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The Jefferson Decade Fund has been established to permit the University to preserve its vital strengths and to continue to be more self reliant than ever. The ten year program has been planned to produce a steady increase through gift support to Jefferson between 1980 and 1990. The goal for the total effort is $65 million.

The Fund embraces five vital areas. Fifteen million in endowment funds for new and existing Professorships will make it possible to reward fine teachers and recruit distinguished investigators.

In order to recruit the brightest students the University seeks $10 million to underwrite new loans, scholarships and fellowships.

Sixteen million for research funds are being sought to launch pilot projects and continue promising investigation which will bring added recognition to Jefferson in emerging biomedical fields. It will develop the spirit of inquiry in young investigators and aid in the recruitment of new faculty members and students.

Up to $12 million will be solicited to revitalize the hospital’s diagnostic and therapeutic facilities.

And finally $10 million is needed to renovate existing laboratories and classrooms in the College.

J. Wallace Davis, M.D., ’42, Chairman of Jefferson’s Annual Giving Program, is serving as a member of the Decade Fund Executive Committee. In coordination with his volunteer workers, the class agents, he has accepted as the Alumni Association’s challenge a 10% increase each year through this existing program. Goal for the first year of the fund is $1,000,000 which reflects this 10% increase over last year’s total of $916,000. James W. Stratton, a TJU Trustee, heads the new Jefferson effort.
Jefferson Scene
The State of the College by Acting Dean Joseph S. Gonnella heads a series of news items, including research by Jewell L. Osterholm, M.D., Chairman of the Department of Neurosurgery, and a new residency program in Emergency Medicine.

Toadstool or Mushroom?  
The cover story by Robert J. Mandle, Ph.D., Professor of Microbiology and an ardent mycologist, discusses fact and fiction about the wild fungi.

Meigs Medical Association
In 1880 a group of Jefferson graduates founded the J. Aitken Meigs Medical Association, and current member Frederick B. Wagner, M.D., '41, recounts its long history.

The Psychodynamics of Adolescent Underachievers
Victor P. Satinsky, M.D., '38, (at left) explains his theory for helping teen-agers to reach their potential.

Class Notes
The annual Christmas extravaganza at the home of Robert J. Maro, Sr., M.D., '56, and the culinary prowess of pediatrician-sous chef Sandra Slade Mossbrook, M.D., '72, are highlighted in this issue.

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The Alumni Association of Jefferson Medical College
1020 Locust Street, Philadelphia, Pennsylvania 19107
The Jefferson Scene

state of the college

At the meeting of the Board of Trustees on July 11, the members accepted with regret, the resignation of Leah M. Lowenstein, M.D., D. Phil., as Dean and Vice-President of Jefferson Medical College. Doctor Lowenstein tendered her resignation for reasons of health. Joseph S. Gonnella, M.D., who has been serving as Dean for Educational Programs and Director of the Center for Research in Medical Education and Health Care, has been named Acting Dean. A Professor of Medicine, he joined the Jefferson faculty in 1967. His report follows.

The past year can be described as a year of transition for Jefferson Medical College. Significant changes can test the strength of an institution. Successful management of difficult transitional periods indicates an underlying strength and commitment. With Jefferson, our primary goal is to educate medical students for the changing world of health care delivery. Our students are taught to adapt to change, often under unexpected and trying circumstances. The ability of our people to work together during this period of transition has demonstrated, once again, the strength and endurance of Jefferson. Events of the past year seem to have answered the question raised by Dr. Frank Gray in his State of the College report last year, “Can adversity stimulate us to become stronger than we ever before have been?” The answer is yes.

Jefferson has had to adapt to the general economic recession, the loss of federal funding for medical education, and an increased competition for limited research funding. New needs and technologies continue to emerge requiring changes in the medical college curriculum. In addition, there have been important changes in personnel with the resignations of Dean Leah Lowenstein, Associate Dean Robert Mackowiak and Associate Dean Samuel Conly. Other changes which occurred within the Office of the Dean include the appointments of Dr. Benjamin Bacharach, Clinical Professor of Surgery, as Associate Dean for Admissions, Dr. Jussi Saukkonen, Professor of Microbiology, as Dean of Scientific and Faculty Affairs, and Dr. Joseph Gonnella, Professor of Medicine, as Dean for Educational Programs.

A number of accomplishments during the past year are described in this report and are briefly summarized.

Administration: Recruitment of departmental chairmen has proceeded.

Dr. Carl Mansfield has become the Chairman of the Department of Radiation Therapy.

There has been progress in the recruitment of a Chairman for the Department of Pathology.

Recruitment of a Chairman for the Department of Anesthesiology is underway.

New guidelines for appointment and promotion have been approved to upgrade faculty qualifications.

A Faculty Grievance Procedure document has been approved.

Education: In the educational programs of the medical school, the following developments may be particularly noted:

The curriculum for the clinical portion of the medical school program was significantly restructured. The Honor Code was made mandatory to emphasize the role of character and professionalism in students.

Research: There has been new emphasis on research in the medical college with the appointment of Dr. Jussi Saukkonen as Dean of Scientific and Faculty Affairs. The goals are to maintain the institution's strength in teaching and clinical care and upgrade research.

The mission of the medical school has continued to evolve with documentation of needs related to institutional objectives, applying the research approach to medical education. Jefferson is attempting to expand its programs to meet the changing needs of the nation. Program expansion is occurring in gerontology, occupational and environmental medicine and radiation therapy.

The financial position of Jefferson Medical College remains strong. The budget for 1983-1984 continues to be realistic; however a moderate increase in student tuition was necessary.

There will be additional changes during the coming years which will test our institution. Based on past performances, we should be confident that the challenges will be met successfully.
templeton presidency

One thing is almost certain. John Y. Templeton, III, M.D., '41, will be needing a larger appointment book. First there is his inauguration as President of the Pennsylvania Medical Society on October 22, after which he will have to juggle invitations to speak and break bread with scores of organizations throughout the state during his year-long tenure. Added to this agenda are his commitments as Professor of Surgery, a position he has held since 1967, and as a member of the Task Force on Health Services Strategy.

Although Dr. Templeton acknowledges that he will probably have to "cut back" on his practice of cardiothoracic surgery in order to spend more time on PMS duties, he is not accustomed to multiple demands on his time. Among the leadership positions he has held in recent years have been the presidencies of the Philadelphia County Medical Society, the Philadelphia Academy of Surgery, the Medical Staff of Thomas Jefferson University Hospital and the Jefferson Alumni Association. To these honors can be appended the authorship of more than 80 articles for an assortment of surgical journals. In 1981 Dr. Templeton received the Alumni Achievement Award in recognition of his professional skills.

Dr. Templeton is looking forward to his role as PMS President, which will enable him to "get to many parts of Pennsylvania and meet a lot of people." What is more important, however, is the opportunity afforded by his leadership position to tackle many of the problems relating to "the increasing complexity of the practice of medicine."

"The entire health care system is concerned about the cost of medicine today," states Dr. Templeton. "The PMS has strongly pushed voluntary reductions in the cost of care by physicians." One of the most significant developments in recent years, according to the new President, is the growing strength of HMOs. At the same time, the delivery of health care is complicated by "corporate involvement. There are a lot of people handling large sums of money who lack skill in this area." He notes that more than $300 billion is spent on health care each year.

"The PMS has always been in favor of multiple systems of health care delivery," says Dr. Templeton, citing the Society's Pennsylvania Medical Care Foundation, which recently developed a pilot HMO project in Dauphin and Cumberland counties. He also mentions the establishment by four hospitals of the first PPO (Preferred Provider Organization) in the Commonwealth of Pennsylvania. "This is attractive to hospitals because it provides a rapid turnover in cash, and to physicians who are assured of a significant number of cases. This becomes important in terms of the increasing number of physicians competing for patients." If current predictions prove accurate, there will be a surplus of physicians by 1990, according to Dr. Templeton.

A major priority, asserts the PMS President, is to tackle the problem of "the impending crisis in medical liability." For the past two years Dr. Templeton has served as Chairman of the Society's Task Force to Study Professional Liability Insurance. "The medical liability crisis is an important factor in the cost of medical care," he states. "In an insidious way, it forces physicans to practice defensive medical care and to use many procedures at great cost and inconvenience to the patient. In the last ten years the cost for Blue Cross diagnostic pathology services has gone up 1419%. Some of this is due to the practicing of defensive medicine." Because the PMS considers this a major problem, a campaign to educate the public has been initiated.

"There's a growing tendency on the part of the American public to believe that anyone who is injured needs to be compensated for it," states Dr. Templeton. "We're basically a very litigious society. The American public has also developed great expectations of its physicians. They read of liver transplants, artificial hearts, certain types of cancer once lethal that are now being cured. People come to expect a great deal from us; they don't expect failure."

Dr. Templeton acknowledges that undoubtedly "there is some malprac-
much longitudinal patient care—one patient seeing one doctor over a period of many years. The patient is now seeing a highly specialized, technological doctor whom he may never see again.” The result of what he describes as this “high tech-no touch state of affairs” is a “marked attenuation of personal relationships.” Yet he is quick to add that “this may not be such a bad thing. High tech can do a lot of things that could never be done before. All of these take up large amounts of time and energy. If you went to a surgeon who did one [operation] a month, he could hold your hand.”

If the practice of medicine has changed, Dr. Templeton remains committed to the ideals that first motivated him to enter the profession. And even in the world of high tech, he acknowledges that “large areas of medicine still remain an art.”

stroke research

Jewell L. Osterholm, M.D., Professor and Chairman of the Department of Neurosurgery at Jefferson, has found that the effects of severe stroke were reversed significantly during experimental animal research. This occurred by bathing the brains of live cats with a liquid circulating mixture of an artificial spinal fluid, which contained large amounts of oxygen.

According to Dr. Osterholm, the primary research investigator of this technique, the research represents a change from the traditional approach of attempting to oxygenate the brain via the blood. He presented his findings at the 1983 annual meeting of the American Association of Neurological Surgeons in April in Washington, D.C.

The special liquid mixture developed by Dr. Osterholm contains up to seven times the normal amount of oxygen found in the blood. When Dr. Osterholm circulated the mixture through the spinal fluid spaces surrounding the cat’s brain that was electrically silent (no EEGs) for 15 minutes, he restored most of the electrical and metabolic brain activity in the majority of his experimental animals.

“Instead of using the blood route, we are using a new avenue to reach the brain during stroke,” said Dr. Osterholm. The technique he uses consists of inserting small tubes inside the cat’s skull and circulating the special fluid through normally occurring spaces around the brain. He then removes the fluid at the base of the head or spine. In order to circulate the fluid and mechanically perform various functions vital to the brain, Dr. Osterholm designed a multi-purpose machine, which he says will be to the brain what the heart-lung machine is to the body.

“I believe our work over the past six years on hundreds of experiments and the research now in progress using this special mixture will support its use in the prevention and treatment of stroke in humans,” Dr. Osterholm said. Upon completion of his current research, he hopes to conduct the first tests on humans as early as 1984.

The mixture Dr. Osterholm developed depends considerably on the remarkable capacity of certain chemicals called fluorocarbons to carry large amounts of oxygen. He combines large quantities of oxygen, carried by the fluorocarbons, with glucose (a sugar), certain amino acids (the building blocks of proteins), electrolytes (compounds such as the sodium found in common table salt) and various other ingredients. These substances are all helpful to the function of the brain and, in concentrations used by Dr. Osterholm, help speed the brain’s recovery following a stroke.

This mixture is delivered to the animal’s brain via the machine he designed. “We replace the animal’s spinal fluid several times each minute using a method that has never been tried before.”

The apparatus is comprised of a series of pumps. One causes oxygen to bubble into the mixture, another warms the emulsion to the appropriate temperature and the last pump circulates the mixture through the cat’s brains thereby oxygenating them. Safety devices were designed to prevent abnormal brain pressures from developing.

Additional results from the experiment indicated that the mixture had no detectable toxic effects on the brain or spinal cord, Dr. Osterholm said. “An advantage of this technique is that the mixture is removed from the cats’ systems once it is weaned from the machine. This reduces the chance that toxic effects might develop later,” he said.

“A critical piece of information that we learned,” Dr. Osterholm said, “is that the cat’s brain cells were not as sensitive as we thought. We previously believed that recovery was not possible after five to seven minutes without oxygen.”

In the past there have been several attempts to oxygenate the human brain. One method was to place the patient in a hyperbaric chamber, where he received high amounts of oxygen under pressure which was absorbed into the bloodstream. More recently, researchers in Japan have developed a blood substitute containing fluorocarbons that carry oxygen which was added to the bloodstream.

But these efforts are frustrated by the basic inability of the blood to reach the stroke area, Dr. Osterholm said. “They have less likelihood of working than our fluorocarbon emulsion, which is pumped directly into the brain.”
While stressing that his work is still in experimental stages, Dr. Osterholm theorized that his new method might be important in preventing stroke during surgery where prolonged blood-vessel clamping might be necessary to achieve a better result for certain tumors or blood-vessel abnormalities. It could also be beneficial to the patient suffering from oxygen loss in the brain as a result of drowning, heart attack, shock or head injury.

Dr. Osterholm did indicate that his technique had certain limitations. "This new method may only work within a very short time after a stroke, possibly minutes to hours, and it cannot reverse the effects of a previous stroke," Dr. Osterholm said. "Following stroke, the treatment must be fairly immediate or it will be of no help."

Looking to the future when many neurosurgeons might be using his method, Dr. Osterholm said, "All neurosurgeons possess the skills necessary to implant the treatment tubes, and, under the best theoretical circumstances, the system can be operational in 30 minutes.

opening exercises

The 1983-1984 scholastic year got under way on September 6 with Opening Exercises in McClellan Hall. The students were entertained by President Lewis W. Bluemle in the convocation to be committed to the process of learning, to understand that the purpose of Jefferson is to learn and to teach and to accept the challenge to think.

In awarding prizes to the Medical College students, Acting Dean Joseph S. Gonnella also reported on the makeup of the class of 1987. Two hundred and twenty-three students matriculated from an applicant pool of 4300. These applicants applied from 600 colleges representing 48 states, Puerto Rico and 26 countries. Of the 223 accepted from the 997 interviewed, 138 are from Pennsylvania and 66 are women. The latter represents 30% of the class, the highest number ever accepted. Three programs are still considered by the admissions committee. Serving as the medical school for the state of Delaware, the College accepted 20 students. There also are 29 students in the six-year Penn State program and seven students in the rural shortage program. The diversity of the class and the wide spectrum of interests of the students were reflected in a brief profile of some of their activities. One student was a member of the Toronto Maple-leafs, another a Yukon lumberjack and a third a professional tennis player.

Prizes awarded that evening included the William W. Bodine Research Prize to Jonathan S. Jaffe, son of Marvin E. Jaffe, M.D. '60; the Class of 1947 Scholarship to Keith Gibson; the Obstetrics and Gynecology Award to honor the late Mario A. Castallo, M.D. '29, to Francis R. Colangelo; and the Melvin I. Katzman Pathology Prize to Steven H. Kalchman.

John Y. Templeton, M.D. '41, Professor of Surgery, was the faculty speaker (see page 3), and The Reverend Edward C. Bradley, '55, gave the invocation and benediction.

Prizes also were awarded to students in the College of Graduate Studies by Dean Jussi J. Saukkonen. Dean Lawrence Abrams of the College of Allied Health Sciences was cited by the President for his five years of excellence in that post.

new residency

"Emergency medicine is an exciting, changing specialty," says Joseph A. Zeccardi, M.D. As Clinical Associate Professor of Surgery (Emergency Medicine) and Director of the Division of Emergency Medicine, Dr. Zeccardi is in charge of Jefferson's new three-year residency in this specialty. With its inception last June, Jefferson became one of three hospitals in Philadelphia and 60 throughout the nation to offer such a program. From an applicant pool of more than 200 medical school graduates, four men and two women were selected for the first class. For the incoming class of 1984, 300 inquiries and 70 applications have already been received.

"Emergency medicine is gaining in popularity," says Dr. Zeccardi, since it was officially accepted as a specialty in 1979 by the American Board of Medical Specialists. "It's always been a fairly glamorous idea to medical students," he notes, conceding that "sometimes it's an overblown glamour"—thanks in part to television's long fascination for hospital dramas.

Although in the past many medical students expressed interest in the field, according to Dr. Zeccardi, "they were bucking organized medicine's opinion of its appropriateness. Since 1979 and official acceptance of emergency medicine, it's still been slow for established medical specialists, especially in conservative places like medical schools, to accept the appropriateness of emergency medicine as a specialty, but there has been a gradual change in attitude and also an increase in the number of medical students considering it as a career."

Because the effective practice of emergency medicine requires broad-based knowledge and skills, the six residents who began their training last June will not be spending all their time in the emergency room. First-year residents will be there two months, increasing to six months in the second and third years. In addition, they will serve rotations in internal medicine, surgery, orthopaedics, pediatrics, obstetrics and gynecology, psychiatry, neurology, dermatology, otolaryngology and radiology, and also have the opportunity to work in the emergency room at Wills Eye Hospital, the ophthalmology department affiliate of Jefferson.

Jefferson's commitment to enter this new field, says Dr. Zeccardi, is based on "an ability to train people well in this area. Jefferson has a long tradition of producing practitioners, and this is certainly a practice-oriented field. We have a strong support system for the program in the other disciplines here. "Our job is to produce physicians to practice in the nation at large," he continues, noting that in many hospitals outside major metropolitan areas "the only doctor in the hospital at any hour
of the day or night is the emergency physician, who must provide initial emergency care no matter how comprehensive that may be. This often involves doing relatively heroic things to buy time so that definitive care by a surgeon may be possible."

Dr. Zeccardi recalls that "back in our looser, more flamboyant times, 'Staying Alive' was the theme of one of our major scientific assemblies. Timing in emergency medicine is one of the critical elements in addition to knowledge. We are a time-limited specialty." He also points out that "emergency medicine is, in fact, not all emergencies. The emergency department is the place where a lot of walk-in acute care is provided. That's a complex sociologic and economic issue, but it does occur."

Over the past two decades the use of hospital emergency services nationwide has doubled, rising from 42 million patients in 1960 to over 83 million in 1982, according to statistics published last year by the American Hospital Association. However, Dr. Zeccardi foresees "less emergency care in hospitals by the end of the decade. We've experienced extraordinary growth since World War II, and we see that slowing down for several reasons. It's more expensive to seek certain types of care in the emergency department, and as physicians become more and more competitive over the next decade, it would seem logical to assume they would behave the way the marketplace would make them behave. That is, to provide more high levels of service to the patient, such as easier access at non-traditional hours, evenings and weekends, and to provide it at a lower cost than a hospital emergency department."

Another factor is the growing availability of free-standing centers. Although emergency physicians have no problem with them as walk-in, minor-care facilities, according to Dr. Zeccardi, they have not been accepted as "appropriate for emergency care. Our major problem with free-standing centers is the word 'emergency,' which we feel might be confusing to the patient." In recent years, he says, "we've been talking about whether we should consider training people to work in these kinds of walk-in centers."

What factors contribute to making a successful emergency physician? According to Dr. Zeccardi, "In addition to a basic fund of knowledge and good intellect, there are certain special qualities: the ability to function under stress, the ability to do more than one thing at a time, and the willingness to make a decision when pressured by time without having all of the data in. You also have to be able to make those decisions and withstand the criticism of not definitively evaluating patients when you're limited by time. It's very much practicing in a fishbowl."

As emergency medicine has gained official acceptance, the type of medical student entering the field has changed. "The students interested are no longer the renegades of the class," observes Dr. Zeccardi. "They're often quite patient-oriented, interested in variety rather than depth, and yet bright and able to deal with more than one thing at a time. They're looking for an opportunity to practice and work hard when they work, and they have a commitment to the rest of their lives and the lives of their families."

"There's also a negative stereotype," he continues, "which I don't often find, and when I do I reject as a potential candidate the student who believes that emergency medicine is easy because of the schedule. That's nonsense. What emergency medicine entails has to be scheduled. You can't work 24 hours a day, seven days a week seeing emergencies all by yourself. You must share that. As soon as you have the need to share, there comes the schedule. You know when you're working and when you're not. Most of the people I see who are interested in practicing emergency medicine like doing a great number of things which are often exciting and really like working hard when they're on duty. They also have a streak of idealism—of wanting to do what doctors do, that is, work hard, treat emergencies, keep people from dying."

"Another side of that idealism that comes from the '60s is the belief that people ought to be committed not only to their careers but to their families and to themselves. That could be either very selfish or very well rounded. It's my personal opinion that it's well rounded. If I see someone who thinks emergency medicine is an easy job, then I don't think that person's very realistic, certainly not the type who's going to be willing to put out that extra that is necessary for the great variety of patients who come in."

"One of the lines I like to use," concludes Dr. Zeccardi, "is that emergency medicine is what most people think doctors do, and emergency physicians are the only ones doing it."

Dr. Zeccardi (right) with three of his new residents (from left) Drs. Mark Garber, Terry A. Clauser and Jeffrey Lubin.
profile

“The phoenix of Dresden becomes the eagle of Jefferson.” These words on a small framed award in the Alumni Hall office of Wolfgang H. Vogel, Professor of Pharmacology and Professor of Psychiatry and Human Behavior, are perhaps more a measure of the man than all the academic degrees also hanging on the wall.

The degrees, of course, do eloquently confirm his professional competence, and since he joined Jefferson’s Department of Pharmacology in 1967, many medical school classes have paid tribute to Dr. Vogel’s teaching ability. In 1972 he was the recipient of the Lindback Award for Distinguished Teaching, and ten years later the Class of 1982 presented Jefferson with a portrait of Dr. Vogel—an honor reserved for an outstanding teacher chosen by each year’s graduating class.

Impressive as they are, however, none of these honors convey a sense of the long and often arduous road to success traveled by Dr. Vogel as do the brief words of tribute on the aforementioned award.

Born in Germany, Dr. Vogel spent the World War II years in Dresden, site of the 1945 Allied bombardment that destroyed most of the city. “Fortunately the area where I lived was very little damaged,” recalls Dr. Vogel, who was then in high school. That building, however, suffered extensive damage. “Our education progressed, but on a minimal level. The school was left with two rooms that had to be used by 800 students. You would come in in the morning for half an hour, deliver your homework, receive new homework and go home. This is what we did for almost a year.”

Even as a boy, Dr. Vogel was always interested in science. “I knew from the start,” he says, “that I wanted to be a molecular biologist.” Attaining that goal in postwar Dresden, situated in Communist-controlled East Germany, seemed at first an impossibility. “Since my father was a businessman and employed five people, he was considered a capitalist. I was the son of a hated capitalist and therefore not allowed to go to university. My father was a very ardent anti-Fascist who had been very much against Hitler. That did not count. I was the son of a capitalist.”

Thus at the age of 18, Dr. Vogel became a teacher. For almost a year he taught fourth grade while secretly making trips to West Berlin, approximately 100 miles from Dresden, where he had friends. Using their address, he mailed letters of application to various West German universities and was accepted at the University of Bonn.

Gaining official permission to leave East Germany was a more difficult hurdle. Because he feared the authorities might seek reprisals on his parents, Dr. Vogel never considered leaving illegally. Liberation was finally achieved via an unusual package. “I bought two pounds of butter,” he reminisces, “which at that time cost approximately 100 dollars in the black market. I went to a lady in the passport office and traded the butter for a passport.”

The young student arrived in Bonn with neither funds nor friends and relatives to assist him. The university granted him a free meal ticket and offered to pay his tuition if he passed his examinations “at the superior level,” which he succeeded in doing. Still to be solved were the problems of finding a cheap place to live and some form of employment to meet incidental expenses.

During the war, bunkers had been built in the side of a mountain near Bonn, where the local population huddled during bombing raids. It was into a tiny windowless room in one of these abandoned bunkers, below 400 feet of rocks, that Dr. Vogel moved. Sharing these cramped lodgings with another student, he paid the grand sum of three dollars a month for rent. Pocket money was earned by working four hours a day as a mail messenger at the University, and every third night as a security guard at a local department store.

After two years, Dr. Vogel transferred to the University of Tubingen and completed his studies at the Institute of Technology in Stuttgart, earning the equivalent of an M.S. in physical chemistry in 1956 and a Ph.D. in organic chemistry two years later.

Had it not been for Dr. Vogel’s passion for playing tennis, he might have launched a career in research for a German pharmaceutical company. Fate intervened in the form of a mixed doubles partner whose brother was engaged in biochemistry research in Syracuse, New York, and looking for a postdoctoral fellow to assist him.

“What about going to the United States?” she suggested. Several transatlantic phone calls set the wheels in motion, and in 1958 Dr. Vogel embarked for America by steamer, armed with only a rudimentary knowledge of English but determined to master the language.

“I bought a copy of Brave New World,” he recalls, “and I read until I had accumulated 20 new words, which was approximately four sentences at the beginning. I would write these down and I would learn them. The next day I would read until I had 20 more unknown words and I would learn them, and I would continue to read and finally I could read one whole page before I had accumulated my 20 new words. That’s how I learned English.”

With only a temporary visa, Dr. Vogel had to return to Germany after a year, but by this time he had decided to establish permanent residence in the United States. Back in Germany, he went to work for a pharmaceutical company in Frankfurt while making arrangements to immigrate and also find a job in the United States.

In 1961, two days after his wedding to a young German woman whom he had met while working in Frankfurt, Dr. Vogel and his wife left for the United States. Awaiting him was a position at the University of Illinois College of Medicine, where he became a research associate working with a professor whom he had known at Syracuse. Since then the professor had switched to pharmacology, and Dr. Vogel found himself learning a new field. “I discovered that I enjoyed pharmacology more than I did biochemistry.” To further his knowledge in this field, he spent a year at the National Institutes of Health, Bethesda, Maryland, as a visiting scientist.

In 1967 another Syracuse connec-
tion recommended him for the post of Associate Professor of Pharmacology at Jefferson, and in the fall of that year he began teaching. "Research I had no trouble with, but I was very, very apprehensive when it came to teaching. I had never stood in front of a large group of students before." Facing 220 medical students was obviously a different ballgame from a class of fourth-graders, but being well versed in pharmacology, Dr. Vogel took appropriate measures to meet the challenge.

"I treated myself with two minor tranquilizers to calm me down and with half a teaspoon of belladonna extract, which keeps you from sweating. So I went to the lecture with the outward appearance of relative calmness—all drug induced," he confesses. "However, after ten lectures I could do it on my own."

It was not long before Dr. Vogel realized how much he loved teaching, an enthusiasm that quickly is communicated to his students and accounts in large part, he believes, for his pedagogical success.

A sense of humor also helps. "Personally I cannot sit through three quarters of an hour of straight scientific or medical talk unless it is interrupted by a little funny statement or a joke. So I don't think students can sit through a lecture without a joke to spice it up."

Dr. Vogel's special rapport with students also owes something to the fact that he was an organic chemist who made the switch to pharmacology. Having been forced to learn the subject on his own, he says he can sympathize with the hardships of mastering it. As a result, his teaching approach is "a little more basic." Dr. Vogel's high regard for Jefferson's students and faculty colleagues has made him, he says, "very happy at our alma mater."

Dr. Vogel's work as a research scientist involves the investigation of abnormal brain function and the ways in which drugs affect the brain and are capable of normalizing abnormal brain function. He has been studying the substance 5-methoxy-tryptamine (5-T) in connection with schizophrenia, and more recently he has become interested in stress and coping mechanisms.
His research looks at the biochemical and pathological changes that occur during exposure to stressful events and how drugs can help the organism to cope and prevent diseases that follow the failure to cope. He has published over 100 scientific abstracts and papers. In addition to his research and teaching commitments at Jefferson, as well as working on a pharmacology textbook, Dr. Vogel has also served as a consultant on drug education programs throughout the Philadelphia area and New Jersey. The salute to the “phoenix of Dresden” on his office wall was presented to him in gratitude for his seminars on drug abuse at Glassboro, New Jersey.

Among the other awards hanging on Dr. Vogel’s office wall is the U.S. Senior Scientist Award presented in 1975 by the Federal Republic of Germany. Being German-born not only had nothing to do with winning it but almost put him out of the running. These awards are given to American scientists by the German government as one way of expressing gratitude for U.S. aid in the postwar years when food and many of the basic necessities of life were unobtainable. Dr. Vogel recalls that the students at the school he attended in Dresden were fed with shipments of corned beef from America. When the German authorities realized they were about to confer the award on one of their own countrymen, albeit now an American citizen, they had second thoughts. With his characteristic sense of humor, Dr. Vogel says he imagines what was going through their minds: “Now you are a double beneficiary; first you had the corned beef and now you come back for this award. But I received it.”

An American citizen since 1962, Dr. Vogel resides in Cherry Hill, New Jersey, with is wife, Ursula, and two teenaged daughters, Carla and Britta. Tennis, the game that played a hand in bringing him to the United States, is still a passion. “I play every second I get,” he admits, “I will always challenge every medical student or alumnus whom I meet to beat me. They may look at an old man and say, ‘No problem,’ but so far, very very few have beaten me!”

**honors etcetera**

Demetrius H. Bagley, M.D., has been appointed Associate Professor of Urology. A graduate of Johns Hopkins he is an expert in a new procedure to remove kidney stones by using telescopic instruments and ultrasonic waves. He formerly was at the University of Chicago.

Sang Yon Cho, M.D., Associate Professor of Pathology and Director of Autopsy Pathology, was recently awarded subspecialty certification in hematology by the American Board of Pathology.


Gerald J. Herbison, M.D., Professor of Rehabilitation Medicine and Director of Research, has been unanimously selected by the Awards Committee of the Academy of Physical Medicine and Rehabilitation to give the Zeiter Lecture at the annual assembly in Los Angeles in November.

Madhu P. Kalia, M.D., has been appointed Professor of Neurosurgery, Neurology and Pharmacology and Director of the Neuroscience Unit in the Departments of Neurology and Neurosurgery.

Philip A. Katz, Ph.D., Director of Biomedical Instrumentation and Assistant Professor of Radiology and Surgery, has been elected a member of the Board of Directors of the Association for the Advancement of Medical Instrumentation.

Harold Kolansky, M.D., Professor of Psychiatry and Human Behavior and head of the subsection on child and adolescent psychoanalysis, has been appointed Director, section of psychoanalysis, in the Department of Psychiatry and Human Behavior.

Alan M. Lefer, Ph.D., Professor of Physiology and Chairman of the department, is the co-author of a recently published book, *Molecular and Cellular Aspects of Shock and Trauma.*

Paul F. Mansfield, M.D., ’83 has been appointed to the Board as the young trustee. Dr. Mansfield, who is serving a five year surgical residency at Pennsylvania Hospital, was manager of Theta Kappa Psi and a member of the search committee for the Dean of JMC and the Jefferson Choir while at Jefferson. He will serve a three year term.

Edward M. Sewell, M.D., Professor of Pediatrics at Jefferson and a specialist in pulmonary disease and tuberculosis, was recently installed as President of the American Lung Association at the ALA’s annual meeting in Kansas City.

**ot/pt**

With the fall 1983 semester, the College of Allied Health Sciences has initiated two new departments, Occupational Therapy and Physical Therapy.

Ruth E. Levine, Ed.D., O.T.R., has been appointed Chairman of the Department of Occupational Therapy, which offers two entry-level programs leading to certification in this specialty. One program serves the student who has successfully completed two years of pre-professional coursework at an accredited college or university, and the other program is geared to students already in possession of a bachelor’s degree, who may elect to earn a second bachelor’s degree or complete 65 additional credits in an 18-month accelerated certificate program.

Jeffrey Rothman, Ed.D., L.P.T., is Chairman of the Department of Physical Therapy. Graduates of this program earn a bachelor of science degree and a certificate in physical therapy upon completing two years of prerequisite courses and an internship.

For the first time this fall, the Department of Radiologic Technology, which was launched in 1976, is offering to non-degree practitioners an advanced placement program in radiologic technology, nuclear medicine and radiation therapy, as well as an advanced diagnostic medical sonography program. Loretta C. Tate, M.S., RT (R), is departmental Chairman.
the boston swap

Taking up temporary residence in the Eakins Gallery in Jefferson Alumni Hall is The Dean’s Roll Call, a portrait of James W. Holland, M.D., painted by Thomas Eakins in 1899. In a spirit of reciprocity, the painting is on loan until next year from the Museum of Fine Arts, Boston, which has borrowed the Jefferson-owned Eakins masterwork, The Gross Clinic. The latter painting will be included in a major exhibition, “A New World: Masterpieces of American Painting, 1760-1910,” which has been organized by the Boston institution at the invitation of the Louvre in Paris. The exhibition, currently on view in Boston through November 13, will also be presented at Washington’s Corcoran Gallery of Art from December 6 through February 12 and then cross the Atlantic for a Louvre showing from March 16 to June 11, 1984.

James W. Holland, M.D., served as Dean of Faculty at Jefferson Medical College from 1887 to 1916. Born in Nashville, Tennessee, in 1849, Dr. Holland earned his medical degree from Jefferson in 1868. After practicing medicine with his father in Louisville, Kentucky, he went on to teach medical chemistry at the University of Louisville, his alma mater, in 1872. There his interest in the science of chemistry and its relationship to the problems of clinical medicine earned him a wide reputation. In 1885 he was called to the Chair of Medical Chemistry and Toxicology at Jefferson and was appointed Dean of the Faculty two years later.

Eakins’ own association with Jefferson began in 1864 when he started taking regular courses in anatomy to further his knowledge of the human body. At Jefferson he found inspiration for one of his greatest works, The Gross Clinic, and also painted the portraits of many members of the medical faculty.

As an artist, Eakins labored largely in obscurity, receiving few commissions, his work unappreciated by an art world that was uneasy with his commitment to realism. Lloyd Goodrich, former director of the Whitney Museum of American Art and the leading authority on Eakins’ work, has noted that the artist “was incapable of flattery. No one ever emerged from under his brush handsomer than he or she was.”

Eakins’ painting of Dean Holland is characteristic of his approach to portraiture. Unlike many artists of his day who preferred to show their subjects elaborately attired in flattering poses, Eakins often chose to depict them in their working environments in his belief that a person’s work was an essential part of his or her individuality.

For the sittings, which began in January 1899 and lasted perhaps five months or more, Dean Holland wore the official robes of a Doctor of Medicine. When it came time to paint the Dean’s feet, Eakins made a suggestion that was a source of amusement, and some consternation, to friends and relatives of the Dean. Leslie Miller, then president of the School of Industrial Art in Philadelphia, wrote: “The Dean and I had lots of fun over his predilection in these cases. He made the poor Dean go, too, and put on a pair of old shoes that he kept to go fishing in, and painted him, as you know, shod in this way when he faced a distinguished audience on a very impressive occasion.”

To Eakins, the old shoes had much more character than new ones, but Dean Holland’s wife objected. According to the reminiscences of her son, Leicester Holland, “...while she admitted that old shoes would show the shape of the feet better, they would falsify the picture, since my father did not wear old shoes at commencement! I think Eakins felt the justice of the criticism, being a great lover of literal truth.”

Unfortunately, the finished portrait did not win the approval of Dean Holland’s colleagues. Eakins painted his first-hand impression—one, by all accounts, shared by many Jefferson graduating classes—of the Dean calling the roll of graduates and reading the Hippocratic oath with what was described as “almost religious fervor.” The Dean’s colleagues raised objections to the “tense, almost haggard expression” of the subject, which Leicester Holland attributed to the rigors of sitting for the demanding artist.

“My Father was never physically very strong and by that season of the year was always pretty well fagged out,” Holland wrote. “What made it worse was that Eakins always insisted that he take the full standing pose, with the light from the skylight full in his face. He would not let him sit down even when working on the head alone. It was quite an ordeal and the result was a tense, almost haggard expression. ...Alas, when it was all done, the college and the alumni who knew Father in more genial moods...didn’t like it at all and wouldn’t buy it. So Eakins, having no general market at the time had the painting on his hands...and as a friendly gesture gave the picture to my mother.”

The portrait remained in the possession of Mrs. Holland and her three children and was on extended loan to the Philadelphia Museum of Art until it was sold to the Museum of Fine Arts, Boston, in 1943.

The very qualities in Eakins’ work unappreciated during his lifetime have, in the 20th century, earned him a secure place as one of the greatest—if not the greatest—of all American artists. “His men and women are alive,” writes Goodrich. “They are pictured with a humanity, depth of insight, inner life, that make most portraits of the
The oil portrait immediately draws your eyes to his hands. Even if the white coat with his name partially visible were not a giveaway, you would guess from those hands that the man is a surgeon.

Charles Fineberg, M.D. is indeed a surgeon, one who has elevated that vocation to an art combining not only skilled hands but, his colleagues and students would insist, an erudite head and compassionate heart. He has been at Thomas Jefferson University since his/JMC surgical residency in 1951, and is currently Professor of Surgery, a position he’s held since 1972.

The portrait symbolizes the personal affection and professional respect that Dr. Fineberg has earned. Although his achievements are many—he is Chairman for, Fellow of or member on numerous boards and committees—it is as a friend and teacher that he was honored.

A packed auditorium of family, former patients, professional colleagues and students heard him quote John Chalmers DaCosta, M.D., the first Samuel D. Gross Professor of Surgery: “No man can dive for pearls from a mountain; no man can become an astronomer in a cave.”

Says Dr. Fineberg, “Jefferson has been my mountain, and from it everything has been attainable.”

It hasn’t all been easy. He entered Hahnemann Medical College the oldest in his class after being away from academic studies for seven years. After a shaky start and serious doubts about continuing, he went on to excel scholastically and became President of the student council. Later, as a surgical resident at Jefferson, he scrubbed with John H. Gibbon, M.D. another Samuel Gross Professor of Surgery, and worked with him in the development of the heart-lung machine.

Dr. Fineberg knows he’s regarded as a stern taskmaster. “I insist on complete dedication and devotion to the patient. I have never compromised on that. I work hard and expect others to do the same. I don’t agree just to agree. It
comes from a belief in absolute honesty.”

At the portrait ceremonies Bernard J. Miller, M.D., Professor of Anatomy and Associate Professor of Surgery, confirmed this by referring to “the respect Dr. Fineberg has earned, his strong principles, his warmth and compassion.”

Throughout the audience were people who credit him with saving their lives. Among them was an 81-year-old woman he operated on three decades ago and a mother with her 19-year-old daughter who was one day old when Dr. Fineberg surgically corrected a congenital tracheo-esophageal fistula.

The six-foot plus Chairman of the Surgical Advisory Committe of the American College of Surgeons didn’t always consider medicine his field. Born in Philadelphia, he moved with his family to New York City as a child. There he became captain of the city championship high school basketball team. On an athletic scholarship to Wake Forrest College in North Carolina, he played both basketball and baseball. After graduation he joined the New York Yankees farm system for a couple of years.

But World War II intervened to begin Dr. Fineberg’s life-saving efforts. As commanding officer of an ammunition ship, he rescued men torpedoed into the icy waters of the North Atlantic. Later in the war he was assigned to the South Pacific so that altogether, he served almost four years of continuous active duty.

It was one of the people he rescued who kindled his interest in medicine after the war. Between then and now there have been many achievements: Director of thoracic and vascular surgery, Daroff Division, Albert Einstein Medical Center from 1968 to the present, Associate Surgeon at Eagleville Sanitorium for Tuberculosis for 13 years, Fellow of the National Cancer Institute and the National Heart Institute, member of Alpha Omega Alpha, 26 publications — the list goes on.

In accepting Dr. Fineberg’s portrait for the faculty, Joseph S. Gonnella, M.D., Acting Dean of JMC, called him “an excellent clinician, skilled surgeon and enthusiastic teacher. Lewis W. Bluemle Jr., M.D., TJU President, said Dr. Fineberg’s life can be characterized as a “search for excellence.”

Attending the ceremonies were Dr. Fineberg’s three children, a grandson, two brothers and two sisters. They and his friends also know him as a fisherman, a sailor and a raconteur with a flair for dialect that has enlivened many a meeting.

Dr. Fineberg will continue his activities here and will remain an advocate of personalized medical care. After all, he says, “Jefferson is my professional home.”

Presiding at the recognition event was Francis E. Rosato, M.D., Samuel D. Gross Professor and Chairman of the Department of Surgery. Members of the portrait committee were Gordon F. Schwartz, M.D., Chairman; Warren P. Goldburgh, M.D., O. Dhodanand Kowlessar, M.D., Esmond McD. Mapp, M.D., Dr Rosato, John Y. Templeton, III, M.D. and Burton L. Wellenbach, M.D. Nelson Shanks was the artist.
Toadstool or Mushroom?

by Robert J. Mandle, Ph.D.

As the days grow shorter and summer wanes, the rains of late August give plants and other growing things much needed moisture. Usually about a week or ten days after the rain, the fruiting bodies of some of the fungi begin to appear. The brightly colored caps are readily spotted pushing up through the accumulation of fallen leaves from the previous fall — some singly, some in small clumps and others growing in profusion on the side of old decaying tree stumps, seeming to float over the old browned leaves as spots of red, yellow, white, lilac, orange and combinations of these hues. Less visible are the caps with brown hues, as they tend to blend in with the tones of the leaves. Here and there, suspicious bumps in the leaf bed lead, upon investigation, to an emerging cap. Over a period of several days it slowly increases in size as it begins to perform its function, which is to perpetuate the species. These caps are the source of the spores that are analogous to the seeds of higher plants. What is the difference between a toadstool and a mushroom? To most, it is simply a matter of edibility, which is why a problem of medical interest exists.

Yet death caused by eating mushrooms or toadstools is a real threat and will, in my opinion, become more prevalent. This year the wild mushroom has been the subject of growing interest in magazines and newspaper columns devoted to the culinary arts. Articles in The New York Times have discussed cooking with wild mushrooms as opposed to using the small tasteless supermarket variety. These commercially grown and commonly available mushrooms are produced in abundance in Kennett Square, Pennsylvania, and are the safely edible Agaricus bisporus. Last spring a Time Magazine article on morels and morel hunting indicated that these are now assuming the proportions of a cash crop in some parts of the country. Certain wild mushrooms with hallucinogenic properties are gaining in popularity and present still another medical problem of increasing proportions.

With the resurgence of interest in natural foods, especially edible wild plants, more people are trying to learn which mushrooms are edible and which are of poor flavor, slightly toxic or even lethal.

What is a Mushroom?

A mushroom is the fruiting body, termed "sporocarp," of a fleshy fungus that lives as a usually white threadlike filament in decaying leaves, forest litter, soil or wood or both. This filament, known as hyphae, makes up the mass of the body of the fungus and is known as mycelium. This word comes from the Greek Mykes, meaning mushroom, and is the stem for the word mycology, which is that branch of biology concerned with the study of fungi. Fungi in general are achlorophyllic plants and consist of yeasts and molds. Among the molds are the fleshy fungi that form large sporocarps and, with the exception of truffles, are found above ground or on logs or trees. These sporocarps are the "fruits" of the mycelium, and their function is to provide a means for dispersing the sexually produced reproductive structures, the spores. The vegetative phase of mycelium may be strictly saprophytic by growing on fallen leaves or being in part responsible for the decay of the tree, log or stump. Some of the fungi enter into a mycorrhizal relationship with trees, by which both tree and fungus benefit from this cohabitation. Lastly, some of the mycelium of mushrooms may actually be parasitic on trees and, in some instances, even on other mushrooms.

How did this mycelium get there? It begins by the chance landing of a mushroom spore on the soil or on wood that provides the proper kind of ecologic niche for this fungus. The spore germinates and a hydra continues to grow in length, branching and growing all over its food sources. This alone does not result in a mushroom crop. In addition to such factors as the proper amount of moisture, temperature variation and the correct time of year, opposite mating strains must be present so that the sexual process can take place. When all conditions have been met, there will be...
a thickening of the mycelium in many places along this hidden feeding mass of intertwined hyphae, and these knots will ultimately give rise to the mushroom. Much moisture is needed at this point as the egglike mass begins to elongate and push its way through the forest litter or out of the rotting wood containing the mycelium. I have seen mushrooms lift and break through an asphalt road in order to raise their umbrella-like caps and disperse the spores.

In the case of a typical gilled mushroom, not unlike the one that is red with white dots on its cap representing all mushrooms in gift shops—the cap will gradually expand. As it does so, membranes that may be covering the entire “egg” are ruptured and pieces are left sticking to the surface of the cap. The remains of this “universal veil” form a cup at the base of the stalk. This cup is very important for identification of members of this genus. Another membrane has covered and protected the delicate gills lining the underside of the cap. This also splits and contracts, and this veil will collapse around the stalk, forming a ring of membrane that is called the “annulus.” What has occurred will enable the spore-bearing parts contained on the surfaces of the gills to be raised up well above their surroundings. As they mature, the spores are released by the tens of thousands from the specialized structures forming them, called “basidia,” which line the surface of the gills. As they drop, the air currents may carry the spores away from their present location to new sites where the fungus may find its proper environment, thereby extending and preserving the species.

In addition to the gilled mushroom described above, there are mushrooms whose spores are formed on the inside of tubes (boletes), on teethlike structures (hydnums), on the outer surfaces of the cap (morels), and in some cases inside sacs (puffballs and truffles). If a cap from a mushroom is placed gill (or pore) side down on a piece of paper and left undisturbed for a few hours, a sufficient number of spores will be ejected from the basidia on the gills and fall so as to make a spore print, which will give the pattern of the gills. The color of the spores and, in many instances, the microscopic morphology of the spores are important factors in identifying the mushroom. The cap having discharged its spores will begin to decompose. The cycle has thus been completed.

Mushrooms will often come up in the same location the following year and may do so for many years thereafter. In some places the mushrooms form a ring around a large central area, and these rings increase in size each year as the mycelium grows in a radial direction. These “fairy rings,” as they are called, have been known to grow to very large sizes and in some examples have been estimated to be 400 to 500 years old.

**The Toxins of Mushrooms**

Toxic episodes following eating wild mushrooms may fit into one of seven general classes.

**Fatal Poisoning** This is usually from ingesting one of the cyclopeptide-containing mushrooms. This group of toxins is found in most of the genus *Amanita* and to a lesser extent in the genus *Galerina*. The toxin’s mode of action is thought to proceed by inhibiting the RNA polymerase in the liver so that the hepatoxicity is the cause of the illness. As little as one entire cap of *Amanita phalloides* is said to be sufficient to cause death. This heat-stable toxin also causes damage to the renal system, and thus the toxin is recycled so that the small amount ingested is sufficient to cause great damage to the liver.

Unlike most of the other mushroom-induced toxicities, the onset of symptoms of poisoning by one of the cyclopeptide-containing mushrooms is greatly delayed. This latency is a key point—most mushroom toxins will cause ill effects in minutes or, at most, a few hours. Following the eating of mushrooms, a delay of 6 to 24 hours (but usually nearer to 10) in the onset of persistent vomiting accompanied by diarrhea should raise suspicions that what was eaten was probably one of the more common highly toxic *Amanita* or *Galerina*. To assist in diagnosis at this point, one may be able to demonstrate characteristic spores in vomitus or feces. Recently paper chromatography has been used to identify the cyclopeptide in vomitus or other materials. Following this episode, the patient begins to feel better, only to plunge into a coma in another day or two.

It is of interest to me that while one has characteristically pinpointed this as the *Amanita phalloides* type, it was almost unknown in this country for many years. Some said that it did not exist here at all. It is common in Europe, where it is recognized as a major cause of fatal mushroom poisoning. Although texts and U.S. field guides mentioned *phalloides*, strangely enough it did not seem to be around.
There were several others that were common and equally lethal: Amanita virosa (destroying angel) and Amanita verna. Less than 16 years ago, the first specimens of Amanita phalloides were found and reported near Reading, Pennsylvania, and not far away in Laurel, Maryland. These were quickly followed by reports from other states, so that today it seems to be found on both the East and West Coasts.

The therapy of cyclopeptide poisoning is very uncertain. Thiotic acid was first used in the United States at Temple University Hospital in 1970. Thiotic acid (alpha-lipoic acid), used in Europe for some time, was tried in the case of a family living near Cape May, New Jersey. Seven members ingested what were reported to be Amanita virosa caps. Thiotic acid was administered to one of the acutely ill persons and he recovered; two others died.

A recent article by Dr. Gil Floersheim appeared in the Schweizerische Medizinische Wochenschrift, Volume 112, which was cited in a journal for mycologists interested in fleshy fungi. Dr. Floersheim studied 205 cases of poisoning by Amanita phalloides in Switzerland. His report is very discouraging. In the 205 case studies, 30 different therapeutic modalities were employed, yet the 22% mortality rate was about the same as that reported a decade earlier.

Among some of the treatments used were: Thiotic acid, sulfa drugs, hemodialysis, penicillin, silibinin and hyperbaric oxygenation. Of these, thiotic acid was not, according to his analysis, of benefit. He also interprets his data to conclude that penicillin and silibinin are the recommended therapy. Penicillin is thought to act by reducing bacteria in the gut which are responsible for the production of gamma-aminobutyric acid (GABA), a neuro-transmission inhibitor, normally metabolized in the liver. The resultant hepatotoxicity due to cyclopeptide poisoning would cause an increase in the level of GABA and perhaps it is this event that is the final insult and cause of death.

I do not know what the outcome of this study will be but I feel that it may cause some rethinking of our present approach to therapy in Amanita phalloides type of poisoning.

In this country, Thiotic acid is controlled, but it may be obtained from Frederic C. Bartter, M.D., at the Audie Murphy Veterans Administration Hospital, San Antonio, Texas—phone (512) 696-9960, extension 6463.

Type 2 — Toxin is less common and usually less fatal. This is the Gyromitra type and is carried by ingestion of gyromitrin, which in the body is changed to monomethylhydrazine. Not all of the Gyromitra seem to possess the toxin, and perhaps some people seem to handle it with impunity. This group of mushrooms are probably best left alone until more is known about this variability.

The symptoms of headache, vomiting, diarrhea, cramping of extremities or abdomen appear from two to 12 hours (six to eight most often) after ingestion of the mushroom. Death is far less common than with cyclopeptide poisoning, but there are reports of from 5 to 40% mortality. Therapy suggested is IV pyridoxine.

Type 3 — Clitocybe dealbata type — sweating syndrome. This is a muscarine poisoning that usually begins within a half hour to three hours following ingestion of one of the Clitocybe, Inocybe or Omphalotus mushrooms containing the toxin. Salivation, some visual disturbances and much apprehension, in addition to the sweating, characterize this toxicity. Fatal cases are almost unknown. Atropine is an accepted antidote.

Type 4 — Amanita muscaria type. This is muscimol and ibotenic acid poisoning. Ibotenic acid is reported to be converted very rapidly into muscimol. Symptoms, which may commence within 20 minutes or two hours, are mostly associated with hallucinogenic episodes and anticholinergic effects. This might include dizziness and other CNS disturbances. Usually supportive therapy is all that is recommended.

If symptoms of an anticholinergic nature are severe, physostigmine has been recommended. Some mushrooms in this group also have small amounts of muscarine, which may produce cholinergic symptoms. These are seldom of consequence, but if otherwise, treat as for muscarine poisoning as in Type 3 above.

The mushroom most involved, especially on the East Coast, is Amanita muscaria, the fly-agaric. It has been typically described in Europe and some parts of the United States as having a bright red cap with white patches of the remains of the universal veil attached to the top of the cap. In our area, however, it is found mainly as having a golden yellow or orange color.

The name fly-agaric comes from lore indicating that the mushroom, when added to a saucer of milk or sugar water, was used to control flies. This mushroom, like some of the Gyromitra, is edible for some consumers and poisonous for others. Most texts list it among the poisonous mushrooms,
Cantharellus Cibarius, the Chanterelle

although many people claim to eat it regularly without the muscimol-ibotenic acid effects other than those best described as hallucinogenic. In some cultures it is this property of the *Amanita muscaria* that has made it so desirable. People have told of getting "visions" or revelations after ingesting the mushroom, making its use as a part of a religious ceremony so attractive. The muscimol is excreted in the urine, and the effects may be recycled among the friends of the person eating the *Amanita muscaria* by their consuming the urine. Stories persist that these mushrooms are highly prized by some groups, notably in the barter system in Siberia, where one large mushroom has been said to be worth a reindeer in exchange. There are also stories, now largely held to be untrue, that the Vikings used to consume large quantities of these mushrooms before going on a raid, in order to increase their fighting ability. Since most of the effects of eating the fly-agaric are reproducible with alcohol, drinking vodka has largely replaced the consumption of the *Amanita muscaria* in Siberia.

This mushroom, nevertheless, holds fascination for many people. Although death from its consumption is extremely rare both in the United States and Europe, it is still one that is widely believed to be deadly poisonous. 

*Type 5—Hallucinogenic poisoning caused by a number of mushrooms, including many of the members of the genus Psilocybe and some of Panaeolus, Conocybe and Stropharia.* There are a number of compounds apparently similar to LSD that are found in some of the genera above. One of the best studies is psilocybin. Symptoms usually begin in 30 minutes to an hour and, like LSD, may result in good or bad feelings. The therapy is mainly to enhance excretion of the toxin and reduce its absorption by use of emetics if it is probable that the mushroom is still in the stomach.

According to reports, the Mexican government used troops not many years ago to cordon off certain forests near Oaxaca, where a popular mushroom for hallucinogenic purposes, *Psilocybe mexicana*, grew in abundance. This was done in order to control the influx of "hippies" who were consuming these mushrooms and creating the attendant problems.

*Type 6—Gastrointestinal upsets.* This is perhaps by far the most common type of toxicity (if that word can be used here) caused by the consumption of wild mushrooms. A few cases have been reported of outright diarrhea caused by ingestion of mushrooms, as in eating puff balls that are too old and filled with spores. On the other hand, allergic reaction or personal idiosyncratic reaction to mushrooms is common. There are always mushrooms tolerated well by many people, yet in others cause a gastrointestinal upset. This is true for commonly accepted mushrooms like morels and polypores such as *Laetiporus (polyporus)* sulphureus. The best advice is to eat sparingly when trying a new kind of "safe" mushroom until you see how you react.

*Type 7—* Coprinus atramentarius type. 

This toxicity is the result of consuming mushrooms containing an "Antabuse"-like substance, then drinking (before or after) an alcoholic beverage. Many other species of mushrooms may also cause this disulfiram-like reaction in some people. The toxin is called "coprine" and prevents normal metabolism of ethanol by causing the formation of acetaldehyde.

**Eating wild**

With all of the potential for illness or death, why would anyone want to chance eating wild mushrooms when the commercial varieties sell for about a dollar a pound? There are several answers, but the most obvious one is flavor or taste. The "cepe" of France or the "porcini" of Italy (*Boletus edulis*), the truffle, morels and chanterelles are known to most people interested in the culinary arts. While these are the best-known types, as well as the most expensive, they represent only a small proportion of what the mycophagists, or mushroomers find to be of fine and unique flavor. The little *Marasmius*, for example, while so small as to require too many to make a separate dish, do have a unique and nutty flavor that
make them highly desirable and unforgettable once their acquaintance has been made.

Interest in wild mushrooms has resulted in astronomical prices. Fresh morels have been quoted at 20 to 40 dollars a pound, *Boletus edulis* at even higher prices, and the subterranean truffle is so costly that it is measured in ounces in the marketplace. In almost every European country there are wild mushroom markets where vendors sell a great many varieties of mushrooms. Many markets even have a civil servant whose role is to identify mushrooms and eliminate from the marketplace those that may cause poisoning. No such quality assurance exists in markets in the United States despite the fact that wild mushrooms are appearing more and more frequently in gourmet markets in many larger cities. This has caused several problems. One rapidly being brought to the attention of both amateur and professional mushroomers is the threat of overharvest. Aside from their interest to man, mushrooms play an important role in the growth and maintenance of the forest. True, some fungi do destroy a lot of trees each year, but most of these were beyond their prime and/or diseased. There are, however, many mushrooms that establish a specific relationship with trees. The threadlike hypha of the mushroom penetrates the growing tip of the rootlet and assists the tree in water- and food-gathering ability. This relationship is termed a mycorrhiza and, in the case of some plants, aids in their development. Certain orchids have this specific relationship with fungi, and unless the opportunity to develop a mycorrhiza occurs, growth of the plant will not continue.

Because the relationship with trees is very important, there is concern on the part of some people that excessive harvesting of mushrooms will reduce the opportunity for the mycorrhizal state to occur, with resultant deleterious effects on our forests. This concern is particularly strong in the northwestern states, where the picking of wild mushrooms for commercial markets is estimated to be in the millions of pounds annually.

Another reason for the interest in wild mushrooms has developed since the '60s when experimentation with hallucinogenic drugs became a popular pastime among certain groups of young people. Such experimentation is still very great and results in many poisonings each year, although these are rarely fatal.

Like myself, one may also become interested in mushrooms simply because of their beauty. As with flowers, they have their own individual attractive colors and shapes and make elegant camera subjects. Some of my friends collect and photograph mushrooms, but never eat them. Still others collect mushrooms because they contain natural dyes that are used in dying wools for such purposes as rug hooking.

**Mushroom or Toadstool?**

How does one keep from being poisoned by eating wild mushrooms? According to a poem of unknown origin, "There are old mushroom eaters/and there are bold mushroom eaters/but there are no old-bold mushroom eaters." This is the key to the matter. One must learn to identify each mushroom and then, based on reliable field guides, monographs or the experience of more knowledgeable mycophagists, try a small sample. In Europe, where mycophagy is much more common than it is here, most mushroom pickers have learned from their parents and grandparents which species are safe to pick. In this country, interest in collecting wild mushrooms is relatively recent and this family training is lacking. Unfortunately, in many cases what is good to eat in Europe or elsewhere may not be so in the United States. Misidentification because of similarities to previously known species has led to a number of poisonings in this country.

One can readily learn to recognize those that are outright poisonous, such as the *Amanita*, and leave them alone. Identification of mushrooms is no different from identifying flowers or birds or, for that matter, even automobiles. One should study cap color, size, shape, surface, gills versus spores, color of the spores, nature of the gills and their attachment and other features. There...
are many fine field guides to assist the novice in identifying some of the more common varieties. Even so, it would be foolhardy to begin experimenting with eating wild mushrooms with only the aid of a field guide, just as one would be ill advised to attempt learning to fly with a 747 and a set of written notes prepared by a pilot.

Many toxic mushrooms bear a strong resemblance to edible varieties. These look-alikes, which may be found growing in the same group as edible varieties, present a major problem to the mushroom picker. It is the differentiation of these lookalikes that requires assistance and familiarity.

There is no better way to learn to find and identify mushrooms than in the company of, and with the help of, an experienced mushroomer. This is sometimes difficult to do because it often means that the knowledgeable person must share not only his expertise but also his gold mines of places to pick some of the more prized varieties. At Jefferson, Jay Barnhardt, '61, is such a generous and knowledgeable person. Barney, who recently took a residency in pathology, was the "dean of mushrooms" while he was here, passing along his skill and enthusiasm to many people at Jeff. He has mastered not only the taxonomic details but also taught us how to do other things that are sometimes used to identify mushrooms. He showed us chemical tests, the microscopic features of spores and details about individual mushrooms gained from years of study and experience. He led field trips for mushrooms for many of us at Jefferson. Recent trips included Barney's wife, Ruth, Russ Schaedler, '53, Bob Metrione of the Department of Biochemistry, Jerry Buescher of the College of Allied Health Sciences and Henry Stempen, who for many years was a member of the Department of Microbiology. We were accompanied by several graduate students, Mark LaRocco and Gerry Hancock from the Department of Microbiology and Bodil Tuma from the Department of Pathology. The group most often converged on the woods of the eastern shore of Maryland, close to where Barney had his practice in family
medicine. We usually returned home with ample numbers of interesting mushrooms and usually some edible ones as well. Many of these have been freeze-dried by Harry Smith of the Department of Microbiology and are on display there.

Such forays are carried out all over the country by organized groups of people interested in collecting mushrooms. There is a national group of amateurs that conducts a foray in a different part of the country each year. Last year this group met in Stroudsburg, Pennsylvania, where Russ Schaedler and I teamed up with Cathy and Randy Weidner, M.D., '74. Randy, Cathy and I have been on a number of these national forays together. At such annual get-togethers there are lectures on such topics as mushroom identification and mushroom toxins. A highlight has always been the cooking and eating of choice specimens that have been found.

Such trips are the easiest way to begin learning about mushrooms. There are established mushroom societies or groups in almost every state. Membership in the North American Mycological Association may be obtained by writing to Mrs. Phyllis Grimm, Membership Secretary of the Association, 13910 Shipley Road, Fredericktown, Ohio 43019.

Experience is the only way to identify mushrooms. According to an old wives' tale, "Toadstools cooked in the presence of a silver spoon turn the spoon black whereas edible ones do not." Nonsense! Hydrogen sulfide may be produced by any decomposing mushroom, and the most toxic ones in the pot may not be producing it. Other fanciful tales include: "If it grows on wood, it is safe to eat." Erwinus species containing the deadly cyclopeptides grow on wood! Or, "If it is eaten by another animal, it is safe for you." I have seen a box turtle eat an Amanita virosa. His system must be able to detoxify the amatoxin. The old wife who relied on these tales must have led a charmed life.

As a last—or perhaps first—resort, if you want to find out about the flavor of wild mushrooms, order dishes in a restaurant that features morels in cream, veal and morels, wild mushroom soup or other such specialties. For those who live in eastern Pennsylvania, the place to visit is Joe's Restaurant in Reading, run by the Czarnecki family who are nationally known and respected mushroomers. They have long collected mushrooms for use in their restaurant.

Before rushing out to the backyard or nearby woods to start collecting for the table, keep in mind that there is no antidote known at present for the Amanita cyclopeptides. Pick many to study and identify, eat only those that you are absolutely sure of—and save a few of these for others to identify in case you have been wrong.

The J. Aitken Meigs Medical Association was founded in 1880 by eight Jefferson graduates, all personal friends who wanted to meet regularly both socially and to exchange medical ideas. Three years ago, the society celebrated its centennial at the Academy of Natural Sciences, marking it as one of the oldest associations of its kind—a testament to its founders.

It was during his last year of medical school that Lewis Steinbach, a member of the class of 1880, discussed with his friend Joseph B. Potsdamer, an 1879 graduate, the idea of forming a society to carry on the Jefferson experience. By April of that year, with the help of six other members of the class of 1880, the James Aitken Meigs Medical Association was born—its name chosen in honor of the revered Professor of the Institutes of Medicine at Jefferson from 1868 to 1879 who had died just four months before.

The founders, in addition to Steinbach and Potsdamer, were Max Bochroch, Conrad Bready, Alexander H. DeYoung, Henry H. Freund, Louis Jurist and Edwin Rosenthal. Legally minded, these originators drew up a constitution and bylaws, with Freund as the first elected President. Steinbach was the first Secretary and it is due to the careful execution of this office through the years that such an accurate record of the Meigs exists. The minutes, faithfully recorded for 103 years, are bound, except for those of the last few years, in 13 volumes in Jefferson’s Scott Memorial Library. Volume II (from March 1896 to November 1912), unfortunately, was discovered missing in the 1950’s.

The society’s original intent is clearly recorded. “The formal purpose of the society is to continue and strengthen the bonds of friendship formed during student life and to promote that social and intellectual condition becoming the profession. Graduates of Jefferson Medical College who have been matriculates and regular attendants upon the lectures from 1877-1880 shall alone be eligible to membership.”

The original eight members met the second Thursday of each month in one of their homes. A scientific presentation took place first, followed by a social portion, for which the wives tried to outdo each other’s elaborate repast. As time went on, the members decided the late social hour was causing digestive problems, so they reversed the order of the evening.

An eyewitness account of these original special evenings was provided in a 1956 presentation by Mr. Louis Potsdamer, son of the founder (Joseph Potsdamer, M.D.) and a lay associate member.

“I recall when I was a little fellow,” Potsdamer wrote, “how my mother prepared for these more formal gatherings, always in the home of the host. The family supper had to be early so that the dining room could be cleared and made ready for the Big Event! The members gathered about 8 p.m. and held a formal meeting, followed by the reading and discussion of the scientific paper (in the second floor living room).

“Then about 10 p.m. that portion of the meeting was adjourned and they went down to the dining room. A cold
spread together with some hot dishes had been readied for them, with the ever-present keg of beer—draft beer. Compared with the banquets that 'Old Lady Union League' sets before us now—these were truly simple affairs. But to the wives of the members, they were anything but—for those good women were the caterers, waitresses and assisted at the scullery clean-up.

"Everyone had a good time—and again I recall the night that Dr. Judson Daland became a member (1896). It happened to be at our home. They really cut up—they dressed him in baby clothes and made him drink milk from a bottle, nipple and all. Those of you who recall the dignified and wonderful Judson Daland will understand the real fun in this—and similar occasions."

It seems the rivalry among the wives for these events was resolved by holding meetings at a nearby cafe. The florid style of the handwritten minutes records one meeting at Cafe Hochheimer, at Franklin and Poplar Streets, where the guests completed an evening of "gastronomic gymnastics" much to everyone's pleasing. The tenth anniversary meeting was held at the Bellevue Stratford Hotel for a cost of $10 per person, rather expensive for that era.

Lots were drawn to determine which member was to offer the scientific presentation. Published papers on a current topic were discussed and subsequently each host was required to prepare a presentation from his own clinical experience. The subjects of these talks reflect their times. At an 1885 meeting, the pros and cons of antisepsis versus scrupulous cleanliness for surgery and control of infection were discussed. Opinion was divided between the Listerian methods and non-Listerian teachings of Samuel D. Gross, M.D., Chairman of the Jefferson Department of Surgery for 26 years.

At the Meigs' first anniversary meeting, Dr. Bready made remarks on spinal anesthesia. But the topic soon extended beyond medicine. In 1915, William E. Hughes, M.D., gave a talk on Italy with lantern slides. The following year, Dr. Daland spoke on the Arctic after his safe return from Point Barrow, Alaska's most northerly point. With time, it became more customary to obtain an outside speaker.

Eventually, the founders decided it was advantageous to elect Jefferson graduates from years other than originally specified and to extend membership to those of other medical institutions. In 1885, George A. Muehlech, a Philadelphia physician who graduated from the University of Heidelberg, was the first non-Jeffersonian to join the Meigs. It was then decided to limit the membership to 14, with the essential requirements that members be congenial socially and interested in continuing education.

Two non-physicians did become associate members of the Meigs. The first was a man named Larry McGuinness, who is fondly remembered by the Meigs for supporting the meetings with liquor from his own Canadian distillery during Prohibition (1920-1933). He also smuggled additional bottles for the guests to take home. McGuinness had no formal medical knowledge, but would always discuss the evening's topic at length to the great amusement of the members. His jovial and congenial participation throughout the years led to his being promoted from guest to an associate member in 1937. He hosted the 60th anniversary meeting at the Union League of Philadelphia. The second was, as earlier mentioned, Louis Potsdamer, a chemical engineer elected in 1942, and an outstanding Secretary of the Association for many years.

In the Meigs' formative years, rules were strict. Dues of $3 were paid on a quarterly basis (as opposed to the $100 required yearly today) and any member who missed three consecutive meetings without excuse was automatically expelled—a stipulation that has disappeared in lieu of the demands of time placed on today's physicians. The length of time for holding office was indefinite and remains so still. The founders each served as President, and later Albert Brubaker, Professor of Physiology at Jefferson who was elected to membership in 1908, held that office for 30 years. Dr. Brubaker died at the age of 90 in 1943.

In the earliest years of the Association, very few journals and books were available, so the founders contributed small amounts to begin a library. The journals circulated among the members for continuing education. Fines were levied for medical literature kept too long, which the minutes record in amounts from 10 cents to $5.40. The library gradually disappeared by attrition and never had a home.

Throughout the years, the members of the Meigs have adhered to the formalized tradition of their predecessors. They are a diversified group of physicians pursuing knowledge, but they are also a group of friends who have a great deal of fun together.

Today's Association meets on the third Thursday of each month from October to May. Dress is black tie, with cocktails and hors d'oeuvres beginning the evening. The banquet follows with host, speaker and officers at the head table. The latter currently are John Y. Templeton, III, '41, President; Charles Shuman, M.D., Secretary; and Paul A. Bowers, M.D. '37, Bankettmeister. Although the meeting place is at the discretion of the host, the most frequent choice is the Union League. When held there a copy of Meigs' portrait, kept by the League, is displayed upon an easel in honor of the Association's namesake. The original was commissioned by the Jefferson Class of 1880 and hangs in the staff room of the new Thomas Jefferson University Hospital. At the May, 1983, meeting Dr. Hobart A. Reimann, Visiting Professor of Medicine and former Chairman of the Department at Jefferson, donated his own copy of Meigs' portrait to the Association in an unveiling ceremony conducted by long time member Dr. John H. Hodges, '39. Dr. Reimann's own portrait hangs in the halls of Jefferson and one of the rooms in the Kellow Conference Area honors his name.

Dr. Templeton has for several years been the unanimous choice for President because of his outstanding talent to move the complicated proceedings of the evening at a lively pace and his unique wit, all enhanced by a fine singing voice. Preceding presidents have been similarly chosen for acknowledged
leadership and ability to spread good feeling among the members.

A highlight of the evening during the banquet portion is the reading of the minutes of the previous meeting by Dr. Shuman of Temple University. He has continued the tradition of detailed reporting in highly stylized and colorful vocabulary. His vivid, flamboyant reviews recall and intensify memories of the meetings for those who have attended and ameliorate the feelings of loss for those who could not. There is no one to surpass Dr. Shuman’s mastery of language and editorial flair, so it is likely that he will remain the Secretary for many years to come.

The duties of Bankettmeister are as important to the success and pleasure of the evening as those of the President and Secretary. Dr. Bowers carries out his office with such natural aplomb that laughter is seldom absent for more than a few seconds at a time. A series of toasts are proposed throughout the banquet time to the Patron Saint Dr. J. Aitken Meigs, to the departed members, to the guests and finally to the host, with the singing of “For He’s a Jolly Good Fellow,” including the refrain “And He Lives Down In Our Alley.”

One of the guests proposes a toast to the members.

At each meeting, the Bankettmeister is expected to give a short history of the Association. Dr. Bowers’ recital is referred to as “The History According to St. Paul.” He deliberately distorts the facts in a hilarious fashion.

Also during dinner the members launch into the telling of tall tales, with each trying to outdo the other. Charles Fineberg, M.D., is the raconteur par excellence and there are frequent demands for his retelling the classic story of the “irrewardi reptile.” Cigars and cordials are traditionally supplied following dinner—a custom much counted on by those of hearty constitution.

The President then introduces the speaker of the evening, usually with a biographical sketch. The formal presentation lasts about 45 minutes, with time set aside for discussion. The topics may include anything of interest to physicians, from the purely medical to travel, literature, economics, philosophy or even horse breeding. The meetings then disband, with each member feeling rewarded both intellectually and gastronomically.

Membership continues to be by invitation only and is always considered a high honor. There have been 107 members since the founding, including the present 28. It is an economic hardship for younger physicians to become members because of the expense for lavish entertainment of the expanded membership and guests. Thus, while the average age of the founders was 22, it now stands at approximately 62. Another factor is that most physicians invited into the Association are outstanding in their fields, a position usually earned with time.

The strong leadership and high standards assure that the Meigs will continue indefinitely not only for Jeffersonians, but for those of other medical colleges as a link with kindred spirits and as an extension of their professional intellectual interests.

Adolescence is a transitional period of turmoil. During these turbulent years, the relationship of teenagers with their parents results in what is often referred to as the conflict of generations. With one foot in childhood and another in adulthood, adolescents must accomplish a great many tasks, cope with tremendous physical, emotional, spiritual and intellectual growth and the attendant problems of developing sexuality.

Adolescents have the best of both worlds. Invariably, they are idealistic and declaim against adult authority, while at the same time being fed and cared for, thereby trapping themselves between their dependent-indepen dent strivings. Deep down, children feel safe and protected, but because their values differ from those of their parents, conflicting attitudes result.

Problems also arise because of the manifest disparities in the various areas of adolescent development. Mentally and physically, adolescents rapidly achieve tremendous maturity. In sports they compete with adults as equals and often establish world records. Intellectually they can discuss Spinoza and advanced computer technology. On an emotional level, however, there is a lag. Unfortunately, they equate their intellectual and physical achievements with maturity. In effect, they declare, “I can do everything an adult can do, ergo I’m an adult. Treat me like one.” Moreover, a subliminal power struggle reinforces the conflict of generations. Parents expect their children to obey, while the youngsters are more and more determined to “do their own thing,” alternating between childhood and independence when it suits their purposes and total, even anarchistic independence when they feel capable of handling matters themselves. In actuality, they are not “rebels without a cause”; their cause is personal independence. Unfortunately, most parents won’t let go; they still see their children as six rather than sixteen, and thereby intensify the rebellion.

The aforementioned observations preface my psychodynamic theory of adolescent underachievement because I believe they are synergistic to the basic cause of an aberrance in the norm of human behavior, purportedly more in evidence during adolescence than at any other time of life. With the ego defense mechanisms not yet well established or solidified, they are more susceptible to decompensation.

Guilt is the most powerful of all emotions, far more formidable than love, as witness the divorce rate and continuing sadomasochistic marital relationships. Guilt is inexorable. It never gives up, and sooner or later — so demanding is the punitive superego — it will exact its toll.

It is my unequivocal contention that all those not achieving up to their potential are, in effect, punishing themselves. Punishment may be defined as being deprived of something valued or considered important. To tell a poor man he will lose all his money is no punishment; he already has none, while the same loss to a millionaire is tantamount to a dire punishment. The underachiever is being deprived of either something desired or a relatively significant opportunity. If you were to point out to bright, underachieving high school students the importance of making good grades in order to gain entrance to college, they might very likely retort, “Well, I don’t want to go to college anyway.”

Even when the importance of a college education is emphasized, underachievers remain paralyzed, often denying they have a problem, devising rationalizations for it or projecting: it isn’t me, it’s the school, it’s society. Whatever the defense mechanism used to avoid coming to grips with their dysfunction, ineluctably they cannot deny that they are punishing themselves.

Both the criminal justice system and students of human behavior agree that punishment serves to expiate guilt for a crime. Academic underachievers, however, have committed no asocial act. They didn’t rob a bank or kill anybody, so society is not going to punish them. In this respect they differ from delinquents, who may also be underachievers but are acting out their anger, and
Guilt is the most powerful of all emotions, far more formidable than love, as witness the divorce rate and continuing sadomasochistic marital relationships.

consequently have run afoul of the law; the law exacts punishment for the offense, while overlooking the reasons for its occurrence. Neurotics primarily punish themselves, and secondarily parents and society, while delinquents punish society directly and ultimately themselves.

Academic and athletic underachievers are punishing themselves for a fantasy crime, something they perceive as unacceptable to their superego (conscience). Usually they are unaware of it. My studies over the past 20 years have led me to conclude that the basic crime underlying all adolescent underachievers is the repressed hostility they feel toward their parents. In most cases, it's both parents — the one they might be angry at and the other for not magically coming to their rescue. Sometimes the anger against one parent is displaced; afraid to be angry at one, they may act out anger against the other.

Essentially, underachievement is not caused by anger, which can be expressed or even sublimated by painting, writing poetry, hitting the punching bag or tennis ball, but rather the self-punitive behavior pattern can be traced to the underlying feelings of guilt for hating those they love. All of us are taught that it is wrong, sinful, to be angry at our parents. “Honor your mother and father”... “After all we did for you, the sacrifices we made ....”

Just as in coronary artery disease and diabetes the basic pathology is the same, with many variations, so, too, the psychodynamics of underachievement are constant for all, although no two individuals manifest it in precisely the same way. In 100 percent of underachievers, there is obstruction of the flow of love to the psyche, analogous to an obstruction of the flow of blood to the heart incident to a heart attack.

In reality, this may not mean that parental love wasn’t amply evident, but rather that the child’s perception of it is distorted. Love is a basic need of children; if they feel deprived in any way, frustration ensues, and since frustration leads to hostility, feelings of guilt for hating those they have been taught to love, with or without justification, will be engendered.

Reactions to real or fantasized childhood deprivation may assume many different forms: sulking, acting out, withdrawal, or even a determination to become famous (“I’ll become famous, and then you’ll be sorry”). Many celebrities are driven by such dynamics; they have the anger without the guilt and thus are free of the need to punish themselves by underachieving.

Beginning with adolescence, the two major thrusts in life relate to work and interpersonal relationships. In fact, mating and preparation for one’s career are especially critical during adolescence, and so underachievers punish themselves in one or even both of these areas. While it’s easy to cover up in interpersonal relationships with such excuses as not meeting the right boy or girl, it is far more difficult to conceal deficiencies in work, which during adolescence pertains to school performance. Poor grades or test scores give testimony to the underachievement of students with high potential. If a person coughs up blood, a thorough examination of the lungs would be in order. Analogously, underachievers have coughed up psychic blood.

The extent of these guilt is not always known. In addition to the basic guilt emanating from hostility toward parents, others accrue since infancy and childhood, perhaps centering on sibling rivalry, toilet training, lying, stealing, or incestuous feelings, etc. Instead of being forgotten, these peccadilloes persist in the unconscious, where they may eventually become overwhelming. In addition, preoccupations with sexual fantasies and acting out during adolescence may account for inordinate feelings of guilt.

Thus the formula for underachievement — consisting of frustration, hostility, and guilt — leads to a vicious circle. Performing poorly as an instrument of self-punishment, the underachievers invariably feel guilty for the symptoms, namely poor performance, and thus punish themselves further. The worse they perform, the greater the guilt, the greater the need to punish themselves, the worse their performance.

Almost without exception, parents and educators, even physicians, resort to “lecturing” the underachiever — one of the worst possible approaches, invariably reinforcing the guilt.

“If your child had pneumonia, you’d visit him in a hospital,” I tell parents. “You’d bring him candy, cookies and comic books. But if he has pneumonia of the emotions, you’re on his back. If you have a fracture, you can’t run. Your child has a fracture of the psyche.”

Although they begin to understand,
many still insist, “He’s lazy.” Underachievers are not lazy. They’re paralyzed, unable to change their behavior patterns by either logic or punitive actions because they still have a need to punish themselves. Moreover, as a result of internal conflicts, they lack the psychic energy to live up to parental expectations even if intellectually they want to.

It is very difficult to undo the harmful consequences of daily pressure by seeing a psychiatrist, psychologist or counselor once a week after school. What about the other six days and twenty-three hours? Moreover, many therapists deal only with the symptoms—depressed motivation, poor performance, sleeping late (underachievers become night people), passive-aggressive behavior, drug dependency, absenteeism—instead of the etiology. I believe that underachievers, particularly when young, should be placed in a non-pressured, therapeutic environment and be given intensive psychotherapy. In my experience, once-a-week psychotherapy is helpful in many, but not all, cases. At least the most severe cases that come to the Satinsky Institute—all our students had previously received psychotherapy elsewhere—do better with a multi-therapeutic approach. It’s hardly good medical treatment to require emotionally distraught persons to wait a week if something disturbs them immediately after a session. I also believe that no one therapy can do everything. While I think my own approach, what I call “Superego therapy”—attacking the guilts couched in the so-called superego—is the most efficacious, I rely heavily on the creative arts, group and family therapy. Adolescents are especially receptive to art therapy, psychodrama and what I term peer-evaluation therapy.

One of the hallmarks of maturity is the ability to surrender immediate gratification for long-range goals. Complete pleasure-seeking is normal for a child. In a sense, underachievers are slaves to their unresolved, infantile needs, and even in the course of therapy there is still resistance, periodic regression to the golden calf of childhood. For this reason I believe that a no-pressure therapeutic milieu, enriched with eight therapies every week, provides the optimum chance for restoration of emotional equilibrium at levels commensurate with potential.

If underachievers lack the psychic energy to come for daily therapy, I tell them, “You belong in a mental institution. It isn’t a dirty word. You’ll be fed and cared for. The therapists will come to you every day, and when you’re ready, you’ll return to us.” Hospitalization has been ordered in quite a few cases over the years, and all have done very well. "What do the kids do all day?" some parents complain. “They sit around and loaf.” I reply, “Yes, when you’re convalescing from pneumonia, you sit around and loaf, and that’s appropriate for convalescence.” Other parents, and even some therapists, insist, “They need structure,” to which I reply, “They had structure, and it didn’t work. Why do more of the same?"

The question is often raised, “Can you help everybody?" Unfortunately there is no guarantee for anything.

However, my attitude is optimistic. I start out with the assumption that everyone is curable and do everything possible to that end. If one thing doesn’t work, I try something else. And, more often than not, persistence pays off.

Many factors, including innate ability, opportunities, age and comparative standards, should be taken into consideration before labeling the adolescent an underachiever. Simply to state that he or she should have done this or that is to ignore the various contingencies leading to fulfillment or frustration and stagnation. In general, however, guilt with its consequent self-punitive behavior patterns represents the most powerful inhibiting force, all environmental factors being equal.

By and large, a standard curriculum serves as a measure against which to evaluate academic potential. At the same time, a student may be so bright and obtain all A’s without reaching his or her full potential. It behooves educators to provide such individuals with more challenging rosters.

Alexander the Great wept because he had no more worlds to conquer. But in the world of thought, the search for knowledge is boundless, for every mountaintop reached is only the foothill of another mountain. Did Einstein reach his potential? We would be inclined to answer affirmatively, but there is no end to the problems he might have solved. Such questions make interesting material for mental gymnastics, but for the academically able adolescent there can be no doubt about the diagnosis and nosogenic factors responsible for underachievement.
1925
Archibald Morrison, 339 Louella Ave., Wayne, Pa., represented Jefferson at the inauguration of Robert A. Seiple as President of Eastern College, on October 7.

1928
William M. Cashman, 108 West Third St., Warren, Pa., gave a slide presentation on the artist Thomas Eakins to the Warren Art League and Historical Society in September.

1930
Patrick J. Kennedy, 640 Montgomery School Ln., Wynnewood, Pa., was honored last June at a surprise dinner at the Union League, Philadelphia. Marking Dr. Kennedy's retirement after 49 years as an ophthalmologist at Wills Eye Hospital, the dinner was attended by two hundred friends and colleagues on the hospital staff.

1932
C. Earl Albrecht, Drawer "L" Bermuda Run, Advance, N.C., paid another visit to Alaska recently, where he reports catching a 70-pound halibut and a 32-pound king salmon.

Jacob Lichstein, 3870 Latrobe St., Los Angeles, Emeritus Associate Clinical Professor of Medicine, UCLA, has just completed a book on the Civilian Conservation Corps (CCC) dealing with his experiences as a camp surgeon in 1935.

1933
Nine members of the class of 1933 were honored by the Medical Society of New Jersey at the meetings last spring. Three of these names were reported in the summer issue of the JAB. The others are, N. Van Sant Myers, of Red Bank; Anthony M. Sellitto and Nicholas F. Vincent of Essex County; Benjamin Copleman of Middlesex County; John E. Leach of Passaic County and Lester R. Eddy of Sussex County.

1935
Nathan Sussman, 2880 Sunset Dr., Camp Hill, Pa., closed his office for the private practice of medicine last May. Dr. Sussman will continue as Director of Medical Services to Dauphin Manor, a 515-bed facility organized and administered by the Commissioners of Dauphin County.

1936
Robert P. Morehead, Bowman Gray School of Medicine, Wake Forest University, Winston-Salem, N.C., has been named Professor Emeritus of Pathology. A member of the Bowman Gray faculty for 47 years, Dr. Morehead is also the author of "Human Pathology: An Introduction to Medicine," published in 1965.

Elmer M. Reed, 2021 Fairwood Ln., State College, Pa., reports that he is now semi-retired, working as a medical consultant to Sera-Tec Biologicals (Blood Division), Rite Aid Corporation, and "looking forward to our 50th-year reunion in '86."

1939
John H. Hodges, 436 Sabine Ave., Wynnewood, Pa., Ludwig A. Kind Emeritus Professor of Medicine at Jefferson, was made an honorary member of the Class of '48 at its 50th reunion last June.

William L. White, Box 291, Washington, Pa., has retired from his practice of plastic surgery and now lives on a farm.

1941
Edward H. Vick, 223 Windsor Ln., Haverford, Pa., has been named Honorary Clinical Professor of Pediatrics, Lankenau affiliate.

1943
John N. Lindquist, 111 S. 11th St., Suite #6015, Philadelphia, Honorary Clinical Associate Professor of Medicine at Jefferson, recently shared with Jerome J. Vernick, M.D., '62, the honor of having a plaque dedicated to them by Irene R. and Henry F. Bamberger. The plaque, located in the New Hospital, represents a $10,000 donation to the Medicine Seminar Fund previously established by Dr. Lindquist.

1944S
John J. Gartland, Professor and Chairman of Orthopaedic Surgery at Jefferson, was recently the Raney Visiting Professor at the University of North Carolina, where he presented the 12th Annual R. Beverly Raney Lecture as well as several scientific papers.

1945
John S. Madara, 31 Market St., Salem, N.J., reports that his son, Glenn, graduated last June from Jefferson.

1946
I. Ralph Burbridge, Jr., Conneauttee Rd., R.D. 5, Waterford, Pa., has been retired for four years and is living on a farm 20 miles south of Erie.

Randall M. McLaughlin, 3708 Mountain Rd., Pasadena, Md., has been elected President of the Lake Shore Rotary Club for 1983-84. He was also recently elected to the Board of Directors of the Bello Machre Home for the Mentally Retarded.

Robert J. Sullivan, 1600 Bay St., Fall River, Ma., reports that he is "phasing out" of thanatology and resuming the role of general physician.

1948
Charles G. Steinmetz, III, 1500 Locust St., Philadelphia, has been promoted
to the position of Attending Surgeon at Wills Eye Hospital. Dr. Steinmetz is on the staff of the General Ophthalmology Service at Wills and also a Clinical Associate Professor in Ophthalmology at Jefferson.

1949

Stuart W. Hamburger, 27440 Lake Hills Dr., Franklin, Mi., has restricted his private practice to thyroid and parathyroid surgery, in order to serve as Chief of Surgery at Sinai Hospital and Director of the Surgical Residency Program. He reports that he is writing more and has just completed a film for the College of Surgeons. "Busier than ever."

Marvin M. Lindell, 4042 Piping Rock Ln., Houston, was recently named a Fellow of the American College of Radiology at the annual meeting of the ACR in Denver.

William T. Sallee, 23133 Orchard Lake Rd., Farmington, Mi., represented Jefferson at the inauguration on September 30 of Melvin L. Vulgamore as the thirteenth President of Albion College in Albion, Michigan.

1950

Drew E. Courtney, Route 4, Myers-town, Pa., has become President-elect of the Pennsylvania Academy of Family Physicians.

Donald P. Franks, 7901 E. Hidden Lakes Dr., Roseville, Ca., writes that he is "continuing a very satisfying anesthesia practice." Hobbies include riding horses, especially 50 and 100 mile endurance races, competitive pistol shooting and trap shooting.

Martin Goldberg, 409 W. Lancaster Ave., Havertford, Pa., has been appointed Director of the Marriage Council of Philadelphia and of the Division of Family Study at the University of Pennsylvania School of Medicine. A past President of the Philadelphia Psychiatric Society, Dr. Goldberg has been associated with the Institute of Pennsylvania Hospital for the past 30 years. He will continue his practice there as senior attending psychiatrist and Director of marital therapy training and research.

1951

Lane H. Webster, 62 Walnut St., Wellsboro, Pa., has joined the new Guthrie Clinic Family Health Center in Mansfield, Pennsylvania.

1952

Warren P. Goldburgh, 111 S. 11th St., Philadelphia, has been elected President of the Medical Staff at Jefferson. Dr. Goldburgh was also recently elected to serve on the Board of Governors of the American Heart Association, Southeastern Pennsylvania Chapter.

1953

Carl A. Staub, 185 S. MacDade Blvd., Glenolden, Pa., son of the late Carl Staub, Class of 1912, has been elected Chief of Staff at Mercy Catholic Medical Center in Darby.

1954

John J. Kelly, Jr., Mattson Rd., Chester Heights, Pa., has been elected President of the Lankenau Hospital Medical Staff for 1983-84. Chief of the Division of Internal Medicine at Lankenau, Dr. Kelly has also served as a Clinical Professor of Medicine at Jefferson since 1979.

1955

Herbert E. Cohn, 111 S. 11th St., Philadelphia, is the new President-elect of the Medical Staff of Thomas Jefferson University Hospital.

Francis J. Curran, Jr., 93 Wamsutta Rd., Attleboro, Ma., was recently appointed to the Department of Rehabilitation of Tufts University School of Medicine, specializing in the field of pulmonary rehabilitation.

Donald E. Potts, P.O. Box 6, West Lafayette, Ohio, has been named Director of the emergency room at Coshocton Memorial Hospital, Coshocton, Ohio.

1956

Robert N. Cottone, Forest & Franklin Sts., Trenton, N.J., is in his 20th year of urology practice at St. Francis Medical Center. Dr. Cottone writes: "I'm married to the same loving R.N.—Jackie. We have seven children, five boys and 2 girls, ranging in age from 23 to 4."

Leopold S. Loewenberg, 255 S. 17th St., Philadelphia, has been elected Secretary-Treasurer of the Medical Staff of Thomas Jefferson University Hospital.

James R. Regan, 3222 Green Meadow Dr., Bethlehem, Pa., has been named a member of the Bethlehem Advisory Committee of The Merchants National Bank of Allentown. Dr. Regan, a specialist in internal medicine and hematology, has a private practice and serves as Clinical Associate Professor of Medicine at Temple University School of Medicine.

The Japanese Connection

Although for many years our only known Japanese connection was Jo Ono, M.D., class of 1928, recently an enlarged chapter has been organizing.

When Robert L. Brent, M.D., Ph.D., Professor of Pediatrics and Chairman of the Department, with his wife and son, Lawrence, '79, spent three and a half weeks touring the island country, some 30 area physicians and spouses honored them with a Jefferson reception. Dr. Brent gave ten lectures in as many cities during his summer visit in a program sponsored by the Japanese Ministry of Health.

In addition to Dr. Ono (who received the Alumni Achievement Award in 1976), present at the reception were Dr. Masanobu Shigeta, organizer of the event, who was with the Department of Pediatrics in the 60's; Dr. Atsushi Ozawa, who was a Research Fellow in Microbiology under Dr. Kenneth Goodner; Dr. Shiro Ukawa, a Resident in Anesthesiology in 1958; Dr. Yoshinori Ota, a Research Fellow in Surgery under Dr. John Gibbon in 1959; Dr. Minoru Okuda, a Research Fellow in Physiology under Dr. Allan M. Lefer in 1978; Dr. Katsuya Maehara, a Resident in Neurology under Dr. Richard Chambers in 1976; Dr. Junichiro Hosoya, a Fellow in Pathology under Dr. Warren R. Lang and Dr. Misao Takeda in 1979; and Dr. Takeda, who studied under Dr. Peter A. Herbut and presently is Associate Professor of Pathology at Jefferson.
In October, when the frost is barely on the pumpkin, Robert J. Maro, Sr., M.D., '56, and his family are already chasing visions of sugar plums, prancing reindeer and jolly old St. Nick. For miles around, there's nothing quite like the Christmas extravaganza that has earned the Cherry Hill, New Jersey, practitioner of family medicine the title of Dr. Santa.

Each December almost every square inch of space surrounding the Maros' two-story Dutch colonial residence heralds the holiday season. Along with the blaze of hundreds of colored lights decorating the house itself is a veritable regiment of snowmen, Santas, elves and other figures, as well as a revolving carousel and ferris wheel. Santa Claus himself, in the person of Dr. Maro or one of his trusted stand-ins, passes out candy canes each evening to the sound of Christmas carols from a loudspeaker. Extensive television and newspaper coverage has made the Maro homestead the place to visit, and on any given evening during the holiday season a long procession of autos passes by to catch a glimpse of a scene that would gladden the heart of even Scrooge.

It's a scene that Dr. Maro himself scarcely envisioned when, as a junior intern at St. Agnes Hospital in Philadelphia back in 1956, he donned his first Santa Claus suit to make the rounds of the pediatrics ward. Nobody came back to get the costume rented by the hospital, recalls Dr. Maro, so "I acquired it by default. Possession is nine-tenths of the law." At the time, Dr. Maro, his wife and three small children were living in a public housing project in South Philadelphia, in a low-income area where few families could afford much in the way of a Christmas celebration. "When I came home in the costume, my own three kids went crazy, so I began walking through the neighborhood giving out candy. I didn't have much money myself. It was quite a thrill for kids who are that poor to open up the door and see Santa Claus, even if he only had a two-cent piece of candy or a five-cent toy."

By the time Dr. Maro moved to Cherry Hill 20 years ago and established his practice at the Covered Bridge Medical Center, he was an old hand at playing Santa and decorating the house he had lived in in South Philadelphia. But the spacious lawns of suburbia were a new challenge. "When I came to Cherry Hill," Dr. Maro admits, "I kinda got carried away. It became a monster." A well-loved monster, however. Dr. Maro's enthusiasm for the Christmas project is shared by his wife, Doris, their five children, now all married, and six grandchildren. Come November, the entire crew pitches in to help, along with a host of friends and neighbors.
In the early days there were only outdoor lights strung around the house; then a few figures were added, gradually joined by more and more. After several years, says Dr. Maro, he “got tired of things that just sit there and decided to have stuff that moves.” An uncle constructed a ferris wheel and later a 15-foot high carousel, for which motors were built by an engineer neighbor. “I never had to pay for anything except the cost of materials,” says Dr. Maro. “Everybody gets enthusiastic; they love doing this kind of thing.”

Over the years, as the project grew ever more ambitious, Dr. Maro also began to purchase mannequins from commercial display firms, which he used to create special installations like a Snowman Village and Santa Claus City. With rising energy costs, the big expense is electricity. During the month of December, Dr. Maro is a favorite customer of the local electric company, with a hefty bill averaging $500.

Special lines have to be run into the house, as ordinary house power is insufficient to handle the electrical load. “We have to be very careful about what we turn on in the house when all the outdoor things are on, since they’re drawing all the juice from inside,” says Dr. Maro. “If you turn on four or five lights, you may blow the fuse.”

It takes a special kind of person to put on a Santa Claus suit every year, and Dr. Maro admits to having worn out three costumes to date. “I’m a ham,” he confesses. “But I think a family doctor is a sort of ham. It’s not like operating where you hardly know the patient. These people around here are all patients of mine. And so they see you in the office, and there you are in a nice clinical setting with a stethoscope and you’re very stern, and then outside the office you’re a clown. It’s the contrast. They always say, ‘How can you change? You’re this way in the office and that way outside?’ Well, that’s the ham part.”

Living only a few minutes from his office makes it relatively easy for Dr. Maro to switch roles in the event of an emergency. “Of course I took the beard off when I got to the office. You can’t get the stethoscope in wearing a big head of hair.”

Now, with greater demands on his time, Dr. Maro has restricted his Santa Claus role to Christmas Eve, leaving to others the nightly task of handing out candy canes. But on the night before Christmas he sets off on his rounds, accompanied by a group of carolers. Often a parent will stop by the Maro house in advance to drop off a special gift for Dr. Santa to deliver to the child. Do the youngsters ever recognize behind the flowing beard the face of the physician who has treated them for assorted ailments? That’s never been a problem, according to Dr. Maro, although just to be on the safe side he sometimes removes his glasses.

Among the most enthusiastic Santa Claus stand-ins is Dr. Maro’s son, Robert, Jr., who graduated from Jefferson in 1980 and is now in practice with his father.

“I’m the supervisor now,” says Dr. Maro, “I no longer do all the work.” Everyone in the family gets into the act in one way or another. His son-in-law, a skilled carpenter, is building a new stable for the Nativity scene, which is set up on the side lawn, complete with figures of the Holy Family, shepherds, wise men and animals.

If he is no longer on call to play Santa each evening, Dr. Maro is still whole-heartedly involved in planning each season’s extravaganza. Every year he tries to come up with an idea for a new group of figures, and is hoping to create a Pixie Park somewhere near Santa Claus City and Snowman Village, although he admits that he’s rapidly running out of space on the lawn. “Maybe I’ll have to buy my neighbor out,” he jokes.

Mrs. Maro, who ably manages the logistics of getting everyone organized and seeing that things run smoothly, acknowledges that “at the end of the season I’m exhausted.” But neither she nor her husband even remotely entertain the idea of ringing down the curtain on what has become a family tradition. “It looks like it’s going to last a couple of hundred years,” says Dr. Maro.

In gratitude for the Maro family’s Yuletide efforts, the town of Cherry Hill presented them with an award in 1979 “for their continuing contribution to the joy and happiness of our community.” All the time and energy are well spent, according to Dr. Maro, when he realizes the pleasure it has brought to thousands of people. “I have a large medical practice here,” he says, “and this is my way of giving something back to the community.”

1957
Herbert G. Aaronson, 17 W. Norton Dr., Churchville, Pa., writes that his eldest son, Gary, graduated from Philadelphia College of Osteopathy last June.

Gerry T. Cousounis, 527 Gates St., Philadelphia, received the Second Annual YMCA Citizen of the Year Award presented last May by the Roxborough Area YMCA. Dr. Cousounis has participated for almost 20 years in the Y’s activities as a volunteer, board member and Board Chairman.

1958
Paul E. Berkebile, 106 Shannon Dr., Pittsburgh, was inducted as President of the Pennsylvania Society of Anesthesiologists in May. He will serve for one year.

David J. Jones, III, 1455 Virginia Ave., York, Pa., has been appointed Vice-President of Medical Affairs of Health Alternatives Development Inc. in Harrisburg.

1959
Lawrence J. Mellon, 845 Kendon St., Morton, Pa., Assistant Vice-President and Corporate Medical Director of CertainTeed Corporation in Valley Forge, has been listed in the new edition of Who’s Who in the East.

1962
Courtney M. Malcarney, 591 Chews Landing Rd., Haddonfield, N.J., was recently appointed Chief of the Department of Obstetrics and Gynecology at Our Lady of Lourdes Medical Center in Camden. Dr. Malcarney is a Clinical Assistant Professor at Jefferson and has a practice in Collingswood.

Joseph Snyder, 1344 Winding Ways Ln., Silver Spring, Md., was recently installed as President of the Montgomery County (Md.) Medical Society and Vice-Chairman of the Medical and Chirurgical Faculty of Maryland (State Medical Society) Council.

1963
Roger M. Miller was recently appointed Executive Director of the Wichita Region of American Red Cross Blood Services. Dr. Miller was formerly Director of the Baltimore Regional Red Cross Blood Center and an Assistant Professor in the School of Medicine and the Graduate School at the University of Maryland.
"Anatomically speaking, the ducks should go in the oven ventral side down," says Sandra Slade Mossbrook MD '72. As a sous chef and pediatrician, she is bound to mix together terminology and ingredients. A *locum tenens* freelancer in pediatrics and sous chef of *Theda’s*, "an eclectic restaurant of international cuisine" in Atlanta, Dr. Mossbrook has chosen a lifestyle undeniably original.

Following her graduation from Jefferson, Dr. Mossbrook moved to Atlanta with her businessman-husband, Steve, where she began her pediatric training at Grady Memorial Hospital. After a one-year internship, she began a fellowship in neonatology during which time she organized a program to train nurses in the assessment of normal newborns. After a residency at Grady, she worked the gamut of pediatric experience (clinic work, public health, academic medicine, private practice), earning her Pediatric Board Certification in 1978.

"I really didn’t like full-time pediatric practice, so I started what I call my Rent-a-Doc business," says Dr. Mossbrook, who speaks of pediatrics or finding lymph glands in the fish with an equally bubbling enthusiasm. "Initially my assignments were only a day or two at a time, but now a week or two is becoming standard. There are 90 pediatricians in Atlanta, so there is always someone going away who needs a temporary substitute. Most of the doctors know me because I trained in the area, so my name is a trusted one."

The doctors in one practice with whom she worked were especially knowledgeable about food and restaurants. Their talk sparked her interest, particularly the mention of a new pastry shop near her neighborhood.

"I thought the shop might be just what I was looking for to branch out on my spare days" she recalls. "It was just beautiful—all bright with lots of windows, good warm yeast smells coming from the oven and classical music playing in the background. It was owned by a third-generation Viennese pastry chef whom I convinced to take me on as an apprentice."

Dr. Mossbrook describes her experience at the pastry shop as a series of true-to-life skits from *Laurel and Hardy* or the *Lucy Show*, complete with the culinary chaos of a flour-dipped baker and his harried chocolate-covered apprentice. "It was great fun and I learned a tremendous amount about food service in general. The best way to see if you like doing something is to learn through an apprenticeship, which is how all chefs are trained. In medicine, it is much different. You go through many years before you can try out what you'll be doing the rest of your life."

After a year at the pastry shop, the
Apprentice/doctor responded to a journal advertisement in the help-wanted section. Next thing she knew, she was in Wyoming for three months covering for a vacationing pediatrician. The assignment included living in his home and driving his pick-up truck, but no culinary responsibilities! "I just loved it and am returning again this summer for six weeks," she says.

Returning to Atlanta last fall, Dr. Mossbrook heard about a restaurant where a kitchen person was needed. Called Theda's, after a family member of one owner, the restaurant is owned by two women who hired the physician as salad chef with the duties of preparing salads, dressings, appetizers and serving desserts. By December, she was promoted to sous chef, working with the chef in preparation of the evening's meals.

The menu, parts of which change daily as well as seasonaly, is a collection of the chef's recipes, and has received praise from the Atlanta press for the freshness of the food and the boldness of the seasonings. The Atlanta Business Chronicle said, "The pleasure of eating things cooked from scratch, which arrive at their best at table, cannot be underestimated." Some of the entrees include osso buco (veal shanks simmered in red wine, vegetables, basil and thyme), chicken athena (breast of chicken stuffed with feta cheese and oregano, served on a bed of spinach and pine nuts), and salmon en papillotte (fresh sockeye salmon filet topped with lemon-herb butter and wine, baked in parchment paper).

"Once you get into the restaurant business, you become very snobbish about fresh food," Dr. Mossbrook says. "I've learned that the best day to go to a restaurant is the day after it's been closed. That's usually when the food is freshest. The weekends are the worst, because the kitchen is so busy and so stressed."

Theda's single dining room seats 75 and is painted white, with a minimum of art. Wood trim and thin strips of mirroring complete the decor. "We serve a mainly young professional clientele," she says, "and can have anywhere from 40 to 150 patrons on any given night."

"In a large restaurant, the chef is more of a manager than a cook," she explains. "But in a small restaurant like Theda's, there is only the chef and me, and I'm only here two days a week. We stay until the late afternoon, when the line people come in. They do the final cooking and put the entrees on the plates for serving. We do all the ordering and oversee the delivery of the goods," she says, slicing fresh vegetables for that night's gazpacho.

With no formal training as a chef, Dr. Mossbrook credits her current apprenticeship with developing her creativity in the kitchen. "I used to follow recipes to the letter," she explains while coating ducklings with Dijon mustard. "But now I've learned to go for the flavor I want, or to use some especially fresh ingredients rather than planning a meal around ground beef."

With her time divided between the kitchen and the examining room, can Dr. Mossbrook be a good doctor?

"I think I am a good doctor. I have the training, have kept in practice and have more time to read journals than full-time physicians. When I was in private practice, I would come home emotionally drained, not wanting to think one more thing about pediatrics. Now I'm only physically tired; my mind is free and I enjoy reading the journals."

Dr. Mossbrook admits that others might find a difficulty with her lack of an ongoing patient-doctor relationship that is recognized as the essence of pediatrics. "This really isn't a problem since I do have my own patients who accept my schedule. I work for one practice so often that some patients wait for elective appointments until I'm in the office again. Also, as with the Wyoming assignment, I'll see many of the same folks again this summer."

As for pursuing new interests, Dr. Mossbrook explains herself as a late bloomer. "I used to be very straight about my goals, very focused in my work. Now I feel as though I'm blossoming!" Her husband, whom she describes as a "burned-out executive," has also launched a second career -- in carpentry. "We've learned that we really like the new people, priorities, and knowledge that go along with branching out into new interests" she says. "We work in our first careers to support the habit of our second careers."

Dr. Mossbrook currently is trying to combine both careers. Her next position will well be as Rent-a-Chef in Maine. She's already been there as a Rent-a-Doc and looks forward to returning for the challenge of dealing with both moose and mouses!
Jonathan L. Williams, 2025 N.W. 24th Ave., Gainesville, FL, recently assumed the position of Chief of the Section of Pediatric Radiology in the Department of Radiology of the University of Florida College of Medicine.

1969
Salvatore P. Girardo, 2517 S. Colorado St., Philadelphia, has been appointed Interim Chairman of the Department of Medicine at Methodist Hospital, Philadelphia.

Gerald A. Mandell, 634 Woodbine Rd., West Chester, Pa., formerly attending radiologist at Children's Hospital of Philadelphia and Director of Pediatric Radiology at Hahnemann Medical College and Hospital, has recently completed a fellowship in nuclear medicine at the University of Pennsylvania and will practice both pediatric radiology and nuclear medicine at the Alfred I. Dupont Institute of Wilmington, Delaware. He is Associate Director of Medical Imaging and Chief of the Division of Radiology at the Institute. He and his wife, Susan, have four children.

1970
Richard M. Feldman, 1907 B North Cleveland, Chicago, has been appointed Chairman of the Department of Emergency Medicine at Illinois Masonic Medical Center, Chicago.

1972
Stanley R. Jacobs, 1741 Marilyn Dr., Havertown, Pa., has been promoted to Associate Clinical Professor of Rehabilitation Medicine at Jefferson.

1973
E. Bruce Hilton, 5 Shady Hill Ct., Baltimore, has been appointed to the staff of the Department of Rehabilitation Medicine at Sinai Hospital, Catonsville, Maryland.

Gilbert R. Parks, Box 1321, Topeka, KS, writes that he was National Board certified in 1978 and has a full-time psychiatric practice. In 1978 he served as a National Board Examiner for Neurology and Psychiatry. He and his wife, Jenice, are the parents of four children.

Richard M. Sostowski, 60 N. Wyoming Ave., South Orange, N.J., was recently named a Fellow of the American Academy of Psychoanalysis. Dr. Sostowski is Chief of Psychiatry at Saint Michael's Medical Center in Newark.

1974
Lee D. Griffith, 3155 Galloway Dr., San Diego, writes that he has left his position as Assistant Professor of Surgery and Assistant Director of Emergency Medical Services at the University of California Medical Center, San Diego, to begin a residency in cardiovascular surgery. “I must be crazy!” he says.

Thomas J. Matulewski, 514 Circle Dr., Havertown, Pa., has been appointed Chief of Surgery at Havertford Community Hospital and Assistant Professor of Surgery at Hahnemann Medical College.

1975
John H. Doherty, Jr., 206 Glenburn Rd., Clarks Green, Pa., and his wife announce the birth of a daughter, Amy Elizabeth, on May 31, 1982.

Thomas R. Ellenberger, Jr., R.D. 5, Box 441 Fender Ln., Johnstown, Pa., and his wife announce the birth of a second child, Laura, on February 20, 1983. Dr. Ellenberger recently moved his practice of internal medicine into the new Medical Arts Center adjacent to Lee Hospital in Johnstown.

Edward H. Lowenstein has moved from New Jersey to Florida to accept an appointment as Medical Director of PruCare of Orlando, the city's first Health Maintenance Organization, a subsidiary of The Prudential Insurance Company of America.

1976
Charles N. Burns, Jr., 31 Butler St., Kingston, Pa., has rejoined Valley Urologic Association, Ltd., for the practice of pediatric and adult reconstructive urology and general adult and pediatric urology. Dr. Burns recently completed an American Urological Association fellowship in pediatric and adult reconstructive urology at Eastern Virginia Graduate School of Medicine in Norfolk.

Andrew J. Levin, 733 Kingscroft, Cherry Hill, N.J., and his wife announce the birth of their first child, a girl, on May 7, 1983.

Robert G. McCarans, Jr., 622 Bryn Mawr Ave., Penn Valley, Pa., was married in November 1982 to the former Regina Carfagno. Dr. McCarans, who was certified by the American Board of Surgery in 1982, completed a residency in cardiothoracic surgery at the University of Pittsburgh last June and has joined Melvin L. Moses, M.D., '62, in the practice of general and thoracic surgery at Jefferson, where he has also been appointed an Instructor in Surgery.

David E. Nutter, 129 E. Orange St., Lancaster, Pa., has passed the certification examination of the American Board of Psychiatry and Neurology and is now a Diplomate of that Board. Dr. Nutter, who is Clinical Supervisor of the Human Sexuality Center of St. Joseph Hospital, Lancaster, and a Clinical Assistant Professor of Psychiatry and Human Behavior at Jefferson, recently presented a study on “Female Sexual Fantasy Patterns: Changes in Theory” at the Sixth World Congress of Sexology held in Washington, D.C.

1977
Robert E. Atkinson announces the relocation of his practice for hand surgery and orthopaedic surgery to The Queen's Physicians' Office Building, 1380 Lusitana Street, Suite 608, Honolulu, Hawaii.

Thomas J. Morrow, 9602 Caltor Ln., Fort Washington, Md., reports that he is presently an Instructor at the Malcolm Grow Medical Center Family Practice Residency Program in Washington and is planning to leave the service next summer “for points undetermined.” Dr. Morrow and his wife, Janet, announce the birth of their fourth child, Amie, last April.

Paul L. Urban, 341 Agnes St., Orlando, Fl., has joined the Florida Heart Group there.

1978
Richard P. Abramowitz, Oak Hill Apts., Penn Valley, Pa., is completing a fellowship in cardiology at Jefferson and will be entering private practice in Kingston, Pennsylvania.

Johnson G. Coyle, 7510 Dartmouth Ave. N., St. Petersburg, Fl., and his wife, Jane, announce the birth of their second child, Charles William, on May 1, 1983. Dr. Coyle is in full-time emergency medicine practice in the Clearwater area.

Stephen I. Kramer, 3961 Seaton Rd., Winston-Salem, N.C., recently completed a fellowship in consultation liaison psychiatry and behavioral medicine at Yale New Haven Medical Center and has joined the Winston-Salem Health Care Plan. Dr. and Mrs.
Kramer announce the birth of a daughter, Julia Helen, on October 23, 1982.

Raymond B. Leidich, LCDR/EMC, United States Navy, is Assistant Chairman of the Department of Urology and the Residency Program at Naval Regional Medical Center in Oakland, California.

Kenneth C. Rosenberg, 422 Sabine Ave., Wynnewood, Pa., has been appointed Instructor in Medicine at Jefferson and recently opened his practice in cardiology and internal medicine in Suite 6015 of the new hospital building. Dr. Rosenberg and his wife, Fanny, announce the birth of their first child, Jeffrey Edwin, on September 11, 1982.

1979

Thomas M. DeWire, Sr., 1301 Avondale Ave., Richmond, Va., will complete his residency in general surgery at the Medical College of Virginia in 1984 and will then begin a fellowship in plastic surgery at MCV.

Allen W. Ditto, 2001 Maplewood Rd., Hagerstown, Md., and his wife, Judy, announce the birth of twins, Andrew Hughes and Meghan May, on February 3, 1983.

Philip J. Dzwonezyk, 12 Waverly Pl., Little Falls, N.Y., has established a solo practice in internal medicine there, having recently passed the certifying examination of the American Board of Internal Medicine. Dr. Dzwonezyk and his wife, Andrea, also announce the birth of their second child, Philip Joseph, on May 2, 1983.

Dale E. Johnston, 33 Woodberry Rd., Little Rock, Ar., has completed his residency in diagnostic radiology at the Mallinckrodt Institute of Radiology, Barnes Hospital, and the Washington University Medical Center, St. Louis, and has joined the Radiology Associates of Little Rock in private practice. Dr. Johnston and his wife, Jan, announce the birth of their first child, Jill Erin, on May 9, 1983.

Lawrence A. Shaffer, 5321 Kennedy Dr., Cheyenne, Wy., and his wife announce the birth of a son, Jesse William, on July 12, 1983. He joins sisters, Laura Jane, 7, Julianna, 4, and Jenny Beth, 2. Dr. Shaffer is a pediatrician at Francis E. Warren Air Force Base.

1980

Joseph M. Devlin, 143 W. Butler St., York, Pa., is Chief Resident in the Department of Family Practice at York Hospital. Dr. Devlin and his wife, Anita, announce the birth of their second child, Joseph Benjamin, last May.

Bruce R. Dooley, P.O. Box 865, Park City, Ut., is opening a free-standing Emergency Center and Trauma/Cardiac Stabilization Unit in the international ski resort of Park City. "I'll buy dinner if you visit," he tells his classmates.

Jean L. Grem, 7749 Carrington Dr., Madison, Wi., has completed a residency in internal medicine at the University of Iowa Hospitals and will begin a fellowship in medical oncology at the University of Wisconsin Clinical Cancer Center.

Edward H. Jasper, 924 Friendship St., Philadelphia, has been appointed an Instructor in Surgery (Emergency Medicine) at Jefferson.

Gerard F. Klinzing, 859 Old Lancaster Rd., Bryn Mawr, Pa., is now practicing family medicine at the Group One Medical Center, located in the King of Prussia Plaza shopping mall.

Jerome L. Korinchak, RD #4, Lewistown, Pa., has joined with three other physicians in a practice with the new Geisinger Medical Group there. He completed his training in family medicine last July at Geisinger Medical Center. Dr. Korinchak is a Diplomate of the National Board of Medical Examiners.

Michael S. Kornhauser, 1035 Spruce St., Philadelphia, has been appointed an Instructor in Pediatrics at Jefferson.

Nyok-Kheng Lim, 644 Moreno Rd., Narberth, Pa., has been appointed an Instructor in Medicine at Jefferson.

Robert J. Maro, Jr., 15 Heron Ct., St. Louis, Mo., is now practicing internal medicine in Cherry Hill, New Jersey, as an associate of his father, Robert J. Maro, Sr., Class of '56.

Elizabeth Ann McGuire, 1023 Commodore Dr., St. Louis, has begun a fellowship in hematology-oncology at Washington University.

Bernard C. Proy, R.D. #4 Hillcrest Dr., Corry, Pa., has established a practice in family medicine there.

Barry J. Snyder, 305 Hamilton St., New Bethlehem, Pa., recently opened a practice there, specializing in family medicine.

Nicholas A. Tepe, 275 Bryn Mawr Ave., Bryn Mawr, Pa., is remaining at the Hospital of the University of Pennsylvania and will become a Fellow in cardiothoracic surgery in 1985.

Raymond M. Wargovich, 19-A Spar Dr., Erial, N.J., was one of five finalists in a statewide clinical paper competition held by the New Jersey Chapter of the American College of Physicians and received an engraved plaque and cash award at Associates Recognition Day held last May at the New Jersey Medical School in Newark.

1981

Jay E. Lasner, a lieutenant in the Medical Corps, United States Naval Reserve, recently completed Naval Flight Surgeon training at the Naval Aerospace Medical Institute, Pensacola, Florida. Dr. Lasner will report for duty with Marine Air Group TWO NINE, Jacksonville, North Carolina.

Fredric J. Matlin, 1170 Bower Hill Rd., Pittsburgh, and his wife, Lori, announce the birth of a daughter, Hillary Meredith, on December 10, 1982. Dr. Matlin will be completing his residency in anesthesiology in July 1984.

James M. McWeeney, 2013 Hudson St., Charleston, WV, and his wife, Janet, announce the birth of a daughter, Molly Dugan, on November 14, 1982. Dr. McWeeney writes that he is "currently serving the first year of a 300-year obligation to the National Health Service Corporation in Dawes—that's right—Dawes, West Virginia."

Steven R. Myrick, a lieutenant in the Medical Corps, United States Naval Reserve, recently completed Naval Flight Surgeon training at the Naval Aerospace Medical Institute, Pensacola, Florida. Dr. Myrick will report for duty to the Naval Hospital, Adak, Alaska.

1982

Edward G. Zurad, 420 N. Duke St., Lancaster, Pa., is a resident in family medicine at the Walter L. Aument Family Health Center in Quarryville.

1983

Paul F. Mansfield, 919 Clinton St., Philadelphia, was recently elected a Term Trustee by the Board of Trustees of Thomas Jefferson University. The appointment to the three-year term is bestowed upon a recent Jefferson graduate.
Edward R. Kramer, 1910
Died March 24, 1983, at the age of 96. Dr. Kramer practiced general medicine in the Los Angeles area from 1920 until illness forced retirement when he was 87. He was a member of the President's Club at Jefferson. A daughter survives him.

William B. Clendenning, 1920
Died August 10, 1983 at the age of 88. Dr. Clendenning practiced general medicine in Waynesburg, Pennsylvania, for 54 years. He served on the staff at Greene County Memorial Hospital where he was Chief of Staff and was elected President of the Greene County Medical Society three times. Dr. Clendenning also was Medical Director of Greene County and served as physician to the Waynesburg Schools. He received the alumni award from Waynesburg College and was named "Man of the Year" by the Junior Chamber of Commerce. Surviving are his wife, Anne Marie and a son, William B. Clendenning, Jr. '56.

William N. Lober, 1920
Died January 9, 1983, at the age of 90. Dr. Lober practiced medicine in Reamstown, Pennsylvania, for 52 years.

Edgar V. Benbow, 1925
Died July 18, 1983. The retired physician was a resident of Winston-Salem, North Carolina.

George E. Faulkner, 1925
Died July 6, 1983, at the age of 87. Dr. Faulkner practiced medicine in Joliet, Illinois, for over 50 years. He served as a member of the Regional Port District and was Medical Examiner for the Fire and Police Board there. Surviving are his wife, Winifred, and a daughter.

Lyle M. Nelson, Jr., 1925
Died July 9, 1983. Dr. Nelson, a resident of Pittsburgh, practiced internal medicine and cardiology there from 1928 until his retirement in 1978. As a commander in the U.S. Naval Reserve, he served as Chief of Medicine at the Naval Hospitals in Pensacola and Pearl Harbor. His wife, Martha, and a daughter survive him.

William S. Hester, 1926
Died May 28, 1983, at the age of 80. Dr. Hester was a general surgeon at the Dixmont Hospital in Pittsburgh and practiced in Reidsville, North Carolina. He was a member of the American College of Surgeons and a Diplomate of the American Board of Surgeons. Dr. Hester served on the Reidsville City Board of Education for 18 years. Surviving are his wife, Cecilia, and two sons.

Truman N. Morris, 1927
Died November 23, 1982, at the age of 79. Dr. Morris, certified by the American Board of Obstetrics and Gynecology, resided and practiced in Austin, Texas.

William H. Newman, II, 1931
Died May 20, 1983. Dr. Newman practiced general medicine in Clark's Green, Pennsylvania, for over 50 years. He was a member of the American Academy of General Practitioners, as well as many other civic societies. His interest in antique cars was reported in the Spring 1981 JAB. Dr. Newman was a member of Jefferson's President's Club. Surviving are his wife, Christine, two sons, Henry E., '66, and William III, '61, and a daughter.

Lawrence G. Van Loon, 1931
Died in June, 1982. Dr. Van Loon had been associated with the Somerset State Hospital in Somerset, Pennsylvania, in recent years.

Clarence R. Pentz, 1932
Died August 2, 1983, at the age of 78. Dr. Pentz, a resident of Pottstown, Pennsylvania, was a member of the American College of Obstetricians and Gynecologists and was the first Chairman of the Mental Health Service in Pottstown. He served on the President's Council of Juniata College, where he received his bachelor's degree. He is survived by his wife, Dorothy, a daughter and two sons, one of whom is Paul G., '61.

Anthony Ruppersberg, Jr., 1933
Died July 17, 1983, at the age of 76. Dr. Ruppersberg, who represented his 50th reunion class at the Clinics at Jefferson in June, was an Emeritus Professor of Obstetrics and Gynecology at Ohio State University School of Medicine. He founded and chaired the Ohio State Medical Association's Maternal Mortality Study and served on the Ohio State Medical Board, of which he was appointed Secretary in 1973. Dr. Ruppersberg was a Diplomate of the American Board of Gynecology and the American College of Obstetricians and Gynecologists. He was known as Mr. Jefferson in Ohio, where for many years he published a state newsletter for the alumni. Surviving are his wife, Adele, and a son.

Paul J. Walter, 1936
Died January 28, 1983. Dr. Walter was a psychiatrist who resided in Houston, Texas.

Richard H. Ross, 1944S
Died November 11, 1982, at the age of 65. Dr. Ross, who spent his entire professional career in the U.S. Army, retired as a Colonel in 1975. At that time he was presented the Distinguished Service Medal and the Surgeon General's Bronze Medalion. At the time of his retirement he was Deputy Chief for Operations, U.S. Army Health Services Command. In 1971 he served as Commander of the Army Medical Command in Vietnam. Beginning in 1976, he worked with the U.S. Army Academy of Health Sciences in San Antonio, Texas.

Walter S. Metzger, 1964
Died July 25, 1983, at the age of 44. Dr. Metzger was a psychiatrist with a practice in Levittown, Pennsylvania. He served on the staffs of St. Mary and Lower Bucks Hospitals. His wife, Sandra, and two sons survive him.
James F. Suchman, 1974
Died June 29, 1983, at the age of 34.
Dr. Suchman, a radiologist in West Hartford, Connecticut, was killed when his plane crashed during maneuvers in an air show. A veteran of eight years of aerobatic flying, he rolled his plane away from spectators when the engine died. Surviving are his wife, Pat, a daughter and his parents.

Walter W. Baker, Faculty
Died July 16, 1983, at the age of 81.
Dr. Baker served as Professor of Urology at Jefferson for 33 years until his retirement in 1969. Past President of the Philadelphia Urological Society, he was a member of the American Urological Association and the College of Physicians of Philadelphia. Dr. Baker received his medical degree from Washington University in St. Louis. Surviving are his wife, Evangeline, and two daughters.

Garfield G. Duncan, Faculty
Died June 17, 1983 at the age of 81.
Dr. Duncan, who served as Clinical Professor of Medicine at Jefferson, was Medical Director of Pennsylvania Hospital. Recognized as a world authority on diabetes he was the author of several books on the subject including Diabetes Mellitus—Principles and Treatment and A Modern Pilgrim’s Progress for Diabetes. Dr. Duncan also was known for his work with atabrine during World War II for which he received the Legion of Merit. The Professor was a Fellow of the American College of Physicians of which he was Vice-President. Following his retirement Pennsylvania named a new building The Garfield G. Duncan Building. Surviving are his wife, Dorothea, two sons and a daughter.

Joseph G. Stella, Faculty
Died July 10, 1983, at the age of 63.
Dr. Stella was a Clinical Assistant Professor of Radiation Therapy at Jefferson. A resident of Ventnor, New Jersey, he served as Chief of the Department of Radiation Therapy at the Atlantic City Medical Center, where he also was past President of the Center’s Foundation and Vice President of Medical Affairs. Dr. Stella was graduated from Temple University Medical School. Surviving are his wife, Lida, a son, Joseph H. Stella, ’82, and a daughter.

Carl H. Marquette, Faculty
Died August 9, 1983, at the age of 44.
Dr. Marquette was Clinical Assistant Professor of Rehabilitation Medicine and Psychiatry and Human Behavior. He received his Ph.D. from West Virginia University. Surviving are his wife, Patricia, and a daughter.

WILLIAM WARREN BODINE, JR.
Life Trustee
1918-1983

William Warden Bodine Jr., a well-known Philadelphian, recognized for his civic and philanthropic endeavors throughout the city, was a friend and leader of Thomas Jefferson University for 24 years. A man of vision, he guided Jefferson Medical College through its successful expansion program from 1959 to 1977. He died at Jefferson on August 11 at the age of 65.

Mr. Bodine served as President of Jefferson Medical College from 1959 to 1966 and as Chairman of the Board of Trustees of Thomas Jefferson University from 1970 to 1977. He received an Honorary Doctor of Letters from the Medical College in 1967.

Mr. Bodine’s most visible contributions to Jefferson are nine buildings that were constructed or renovated under his leadership. Among the new buildings are Jefferson Alumni Hall, Scott Library, Stein Research Center and the New Hospital. During his leadership Jefferson underwent an unparalleled period of growth. From 1959 to 1977, the medical center’s operating budget went from $11 million to over $95 million. Total assets went from in excess of $37 million to $214 million. In addition, endowments increased from $16 million to $50 million.

Mr. Bodine was well-known to many Philadelphians as President of the World Affairs Council of Philadelphia, a post he held since 1969. He served on a multitude of boards for many of Philadelphia’s community, health and educational organizations including: Free Library of Philadelphia, University City Science Center, Crime Commission of Philadelphia, United Nations Association of the USA, WHYY-Channel 12 and Philadelphia Urban Coalition.

A descendant of an old Philadelphia family with a tradition of public service, Mr. Bodine had a distinguished Army record in World War II in which he was wounded in Europe and thereafter served in General Dwight D. Eisenhower’s office as a lieutenant colonel. Mr. Bodine was wounded in the Battle of the Bulge and received the Purple Heart, the Legion of Merit, the Croix de Guerre (with palm), the Bronze Star and several other medals.

In 1950, he was selected as The Young Man of the Year by the Junior Chamber of Commerce of Greater Philadelphia. In 1962, he received the Good Citizenship Gold Medal of the Philadelphia Continental Chapter of the Sons of the American Revolution. In 1978, he received the Achievement Award of Wheels, Inc.

Highlights of his distinguished business career include: Assistant Treasurer of Tradesmen’s National Bank and Trust Co. (now Provident National Bank); Financial Secretary, Penn Mutual Life Insurance Company; President, Arthur C. Kaufmann and Associates, Inc., a management consulting firm.

Mr. Bodine was married to the former Louise Richardson Dilworth and had four children, William W., 3rd; Lawrence D.; Anne D. and Barbara W.
The Alumni Association of Jefferson Medical College now makes available to our membership a clock of solid butcher block construction. The deep gold coloring of its roman numerals and central silk screened seal of the Medical College stands out against a dark grained walnut finish. The 11" × 11" × 1 1/2" clock weighs three pounds and runs on a size C battery.

A perfect gift for the alumnus' office or den. Delivery is approximately three weeks, and it will be mailed directly to the purchaser's or recipient's home. Checks for $50.00 should be made payable to the Alumni Association of Jefferson Medical College and returned to 1020 Locust Street, Philadelphia, 19107. Delivery charge is included.

NAME OF PURCHASER ___________________________ CLASS ____________
ADDRESS OF PURCHASER ___________________________

NAME OF RECIPIENT ___________________________ CLASS ____________
ADDRESS OF RECIPIENT ___________________________
Reunion Chairmen

Dates: June 5, 6, 7, 9, 1984

1929  55th
Patrick S. Pasquariello, M.D.

1934  50th
Harold L. Israel, M.D.
C. Wilmer Wirts, Jr., M.D.

1939  45th
John H. Hodges, M.D.
Joseph Medoff, M.D.

1944J  40th
Samuel D. Kron, M.D.

1944S  40th
David B. Brewer, M.D.

1949  35th
Gerald Marks, M.D.
Leroy Newman, M.D.

1954  30th
Jack W. Fink, M.D.

1959  25th
Archbold M. Jones, Jr., M.D.
Lawrence J. Mellon, Jr., M.D.
Charles E. Nicholson, Jr., M.D.
Harris R. Clearfield, M.D.
Michael C. Venditti, M.D.

1964  20th
Ronald J. Horvath, M.D.

1969  15th
M. Dean Kinsey, M.D.

1974  10th
Bruce D. Berger, M.D.

1979  5th
Harold B. Cotler, M.D.
Alumni Calendar

**October 28**
The President’s Club Dinner
The Philadelphia Country Club
Gladwyne

**November 1**
Reception during the meetings of The
American Academy of Ophthalmology
Top of the Hancock
95th Floor, Chicago

**November 4**
The Annual Cardiorthoracic Surgery
Lecture, Marion Ionescu, M.D.
Chief Cardiorthoracic Surgeon, University of
Leeds, England
4 P.M. Jefferson Alumni Hall
“Personal Experience with Tissue Heart
Valve Replacement with Emphasis on the
Pericardial Xenograft”

**November 9**
Annual Housel Lecture in Hypertension
John H. Laragh, M.D.
Chief, Division of Cardiology
New York Hospital-Cornell Medical Center
4 P.M. Jefferson Alumni Hall
“The Renin System for Understanding and
‘Beating High Blood Pressure’”

**November 15**
Reception during the meetings of the
Radiological Society of North America
Hyatt Regency
Chicago

**December 3**
Reception during the meetings of the
American Academy of Dermatology
Chicago Marriott

**January 21**
Private viewing and Reception
New World: Masterpieces of American
Painting 1760-1910
The Corcoran Gallery of Art
Washington, D.C.

**February 12**
Reception during meetings of the American
Academy of Orthopaedic Surgeons
Atlanta

**February 23**
Annual Business Meeting and Dinner
Academy of Natural Sciences
Philadelphia

**March 3-10**
Post-Graduate Seminar
Madeira, Portugal