

BIOGRAPHICAL DIRECTORY OF THE AMERICAN COLLEGE OF PHYSICIANS

4200 PINE ST
PHONE

1979 Phila PA-19104
BARRING 2'8120

The editors will make every effort to assure accurate reproduction of the material submitted. To assist in interpreting your data the following guidelines are provided.

1. Read the questionnaire to familiarize yourself before completing.
2. Type or print legibly.
3. If possible, keep a copy of your completed questionnaire for your future reference.
4. You will receive a proof of your data prior to publication for final approval.

Name as you wish it to appear in the directory.

1. Berry Leonidas H. 016--1-30011-3
Last Name First Middle AMA ME number (not for publication)

2. Date first elected to ACP 4/1954 Current membership status and date of election _____

Any member whose dues have been paid in advance for life is designated Life Member (LM).

Are you a Life Member? Yes _____ No _____

3. Place of Birth: City Woodsdale NC State/Province/Country N.C. Month July Day 20 Year 1902

4. Married to Emma FORD BERRY Month Nov Day 22 Year 1903
Spouse (include maiden name of wife)

5. Subspecialty: Indicate your 3 major subspecialties by first, second and third preference (Limited to the subspecialties listed below).

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Neuropathology | <input type="checkbox"/> Preventive Medicine |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Family Practice | <input type="checkbox"/> Neuropsychiatry | <input type="checkbox"/> Proctology |
| <input type="checkbox"/> Anesthesiology | <input checked="" type="checkbox"/> Gastroenterology <u>1.</u> | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> General Medicine | <input type="checkbox"/> Nutrition | <input checked="" type="checkbox"/> Public Health <u>3</u> |
| <input type="checkbox"/> Aerospace Medicine | <input type="checkbox"/> Genetics | <input type="checkbox"/> Occupational Medicine, | <input type="checkbox"/> Pulmonary Diseases |
| <input type="checkbox"/> Bacteriology | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Industrial Hygiene | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Biological Chemistry | <input type="checkbox"/> Hematology | <input type="checkbox"/> Industrial Medicine | <input type="checkbox"/> Renal Disease |
| <input type="checkbox"/> Biomedical Engineering | <input type="checkbox"/> Hospital Administration | <input type="checkbox"/> Oncology | <input type="checkbox"/> Research |
| <input type="checkbox"/> Bronchoesophagology | <input type="checkbox"/> Immunology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Parasitology | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Clinical Pathology | <input type="checkbox"/> Insurance Medicine | <input type="checkbox"/> Pathology | <input type="checkbox"/> Syphilology |
| <input type="checkbox"/> Clinical Pharmacology | <input checked="" type="checkbox"/> Internal Medicine <u>2.</u> | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Therapeutics |
| <input type="checkbox"/> Contagious Diseases | <input type="checkbox"/> Legal Medicine | <input type="checkbox"/> Peripheral Vascular Disease | <input type="checkbox"/> Toxicology |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Medical Education | <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Tropical Medicine |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Metabolic Diseases | <input type="checkbox"/> Physical Medicine & | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Diagnostic Roentgenology | <input type="checkbox"/> Military Medicine | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Neurology | <input type="checkbox"/> Physiology | |

6. Education: Bachelor's, Master's, Doctor's and Medical Degrees

Institution (with location)	Degree	Subject	Year
Wilberforce University, Wilberforce, Ohio	B.S.	Chem.	1924
University of Chicago, Chicago, Illinois	S.B.		1925
Rush Medical College of The Univ. of Chicago	M.D.		1930
Univ. of Ill. Medical School Dept. Path	M.S.	PATH.	1933

7. Honorary Degrees: Wilberforce Univ. Wilberforce Ohio Sc.D

Institution (with location)	Degree	Year
	Sc.D	1945

Professional Training:

8. Internship

FREEDMENS HOSP. WASH. D.C. Oct '29 - Oct '30

Specialty/Subspecialty

Institution (with location)

Dates
From To

Internal med. & GI

9. Residency

Cook County Hospital Chicago Ill.

1931-1935

10. Postgraduate Training

(Not less than one year at an accredited institution)

11. Current Medical Licensure: Give State/Province/Country with restrictions

State of Ill. (USA) and Nat. Bd. Med. Ex.

12. Year C(ertified), not eligibility, and year Re(certified) by the American Board of Internal Medicine in: Cardiovascular Disease (C) _____ (Re) _____; Endocrinology & Metabolism (C) _____ (Re) _____; Gastroenterology (C) _____ (Re) _____; Hematology (C) _____ (Re) _____; Infectious Disease (C) _____ (Re) _____; Internal Medicine (C) _____ (Re) _____; Medical Oncology (C) _____ (Re) _____; Nephrology (C) _____ (Re) _____; Pulmonary Disease (C) _____ (Re) _____; Rheumatology (C) _____ (Re) _____.

13. Year certified by other American Medical Specialty Boards: Specialty _____ Year _____

14. Year certified by other specialty boards (including foreign): Board _____ (include country) Specialty _____ Year _____

15. Past Professional Experience: Give a brief account of significant professional experience excluding training. Do not list positions held less than one year. Include full time work and major consulting or attending affiliations, major research and past private practice.

Position	Institution (with location)	From	Dates	To
Asst to Sr. Attending Physician	Michael Reese Hosp (46-)	Providence	35-70	
" " "	" Cook County Hosp (1946-76)	Chief G.I. Endocrinology	(1966-76)	
Asst to Asso. Clinical Prof Med. U. of Ill.	LL. (60 to 75)			

16. Past Academic Appointments: At college level or higher. Do not include occasional lectures.

Position	Institution (with location)	From	Dates	To

17. Present Professional and Academic Activities: Check work status with each position. Indicate current private practice under institution.

Position	Full-Time	Part-Time	Volunteer	Clinical	Adjunct	Institution (with location)	From	Dates	To
Private Practice	X	X				Chicago Ill.	1977	→	
Deputy for Professional Community Affairs									
	X					Chicago Ill.	1977	→	

Type of Practice:

18. Type of work: Indicate P(imary) or S(econdary)

- ☒ Private Office Practice *semi Retired*
☒ Public or private hospital practice *semi Retired*
☒ Practice in other institutional setting (HMO, clinic or health center, college, industry, etc)
☐ Teaching/training (of others)

- ☐ Research/program evaluation
☐ Consultation
☒ Administration *(SECONDARY)*
☒ Writing/editing
☐ Other, please specify _____

19. Work Site: Indicate P(imary) or S(econdary)

- ☒ Solo private office practice
☒ Group private office practice (including multispecialty groups)
☐ Military (U.S. or Canadian)
☐ U.S. or Canadian Government, non-military (including Veterans Administration)
☐ Public, non-federal hospital (i.e. state/provincial/local)
☒ Private hospital

- ☐ Medical school (including parent university and associated facilities)
☐ Other General Hospital
☐ Prison or correctional facility
☐ Publicly sponsored clinic (alcohol, drug, mental health, etc)
☐ Other private, for profit non-hospital organization/institution (including industry)
☒ Other Private, non-profit, non-hospital organization/institution
☒ Other, please specify *Professional - Community Affairs, Governing Comm. Cook Co. Hosp. 1960 -*
☒ Part-time (5 to 35 hours/week)
☐ Not working or working less than 5 hours/week but not retired
☐ Not working or working less than 5 hours/week essentially fully retired.

20. Work Status: Limited to one.

- ☐ Full-time private practice
☐ Full-time (35 or more hours/week) in essentially one position
☐ Full-time (35 or more hours/week) involving two or more income-producing positions

21. Honors and Awards: List national, international as well as community service awards which are of professional significance. Limited to FIVE. Please do not use initial abbreviations.

Award	Organization Granting	Dates From To
Distinguished Service Award	NATIONAL MEDICAL ASSOCIATION	1945-58
PRESIDENT	"	1945-66
PUBLIC SERVICE Citation	University of Chicago Alumni	1966
PROFESSIONAL Achievement Award	University of Chicago Alumni	1978
RUDOLF Schindler Award - Americas Society		1977
GASTROINTESTINAL ENDOSCOPY		

22. Military Record: Active duty in the Medical Corps; include branch of service, dates and final rank at discharge

Branch (Air Force, Army, USPHS, etc)

Dates

Rank

23. ACP Activities: List of offices and committees held.

Position	National	Regional (Name of Region)	Chapter (Name of Chapter)	Dates From To
Ad hoc Committee	<input checked="" type="checkbox"/>			
Board of Regents				
PROBLEMS OF MINORITY PHYSICIANS			(5 years)	1970-75

24. Current Professional Memberships. List international, national, state and local societies. Indicate membership status, past presidencies as well as current offices held with term of office. Limited to FIVE.

Membership Status	Organization	Office held	Dates From To
	NATIONAL MEDICAL ASSOCIATION	Past President	1965-66
	AMERICAN SOCIETY OF GASTROINTESTINAL ENDOSCOPY		1942-
	FRENCH NATIONAL GASTROENTEROLOGICAL ASSOCIATION		1954-
	JAPAN ENDOSCOPY SOCIETY		1966-
	CHILEAN GASTROENTEROLOGICAL SOCIETY		1960-

25. Professional Interests: Brief description. Not to exceed 30 words.

GASTROENTEROLOGY = CHRONIC GASTRITIS, EARLY GASTRIC CANCER
GASTROINTESTINAL ENDOSCOPY, MEDICAL CAREERS COUNSELING -

26. Publications: List the number of your professionally significant books and articles. Indicate if Author, Coauthor, Contributor, Editor or Coeditor. Give year of most recent title.

	Number of Books	Date of most recent	Number of Articles	Date of most recent
Author	2	1974	84	1976
Coauthor	2	1977		
Contributor	1	1974		
Editor				
Coeditor				
Number of Papers Presented	180	1978		

27. Community Health: List participation in voluntary health organizations and community planning activities which relate to your profession.

Position	Institution (with location)	Dates From	To
Deputy	PROFESSIONAL - Community Affairs, Cook County, Illinois	1978	-
CONVENOR	INTERDISCIPLINARY HEALTH AUDIENCE Council, Cook County, Illinois	1978	-
Trustee	CHICAGO COUNCIL FOR BIOMEDICAL CAREERS	1978	-

28. Geographical Location: You will be listed under the city and state of your preference. The city and state of your geographical location need not be the same city and state of your mailing address. Only ONE listing will be entered. Cross references will not be used.

City CHICAGO State ILLINOIS

29. Mailing Address: List your preferred mailing address: Only ONE will be listed

Street 5142 S. ELLIS AVENUE City CHICAGO State/Province/Country ILLINOIS Zip 60615

30. Telephone: Optional listing of office(s) and/or home number. Limited to TWO

Office: () Area Code Office: () Area Code Home: 312 493 3331 Area Code 3130179 Date

31. Signature Leonidas H Berry, MD.

Return Promptly to: Jaques Cattell Press, P.O. Box 25002, Tempe, AZ 85282

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CHICAGO
5142 S ELLIS AVE
LEONIDAS H BERRY, MD

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