Clarence S. Livingood, MD (1911-1998)

Leukemia claimed one of dermatology’s most extraordinary leaders, Clarence S. Livingood, MD, on July 27, 1998. Historians will record that Clarence Livingood, along with Donald Pillsbury, Stephen Rothman, and Marion Sulzberger, were the major figures behind the shaping of the specialty of dermatology in America during the middle and final thirds of the 20th century. In his early years, Clarence Livingood achieved a great deal through his research and teaching, but throughout his professional life, his genius and talent were reflected primarily in his remarkable and prodigious efforts in organizational medicine. Diminutive physically, he had a giant’s capacity for work and was driven by a strong sense of responsibility for medicine and the specialty of dermatology, which he sustained almost to the moment of his death.

Clarence Livingood was born in 1911 in the small rural town of Elverson, Pa, at the eastern end of the lush Lancaster Valley. He attended local public schools and highly respected Ursinus College, graduating with a BS degree in 1932. His professional career began at the School of Medicine of the University of Pennsylvania, where he received an MD degree in 1936. Internship and a residency in internal medicine followed at the Hospital of the University of Pennsylvania, and thereafter a residency in dermatology and syphilology at that same institution under the renowned John H. Stokes.

On completion of this residency in 1941, Clarence enlisted in the US Army and was assigned to the Army Hospital at Indiantown Gap, Pa, where he was immediately made chief of dermatology. Within a year, he was sent to the India/Burma theater of war with the hospital unit of the University of Pennsylvania. During this period, Clarence, Donald Pillsbury, who was chief of dermatology and syphilology of the US Army in Europe, and Marion Sulzberger, then a consultant for the US Navy, coauthored the famous Military Manual of Dermatology that was distributed to the medical personnel of all branches of the US Armed Forces during World War II. This concise little book proved to be a practical, lifesaving source of information about dermatoses that had bewildered service physicians during this great war; tinea pedis and miliaria, for example, were major causes of days lost during this conflict. Moreover, it propelled the specialty into the forefront of medical consciousness, helping to set the stage for the postwar expansion and evolution of dermatology.

Clarence returned to the Hospital of the University of Pennsylvania following the war, where he served as vice chairman and chief of clinic in the Department of Dermatology under Donald Pillsbury, who had succeeded Dr Stokes. Dr Livingood also shared a private office with Don Pillsbury during these years.

In 1948, at the age of 37, Clarence was appointed professor and chairman of the Department of Dermatology of the Jefferson Medical College of Philadelphia, in Pennsylvania, where he made an immediate impact on the students and staff. This institution’s avowed mission was to prepare the best medical practitioners possible, and dermatology was made a much stronger component of the curriculum when Dr Livingood arrived.

Within a year, as his reputation spread, Clarence was approached by the University of Texas in Galveston to lead their Department of Dermatology, at the time a fledgling unit in the medical school. The Jefferson students were so profoundly upset at the prospect of losing their impressive new professor of dermatology that in a remarkable display of their admiration for Dr Livingood, the entire junior and senior student classes at Jefferson signed a petition urging the school’s administration to convince him to stay. Although deeply moved by the students’ reaction, Clarence had given his word to the Texas institution and dutifully moved on to his new post at Galveston in July of 1949.

Once there, with the energy and enthusiasm that was his trademark, Clarence quickly organized the department, established residency and research programs, and generally lifted the recognition of dermatology within the hospital and medical school and among the people of Galveston, who flocked to the institution’s skin clinic. Dr Livingood remained at Galveston for 4 years, leaving in 1953 to become chief of the new Department of Dermatology at the Henry Ford Hospital in Detroit, Mich. An old friend from the University of Pennsylvania, Dr Robin C. Buerki, who had come to Henry Ford as executive vice president and medical director, was a major influence in the recruitment of Clarence to Detroit. Dr Buerki was not to be disappointed with his selection, because Dr Livingood promptly proceeded to develop one of the largest and best training programs in dermatology in the country. Indeed, the Department of Dermatology quickly became the largest outpatient service at Henry Ford Hospital. The inertia of that organizational effort has continued to this day, and currently, the Department of Dermatology at the Henry Ford Hospital and its satellite divisions records over 100,000 outpatient visits annually.

At Henry Ford Hospital, Clarence was soon appointed to the medical board and to major hospital committees where his judgment and planning skills influenced the further growth and development of the institution. The dermatology residency program flourished and attracted trainees from all parts of the country. Among the notable graduates was Edward Krull, who...
would succeed Dr Livingood as department chairman in 1974.

Clarence’s presence has been felt in many medical organizations. He served as president of the American Academy of Dermatology, the Society for Investigative Dermatology, the American Dermatological Association, the Michigan Dermatological Society, and in 1962 was secretary general of the XIIth International Congress of Dermatology. A steadfast member of the American Medical Association (AMA) for over 50 years, he was a delegate from the American Academy of Dermatology to the AMA from 1963 to 1988, ultimately receiving the AMA's prestigious Distinguished Service Award in 1990.

Unquestionably, Clarence Livingood’s most consuming and most significant involvement was with the American Board of Dermatology. After being elected a director of the board in 1962, he became its administrative leader in 1963 on the sudden death of the then executive secretary of the board, Maurice Costello. Under a new title, Executive Director, Clarence served the board with great distinction as its executive leader for 30 years, relinquishing this responsibility in 1992 when he became executive consultant to the board, a position he maintained until his death. Among Clarence Livingood’s accomplishments with the board were a number of major changes that altered the course of the board, the way it functioned, and the way it administered its certifying examinations. These included (1) conversion of the certifying examination to an objective, multiple-choice, computer-scored examination; (2) elimination of the oral examination and its replacement by a practical examination that included a section using projected photographic slides and a dermatopathology section in which candidates were quizzed about histopathologic slides they examined under a microscope; (3) establishment of a permanent board office at the Henry Ford Hospital in Detroit and reorganization of the administrative structure of the board; (4) initiation of a certifying process in the subspecialties of dermatopathology and clinical and laboratory dermatological immunology; and (5) enlargement of the board from 9 to 12 directors in 1974 and then to 15 directors in 1992.

An impressive funeral service held in Grosse Pointe, Mich, for Dr Livingood was attended by dignitaries and friends from dermatology societies, national and local medical organizations, and the people of Detroit, including players and executives from the Detroit Tigers. One of his most cherished responsibilities, which could be best described as avocational, was Clarence’s position as team physician for the Detroit Tigers from 1966 to 1997, when he assumed a consultant’s role. Two World Series rings came with those years with the Tigers and, as the oldest team physician in years of service, he was the dean of major league team physicians in the late 1970s and 1980s. Evidence of his devotion to baseball continued even after his death. As the hearse carrying his body left the church, the church bells played “Take Me Out to the Ball Game.” And throughout the 1999 baseball season, a memorial flag bearing his initials was raised daily at Tiger Stadium.

Clarence’s personal attributes served him well throughout his career. He was not only a strong inspirational leader but also a revered, not-to-be-forgotten friend. His boundless energy earned him the nickname “Rabbit” early in his career and pushed him quickly into positions of importance with every organization he was associated with, as he took on any challenging problem or issue that had to be faced. His judgment seemed unerring, and his remarkable powers of perception enabled him to cut to the core of a problem precisely and quickly. No one ever used the telephone more frequently and more adroitly than did Clarence. In difficult situations, he frequently disdained written communications in favor of a face-to-face or phone conversation to solve problems. Often on these occasions, his wonderful, spontaneous sense of humor helped him make his point effectively and inoffensively. Many a conference or meeting was highlighted by his sage comments and humor, which never came at the expense of another person. He was completely intolerant of racial and religious prejudice, and as women became more numerous and prominent in medicine, including in dermatology, he welcomed and encouraged them, offering advice and support to all who sought it.

As would be expected of a man of Dr Livingood’s character and personality, love of family was a special endearing quality. Clarence married Louise Sinclair in 1948 but sadly lost her to cancer in 1995. They were especially proud of their 5 surviving children: Bill Livingood, currently the sergeant-at-arms of the US House of Representatives; Louise Livingood Furbush; Clarence A. Livingood II; Susan Sinclair Livingood; and Elizabeth Livingood Cotton.

Honors too numerous to mention were showered on Clarence Livingood over the years. More lectureships have been established in his honor than for any other American dermatologist. Prominent among these is the Clarence Livingood Lecture at the annual meeting of the American Academy of Dermatology.

Clarence Livingood’s work ethic and sense of honor and duty to his chosen profession drove him to accomplish more than perhaps all but a few of his contemporaries. His passing coincides with the end of the century and the end of the millennium and truly marks the closing of an era for our specialty. Clarence Livingood influenced not only people—the certificate of every diplomat of the American Board of Dermatology from 1962 to 1992 bears his signature—but also profoundly influenced organizations, especially the American Board of Dermatology. Clearly these influences are his lasting legacy.

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