1941 Clinic Yearbook

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THE CLINIC OF NINE
"There are men and classes of men that stand above the common herd: the soldier, the sailor, and the shepherd not infrequently; the artist rarely; rarer still, the clergyman; the physician almost as a rule. He is the flower (such as it is) of our civilization; and when that stage of man is done with, and only remembered to be marvelling at in history, he will be thought to have shared as little as any in the defects of the period, and most notably exhibited the virtues of the race. Generosity he has, such as is possible to those who practice an art, more to those who drive a trade; discretion, tested by a hundred secrets; tact, tried in a thousand embarrassments; and what are more important, Heraclean cheerfulness and courage. So it is that he brings air and cheer into the sickroom, and often enough, though not so often as he wishes, brings healing.

—Robert Louis Stevenson.
Foreword

The pleasantest things in the world are pleasant thoughts. The 1941 CLINIC endeavors to preserve as many of these thoughts as possible so that in years to come a hurried perusal of the book will quickly recall them to mind. It is necessarily incomplete and the choice thoughts of some will be missing. Still, we trust the majority will be satisfied with our selection of material. And may the readers' pleasure be as great as ours in preparing it.

R. E. Flood.

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DEAN H. K. MOHLER

They pledged allegiance . . .
T HE dedication of this 1941 CLINIC to Hobart A. Reimann, M.D., is but a small way in which the Class of '41 has chosen to show its appreciation for what he has done for the medical students at Jefferson in general, and for it in particular. The clinical clerkships now in vogue undoubtedly present more clinical experience to the undergraduate student—this is just one instance of Dr. Reimann's educational forwardness. His scientific ability is likewise well known. Although not a Jefferson Graduate, he is a Jefferson man in the eyes of the Class of '41. Thus, to Hobart A. Reimann, M.D., the student's friend, the student's educator, the student's ideal scientist, this 1941 CLINIC bows and may he attain numerous more successes in years to come.
There will be few dissenters from the opinion that Dr. Hobart A. Reimann, Magee Professor of Medicine at the Jefferson Medical College, exercises a constructive and definite influence in the present trend of teaching the practice of medicine. Prior to his introduction to Jefferson in 1936 it was evident that the so-called practical methods of teaching, largely through lectures and clinics, would be modified, with more time spent at the bed-side, in small group demonstrations and in the laboratory. Dr. Reimann had the vision to crystallize this trend by emphasizing the possibilities of clinical clerkships and the importance of correlating the pre-medical branches of medicine with the clinical subjects of the third and fourth years; he strongly advocated reducing the number of lectures. Likewise the need for full-time junior assistants, fellows in medicine and funds for research was emphasized. The Class of 1941 has witnessed the fulfillment of some of his views and plans.

Dr. Reimann’s inquiring mind and likewise his open mind towards the trend of medical education has been influenced by his earlier medical associations. Since graduating in medicine from the University of Buffalo, New York, in 1921, he was successively intern and house physician in the Buffalo Hospital; Assistant in the Hospital of the Rockefeller Institute; Fellow in Pathology in Prague, under the National Research Council; Associate Professor of Medicine, Peking Union Medical College, Peking, China; Associate Professor of Medicine in the University of Minnesota; Chief of the Medical Service of the University Hospital of that Institution; and in 1936 Professor of Medicine at Minnesota. Membership in the following medical societies shows his reputation and interests in the scientific as well as the general fields of medicine: Association of American Physicians; American Society for Clinical Investigation; American Society for Experimental Pathology; Society for Experimental Biology and Medicine; American Association for the Advancement of Science; American Medical Association; Central Interurban Clinical Club; Minnesota Society of Internal Medicine; Hennepin County Medical Society (honorary); Adviser, American Board of Internal Medicine; Philadelphia County Medical Society; Pennsylvania State Medical Society and the College of Physicians, Philadelphia.
Dr. Reimann has published more than 100 papers on pneumonia and the pneumococcus organism, immunity and blood proteins, splenomegaly of unknown origin, amyloid disease, micrococcus tetrageneus infection and habitual hyperthermia. He is editor of a three-volume textbook on medical treatment, author of a book on the pneumonias and contributor to Musser's and Cecil's textbooks of medicine. A feature of his medical writing is the careful choice of words.

Dr. Reimann's clinics and lectures are lively and stimulating. He always speaks rapidly but clearly. In quizzing students he shows a remarkable memory, quickness and accuracy of thought, sometimes to the discomfiture of the student when the facts are wanted. It is always a delight to hear his discussions of medical papers when he sums up at the end of a muddled presentation, giving sometimes a quiet thrust to views that are superficial, not genuine or well supported. His associates on the medical service hold him in high regard; a fine characteristic is his open-mindedness for any thought on investigation or administration. He is not only willing but anxious to give his associates a chance to develop their views and does not meddle in their work.

As to his personal qualities one might say that he does not suffer fools gladly but he has a gay sense of humor and loves witty and sparring conversation. In his office at the Hospital one finds friendly and stimulating discussions; he is very approachable and seems glad to talk over any problem with colleagues, students and practitioners. Students in commenting on their visits are apt to say that he shows a different side, as one student remarked, "He is 'softer' than on the wards."

In his non-professional life his interests are varied; he has his own garden and raises beautiful flowers. While not particularly athletic he enjoys fishing, skiing and skating and is very much of a home body on week-ends with his charming wife and two interesting youngsters.
The College
THE COLLEGE

Through these
THE HOSPITAL

Portals...
DANIEL BAUGH INSTITUTE OF ANATOMY
A CLASSROOM

NEURO-PATHOLOGY LABORATORY
THE ALUMNI OFFICE

THE LIBRARY
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Thomas D. M. Cardeza
Van Horn Ely, Jr.
The Dean
HENRY K. MOHLER
M.D., Sc.D.

Dean
Sutherland M. Prevost Professor of Therapeutics

A natural leader . . . to mention but a few instances Dr. Mohler led his class at the Philadelphia College of Pharmacy and at Jefferson Medical College; after serving as Medical Director of Jefferson Hospital for twenty-four years, he was elected Dean and Sutherland M. Prevost Professor of Therapeutics following the untimely death of the late Dean Ross V. Patterson in 1938. The advantageous changes already made in his short reign are all too well known to us and impress more firmly his leadership ability.
Joseph O. Crider
M.D.
Assistant Dean
Associate Professor of Physiology, 1930

Dr. Crider began his teaching career at the University of Virginia following his graduation there in 1912. He later taught at the University of Mississippi and became Dean of the medical college there in 1924 which position he held until 1930 when he came to Jefferson to accept the position of assistant dean. Here at Jefferson Medical College his executive ability and deanship experience have been great factors in guiding the college over many a rough spot, and he has likewise been an integral part of the Physiology Department.
JEFFERSON EMERITUS
ALBUM
EDWIN E. GRAHAM
M.D.
Emeritus Professor of Diseases of Children

ALBERT P. BRUBAKER
M.D., LL.D.
Emeritus Professor of Physiology and Medical Jurisprudence
E. QUIN THORNTON
M.D.
Emeritus Professor of Therapeutics

FIELDING O. LEWIS
M.D.
Emeritus Professor of Laryngology
J. TORRANCE RUGH
A.B., M.D., LL.D.
Emeritus Professor of Orthopedic Surgery

BROOKE M. ANSPACH
M.D., Sc.D.
Emeritus Professor of Gynecology
In Memoriam

PASCAL BROOKE BLAND, son of the late Caleb Harrison and Harriet Amelia Bland, was born in Monocacy, Berks County, Pennsylvania, on May 9, 1875. He received his early education in the public and private schools of Montgomery County and Berks County, and in 1901 he received his medical degree from the Jefferson Medical College. Immediately upon graduation he began his internship in the
Jefferson Medical College Hospital and from that time until his death he was continually associated with, and very active in the Departments of Gynecology and Obstetrics. He was elected to succeed Doctor Edward P. Davis as Professor of Obstetrics, in 1925. Upon resignation of this position in 1937, Doctor Bland was elected Emeritus Professor of Obstetrics. It is with deep and sincere sorrow that we record Doctor Bland’s death on October 31, 1940.

In the passing of Doctor Bland, the Jefferson Medical College and Hospital lost a loyal friend and associate. His entire professional life was devoted to this institution. His efforts to reorganize the undergraduate department in obstetrics were met with many trials, but upon completion of his Professorship, the entire Department of Obstetrics, including the undergraduate obstetric teaching, compared most favorably with the standard of other outstanding medical schools throughout this country and abroad. His time and energy were devoted to building up the clinical and didactic student instruction in his department and his monographs and textbooks are generally accepted as standard works for undergraduate instruction. As a teacher, he was looked upon by the student body with sincere admiration and devotion. His leadership and influence endeared him to the members of his staff.

After relinquishing the Chair of Obstetrics, Doctor Bland founded the first Obstetric Fellowships in the Jefferson Medical College. Shortly thereafter, however, it was necessary to discontinue these temporarily but it was his desire that they would eventually be restored and be known as “The Bland Fellowships in Obstetrics and Gynecology.” These Fellowships have been much sought after and it is our hope that they will be resumed within the near future.

At the time of his death, Doctor Bland had many hospital connections. He was Associate Obstetrician and Gynecologist to the Philadelphia Lying-in Hospital; Consulting Obstetrician to St. Joseph’s Hospital; Consulting Gynecologist to the Jeanes Hospital; Consulting Obstetrician to Delaware County Hos-
pital; Consulting Obstetrician to Montgomery Hospital; Consulting Gynecologist to Burlington County Hospital; Consulting Gynecologist to Vineland Training School. Consulting Obstetrician and Gynecologist to Beebe Hospital; Consulting Obstetrician to the Pottstown Hospital.

He held membership in many medical societies throughout this country and abroad and at one time was Vice-President of the International College of Surgeons. He was a Fellow of the Royal Society of Medicine in London; Fellow of the American College of Surgeons; Fellow of the American Association of Obstetricians, Gynecologists and Abdominal Surgeons; Diplomate of the American Board of Obstetrics and Gynecology; Member of the American Medical Association; Member of the Medical Society of the State of Pennsylvania; Member of the Philadelphia County Medical Society; Fellow of the College of Physicians of Philadelphia; Member and Ex-President of the Obstetrical Society of Philadelphia; Corresponding Member of the Clinical Association of Havana, Cuba.

He was a member of the Rotary Club of Philadelphia, the Pennsylvania Society of New York, the Union League of Philadelphia, the Academy of Fine Arts, the Academy of Natural Sciences, the Pennsylvania Historical Society, a life member of the Philadelphia Art Museum. He was a member of the Colonial Society of Pennsylvania; the Museum of the University of Pennsylvania, the Pennsylvania Sons of the Revolution; the Sons of Veterans of the United States, Pennsylvania Division; the American Association for the Advancement of Science, the Franklin Institute, the University Club, and the Philadelphia Country Club. He was a member of the Alpha Kappa Kappa Medical Fraternity and was a thirty-second degree Mason.

As an author, teacher, and clinician, Doctor Bland reflected great credit upon his Alma Mater. He was an outstanding member of the medical profession and was widely known in national and international medical circles.

He was the author of *Textbook on Gynecology, Medical and*

Aside from his professional interests in the Jefferson Medical College and Hospital, Doctor Bland was an enthusiastic collector of rare books and was the owner of one of the most valuable personal collections of ancient and modern medical writings in this country. Many of these precious volumes were given by him to the Library of the Jefferson Medical College before his death. Since his demise the entire collection has been given to the College Library.

Doctor Bland left with us the crowning achievement of his career, the undying influence of his devoted service and untiring, unstinted generosity of time, means, and energy. His steadfast loyalty indelibly imprints his character on the Jefferson Medical College and Hospital and he will be numbered as one of its immortal sons.

As the years pass by, his influence will be more and more appreciated. His stewardship was all that could be desired. The Department of Obstetrics of the Jefferson Medical College, which he so dearly loved, is a living monument to his memory. His kindliness and helpfulness will always be remembered and cherished by those who knew him best and in his passing we glory in the memory of our association.

Horace W. Vaux
To justifiably introduce this body of men who labored so willingly so that we might be fitted to practice medicine would take a combination of all the great literary men of our day—their generosity comes right from the heart; for the most part their only recompense is the satisfaction of training students for the medical profession. We will always point with pride to the Jefferson Medical College Faculty.
ALTHOUGH Dr. Rosenberger has watched Jefferson grow for a half-century, he himself has not grown old for he has always mingled right with the students. He taught Normal and Pathological Histology before devoting his time to Bacteriology and Preventive Medicine. From an Associate in Bacteriology in 1902 he became Professor in 1909. His services have not been limited to Jefferson—Philadelphia Polyclinic, Philadelphia General Hospital, and Woman's Medical College have received some of his attention. Many City Commissions have benefited by his investigations. Amongst them are the Milk Commission, Pneumonia Commission, and the Commission for the Study of Poliomyelitis and Encephelitis. Dr. Rosenberger acted as Chairman of the latter Commission. He is a member of the Nu Sigma Nu Fraternity.
J. PARSONS SCHAEFFER
Professor of Anatomy, and Director of the Daniel Baugh Institute of Anatomy 1914.
M.D., University of Pennsylvania, 1907.

AFTER having been associated with the Anatomy Departments of Cornell and Yale Universities (Professor at the latter), Dr. Schaeffer came to Jefferson in 1914 as Professor of Anatomy and Director of Daniel Baugh Institute of Anatomy. His work on the accessory sinuses has made him an outstanding authority on the subject. He is a contributor and Editor of the Tenth Edition of *Morris' Anatomy*, the author of the *Cavum Nasi in Man, Outlines and Directions for the Dissection of the Human Body, The Nose and Olfactory Organ*; he is also a contributor to *Special Cytology, The Nose, Throat and Ear and Their Diseases*, and is the author of many papers and monographs. Recently he has collaborated on *The Head and Neck in Roentgen Diagnosis*. Some of the fraternities and societies of which he is a member are Phi Alpha Sigma and Alpha Omega Alpha Fraternities; a Fellow in the American Association for the Advancement of Science and the American Laryngological Association; American Association of Anatomists, American Medical Association, American Genetic Society, American Philosophical Society, College of Physicians of Philadelphia, and the Academy of Natural Sciences.
FRANK C. KNOWLES

Professor of Dermatology, 1919.
M.D., University of Pennsylvania, 1902.

PROFESSOR KNOWLES served as Assistant Professor and Clinical Professor of Dermatology at the University of Pennsylvania and Woman's Medical College before becoming the head of the Dermatological Service at Jefferson in 1919. He has a distinguished war record, having served twenty-three months overseas from 1917 to 1919, during which time he rapidly advanced from a First Lieutenant and at the end of his services he was made a Colonel in the Medical Reserve Corps. Besides being the Dermatologist to the University of Pennsylvania Base Hospital No. 10 he also took care of the British General Hospital No. 16. He is the author of a textbook, Diseases of the Skin, and had the privilege of writing a section entitled Diseases of the Skin Affecting the American Expeditionary Forces for the Permanent War Records.
HENRY E. RADASCH
Professor of Histology and Embryology, 1921.
M.D., Jefferson Medical College, 1901.

Dr. RADASCH was Professor of Inorganic Chemistry and Director of Chemical Laboratories of the College of Physicians and Surgeons in Keokuk, Iowa, before coming to Jefferson. He began at the bottom of the ladder in 1901 as Assistant Demonstrator of Histology and Embryology and has been associated with the Anatomy Department ever since, becoming Professor in Histology and Embryology in 1921. He assisted in the revision of two editions of Gray's Anatomy and is the author of A Manual of Anatomy, A Manual of Histology, and he has numerous articles accredited to him, especially on Muscular Anomalies, Red Blood Cells, Acid Cells of the Stomach, Composition of Compact Bone, Effect of Current Upon the Brain in Legal Electrocutation; and he has contributed fifteen articles to the Reference Hand Book of the Medical Sciences. Amongst the societies and fraternities Dr. Radasch belongs to the Alpha Omega Alpha and Nu Sigma Nu Fraternities; American Association of Anatomists, Philadelphia Academy of Natural Sciences, and the Medical Club of Philadelphia.
EDWARD L. BAUER
Professor of Diseases of Children
M.D., Jefferson Medical College, 1914.

AFTER completing his medical education at Jefferson in 1914, Dr. Bauer spent much time doing post-graduate work in Pediatrics. Besides the training received as an Interne and Chief Resident he attended clinics in Boston, New York, and Baltimore. He is associated with numerous hospitals in the city and state. He is a member of the College of Physicians of Philadelphia, Philadelphia County Medical Society, Philadelphia Pediatric Society, Philadelphia Medical Club, Pennsylvania State Medical Society, American Medical Association, American Academy of Pediatrics, and is an honorary member of the Pediatric Society of Uruguay. He has been associated with the Bureau of Health, being its Immunologist and the Department of Public Health, Philadelphia. Dr. Bauer is now Director of Health Services at Girard College, Philadelphia. His contributions to current Medical Literature are numerous and he is the author of Care and Disease of the Newborn in the Encyclopedia of Medicine and the section on Communicable Disease in Reimann's Medical Treatment.
J. EARL THOMAS

Professor of Physiology, 1927.
M.D., St. Louis University School of Medicine, 1918.

Dr. Thomas was associated with the faculties at St. Louis University School of Medicine and West Virginia University School of Medicine before his appointment to the faculty at Jefferson in 1927, being associate Professor at the former at the time of his appointment. He has reported on original investigations concerning Gastric Physiology of Smooth Muscles and Autonomic Nerves; on the Pharmacology of Nicotine and on the Physiology of the Pancreas. He is a member of the Alpha Omega Alpha and Phi Chi Fraternities; the Philadelphia Physiological Society, College of Physicians of Philadelphia, Philadelphia County Medical Society, American Physiological Society, American Gastroenterological Association, American Association for the Advancement of Science, the Society for Pharmacology and Experimental Therapeutics, and the Society for Experimental Biology and Medicine.
INDIANAPOLIS City Hospital, Indiana University Hospital and Indiana University School of Medicine (Professor at the latter) claimed Dr. Moon’s services prior to his acceptance of the professorship at Jefferson in 1927. Dr. Moon also acted as a Representative of the United States International Association for Geographic Pathology. He is the author of *Shock and Related Capillary Phenomena*, and has numerous articles embodying the results of experiments in various pathological fields particularly concerning Cirrhosis, Inflammation, Circulatory Disturbances and Ethers. Some of the societies to which he belongs are the Philadelphia Pathological Society, College of Surgeons of Philadelphia, American Association of Pathologists and Bacteriologists, American Medical Association, American Society for Experimental Pathology, Society for Experimental Biology and Medicine, and he is a member of the Alpha Omega Alpha Fraternity.
CHARLES E. G. SHANNON

Professor of Ophthalmology, 1927.
M.D., Jefferson Medical College, 1902.

Following a period of post-graduate work in Ophthalmology, C. E. G. Shannon became associated with the Ophthalmological Service at Jefferson in 1904 and was made Professor of Ophthalmology in 1927. Dr. Shannon was in the Medical Corps of the U. S. Army from 1917 to 1919. He is a member of Phi Alpha Sigma Fraternity, of State and County Medical Societies, College of Physicians of Philadelphia, Philadelphia Medical Club, American Ophthalmological Society, American Academy of Ophthalmology and Otolaryngology and the American Medical Association. He served as attending Ophthalmologist to the Philadelphia General Hospital, to War Veterans’ Hospital at Gray’s Ferry, and to the Presbyterian Orphanage. Dr. Shannon is the author of numerous papers concerning Ophthalmology presented at the sections on Ophthalmology at the College of Physicians, State Medical and American Ophthalmological Societies.
PRIOR to his appointment as Professor, Dr. Clerf was on the faculty at the University of Pennsylvania. He is now a member of many Hospital Staffs in Philadelphia. Dr. Clerf also participates in these societies: Philadelphia County Medical Society, Philadelphia Laryngological Society, Fellow in the College of Physicians of Philadelphia, Philadelphia Pathological Society, Pennsylvania State Medical Society, American Medical Association, American College of Surgeons, American Laryngological, Rhinological and Otological Society, American Laryngological Association, American Academy of Ophthalmologists and Otolaryngologists, American Association of Thoracic Surgery, American College of Physicians, American Gastroenterological Association, American Broncho-esophagological Association, and the Association of Military Surgeons. He has a commission in the U. S. Navy Reserves, Medical Corps. Numerous contributions to Medical Literature are accredited to him.
THOMAS A. SHALLOW

Professor of Surgery, 1930.
Samuel D. Gross Professor of Surgery, 1939.
M.D., Jefferson Medical College, 1911.

DR. THOMAS SHALLOW has been "Jefferson" since his graduation in 1911. In 1930 he was elected Professor of Surgery and in 1939 he was awarded the Samuel D. Gross Chair of Surgery. An added honor associated with the Gross Chair of Surgery is that his name has been inscribed upon a gold plate and placed under that of J. Chalmers DaCosta, Dr. Shallow's predecessor, on the Gold-Headed Cane—this cane is to bear the name of all Gross Professors of Surgery. The members of his staff, Surgical A. Service, presented Dr. Shallow with a plaque in 1940, signifying the completion of ten years as their chief. Numerous hospital surgical staffs in the city and nearby vicinity receive his attention. Dr. Shallow is a member of the following societies: College of Physicians of Philadelphia (Fellow), Philadelphia Academy of Surgeons (Fellow), Pennsylvania State Medical Society, American College of Surgeons (Fellow), American Board of Surgery (Founder Member), International College of Surgeons (Regent), and Honorary President and Adviser of the Jefferson Chapter of the Alpha Omega Alpha Fraternity. He is the author of numerous surgical articles and has devised many operative techniques.
GEORGE RUSSELL BANCROFT
Professor of Physiological Chemistry, 1931.
Ph.D., Yale Graduate School, 1917.

D R. BANCROFT began his teaching career immediately after his graduation from Acadia College in 1906. He has done post-graduate work at Yale and at the University of Chicago. Students attending Halifax Academy at Nova Scotia, Transylvania College at Lexington, Kentucky, and West Virginia University School of Medicine had obtained his instructions prior to his coming to Jefferson in 1931. Dr. George Bancroft left his post as Professor of Biochemistry at West Virginia University to accept a similar professorship at Jefferson. He is a member of Theta Kappa Psi Fraternity, Philadelphia Physiological Society, Franklin Institute, Pennsylvania Chemical Society, American Institute of Chemists (Fellow), American Association for the Advancement of Science (Fellow), and the American Chemical Society. Some of the articles accredited to him are The Preparation of Esters Derived from Substituted Alcohols and the Effect of Their Constitution Upon the Rate of Hydrolysis, Laboratory Experiments and Review Questions in Physiological Chemistry (Third Edition), and numerous articles in various chemical and scientific journals.
CHARLES M. GRUBER

Professor of Pharmacology, 1932.
M.D., Washington University, 1921.

DR. GRUBER spent his undergraduate days at the University of Kansas and also received a Master's Degree from the same Institution; after being awarded a Ph.D. degree from Harvard University, he obtained his M.D. degree from Washington University. He left an Associate Professorship in Pharmacology at Washington University Medical School, St. Louis, to become Professor of Pharmacology at Jefferson in 1932. He is a member of the Philadelphia Physiological Society, College of Physicians of Philadelphia, Philadelphia County Medical Society, Pennsylvania State Medical Society, American Medical Association, American Physiological Society, American Society of Pharmacology and Experimental Therapeutics, American Association for the Advancement of Science, Society of Experimental Biology and Medicine, and Alpha Omega Alpha and Phi Beta Pi Fraternities. Dr. Gruber is the author of papers on such subjects as: Studies in NeuroMuscular Fatigue, Effect of Adrenalin on Blood Pressure and Skeletal Muscle, Pharmacology of Benzyl Derivatives, Action of Drugs on Ureters, Bell's Muscle and the Uterus, and the Anatomy of Uretero-vesicle Valves.
DR. D. M. DAVIS was Assistant Professor of Urological Surgery at the University of Rochester Medical School previous to his acceptance of the Professorship of Urology at Jefferson in 1935. He is a member of the College of Physicians of Philadelphia, Philadelphia Academy of Surgery, Philadelphia County Medical Society, Philadelphia Urological Society, Pennsylvania State Medical Society, American Association of Genito-Urinary Surgery, American Urological Association (Vice-President of the Middle Atlantic Branch, 1940), American Medical Association and former president of the Southwestern Medical Association. He is the author of numerous articles in medical journals on Urology and other subjects, author of *Urological Nursing*, co-author of Young and Davis' *Practice of Urology* and contributor to the following textbooks: Barker and Mosenthal's *Endocrinology*, Christopher's *Surgery*, Nelson's *Loose Leaf Surgery*, the *Cyclopedia of Medicine* and the *Medical Clinics of North America*. 
HOBART A. REIMANN

Magee Professor of Practice of Medicine and Clinical Medicine, 1936.
M.D., University of Buffalo, 1921.

Dr. H. A. Reimann was professor of Medicine at the University of Minnesota before accepting a similar professorship at Jefferson in 1936. Among the societies of which he is a member are Philadelphia County Medical Society, Philadelphia Medical Club, Central Interurban Clinical Club, Minnesota Society of Internal Medicine, Honorary Member in both the Hennipin County Medical Society and the Minnesota State Medical Association, American Society of Clinical Investigation, American Society of Experimental Pathology, American Association for the Advancement of Science, American Medical Association, Adviser of the American Board of Internal Medicine, Society for Experimental Biology and Medicine, and Alpha Omega Alpha and Nu Sigma Nu Fraternities. He is the author of *The Pneumonias*. Dr. Reimann contributes articles to the following: *Archives of Internal Medicine* (annual review of the progress in infectious diseases), Piersol's *Cyclopedia of Medicine*, Musser's *Internal Medicine*, Berglund and Medes' *The Kidney in Health and Disease*, Blumer's *Practitioners' Library*, and *The Year Book*. He is also the editor of *A System of Treatment*. 
AFTER completing his internship at the University of Pennsylvania Hospital, Dr. Martin Rehfuss continued his studies at the American Hospital and the Pasteur Institute in Paris. He did further work in Germany and Austria where he came in contact with the most learned men of the day. The United States Army utilized his services during the last World War at which time he was a Captain in the Medical Corps. He is a member of the Philadelphia Pathological Society, Philadelphia Pediatric Society, Fellow of the College of Physicians of Philadelphia, American Medical Association, American College of Physicians, American Gastroenterological Association, Art Club, Merion Cricket Club, and the Penn Athletic Club. Dr. Rehfuss is the author of *Diagnosis and Treatment of the Diseases of the Stomach* as well as other articles on the stomach, duodenum, biliary tract and bowel; also co-author with Dr. Guy Nelson of *Medical Treatment of Gallbladder Disease*; he is a contributor to *Oxford Medicine*, *Progressive Medicine*, Cecil’s *Textbook of Medicine*, and inventor of the Rehfuss Stomach Tube.
GEORGE P. MULLER

Professor of Surgery, 1937.
Grace Revere Osler Professor of Surgery, 1939.
M.D., University of Pennsylvania, 1899.

Prior to Dr. Muller's acceptance of the Professorship of Surgery at Jefferson in 1937 he was Clinical Professor of Surgery at the University of Pennsylvania. He is a member of the Surgical Staff of many local Hospitals. In 1939 when the Grace Revere Osler Chair of Surgery was created, Dr. Muller was chosen to occupy it. He is a member of the Philadelphia Academy of Surgery, College of Physicians of Philadelphia, Philadelphia County Medical Society, Pennsylvania State Medical Society, American Medical Association, American College of Surgeons, American Surgical Association, and American Association for Thoracic Surgery. In many of these societies Dr. Muller has served as president. He was commissioned a Major in the Medical Corps during the World War. Numerous papers on surgical topics, especially on Chest and Abdominal Surgery, are accredited to him. He has also revised Davis' Applied Anatomy.
NORRIS W. VAUX

Professor of Obstetrics, 1937.
M.D., University of Pennsylvania, 1905.

DR. VAUX continued his studies at Dublin University. Rotunda Hospital, Dublin, Ireland, following his internship at Pennsylvania Hospital. He was elevated to Professor of Obstetrics after the retirement of the late Dr. P. Brooke Bland in 1937. Dr. Vaux is a Fellow of the College of Physicians of Philadelphia, and the American Gynecological Society; a member of the Philadelphia Obstetrical Society, Philadelphia County Medical Society, Philadelphia Zoological Society (Life Member) and the American Medical Association. He is Chairman of the Section on Obstetrics and Gynecology of the State Medical Society, and also Chairman of the Advisory Board of Visiting Nurses; he is Honorary Surgeon of the Philadelphia City Cavalry, First Troop. His war records show he was with Base Hospital No. 10, Pennsylvania Hospital, U. S. Army, during the last World War. He is the editor of Edgar's Obstetrics and numerous papers on various obstetric and gynecologic subjects.
HORACE J. WILLIAMS

Professor of Otology, 1937.
M.D., Jefferson Medical College, 1912.

Dr. Williams was elected Professor of Otology in 1937. Besides being the Otologic Chief at Jefferson Hospital, he is affiliated with the Germantown Dispensary, Philadelphia Hospital for Contagious Diseases, Memorial Hospital at Roxborough and the Lutheran Orphanage at Germantown. The societies of which he is a member are the College of Physicians of Philadelphia, Philadelphia County Medical Society, Philadelphia Laryngological Society, Pennsylvania State Medical Society, American Otological Society, American Laryngological, Rhinological and Otological Society, American Academy of Ophthalmology and Otolaryngology, American Medical Association, and he attended the International Congress in Berlin (1936). Dr. Williams has written numerous articles on various aspects of Otolaryngology.
KARL KORNBLUM

Professor of Roentgenology, 1937.
M.D., University of Pennsylvania, 1919.

AFTER completing an internship at the University of Pennsylvania Hospital, Dr. Kornblum continued at the same institution as a Resident in Obstetrics. He was also Assistant Surgeon and Chief of the Surgical Out-Patient Department at the University Hospital. Then he entered the field of Roentgenology in 1925. At the time of his election to his present position, Dr. Kornblum was Assistant Professor of Radiology at the University of Pennsylvania School of Medicine. He is a member of the Phi Chi Medical Fraternity, Philadelphia Roentgen Ray Society, College of Physicians of Philadelphia (Fellow), John Morgan Society, American College of Radiology, American Roentgen Ray Society, American Medical Association, American Association for the Advancement of Science, American Society for the Control of Cancer, American Board of Radiology (Diplomate). Dr. Kornblum is a contributor to Radiological Literature.
PROF. BERNARD ALPERS, besides being the Neurologist at Jefferson, is likewise the Neurologist at Pennsylvania and Philadelphia General Hospitals and Consulting Neurologist at Pennhurst State School, Vineland Training School and Children’s Seashore House. He is a member of the College of Physicians of Philadelphia, Philadelphia Neurological Society (President), Philadelphia Psychiatric Society, Philadelphia County Medical Society, American Neurological Association, American Psychiatric Association, American Medical Association and Association for Research in Nervous and Mental Disease (Vice-President). Dr. Bernard Alpers is the editor of the Section of Neurology for the Cyclopaedia of Medicine, associate editor of the Archives of Neurology and Psychiatry. He has also written numerous articles on Neurology, Neuro-Pathology, and Psychiatry.
JAMES R. MARTIN

James Edwards Professor of Orthopedic Surgery, 1939.
M.D., Jefferson Medical College, 1910.

DR. JAMES MARTIN has been associated with the Orthopedic Department of Jefferson Hospital since 1913 except for a brief period when he was Chief Surgeon of the State Hospital for Crippled Children at Elizabethtown, Pennsylvania. He resigned from the latter in 1939 to accept his present position. He is surgeon to the Philadelphia General Hospital, and Consulting Surgeon to Pottsville Hospital, Memorial Hospital of Roxborough, and State Hospital at Elizabethtown. Dr. Martin served in the Medical Corps of the U.S. Army from 1917 to 1919. He is a member of the following societies: Philadelphia Orthopedic Club, Philadelphia County Medical Society, American Medical Association, Fellow of the American Academy of Orthopedic Surgery and a Diplomate of the American Board of Orthopedic Surgery. Articles on various aspects of Orthopedics bears his name.
LEWIS C. SCHEFFEY

Professor of Gynecology, 1940.
M.D., Jefferson Medical College, 1920.

Following his internship at Jefferson Dr. Scheffey became associated with the gynecology department as an Assistant Demonstrator. His climb in the department was culminated when he was appointed Professor in 1940. Dr. Scheffey is the Consulting Gynecologist at Philadelphia State Hospital and on the Courtesy Staff of Bryn Mawr and Delaware County Hospitals. He is affiliated with the following societies: Phi Alpha Sigma Fraternity, Philadelphia County Medical Society, Jefferson Society for Clinical Investigation (Founder), Philadelphia Pathological Society, Philadelphia Obstetrical Society, College of Physicians of Philadelphia, Pennsylvania State Medical Society, American Medical Association, American Gynecological Society, American Board of Obstetrics and Gynecology (Diplomate), American College of Surgeons, North American Obstetrical and Gynecological Travel Club, and numerous historical organizations. Dr. Scheffey has written many articles on Gynecology appearing in various medical journals and textbooks; also medical articles of historical interest; and is assistant author of Anspach's Gynecology, Fifth Edition.
Soon after the completion of his internship, at the Methodist Episcopal Hospital, Col. Lehman joined the Medical Corps of the U. S. Army. His commission now is Lieutenant-Colonel. Some of the appointments he has had are: Chief of the Surgical Service at Fort Mills, Conegidor, P. I., and Station Hospital, Fort Lewis, Washington; Chief of Gynecology and Obstetrics at Walter Reed Hospital, Washington, D. C., and at Gorgas Memorial Hospital; Assistant Chief of the Surgical Service, Fitzsimmons' General Hospital, Denver, Colo.; Chief of Surgical Service and Executive Officer, Station Hospital, Fort Bragg, N. C.; Graduate Medical Field Service School Advanced Course, Carlisle, Pennsylvania, and Commanding Officer, 1st Evacuation Hospital, 3rd Army Camp, Beauregard, La. This latter position was had prior to his appointment to Jefferson as C. P. M. S. T. Col. Lehman is a member of Nu Sigma Nu Fraternity, Association of Military Surgeons, American College of Surgeons, American Medical Association and the Sons of the American Revolution. He is the author of several articles on Military Surgery and Hospital Administration in Military Hospitals.
E. J. G. BEARDSLEY
Clinical Professor of Medicine, 1927.
M.D., Jefferson Medical College, 1902.

DR. E. J. G. BEARDSLEY served as interne to Philadelphia General and Municipal Hospitals following his graduation from Jefferson in 1902. He then went to London, England, where he furthered his medical education acting as Externe to the East London Hospital and Licentiate of Royal College of Physicians. Dr. Beardsley is a great advocate of fraternity life—any fraternity—and he is a member of Phi Alpha Sigma Fraternity. His philosophy and manner of handling patients is indelibly printed on all students who have come in contact with him. The United States Expeditionary Forces utilized his services during the World War and he now holds a Lieutenant-Colonel Commission in the Medical Reserve Corps. Dr. Beardsley is a Fellow of the American College of Physicians and is Consultant to Delaware County, Jeanes' and Veterans' Bureau Hospitals.
CHARLES R. HEED

Clinical Professor of Ophthalmology, 1930.
M.D., Jefferson Medical College, 1903.

Dr. Charles Heed graduated from Jefferson in 1903 and interned at the Pottsville Hospital, Pottsville, Pennsylvania. Before becoming Clinical Professor at Jefferson in 1930, Dr. Heed was Associate Professor of Ophthalmology at the Philadelphia Polyclinic and School for Post-Graduates in Medicine. He is Consulting Ophthalmologist to the Pennsylvania Training School at Elwyn and Ophthalmologist to Girard College. Dr. Heed is a member of Phi Alpha Sigma Medical Fraternity. In the following societies he is a member: College of Physicians of Philadelphia, Philadelphia County Medical Society, Pennsylvania State Medical Society, American Medical Association, American Academy of Ophthalmology and Otolaryngology, and the American Ophthalmology Society.
ARTHUR E. BILLINGS
Clinical Professor of Surgery, 1930.
M.D., Jefferson Medical College, 1906.

Besides being Clinical Professor of Surgery at Jefferson, Dr. Billings is Attending Surgeon at Bryn Mawr Hospital. He is a member of the Philadelphia Academy of Surgery, College of Physicians of Philadelphia (Fellow), Pennsylvania State Medical Society, American Medical Association, American Surgical Association (Fellow), and Societie Internationale de Chirurgie. Among the numerous articles written by Dr. Billings are Surgery in Breast Infections, Surgical Significance of Abdominal Pain, Diabetes and Surgery, The Surgical Management of Gall Bladder Diseases, Primary Cutaneous Diphtherial and Pseudo-Diphtherial Infection, Tumors of Lateral Aberrant Thyroids, and Abscess of the Spleen.
GEORGE A. ULRICH
Clinical Professor of Obstetrics, 1931.
M.D., Jefferson Medical College, 1901.

Dr. GEORGE ULRICH received a Bachelor and Master Degree in Science, from Lebanon Valley College before beginning his medical career. He graduated from Jefferson in 1901. He has specialized in Obstetrics since shortly after completing his internship. The babies Dr. Ulrich has ushered into this world are innumerable. His deep, clear voice has clarified many an obstetrical problem for the students who have come in contact with him in his climb up the ladder of success from Instructor to Clinical Professor of Obstetrics. Dr. Ulrich has been Chief of the Obstetrical Department of Northwestern Hospital since 1906. He is a member of the Philadelphia Obstetrical Society as well as City, County, State, and National Medical Societies. Numerous articles on obstetrical subjects were written by him. He is the first Clinical Professor to have his portrait presented to the College—such was done by the Class of 1941.
DR. WARREN B. DAVIS interned at Jefferson Medical College Hospital and was the Corinna Borden Keen Research Fellow. He was a Captain in the World War in charge of the School of Oral and Plastic Surgery, Fort Oglethorpe. The medical fraternities of which he is a member are: Alpha Omega Alpha and Phi Alpha Sigma. Dr. Davis is a Fellow in the Philadelphia Academy of Surgery, College of Physicians of Philadelphia, American College of Surgeons, and the American Academy of Ophthalmology and Otolaryngology. He is a member of the American Medical Association, American Association of Oral and Plastic Surgeons, Association of Military Surgeons, American Association of Anatomists, and Society of Plastic and Reconstructive Surgery of New York. Dr. W. B. Davis is author of *The Development and Anatomy of Nasal Accessory Sinuses in Man* (1914), *The Development of the Bones of the Face, Anatomy of the Nasal Accessory Sinuses in Infancy and Childhood*, and numerous other publications in medical and scientific journals on Paranasal Sinusitis, Hare Lip, and Cleft Palate.
Baldwin L. Keyes
Clinical Professor of Psychiatry, 1936.
M.D., Jefferson Medical College, 1917.

The Child and Adult Psychiatric Clinics at Jefferson Medical College and Hospital were organized by Dr. Keyes. He served in the World War and merited the British Military Cross. At present Dr. Keyes is a Lieutenant-Colonel in the U. S. Medical Reserves Corps and Unit Director of Base Hospital No. 38, United States Army (Jefferson Hospital Unit). The societies of which he is a member are: Philadelphia Psychiatric Society, Public Charities Association (Director), Philadelphia Institute for the Study and Prevention of Nervous and Mental Diseases (Trustee), Fairmount Farm and Roseneath Farms Sanatoria, Drexel Institute of Technology, Medical Advisory Board of Philadelphia Municipal Court, Pennsylvania Psychiatric Society (President), American Neurological Association, American Society for Research in Nervous and Mental Diseases, American Medical Association (Fellow), American College of Physicians, American Psychiatric Association and Diplomat in Neurology and Psychiatry. Dr. Keyes is contributing editor to the Pennsylvania Medical Journal, author of Treatment of Diseases of the Nervous System in Reimann’s Treatment in General Medicine.
WILLARD H. KINNEY

Clinical Professor of Urology, 1937.
M.D., Jefferson Medical College, 1906.

Dr. WILLARD KINNEY was chief of the Clinic
Out-Patient Department of
Genito-urinary Diseases (1914-1935), and is Assistant Attending
Genito-urinary Surgeon to Jefferson
Medical College Hospital, Philadelphia General Hospitals, and Delaware County Hospitals. He is a
Lieutenant-Commander in the U. S.
Naval Reserve Corps. Dr. Kinney is a
member of the following: College of
Physicians of Philadelphia (Fellow),
Philadelphia Medical Club, Philadelphia Urological Society (Charter Member), the J. Aitkens Meigs
Medical Society, Philadelphia County Medical Society, Pennsylvania State Medical Society, American
Medical Association, American Urological Society, American Board of
Urology, and the Alpha Kappa Kappa Fraternity. He is the author
of numerous papers and scientific contributions to the literature pertaining to genito-urinary surgery
and clinical urology.
SAMUEL A. LOEWENBERG

Clinical Professor of Medicine, 1937.
M.D., Medico-Chirurgical College (University of Pennsylvania), 1903.

BEFORE coming to Jefferson, Dr. Loewenberg was Clinical Professor of Physical Diagnosis at Medico-Chirurgical College and the University of Pennsylvania. He has done post-graduate work with Widal in Paris, at the East London Hospital in London and at the Allgemeiner Krankenhause in Vienna. He was Captain and later Major in the U. S. Army Medical Corps, Commanding Officer of Patients’ Detachment and Instruction in Medicine at U. S. Hospital No. 16 and Chief of Heart and Lungs Examining Board. Dr. Loewenberg is associated with numerous local hospitals. He is a member of the following: College of Physicians of Philadelphia (Fellow), Philadelphia Pathological Society, Philadelphia Medical Club, Philadelphia County Medical Society, Pennsylvania State Medical Society, American Medical Association (Fellow), American College of Physicians, American Therapeutic Society, The Association for the Study of Internal Secretions and Phi Lambda Kappa Fraternity. He is the author of *Diagnostic Methods and Interpretations in Internal Medicine*. *Clinical Endocrinology*, and has contributed numerous articles on Medicine and Endocrinology to the current medical literature.
JOHN B. FLICK

Clinical Professor of Surgery, 1937.
M.D., Jefferson Medical College, 1913.

Dr. JOHN B. FLICK graduated from Jefferson in 1913 and interned at the White Haven Sanatorium and Pennsylvania Hospital. During the last World War he was a Captain in the U. S. Army Medical Corps—he served with both the U. S. Base Hospital No. 10 and the British Medical Service; he was discharged at Camp Dix in 1919. Dr. Flick's appointment as Clinical Professor of Surgery was in 1937. He is Assistant Surgeon of Jefferson Medical College Hospital; Chief of Surgical A. Service, Pennsylvania Hospital and Surgeon to Bryn Mawr Hospital and White Haven Sanatorium. Membership in the following is held by him: College of Physicians of Philadelphia (Fellow), Philadelphia Academy of Surgery (Fellow), Philadelphia County Medical Society, Pennsylvania State Medical Society, Eastern Surgical Society, American Medical Association, American Surgical Association (Fellow), American Association for Thoracic Surgery, Society of Clinical Surgery, and the Halsted Club. Dr. J. B. Flick is the author of several papers on surgical topics.
ARThUR J. DAVIDSON

Clinical Professor of Orthopedic Surgery, 1938.
M.D., Jefferson Medical College, 1907.

DR. DAVIDSON interned at the Jewish Hospital, Philadelphia, following his graduation from Jefferson in 1907. He has been associated with the Orthopedic Department at Jefferson since 1908 and was appointed Clinical Professor in 1938. Many local hospitals have benefited from his services; he is now actively associated with the following: Jefferson Medical College Hospital, American Hospital for Diseases of the Stomach, Woman's Hospital, Elks Crippled Children's Clinic, Betty Bacharach Home for Afflicted Children (Atlantic City), Jewish Seaside Home for Invalids (Ventnor, N.J.), and Hospitals in Reading, Pottsville and Pottstown, Pennsylvania. Dr. Arthur Davidson is a member of the Philadelphia Orthopedic Club, Philadelphia County Medical Society, Pennsylvania State Medical Society, American Medical Association, American College of Surgeons (Fellow), American Academy of Orthopedic Surgeons (Fellow), American Board of Orthopedic Surgery (Diplomate), Ptolemy Society (Honorary Member), and Ohio County Medical Society of West Virginia (Honorary Member). He is a Lt.-Commander of the U.S. Naval Reserves. Numerous articles pertaining to Orthopedic Surgery are accredited to him.
EDWARD F. CORSON

Clinical Professor of Dermatology, 1939.
M.D., University of Pennsylvania, 1906.

EDWARD F. CORSON received a Certificate of Proficiency in Biology from University of Pennsylvania in 1903 and was graduated from the Medical School of the same institution in 1906. He interned at the Episcopal Hospital, Philadelphia and at various times he has served on the Dermatologic Staffs of the Howard, Pennsylvania, Presbyterian, University, Children's, and Chestnut Hill Hospitals. Dr. Corson served in the U. S. Army Medical Corps from 1917–1919—he is a Lieutenant-Colonel in the Medical Reserves Corps. The societies of which he is a member are: College of Physicians of Philadelphia (Fellow), Philadelphia Dermatological Society (Past-President), American Dermatological Association, American Board of Dermatology and Syphilology (Diplomate), American Academy of Dermatology and Syphilology (Fellow), and a member of Alpha Omega Alpha Fraternity. Numerous articles on dermatological subjects have been written by him.
PRIOR to studying medicine at Jefferson, Dr. Montgomery received a Bachelor of Arts Degree from Juniata College. Following his graduation from Jefferson in 1926 he interned at Jefferson Medical College Hospital. In 1940 he was elected Clinical Professor of Gynecology. Among the societies of which he is a member are: College of Physicians of Philadelphia, Philadelphia Obstetrical Society, Philadelphia County Medical Society, Pennsylvania State Medical Society, American Medical Association, American College of Surgeons, and Alpha Omega Alpha and Phi Alpha Sigma Medical Fraternities. Dr. John Montgomery is the author of many articles that have been published in scientific journals.
CHARLES F. NASSAU
1868-1940

On the 11th day of August, 1940, Jefferson Medical College, the students, and the City of Philadelphia lost one of its greatest men in the death of Dr. Charles Nassau.

Dr. Nassau received a degree from the Medical College of the University of Pennsylvania in 1891, and after serving his internship at the Presbyterian Hospital in Philadelphia he did post-graduate work in Pathology and Surgery at the old German Hospital. Completing this, he studied abroad in Berlin, Strassburg, and the University of Vienna, becoming associated with such men as von Bergmann, von Olsnhausen, and von Recklinghausen. Upon his return to the United States in 1894 he worked on the Surgical Service of William S. Halstead at Johns Hopkins. Dr. Nassau returned to Philadelphia in 1895. While working in the Out-Patient Department of St. Joseph’s Hospital he met Dr. J. Chalmers Da Costa who persuaded him to enter Jefferson. The late Dr. Nassau entered the Senior class at Jefferson and received his degree in 1906. From that time on he had been associated with Jefferson and rapidly climbed the ladder of success holding the position of Clinical Professor of Surgery at the time of his death. He was a member of the Surgical Staffs of numerous hospitals. Likewise, he was a member of various medical and surgical societies, having served as President of the Philadelphia County Medical Society and Director of the Department of Public Health. He had received the degree of LL.D. from Villanova College and of Sc.D. from St. Joseph’s College.
N. A. MICHELS  
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A. CANTAROW
M.D.
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NORMAN M. MACNEILL
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LORENZ P. HANSEN
PH.D.
Associate Professor of Physiological Chemistry

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M.D.

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M.D.

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Assistant Professor of Pathology
Curator of the Museum

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M.D.
Director of Curtis Clinic
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KENNETH E. FRY, M.D. Associate in Surgery
JOHN T. EADS, M.D. Associate in Therapeutics

DEMONSTRATORS

JOHN B. LUDY, M.D. Demonstrator of Dermatology
I. GRAFTON SIEBER, M.D. Demonstrator of Laryngology
W. B. SWARTLEY, M.D. Demonstrator of Anatomy
MAURICE BROWN, M.D. Demonstrator of Dermatology
HENRY G. MUNSON, M.D. Demonstrator of Dermatology
<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>LOUIS CHODOFF, M.D.</td>
<td>Demonstrator of Bandaging</td>
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<td>LYNN M. RANKIN, M.D.</td>
<td>Demonstrator of Operative Surgery</td>
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<tr>
<td>EDWARD F. BURT, M.D.</td>
<td>Demonstrator of Pediatrics</td>
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<td>HENRY O. SLOANE, M.D.</td>
<td>Demonstrator of Ophthalmology</td>
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<td>KELVIN A. KASPER, M.D.</td>
<td>Demonstrator of Laryngology</td>
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<td>RALPH C. HAND, M.D.</td>
<td>Demonstrator of Orthopedic Surgery</td>
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<td>Demonstrator of Psychiatry</td>
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<td>SHERMAN A. EGER, M.D.</td>
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<td>Demonstrator of Ophthalmology</td>
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<tr>
<td>MAHLON C. HINEBAUGH, M.D.</td>
<td>Demonstrator of Obstetrics</td>
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<tr>
<td>J. VERNON ELLSON, M.D.</td>
<td>Demonstrator of Surgery</td>
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**INSTRUCTORS**

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<tr>
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<tbody>
<tr>
<td>HUBLEY R. OWEN, M.D.</td>
<td>Instructor in Surgery</td>
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<tr>
<td>ARTHUR R. VAUGHN, M.D.</td>
<td>Instructor in Medicine</td>
</tr>
<tr>
<td>THOMAS R. MORGAN, M.D.</td>
<td>Instructor in Pediatrics</td>
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<td>LEO B. REED, M.D.</td>
<td>Instructor in Applied and Topographic Anatomy</td>
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<td>P. A. McCarthy, M.D.</td>
<td>Instructor in Anatomy</td>
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<td>GEORGE I. ISRAEL, M.D.</td>
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<tr>
<td>ELI R. SALEEBY, M.D.</td>
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<td>THOMAS LAWRENCE WILLIAMS, Ph.C., B.Sc.</td>
<td>Instructor in Physiological Chemistry</td>
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<td>HAROLD S. RAMBO, M.D.</td>
<td>Instructor in Urology</td>
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<td>Instructor in Obstetrics</td>
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<td>ROBERT P. STURR, M.D.</td>
<td>Instructor in Physical Therapy</td>
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<td>WALTER R. LIVINGSTON, M.D.</td>
<td>Instructor in Child Psychiatry</td>
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<tr>
<td>RAPHAEL H. DURANTE, M.D.</td>
<td>Instructor in Neurology</td>
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</table>
GEORGE W. BLAND, M.D .................................................. Instructor in Obstetrics
ROBERT BRUCE NYE, M.D ............................................ Instructor in Medicine
ALAN PARKER, M.D ...................................................... Instructor in Surgery
PAUL H. ROEDER, M.D .................................................. Instructor in Obstetrics
HERBERT A. WIDING, M.D ............................................ Instructor in Surgery
ELI R. SALEEBY, M.D .................................................... Instructor in Surgery
DAVID R. MERANZE, B.S., M.A., M.D ............................. Instructor in Bacteriology
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<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
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<td>EDWARD C. BRITT, M.D</td>
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Moon Pathological Society; The Academy; Vaux Obstetrical Society; Gross Surgical Society; Alpers Neurological Society; Mohler Medical Society.

Henry Ford Hospital
Detroit, Mich.

WILLIAM L. MALLEY
Pittsburgh, Pa.

Bachelor of Science
St. Joseph's College
ΛΩΑ

Moon Pathological Society; Hare Medical Society; The Academy; Vaux Obstetrical Society; Gross Surgical Society.

Western Pennsylvania Hospital
Pittsburgh, Pa.
HALVEY E. MARX
Upper Montclair, Pa.

Bachelor of Arts
Lehigh University

Schaeffer Anatomical League; Pasteur Society; Hare Medical Society; The Academy; Vaux Obstetrical Society.

Allentown General Hospital
Allentown, Pa.

EDWARD F. MAZUR
Camden, N. J.

Bachelor of Arts
University of Pennsylvania

Schaeffer Anatomical League; Moon Pathological Society; Pasteur Society; Alpers Neurological Society.

Cooper Hospital
Camden, N. J.
PETER J. MIHALICK
Dunlo, Pa.

Bachelor of Science
Pennsylvania State College

АКК КВФ

Gross Surgical Society; Mohler Medical Society.

Conemaugh Valley Memorial Hospital
Johnstown, Pa.

JAMES H. MILLER
Harrisburg, Pa.

Bachelor of Science
Lebanon Valley College

ФΡΣ

Hare Medical Society.

Harrisburg Polyclinic Hospital
Harrisburg, Pa.
ANDER M. MUMFORD
Ayden, N. C.
Bachelor of Science
Wake Forest College
ΦΧ
Alpers Neurological Society; Mohler Medical Society.
Methodist Episcopal Hospital

KENNETH J. MURRAY
Brookline, Mass.
Bachelor of Science
Boston College
ΝΣΝ ΚΒΦ
Bauer Pediatric Society; The Academy; Vaux Obstetrical Society; Gross Surgical Society.
The Hartford Hospital
Hartford, Conn.
RANDAL A. NISHIJIMA
Honolulu, Hawaii
Bachelor of Arts
Washington University
ΦΨΣ
Hare Medical Society.
Jersey City Medical Center
Jersey City, N. J.

JOSEPH L. NOSAL
Allentown, Pa.
Bachelor of Science
Muhlenberg College
ΦΠΠ ΚΨΦ
Thomas Physiological Society; Moon Pathological Society; Hare Medical Society; Vaux Obstetrical Society; Mohler Medical Society.
St. Luke's Hospital
Bethlehem, Pa.
JOHN R. O'BRIEN
Niagara Falls, N. Y.
Bachelor of Science
Niagara University

Bauer Pediatric Society; The Academy;
Vaux Obstetrical Society; Gross Surgical Society; Mohler Medical Society.

Kansas City General Hospital
Kansas City, Mo.

STUART B. OVER, JR.
Wayne, Pa.
Bachelor of Arts
Washington and Lee University

Bauer Pediatric Society; Vaux Obstetrical Society; Gross Surgical Society.

Williamsport Hospital
Williamsport, Pa.
NORTON C. PADEN
Overbrook, Philadelphia, Pa.

Bachelor of Science
Villanova College

Pasteur Society; Bauer Pediatric Society; Hare Medical Society; Gross Surgical Society; Dean’s Committee; R. O. T. C.

Fitzgerald-Mercy Hospital
Darby, Pa.

RUFUS E. PALMER, III

Bachelor of Arts
Pennsylvania State College

Bauer Pediatric Society; Vaux Obstetrical Society; Gross Surgical Society; Alpers Neurological Society; Treasurer of Class 1, 2; Chairman Invitation Committee.

Jefferson Hospital
VINCENT S. PALMISANO
Sunbury, Pa.

Bachelor of Science
Bucknell University

AKK

Pasteur Society; Gross Surgical Society;
R. O. T. C.

Methodist Episcopal Hospital

THOMAS B. PATTON

Bachelor of Science
Grove City College

NΣN

Bauer Pediatric Society; Gross Surgical Society.

Methodist Episcopal Hospital
SAMUEL S. PEOPLES
Bachelor of Arts
Temple University
Philadelphia General Hospital

ROBERT H. PETERS, Jr.
Ashley, Pa.
Bachelor of Science
Muhlenberg College
ΦΧ ΚΒΦ
Alpers Neurological Society; Mohler Medical Society; R. O. T. C.; Black and Blue Ball Committee.

Chester County Hospital
West Chester, Pa.
PAUL H. PETTIT
Ocean City, N. J.
Bachelor of Arts
Duke University
ΦΧ
Bauer Pediatric Society; Alpers Neurological Society.

Jackson Memorial Hospital
Miami, Fla.

PAUL J. POINSARD
Glenburn, Dalton, Pa.
Bachelor of Arts
University of Scranton
ΦΠΙ
Pasteur Society; Hare Medical Society; Alpers Neurological Society.

Geisinger Memorial Hospital
Danville, Pa.
HOWARD E. POSSNER, JR.
Narragansett, R. I.

Bachelor of Science
Rhode Island State College

ΦΒΠ ΚΒΦ ΟΧ ΦΣ

Hare Medical Society; Mohler Medical Society; Vice-President of Class (1, 2).

Youngstown Hospital
Youngstown, Ohio

GROVER C. POWELL, JR.
Waynesburg, Pa.

Bachelor of Science
Waynesburg College

ΝΣΝ

Bauer Pediatric Society; Gross Surgical Society.

Baptist Hospital
Winston-Salem, N. C.
HENRY V. RATKE
BACHELOR OF SCIENCE
CATHOLIC UNIVERSITY

ΦΒΙΙ
Pasteur Society; Hare Medical Society.

Fitzgerald-Mercy Hospital
Darby, Pa.

JOSEPH J. REGAN
Monessen, Pa.
BACHELOR OF SCIENCE
ST. VINCENT COLLEGE

ΦΒΙΙ ΗΠΚΑ
Pasteur Society, Hare Medical Society; Vaux Obstetrical Society.

St. Francis Hospital
Pittsburgh, Pa.
HARRY J. REPMAN, JR.
Charleroi, Pa.

Bachelor of Arts
Allegheny College

AKK
Gross Surgical Society; Alpers Neurological Society; R. O. T. C.

Bryn Mawr Hospital
Bryn Mawr, Pa.

EDWARD A. RICKETTS
Osceola Mills, Pa.

Bachelor of Science
Pennsylvania State College

AKK KBΦ
Gross Surgical Society; Mohler Medical Society.

Walter Reed Hospital
Washington, D. C.
FREDERICK A. ROBINSON, JR.
Bachelor of Science
Lafayette College
AKK
Vaux Obstetrical Society; Gross Surgical Society.
Philadelphia General Hospital

JAMES M. SAMS
Erwin, Tenn.
Bachelor of Arts
University of Tennessee
ΦΧ ΚΒΦ
Alpers Neurological Society; Mohler Medical Society.
Jefferson Hospital
OLIVER S. SCHADT, JR.
Allentown, Pa.

Bachelor of Science
Muhlenberg College

Alpers Neurological Society; Mohler
Medical Society; R. O. T. C.

Allentown General Hospital
Allentown, Pa.

EARL W. SCHAFER, JR.

Elm Grove, W. Va.

Bachelor of Arts
West Virginia University

NΣN ΩΛ

Bauer Pediatric Society; Hare Medical
Society; Gross Surgical Society.

Cincinnati General Hospital
Cincinnati, Ohio
EDWARD D. SCHAFFER
Bath, Pa.
Bachelor of Arts
Lehigh University
ΦΒΙΙ
Moon Pathological Society; Hare Medical Society.
St. Luke's Hospital
Bethlehem, Pa.

CHARLES L. SCHUCKER
McConnellstown, Pa.
Bachelor of Science
Juniata College
ΦΛΣ
Moon Pathological Society.
Methodist Episcopal Hospital
JAMES O. SLOSS
Beaver, Pa.
Bachelor of Science
Haverford College
ΣΠN
Bauer Pediatric Society; Gross Surgical Society.
Mercy Hospital
Pittsburgh, Pa.

RICHARD T. SMITH
Harrisburg, Pa.
Bachelor of Science
Lebanon Valley College
ΦΣΨ ΚΒΦ
Vaux Obstetrical Society; R. O. T. C.; Advertising Manager, 1941 Clinic; Hare Medical Society; Class Treasurer, 3.
Harrisburg Polyclinic Hospital
Harrisburg, Pa.
WILLIAM C. F. SMITH

Erie, Pa.

BACHELOR OF SCIENCE
PENNSYLVANIA STATE COLLEGE

ΦΒΙ ΚΒΦ

Hare Medical Society; The Academy; Mohler Medical Society; Junior Class Historian.

St. Vincent's Hospital
Erie, Pa.

ALBERT J. SNYDER

Altoona, Pa.

BACHELOR OF SCIENCE
JUNIATA COLLEGE

MASTER OF ARTS
UNIVERSITY OF PITTSBURGH

ΣΑΕ

Gorgas Hospital
Panama Canal Zone
WILLIAM J. SOMERVILLE
Sharon, Pa.

Bachelor of Arts
Ohio Wesleyan University

Thomas Physiological Society; Moon Pathological Society; The Academy; Mohler Medical Society; Ptolemy Society.

Graduate Hospital

OMAR D. SPRECHER, JR.
Hagerstown, Md.

Bachelor of Science
Franklin and Marshall College

Moon Pathological Society; The Academy; Vaux Obstetrical Society; Mohler Medical Society.

Jefferson Hospital
RAYMOND T. STEVENS
Providence, R. I.

Bachelor of Science
Providence College

ΦΑΣ ΚΒΦ

Schaeffer Anatomical League; Thomas Physiological Society.

Pawtucket Memorial Hospital
Pawtucket, R. I.

CHARLES W. STOTLER
Meyersdale, Pa.

Bachelor of Science
Villanova College

AKK

Vaux Obstetrical Society; Gross Surgical Society.

Conemaugh Valley Memorial Hospital
Johnstown, Pa.
JAMES R. SWAN
St. Thomas, Pa.
Bachelor of Arts
Gettysburg College
Vaux Obstetrical Society.
Altoona Hospital
Altoona, Pa.

GEORGE H. TAFT
Providence, R. I.
Bachelor of Science
Providence College
ΦΔΣ
Schaeffer Anatomical League; Thomas Physiological Society; Pasteur Society; Class Secretary (1, 2); R. O. T. C.
Jefferson Hospital
EDWIN H. TALLMAN

Lebanon, Pa.

Bachelor of Science
LEBANON VALLEY COLLEGE

ΨΨΨ ΚΒΦ

Bauer Pediatric Society; Hare Medical Society; Class Historian (1, 2).

Reading Hospital
Reading, Pa.

WILLIAM I. TAYLOR, Jr.

Burgaw, N. C.

Bachelor of Science
WAKE FOREST COLLEGE

ΚΣΨ ΨΨΨ

Mohler Medical Society.

James Walker Memorial Hospital
Wilmington, N. C.
JOHN Y. TEMPLETON, III
Mooresville, N. C.

Bachelor of Science
Davidson College

Moon Pathological Society; Bauer Pediatric Society; Hare Medical Society; The Academy; Vaux Obstetrical Society; Gross Surgical Society; Alpers Neurological Society; Class Vice-President (3); R. O. T. C.

Jefferson Hospital

MARIO V. TRONCELLITI
Bryn Mawr, Pa.

Bachelor of Science
Villanova College

Pasteur Society; Hare Medical Society; R. O. T. C.

Bryn Mawr Hospital
Bryn Mawr, Pa.
JAMES M. TUCKER
Moylan, Pa.

BACHELOR OF SCIENCE
St. Joseph's College

Moon Pathological Society; Pasteur Society; The Academy; Vaux Obstetrical Society; Gross Medical Society; Alpers Neurological Society; R. O. T. C.

Germantown Hospital

EDWARD H. VICK
Selma, N. C.

BACHELOR OF ARTS
University of North Carolina

Bauer Pediatric Society; Hare Medical Society; Vaux Obstetrical Society; Gross Surgical Society; Mohler Medical Society.

Long Island College Hospital
Brooklyn, N. Y.
FREDERICK B. WAGNER, Jr.

BACHELOR OF ARTS
UNIVERSITY OF PENNSYLVANIA
AΩA

Schaeffer Anatomical League; Thomas Physiological Society; Moon Pathological Society; Vaux Obstetrical Society; R. O. T. C.; Dean's Committee.

Jefferson Hospital

ALPHONSE S. WARAKOMSKI
Nanticoke, Pa.

BACHELOR OF SCIENCE
BUCKNELL UNIVERSITY
ΦΔΣ

Schaeffer Anatomical League; Thomas Physiological Society; Moon Pathological Society; Pasteur Society.

St. Joseph's Hospital
HUBERT H. WASHBURN

Beaver, Pa.

Bachelor of Arts
University of Alabama

ΟΚΨ ΩΑ

Moon Pathological Society; Vaux Obstetrical Society.

Philadelphia General Hospital

HARRY N. WEBSTER, JR.

Evergreen, Ala.

Bachelor of Arts
University of Alabama

ΦΒΠΙI

City Hospital
Mobile, Ala.
WILLIAM L. WELCH
State College, Pa.

Bachelor of Arts
Pennsylvania State College

AKK ΧΦ

Vaux Obstetrical Society; Gross Surgical Society.

Methodist Episcopal Hospital

WESLEY R. WHITE
Clarks Green, Pa.

Bachelor of Science
University of Scranton

ΝΣΝ

Thomas Physiological Society; Bauer Pediatric Society; Hare Medical Society; Gross Surgical Society.

Moses Taylor Hospital
Scranton, Pa.
WALTER S. WIGGINS


Bachelor of Science
Pennsylvania State College

ΣΑΕ ΝΣΝ ΚΒΦ

Bauer Pediatric Society; Gross Surgical Society.

Germantown Hospital

ROBERT W. WOLFORD

Mansfield, Ohio

Bachelor of Arts
Wittenberg College

ΑΚΚ ΦΓΔ ΚΒΦ

Bauer Pediatric Society; The Academy; Vaux Obstetrical Society; Gross Surgical Society; Mohler Medical Society; R. O. T. C.

Cleveland City Hospital
Cleveland, Ohio
GEORGE A. YOUNGMAN

St. Louis, Mo.

Bachelor of Arts
Ohio Northern University

ΦΑΣ

Schaeffer Anatomical League; Thomas Physiological Society; R. O. T. C.

St. Louis City Hospital
St. Louis, Mo.
SENIOR CLASS OFFICERS

J. J. Gill, President
S. A. Johnson, Jr., Vice-President
C. N. Burns, Treasurer
J. M. Tucker, Secretary
W. L. Malley, Historian

SENIOR COMMITTEES

Ring
P. J. Poinsard
C. A. Lightcap
W. R. White
J. R. O'Brien

Portrait
C. C. Greene, Jr.
E. A. Flanigan, Jr.
R. W. Woford
L. F. Burnett

Invitations
R. E. Palmer, III
J. A. Collins, Jr.
J. J. Regan
P. F. Dunn

Cap and Gown
L. C. Blaum
J. B. Gormley
O. D. Sprecher, Jr.
G. H. Hanlon
CLASS HISTORY OF 1941

"Make a median incision, through skin only, from the tip of the chin to the xiphoid process—"

Those lines you will remember as heading Dr. Schaeffer's "Outlines and Directions for the Dissection of the Human Body," and following them, early in October, 1937, we were finally started. Dr. Bancroft's September lecture had welcomed us formally, and we had experienced a few telescoped weeks of Osteology, but now we were at the bottom of things Medical, and utilizing our recently acquired knowledge, the xiphoid was located with some fumbling and the incision made, the overhead lights being blamed for our hyperhidrosis. In subsequent weeks, we occasionally missed "pits," avulsed peripheral nerves and were a bit foggy on some of the fascial planes, but learned a lot of Anatomy, which with Embryology and Histology, set us off with a firm foundation. At DBI, classes incidentally introduced us to the old Jefferson custom of applauding the lecturer, and to the less academic custom of passing men up and down overhead; there we learned to balance for an hour on a few inches of hardwood, a knack necessary for the completion of the course. Specially designed to keep even the most somniphilic descendant of van Winkle awake, those seats were the inspiration for many a vow that if we should some day endow a chair for something-or-other, it would surely be upholstered.

In the Heavens Above, revolving doors must have been at a premium early in the fall of '37, for at that time, the shades of Pasteur, Lister, et al. were surely turning over time and again; it was then that we were introduced to the Bacteriologic Technic, with much flaming and sputtering of looped cultures, but under the careful guidance of Drs. Rosenberger and Kreidler, we emerged living and well, though had we developed some obscure galloping rash and fever, we wouldn't have been surprised. With lectures, quizzes and quite illustrative anecdotes, things like hemolytic amboceptor and opisthorchis felineus worked their way (but gradually) into our daily vernacular.

To say that Chemistry under Dr. Bancroft will long be remembered is a real understatement. We ran the gamut: from taraxicum officinale to the macro-Kjeldahl; from the synthesis of alizarin to milk; from Prussion Blue to beechwood shavings and mycoderma aceti. Name a subject at all allied to Chemistry and we covered it in the lab and on paper (wishing we were answering the Other Row). Who, when he sees a Rehfuss tube will not remember trying to down it in lab? Who, when he scribbles on the phone-booth wall, will not unconsciously reproduce remnants of structural formulae?

The spring of '38 saw us on the receiving end of many tests, written, rumored and prac-
tical; in the latter, we came to know the amnesia which results when the Chief (any Chief) points a demanding finger, an amnesia which coupled with tubular vision and loud tinnitus affects every student at some time during the course; some more than others.

It was during our first year that Jefferson lost Dean Patterson, and though we had had no contact with him, we could realize the extent of the loss when told of his service and loyalty by upperclassmen and graduates.

Finally, with a last wrapping of the cadaver, now reduced to small pieces, we were through with the course, and into and beyond the finals before we knew it. Then we could look forward to a lighter schedule in the second year, with one eye on the marks coming out in June.

With our first year training ever in the background, we may truly trace our appreciation of Clinical and Laboratory Medicine to the concepts we gained in the second year; the various bodily systems were visualized and became understandable in our work in Physiology, and correlating this with Pathology, we were able in a measure to trace various disease entities from the chief complaint to recovery, or "1-O.R." Aside from general pathology and our old friend "capillovenous congestion," we learned a few general principles here, and when we tend to rush to the press with our "series of two cases," the three blind men and the elephant will exert some influence of restraint.

In becoming acquainted with the actions and uses of drugs, we started on the second aspect of our education toward diagnosis and treatment; the mysterious prescription soon fell somewhat within our range, and with faltering high school Latin, we learned to dash off "Ac. acetylsal. gr.v" with some abandon, though with some consideration for possible toxic effects. Here too, we were first warned of the wary and crafty "Detail Man," and his ready assurance of the "Instant Cure."

By no means the least of our second-year courses was that in Symptomatology and Physical Diagnosis; for the first time, we contacted patients, and Curtis Clinic resounded to the unpractised but enthusiastic percussion of many a "senatorial case." We attended our first medical clinics now—"all boys at the old swimming hole together"—and saw quite a variety of cases.

With only a few tests, and those at the midterm, the year passed along very smoothly, with none of the strain of the first year; in fact, one of the mid-year tests was given to be taken home over the week-end and completed, though even with that freedom, there was some difficulty with the questions.

We saw the passing of the old custom of standing in line for Junior Year registration; our class was the last to do this, and it was done up right, with the line forming the Sunday evening before registration time on Tuesday morning.

Appended to the third-year schedule should have been a map of Philadelphia and environs, with a statement on how to get out and back
on one fare. We really travelled—Pine Street, Philadelphia General, Pennsylvania Hospital, Municipal, and as we covered a lot of city, we covered a lot of medicine. The many and varied courses came as a change after previous years of carrying 5 to 7 subjects; in addition to widening our field of knowledge, they served well in introducing us to many new and interesting members of the faculty about whom we had heard, and whose viewpoints and practical tips helped and will continue to help us greatly.

After what seemed endless years of preparation, we were now moving along in the outpatient departments, clinics and lectures; we gained our first contact now with some of the specialties, and quite a few embryo obstetricians and pediatricians wavered somewhat in their choice after 4:00 A. M. calls and noisy babies.

In the senior Medical and Surgical Clinics, we enjoyed temporary safety in the back rows as questions were rapiered and diagnoses rejected when scared seniors presented "this 45-year-old W. P. A. worker from upstate."

April and May came around swiftly again, and with something like 13 tests in 11 days, we were finished for the year, though a large percentage of the class undertook to serve junior internships, or to use the summer to complete the required "six deliveries".

In the fourth year, more specialties were added to our curriculum, and in the clerkships, we now became the nervous presenters-of-cases. Three years of medical school worked a great change in the class as a whole; where we were formerly worried all of the time, it was now a part-time affair, chiefly concerned with being called down to the "pit" for one of the Medical, Surgical or Urologic clinics. As in the third year, there was some travelling to Philadelphia General and Pennsylvania Hospitals, where we added our percussion notes to those of many and great American medical men.

The usual flurry for internships was not so marked in our class; many of the men had signed up before returning to school, some hospitals trying to complete their lists early.

October 16th found us registering in accordance with the Selective Service Act, and the subsequent shuffling and drawing of numbers changed many postgraduate plans.
If one were to designate one particular principle as the theme of our clinical years, it might well be that of "early etiologic diagnosis," a principle which was oft-repeated in all clinics, and which we saw put to practical application with the coming of the sulfonamides and Vitamin K to everyday usage. We were fortunate in having the opportunity to watch these new agents applied in well controlled clinics, and the training we received thereby will certainly guide us as newer remedies are advanced.

Finally coming to our goal of a few years ago, it is something of a surprise to find that the nearer we approach the objective, the larger it gets, and that the "Commencement" means just that; whether our continuance of education will be in the form of a Residency and Boards, or just reading the Journal weekly is quite an individual problem, but guarded questioning reveals that we are an ambitious group, and many have postgraduate study in mind.

The mento-xiphoid incision made in '37 has really opened up something for all of us.

W. L. M.
To all who shall see these writings, Greetings:

Forasmuch as academic degrees were instituted to the intent that men endowed with learning and wisdom should be distinguished from others by honors, to the end that this might be profitable to them, and also that the industry of others might be stimulated and the exercise of virtue and the liberal arts be increased among men:

And as the fullest rights conferred publicly by diploma in our College have this end chiefly in view:

Therefore, be it known, that we, the President and Professors of Jefferson Medical College of Philadelphia, in the Commonwealth of Pennsylvania, have created and constituted a Doctor in the Art of Healing — an honorable man, endeared to us by correct morals and all those virtues which adorn every good man; who, also, by his excellent knowledge of medical as well as of surgical art, acquired by him in our College, and manifested more fully in an examination publicly held by us, has shown himself worthy of the fullest academic honors.

To the one thus referred to, ————, we have, by virtue of this diploma, most freely and fully granted and confirmed all the rights, honors and privileges belonging to the degree of Doctor in the Art of Medicine, among ourselves, and all nations.

In evidence of which let this diploma, signed in our handwriting, and having appended the seal of the College, be a testimonial.

Given in our medical hall, in the city of Philadelphia, on the ...... day of ...... in the year of human salvation ...... and in the ...... year of the sovereign power of the United States of America. [Signatures of President and Dean.]
THE OATH

SWEAR by Apollo the physician and
Asclepius the Health, all the gods and goddesses
that according to my ability and judgement
I WILL KEEP THIS OATH

and this stipulation: to reckon him who taught me this Art equally dear to me as my parents to share my substance with him, and if necessary to look upon his offspring as my own brothers, to teach them this Art, if they shall wish to learn it.

WITHOUT PRICE OR STIPULATION

But that by present lecture or every other mode of instruction, I will impart a knowledge of the Art to my own sons and those of my teachers and brothers bound by a stipulation and oath

ACCORDING TO THE LAW OF MEDICINE,
but to none others. I will follow the system of regimen which, according to my ability and judgement I consider

FOR THE BENEFIT OF MY PATIENTS

Subsist from whatever is conducive to health, no medicine whatever to any one if asked by any one, or suggested by any one, but in such case I will abstain from every voluntary act of mischief and corruption, and will abstain from the seduction of females or males of any person of reputation. Whence in connection with my professional practice or not in connection with it, I will keep unread the secret of men which ought not to be spoken of abroad.

I WILL NOT DEVULGE

as reckoning that all such should be kept secret. While I continue to keep this Oath unviolated, it will be granted to me to enjoy life and the practice of the Art, respected by all men in all times! But should I trespass and violate this Oath, may the reverse be my lot!
To Our Parents

We affectionately dedicate this page to our Mothers and Fathers whose untold sacrifices could only be equalled by their great desire to give us an education and what we wanted most—the right to practice medicine.

R. E. F.
Underclasses ...
Junior Class
Alden, John Wiley, Jr.
Anstine, Dale Thomas
Bailey, Abbott Kenyon
Bantly, Harry Copping
Barnes, Everett Beck, Jr.
Barringer, Phil Louis
Bausch, Richard Deisher
Bland, Chester Brinley
Bowman, Thomas E., Jr.
Braden, Robert G.
Brandon, Milton Boyd
Brown, Harold Elmer
Brubaker, Jacob Henry
Callaghan, Philip James
Cavaliere, Rinaldo Joseph
Cheffey, John Howard
Chevitski, Stanley Bernard
Christ, Nicholas John
Ciaci, Vincent William
Cochran, Fred Richard, Jr.
Connell, James Vincent
Connelly, Edward Williams
Conroy, Edward George
Crissey, Robert Roy
Davis, John Wallace
Deily, Raymond Edward
Deitmaring, Francis A.
Dineen, Thomas Gerard
Doherty, Joseph Cesare
Eckley, Robert
Ehrgot, William August
Emery, Frederick Clayton
Federowicz, Joseph A.
Feigley, Harvey Peter, Jr.
Flick, Lawrence F. X., III
Fox, Robert Tachanen
Galson, John Woodford
Gibson, Edgar Thomas
Gillis, John Angus
Goble, Garvin Garland
Gocke, John Thomas
Gold, David Albert
Goldcamp, Richard Renner
Graff, John Joseph
Grendal, Michael Francis
Grisinger, George F., Jr.
Grubbs, William Edward
Hackman, Edmund T.
Hanlon, David G.
Healey, Joseph Thomas
Heaton, Vincent Warner
Heckman, James August
Hegarty, William M., Jr.
Heinbach, Robert Allen
Hetrick, Matthew Adam
Hilderman, Walter C., Jr.
Ho, Albert Kam Tai
Horan, Austin Joseph
Houston, Robert Ross
Hughes, Robert Lott
Hussey, Howard S., Jr.
Johnson, David Oliver
Johnson, Edgar Norman
Keyes, John William
Knopf, Carl Ludwig
Knorr, John Keyser, III
Kowalesky, Harry Joseph
Lau, Robert Edmund
Leach, Edwin Morse
Liggett, John Samuel
Little, Joseph Rice
McCullan, Luther Layton
McCarter, Robert H., II
McKeigue, John E., Jr.
McLean, David William
McNicholas, Edward M.
Manges, Willis Edmund
Marino, Joseph Nathan
Marthouse, Stephen John
Miller, John Ernest
Min, Thomas Sweet
Moog, Charles Robert
Murray, Edward Francis
Murray, Richard Colburn
Nelson, William J.
Neves, Edmund Fraga
O’Brien, Frank Thomas
O’Connor, John Parrish
Oliver, Richard Loomis
Orton, Stuart
Parker, Philip John
Patterson, John C.
Perilstein, Paul Kramer
Pfister, John Anthony
Phillips, Vernon Richard
Pohowsky, Alex, Jr.
Polischuk, Wasy1 James
Pressley, David Lowry
Ranson, John Lester, Jr.
Reed, Harry Wilson
Rentschler, John Horace
Ressetar, Michael John
Rhodes, John Frederick
Richards, Charles F., Jr.
Ridgway, William Gerald
Rupp, Joseph John
Ryan, James Joseph
Scaricacottoli, Thomas M.
Schaefer, William L., Jr.
Smith, Jay Leland, Jr.
Stapinski, Cyril Charles
Stayman, Joseph W., Jr.
Stein, George Nathan
Steitz, John Arthur
Stewart, Robert Excel
Stone, John Samuel
Strunk, Charles Fulmer
Sullivan, Arthur F., Jr.
Troncelliti, Edward A.
Ulrich, Robert Paule
Uram, Irving Emanuel
Veve, Frank Joseph
Warren, Thomas Noble
Warshaw, Harold
Weeks, John Francis, Jr.
Williams, Burton Lamar
Winham, Arthur J., Jr.
Yantes, Edmond Kiefer
Zukoski, Frank Joseph
Zvalauskas, Anthony G.
HISTORY OF CLASS OF 1942

ON THE occurrence of great events, man has fixed his measurement of time; for so we here at the close of the third year since our entrance to Jefferson, 1941 years since the birth of Christ, 52 years since the Johnstown flood, etc., etc., find that for us time dates from that day nearly three years ago when we first gathered at the portals of this institution. Though great was our surprise and joy when we first received news of our admission, greater was our appreciation when we were to hear during the opening address that evening with what care we had been chosen; that of 1700 aspirants, we mere 134 had stood the test. Many were the praises and words of welcome cast our way during this too brief evening. Dr. Gruber's address filled us with an inspiration to the highest ideals of medicine.

Scarcely had these pleasant bouquets been tended us however, then our course of instruction began; for the next morning we were introduced to a regimen of instruction which can have no equal. It was difficult, those first few months in this new environment, surrounded by our books, bones, skeletons, and cadavers, lost in the deep mysteries of the structure of the human body. By the men who were our teachers we were filled with admiration and respect, for they were of the best mankind could offer.

At D. B. I. we met our instructors in Anatomy. Who of us can forget those dignified, scholarly lectures delivered by Dr. Schaeffer and the hushed attention which followed his every predication; those stormy emphatic lectures given by Dr. Michaels; or Dr. Radasch who, clad in eyeshade and pointer, lectured and tramped hundreds of miles for our benefit in the subjects of Histology and Embryology; Dr. Ramsay we admired for his diligent and competent instruction and his ability to diagnose our slides with naked eye at arm's length.

But very early in our careers we found our acquaintance with these gentlemen both inspiring and exacting; for we had an examination on Osteology the very first day; and very soon, singly, multiply, or in pairs, we had quizzes day after day after day. We worked, we studied, we slaved—we devised means to
stretch the days and hours that we might
study more. How:

"To fill the unrequited minute
With sixty seconds full of distance run,"
this was our problem; and we accomplished it
for in proof:

"Ours was the world and everything that's
in it,"
including our subsequent stay at Jefferson of
the which we now record below.

Dr. Schaeffer was the first to impress upon
us some of the noble standards of Jefferson,
its history and traditions. We began early
to absorb some of these traditions—and some
of the lesser most heartily. We were soon
"passing up" like veterans. Gibson was
"passed up" first, as a sample; next Gocke,
Ho. Grisinger, etc., etc. We re-echoed the
cries of story, story, until we got our share.
Other traditions adopted with pleasure were
the weekly slumber sessions during Dr. Ra-
dasch's lecture—Callaghan and Ryan excelled
here; also the aeronautical exhibitions with
paper aeroplanes when Dr. Bancroft darkened
the room for slides—with Goldcamp as ace
and star performer.

Dr. Bancroft impressed us immediately with
his greatness of stature; and he was to impress
us later with numerous other attainments;
for aided and abetted by his loyal accomplices,
Dr. Hansen and Mr. Williams, he led us a
merry chase. From the Pillars of Hercules to
the Caucasian Mountains and back to the
Islets of Langerhan via the Aquaduct of Syl-
vius, he drove us in the pursuit of science.
When we knew everything, he produced more.
We mastered Greek, Latin, Chemistry, Physics,
Biology, Formulae, Geography, kumiss, fussy
burrs, Dalmatian hounds, etc., etc. We were
anxious to complete this course—but far
from anxious to take the final exam, however.

Dr. Rosenberger, after his first fatherly
and revealing talk on the evils of Eleventh Street,
we elected as our sponsor and adviser by ac-
clamation. Though he insisted upon our learn-
ing the subject of Bacteriology, his spontaneous
and ready wit and cheerful nature saved many
the day when all seemed lost. During the year
we awarded the title of "Best Story Teller" to
Dr. Kreidler, with Dr. Rosenberger and Col.
Corby fighting hard for second best.

With the second year a marked change
occurred in our teaching, in the atmosphere of
the College, and even in ourselves. Study had
definitely given way to a gentlemanly dignified
procedure with adequate time evenings for
outside interests, societies, and fraternity life.

Under the able and scholarly guidance of
Drs. Thomas and Crider we wrestled with the
intricacies of Physiology. Through a maze of
apparatus and experimental preparations we
saw them perform some complex but enlighten-
ing experiments. Dr. Tuttle taught us some-
thing about nerve-muscle preparations, and
astounded us with his ambidextrous exhibi-
tions of artistic talent, and by occasionally
producing from his copious pockets such ar-
ticles as: string, rulers, giant blood cells, a
frog or two, etc.

We found in Dr. Gruber a man ably versed
in the subject of Pharmacology, with the
greatest regard for precision and detail. His
lectures were well supplemented with refer-
ces to the work of "Able and Willing" or
"Kechum and Gotum" or U.S.P. 1913 page
17851 middle of the page, etc. In addition
to Pharmacology we heard about William
Withering and the widow of Schrupshire; also
of Dr. Gruber's famous friend who "spit to-
bacco juice in a snake's eye at twenty paces,
gentlemen—and knocked him—dead."

Drs. Haury and Drake were a pleasant addi-
tion to the teaching staff. Dr. Haury's popu-
laritv was substantiated by stories—of which
he knew a score.

For the first half of the year we were con-
founded twice weekly by Dr. Schaeffer's learned
dissertations on the subject of Neuro-Anatomy.
With the able tutorage of Dr. Lipshutz and a
number of exciting evenings chasing ourselves
around the circle of Willis, most of us saw
the dawn of knowledge on the morning of the
examination and narrowly cleared this im-
mense hurdle.

In the field of Pathology we met three ex-
ceedingly interesting personalities:
Dr. Moon, a scientist, gentleman, scholar, and philosopher extraordinary, whose lectures were instructive and interesting, and properly punctuated by no less interesting and appropriate digressions.

Dr. Morgan, sincere and likeable, who ably and convincingly presented morbid Anatomy with numerous references to his "beautiful" specimens and his "most distinguished chief."

Dr. Lieber, whose references to "fawtty metamawfosis of the livaw" and "cawcino-maw" amused us at first, but whom we came to respect for his knowledge and his ability to simplify the mysteries of Pathology by illustrating their practical application in medicine.

Finally we entered upon the junior year, our thinning ranks replenished with additions in the form of transfer students. We found these to be mainly southern boys who, after we soon discovered that they had no hookworm, malaria or ascariasis, we found to be grand fellows. Barnes particularly displayed a fine southern gentlemanly attitude under duress when he was taken with an acute attack of dishabille during "passing up" and lost his trousers.

Now during the third year we had truly come into our own and felt and acted like true medical men—even to the extent of raising a mustache or two. The clinics conducted by such of our idols as Drs. Shallow, Reimann, Mohler, Vaux, and Keyes, which we had cut classes to glimpse in the past years now became a part of our program.

Dr. Ulrich kept our interest at a high pitch in Obstetrics with occasional thrillers entitled: "How I got that baby out."

With the new change in schedule, we became the first junior class to enter upon the clinical clerkships.

During the year, the ΝΣΝ and ΛΚΚ boys occupied the front row seats during lecture hours, while the ФΨΣ and ФΑΕ groups fought for the rear seats. During recitations the entire class fought for the rear seats and especially the ΔΚΚ and ΝΣΝ groups.

With experiences too numerous to mention, and limited in this particular by time and space, the year moved by at a mad pace. We hated to see it end—and partly because of certain embarrassing questions which we have learned through experience are often asked on final examinations.

R. J. C.
Sophomore Class
Adam, Stewart Inglis
Aitken, Douglas Harold
Alderfer, Henry Harr
Ambrose, John Francis, Jr.
Armitage, Harry V. G.
Bender, John Albert
Berry, Theodore Joseph
Borkowski, Winslow J.
Bush, Louis George
Callery, Gerald Edward
Campbell, Robert Clare
Carman, Harry Edward
Ceraso, Samuel Thomas
Cessna, Gerald Howard
Clader, Stanley Castiglione
Clark, Frank
Conrady, William Earl
Cooper, Leonard Selby
Costello, Patrick Joseph
Crawford, Robert A., Jr.
Cresson, Samuel Lukens
Davitch, Leonard Samuel
Deardorff, John Edgar
Derickson, Philip Gregg
DiCecco, Frank Joseph
Dore, Clarence Everlyn
Dorman, Gordon
Durham, Davis Godfrey
Durr, Theodore H., Jr.
Earnest, Franklin, III
Elwell, Hildreth B., Jr.
Faris, Samuel Sheets, II
Fisher, Harry Logan
Fornwalt, George Robert
Fox, John Lincoln
Fox, Joseph Robert
Frankel, Kalman
Friedman, Adolph Aaron
Fulton, William Oscar
Funk, Vance Anderson, Jr.
Furlong, John H., Jr.
Garcia, Armando Rafael
Gibbons, Robert John
Grady, William Francis, Jr.
Greaney, Edward Michael
Groff, Harvey Deily
Grugan, Hartford Ernest
Hager, George William, Jr.
Hamburg, Allen Edward
Harnagel, Edward Everett
Hawkins, Charles Franklin
Headrick, Elmer Oscar, Jr.
Heksher, Rudolph H., Jr.
Helden, Gerard Oscar
Henson, Edward Vale
Hile, Harry Eugene, Jr.
Hilferty, Daniel Joseph, Jr.
Hoffman, Lewis Albert, Jr.
Hosay, John Joseph
Houck, George William
Howe, Robert Gerard
Jackson, Richard Stuart
Johnston, Frank B., II
Kain, Thomas M., Jr.
Kareha, Louis G.
Kearney, Paul Anthony
Kidney, James Jordan
Kinsey, Frank Robb
Kolarsick, Albert John
Ladden, Paul Aloysius
Lang, Warren Reichert
Langan, Thomas Joseph
Leslie, Warren Deck
Levy, Edwin Joseph
Light, John Harding
Lindquist, John Norman
McCafferty, John Paul
McCloskey, Joseph F.
McDonald, Brown, Jr.
McElree, James Coulter
McGee, Leonard Joseph
McGinty, John F., Jr.
McHugh, Joseph John
Madura, Joseph Robert
Milczanaski, Thomas J.
Miller, Bernard Joseph
Miller, Stanley
Nelson, Francis Baker
Norton, Edward Andrew
O'Brien, William Robert
Owen, John Jones
Palmer, Louis Henry, Jr.
Parry, Rhinard DeLance
Pennington, Howard L. J.
Reed, Franklin Luther, Jr.
Reinhart, Harry A.
Rich, Joseph Richard
Richards, Arthur C., Jr.
Rodham, Russell David
Rogers, Lewis Leonidas, III
Rose, Francis Leland
Rossman, Bernard
Rouse, Paul Vincent
Rumer, George Francis
Ruoff, Andrew C., Jr.
Ruth, John Francis
Saul, Robert Jonathan
Schlosser, David Eugene
Shackleton, John Henry, Jr.
Shaffrey, Thomas Aloysius
Smith, Howard Bradley
Smith, Philip Allen
Stanton, John Joseph, Jr.
Suter, William Benford
Tananis, Anthony Adam
Tobias, Carl Adam
Uhler, Walter Miller
Valerio, James Vincent, Jr.
Wagner, Henry Sherman
Wenger, Alvin Paul, Jr.
West, William Joseph
White, Robert Emerson
Whiteley, William H., III
Williamson, Robert G.
Willis, George Gibson
Wilson, John Knox
Zimmer, Louis Edmund
Zimmerman, Franklin D., Jr.
ARRIVING in Philadelphia in September, 1939, the class was welcomed by David M. Davis. Thereafter until June of 1940 we worked as all freshmen do at Anatomy, Histology, and Embryology under Dr. Schaeffer and his associates. We also absorbed quantities of Bacteriology under Dr. Rosenberger, and under Dr. Bancroft we delved into the mysteries of Physiological Chemistry. Looking back it was a year filled with real work, and one which we shall never forget.

September 1940 saw the re-assembling of those who weathered the storms of the freshman year, and I am happy to say that a high percentage of us were still here to delve further into the mysteries of medicine. We heard Dr. Reimann deliver the opening address which foretold of many changes, many of which affected our class.

The first half of the year seemed like a vacation compared with last year. However, the addition of the Laboratory of Clinical Medicine under Drs. Cantarow and Tocantins was a welcome one, since it served to break up the monotony of the basic sciences of the first two years.

The enthusiasm of the class has yet to be dimmed. The applause before the lectures would be gratifying to any lecturer, and cries of story are still to be heard, and Drs. Thomas, Moon and Tuttle still fulfill them. Dr. Thomas was a great help to all of us, and was always willing to help in any way possible, assisted by Dr. Crider, and Dr. Tuttle whose ambi-dextrous drawing ability and subtle humor will never be forgotten.

Dr. Moon with the aid of Dr. Lieber, presented an excellent series of lectures in Pathology, and Dr. Morgan, whose lectures in Morbid Anatomy were a source of a great deal of our knowledge of Pathology, will never be forgotten by Jefferson students.

We again met Dr. Schaeffer in Neuro-Anatomy, a baffling course if there ever was one. I think all of us hoped that the upper-classmen who said that it would all clear up before the examination were right, for it certainly needed clearing up. I personally think some of us are still waiting for it to clear up.
The laboratory under Dr. Lipshutz presented the gross aspects of Neuro-Anatomy.

In Dr. Gruber we met a man who certainly can cover a lot of ground in a one-hour lecture. His memory for names, dates, and facts is only exceeded by the amazing speed with which he lectures. Dr. Haury also can cover a lot of territory in one hour, and between the two of them we learned quite a lot of Pharmacology.

Surgery under Dr. Surver in the first semester introduced us to a new field of medicine and it also helped to break up the basic science routine. Dr. Fry in the second semester presented further aspects of Surgery and made the second year more interesting.

The new Physical Diagnosis course under Dr. Eads was one of the most interesting courses of the year, and was enjoyed by all since it gave us a chance to sport our new stethoscopes and to try our hand in what seemed to us to be real medicine.

In looking back over our second year, I think all of us have enjoyed it a great deal, and we look forward to our junior year with high hopes for another successful year.

G. F. R.
PART OF ONE'S ARMAMENTARIUM
Freshman Class
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<th>Name 1</th>
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HISTORY OF CLASS OF 1944

The Class of 1944 assembled for the first time in the halls of Jefferson to listen with abated breath to the Introductory Address which marked the 116th Annual Session of the College on the evening of September 18, 1940. On this memorable occasion Robert P. Hooper and Dean Henry Keller Mohler presided.

Dean Mohler commended the success of the 134 freshmen upon their acceptance to Jefferson Medical School. Dr. Hobart A. Reimann delivered the opening address.

The remainder of that week was one of "hustle and bustle" as we received our lockers, books, and box of bones.

By the end of the first week we had met the gentlemen of whom we had heard so much from the upperclassmen, the professors, who were to instill within our minds our first knowledge of Medicine. They have proved themselves to be kind, patient, and above all, proficient men.

The first met was Dr. Shaeffer, who, with his distinguished air, impressed us immediately with his profound knowledge of Anatomy. His opening lectures were inspiring, especially in regard to the courage shown by our forebears in order to study the human body. Dr. Michels and Dr. Bennett also presented many interesting and instructive lectures, not to mention their skill in the dissecting rooms where Dr. Michaels can give odds that he will produce a nerve at the first probing and Dr. Bennett will produce careful picture-book dissections.

In the department of Bacteriology we met the genial, humorous, and true friend of the freshmen, Dr. Rosenberger. He soon won the respect and admiration of the entire class, especially by his uncanny ability of remembering our names in such a short time. We will never forget his weekly "conferences" wherein he asked questions that he alone could answer. His able assistant is Dr. Kriedler, who has a repertoire of stories that might explain a point (with a little imagination) that he was trying to put across.

In Embryology and Histology we met Dr. Radash who lectured with such rapidity that we found it was almost impossible to take notes. However, the lectures were interesting since the Doctor would argue the veracity and authenticity of the views of many exponents of theories in regard to a certain point pertaining to the matter at hand. His assistant, Dr. Ramsay, is envied by all for his ability in sketching the intricate outlines of the various stages of development in Embryology, and for his orderly, simplified, and condensed presentations of the more complicated phases of Histology.

In the Chemistry department we were introduced to Dr. Bancroft, a man with every freshman's interest at heart, and we have learned to respect him as a sincere, conscientious, and able professor. Dr. Hanson has proved himself a capable man and will always be remembered for his willingness to help in the laboratory. Mr. Williams was also ready to lend a helping hand and to clear some point that might be vague.

Thus the year progressed. In a few weeks the final examinations will be at hand which will separate the chaff from the wheat. May we all be fortunate and deem ourselves competent enough to further our studies at Jefferson.

T. M. L.
Features...
George Alvin Ulrich, M.D., Sc.D., Sc.M.
Clinical Professor of Obstetrics

IN COMMON with other long established medical schools the Jefferson Medical College is fortunate in possessing many pleasing and heart-warming customs.

One such traditional gracious precedent is that, in their final year as undergraduate students, the members of the Senior Class present to the School, through their President, a portrait of one of their teachers. The gift is a visible and enduring token, not only of the affection of the men for the College, but is equally significant of their abiding interest in its future welfare.

On March 6, 1941, the Hospital amphitheatre was overfilled with a distinguished, enthusiastic, happy audience, the guests of the Senior Class. The assembly comprised a host of the friends and admirers of Professor George Alvin Ulrich whose portrait was to be unveiled and presented.

A happy, popular and noteworthy event, pleasantly interrupting the prosaic routine of the school year, served to focus the attention of teachers, students and friends upon the character, personality and services to the College of an unusually successful and popular teacher.

The present enviable reputation of the Jefferson Medical College as a conservative but progressive school in which a student is afforded every opportunity and facility for obtaining, in four short years, a sound foundation upon which may be built a lifetime continued education in medical science has been established and maintained by the self-sacrificing devotion and loyalty of a large number of physicians.

There could be no better example of helpful service to the College and to its students than that exemplified by the remarkable obstetrician and unexcelled clinical teacher of his important specialty whose portrait was unveiled by the President of the Class, John Joseph Gill.

Dean Mohler received the portrait for the Board of Trustees and a short address was made by Professors E. Quin Thornton, Norris W. Vaux and Randle C. Rosenberger. The distinguished artist, Roy C. Nuse, had, with inspired genius, delineated upon canvas both the very image and a speaking likeness of the greatly beloved teacher.

This happy and long to be remembered occasion was an event in which the members of the Class of 1941 rendered all those who love Jefferson and who cherish its finest traditions deeply in their debt by the timely gift to the college authorities of this excellent likeness of Professor Ulrich.

The scene in the amphitheatre when the portrait was revealed will not be forgotten by those who witnessed it.

Alumni of the College were present in large numbers, nurses, students and friends of the College rejoiced at the spirit of the gathering. The presence of four famous teachers of two generations of Jefferson's students made the occasion unique.

The writer recalled that, in his senior year, the members of the Class of 1902 were, unanimously, of the opinion that, of all their brilliant and talented teachers four of that number possessed, in the greatest degree, those qualities and personal characteristics which caused them to be the most respected, admired and appreciated members of the staff of instructors. These teachers were Albert P. Brubaker, E. Quin Thornton, Randle C. Rosenberger and George A. Ulrich.

The passing of nearly two score years has but served to confirm and emphasize the conviction that the Jefferson College in all its honorable history has never commanded the services of more devoted and altruistic teachers nor have the students at Jefferson ever possessed more truly interested and devoted friends than the four men named by apprecia-
tive students at the beginning of the present century.

Each of those three greatly loved and deeply respected teachers were present to congratulate Professor Ulrich and to enjoy his red letter day with him. Exceptional characters and inimitable teachers find, to their astonishment, that they rapidly become legendary figures as a result of the extraordinary influence which they exert on large numbers of students and associates. Professor Ulrich is widely and favorably known as an unusually skilled accoucheur and is justly celebrated for his ability to render not only intelligible but interesting the fundamental principles and technical procedures essential to his specialty.

In the forty unusually active years of his professional and teaching career he has taught two generations of students and has done this with sustained interest and genuine enthusiasm.

He continues to give his lectures in his characteristically informal and unique manner.

His method of conveying and emphasizing important information by anecdote and by apt illustrations derived from his extensive professional experience is not likely to be forgotten by those fortunate enough to be instructed by him.

For twenty-five busy, happy years Doctor Ulrich carried the responsibility for the greater part of the clinical teaching of obstetrics at Jefferson and was most active and helpful in the wards of the Maternity Department and, in spite of a large private practice, he managed, in a mysterious and almost magical fashion to be present whenever the students or the junior staff needed expert advice and, when indicated, his skilled help.

Such advice and help were given freely and in the best spirit of true brotherhood in the profession.

Professor Ulrich has served faithfully and loyally under three professors, namely, Edward Parker Davis, Pascal Brooke Bland and Norris Wistar Vaux. Each of these distinguished obstetricians gratefully acknowledged the invaluable services rendered by Doctor Ulrich and each considered his activities in the interests of patients and students a priceless asset to the Department of Obstetrics.

Professor Ulrich has greatly influenced at least six thousand undergraduate students and when one adds to this number the numerous graduates of other schools with whom he has worked at various institutions one can form an idea of how useful and helpful a life he has led.

If one contemplates the influence for good exerted by a talented and truly interested teacher in a special field over a period of forty years and pauses to remember that such a teacher’s helpful influence continues, not only as long as any of his students lives, but as long as the truths he has taught and emphasized and exemplified are quoted and used in practice one can visualize a much to be envied medical immortality. What student could forget that Professor Ulrich, in order to properly emphasize the need for patience and still more patience in dealing with obstetric problems was wont to declare that, “the best and most generally useful obstetric instrument is a big black cigar.”

Professor Ulrich has been gently chided for, on occasions, revealing “old-fashioned” ideas and methods. He, on the other hand, is always ready to declare with emphasis that Nature, too, is old-fashioned and her methods can, with benefit, be observed and studied by modern and ultra-progressive obstetric surgeons.

Professor Ulrich is of the opinion that there should be definite indications for surgical interference in childbirth and is fearless in condemning haste and “meddlesome interference with nature’s own methods.” On one occasion when called upon to discuss a paper in which the author reported a large number of Caesarean sections without relating the definite indications for the need of surgical intervention Professor Ulrich said “apparently the only indications required by the essayist for major surgical interference was (1) that the patient be pregnant and (2) that she be unable to speak or understand English.”

Few obstetricians connected with any medical college in the world have exerted so great, so wholesome and so lasting an influence for all that is best in the practice of obstetric art as Professor Ulrich has done. He is respected, admired and beloved by his associates, his students, his nurses and his patients.
No portrait of any faculty member could possibly be more warmly welcomed by the Alumni of the College than will be the generous gift of the Class of 1941.

We have considered the unselfish and self-sacrificing professional labours of an exceptional medical teacher. Our next problem is to state how, in our judgment, he came to have the characteristics which endeared him to two generations of students at Jefferson.

George Alvin Ulrich was born on December 14, 1873, in North Annville township, near Lebanon, Pennsylvania.

He was the seventh of nine sons of Daniel D. and Eliza Heilman Ulrich and, with one sister, formed a busy, happy and contented Pennsylvania German household.

George Ulrich was fortunate in his ancestry in that he inherited not mundane wealth but something far more important and precious, namely, exceptional physical and emotional health, an unusual supply of that rare quality, "common sense" and a particularly sound philosophy of life and how to live it.

To be born and reared in the country, to have the companionship of a large family of brothers and a sister and to live on a busy farm in one's impressionable youth possesses signal advantages for a future physician and teacher that no other environment can supply or equal.

George Ulrich began his formal education in the public schools of Lebanon county and, taking advantage of special courses and training at the Lebanon Valley College, he educated himself to teach in order that he might procure for himself a college education.

To have, successfully, taught school in one's youth proves a great asset for a teacher of medical science and George Ulrich's success as a patient, sympathetic and understanding teacher of medical students can be traced to the early, important and invaluable training received while being helpfully employed in instructing the youth of Lebanon County.

George Ulrich graduated from the Lebanon Valley College with the degree of Bachelor of Science in 1897 and, in 1899, was awarded the degree of Master of Science from the same institution.

As an undergraduate at Jefferson there began the interest in obstetrics which branch of medicine has continued to be his professional life's work. In the vacation period between his junior and senior year Ulrich acted as man midwife for over seventy obstetric patients.

It is not strange that when he graduated with the degree M.D., in 1901, he was awarded the gold medal for excellence in midwifery.

Grateful mothers and appreciative fathers have been, verbally, hanging medals upon Professor Ulrich for his kindness, care and skill in escorting their babies into the world ever since his graduation in medicine. Immediately after graduation Doctor Ulrich became actively associated with the Maternity Departments of both the Jefferson and the Polyclinic Hospitals.

He was soon appreciated as a conscientious and dependable associate and in a brief period was respected for his judgment, skill and kindness in dealing with patients, assigned students and his colleagues.

The trite saying "the willing horse carries the load" was never better illustrated than by the responsibilities which gravitated to the dependable shoulders of Doctor Ulrich.

Is it not entirely possible that if Doctor Ulrich had been financially able to spend much time with world renowned obstetricians in postgraduate study that he might have lost something of his natural resourcefulness and native ability to deal successfully with the emergencies of obstetric practice?

Fortunately for Doctor Ulrich he had, while a medical student, had the great fortune to meet Miss Hester D. Ralston and, without delaying until he could make a fortune, he persuaded this charming and talented woman to become his wife and, in very truth, his helpmate.

Had he searched from pole to pole he could not have discovered a mate more unselfish, more truly interested in his career and happiness and more willing to make sure that his home life be as nearly free from care as it could be made.

Two daughters arrived to make the home life complete. There is a story current in South Philadelphia concerning these two charming little girls that is worth repeating.
A young boy in whose home Doctor Ulrich had delivered two little girls was not entirely satisfied with his sisters. He was heard to mutter, after seeing the Doctor’s two dainty daughters, “It’s not fair. A doctor gets all the breaks. He keeps the best for himself.” The daughters have, since those days, matured and each is happily married and remain the joy and pride of their parents’ hearts.

Professor Ulrich became addicted to golf at fifty-five years of age and, in spite of his delayed introduction to the game, he is now as successful a golfer as he is an obstetrician or teacher of the obstetric art.

One of his colleagues assures me that, although long associated with Professor Ulrich in his profession, he has seen him far more disturbed by deficiencies in his golf game than in any emergency in his practice. Professor Ulrich has an ideal home life but, in spite of this fact, he is a loyal, practicing medical fraternity man.

The members of the Alpha Kappa Kappa group are indeed fortunate to have commanded the heart and head interest of such a loyal member through the years.

Professor Ulrich is in perfect health. He is successful, skilled and helpful in his professional activities and is an ideal teacher. Cannot it be said of him

““He has lived his life nobly, lived it well
Did the good which he could do,
If no Heaven he has had his,
If there be he shall have two.”

E. J. G. B.

On Dr. Ulrich’s
“Red Letter Day”

Students and Friends:
I suppose I have to go back and say something the artist said while he was painting the portrait. He said, “I’ll have to put the paint on thick so it will last.” And from what I heard this afternoon, I guess the speakers here thought the same thing.

Doctor Thornton called your attention to Doctor Brubaker. If there is one man whose presence I appreciate, it is Doctor Brubaker’s
and I wonder if he would consider it too much if I would ask him to rise in his seat so that those of you who were not his students may see the man whom we all respect and revere. After all that has been said here today, there is very little left for me to do but sing the doxology. I don’t say that with any irreverence because I believe that it is the nicest song of praise and thanksgiving in existence and there is nothing but praise and thanksgiving in my heart this afternoon. I am as happy as any human being can be and I possibly feel a little bit like the boy who is just left out of school, who wants to give a whoop and slap everybody on the back. Now that is all your doing—the Class of 1941—and I thank you for it. I scarcely know how to say it. I am supposed to get up here and thank you for what you have done but before I tackle that, there are some other people that I have to thank, not because they are more important but because we always like to leave that which is best until last. But they are important. I want to thank Mr. Wilson, and I know the Senior Class joins with me, for the assistance which he gave us in selecting the artist, which we were so fortunate to get, and the kindly manner in which he directed us in subsequent procedures. We all feel that he had much to do with making this portrait a success and I know he will accept our thanks. With that, Mr. Wilson, goes the hope and belief that you will help future classes the same as you have helped us. Of course I can’t go on without saying something about your Professor and my Chief. We have to thank him for the kind remarks he made. We have to thank him for the courtesy that he showed us, as Mr. Nuse has said, in selecting a place to paint this portrait amid hospital surroundings and hospital atmosphere. It often inconvenienced his teaching staff but in spite of this, he allowed us the use of the classroom for hours at a time and he saw to it that we weren’t disturbed. He came in at intervals and suggested things—this or that—which I know had something to do with making the picture, I might say, more perfect than the subject. We thank Doctor Vaux for what he has done and we feel that he had a good deal to do with making the composition of this portrait a possibility. I must thank the artist and I suppose I ought to praise him a little bit but his head is already so big that it is coming out the top of his hair. I want to thank him for being so kind and considerate of me. Never once did he tax me to the point of weariness. He made the posing a pleasure instead of the anticipated ordeal. He explained everything as he went along, telling why he did this, and why he did that, and when I thought the picture was complete, I asked him, “Now what do you have to do?” Just then he dropped, unconsciously, a pearl of thought that we might carry with us and put into practice. He said, “I must adjust this part to that and that to the other thing. I must keep on adjusting until there is no more adjusting to do and then the picture will be complete.” Now I thought, what a grand philosophy of life that would be. If we could adjust ourselves to that and to the other thing until there would be no more adjusting to do, how complete and happy our life would become. Well, I must say something about the nurse. Now I have taken a good deal of teasing about that. Some fellow would say, “Is that your favorite nurse?” One asked, “Is that your pet?” and Doctor Vaux said, “Why, Bill, you don’t know George, he pets them all.” And the artist and I had a little bit of an argument when he wanted to put a nurse on the picture. I wanted to know why he couldn’t accommodate five or six. Some asked, “Where did you find her?” Roughly, about twenty years ago, I was on the reception committee, the head usher at her coming-out party. When she emerged she was 50 centimeters in length and weighed 9 pounds, 2 ounces. Now here she is, popping up again. Which just proves the fact that chickens will come home to roost. There was just a little unpleasantness that I had with her and that was this. She tried to coax me, and bribe me, and in every other way she tried to induce me, in some surreptitious manner, to mention her phone number. I had to tell her it was unethical for doctors to advertise.

Leaving the most important and difficult thing until last, I might just say, I thank all of these gentlemen for the kind remarks they have made and then say something to the Class of 1941.
Much has been said about my reputation as an obstetrical teacher. Now I owe much of that to my predecessors for all I did was ape those of my teachers who are considered the most successful—Doctor Brubaker, Doctor Rosenberger, Doctor Thornton, Doctor Dehoney, and Doctor Rugh. I studied them a little bit and I soon found that the most successful were not always those that had the profound knowledge, or the most scientific data on the tip of their tongues, but the ones that had another and perhaps a more essential asset. They knew the boys. So when I stepped almost directly from the student’s bench to the teacher’s desk, I still felt that I was one of them and I did everything I possibly could to try to get the students’ confidence and friendship. Years ago we had evening classes and after the classes were over, a number of the men and myself would often go to a bowling alley and spend an hour or so, presumably getting needed exercise and competing in a sport, but all the while I was trying to develop that feeling in the students which would make them feel that I was their fellow-man. I don’t believe that there should be a partition, a stone wall, or a space between student and teacher. They should feel as one. I gained their confidence and friendship. I would go out in the park and play ball with a crowd of the students and my reward was in knowing they felt that I was at least one of them. Now I don’t know what to say to thank you. This is the red-letter day of my life and it is all your doing. Words can’t express how I feel because when your Committee first came to me I knew that you were conferring an honor upon me but I didn’t realize the magnitude of that honor. I didn’t fully grasp it until sitting here today, looking at that picture, I realized that it was really going to be put on the walls of the Jefferson Medical College where it would help to preserve my, I don’t like to say memory, I would rather say reputation. I tried to make a reputation and as Hayden at one of his round-table talks said, “The first difficulty is to win a reputation, the next is to keep it while you live, the next to preserve it after you die, when interest and affection are over and nothing but sterling excellence can preserve your name.” I will try to preserve that reputation which I made as long as I live and you, with this portrait, are doing much to help me to preserve it after I die. If I did as my impulses prompt me, I would get up into those seats and take each one of you by the hand and try to make you feel that which I cannot tell you in words. I know that I am hardly deserving of this honor. There are many classes with whom I spent from twelve to fifteen or even more hours every week teaching obstetrics. With your class I spent one hour a week. Now why this reward should come from you, unless it is a handed down accumulation, I don’t quite understand. I wish I could thank you adequately. I’ll never live through writings I have done because circumstances prevented that. My only hope to live is in the hearts of my students. And I hope that in my teaching I have given you something that those of you who shall become teachers may see fit to hand on to your students or perhaps there may have been at times a little thought or precept unconsciously dropped that you may see fit to hand to your children. So my only hope is that I’ll find a spot in your hearts that will occasionally bring me to your memory.

Gentlemen, I don’t believe any person can realize the full extent of the honor you have conferred upon me. Words will not thank you, and in closing I want to say that I have a wife who has shared all my joys and sorrows; that I have two daughters whose pleasures have been my pleasure. They join me in thanking you for the honor you conferred upon me and they shall continue to thank you so long as they retain a memory. Now, Gentlemen, individually and collectively, I thank you.

G. A. U.
DAVID REYNOLDS MORGAN was born October 4, 1890, in Edwardsville, a small mining town in the northeastern section of Pennsylvania. Here he attended the public schools, graduating from high school in 1908. The next four years he studied at Wyoming Seminary at Kingston. He matriculated at the Jefferson Medical College in 1912.

The Morgan family was among the settlers and founders of Edwardsville, and was prominently identified with the early mining activities of that region. His mother, a talented musician, is the daughter of David Reynolds who was an important figure in the anthracite industry of Mahanoy City.

Upon entering Jefferson, he soon plunged into the work, and established a reputation as a diligent student. He was elected to Alpha Omega Alpha, and later served as secretary of that organization. He was one of the organizers of the Hawk Biochemical Society. During his senior year he was Literary Editor of the Class Book, and was one of the committee that selected its name, THE CLINIC, which has been retained by all succeeding classes since 1916. He became a member of the Theta Kappa Psi Fraternity during his first year and was its historian for three years.
Dr. Morgan began his internship at the Jefferson Hospital in May, 1916, the year of his graduation. In November of the same year he attended a lecture by Dr. Frank Abbott who had just returned from active service with the French Army in France. Dr. Morgan was so impressed by Dr. Abbott’s recital of his war experiences that he volunteered immediately. The Board of Directors of the Jefferson Hospital willingly granted him a six months’ leave of absence to serve with the Medical Division of the French Army.

It was the general opinion, at this time, that the war could not possibly last more than six months. Dr. Morgan left all his books and the greater part of his clothing in his room in the Hospital, confident that his absence would be of short duration. He sailed from New York in December, 1916, on the French liner, Rochambeau, and landed at Bordeaux, France.

Dr. Morgan was assigned to Hospital Militaire, No. 10, in the Seine et Oise District, where he received his first military training. A previous knowledge of the French language was a great aid to him in executing official forms and reports. He was promoted to the rank of Captain and was appointed Medecin-Chef at this station. The Hospital had a capacity of one hundred and fifty beds and was organized to treat the medium grade traumatic wounds. The service was an active one and supplied Dr. Morgan with an extensive surgical experience.

After the arrival of the First Division of the United States Army in France in September, 1917, Dr. Morgan requested that he be relieved of duty in the French Service. Accordingly, he was given an honorable discharge, and the Medaille de Reconnaissance was awarded to him for his faithful service at Hospital No. 10. He promptly went to Paris where the American Army was establishing headquarters. Here he was informed that the Army of Occupation had no authority to confer commissions, and, to expedite matters, he was advised to return to America, apply for a commission and then return to France. However, he could see no point in such a useless procedure. He wished only to serve and, with little regard for rank and its prerogatives, he determined to enter the service right there in Paris. Without further delay, he joined the American Army with the grade of private, and requested headquarters to forward his commission when and if it arrived.

Dr. Morgan was assigned to the 18th Infantry of the First Division, which was then in the rear awaiting orders to go to the front. Soon after joining this regiment, it moved into a sector at the Lueneville front, which was partly manned by the French. He took an active part in the intensive trench fighting on this part of the line.

The winter of 1917 and 1918 was unusually cold and severe; mud, water, and many privations added to the discomforts which every soldier of the A. E. F. can well remember. During this period, while repulsing one of the enemy’s frequent night raids, many of his companions were killed or wounded. At dawn, in full sight of the enemy and under constant rifle fire, Dr. Morgan jumped out of the trench and carried one of his commanding officers to safety. His comrades, inspired by his bravery, joined him, and many of the wounded were rescued. For this act of heroism, he was awarded the Croix de Guerre with the palm. It was at this juncture that his commanding officer, the distinguished Colonel Frank Parker, later General Frank Parker, personally attended to commissioning him a Lieutenant in the Medical Corps of the same regiment. Later, on the Seichprey front, a citation was awarded him on two different occasions for similar performances.

With the coming of spring, his regiment went through the great battle of Cantigny. On the second day of this battle, Dr. Morgan was severely burned with mustard gas. After three weeks
in the hospital, and before his burns were completely healed, he returned to the front. At this
time, the unusual movement of troops and material toward the front, suggested preparation for a
major offensive. This concentration resulted in the Battle of Soissons, one of the largest and most
decisive in which the American Army participated. During the early stage of the battle, Dr. Mor-
gan sustained a bullet wound of the right ankle. Disregarding this injury, he continued to serve
the wounded throughout the engagement. For this service in this battle, he was awarded the Dis-
tinguished Service Cross. The citation on which the medal was awarded reads as follows:

"While still suffering from a former attack of gas, he was again attacked by gas fumes
after thirty-six hours of work among the wounded men in the front line and was sent
to the dressing station. Refusing to remain away from the front line, he again made
his way to the elements in the advanced positions and under intense enemy fire he searched
for wounded men, applied first aid, and directed their removal to a place of shelter. This
work he continued until severely wounded and carried from the field."

He remained in the hospital for two months while his wounds healed, then returned to his
regiment which was preparing to advance on the San Mihel and Argonne fronts, where heavy
fighting faced his renowned regiment.

In the vicinity of Mountfacon, in the early days of October, he was again wounded and severely
gassed. He was taken from the field and removed to the rear for hospitalization, where he remained.
The war terminated six weeks after his last injury.

He returned to America and to military hospitals where he fully convalesced. After he re-
ceived his honorable discharge from active service in October, 1919, he received a commission as
Major in the Army Reserve, in which capacity he has served for the past twenty years.

To add to his other decorations, Dr. Morgan has been recommended for the Congressional
Medal of Honor.

In November, 1919, after the long time spent in very active military service, he was comp-
pelled to take up the thread of civilian life. As his health was greatly impaired and he was not
strong enough to undertake the duties of a practicing physician, he decided to devote a few years
to advanced study. He registered at the University of Pennsylvania, and enrolled in the School of
Public Health. On completion of this course, he received the degree of Doctor of Public Health.
His thesis, which won high commendation, was entitled "A System of Sanitary Grading for Towns
and Smaller Cities." Then he enrolled in the University's Graduate School of Surgery. The degree
of Master of Science in Surgery was conferred upon him and he received a cash award of five hun-
dred dollars to be used for further study in this field. His thesis at this time was "The Carrell-
Dakin System of Treating Infected Wounds."
At the conclusion of this work, in 1923, he was called in by the distinguished Dean of his Alma Mater and offered an assignment of the Pathological Staff of the Jefferson Medical College. Since then, his service at Jefferson has been continuous except for one interruption, during which time he served as Medical Director at the Eastern State Penitentiary. While at the penitentiary, Dr. Morgan was largely responsible for rebuilding and refurnishing the prison hospital; he developed a hospital staff from among the prisoners, which has become a model for institutions of its kind. Following this, he resumed his duties in the Department of Pathology.

Dr. Morgan joined the staff at Jefferson in 1923 as an Assistant Instructor, and has advanced to his present grade of Assistant Professor in Pathology and Curator of the Museum. He has taught Morbid Anatomy, and has excited an interest in this great division of Pathology by his zealous teaching and his extensive collection of specimens. The Museum has increased to over twice its original size since Dr. Morgan became Curator. It is now one of the greatest teaching museums in the United States, and among the greatest in the world.

He is a member of the Philadelphia Pathological Society, the Philadelphia College of Physicians, and the International Society of Pathological Museums. He is a thirty-second degree Mason, a member of the Association of Military Surgeons and the Legion of Valor. He has served as Chairman of the Graduate Board of his local fraternity—Theta Kappa Psi.

His greatest desire has been to encourage and to revive an interest in the subject of Morbid Anatomy, and to this end he has collected a vast number of teaching specimens. If his labors shall result in nothing more than exciting an interest in this great division of Pathology, which he feels has been somewhat neglected in the past decade, he shall indeed feel that his efforts have not been in vain.
An Appreciation

"Nor wouldest thou reap thy due reward, should the parchment leave thy worthy deeds unheralded."

Horace Odes, IV:8.

Doctor Howard Holt Bradshaw graduated from Jefferson in 1927 and served as interne in the Jefferson Hospital (1928-1929). After a few years away from us, mostly at Harvard, he returned in 1936. I was fortunate in that he was attached to the B. Surgical Service so that when I came to Jefferson in November, 1936, I found him well established in Thoracic Surgery and as I had been somewhat of a pioneer in this subject I could appreciate how helpful it would be to have an associate able to do the Thoracic Surgery, usually a very trying and time-consuming procedure.

It became apparent soon that Doctor Bradshaw had what is sometimes called a scientific type of mind, eminently suited to a medical school hospital. His teaching reflected this tendency and lifted all of us from the so-called quiz method of teaching. It is a pity that lack of funds at Jefferson has prevented him from developing the research instinct which he has, except to a limited degree.

I do not recall that any of us in the surgical division has been as prolific in his writings as Doctor Bradshaw and many of his contributions have been noteworthy. Nationally he has been recognized by election as a Fellow of the American College of Surgeons and the American Association for Thoracic Surgery.

He leaves Jefferson for a wider field, that of Professor of Surgery in the Bowman Gray School of Medicine and Director of Surgery in its hospital. We are proud of this appointment although we regret that he must leave us. He will be welcomed at each Alumni gathering and soon will be thought of as one of Jefferson's most distinguished sons.

(Pittman Gray School of Medicine of Wake Forest College)
THE CLASS OF 1941 wish to take this opportunity to offer its belated congratulations to Dr. Thad Montgomery on his appointment as Professor of Obstetrics and Gynecology of the Medical School of Temple University, Philadelphia. His teaching powers and indefatigability is readily seen by the position he accepted which was formerly held by two men. He fills the vacancy created by the resignations of Jefferson graduates, Drs. Jesse O. Arnold, '96, and Frank C. Hammond, '95, Professors of Obstetrics and Gynecology, respectively.

Following his graduation from Jefferson in 1920, Dr. Montgomery interned at his college hospital. Immediately after completion of this he became associated with the Department of Obstetrics and at the time of his resignation he held the rank of Clinical Professor. Aside from his teaching he is an active member of many local, state, and national societies, including the American College of Surgeons and American Board of Obstetricians and Gynecologists. Various articles pertaining to the subject of obstetrics are credited to him. He was a charter member and founder of the Jefferson Society for Clinical Investigation. The Alumni Bulletin was edited by him from 1932 to 1940. His inevitable success is our only consolation and we shall always admire him as one of the distinguished Sons of Jefferson.

Class of 1941, R. E. F.
THE GROSS CLINIC
by Thomas Eakins
1844 - 1916

THOMAS EAKINS was an anatomy student at Jefferson in 1873 and it was at that time that he conceived the idea of painting the surgical clinic as it was conducted then—the result of this conception was realized in the Gross Clinic. His artistic studies and sketches were made from the benches of the old amphitheatre where Jefferson Hospital Annex now stands. From his position upon those benches he was able to present the point of view of the Medical Class.

According to a description of the painting by the late Dean Ross V. Patterson, Professor Samuel D. Gross has paused a moment from an operation for the removal of a sequestrum from the thigh bone to explain to the class the details of the procedure. In the foreground at the left are the surgical instruments. About the patient are grouped the assistants in pre-anesthetic attire. Dr. Charles S. Briggs, later Professor of Surgery of the University of Nashville, Tennessee, is kneeling at the middle in front of Dr. Gross. In the lower right-hand corner is Dr. Daniel Appel, who holds open the incision with a retractor. Behind Dr. Appel, and using a tenaculum is Dr. James M. Barton, Chief of Clinic and later Clinical Professor of Surgery in Jefferson. Next to him is the etherizer, Dr. W. Joseph Hearn, later to become the Clinical Professor of Surgery in Jefferson, holding the anesthetic towel to the patient's face. In the lower left-hand corner sits the mother of the patient, shrinking from the sight of the surgeon's knife, red with the blood of her son. In the background behind Dr. Barton is Dr. Samuel W. Gross, son and successor of Professor Samuel D. Gross, the operator. He stands in a characteristic pose, an excellent portrait in spite of the low tones of color to which the artist was limited by the field of shadow about him.

Equally remarkable is the portrait of "Hughey" O'Donnell, the orderly, who had served the College for many years, dimly seen in the doorway. In the left middle ground is the clinical clerk, Dr. Franklin West, taking notes at the desk. At the background are seated the students. As the amphitheatre made a complete circle, some of the crowds of spectators sat behind the operating table which was placed in the center of the arena. The operating table used by Dr. S. D. Gross may be seen in the College Museum today.

The portrait faithfully conveys a scene familiar to Jefferson men before the days of Lister and antiseptic surgery. It is the masterpiece of one of America's most famous artists and was first exhibited at the Centennial Exhibition, Philadelphia, 1876. Later at Chicago, Buffalo and St. Louis Exhibitions, being awarded the gold medal at the last named exhibition in 1904. In 1917 it occupied the place of honor in the loan exhibition of the works of Thomas Eakins at the Metropolitan Museum of Art in New York City.

R. E. F.
For a number of years I have been disturbed by the increasing tendency of Medical Schools to demand four years of college work and a degree as requisites for admission. In general, I believe this to be unnecessary, and I feel that the improvement said to be evident in present-day medical students, as a whole, as compared with those of twenty years ago, is not wholly due to the lengthening of pre-medical education. The number of students attending preparatory colleges has become so vast that there is a shortage of competent teachers, with the result that in many places an inferior type of education is dispensed. Furthermore, it seems that in certain schools one merely needs to spend the requisite amount of hours, and acquire the requisite number of credits to receive a degree. Therefore, the time spent may be largely wasted, and as a result, academic degrees have less meaning than formerly.

I feel that one, or at most two years, well spent in a rigid curriculum should suffice and permit men to enter and finish the prescribed medical course at an earlier age. It would be desirable of course, if four years could be spent in an ideal educational environment, but this should be optional for exceptional students and not made a requirement. Life is just so long and time passes quickly. A decade or more ago the average age of graduating physicians was in the early twenties, now it is close to thirty. With the recent development of various boards for certification in the medical specialties, several more required years of training are now added which bring the age close to thirty-five before a student can be self-supporting. Earlier graduation would permit students to spend more time in hospital and laboratory work in their more formative and impressionable years and would on the whole seem desirable.

The mental discipline imposed by the preclinical sciences, if seriously regarded, automatically frees the mind from the bonds of medical dogmatism. The discipline imposed by the use of control tests and final critical survey, if more generally applied, would greatly enhance the value of medicine to mankind. I refer to the development of the open mind or the resilient and nimble intellect which I mentioned before. In spite of the rapid development of scientific medicine, many old practices are still adhered to without anyone taking the trouble to investigate the true state of affairs. Yet by inquiring too deeply into certain things, one is all too often disillusioned or shocked, and by suggesting a change in procedure one is apt to be looked upon as rather queer or radical. On the other hand, such changes and adoption of new and fresh ideas, or the revision of old ones, often lead to astonishing success. We have had much evidence recently as to what can be accomplished by discipline, orderliness, obedience, precision, industry, frugality, seriousness, and coopera-
tion in the use of new technics, and especially in dropping the outmoded ones. It is a pity that it takes a war or a revolution to emphasize the facts.

Fortunately in our country one may dare to contradict established practices without fear of more violence to one's person than dark looks and ridicule. We should compare our good fortune with that of Galileo, for example, who for most of his life lived in the shadow of the inquisition for simply saying that the earth was not the only important thing in the universe. The clerical authorities in charge, although recognizing that perhaps Galileo was right, imprisoned him and forbade him to proclaim the truth lest it change things and interfere with the established order of their comfortable existence.

THE CURRICULUM

I should like to discuss briefly the curriculum. The ultimate aim of any medical school should be the training of persons to prevent and to cure disease in its broadest sense, and from what I have already said about the changing aspects of medical practice, the curriculum should be flexible enough to be changed to meet the needs of the times. As most of you know, certain important changes have recently been made in our school, changes which I believe represent real progress. Students now have much more opportunity to gain first hand practical experiences in the study of disease than before. But these changes should only be the forerunners of still more profound ones upon which I have already touched. I hope we will be able to introduce clinical medicine to students in the earlier years, to spread the teaching of preclinical sciences to the later years and above all to make for greater use of the valuable material in our excellent Out-Patient Department which is not now fully exploited.

To make such changes requires upsetting of the accustomed ordered system and entails forbearance and sacrifice on the part of both student and staff. We must all, students and staff alike, be prepared to give and take. There are bound to be difficulties and rough edges to smooth over. Mistakes will be made and steps may have to be retraced, but in the end it will be worth the trouble. The proposed changes are not personal whims or fancies but are based on tried principles as practiced in the majority of medical schools. Changing needs dictate that certain courses fashionable a generation ago be dropped entirely or merged with others, particularly where duplication or triplication of teaching occurs. New and timely courses should be introduced or enlarged like preventive medicine, industrial medicine, psychosomatic medicine, social medicine, physiotherapy and psychotherapy. We all recognize that to remain in the forefront of medical schools we must readjust ourselves from time to time accordingly.

No one can doubt that the average medical student today is far better equipped to practice than the man taught by lectures and recitations a generation ago. As a matter of fact the practical instruction now available to students actually lessens the need for a prolonged internship which at once suggests that here another desirable change may be made. I believe that a one-year rotating internship is desirable. This may be followed by a fellowship or residency in some special field in which training is demanded by various boards for the certification of specialists.

It is also highly recommended that as many students as possible seek internships elsewhere than in the hospital school where they worked as juniors and seniors. They should see different methods, hear new teachers and work with new companions. An interchange of students is certain to raise the level of internships, and customs which increase inbreeding of the hospital staff are just as certainly harmful.

I cannot refrain from touching upon one more subject which has comprised so large a portion
of my medical life, that is, research in Medicine. Dr. Gruber has discussed the importance of research in Medicine so fully in his address of 1938 that I need not dwell long upon it, except to point out that commendable progress has been made along these lines in our school in the past two years. Our board of trustees, our president, and our dean are fully cognizant of our greater needs and have wisely cleared the way for further expansion. But it must be realized how expensive such work is and that it must be backed by resources for technical assistants, supplies, equipment, space and above all for more full-time men of ability, and the provision for leisure enough for undisttracted thought and work. Good research seldom is made by those obliged by necessity to practice medicine in the usual custom.

We at Jefferson have never overemphasized fundamental research work; we have not done it quite enough, but the opportunities for the occasional student or teacher who is gifted with a mind and energy out of the ordinary, now, I believe, has a far better opportunity for the exercise of his abilities than ever before. Young men do not enter academic or research medicine because they are not good enough to practice, as was once believed, but because they have different interests and ability along different lines. There is not only room but actual necessity for both practical and academic minds in every school. Let me point out that something more is expected of us than of an average hospital. We as a teaching institution must not satisfy ourselves with things as they are, but we are expected to bear a responsibility for the shaping of things to come. We must introduce and test the new, and discard the chaff and the barnacles, and never for one moment become too self-satisfied.

Our responsibilities have become all the heavier with the present tragedy of the world. It naturally devolves upon us in North America to carry out the tradition which is no longer possible abroad. Our responsibilities are great, and many of them will be borne by you. We will do our best to assist you.
GENERAL HOSPITAL NO. 38
UNITED STATES ARMY
(Jefferson Hospital Unit)

In 1917 there was organized at Jefferson Hospital, United States Army Base Hospital No. 38 which served through 1918-1919 near Nantes, France, with considerable distinction, and reached a capacity of 2500 beds. This first Jefferson Unit was organized by Dr. William M. L. Coplin, and was staffed entirely by physicians from the Jefferson Hospital in Philadelphia, which also supplied its full quota of nursing and other personnel. When mustered out of the service, it received the highest commendation from the Surgeon General's office.

In 1940 Major General of the United States Army, James C. Magee, Jefferson, '04, requested that Jefferson Medical College Hospital re-organize the Base Hospital No. 38 for the United States Army, again to be composed of Jefferson Hospital personnel. The Board of Trustees and the Faculty selected the Clinical Professor of Psychiatry, Dr. Baldwin L. Keyes, who was already a Lieutenant-Colonel in the Medical Reserves, for the position of Unit Director, and the organization of the hospital was undertaken.

Dr. Burgess L. Gordon, Associate Professor of Medicine, was selected for the position of Chief of the Medical Division with the rank of Lieutenant-Colonel; and Associate in Surgery, Dr. George Willauer, was selected for Chief of the Surgical Division. Under the new Tables of Organization this hospital is to be prepared for a capacity of 1000 beds, will have 55 physicians and 15 medical administrative officers, with 120 nurses and other personnel to total approximately 700 in all.

The organization of General Hospital No. 38 has gone ahead most satisfactorily. Practically all of the medical officers have received their commissions, and most of the nurses have been accepted for the army by the Red Cross authorities.

The Surgeon General's Office has informed Jefferson Hospital authorities that the Jefferson Unit will not be called into service except in the event of war or a similar emergency. The commissions held by the Reserve Officers in this Unit are termed "temporary commissions" and only function while these officers are members of the Jefferson Medical College Hospital Staff, thus the Unit cannot be dismembered, for as soon as a member separates from the Hospital, his commission is automatically terminated. Dean Henry K. Mohler has been enthusiastic and most generous in his assistance, and Colonel Asa M. Lehman, Medical Corps, United States Army, in charge of R. O. T. C. activities at Jefferson Hospital, has been indefatigable in helping to select officer material, the making of examinations, and the guiding of the Unit through the days of organization.

Should a national emergency ever arise, it is hoped that Jefferson Medical College Hospital will have reason to be proud of this new Unit, the General Hospital No. 38 of the United States Army.
OUR GOLD-HEADED CANE

Physic, of old, her entry made
Beneath the immense full-bottom's shade;
While the gilt cane, with solemn pride,
To each sagacious nose apply'd,
Seem'd but a necessary prop,
To bear the weight of wig at top.

(Wadd, Nugar Canorae.)

In order that the Gold-Headed Cane of the Samuel D. Gross Chair of Surgery be fully appreciated, a brief history of the original is in order.

The evolution of the physician’s cane undoubtedly was from the wand of Aesculapius. In the beginning this cane was of considerable length, as was Aesculapius’ wand, and had a knob containing a vinaigrette, which was held to the nose to ward off noxious vapors of the sickroom. As time went on, the cane, as it is known today, appeared. It was Dr. John Radcliffe, an English physician of the late 17th century, who first possessed this original Gold-Headed Cane. Of the malacca variety, the cane had a long metal ferrule, gold handle, and measured three feet four inches in length. The handle was two inches upright and four inches across in the form of a crutch; its ends were indented but not removable and appears to be filled with a resin or plaster, precluding the idea of its having contained a vinaigrette, and suggesting by its shape that it was used for support. The Gold-Headed Cane had an active life of one hundred and thirty years, beginning with the accession of William and Mary as rulers of England in the late 17th Century. The successive hands that grasped this symbolic wand of Aesculapius after Dr. Radcliffe were owned by Drs. Richard Mead, Anthony Askew, William Pitcairn, David Pitcairn, and Mathew Ballie. What a career—it had entree to the presence of kings and queens, to the mansions of the greatest of the land, and to the meetings of the learned. What pleasant recollections it must be enjoying as it resides in the Library of the New College of Physicians, London, England! Such chance for reminiscing was made possible for this celebrated Gold-Headed Cane in 1823 by the kindness of Dr. Mathew Ballie’s widow. On June 24, 1825, it took its abode in the above-mentioned library.

In 1926, a hundred years after the original cane became inactive, our Gold-Headed Cane came into being. It was a noble tribute to Professor Samuel D. Gross, and his name is inscribed on the handle beneath the seal of the College. That with the names of the holders of the Gross Chair of Surgery inscribed on a gold plate on the wood of the cane are the only differences between the original and our cane. The story of the life of our cane will have to be told by the inscribed names for it has the College Library as its permanent abode—even so the Gold-Headed Cane of the Gross Chair of Surgery will have as great a life and the honor it signifies is beyond measuring. J. Chalmers DaCosta was the first Gross professor; following him is the present holder, Thomas A. Shallow, whose election was in 1939. May the names of Gross, DaCosta and Shallow be the start of a longer line of names, and may the glory and honor of our holders of the Gold-Headed Cane exceed by far those of Radcliffe, Mead, Askew, etc., who gave the original Gold-Headed Cane its beginning.

R. E. F.
THE Class of 1916 which celebrates its twenty-fifth anniversary this year was unique in many ways. It began with an enrollment of 213 men. It was the largest class ever admitted to Jefferson and necessitated the division of the scholastic year into four, instead of the usual three semesters. Of the original number 119 graduated. This number of course excluded the fifteen seniors who failed to pass the final examinations.

The class was unique in that at its opening session three new members of the Major faculty were introduced, Dr. Thomas McCrea, Dr. Hiram Loux and Dr. Philip B. Hawk. It was unique in that it had the greatest numerical representation in those graduates of Jefferson who made the supreme sacrifice in the World War, but we like to think that the classes' greatest contribution to Jefferson was its initiation of the now quarter of a century established custom of class presentations to the College.

It began on the morning when Professor J. Chalmers DaCosta told the class the story of the Old Operating Table—let us quote him: "It disappeared and could not be found. I conducted a search for it and discovered it down in the basement being used to hold oil cans and various sorts of waste, 'Apollo tending the sheep of Admetus.' I rescued it, had it brought up to this room and told the class about it.” The Class of 1916 had the table cleaned up and repaired and put a plate upon it. That historic incident is, we believe, the initiation of class presentations at Jefferson, but it was soon followed by another presentation, the class fountain. Its story goes thus: It was a Monday morning when following the first lecture the usual large group of students made their intra-lecture visit to stand in line at the old latrine, and after satisfying one physiologic urge, attempted to satisfy another by craning their necks into the difficult position which would permit their mouths to receive some of the brackish water which ran from the single faucet in the old wash-basin and then held a brief "bull-session” with an imitations on the lack of hygienic water drinking facilities in an institution whose purpose was the teaching of hygiene, and so was conceived the idea which had its fruition in the presentation to the College of the “Class of 1916 Drinking Fountain.” The description of the fountain written by Arthur La Roe, now president of the American Narcotic Defense Association in the CLINIC, incidentally, the first edition of the CLINIC, was as follows: “In design, the fountain is modeled after that of a sun-dial pedestal. It consists of a beautifully moulded hexagonal column of buff-colored terra cotta, surmounted by a bowl of similar material, decorated with four small lion heads. Countersunk within this bowl is a smaller one of white vitroware, this latter is supplied with the newest sanitary type of fountain head of a ring pattern. The ring is perforated so that eight small streams emerge from its inner periphery, to blend in a larger stream in the center, the waste falling into the bowl below without coming into contact with the ring. A control valve for regulating the force of the stream is located at the side of the pedestal. Topping the bowl of terra cotta, and encircling the one of vitroware is an annular plate of heavy bronze, emblazoned on which and standing out in bold relief in Gothic letters are the words “Presented by the Class of 1916.”
The fountain was placed in the lower corridor of the (Old) College building where it remained until the demolition of the building in 1929.

It was perhaps naturally assumed that the fountain would be placed in some suitable place in the New College building but it suffered the fate of the "Old Operating Table" and when a representative of the Class of 1916 brought the matter to the attention of Dean Patterson he was assured that a proper disposition of the fountain would be given consideration. After some deliberation and architectural consultation Dean Patterson gave it as his opinion that the installation of the fountain in the then completed New College building would present obvious difficulties both from a physical and an architectural standpoint and he suggested the alternative of installing the fountain in the Baugh Institute. This happy solution was entirely agreeable to the Class of 1916 and it is believed that the fountain has amply justified the hopes of its donors in its service to a generation of students and again to quote Arthur La Roe, "No man of the class can be found who is not proud to think that he had a share in the giving and who will not consider it a joy to return after many years to these halls now so endeared to us, and quench his thirst in its life-giving stream."

N. MacN.

"OLD OPERATING TABLE"
FOR the teacher and worker of any profession a good working library is essential; to a physician it is doubly important. This fact is easily understood by all who have found their way over the hardships and stresses of a modern medical education. On the other hand, a medical library can serve another important purpose—the collection and preservation of the writings of the outstanding forerunners in the development of the science. Lowell expressed the need for this latter type of library when he wrote:

"'Tis man's worst deed
To let the things that have been, run to waste
And in the unmeaning Present sink the Past."

When recalling the late Doctor Pascal Brooke Bland and thinking of his fine library, he is immediately recognized as a true bibliophile. His library contained the outstanding current publications concerning his specialty and Doctor Bland was ever ready to praise the deserving contributions of his contemporaries. It was through this part of his library that he was able to keep himself abreast with the latest developments in obstetrics and gynecology, which fact is attested by his own books and his contributions to periodicals which were both complete and up-to-date. However, as important as was this part of his collection, Doctor Bland will undoubtedly be remembered more for his collection of old books and incunabula.

Throughout his professional career Doctor Bland was continually building up his fine library. During his travels he was alert to find something of interest in old book shops, and at home he was ever searching through catalogues for rare and valuable items. In this way he was able to assemble a group of books that present a graphic picture of the history of his profession. He was able to secure some of the early copies of the works of such illustrious founders of the science of medicine, as Hippocrates, Galen, Vesalius, and Avicenna. Along with the beginning of medicine by these early writers practically all the other stages in the progressive development of medicine are represented by the books and brochures of the outstanding contributors of the various ages.

To name even the important books in the collection would be to compile a list rivaling the early volumes of the Index Catalogue of the Library of the Surgeon-General’s Office, but the following are a few of the outstanding books with respect to the development of medicine:

Hippocrates—Prognosticon, 1485.
Lactantius—Opera, Venice, 1493.
Avicennae, Flores—Collecti Super Quinque Canonibus Nee Non Super Decem et Novem, Libris de Animalibus, 1515.
Martius, Galeottius—De Homine, Libro Duo, 1517.
Galen, Claudius—Recettario di Galieno, 1525.
Berengario da Carpi, Jacob—Isagogae Breves et Exactissimae in Anatomiam Humani Corporis, 1530.
Paulus, Aegineta—Medicinae Totius Encheiridion, 1551.
Sylvius, Jacques—Methodus Sex Librorum Galeni, 1554.
Trallianus, Alexander—Medici Libri Duodecim, 1556.
Mercurialis, Hieronymi—Variarum Lectionum, Libris IV, 1571.
Regimen Sanitatis Salerni, 1575.
Laurentius, Andreas—Historia Anatomica Humani Corporis, 1600.
Vesalius, Andreas—De Fabbrica Corporis Humani, 1604.
Spigelius, Adrian and Casserius, Julius—Anatomica Operum Omnium, Amsterdam, 1645.
Brown, Thomas—Pseudodoxia Epidemica; or enquires into very many Received Tenets and Commonly Presumed Truths, 1658.
Mead, Richard—Mechanical Account of Poisons in Several Essays, 1702.
Beaumont, William—Experiments and Observations on Gastric Juice and the Physiology of Digestion, 1833.

For many years Doctor Bland served as Chairman of the Library Committee of the College Faculty. During this time the library grew rapidly and not a little of the credit must be attributed to Doctor Bland, not only because of his own contributions, but also because his enthusiasm inspired others to make donations.

His library, because it was his hobby, was, perhaps, Doctor Bland's chief pride and joy, and he was anxious that it be kept intact. Prompted by this motive and because of his keen interest in his Alma Mater and its library the entire collection has been received by the College and it is one of the most valuable gifts that the library has ever received. With this addition to the section on Obstetrics and Gynecology, the library has a complete collection of modern works and with the old books the library will now rank with the very best in this regard.
Fraternities
Societies
"Chapter-house life is having a great influence upon fraternity character. It varies greatly in different institutions. It fosters pride of organization; it promotes fraternal sentiment; it develops social discipline; it inculcates business habits; it stimulates the individual's ambition; it affords many opportunities for mutual helpfulness; it encourages close and abiding friendships; it brings the individual students under observant eyes; it generally promotes college loyalties."

Many times the words "Join some fraternity—any fraternity—pick the one most suitable to you—but join a fraternity" have been uttered. No better idea was ever conceived. Depending upon the fraternity with which one is familiar, that is the best fraternity to him. And rightly so, for it is natural for one to think what he has is the best in existence.

Undoubtedly the greatest social and economic influence in the student body at Jefferson is the Greek Letter Fraternities. Many condemn fraternities altogether too soon and without full knowledge of fraternity life. This, however, is becoming less and less.

Greek Letter Fraternities first came into being back in the 1880's and in 1889 Delta Chapter of Phi Alpha Sigma was established at Jefferson. This was followed in rapid succession by the inauguration of Chapters of Nu Sigma Nu, Alpha Kappa Kappa, Phi Beta Pi, Phi Chi, Phi Rho Sigma, Phi Delta Epsilon and Theta Kappa Psi. A few other chapters of fraternities got a partial foothold at Jefferson but for reasons of their own dissolved and amalgamated with a more stable society. At present approximately four-fifths of the students at Jefferson are fraternity members.

The active fraternities at present are all quite stable, chapter houses being owned or unconditionally leased. This affords perhaps the greatest benefit offered to members and potential members—pledgees. The cost of living in a chapter house is no greater than a boarding house and more satisfactory in many respects. The rooms are all comfortably furnished with adjacent bathroom facilities. The tax in most instances is fifteen dollars per month. Individuals from each of the four classes live in the house and this enables one to get help from upperclassmen if needed. Such help is always gladly given if possible.

A houseman sees to it that the rooms are kept clean by his capable domestic help. The help for the most part take great pride in the fraternity and in many instances have been employed by the house for ten or fifteen years.
The fraternity likewise provides meals for its members. A steward supervises this department and the food obtained is of the best quality. A capable chef prepares the food with greatest of care and one “sitting” at any of the fraternity houses would be sufficient to convince anyone that meals are well suited to the needs of hardworking students with good appetites! All in all, it is the nearest thing to home one can get. The economic advantage is that one can “eat all he can” and his tariff will be between $7.50 and $8.00 per week.

The social side is equally as tempting. Saturday night Smokers are frequent. These are often attended by Alumni members and in the fall and early winter candidates being “rushed” are present. This does much to more closely bind the brothers, and with Alumni present the younger men are freely advised along medical and other lines. Contacts made are numerous; value is unmeasurable. An occasional dance is sponsored by the fraternity—this is always highly successful and at this time there is mingling intrafraternally.

The business of the fraternity can be classified as run under the self-government plan with general advice from an Alumni Committee. Weekly or semi-monthly meetings are held at which time each man is allowed to voice his opinion on matters, suggest improvements, etc. This tends to develop in each individual a sense of responsibility which will be of great value in years to come. Through this self-government plan at least two deserving and worthy members are aided in defraying the cost of their medical education; the steward usually receives his meals and the houseman his room for services rendered.

Thus, it can be readily understood why one should join a fraternity. In the words of the late Dean Ross V. Patterson, “The Chapter House will increasingly become the centers of many sentimental associations, and will act as magnets to attract back to the institution many of its graduates who will find in the Chapter House the welcome and hospitality which the institution is not able to formally extend.” The pride one has in his fraternity is therefore not false but rather a just pride.

The following is a list of the now active Greek Letter Fraternities at Jefferson with their location, date of establishment, and active members:

<table>
<thead>
<tr>
<th>FRATERNITY</th>
<th>LOCATION</th>
<th>ESTABLISHED</th>
<th>MEMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phi Alpha Sigma</td>
<td>313 South 10th Street</td>
<td>1899</td>
<td>54</td>
</tr>
<tr>
<td>Nu Sigma Nu</td>
<td>1106 Spruce Street</td>
<td>1900</td>
<td>61</td>
</tr>
<tr>
<td>Alpha Kappa Kappa</td>
<td>313 South 11th Street</td>
<td>1900</td>
<td>53</td>
</tr>
<tr>
<td>Phi Beta Pi</td>
<td>1032 Spruce Street</td>
<td>1902</td>
<td>43</td>
</tr>
<tr>
<td>Phi Chi</td>
<td>1025 Spruce Street</td>
<td>1904</td>
<td>68</td>
</tr>
<tr>
<td>Phi Rho Sigma</td>
<td>911 Clinton Street</td>
<td>1904</td>
<td>37</td>
</tr>
<tr>
<td>Phi Delta Epsilon</td>
<td>1033 Spruce Street</td>
<td>1911</td>
<td>17</td>
</tr>
<tr>
<td>Theta Kappa Psi</td>
<td>919 Clinton Street</td>
<td>1912</td>
<td>33</td>
</tr>
<tr>
<td>Alpha Omeg Alpha</td>
<td>Jefferson Medical College</td>
<td>1912</td>
<td>15</td>
</tr>
</tbody>
</table>
Phi Alpha Sigma Fraternity was founded in April, 1886, at Bellevue Hospital Medical College. The same year Kappa Delta Phi merged with and thus became a part of Phi Alpha Sigma.

Delta Chapter was established at Jefferson on January 14, 1889, with the initiation of fifteen charter members. We are proud to point to the fact that Phi Alpha Sigma was the first social fraternity to be established at Jefferson. The first chapter house was located at 1033 Walnut Street. This house soon became too small to accommodate the members, so a larger house was secured on Spruce Street, where the chapter remained for several years. Increasing membership and prosperity again demanded a new location, and the chapter moved to Clinton Street, one of the oldest residential streets in Philadelphia, where it remained until 1935. In that year the fraternity arranged to absorb the local chapter of Omega Upsilon Phi, and moved to 313 South Tenth Street, where it is now located.

The membership of the fraternity exceeds three thousand, Delta Chapter over five hundred alumni of Jefferson, and the present number of active members is fifty-four.

Delta Chapter lost an honored friend and brother, the late Dean Ross V. Patterson, when he died in May of 1938.
FRATRES IN FACULTATE

Albert Brubaker, M.D.  James R. Martin, M.D.  Louis LaPlace, M.D.
Randle Rosenberger, M.D.  Garfield C. Duncan, M.D.  Tracy D. Cuttle, M.D.
Henry E. Radalsh, M.D.  Adolph Walking, M.D.  Lewis Manges, Jr., M.D.
Edward L. Bauer, M.D.  John F. Eads, M.D.  William Weakley, M.D.
Thomas A. Shallow, M.D.  Guy M. Nelson, M.D.  Mahlon Hinebaugh, M.D.
Hobart Reimann, M.D.  Robert R. Layton, M.D.  Evan B. Hume, M.D.
                       Thomas J. Costello, M.D.
                       Thomas S. Moore, M.D.
                       Clyde M. Spangler, M.D.
                       William Thudium, M.D.
                       Raymond Moore, M.D.
                       Richard M. Smith, M.D.
                       Paul H. Roeder, M.D.
                       Walter Livingston, M.D.

John C. Cressler  Lloyd R. Forcey  Kenneth J. Murray
Frederick S. Derr  John F. Geraghty  Stuart B. Over, Jr.
R. Arnold Farmer  Oliver J. Kreger, Jr.  Rufus E. Palmer, III
                Edward H. Vick  Wesley R. White  Walter S. Wiggins

CLASS OF 1941

Harry C. Bantly  C. Brinley Bland  Philip J. Callaghan  Howard S. Hussey, Jr.

CLASS OF 1942

John F. Ambrose, Jr.  Samuel L. Cresson  Edward M. Greaney  Thomas M. Kain, Jr.
Patrick J. Costello  Davis G. Durham  H. Eugene Hiles, Jr.  Warren Leslie
Robert A. Crawford, Jr.  Samuel S. Faris, II  George W. Houck  Howard L. Pennington

CLASS OF 1943

Julian C. Brantley, Jr.  Harry Fred Cooper  Robert D. Heath  Edward J. Murphy, Jr.
Benjamin E. Cole, Jr.  Wilford H. Gragg, Jr.  Melvin J. Meals  Charles M. Suttles
Hubert K. Turley, Jr.  Russel D. Rodham  Howard B. Smith

CLASS OF 1944

Edward M. Greaney  H. Eugene Hiles, Jr.  George W. Houck  Howard B. Smith

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Alpha Kappa Kappa was organized on September 29, 1888, at Dartmouth Medical School in Hanover, N. H., based upon the broad principles of “Social intercourse, mental development, scholarship, and mutual assistance.” The original purpose was not to create a national fraternity, but subsequent developments made that desirable so that at present the fraternity has sixty-two chapters. This includes chapters at McGill University and University of Western Ontario, making the fraternity international in scope. The chapter at Jefferson was organized and instituted as Epsilon Chapter on January 6, 1900. In 1921 the present chapter house was purchased at 317 South Eleventh Street and is owned by the chapter. It stands on the site formerly occupied by the Philadelphia Almshouse, the scene of the reunion of the two Arcadian sweethearts in Longfellow’s *Evangeline*. Epsilon has had the distinction of having two other chapters of Alpha Kappa Kappa instituted in her halls; Mu Chapter at the University of Pennsylvania and Beta Omicron Chapter of Temple University. At the present time Dr. Willard H. Kinney of Jefferson is the Grand Vice-President of the National Organization.

Among Epsilon’s illustrious alumni who have held positions on the faculty of the Jefferson Medical College might be mentioned:

<table>
<thead>
<tr>
<th>C. R. Baker</th>
<th>J. M. Fisher</th>
<th>C. Jackson</th>
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<tbody>
<tr>
<td>P. B. Bland</td>
<td>J. H. Gibbon</td>
<td>J. C. Wilson</td>
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<td>J. C. DaCosta</td>
<td>H. M. Goddard</td>
<td>J. C. Keeler</td>
</tr>
<tr>
<td>E. P. Davis</td>
<td>E. A. Streckr</td>
<td>W. M. Sweet</td>
</tr>
<tr>
<td>E. Q. Thornton</td>
<td>F. T. Steward</td>
<td>H. R. Loux</td>
</tr>
<tr>
<td>W. F. Manges</td>
<td>G. B. McClellan</td>
<td>W. W. Keen</td>
</tr>
<tr>
<td>A. Hewson</td>
<td>E. E. Graham</td>
<td>F. M. Phifer</td>
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<tr>
<td>J. T. Rugh</td>
<td>J. W. Holland</td>
<td>S. M. Smith</td>
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<tr>
<td>F. X. Dercum</td>
<td>F. O. Lewis</td>
<td>E. J. Klopp</td>
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<td></td>
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<td>F. J. Kalteyer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J. C. Brick</td>
</tr>
</tbody>
</table>
FRATRES IN FACULTATE

E. Quin Thornton, M.D.
J. Torrance Rugh, M.D.
Frank C. Knowles, M.D.
George A. Ulrich, M.D.
Harry Stuckert, M.D.
J. Scott Fritch, M.D.
Walter W. Baker, M.D.
Kelvin A. Kasper, M.D.
Carroll R. Mullen, M.D.
N. M. Beasley
C. N. Burns
J. A. Collins, Jr.
C. W. Semisch, III, M.D.
J. M. Flumerfelt, M.D.
C. M. Hanna, M.D.
R. S. Garber, M.D.
J. H. Gibson, M.D.
H. K. Mohler, M.D.
W. W. Vaux, M.D.
W. H. Kinney, M.D.
A. T. Smith, M.D.
C. M. Stimson, M.D.
R. Bruce Nye, M.D.
K. E. Fry, M.D.
G. J. Willauer, M.D.
H. R. Hamrick, M.D.
S. D. Spotts, M.D.
N. T. Raker, M.D.
G. E. Snyder, M.D.
F. O. Lewis, M.D.
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A. Boice Van Gundy
A. E. Wright, Jr.

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This year marks the fiftieth anniversary of the existence of Phi Beta Pi. The Alpha Chapter was founded at the University of Pittsburgh, on March 10, 1891, by a group of medical students who, because of the fraternity situation at that time, banded themselves together as an anti-fraternity organization. From this unique organization has grown one of the strongest and largest medical fraternities in the medical profession. At the present time there are thirty-eight active chapters with an active enrollment of about twelve hundred. In 1932, the amalgamation of the former Omega Upsilon Phi national organization did much to increase the national membership which now nears the twenty thousand mark.

The Eta Chapter was founded on March 7, 1902, and since that time has been an inspiration to its members at Jefferson. Since its beginning the Eta Chapter has produced an alumni of some five hundred and fifty men of which one hundred and twenty-five are in the Philadelphia district. The chapter is well represented in the college faculty, one of whom, Dr. C. M. Gruber, is now archon-elect of the National Organization and a very active counselor of both local and national fraternities.

With an enviable record for the promotion of social, mental and scholastic development, may the fifty years of its development be only a foundation for a very progressive future.
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P. A. McCarthy, M.D.

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J. L. Roark, M.D.
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Edward A. Shafer

Paul V. Rouse
Phillip A. Smith

Robert A. Heinbach
Stephen J. Marhouse

Thomas M. Sproch
Alexander Storer, Jr.

Glenn W. Tymeson

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The Phi Chi Medical Fraternity, Incorporated, was established in 1905 by the union of the Eastern and Southern Phi Chi Fraternities. The Eastern Fraternity was founded in 1889, and the Southern in 1894. At present the fraternity has sixty-seven active chapters located in the United States and Canada, with a total membership of over twenty-two thousand.

Chi of Phi Chi was organized December 9, 1903 through the efforts of John Ward, a transfer student from the University of Louisville Medical School, and Harry M. Carey. These two men worked carefully, and as a result, seven men were initiated on that 9th of December. By the end of the first six months the chapter roll had increased to thirty members, and it was strengthened by the interest of the five members of Phi Chi on the faculty of Jefferson.

For almost a year there was no chapter house, but meetings were held in the rooms of the various members. On February 16, 1904 Chi Chapter was granted its national charter, the ninth of the fraternity, and soon afterwards a house was rented on South Tenth Street. With continued growth and prosperity the housing conditions were bettered, until on May 12, 1920, the present house at 1025 Spruce Street was purchased.

Chi Chapter has grown with the national fraternity. Today it is one of the largest and most active groups locally, as is the fraternity throughout the nation.

The chapter is governed by a Board of Trustees, at present composed of Dr. Rankin, Dr. Kaufman, and Dr. LeFever.
FRATRES IN FACULTATE

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S. T. McNair, M.D.
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M. E. Rehfeldt, M.D.
J. M. Surver, M.D.
V. H. Moon, M.D.
R. L. Drake, M.D.
J. F. Thomas, M.D.
C. F. Becker, M.D.
L. M. Rankin, M.D.
J. L. Dugger, M.D.
B. L. Gordon, M.D.
A. S. Kaufman, M.D.
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K. Kornblum, M.D.
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R. A. Porterfield
M. W. Steel, Jr.
The National Fraternity of Phi Rho Sigma was founded in 1890 by the undergraduate students of the Northwestern University School of Medicine.

On February 27, 1905, Rho Chapter was granted its charter. The original chapter house was located at 701 Pine Street, but after several years it was moved to more commodious quarters at 1015 Pine Street.

During the first World War, Lindsey Whiteside, an alumnus of Jefferson and a member of Rho Chapter, was the only officer of The United States Army Medical Corps who went down in the line of active duty. Today we find Rho Chapter, having kept pace with the mother organization for the thirty-three years since her founding, one of the most active student groups at Jefferson. Its home today may be found in the peace and quiet of Clinton Street, a haven for scholars and gentlemen engaged in the arduous task of fitting themselves to be worthy of assuming the obligations and cloak of a true follower of Hippocrates.
FRATRES IN FACULTATE

C. B. Lull, M.D.  J. F. McCahey, M.D.  John De Carlo, M.D.
N. M. MacNeill, M.D.  E. C. Thomas, M.D.
J. B. Gormley  Thomas Aceto, M.D.
A. Tananis  John McNerney, M.D.
F. Zimmerman  P. J. Kennedy, M.D.
H. Lloyd  Angelo Perri, M.D.
J. Martsolf  William J. Tourish, M.D.
H. Oliver  Edward F. Burt, M.D.
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G. Radcliffe  H. Day  H. Ward

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H. Oliver  G. Radcliffe  H. Day

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The Phi Delta Epsilon Fraternity had its beginning in 1903 at the Cornell University Medical School, where a group of students headed by Aaron Brown organized the Alpha Chapter. Chapters were organized at the medical schools in rapid succession until now there are chapters at fifty-four medical schools in the United States and Canada, and graduate clubs in the leading cities of our own and foreign countries.

The Jefferson Chapter, Mu, was organized by eight students on November 15, 1911. There were three fraters in facultate: Drs. Leon Solis-Cohen, Nathan Blumberg, and M. A. Weinstein. The original chapter house was at 631 Spruce Street, but in 1924 the fraternity moved to a new house at 910 Pine Street. In the fall of 1932, it again moved to the present house at 1033 Spruce Street.

Two members of Mu Chapter, Dr. David W. Kramer and Dr. N. Blumberg, have been honored with the highest office in the fraternity, that of Grand Counsel. Numerous others have served in various capacities.

The Jefferson Chapter has been instrumental in installing chapters at the University of Pennsylvania, Temple University, and at the Hahnemann Medical College, and has been closely associated with the Philadelphia Phi Delta Epsilon Graduate Club. The Phi Delta Epsilon Fraternity feels singularly honored in the appointment of one of its members to the position of Professor of Neurology, which became effective with the opening of sessions in September, 1938, when Dr. Bernard M. Alpers was introduced to the students in the above capacity.

At present the Mu Chapter has twenty active members and fifteen fraters in facultate.
FRATRES IN FACULTATE

Bernard J. Alpers, M.D.
Benjamin Weiss, M.D.
David W. Kramer, M.D.
Benj. Lipschutz, M.D.
Bernard Bernstine, M.D.
Harold Goldburgh, M.D.

Aaron Capper, M.D.
Abraham Cohen, M.D.
Samuel T. Gordy, M.D.
Albert A. Burros, M.D.
Nathan Schlezinger, M.D.
Richard Chodoff, M.D.

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George N. Stein
David A. Gold
Irving E. Uram
Bernard Rosman
Kalmon Frankel
Adolf Friedman
Stanley Miller

Bernard Miller
Gordon Dorman
Leonard Davitch
Edward Levy
Richard Refowich
Burton Wellenbach
Samuel Kron
Bernard Braveman

Herbert Doroshow
Theta Kappa Psi was founded on Thanksgiving Day, 1879, in New Haven, Connecticut. It soon appeared at the University of Maryland School of Medicine, and from then its development was rapid.

The Jefferson Chapter, Beta Eta, appeared on the campus in 1912. The first chapter house was located at 912 Spruce Street. Among the graduate members whose interest in the fraternity has been a source of its well being may be mentioned Dr. David R. Morgan, Dr. Paul Stroup and Dr. Theodore Fetter, for many years editor of the Theta Kappa Psi Messenger. Notwithstanding peregrinations for so many years, the members of the fraternity found time to graduate and at the same time organize various of the outstanding Jefferson Societies. Among these are the popular Moon Pathological Society organized in 1927 and the Bland Obstetrical Society in 1925. Later Dr. Bland requested that the name of the society be changed to the Vaux Obstetrical Society.
FRATRES IN FACULTATE

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G. R. Bancroft, Ph.D.  H. B. Decke, M.D.  M. E. Drake, M.D.  J. O. Crider, M.D.
D. R. Morgan, M.D.  J. B. Ludy, M.D.

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Alpha Omega Alpha is a non-secret honorary medical fraternity. It was organized at the College of Medicine of the University of Illinois, Chicago, August 25, 1902, and is the only fraternity of its kind in the medical schools of North America. Admission to the society is based on: scholarship, character, personality and leadership. Its purpose is to promote high ideals of thought and action in medical pursuits and to encourage medical research.

At the turn of the century, with an increase in the length of the session and the increased number of sessions of attendance required for graduation from the medical college, with the graded curriculum, and the basing of medical teaching on scientific methods, there was a beginning of scholarship among medical students. Hence, in 1902, a group of students headed by William W. Root organized an honorary medical society at the University of Illinois.

In the later months of 1902, a second chapter of Alpha Omega Alpha was organized at Rush Medical College. In 1903, chapters were installed at Northwestern, Western Reserve, Jefferson, and Pennsylvania. By 1910, there were fifteen active chapters, and at the present time there are forty active chapters in the leading medical schools of the United States and Canada.

The membership of Alpha Omega Alpha includes many of the distinguished men in professional practice and research in all parts of the world. The Jefferson chapter, the fifth in order of establishment, has always been active, and includes many men now serving in teaching capacities at the college.
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P. Brooke Bland, M.D.
Charles W. Bonney, M.D.
Howard Bradshaw, M.D.
Abraham Cantarow, M.D.
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Creighton Turner, M.D.
Gartheld G. Duncan, M.D.
J. Parsons Schaeffer, M.D.
Virgil H. Moon, M.D.
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One of the many extra-curricular diversions which are enjoyed by "Jeff" men is membership in one or more of the societies just presented. The benefits of the societies are many. Perhaps the greatest is that of giving the student the opportunity of abstracting an article and presenting it to an audience. The general discussion that follows such a presentation broadens one's views on the subject being discussed. Equally as beneficial is the interesting program which has a guest speaker—someone of note in a particular field of medicine or an allied subject. This allows one to observe the manner of experienced men in presenting material. The societies are sponsored by a member of the faculty who gives his time and guiding advice so that the best program possible can be given. As a remembrance for this extra-curricular activity each senior member of the society is presented with a diploma signifying his membership.

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That Gentlemen is a "Pot Roast"
Mr. Chairman,
Ladies and Gentlemen:

Vitamin K is the name of certain chemically related substances which protect man and the higher animals against a well-characterized hemorrhagic disease. The most important members of this group are vitamin K₁ from the green leaves and vitamin K₂ which is formed by bacteria. Both substances are lipoids. Their chemical constitution is known and they are accessible to synthesis.

The hemorrhagic disease which is due to lack of vitamin K was at first seen in chicks, but later it was shown that also mammals and humans may suffer from the disease and it may now be said that the importance of vitamin K to certain fields of human medicine is not less than its interest to theoretical biochemistry.

Lack of vitamin K manifests itself by a pronounced tendency to bleeding. In chicks the hemorrhages may in most cases be seen through the skin, and the bleedings are usually found on those parts of the body which are most exposed to mechanical trauma. The occurrence of hematin in the feces because of bleeding from the intestinal tract is also a frequent symptom.

The disease is associated with a reduction of the clotting power of the blood.

The hemorrhages develop in this way that minute lesions of vessels due to mechanical trauma are not stopped by a clot in due time, as is the case in normal animals, but cause a continuous oozing of blood from the wounded part.

According to the classical theory the process of blood coagulation may be separated into two stages.

1. The activation of a proenzyme Prothrombin occurring in the blood plasma into an enzyme Thrombin by the action of a constituent of juice from wounded cells or disintegrated thrombocytes Thrombokinase and
2. The conversion of Fibrinogen into Fibrin by the action of Thrombin.

This theory forms a suitable basis for the understanding of the derangement of the coagulation mechanism caused by the absence of vitamin K.

It is easy to show that prothrombin and no other component is lacking when vitamin K is withdrawn from the diet. (Dam, Schoenheyder and Tage-Hansen 1936, A. J. Quick 1937).

The use of chicks in the study of the lack of vitamin K has not only the advantage that these animals get the disease very easily, but it also facilitates the examination of the blood coagulation, because the thrombocytes of chicks and other birds do not play any important role in furnishing the blood with thrombokinase, as the thrombocytes of man and animals do. It is therefore easy to collect a sample of blood from an artery and centrifuge and treat it in different ways without risk of spontaneous clotting.

It is necessary not only to give the chicks a K-free diet, but also to keep them under clean conditions so that they cannot soil their food and water with feces. Almquist and Stokstad were the first to show that vitamin K can be formed by putrefaction. Even when no vitamin K is present in the diet, the feces of chicks will contain vitamin K. The reason why these animals nevertheless so easily suffer from the disease may be due to the fact that the large intestine of the chick is short as compared with mammals, so that the vitamin K formed by bacteria is not absorbed to any great extent.

An exact examination of the clotting power reveals the fact that the disease begins to develop a few days after vitamin K has been taken away from the diet, but the full development—reduction of the prothrombin to about 1 per cent of the normal value—requires a longer time—say 14 to 28 days.

The prothrombin content seldom falls to zero and therefore the coagulability is not entirely lost. It is therefore often seen that hemorrhages in K-avitaminous chicks stop and are resorbed without alteration of the diet and without increase of the prothrombin content.
Estimation of vitamin K in a given product can best be carried out by determining the prothrombin content of the blood before and after the ingestion of the substance to be tested and comparing the results with those obtainable by means of a standard vitamin K preparation.

Time will not permit me to give a detailed account of the different methods available for determining the prothrombin content.

It must suffice to mention briefly three different principles which may be applied:

1. According to the method of H. P. Smith and his associates the prothrombin of the plasma is first completely converted into thrombin, and the activity of the thrombin is then measured by its action upon a fibrinogen solution.

2. According to Quick's method the coagulation is brought about by adding a large excess of thrombokinase (Thromboplastin) to the plasma. In this case the prothrombin content will be the only factor which determines the coagulation time ("prothrombine time") assuming that anticoagulating substances are constant.

3. According to the method generally used in our laboratory, advantage is taken of the fact that a plasma containing only half as much prothrombin as normal plasma will require about double the concentration of thrombokinase in order to coagulate in the same time as a normal plasma. A plasma containing about one-tenth as much prothrombin as normal plasma will require about ten times as high a concentration of thrombokinase in order to clot just as rapidly as normal plasma et cetera. This principle also supposes that anticoagulating substances do not vary.

If the same method is to be used for human or mammalian blood plasma, there is then the difficulty that the blood platelets will cause the blood to clot before the determination can be made. It is, however, possible to use the method also for human and mammalian blood when a small and exactly measured quantity of heparin solution is placed in the centrifuge tube in which the blood is collected (the blood—for instance 4 cc.—is taken from the arm vein through a cannula without syringe). This small amount of heparin will remove the tendency to spontaneous clotting and now the determination can be carried out in the same way as for chicken blood.

The unit in which the vitamin K activity is expressed differs from one investigator to another. In our laboratory we defined the unit as that quantity which in three days must be given per body weight of the chick in order to bring the prothrombin value from a very low level up to the normal value. This unit was found to be represented by 2 mg. of a dried spinach-powder which we had in the form of tablets. Now where a series of chemically pure substances with high vitamin K activity are available, it is a natural thing to use one of them as a standard but to choose the amount which represents the unit so that continuation with our previous unit is maintained.

We have tested a series of natural products for vitamin K. In the vegetable kingdom the vitamin is principally found in all kinds of green leaves. This source contains several hundred units per g. dry weight. Fruits are rather poor source—an exception are tomatoes. Cereals, beans and peas are also rather poor sources. Carrots, potatoes and mangolds contain practically nothing. The same holds true for leaves which have grown in the dark and therefore have not formed chlorophyll. Vitamin K is formed in the particles in the plant cell which contain the chlorophyll: the chloroplasts. Such plants as are able to form chlorophyll in the dark can also form vitamin K in the dark (spruce and pine). When the leaf withers in the fall vitamin K does not disappear so rapidly as chlorophyll. The yellow or brown chestnut leaf contains practically as much vitamin K as the fresh green leaf. Lower plants which do not contain chlorophyll are poor sources of vitamin K or contain no vitamin K at all (mushrooms).

Yeasts do not contain vitamin K but certain bacteria are rich sources. Vitamin K does not stimulate growth or respiration of yeast cells but Wooley and McCarter have found that vitamin K like substances act as growth factors for the Johne's bacillus.

In the animal organism vitamin K does not occur so abundantly as in the plant. In the organism of the hen only small quantities are deposited in the different organs, even if the food is rich in vitamin K. The liver is no particular place of deposit—neither does much vitamin K pass into the eggs. The mammalian organ which has hitherto been found to contain most vitamin K is hog liver—about 50 units per g. dry weight. Cow's milk and human milk are poor sources, less than 3 units per g. dry matter. The feces are rich in vitamin K.

I shall now say a few words about the chemistry of vitamin K.

Pure vitamin K or concentrates thereof are prepared from green leaves or putrefied proteins. The first of these materials yields vitamin K1 whereas the other yields vitamin K2. The terms K1 and K2 were introduced by Doisy and co-workers who were the first to show that vitamin K from bacteria was different from vitamin K from green leaves.

Natural vitamin K is destroyed by saponification. It is therefore necessary to use physical methods for its concentration from the crude lipid extract of the raw material. Selective adsorption, separation of less active material by freezing, and molecular distillation, are the principal steps.

Vitamin K1 is no so strongly absorbed as chlorophyll and Xanthophyll, but stronger than carotene. Absorp-
tion mediae which are strongly alkaline may not be used. In the molecular still the vitamin passes up at a pressure of one thousandth mm. mercury and 120-140 degrees Celcius.

The preparation of pure vitamin K from alfalfa was first reported by Dam, Karrer and Co-workers, 1939, after the principles of the method had been worked out in Copenhagen, 1938.

Vitamin K from alfalfa was also prepared by Doisy and Co-workers 1939. Pure vitamin K1 is a pale yellow oil which crystallizes at low temperature and melts below zero. In the purification method of Doisy advantage is taken of this property. Vitamin K1 has a characteristic absorption spectrum. (4 maxima between 243 and 270 mu, lying close to each other, and one at 328 mu.). Vitamin K1 yields a transient violet color with sodium ethylate. The vitamin consists of carbon, hydrogen and oxygen. (82.2 per cent C and 10.7 per cent H). The biological activity is approximately 12 million units per g.

The pure vitamin and concentrates thereof, are easily destroyed by light. Bromine also destroys them.

The molecular weight is 450 corresponding to C30H46O2.

Doisy and co-workers first showed that the substance has a quinoid structure, and that it is derived from 1, 4-naphthoquinone.

Oxidation of vitamin K1 with chromic acid yields among other substances phthalic acid and 2-methyl-1, 4-naphthoquinoneacetic acid.

These and other findings (formation of trimethyl-14-pentadecanone by ozonization) suggested that the vitamin might eventually be 2-methyl-3-phytyl-1, 4-naphthoquinone.

That this is the case was shown by synthesis both by Doisy and by Fieser. The synthesis was carried out either by condensation of the monosodium salt of 2-methyl-1, 4-naphthoquinone with phytol bromide or by heating the hydroquinone with phytol in the presence of water-free oxalic acid.

Vitamin K2 which was prepared from putrefied fishmeal by Doisy and his co-workers, is a crystalline substance melting at 54 centigrades. The formula is C31H48O2. The formula differs from that of K1 by a longer and more unsaturated side chain.

The biological activity of K2 is less than that of K1; 8 million units per g. as compared with 12 million for K1.

Other substances having a structure resembling that of vitamin K1 and K2 and having a small vitamin K activity, also occur in nature. This holds true for the orange pigment of the tubercle bacillus Phthiocol 2-methyl-3-hydroxy-1, 4-naphthoquinone. This substance has a small vitamin K activity as first shown by Almquist.

In henna leaves there is a brown pigment Lawson 2-hydroxy-1, 4-naphthoquinone which also has a small vitamin K activity. This substance and also phthiocol are too weak to have any importance as natural sources of vitamin K.

Of much greater importance is it that certain artificially prepared naphthoquinone derivatives are active as vitamin K. This was first shown by Ansbacher and Fernholz in 1939 for 2-methyl-1, 4-naphthoquinone. This substance is more active than vitamin K1 (about 25 million units per g.). Also the diacetate of the corresponding hydroquinone is rather active (14 million units per g.). This and certain other derivatives of 2-methyl-1, 4-naphthoquinone have the advantage of being more stable towards light and oxidation by air than the quinone itself. Neither have they the burning taste and irritating properties of the free quinone. In K1 and K2 the long aliphatic side chains give these compounds a pronounced lipoid character. This slows down the burning taste as well as all possible reactions in the aqueous phase of the living cell.

Even water-soluble derivatives are active. This, for instance, holds true for the sodium salts of the disuccinate or the diphosphate or the disilphate of 2-methyl-1, 4-naphthohydroquinone. Also the sodium salt of the diphosphate corresponding to vitamin K1 is active.

Another water-soluble compound with high K activity is 1-hydroxy-2-methyl-4-amino-naphthalene-hydro-chloride.

The vitamin K activity is not confined to the naphthoquinone structure alone: some naphthoquinones and even anthraquinones have a slight activity.

The features of the constitution which are particularly favorable to a high activity are, however, a naphthoquinone nucleus with a methyl group in the 2 position.

It would be of great importance if vitamin K could be determined by chemical or physical means alone. In highly purified concentrates it is possible to use ultraviolet absorption but this cannot be used for testing food constituents and the like. The color reaction has the same disadvantage and in addition thereto the color is very unstable.

Fieser and co-workers have recently reported that vitamin K can be determined by means of the polaro-graph.

We will now return to the mode of action of vitamin K in the animal organism.

Vitamin K is in some way or other necessary for the maintainance of the normal prothrombin level in the blood. When the vitamin is given intravenously it is possible to study the effect at different intervals from the moment of the introduction into the blood stream. It is thereby revealed that the action does not set in instantaneously but requires a certain time for its development. If the prothrombin content is about
1 per cent of the normal value at the starting point, it takes about 5 hours to raise it to 50-100 per cent, assuming that a sufficient amount of vitamin K is injected.

The prothrombin is completely normal or slightly supernormal the day after the injection. Thereafter it begins—as a rule—to decrease gradually. The rapidity of the return is greater when small amounts are injected.

When vitamin K is added to the blood from a K-avitaminous animal in vitro no improvement of the prothrombin content is observed, even if the vitamin remains in contact with the blood for many hours at body temperature before the clotting power is tested. This observation suggests that the action of the vitamin takes place in tissue cells.

There is strong evidence for the assumption that the action of vitamin K is performed in the liver.

Andrus, Lord and Moore (1939) have ectomized the liver in normal dogs and studied the level of prothrombin in the blood with and without ingestion of vitamin K and bile salts. They found that the prothrombin decreased in both cases.

Many other observations show that the liver is concerned with the formation of prothrombin. Thus Warner reported a decrease in prothrombin after removal of two-thirds of the liver in rats. Intoxications involving severe damage to the liver also lead to a fall in prothrombin. This is found, for instance, after ingestion of chloroform (Smith, Warner, Brinkhous 1937). Vitamin K does not prevent or cure the hypoprothrombinemia met with in this intoxication.

As to the way in which vitamin K affects the formation of prothrombin, two alternatives must be considered:

The first is whether vitamin K is a constituent of prothrombin. Prothrombin is, so far as is known, a protein; it accompanies the globulins in many precipitation reactions and does not dialyze. Therefore, vitamin K cannot be identical with prothrombin. But one could imagine that vitamin K might enter the prothrombin molecule as a prosthetic group, much as heme does in hemoglobin. It would be easy to give an explanation for the fact that the ingestion of even large amounts of vitamin K does not raise the prothrombin level much above the normal value, if the action of vitamin K consisted merely in its combination with a protein carrier occurring in constant quantity in the plasma. This is, however, not very likely. If vitamin K is present in the prothrombin molecule, one would expect that prothrombin itself would act as vitamin K, so that the peroral ingestion of prothrombin would cure the hypoprothrombinemia of K-avitaminous animals. Experiments in which we precipitated the prothrombin from large amounts of normal hen’s plasma (at pH 5, 3) did not show any vitamin K activity at all. Further: if the rather different quinones which may replace natural vitamin K, should simply be built into the prothrombin molecule, one would expect that different prothrombins would result, which would react with different speed in the coagulation process. This has not been found to be the case.

The most likely explanation of the action of vitamin K is therefore the second alternative: that the vitamin enables certain cells to produce prothrombin. The mechanism of the action is unknown. Perhaps the vitamin takes part in a redox process, but this is not easy to investigate.

Vitamin K does not appear to have any other effects in the higher animals than that of the formation of prothrombin. It does not appear to promote growth.

As to the K-avitaminosis in different species of animals the following may be said:

While the disease is most easily and regularly developed in chicks, young geese and ducks, by giving them a K-free diet, rats may become just as ill as the chicks, but in a group of rats many individuals may resist for a very long time. This is assumed to be due to individual differences in the supply of vitamin K from the bacteria of the large intestine, and it would be worth while to investigate whether a change in the intestinal flora had taken place in those individuals which most easily become ill.

Rabbits have been observed to get the disease only to a moderate degree. This may perhaps be due to the fact that these animals eat feces directly from the anus during the night.

The absorption of vitamin K from the intestine is a point of considerable interest. Several investigators have observed hemorrhages in rats, in which the outflow of the bile into the intestine has been cut off by ligation of the bile duct or by a complete bile fistula, through which the bile steadily flows out of the organism. (Vadsteen 1936, Greaves & Smith 1937).

The last mentioned investigators showed that the deficiency in blood coagulation resulting from bile fistule could be eliminated by giving the animals a diet very rich in vitamin K. These experiments suggested the importance of bile to the proper absorption of vitamin K. In our laboratory we have ligated the ductus choledochus in chicks and cured the resulting coagulation deficiency by intravenous injection of vitamin K. It would also be shown that the effect of a given dose of vitamin K is quantitatively the same whether the K-avitaminosis is due to lack of vitamin K in the diet or to ligation of the choledochus.

The first instance of a hemorrhagic disease in man which was recognized as a K-avitaminosis was the cholemic bleeding tendency which constitutes a great danger in operating patients with obstructive jaundice.
The occurrence of lack of prothrombin in connection with obstructive jaundice in patients in which this condition has persisted for some weeks, has been demonstrated by Quick and co-workers 1935, by Hawkins & Brinkhous 1936 and was also found by Dam & Glavind 1938.

The fact that this hypoprothrombinemia could be cured by suitable treatment with vitamin K was shown independently by Warner, Brinkhous & Smith, by Butt, Snell & Osterberg, and by Dam & Glavind, during the first months of the year 1938. Since then, the practical utilization of this discovery in surgery has been tried by a large number of surgeons, and has been fully established.

It is an old experience that the critical days where profuse bleeding sets in often occur some days or a week after the operation (and after the return of the bile to the intestine). This may be explained in the following way:

It is the bile acids which are of importance in aiding the absorption of all fatty substances from the intestine. According to Ravdin and to Breusch & Johnston 1934, and others, the bile acid content is very low during the time immediately after the obstruction to the outflow of bile has been removed because the ability of the liver to produce bile acids has been diminished by the disease. A prolongation of the period with low absorption of vitamin K is thereby afforded. It is also of importance that the food intake and the content of the intestine is minimal in the days after the operation whereby the formation of vitamin K by bacteria is reduced; this may be the decisive factor when no reserve of vitamin K is present.

We have followed cases where the prothrombin was completely normal before the operation, which nevertheless took a fatal course, because without treatment, the prothrombin dropped to 10 per cent in the course of six days and lethal bleeding resulted. Vitamin K treatment is therefore necessary in all cases where patients with obstructive jaundice are to be operated, even if risk of bleeding does not occur until the prothrombin has fallen to a certain degree—say 20 to 25 per cent.

The treatment is most conveniently carried out by giving the patient 1 to 2 units of a water-soluble preparation, vitamin K derivative in the form of tablets, every day beginning 1 or 2 days before the operation and ending 14 days later. If a natural fat soluble vitamin K is used, it is necessary to give bile acid, say 500 mg. Desoxycholic acid simultaneously with the vitamin in order to secure absorption.

In cases where operation must be carried out with the slightest possible delay, the water-soluble preparation is given intravenously by direct injection into the blood stream, 1 or 2 units per g. body weight at least 6 hours before the operation.

Overdosage does not afford any danger of a too high coagulability of the blood, but overdosage of the artificial preparations of several thousand times the therapeutic dose may have other disadvantages because vitamin K cannot raise the prothrombin content above the normal, as shown in animal experiments. (Influence on respiration, vomiting, albuminuria porphyriuria.)

Theoretically the most rational way of combating the K-avitaminosis in obstructive jaundice would be the old use of bile, because it is the bile and not vitamin K which is lacking in the intestine. It would, however, require ingestion of bile several times during the day to imitate the natural outflow of bile, and ingestion of much bile to patients with obstructive jaundice would also involve intoxication. It is not possible to substitute vitamin K therapy by the old bile therapy.

The same holds true for blood transfusions. The amount of prothrombin supplied by a blood transfusion is directly proportional to the quantity of blood introduced. This can give only a fraction of the normal amount of prothrombin and as shown by both Quick and the Mayo Clinic, the prothrombin introduced disappears from the blood in some hours.

Certain forms of hypoprothrombinemia cannot be cured by vitamin K. This was found by the Iowa workers, H. P. Smith and his associates and by Snell and co-workers at the Mayo Clinic, for cases of severe liver diseases where the parenchyma of the liver was severely damaged (Laenec's cirrhosis, Banti's disease). These observations show the occurrence of forms of hypoprothrombinemia in man other than the pure K-avitaminosis. It is not astonishing that the liver must be very severely damaged before the prothrombin production is hampered, because the normal liver has a great capacity, with respect to all its functions.

After the finding of the K-avitaminosis in connection with obstructive jaundice and complete bile fistula, it was to be expected that this condition would be found also in connection with other diseases where the absorption of fat and fat soluble vitamins occurs. The hemorrhagic diathesis met with in certain cases of sprue an intestinal disease in which fat passes the intestine unabsorbed was therefore suspected to be a K-avitaminosis. The relation to the lack of one of the vitamins was considered many years ago by Fanconi and this has been found to be the case. Engell 1938, showed the presence of hypoprothrombinemia in sprue, and Hans Hult 1939, definitely demonstrated the response to vitamin K.

The Mayo Clinic workers have further found a lack of vitamin K in cases of colitis ulcerosa. This is explained by the abnormal condition of the intestinal epithelium.
and by the rapid passage through the intestine where-
by the absorption is reduced.

The purely alimentary K-avitaminosis in man, that
is, lack of vitamin K because of an insufficient amount
of the vitamin in the diet, is presumed to be a rare
disease because of the supply of vitamin K by intesti-
tinal bacteria.

Chicks require approximately 1 unit vitamin K per g.
body weight per day. If the requirement of man, calcu-
lated per g. body weight, is the same (and there is
reason to believe that it is not much different) then
an adult person should be furnished with 50,000-70,000
units per day including the vitamin supplied by the
bacteria. This quantity is contained in about 1000 g.
of fresh spinach, a fairly large amount to eat. There is
no doubt that an ordinary diet furnishes much less, but
nevertheless it does not give rise to hypoprothrom-
binemia and hemorrhage. As far as I am aware, ex-
periments with an entirely K-free diet have not been
made with human beings, but Kark & Lozner (Harvard
University) report that they have observed K-avitami-
nosis in patients living on a very restricted diet.

The most interesting occurrence of K-avitaminosis
in man is that of the new-born infant.

Reduced coagulation power of the blood of new-born
infants has previously been reported; Whipple has
described such cases in 1912 and Brinkhous, Smith &
Warner found in 1937 that this was due to low pro-
thrombin content. They further showed that in in-
fants with actual bleeding the prothrombin was par-
ticularly low. That a hypoprothrombinemia which
may be prevented or cured with vitamin K, occurs in
new-born infants in the first week after birth, was first
recognized by Waddell and co-workers at Virginia Uni-
versity Hospital, and independently found by Dam,
Tage-Hansen and Plum, Copenhagen, as well as by Ny-
gaard, Oslo, and Shettles & Hillman, Johns Hopkins,
1939 and Quick and Grossmann, Milwaukee. This find-
ing was further studied by a large number of workers,
particularly after micromethods for the examination
of the blood had been introduced.

There is a marked prolongation of the coagulation
time already at birth, but the long coagulation times
are most frequent on the third day.

Proper ingestion of vitamin K raises the prothrombin
to approximately normal values in 24 hours and brings
the patient out of the danger zone in say, 6 hours.

The treatment may consist in giving 5 or 10 mg. of
the 2-methyl-1 4-naphtho-hydroquinone-disuccinate
orally, intramuscularly or intravenously.

Cases of cutaneous hemorrhage, melaena or hemor-
rhage from the umbilicus may be successfully cured in
this way provided the infant lives until the effect of
the vitamin has been developed.

As to the treatment of intracranial hemorrhages the
following may be said:

Intracranial hemorrhages in the new-born are of
very great importance, both with respect to their in-
fluence on the mortality among infants and to the
diseases (hydrocephalus, for instance) which may de-
velop as a consequence of this form of hemorrhage.
The number of still-born babies or infants dying during
the first few days after birth amounts to 5-6 per cent
of all living born. In Denmark, for instance, the yearly
figure for stillborn and early deaths is 3500 to 4200 out
of 70,000 births. It is not easy to say exactly how many
of these deaths are due to intracranial hemorrhage;
several investigators believe that this holds true for
10-30 per cent which means that about 1 per cent of
all new-born infants die from intracranial hemorrhage
during or shortly after birth. The Danish obstetricians,
Leopold Meyer and Hauch, found in their old investiga-
tions (from the year 1912) among 1200 births, 28 cases
with rupture of the tentorium. In 13 this was estimated
to be the immediate cause of death. Rydberg found
by autopsy on 75 new-born infants (out of 1300 births)
microscopically visible hemorrhages in the brains of 28.
The microscopical examination revealed hemorrhages
in almost all of them. There is no doubt that the me-
chanical trauma during birth is an important factor
in the development of the intracranial hemorrhage.
It can, however, not be the only cause. Intracranial
hemorrhages with rupture of the duramater have been
observed even after caesarean section. It has also
been observed to develop in infants several weeks after
birth, in cases where the prothrombin did not rise as it
normally does. The 17 cases of intracranial hemorrhage
which we have examined all were in the low prothrom-
bin group.

The possibility of preventing or curing this form of
hemorrhage by vitamin K treatment is therefore a
question of great importance.

Of our 17 cases, 3 were not treated and died. Of the
14 treated, 6 survived. It is obvious that the success
of a curative treatment depends upon whether larger
vessels have ruptured and upon the size and location
of the hemorrhage. A preventive treatment must have
much greater chances of success. The most logical form
of preventive treatment is the treatment of the mothers.
This has been attempted by several investigators. I
shall mention here only the experiments made in Copen-
hagen by Larsen and Plu. They gave 20 mg. of a water
soluble vitamin K preparation (300,000 units) to the
mothers orally a few hours before the pains set in (they
had at that time not enough of the preparation to begin
the treatment long before birth.) This treatment pre-
vented a fall in the child's prothrombin below 20
per cent of the normal value during the first 6 days
after birth.
The treatment securing the best possible result should be the combination of the treatment of the mothers with the treatment of the baby just after birth with 1 dose of say 5 or 10 mg. of the preparation.

We will now turn to the cause of the lack of vitamin K in the infant. We shall begin with the others. The investigations of Tage-Hansen and of Thordarson have shown that the mothers' prothrombin is increased at the end of pregnancy; the increase may amount to 50 to 100 per cent of the value before pregnancy. This does not suggest that the mothers lack vitamin K. Nevertheless the new-born child is K-avitaminous.

This may be explained in different ways:

The simplest explanation would be that the placenta does not let vitamin K pass freely into the circulation of the foetus.

It might also be that the organism of the mother is using more vitamin K than usual because of its enhanced production of prothrombin, so that only an insufficient amount is left for the foetus.

Finally the foetus or new-born child may for some reason have a higher need for vitamin K in order to produce the normal amount of prothrombin. This latter possibility would be rather easy to investigate.

With respect to the first possibility—the resistance of the placenta to the transmission of vitamin K to the foetus—it would be of interest to find out whether there is any difference between the results obtained by giving the mothers a water soluble vitamin K preparation and the natural fat-soluble vitamin in the same dose. It will not be difficult to find out which of these suggestions represents the true explanation.

There is a seasonal variation in the severity of the hypoprothrombinemia of the newborn. This has been found both in the clinic of Waddell and in Copenhagen.

The hypoprothrombinemia is most severe in March. This would suggest a relation to the diet.

Dr. Plum and I have made some further observations as to the frequency and degree of the hypoprothrombinemia of the newborn:

In cases where the mothers have a pronounced albuminuria, the hypoprothrombinemia is worse. It would be of interest to find out whether vitamin K is passing out through the kidney together with protein.

And further that the children which are icteric at birth have a little higher prothrombin value than those which are not icteric. The icteric infants might eventually be able to produce a little more prothrombin.

That the prothrombin level decreases further during the first days after birth is not surprising, because the supply of vitamin K to the infant is only very small. Human milk contains only about 0.3 units vitamin K per cc. This is a very small amount because the infant is expected to need at least 3000 units per day in order to have normal prothrombin. This quantity is contained in about 10 liters of milk, and there are no bacteria in the intestine of the mother.

The reason why the prothrombin level normally rises again in the course of some days is to be sought in the increasing bacterial flora of the intestine together with the increasing volume of substrate for the bacteria to act upon.

At birth the intestine is practically sterile, but it only takes a few days to build up a flora rich in coli and microbacteria. Feces, which are strong vitamin K producers, from the first 4 days contain only a small amount of vitamin K (about 3 units per g.), whereas the feces of adults contain much more. Bacterium coli cultivated on pepton beef extract may contain several thousand units per g. dry matter. The filtrate from the bacteria is practically free from vitamin K. Microbacteria may also be very rich in vitamin K. In contrast to these organisms bacillus acidophilus was found to be very poor in vitamin K.

This tends to show that a radical change in the bacterial flora suppressing the putrefaction bacteria might be dangerous, if the food does not contain enough vitamin K.

The K-avitaminosis has also been seen in infants aged 2 or 3 months, suffering from icterus gravis, and anemia. The explanation of the origin of the K-avitaminosis in these cases has, however, not been given.

I shall conclude this survey of the role of vitamin K in human pathology in mentioning that vitamin K has no effect at all in hemophilia congenita, thrombocytopenia, fibrinopenia, or in scurvy.

HENRICK DAM, Ph D.
INTERESTING FACTS DEPARTMENT

Did you know . . .

That the senior class has gained close to a ton since 1937? (That includes Harry Webster.)

That at least 86 seniors, when asked how they like the yearbook, will say, “It stinks!” (And you begrudge Flood his hundred and fifty bucks.)

That the senior class has spent close to a million dollars on medical education? (And they kick about paying $13.50 for a beautiful yearbook.)

That the class hair has been falling out at the rate of 1.34 hairs per second? (In four years that gives us 458 more square inches of face to wash.)

That six seniors, laid end to end, completely fill up the wall seat in the men’s room at the Penn A. C.? (No comments from the balcony, please.)

That the class has spent 960 years in higher education? (Let’s take fifteen minutes off and rest.)

That 1547 barrels of beer were consumed by us in the last four years? (That’s enough to get everybody in a city the size of Lebanon good and boiled.)

That this is the first yearbook that hasn’t mentioned fecolith in the Circle of Willis? (We couldn’t think up a good gag for it.)

That the average senior has said “I don’t know,” at least 183 times? (Fetter isn’t included.)

That in our freshman year we manufactured more airplanes in Rad’s lectures than the 1941 Defense Commission? (They were a standard design, too.)

That many seniors are offering their “Little Black Books” for sale? (Plus two lessons.)

by “Dog-Patch Town.”

PROFESSORGRAMS

Dr. Shallow: “First we want to know, is it inflammation or neoplasm. Now Doctor, you tell me——”

Dr. Morgan: “Heh-heh-heh—our old friend, capulovenous congestion. One foot in the grave and the other on a banana peel.”

Dr. Gruber: “In 1907, aah—Ott, Scott and Mott said——”

Dr. Beardsley: “Now, Laddie, you sit right here. It is a natural thing for all of us, Gentlemen, to become curious about our anatomy.”

Dr. Davis: “Obstruction! Yeess—Infection! Y-ess—what else!”

Dr. Knowles: “Shiney, violaceous papules on the flexor surfaces of the forearms.”

Dr. Ulrich: “When you are out on a case, don’t get excited. Just light up a big black cigar and sit and wait.”

Dr. Reimann: “Preposterous—next man!”

Dr. Tuttle: “The spermatozoa may not know where it is going, but it is certainly on its way. The cilia turns the sperm’s head by whipping its tail down, thus giving impetus toward best or worst results, according to your system of philosophy.”

Dr. Rehfuss: “Now the way I do it——”

Dr. LaPlace: “But then, one cannot be definitely certain of this, you see.”

Dr. Muller: “Did you hear all that about you, Madame?”

Dr. Schaeffer: “Come, come now, you know that.”

Dr. Michels: “You’ll learn to love this body. PITS! PITS! PITS!!”

Dr. Rosenberger: “Now, Smith, how would you protect a patient against measles?”
THRU THIS ARCHWAY

ALL CANDIDATES FOR IMMORTALITY MUST PASS
Congratulations through the mail came one spring day to Bill,
The letter said, "You've made the grade and now you're over the hill.
For fifty bucks we'll hold a place in our medical school supreme."
Bill's face did beam as he sent the dough; surely he lived in a dream.

One cool, brisk morn the following fall, it opened—the ole med school
Bill entered the place with posture straight and eyes like shimm'ring pools.

Said Dean LeGree to the group of frosh,
"Remember, all work—no play."
"O. K.," said Bill as he trudged on home,
"I'll do it the boss's way."

He phoned his girl and quoted her the very words of Dean,
She understood and cheered Bill up; my, but Marge was keen!

He trekked to his garret and started to bone anatomy from Gray,
"I can't see her now, but she'll always be mine—mine when we're old and gray."

Like all of the boys in medical school he fell in a rut of study,
Books, books, books—wouldn't medicine drive you nutty?

It ended—that awful primary; he ran to the phone to tell Marge.

"Sure, Bill, that's swell, we'll celebrate; tonight we'll go out large."

"Now we'll go steady," said Bill to himself as he donned his white tie and tails,
"We'll split open this town, just me and my gal—like Old Abe, he did to them rails."
"You're a peach," said the Boy to his Beauty, as they glided over the floor,
But Marge bowed her head in embarrassment; begged him not to get sore.

"I see you so little, you study so hard—the gap between us is wide."

Said the girl to the lad, "I fear me, Bill, my love for you has died."

Then she raved about her engineer—Oh, he was really a dear.

Not a real engineer, but a student, you know. She painted the picture so clear.

Bill took it graceful and said to the girl,
"I wish you the best of luck."

And Marge never saw the secretion that excluded Bill's lacrimal duct.

"Goodbye, my dear, good luck again—if you're ever needin' a doc . . ."

He could say no more as he bid her adieu; his throat filled up with a rock.

Our hero trudged back to his garret, with its cold, bare, wooden floor,
And seized the picture of his Marge, and from it shreds he tore.

But Gray he coddled and fondled, like a mother does her babe,
Saying "You're an honest rascal—not a two-faced, lying knave."

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**Chief Complaint**

"I have insomnia so bad, I can't even sleep when it's time to get up."

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**Life History of a Yearbook**

On the desk for two months,
In the desk drawer for four months,
In the hall closet 'til Spring cleaning,
In the attic 'til moving day or the house burns down.
All alone on an outside case,
Oh, in such a forelorn place;
She should deliver, the hospital said
But I see no activity in that bed.

This dimly lighted room is so small
An oil stove is burning in the hall
The bed is ever so near the floor
On which soap and water could be used once more.

Her pains began a day ago
As yet she hasn’t any show;
Since she is noted “para nine”
This should take but little time.

Awakened suddenly from her sleep
By the “break” of membrane sheet
The waters gushed unto the bed
Soaking all from feet to head.

Her pains are slowly growing less
What is presenting, I can not guess.
Fetal heart sounds are not clearly heard
Due to an old placental-souffle-bird.

Just sit and wait, so Ulrich said
Still, I’d rather be home in bed;
For this cigar is the strongest yet
Put it out!—Watch your step.

This woman needs some rest and food
Then perhaps she’ll get “in the mood.”
Meanwhile I’ll walk around the block
Instead of sitting watching the clock.

On my return I looked around
And was surprised at what I found;
Something had seeped onto the bed
Muconium!—whoa boy! Keep your head.

I then recalled a certain warning
That a breech could cause much mourning
Then rushing to a phone, I dialed
To get more help for mother and child.

The ambulance came to take her away
And yet she could not see it my way.
She had had babies galore before
Why should this one be born in a “store?”

She finally agreed and was hospitalized.
The interne my diagnosis soon realized
Her labor pains now ceased to boom
Still she was taken to the labor room.

She laid there painless through the night
Seeing others win their fight;
Then without a word of warning
Breech!—born unattended in the morning.

She was examined, no tears were found.
The bleeding persisted and grew more profound;
Her uterus was packed ever so tight
Treatment was started to set her right.

The going was rough as rough can be
Her recovery was remarkable as you see,
With good nursing care and hospital rest,
In three weeks’ time she was at her best.

Now underclassmen bear this in mind,
If out on a case these conditions you find,
Call on old Jeff—but call in time
And you will feel as I did—just fine!
"No Wonder You Birds Wear Masks.
It's The Prices You Charge."
The case was doubtful and looked pretty much like stomach flu or Coke's infection. His white cells weren't high, the polys were O. K. and the lymph glands weren't markedly enlarged. The past history was irrelevant. I did a urine on him but he only had three pus cells and no acid-fast organisms. The S. U. S. showed green strep, staph, and other cock-eye of the mouth group. The P. S. P., the B. U. N., and an E. K. G. were negative. The case didn't run a temperature and the blood chemistry was low. He was hospitalized and the G. U. service did a flat plate and a K. U. B. He wasn't cystoscoped and they didn't take a biopsy. The serology was negative. He wasn't luetic or a neuro. There was no question of C. P. C. or aortic regurg. A rectal and a basal rate was done on him. A C. B. C. was
done for the C. P. C. None of the findings were helpful. I contacted the surgical staff but the Prof. wouldn't operate the case, because he couldn't locate the pathology. He ordered him prepped for a G. I. series but there were no X-ray changes. You don't have an acute abdomen with yer white count normal and you run a temperature and yer pulse is high. The case was clinicked.

The individual picked up an upper respiratory infection and a strep throat. It went to his left chest and his temp. shot up, but I couldn't find any bugs in his sputum. He was Schicked and Dicked. I didn't want him to suddenly die on me, so I sedated him with M. S., forced fluids, put him on intravenous glucose, took him off iodides and got ready to transfuse him in case he hemorrhaged from the tissue infection.

**Glossary:**

- Coke's Infection—tuberculosis
- Cock-eye—cocci
- S. U. S.—stained urinary sediment
- P. S. P.—phenolsulfonphthalein test
- B. U. N.—blood urea nitrogen
- K. U. B.—kidney, ureter, bladder
- C. P. C.—chronic passive congestion
- C. B. C.—complete blood count
- C. P. C.—clinical pathologic conference
Our Hero

We were just Juniors.
He was a Senior.
Our Hero was on O. B.
"Do ya wanna get smart.
And get a head start?"
Come along and watch!" says he.
So we hop in his car,
And it's not very far
To the home of Washington Lee.
"Good eebnin' suh . . .
On de secon' floah . . .
Ah think she's ready, Hurry!"
We dash up the steps.
And we're full o' pep.
We're green at the game, you see.
"Are the pains pretty bad?
Is this six you've had?"
Asks Our Hero, who's on O. B.
We're proud of Our Boy
Whom nothing annoys.
So cool, so calm, so steady.
How he cleans and he scrapes
And shaves and drapes.
And pretty soon everything's ready.
Well, everything's fine.
We made it in time.
"Now, we'll just have to wait," says he.
So we sit and we set
And we set and we sit,
But still, no sign of Baby.
The minutes tick on
And an hour is gone.
But Our Boy, He doesn't worry.
He just sits and jokes
Between "sterile" smokes
— Now, who the hell told us to hurry?
The pains are much less.
Although I confess,
They seem to be all in my head.
"Just sit and wait."
"Pop" Ulrich had said.
—I'd rather be home in bed.
"Theah's a sofa inside
If yoah gettin' tyad."
Suggests Mr. Washington Lee.
We waited no more
But ran for the door.
And left Our Hero—we three.

So we slept and forgot
All about the tot.
And the vigilant watcher—He.
Till a scream did awake us
And a bound did take us
To the bed—What a sight to see!
The bed was all messed . . .
Our Hero not dressed . . .
For he had been scrubbing away.
When he heard all the noise
He lost all his poise,
And ran to the bedroom . . . Allez!
"Let us help you!" we cried.
As we jumped to his side.
And generally got in the way.
"Well O. K.," he frowned.
"Then hand me the gown.
NO! . IT'S STERILE! . . Go 'way!"
Then he grabbed for a glove
On the bureau above.
And cursed for some powder to ease it.
He struggled with one
And got it on,
And R-r-r-rip went the other to pieces.
"There's another pack here,
As he groped with his one free hand.
He tore at the pins
But his hands were like fins
For he dropped the works in the pan.
My God! It was red.
There was baby, placenta and all.
So he cleaned up the mess
And after a rest . . .
He went out on another call.
Though we missed all the birth,
We rocked with such mirth,
It was really a shame to roar.
How we laughed and we giggled
When Our Hero juggled
And dropped all the stuff on the floor.
Now I don't say you shouldn't.
And I don't say I wouldn't
Go out on a call again.
But if ya wanna get smart
And get a head start,
Go out with a guy like "Our Man."

L. F. B.
MISS MARY V. EISELE

MISS MARIAN L. GRAY

MISS EDITH LAWRENCE

MISS ELIZABETH HAINES

MISS MYRTLE A. BREMERMAN

OFFICE PERSONALITIES
Greetings to the Class of 1941:

The Alumni Association of the Jefferson Medical College is an organization representing the largest medical alumni in the United States. Its headquarters are located in the Alumni Office in the College Building. It is here that all the Alumni activities are followed and recorded and graduates from both near and distant parts meet whenever they visit the College.

The Alumni Executive Committee is a very active, elective committee, having numerous subcommittees who are responsible for planning and arranging for the Alumni Banquet, a most gala affair enthusiastically attended by many Alumni; class luncheons, reunions, clinics, and exhibits for Alumni Day.

State and district chapters are encouraged to meet regularly through the year, both socially and professionally. Every effort is made to arrange for smokers, luncheons, and banquets at all important scientific meetings.

Another subcommittee publishes the Alumni Bulletin, which presents the current activities of the Association and interesting facts pertaining to its members and the College.

Members of the Alumni Association have contributed to the General Endowment Fund of the College. The Alumni Fund has been very successfully supported by the fine cooperation of the members contributing by either pledges or notes.

The Alumni Endowed Room for needy members is one of the very worthwhile benefits which has been created by the untiring efforts of several committees in securing contributions from many Alumni who have eagerly given for the purpose. Committees are continuing to establish an additional fund through contributions to provide nursing care for those members who may use the room.

Primarily, the Alumni Association promotes good fellowship association within its membership in the community in which one practices and keeps alive Jefferson and class spirit. It points the way for graduate support of Alma Mater to further the advanced standing of the school as a center of medical learning. It affords an opportunity for each Alumnus to do his part in this and enables him to more fully avail himself of the advantage of graduating from a foremost medical college and all that it signifies.

Every graduate owes it to himself as well as his Alma Mater to be active in some capacity in his Alumni Association.

Edward L. Bauer.

The Annual Mid-Winter Smoker and Business Meeting is one of the most important events of the year and is popular with many members who seem to enjoy this get-together more every year.
No school is complete without a library—and no college library is as complete as the Scott Memorial Library of Jefferson Medical College. With the recent gift of over 2000 volumes from the library of the late P. Brooke Bland, our library is one of the best Medical College Libraries in the country. Under the directing hand of Mr. Joseph J. Wilson, Librarian, everything is so well cataloged that the oldest and rarest articles or books as well as recent ones can be had in a very short time. Mr. Robert Lentz capably assists Mr. Wilson. From these two men the students receive the most courteous attention and help in selecting books that are up to date and generally accepted. We, the Class of ’41, wish to take this opportunity to thank Mr. Wilson and Mr. Lentz for all their kindnesses to us in the past four years.
Slips that Pass in the Night

Words of One Syllable Department

Nosal: "Dr. Davis, I'm afraid I have on your operating suit and sneakers."

Geraghty: "No, I wasn't raising my hand, I was just pointing at the ceiling."

W. C. F. Smith: "Have you seen my operation? Y' see, I had a lot of adhesions —"

Gardner: "Well, aah, it might be a lot of things I don't know anything about."

Repman: "You mean that if I sing a song, I don't have to recite ... O. K., here goes."

Bruno: "Well, we'll take out the right kidney. The left is no good, so let's take that out, too."

Wiggins: "Treatment of diphtheria? Y' mean what would I do before the doctor got there?"


Gormley: "Well, we have the ocular glandular, the aah, glandular and the aaah ocular. And the aaah ocular and aaaaah . . ."

There are certain words and phrases that have a peculiar fascination for us. Who was it who said that "cellar-door" is the most beautiful word in the English language?

We still like to hear:
- Rosenberger's—Wound
- Tocantin's—Teleangectactic
- Ulrich's—Varicose Weins of the Wulwa
- Reiman's—Pneumonia with empyema
- Cantarow's—N. P. N.
- Haury's—Sphincters
- Bauer's—Genllemen
- Duncan's—Aboot
- Bancroft's—Food
- Chassey's (rare)—On the house

Clerk—"Have you a discharge?"
Patient—"Oh, no, I just got here yesterday."

Vox Pop—"What do you think of the Euthanasia program?"
Student—"Let them Chinese take care of their own kids."

Slips That Pass in the Night

"Take a look at these, will you? Are they Gram positive or negative?"
"How did you stain them?"
"Methylene blue for one minute."

Clerk—"Have you melena?"
Patient—"Melena? What's that?"
Clerk—"Oops, hey, Gormley, what's melena?"
(Gormley didn't know either.)

Student (to 78-year-old patient): "Are your parents living and well?"

Then there's the old chestnut about the patient who took so many little liver pills, that, when he came to autopsy they had to beat his liver with a baseball bat to kill it.
(Let's add that one to Moon's collection.)

Correspondence
(This is on the level.)

Philadelphia, Pa
February 11, 1941.

Dear Sir or Madam:

I lost a cat on January 20th, and thought it might have met with an accident and was taken to your Medical College for treatment.

It was a male cat, three years old, gray black, white at the back of the neck and white underneath.

Respectfully,

(We haven't seen it, honest.)
PATRONS

J. Hall Allen, M.D.
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ACKNOWLEDGMENT

Give credit where credit is due—that we will strive to do here and if by chance someone is missed we will pledge a special part of the Two Thanksgiving Days in 1941 for ALL who had a hand for making the 1941 CLINIC a reality:

We graciously thank:

The Class of '41 for the honor it has given us and its splendid cooperation.

Dean Henry K. Mohler for his worthy advice.

The Philadelphia-Weeks Engravers—Mr. Frank Boules presented us with a well rounded layout of a potential 1941 CLINIC after we had discussed our ideas with him; from then on he carefully guided us with his accumulated knowledge of year books acquired from many years of experience in this field.

The Westbrook Publishing Company—A Philadelphia concern through years of faithful service and masterful work. New to Jefferson but not new to the year-book publishing world. Mr. Fred Barnes notably deciphered the copy submitted to him and expertly recommended the kind of type to be used.

The Merin-Baliban Studio—Mr. Max Merin and Mr. Vincent Sheehan. After contacting various studios it was decided only Merin-Baliban could accommodate our large groups and give us satisfactory reproductions of groups and individuals.

Mr. Wilson and Mr. Lentz of the Jefferson Medical College Library whose timely advice and checking of copy made us more certain that the 1941 CLINIC would be errorless as far as humanly possible.

Mr. David C. Grier, college clerk, for his cooperation.

The contributors of articles: Drs. B. Gordon, N. Vaux, E. J. G. Beardsley, G. Ulrich, R. Griffith, N. MacNeill, E. Bauer, B. Keyes, H. Dam; the editorial, business and advertising staff and all advertisers and purchasers of the 1941 CLINIC.

RICHARD E. FLOOD.
OLIVER J. KREGER, JR.
We wish to extend our most gracious appreciation and thanks to the advertisers in the 1941 CLINIC. Without them this book could not have been published. Read through these pages and see who are the friends of Jefferson and what business they are engaged in. In the future when in need of something patronize these houses of business and show them that we appreciate their friendship. The following is an index of the advertisements in the 1941 CLINIC:

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