**Dartmouth Dedication for I. William Grossman, MD**

**Presented by I. Robert Grossman, MD**

**8/15/2018**

**My mother has asked me to say a few words about my Dad today, to tell you who he was and what he did, and why she wanted to donate in the memory of this man and his microscope.**

**My father was a man of integrity, of character, of honor, of decency, kindness, compassion, humor, warmth and generosity. He was devoted to his family—to his wife, to his three children, to his three grandchildren.**

**So, first and foremost, he was real mensch.**

**And second, he was a pathologist, and in particular, a surgical pathologist. This defined him. How did this happen?**

**Baltimore--1935**

**His was the story of immigrant success. He grew up in downtown Baltimore, living over the family’s tiny grocery store, putting on his apron and picking up his knife to work there every day before and after school. He was the first to be educated, attending the Stuyvesant of Baltimore for high school, then entering pharmacy school (at the Univ. of Maryland, 2 blocks away) because of a love of chemistry and the opportunity to have his own business. But his father died in his arms from congestive heart failure and he decided he wanted to be a doctor. So he applied to one medical school (Univ. of Maryland, 3 blocks away). And he got rejected. He would then appeal (he was the top student in his year, he had done additional classes in the humanities at night, and his courses had been taught by med school faculty) and became the first student ever taken directly into medical school.**

**University of Maryland School of Medicine--1956**

**He was drawn artistically to pathology by the shapes, the patterns, the colors. He was drawn intellectually to pathology because this was where the answers were in the 1950’s. He had a dynamic young professor who engaged the curiosity of the top students, all of whom entered pathology. Though his family had little money, my grandmother bought him a Zeiss microscope (the forerunner of what’s in the case). After his second year pathology course (with the first edition of a new textbook by a guy named Robbins), he received United States Public Health Service fellowships in pathology in the summer of 2nd and 3rd year and did 250 autopsies.**

**Mount Sinai--1960**

**He applied to one training program, The Mount Sinai Hospital in NYC. At his interview, he was offered internship, residency and fellowship. After an intensive rotating internship, when he thought briefly about becoming a cardiologist, he then entered the world of Paul Klemperer, Sadeo Otani, Hans Popper, Lotte Strauss and colleagues who epitomized the Viennese school of pathology. They emphasized close observation of the gross specimens so as to pick the right sections and optimize microscopic diagnosis. Much like a good history and physical exam in clinical medicine can make many a diagnosis, so too can an understanding of the case and the macroscopic appearance of the tissue lead to diagnosis in a vast majority of the pathology cases. Dr. Otani became a mentor and second father to him as he honed his craft and became a surgical pathologist. Interestingly, in the third year of residency he was sent back to the wards as part of the path training. At the time, experimental chemotherapies were first being used in clinical trials. As the hematopathology resident, he had to admit cancer patients to the wards, do bone marrows, give chemo (under Ezra Greenspan who made them all immunocompromised like AIDS pts), and then autopsy those who did not survive afterwards. A strange full-service experience.**

**When he left Mt Sinai he had to do his military service (through the Berry plan, a program to defer entrance to avoid being drafted out of training program).**

**Army--1965**

**He applied to one Army, and got accepted. He thought he would be stationed anywhere in the world—he was put 20 miles east of Baltimore. I’m not sure they knew what to do with him. He had top secret clearance, doing –well we’re not sure. But he also had an electron microscope, studying mitochondria and publishing multiple papers with colleagues from the AFIP and NIH. And he autopsied the general’s horse.**

**Baltimore--1967**

**He applied for one job that his mentor arranged for him, to be an associate attending in line to take over a pathology department at a teaching hospital back in Baltimore. After teaching students and residents regularly at Maryland and Hopkins, he lamented that the Viennese approach was becoming a dying art, so he researched and wrote a “A Primer in Gross Pathology” to help share his experience with others. (It was undoubtedly a best seller that flew off the shelves-fortunately they were able to save me one in the plastic). After a few years though, he began to reassess his work situation and goals in life. He decided to leave the academic world for community practice where he thought he would make more of a difference.**

**Career--Vermont/Illinois/Pennsylvania—1970--1998**

**He struck out for greener pastures, or at least for a brown cow pasture on a hill in southern Vermont overlooking the Connecticut River. There he and my mother set down roots and built a home (in which in good pathologist fashion, every pipe/switch/ and valve was labeled, with those same tags still in place today). For the next 30 years, he would work first in Brattleboro and Keene, then in the Chicago suburbs, and finally in the Pittsburgh area, always maintaining the Vermont home as the locus of our family.**

**In all these places, he assumed a new identity as well, beyond that of surgical pathologist—that of laboratory director. Early on he become director so as control his work environment. He had high standards and led by his example. The only way to do something was the right way—i.e. the Grossman way. The only equipment to use was the best equipment. And he fought regularly for his values. In the process, he turned his labs into accredited, efficient, and profitable centers that provided outstanding service, becoming a CAP inspector and teaching others how to run their labs and achieve this success.**

**But everywhere he went he was more than a surgical pathologist and laboratory director.**

**He was the doctor’s doctor:**

**--He had an open door, doctors always came in to discuss cases with him.**

**--He would look at x-rays, review charts, even talk to patients.**

**--He knew all the subjects under his purview—anatomic pathology, cytopathology, clinical pathology with all its sub branches-- blood banking, microbiology, coagulation, clinical chemistry, hematology—knew the tests, the equipment, wrote the protocols. (He even got board certified in nuclear medicine—because he could be grand-fathered into this without a training program.)**

**--He ran the tumor boards, he chaired the AIDS task force in the 1980’s-90’s.**

**--He mentored the many junior pathologists who worked for him.**

**He was the laboratory staff’s doctor:**

**--He had an open door for them as well.**

**--His labs were a second a family to him and they came to him with medical and personal issues.**

**--They described him as their “Rock” who fought for pay increases and prevented layoffs.**

**He was our extended family’s doctor:**

**--Everyone called Cousin Billy or Uncle Billy for medical advice.**

**He was the local community’s doctor:**

**--What he did for doctors, his staff, our family, he did for the larger community where we lived, especially the Jewish communities where he took on leadership roles.**

**And he was his son’s doctor:**

**It was a unique experience to be a son of a pathologist over these years.**

**--At age 5, I would sit looking through a double headed microscope as he pointed out the areas of dense blue cells—“there’s something wrong there, a lot of police have come to get rid of the bad guys, we need to do some detective work”—explaining inflammation to a five year old.**

**--At age 10, in lieu of child care or for lack of a baby sitter on a Saturday (and before there were iPads), I would sit beside him, watching the gross, listening to his rapid fire dictations, smelling the fixatives and solvents.**

**--At age 15, in need of a summer job, I cut autopsy paraffin blocks, making the slides and watching a few autopsies.**

**--At age 22, I listened to him wonder aloud (only half in jest) what I’m actually learning at a medical school with no tests, only 6 months of anatomy including only the upper limb dissection (compared with his 2 years and 2 cadavers), and 6 months of non-Viennese pathology (heresy, gasp!)—in that second-rate school I was attending, named Yale.**

**--At age 27 as an ICU resident in New York City, I yelled at him on the phone to get into his own ICU as his surgeon was demanding because of his active GI bleed, only to have the stubborn pathologist tell me he will go when he has finished signing out all of his cases.**

**--At age 31, sitting at Johns Hopkins with my brother about to have emergent surgery for pituitary apoplexy, my Dad and I looked at each other, wondering how the two of us managed to not see slowly progressive acromegaly so obvious now in hindsight.**

**--At age 52 as a practicing hematologist/oncologist, after 25 years in the business, having worked with so many different physicians, I realize he remains the best physician I have known and the example I continue to follow.**

**He loved the rhythms of his day in pathology, no matter how busy they were. He would tie on his apron in the morning, put on a new scalpel blade and do the gross, telling people he hadn’t progressed very far from the grocery store of his childhood. He loved hospital cafeteria food where the staff, all of whom he knew well, would sneak him extra portions for lunch. In the afternoons, he read his slides and signed reports while listening to classical music. And each day he’d do battle with administrators--I don’t think he loved that, but he did not back down from them. And as noted, throughout the day a parade of doctors and staff came through his open door nonstop. And he would always be home for dinner.**

**His vocation was pathology, but he had many avocations. A pathologist by nature is curious, methodical, OCD. My Dad was an autodidact who applied these traits to a wide range of interests--photography at the level of a professional, art history, military history, knives (why?), outdoor survival gear even though he did not go outdoors. And he took a vicarious pleasure in the lives of his children, who had opportunities he could never have imagined. Continuing the next generation of the immigrant arc, my mother and he raised us by their example and provided us our education, telling us we could do anything we wanted—once we graduated from medical school, of course. My sister (who also cut autopsy sections and aced organic chemistry) instead opted for the MFA in painting and studied in Italy. My brother (who disliked the site of blood) studied history at Oxford and then opted for the JD. I failed to opt out but got to Thailand at some point for medical research. He visited us everywhere and took joy in a secondary education through us.**

**He retired in 1998 after 40 years in the field. So what does a well-trained surgical pathologist with so many interests do when he retires? More surgical pathology, of course. Though the hands on the microscope grow arthritic, a pathologist’s brain gets better and better with age. Restless after retiring, he opted to work periodically as a locum tenens at UVM, signing out 25% of their surgical pathology cases daily, only finally stopping several years later when he forgot something in a report, in retrospect, the first sign of a dementia that would ultimately cause his demise, probably from years of fixative fumes. While at UVM, he slowed down enough to see a doctor and be diagnosed with a thyroid cancer in need of surgery. While we were sitting with him post op, he of course had to have the pathology staff bring him his thyroid—so he could see it, but also so he could tell them which sections to take.**

**Unfortunately, he had a progressive dementia over several years, likely a combination of vascular disease and then Lewy body dementia. He was ultimately diagnosed with metastatic pancreatic cancer. The pathology report of a biopsy of the liver was terse without use of special stains. He would have approved of that.**

**So why are we here today?**

**My dad taught pathology here briefly years ago as an adjunct faculty member, and was the laboratory director for many years for the Keene Clinic which is now part of Dartmouth. But I think the deeper connection is more recent. In the past 15 years, my mother and father received wonderful medical care here at the Dartmouth/Hitchcock Medical Center and got to know some of the physicians and staff quite well.**

**My Dad was an amazing person. And he was a gifted physician—a pathologist to be precise-- who loved what he did. He spent a career helping others through his work. I think my mother has donated this fund as a way to allow him (and his memory) to continue to help in a unique and very meaningful way--to ignite a medical student’s passion for pathology, the way his was ignited 60 years ago and defined the rest of career. (And just maybe, that person, when no one is looking, will reach behind the display glass, grab his book to read and even take his Zeiss for a test drive.)**

**Thank you for your time and your willingness to hear about this man and his microscope.**

**Marlyn E. Grossman—Wife**

**I. Robert Grossman, MD—Son**

**Jonathan M. Grossman, JD—Son**

**Susan M. Talbot MD—Daughter-in-law**

**I. Joshua Grossman—Grandson**