

David H. Solomon, M.D.

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entered Brown University for his undergraduate studies. At Brown, a teacher of the freshman biology course first stimulated his interest in biology and medicine.



The distinguished Class of 1946 at Harvard Medical School



Dr. David H. Solomon with author Dr. David Reuben.
Courtesy of Dr. David H. Solomon.

I met David Solomon, M.D., in the autumn of 1986 when, at the age of 63, he was well-entrenched in the fourth of his six (to date) major administrative roles; I was about to take the plunge into geriatric medicine. At that time, he was the associate director of the UCLA Multicampus Program in Geriatric Medicine and Gerontology. He had previously served as director of the Division of Endocrinology, chair of the Medical Service at Harbor General Medical Center (now Harbor-UCLA Medical Center), and executive chair of the Department of Medicine, all at UCLA. Still to come in his career were the founding directorship of the UCLA Center on Aging and co-directorship of the John A. Hartford Foundation Project to increase geriatrics expertise in the surgical and related medical specialties.

Dave Solomon arose from a tradition of academic internal medicine that appears to be waning, the victim of changes in technology and the frenetic pace of modern science. A Boston native, Solomon was raised in Brookline, Massachusetts, and

These were war years. After attending Brown for less than three years (and later recognized as graduating *summa cum laude* in 1944), Solomon matriculated at Harvard Medical School. At Harvard, he cherished the small-group learning, living and growing with a class of 140, knowing everyone, and making long-lasting friendships. The learning curve was steep, as was the growing fascination with physiology, pathophysiology and clinical medicine. The country was still at war, and Solomon completed four years of medical school in 36 consecutive months, graduating *magna cum laude* in 1946. Other graduates of this fabled class of '46 included Nobel laureates D. Carleton Gajdusek and E. Donnell Thomas, American Board of Internal Medicine President Emeritus John Benson, and Milton Hamolsky, who was instrumental in developing the medical school at Brown University.

During internship and residency at the Peter Bent Brigham Hospital, Dave Solomon fell under the spell of George Thorn, the chair of medicine and leading scholar of adrenal disease in the country. This relationship led him to fellowships in endocrinology at Tufts-New England Medical Center under Ted Astwood, an early thyroidologist, and in immunology at Harvard. Solomon also fulfilled a two-year military commitment in the U.S. Public Health Service and was stationed at the then-embryonic Gerontology Research Center at Baltimore City Hospital. There he became indoctrinated into the two fields he would live in. Solomon studied endocrine physiology as a function of age and was exposed to the rather scanty literature of gerontology. During his endocrinology fellowship, Solomon began to do studies with radioiodine and reported the four-year follow-up of about 100 of Dr. Astwood's first cases of hyperthyroidism treated with propylthiouracil, a therapy that Astwood had introduced in 1943.

In 1952, Dave Solomon was recruited to UCLA, a new medical school that desperately needed faculty, particularly an endocrinologist. He was 29 years old and was chief of a one-man Division of Endocrinology in the new Department of Medicine (which had perhaps 12 faculty members altogether). In the whole city, there was only one other



Dr. Solomon and a patient. Courtesy of Dr. David H. Solomon.

fellowship-trained endocrinologist. As an endocrinologist at UCLA, he trained a cadre of UCLA fellows, many of whom have gone on to splendid careers in modern endocrinology.



Success in recruitment to Harbor General

From 1966 to 1971, Solomon was chief of medicine at Harbor General Hospital, where he took a sleepy county hospital and helped to transform it into the jewel in UCLA's crown. At Harbor, he was able to recruit an incredible group of faculty stars. Except for three who moved to become chairs of departments of medicine, most of these recruits remained at Harbor to the end of their careers. As chief at Harbor, Solomon was instrumental in fostering the "Harbor" spirit of team play and "the patient comes first" (no matter how poor and downtrodden) and "Isn't this a wonderful place to be?" Moreover, he created an atmosphere that blended the thrill of red-hot clinical medicine with the joy of creating new knowledge through research. In 1971, Solomon was recruited back to the main campus of UCLA to assume the chair and, later, executive chair of the Department of Medicine, a post he held until 1981.

In 1979, as department chair, Solomon recognized the need

for a new discipline that would focus on the growing numbers of older persons and their unique medical and health needs. At that time, geriatrics needed credibility, acceptance as a legitimate field of medicine. For that to happen, it was necessary to build a knowledge base in neglected areas like urinary incontinence, falls, dementia, late-life depression, functional decline, anorexia, and frailty. This knowledge base was then in its infancy, and it took most of the next two decades to bring it to the point that others in medicine recognized the need for geriatrics. In the meantime, geriatrics had to depend on the status of people in the field. To lead the geriatrics program at UCLA, Solomon recruited John Beck and, after his tenure as chair of medicine, he assisted Beck as associate director of the UCLA geriatrics program. His stature (and Beck's) as former department chairs who had also been active in national organizations were invaluable in establishing the fledgling discipline's credibility.



The father of geriatrics

As one of the founders of one of the earliest geriatrics fellowship programs, Dave Solomon had the opportunity to participate in the training of many fellows who have migrated across the country and in turn have put their stamp on the

field and trained others. During this latter phase of his career, Solomon served several critical roles at UCLA and for the American Geriatrics Society. He was the founding director of the UCLA Center on Aging and launched local efforts to infuse the study of aging into departments throughout the university (including law, economics, and the college arts and sciences) and into partnerships with the community. From 1988 to 1993, Solomon served as editor of the *Journal of the American Geriatrics Society* and guided its emergence as the leading journal in the field. Later he co-directed the John A. Hartford Project to increase geriatrics expertise in the surgical and related medical specialties. In this latter role, he again leveraged his prior experiences and stature to spread geriatrics to yet another audience—surgeons and related nonmedical specialties such as physical medicine and rehabilitation, anesthesiology, and emergency medicine.



Intelligence, curiosity, leadership
. . . and a visionary

Recently, colleagues and disciples of Solomon gathered to celebrate his eightieth birthday. Listening to the tributes, it became clear that several qualities contributed to David Solomon's success as a physician and leader of medicine during the second half of the twentieth century. First, he is exceptionally intelligent and has maintained an insatiable curiosity for good science and the advancement of medicine. Second, he is a visionary leader and is unafraid to bring whatever resources are necessary to implement his vision. As he embraced geriatrics and aging, Solomon became one of its most ardent spokespersons. His name is associated with adjectives like "relentless" and "indefatigable." Third, and above all, Solomon has always been the paradigm for integrity as a physician, leader, and human being.

When asked to name his heroes in medicine, Solomon names George Thorn, Robert Williams (endocrinologist, teacher, and first chair of medicine at University of Washington), Samuel Levine (pioneer cardiologist), Joe Ferrebee (his mentor during his immunology fellowship), Ted Astwood (thyroidologist), Sidney Ingbar (thyroidologist), and Arnold Relman (former editor of the *New England Journal of Medicine*). It is patently clear, however, that a new generation of leaders in medicine has found its inspiration in David Solomon.

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David Solomon

In 1969, I paid a courtesy call on David Solomon at Harbor UCLA Medical Center, where he was chief of medicine. What was to be a brief 30-minute meeting turned into an all-day event in which I accompanied David through his daily routine. I was completing a postdoctoral fellowship in physiology at UCLA, with a job at Harvard to follow. David's enthusiasm, intelligence, vision, and commitment to both patients and science changed all that. When he became executive chair of medicine at UCLA in 1971, I rapidly decided to accept his invitation to join the faculty there. It was the combination of vision and energy that was astounding. He created a faculty group practice plan at UCLA that was among the first in the country. Moreover, he incorporated the care of patients in the hospital clinics into the private practice plan. MediCal (Medicaid) patients waited with movie stars to see their physicians. For the first time, the "clinic patients" had appointments and were treated no differently than other patients—and they did very well in all regards. Years later, when the State of California forced a number of the Medicaid patients to seek care in county hospitals, Nicole Lurie and her colleagues demonstrated a marked decline in their health status and increased mortality. David was an early adopter of general internal medicine. He supported the presence of family medicine on the main campus of a research intensive medical school. He was the principal architect of the RAND/UCLA Health program that involved a think tank, and schools of medicine and public health in research to improve the quality of health care. It was entirely characteristic of him that he should use his first sabbatical after stepping down as chair to develop a strategy to deal with care of the elderly and to develop the fields of geriatrics and gerontology. David combines an attention to detail—necessary for new programs to flourish—with an infectious enthusiasm, personal loyalty, and integrity that allows him to translate vision into reality. He has been a role model and mentor to me and to several generations of students and colleagues!

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