letter once or twice a year informing chapters of AΩA issues and activities.
7. The continuation of the policy of electing as honorary members in AΩA only those physicians or non-physicians who have attained national or international recognition in teaching, research, patient care, or other areas pertinent to medicine, and who are not otherwise eligible for election.

—Winter 1983, pp. 45-46

The recommendations of this committee were approved by the Board, and remain major programs of the national office to this day.

Alpha Omega Alpha, 1902 to 2002

AΩA is a successful organization and has lasted for a century because of several key qualities. It was founded on the lofty goal of raising standards in medical education with a spiritual motto—“Worthy to serve the suffering.” It has benefited from stable and devoted leadership, William Root, Walter Cannon, Walter L. Bierring, and Robert Glaser each having served AΩA for more than 25 years. Anna Root, Hazel Root Brill and G. Meredith Brill, Helen Glaser, and Carolyn Kuckein were the foundations of the society’s infrastructure for many years. AΩA’s founder, W. W. Root, drafted a good constitution—clear and firm in its principles, but allowing schools to organize chapters and elect students along broad guidelines. AΩA developed The Pharos as a lasting way to showcase the most important values of the medical profession and to add value to the life and work of all members of the medical profession. The society managed its financial resources well, and, as these have grown, it has continually returned them to programs to enhance the quality of medical education. Election to membership has been appreciated and valued by members throughout their careers and lifetime, with many participating in local chapter activities, contributing to The Pharos, and becoming lifetime members.

Throughout its first hundred years, AΩA has often been criticized as being just another fraternity, too secretive, too undemocratic, and too elitist. As some medical schools have sought to decrease the pressures on students by developing pass/fail curriculums, it has become more difficult to identify the top academic students in the class. It is certainly more difficult than in Root’s days or
in the days, even more recently, when letter or numerical grades were given. Articles in The Pharos have addressed most of these issues. A paper in the Spring 1994 issue by Peter Dans, M.D., who currently writes the "Physician at the Movies" column in the quarterly, summarized both the rationale and current need for AΩA.

Is Alpha Omega Alpha Still Relevant?
Peter E. Dans, M.D.

My answer, then, to the question that I posed in the title of my paper is: Yes, Alpha Omega Alpha is still relevant today. Without reminders of the ideals to be striven for, we shall descend... into mediocrity, and a least common denominator approach to character and scholarship. In fact, I believe that AΩA must reaffirm its commitment to Root's concern about character—not just on the pages of The Pharos but by chapters taking a leadership role on campus... AΩA can play a major role in publicly rededicating the profession to its noble ideals. The advent of new health care reforms and the resultant attention being focused on medicine make this a most propitious moment to do so.

-Spring 1994, pp. 7-10

References
The quotations and much of the information on the early history of Alpha Omega Alpha are from the archives of AΩA now located at the National Library of Medicine, Bethesda, Maryland. Additional correspondence of Walter B. Cannon was reviewed from the Countway Library, Harvard Medical School, Boston, Massachusetts. Excerpts from The Pharos are noted in the text. Other sources of information are listed below.

Moore ES. The Early Days of Alpha Omega Alpha. Pharos May 1944; 3-4.

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Dr. Dale's e-mail: dcdale@u.washington.edu
Dr. Harris's e-mail: e.harris@alphaomegaalpha.org

Case Summary
Hospital at night
Tenacious life's tiring grip
Death strolls down the hall

J. Joseph Marr, M.D.

Dr. Marr (AΩA, John Hopkins University, 1964) is a general partner in Pacific Rim Ventures, an international venture capital investment firm. He is a member of The Pharos's editorial board, and a previous contributor to the journal. His address is: 180 Centennial Drive, Estes Park, Colorado 80517. E-mail: marri biomed@att.net.