homeopathic-oriented medical schools: Boston University, the University of Michigan, the University of Iowa, and Hahnemann Medical College (since 2002 Drexel University College of Medicine) in Philadelphia, all committed to allopathic medicine but proud of their history when medicine was in a different stage of development.

Robert A. Schwartz, MD, MPH (AΩA, New York Medical College, 1974) Councilor, UNDMJ-New Jersey Medical School Newark, New Jersey

Karl P. Adler, MD (AΩA, Georgetown University, 1966) President and CEO, New York Medical College New York, New York



## James Harvey Young and medical education

I read Donald Marcus's article "James Harvey Young, PhD (1915-2006): Historian of Medical Quackery" (Summer 2008, pp. 16–21) with delight. The content was good but the memories were priceless. Harvey Young was faculty advisor for my college honors thesis. Visions of the then well-worn Emory University Department of History building complete with Dr. Young's dusty office stacked to the eaves with papers, books, and patent medicine bottles-empty as I recall-came back to me. I can see his generous mutton-chop sideburns and remember the calm guidance so needed by his charge.

As luck would have it, about a week

before this issue of *The Pharos* arrived my wife unearthed my old thesis. Its title was "Medical School Curricula: The Second Revolution, 1952–1972." The work was a description of a period of flux in medical education. What was then Western Reserve University began to rethink the basics of medical education, striving to turn med school into a "graduate school experience." Here is the first paragraph of the paper.

In 1953 the Council of Medical Education of the American Medical Association surveyed the curricula of the medical schools then in operation. They found the first year predominantly filled with courses in anatomy, biochemistry, and physiology taught by the respective departments. The second year was essentially an extension of the first, with pathology, pharmacology, bacteriology, physical diagnosis, and clinical laboratory instruction taught in the same way. The sophomore year was intended to be transition between the basic sciences of the first part of the curriculum and the later clinical instruction; but at almost every school, the first two years centered on long lecture sessions, grading was on an A through F basis with many schools rank ordering students to heighten competition, and the rigid "lockstep" schedule of courses did not allow students to assume a hand in their own education.

Re-reading this paragraph leaves me with at least two questions. First, wouldn't it have been great to have had a word processor in college? Second, if I were a college student now writing a similar thesis, would my word processor produce an opening paragraph significantly different from what was written in 1973?

Frederick E. Turton, MD, MBA, FACP (AΩA, *Emory University, 1976) Sarasota, Florida* 



## What Kind of Guy?

"He's a bow tie kind of guy," I heard her say, while waiting in a crowd. "I am a bow tie kind of guy," I thought, then wondered what that meant.

It was not the color of the tie that mattered, nor the pattern of the silk. Was it the Windsor knot, that hangman's noose around the neck, the butterfly so much lighter? The choice was not comfort then practicality? I was always needing to tuck the tie inside my shirt, for fear of dirtying it at work. That's why I had worn



One day, it just happened— I discovered something about myself. I *am* a bow tie kind of guy.

paisleys in the past.

## Richard Bronson, MD

Dr. Bronson (A $\Omega$ A, New York University, 1966) is director of Reproductive Endocrinology at Stony Brook University Medical Center. He is a member of the editorial board of *The Pharos*. His address is: Department of Obstetrics, Gynecology and Reproductive Medicine, SBUMC, Stony Brook, New York 11794-8091. E-mail: richard.bronson@stonybrook.edu.