1947

1947 Clinic Yearbook

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We record our four years at Jefferson Medical College.
Since the first dim day that man first trod upon this earth, attempts have been made to record by pen, brush or chisel fleeting moments of inspiration and pleasure, so that in looking back, the full appreciation of the original impression may be recaptured.

We present this book as a simple monument to four years of pleasant associations and fond memories, and fervently hope that in the years to come, despite the demanding exigencies of modern practice, we will find within its cover a basis for endeared remembrances and, perchance, a source of information.

Here we passed through hallowed entrance where exalted leaders of medicine have gone before.
and who began as we began, somewhat solemn, somewhat nervous and yet fiercely determined.
April 19, 1943

I take pleasure in informing you that you have been assigned a place in the First-Year Class for the 1944 session, conditional upon the satisfactory completion of our pre-medical requirements, approval of your High School and college credits by the Department of Public Instruction of Pennsylvania, and presentation of evidence of satisfactory physical condition.

In order to effect tentative formal registration, it is necessary that you forward to me the matriculation fee of Five Dollars, a fee of Two Dollars for the Pennsylvania Certificate of Pre-Professional education and the laboratory deposit of Fifty Dollars. This Fifty-Seven Dollars, payable to The Jefferson Medical College, will be accepted subject to the terms in the paragraph above.

The enclosed blank form should be executed and returned with your deposit. It will be necessary for you to make the above deposit and return the report of your physical condition by April 26th in case you wish the place reserved for you. Failure to hear from you will result in cancellation of the place offered. When you have completed your college requirements, send me a transcript of your record.

I have received a number of letters in support of your application. Due to the large number of such letters it is impossible to acknowledge receipt of them all. It is suggested, therefore, that you communicate to those who have recommended you information concerning your acceptance.

Please, along with your acceptance advise us as to your status with the Army or Navy. If you are not in either branch of the service, please give us your status with your draft board.

There is a shortage of microscopes and you are advised to obtain one as soon as possible. Many students have found it convenient to purchase or rent microscopes from doctors, senior medical students, etc. Again, after completing matriculation, inform us immediately whether or not you have obtained a microscope.

Very truly yours,

O. Crider, M. D.,
Assistant Dean

... but our story begins in undergraduate days where we first learned to meet the
jealous, proud mistress, Medicine, and hallowed that unforgettable day of acceptance.
To the Members of the Class of 1947:

For the honor and the pleasure you have given me by associating me with your volume of the Clinic, I should like to thank you all. For each one of you I wish happiness and a good measure of success in return for the hard work that will go into each of your professional careers.

Medicine has become so complex that it is difficult today to decide which segment is the more alluring to each of you or for what part of the whole each of you is best fitted. It would be well to remember Osler's advice to do today each daily task and let the morrow care for itself. The great majority of you will interest yourselves in the care of the sick and you will be good doctors. There is no higher calling. For some of you, however, I hope that the "urge" to hunt in unknown territory will be too strong to be turned aside. But no matter whether you stay in laboratories, attach yourselves to clinics, hospitals or schools or bump over lonely rough country roads, the watchword to all that you hope for will be work.

With all good wishes,

Franklin B. Miller, M.D.

With sincere appreciation the Class of Nineteen Forty-seven dedicates its annual to Dr. Franklin Miller, a man possessing the rare combination of brilliance, teaching knack and true humility.

Dr. Miller was born in Bloomington, Ill., on August 21, 1902. He was graduated from Illinois Wesleyan University with his B.S. in 1923 and received his M.D. from Harvard Medical School in 1927. Internship and a medical residency preceded association with the Rockefeller Institute for Medical Research as an assistant in Bacteriology.

After spending two years in the research field he returned to the clinical field as the Chief Medical Resident at the University Hospital in Cleveland, Ohio. It was at this time that Dr. Miller first began his formal teaching as a Demonstrator in Medicine at the Western Reserve University Medical School. From August, 1931, he rose step by step to the rank of Assistant Professor of Medicine at Western Reserve.

In 1932 Jefferson invited him to be Assistant Director of the Division of Hematology, Charlotte Drake Cardeza Foundation, followed in two years by his appointment as Associate Professor of Medicine.

During Dr. Miller's active participation in
the clinical field, research has always been foremost in his mind. Toward this end he has written papers concerning bacteriology and tuberculosis. The study of the bone marrow and the anti-anemia principle in pernicious anemia were the subjects of other writings. Shortly after coming to Jefferson, Dr. Miller discovered certain substances in the urine of patients with leukemia and similar materials in the normal and abnormal liver and spleen. These findings indicate a relationship of such substances to hematopoiesis in leukemic patients and normal individuals. His studies and papers have done much toward the eventual solution of the leukemia problem. In days to come we may learn of the final conquering of this scourge of humanity as a result of his work.

However, a listing of Dr. Miller's scientific accomplishments does little to tell us of his teaching talents or the more prosaic ability of making friends, with both of which Dr. Miller is highly endowed. It is with these things in mind that the Class of 1947 respectfully dedicates its CLINIC.

Encouraging of these was Dr. Franklin Miller of Hematology to whom we proudly dedicate this book.
To the Class of '47

X Marks the Spot

In this book you are marked for all posterity to read that you have accomplished all you set out to do.

Through four intensive college years you have fought to your goal to be a graduate of the Jefferson Medical College.

Your record as a student, and a man worthy of your Alma Mater and your profession stands behind these pages.

Your Faculty and your Board of Trustees have rewarded you with the privilege of having your progress recorded here.

By all these acts you are a marked man and this "Clinic" is your self-admitted evidence of it.

May every further page of your professional career be as worthy of recording.

Best wishes, and

Sincerely,

Wm. Harvey Perkins, M.D.
Dean
Jefferson from the well-spoken leader of men, who is our Dean.
It was for many important papers that we sought out the signature of our ever-helpful Assistant Dean...
Registrar, MR. STORM

...and our jovial Registrar, who reigned supreme as we waited to register that first year and each year, then
It is only through the cooperation and sincere interest of a Board of Trustees that Jefferson could progress for ours is an institution that never could be static. It is through the farsighted efforts and planning of the Board of Trustees, headed by Mr. Robert P. Hooper, that Jefferson has been kept steadily advancing. The future of Jefferson is indeed bright with such men as these at the helm.
to the seemingly frightening and sage advice of our upperclassmen, but undaunted
we looked about to meet each other, forming friendships that would foretell many future
medical partnerships. We here present the Class of 1947 according to senior sections.
The three major forces which work for the maintenance or restoration of health are correct mental attitude, normal physiological activity and medical and surgical therapeutics; of these the last is probably the least.—ANONYMOUS.
To preserve a man alive in the midst of so many chances and hostilities is as great a miracle as to create him.—JEREMY TAYLOR, “Holy Dying.”
RICHARD
THOMAS
SHAAR

BISHOPVILLE
Florida

University of Pennsylvania

Φ Λ Σ

Schaeffer Anatomic League, Thomas Physiological Society.

St. Vincent's Hospital
Jacksonville, Fla.

Happy is the physician who is called in at the end of the illness.—RABELAIS.
No man values the best medicine if administered by a physician whose person he hates or despises.
—Jonathan Swift.
Scranton, Pennsylvania

A.B., University of Scranton

ΦΑΣΚΒΦ

Schaeffer Anatomic League, Thomas Physiological Society, Pasteur Society, Hare Medical Society, Alpers Neurological Society.

Scranton State Hospital

Ignorance is not so damnable as humbug, but when it prescribes pills it may happen to do more harm.—George Eliot.
RICHARD
GEORGE
KIRCHNER

If ever the human race is raised to its highest practicable level intellectually, morally and physically, the science of medicine will perform the service.—RENE DESCARTES.
There is but one temple in the universe, and that is the body of man.—Novalis.
CLYDE FRANCIS BROOKE SMITH

MIA M E BACH FLORIDA

B.S., St. Joseph's College

Schaffer Anatomic League, Thomas Physiological Society, Moon Pathological Society, Bauer Pediatrics Society, Alpers Neurological Society, Pasteur Society, Hare Medical Society, Dean's Committee.

Misericordia Hospital Philadelphia, Pa.

Everything in excess is opposed to nature.—HIPPOCRATES, "Aphorisms."
At a time when few things are called by their right names, when it is against the spirit of the times even to hint that an act may entail consequences—you are going to join a profession in which you will be paid for telling men the truth. —RUDYARD KIPLING (1908).
GEORGE
ROBERT
REINHARDT

KANSAS CITY
B.S., Providence College

MISSOURI

Φ Α ΢ Κ Β Φ

Thomas Physiological Society, Schaeffer Anatomic League, The
Clinic Staff, Class President.

Research Hospital

Kansas City, Mo.

Doctors are always working to preserve our health and cooks to destroy it, but the latter are the more
often successful.—Diderot.
Polite diseases make some idiots vain,
Which, if unfortunately well, they feign.—Young.
Schaeffer Anatomic League, Thomas Physiological Society, Pasteur Society.

Hamot Hospital

EDWIN
MELCHIOR
MSZANOWSKI

... for as from our beginning we run through variety of Looks, before we come to consistent and settled Faces; so before our End, by sick and languishing Alterations, we put on new Visages.

—Sir Thomas Browne.
JOSEPH PATRICK MCGEE, JR.

PHILADELPHIA

B.S., St. Joseph's College

Ș A Σ

Schaeffer Anatomic League, Thomas Physiological Society, Hare Medical Society, Pasteur Society.

Fitzgerald-Mercy Hospital

Pennsylvania

Lansdowne, Pa.

. . . the common fallacy of consumptive persons, who feel not themselves dying, and therefore still hope to live. . . .—Sir Thomas Browne.
"What! don't you know what a Sawbones is, Sir?" inquired Mr. Weller. "I thought everybody know'd as a Sawbones was a Surgeon."—Dickens, "Pickwick Papers."
The art of medicine is a question of timeliness; wine timely given helps, untimely harms.
—Ovin, "Remediorum Amoris."
Diseases crucify the soul of man, attenuate our bodies, dry them, wither them, shrivel them up like old apples, make them so many anatomies.—Robert Burton, "Anatomy on Melancholy."
The most obstinate Stoic, exposed to the agonies of a calculous colic, will never be able to boast that he has not experienced any pain.—Schiller.
NARBERTH

B.S., St. Joseph’s College

PENNSYLVANIA

Φ X

Alpers Neurological Society, Thomas Physiological Society, Moon Pathological Society.

Jefferson Hospital


JOHN
JOSEPH
McKEOWN, JR.

No science is speedily learned.—Watts.
GLASSPORT  	 PENNSYLVANIA

Texas Technological College  
B.S., University of Alabama

Thomas Physiological Society, Alpers Neurological Society, Glee Club, Editorial Staff of THE CLINIC.

Union Memorial Hospital  	 Baltimore, Md.

The greatest thing in a medical student is reliable observation.—MINET.
Interest in disease and death is only an expression of interest in life. — Mann.
The true physician is a ruler having the human being as his subject.—Plato.
ERIE PENNSYLVANIA

B.S., Upsala College

ΦΧ

Alpers Neurological Society, Vaux Obstetrical Society, Dean's Committee, Glee Club.

Jefferson Hospital


PAUL HERBERT JERNSTROM

It matters not how long you live, but how well.—SIRUS.
CLIFTON NEW JERSEY
A.B., Upsala College
Π Δ Φ Φ Χ
Paterson General Hospital
Paterson, N. J.

PETER HUNT
SHERSHIN

'Tis the mind that makes the body rich.—SHAKESPEARE.
Memory is the library of the mind.—GOURAND.
Medicine is a conjectural art, it has almost no rules. — Celsus.
Disease generally begins the equality which death completes.—Johnson.
The presence of a doctor is the first part of the cure.—FRENCH PROVERB.
Patience is the best medicine.—Florio.
Charles Goddard Foster

Waterbury, Connecticut

Trinity College

Jefferson Hospital


Reading maketh a full man.—Bacon.
In our study of Anatomy there is a mass of mysterious Philosophy, and such as reduced the very Heathens to Divinity.—Sir Thomas Browne.
Baker
A.B., University of Oregon

Dean's Committee
Santa Clara County Hospital
San Jose, Calif.

MENZIE
McKIM, JR.

William Harvey taught anatomy not from books but from dissections, not from suppositions of philosophers but from the fabric of nature.—J. Ewing Mears.
For the general practitioner, a well-used library is one of the few correctives of the premature senility which is so apt to overtake him.—Sir William Osler.
It is true that joy can activate the nervous system more efficiently than all the cardiac stimulants that can be had from the druggists.—Schiller.
A physician's physiology has much the same relation to his power of healing as a cleric's divinity has to his power of influencing conduct.—Samuel Butler.
When I consider the assiduity of this profession, their benevolence amazes me. They not only, in general, give their medicines for half value, but use the most persuasive remonstrances to induce the sick to come and be cured.—Oliver Goldsmith (1730-1774).
To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all.—Sir William Osler.
It is a solemn fact that the discovery of a new disease immediately creates a demand for it.

—J. A. Spender.
True knowledge of anatomy can alone be obtained by the study of this, the only correct authority, the body of man.—Vesalius.
It is dainty to be sick, if you have the leisure and convenience for it.—Emerson, "Journals."
Men worry over the great number of diseases, while doctors worry over the scarcity of effective remedies.—Ch’in Yueh-Jen (c. 225 B.C.).
The book of Nature is that which the physician must read; and to do so he must walk over the leaves.—PARACELSUS.
ROBERT
NORMAN
SWARTLEY

PHILADELPHIA
University of Pennsylvania

Germantown Hospital

PENNSYLVANIA

Every physician, almost, hath his favourite disease.—HENRY FIELDING.
ELMER

HENDRICKS

FUNK, JR.

OVERBROOK

B.S., Haverford College

N Σ N

Schaeffer Anatomic League, Bauer Pediatrics Society.

Bryn Mawr Hospital

Bryn Mawr, Pa.

God heals, and the Doctor takes the Fee.—BENJAMIN FRANKLIN.
There is a great difference between a good physician and a bad one; yet very little between a good one and none at all.—Arthur Young, 1787.
Physical ills are the taxes laid upon the wretched life; some are taxed higher, and some lower, but all pay something.—Lord Chesterfield, "Letters" 1757.
It is impossible at the same time to seek riches and to practice medicine worthily, for he who eagerly cleaves to the one must of necessity neglect the other.—Galen (130-200 A.D.).
A prattling physician is another disease to the sick man.—Menander (342–291 B.C.).
Prevention is the daughter of intelligence.—Raleigh.
GERALD
DEWEY
DODD, JR.

PHILADELPHIA
A.B., Lafayette College
Fitzgerald-Mercy Hospital

PENNSYLVANIA
Lansdowne, Pa.

Science is certainty—is truth found out.—Coles.
PHILADELPHIA

B.S., St. Joseph’s College

Thomas Physiological Society, Schaeffer Anatomic League,
Fitzgerald-Mercy Hospital

Lansdowne, Pa.

ALBERT

GEORGE

SCHRAN

Three foundations of learning: see much, suffer much, study much. — Catherall.
FRANCIS XAVIER THOMAS

PHILADELPHIA  PENNSYLVANIA

B.S., Villanova College

Schaeffer Anatomic League, Thomas Physiological Society.

Fitzgerald-Mercy Hospital  Lansdowne, Pa.

We all labor against our own cure, for death is the cure of all.—Browne.
Curiosity is, in great and generous minds, the first passion and the last.—JOHNSON.
Margate City
B.S., Dickinson College

Bauer Pediatrics Society, Moon Pathological Society, Thomas Physiological Society, Schaeffer Anatomic League, Class Treasurer.

Atlantic City Hospital

John Raymond Bowen, Jr.

The practice of medicine is an art, not a trade.—Osler.
NOEL
CATCHING
WOMACK, JR.

No calling in life is so sublimely epic as that of the physician.—J. A. M. A.
HANOVER            PENNSYLVANIA
A.B., Amherst College

Moon Pathological Society, Thomas Physiological Society, Schaeffer
Anatomic League, Bauer Pediatrics Society, Hare Medical
Society, Gross Surgical Society, Vaux Obstetrical Society,
The Clinic Staff, Dean’s Committee, Glee Club.

Union Memorial Hospital     Baltimore, Md.

WILLIAM
FRANKLIN
COX, III

Wherever the art of medicine is loved, there is also love of humanity.—HIPPOCRATES.
WILLIAM
URBAN
REIDT

PITTSBURGH
B.S., Bucknell University

N Σ N

Moon Pathological Society, Hare Medical Society, Bauer Pediatrics Society.

Jefferson Hospital

PHILADELPHIA, Pa.

Time is the best medicine.—CICERO.
Honor a physician with the honor due unto him.—Ecclesiasticus.
Science is the knowledge of consequences.—Hobbes.
WILLIAM
HENRY
GROSS

HUBBARD
Georgetown University
Ohio
Vaux Obstetrical Society.

Youngstown City Hospital
Youngstown, Ohio

A profession has for its prime object the service it can render to humanity.—A. M. A.
PHILADELPHIA
A.B., St. Joseph’s College

ΚΒΦ


Fitzgerald-Mercy Hospital

EDWARD ALOYSIUS KELLY

Lansdowne, Pa.

Judge a physician by his cures.—PARACELSUS.
Many funerals discredit a physician.—Ben Jonson.
happiness lies in the absorption in some vocation which satisfies the soul ... we are here to add what we can to, not to get what we can from, life.—Sir William Osler.
University of Puerto Rico
B.S., St. Joseph's College

Schaeffer Anatomic League, Thomas Physiological Society, Moon Pathological Society.

Editor's Note: John Healey interrupted his studies in the senior year to work for one year as Research Assistant in Surgery under Dr. John Gibbon.

JOHN EDWARD HEALEY, JR.

Work is the center of the circumference of one's life in medicine, and only through the ambitious pursuit of one's work can one continue to enjoy the routine tasks and smile at disappointment.

—Verne Hunt.
Prevention is better than cure.—DICKENS, “Martin Chuzzlewit.”
Our foster nurse of nature is repose.—SHAKESPEARE, "King Lear."

Delaware Hospital

Wilmington, Del.

DONALD HILEMAN

McGEE

The lawyers are the cleverest men, the ministers are the most learned, and the doctors are the most sensible.—OLIVER WENDELL HOLMES.
ROBERT
SEIDEL
McCURDY

MATAWAN
NEW JERSEY

A.B., University of Pennsylvania

Σ Φ Ε

Schaeffer Anatomic League, Thomas Physiological Society, Moon Pathological Society, Bauer Pediatrics Society, Editorial Staff of THE CLINIC.

Pennsylvania Hospital Philadelphia, Pa.

It is a step toward health to know the disease.—Erasmus, "Adagia."
For the world, I count it not an Inn, but an Hospital; and a place not to live but to die in.
—Sir Thomas Browne.
A.B., University of North Carolina
University of North Carolina Medical College

Alpers Neurological Society, Black and Blue Ball Committee.

Philadelphia General Hospital

EDWIN

BOYLE, JR.

In illness the physician is a father, in convalescence, a friend; when health is restored, he is a guardian. — "Brahmanic Saying."
For thousands of years medicine has united the aims and aspirations of the best and noblest of mankind.—Karl Marx.
B.S., University of North Carolina
University of North Carolina Medical School
Alpers Neurological Society.
Graduate Hospital, University of Pennsylvania Philadelphia, Pa.

For the physician there is only one rule: put yourself in the patient's place.—Lord Lister.
. . . the love of people and a growing understanding of human nature round out the fullness of ability and usefulness of the true physician.—CHARLES L. BROWN, M.D.
To be a calligraphist requires the wasting of paper; to be a good doctor requires the sacrificing of lives.—Su Tung Po.
LEWIS
EDWARD
JONES

Norfolk	Virginia

University of North Carolina

Σ N Φ X

Alpers Neurological Society, Glee Club.


Sickness is felt, but health not at all.—Thomas Fuller.
A physician who professes to cure for nothing is often worth nothing.—Hershon.
The only person to whom a Doctor can say exactly what he thinks about another Doctor is to his wife. That is why practically all Doctors are married.—Joyce Dennys.
How easy it is to misapply the physiologic requirements of a healthy active person to the limitations of the sick.—W. WAYNE BABCOCK, M.D.
If a physican or a steerman were in slavery, he would be obeyed.

—DIogenes the Cynic (412–323 B.C.)
A.B., University of Pennsylvania

Hare Medical Society.

WOODBRIDGE  

B.S., Allegheny College  

Delaware Hospital  

Wilmington, Del.

LEONELL CLARENCE STRONG, JR.

Medical men don’t learn to know drugs they use, nor their prices.—ROGER BACON (1214-1294).
JOHN ANTHONY SURMONTE

Nutley, New Jersey

B.S., Villanova College

Φ Ρ Σ

Class Secretary.

Newark City Hospital

Newark, N. J.

Physicians are the only true natural philosophers.—THOMAS HOBES.
MINERSVILLE PENNSYLVANIA

B.S., Lebanon Valley College

Φ Ρ Σ

Hare Medical Society.

St. Joseph's Hospital Reading, Pa.

ROBERT YANNACCONE

Divide your attentions equally between books and men.—Sir William Osler.
There are only two sorts of doctors, those who practice with their brains, and those who practice with their tongues.—Sir William Osler.
WILLIAM JOAQUIM LUSSY

Scranton, Pennsylvania

B.S., University of Scranton

Φ A Σ

Thomas Physiological Society, Schaeffer Anatomic League, Pasteur Society.

Scranton State Hospital

Scranton, Pa.

Chance favors the prepared mind.—Louis Pasteur.
HARTFORD

Trinity College

Schaeffer Anatomic League, Thomas Physiological Society, Pasteur Society, Hare Medical Society.

St. Francis Hospital

Hartford, Conn.

JOSEPH
MICHAEI
DANYLIW

He is the best physician who is the best inspirer of hope.—S. T. COLERIDGE.
Doctors do more good to mankind without a prospect of reward than any profession of men whatever.—SAMUEL JOHNSON.
JOSEPH
NICHOLAS
ACETO

... in the physician or surgeon no quality takes rank with imperturbability ... —SIR WILLIAM OSLER.
SIDNEY MILNE BASHORE

Palmyra Pennsylvania
B.S., Lebanon Valley College

Λ Ρ Σ

Thomas Physiological Society, Schaeffer Anatomic League, Vaux Obstetrical Society, Hare Medical Society.

Chester Hospital Chester, Pa.

The disobedient physician makes an unfeeling physician.—Publius Syrus.
PHILADELPHIA

B.S., St. Joseph's College

PENNSYLVANIA

Φ Ρ Σ

Schaeffer Anatomic League, Thomas Physiological Society, Alpers Neurological Society

Nazareth Hospital


Conference maketh a ready man.—Bacon.
JOSEPH THEODORE ZUKOSKI

Moosic, Pennsylvania

B.S., Scranton University

Φ B II

Hare Medical Society.

St. Joseph's Hospital

Reading, Pa.

Writing maketh an exact man.—Bacon.
God heals, and the physician hath the thanks.—HERBERT.
Milton Pennsylvania

B.S., Bucknell University

ΦΒΠ

Schaeffer Anatomic League, Hare Medical Society, Alpers Neurological Society.

Geisinger Hospital Danville, Pa.

- David William Bostian

You doctors have a serious responsibility.—Stephenson.
ATLANTIC HIGHLANDS  
B.S., Franklin and Marshall College

ΦΚΤ ΦΒΠ ΚΒΦ

Hare Medical Society, Pasteur Society, Moon Pathological Society.

Henry Ford Hospital  
Detroit, Mich.

Science is nothing but good sense and sound reason.—LESZCYNSKI.
Not the disease, but neglect of the cure, is dangerous.—LATIN PROVERB.
Schaeffer Anatomic League, Thomas Physiological Society, Hare Medical Society.

Presbyterian Hospital


THOMAS
WESLEY
MORAN JR.

Medicine labours incessantly to destroy the reason for its own existence.—Bryce.
SOUTH ORANGE       New Jersey
B.S., St. Vincent's College
Villanova College

Pasteur Society, Hare Medical Society, Schaeffer Anatomic League,
Thomas Physiological Society, Vice-President of Class, Editor
of The Clinic.

Jersey City Medical Center           Jersey City, N. J.

JAMES THOMAS HELSPER

In the multitude of counsellors there is safety.—Proverbs.
Amid an eternal heritage of sorrow and suffering our work is laid.—Osler.
LANSFORD P E N N S Y L V A N I A

B.S., Muhlenberg College

Hare Medical Society, Moon Pathological Society, Vaux Obstetrical Society, Dean's Committee.


DONALD RIEGEL WATKINS

Medicine, to produce health, has to examine disease.—PlUTARCH.
ALFRED
SEARLES
COOK, JR.

PRINCETON  NEW JERSEY
Lehigh University; Washington and Lee University

θ K ψ

Moon Pathological Society, Vaux Obstetrical Society.

Mercer Hospital  Trenton, N. J.

Prove all things; hold fast that which is good.—THESALONIANS.
The beginning is the most important part of the work.—Plato.
JENNERSTOWN
B.S., Franklin and Marshall College

THOMAS PHYSIOLOGICAL SOCIETY, HARE MEDICAL SOCIETY, SCHAFFER ANATOMIC LEAGUE.

Delaware Hospital

WILMINGTON, DEL.

ALFRED BROCKUNIER, JR.

The good doctor pays constant attention to keeping people well so there will be no sickness.
—HUAI NAN-TZU CHOW DYNASTY.
PHILADELPHIA  B.S., St. Joseph's College  PENNSYLVANIA

Φ A K  ΑΩΑ

Thomas Physiological Society, Schaffer Anatomic League, Alpers Neurological Society.


SIDNEY MAURICE WOLFE

Diseases of the soul are more dangerous and more numerous than those of the body.
—Cicero, "Tusculanarum Disputationum."
Your patient has no more right to all the truth than he has to all the medicine in your saddlebag. He should get only so much as is good for him . . .—O. W. Holmes.
It is not for a skillful leech to whine charms over a sore that craves a knife.

—Sophocles (495–406 B.C.)
The beginning of health is to know the disease.—CERVANTES, “Don Quixote.”
The physician must have at his command a certain ready wit, as dourness is repulsive both to the healthy and the sick.—Hippocrates.
The daughter of limb-relaxing Bacchus and limb-relaxing Aphrodite is limb-relaxing Gout.

HEDYLMUS.
Laws are like medicine; they generally cure an evil by a lesser or a passing evil.—BISMARCK.
MELVIN LAWRENCE SAMUELS

Bywood  Pennsylvania

B.S., Villanova College

Φ Δ Ε

Alameda County Hospital  Oakland, Calif.

Nor bring to see me cease to live,
Some doctor full of phrase and fame,
To shake his sapient head, and give
The ill he cannot cure a name.

—MATTHEW ARNOLD (1822-1888)
Sickness comes on horseback, but goes away on foot.—W. C. Hazlitt.
LOUIS
FRANKLIN
BURKLEY, III

Not one among a thousand knows how to separate the harmful parts from the helpful in simple laxatives.—ROGER BACON (1214–1294).
PHILADELPHIA PENNSYLVANIA

B.S., St. Joseph's College

Φ Λ Κ

Thomas Physiological Society, Schaeffer Anatomic League.

Mt. Sinai Hospital Philadelphia, Pa.

DAVID WELSH LEVIN

Languor seizes the body from bad ventilation.—Ovid, "Ars Amortoria."
Despair of all recovery spoils longevity
And makes men's miseries of alarming brevity.

—BYRON, "Don Juan."
There are worse occupations in this world than feeling a woman's pulse.—Sterne
A library is a great catalyzer, accelerating the nutrition and rate of progress in a profession.

—Sir William Osler.
Greatness consists not in the holding of some future office, but really consists in doing great deeds with little means and the accomplishment of vast purposes from the private ranks of life.

—Russell H. Conwell
While the doctors consult, the patient dies.—JOHN HEYWOOD, “English Proverbs.”
Before the curing of a strong disease, even in the instant of repair and health, the Fit is strongest.

—Shakespeare, "King John."
A sickly, infirm look is as disadvantageous to a physician as that of a rake in a clergyman, or a sheepish look in a soldier.—SAMUEL CROXALL.
The physician that bringeth love and charity to the sick, if he be good and kind and learned and skillful, none can be better than he. Love teaches him everything, and will be the measure and rule of all the measures and rules of medicine.—SAVONAROLA.
WILKES-BARRE  

B.S., University of Scranton  

Wilkes-Barre General Hospital  

Wilkes-Barre, Pa.  

MICHAEL  

BUCAN  

The best of healers is good cheer.—PINDAR, "Nemean Ode 4."
MARVIN
CHARLES
RHODE

PHILADELPHIA

B.S., Ohio University

Pennsylvania

THE CLINIC Staff, Dean's Committee.

Jewish Hospital


It is part of the cure to wish to be cured.—Seneca, "Hippolytus."
...I cannot go to cure the body of my patient, but I forget my profession, and call unto God for his soul...—Sir Thomas Browne.

Williamsport Hospital

Physicians, like beer, are best when they are old.—THOMAS FULLER (1642).
The confidence of a patient can only be gradually obtained if one use his own language.—Schiller.
If a doctor's life may not be a divine vocation, then no life is a vocation, and nothing is divine.
—Stephen Paget.
West Englewood
B.S., University of New Hampshire

ΘΚΨ ΛΩΑ

Vaux Obstetrical Society, Moon Pathological Society, Schaeffer Anatomic League.

Jefferson Hospital

John Richard Helff

Water, air and cleanliness are the chief articles in my pharmacopoeia.—Napoleon Bonaparte.
Moon Pathological Society, Thomas Physiological Society, Vaux Obstetrical Society, Schaeffer Anatomic League, Dean's Committee.

Los Angeles County Hospital

Los Angeles, Calif.

BRUCE VAN VRANKEN

He's the best physician that knows the worthlessness of the most medicines.

—BENJAMIN FRANKLIN, "Poor Richard."
The skillful doctor knows by observation, the mediocre doctor by interrogation, the ordinary doctor by palpation.—Chang Chung-Ching.
LANDISVILLE          PENNSYLVANIA

B.S., Franklin and Marshall College

Θ Κ Ψ

Moon Pathological Society, Vaux Obstetrical Society.

St. Joseph's Hospital          Lancaster, Pa.

ROBERT
HERSHEY
BAKER

Happy is that doctor who, in devoting himself to continuous scientific advance, does not neglect spiritual development.—THOMAS M. DURANT, M.D.
To read textbooks is easy, but to do research work is to grapple, inch by inch, with the obscure, and battle, step by step, with the unknown...—VICTOR ROBINSON.
LAURENCE
AUSTIN
MOSIER

CHERRY CHASE
MARYLAND
A.B., Lehigh University

Schaeffer Anatomic League, Thomas Physiological Society, Moon Pathological Society, Vaux Obstetrical Society.

Presbyterian Hospital Philadelphia, Pa.

Truth is the daughter of Time and not of authority.—LEONARDO.
In a good surgeon: a hawk’s eye, a lion’s heart and a lady’s hand.—Leonard Wright (1589).
A physician can sometimes parry the scythe of death, but has no power over the sand in the hour glass.—Hester Lynch Piozzi.
Vaux Obstetrical Society, Moon Pathological Society, Thomas Physiological Society, Schaeffer Anatomic League.

Queen's Hospital

The best surgeon is the one who has been hacked himself. — ANONYMOUS.
Christian Medical Society, Moon Pathological Society, Thomas Physiological Society, Vaux Obstetrical Society, Advertising Manager of THE CLINIC.

United States Naval Hospital.

Too late is the medicine prepared, when the disease has gained strength by long delay.

Ovid, "Remediorum Amoris."
Many dishes, many diseases. Many medicines, few cures.—BENJAMIN FRANKLIN, "Poor Richard."
BENJAMIN
JONES
LAWRENCE, JR.

RALEIGH
A.B., University of North Carolina

θ Κ ψ

Moon Pathological Society, Vaux Obstetrical Society.

Charlotte Memorial Hospital

Charlotte, N. C.

He who was never sick dies the at first fit.—THOMAS FULLER, "Gnomologia."
By self-indulgence, the dreadful dropsy grows apace.—Horace, "Odes."
How many errors have been committed because the physician has not been able to discern, under the mask of the invalid, a man.—E. Rist.
Medical knowledge is taken too directly from the source of life not to render him who possesses it more human.—E. Rist.
That Physician will hardly be thought very careful of the health of others who neglects his own.

—Francois Rabelais.
Nothing is more estimable than a physician who, having studied nature from his youth, knows the properties of the human body, the diseases that assail it, the remedies that will benefit it, exercises his art with caution and pays equal attention to the rich and poor.—Voltaire (1694–1778).
Physicians and politicians resemble each other in this respect, that some defend the constitution, and others destroy it.—Anonymous.
GEORGE  
JOHN  
GENSEMER  

PINE GROVE  
PENNSYLVANIA

A.B., Gettysburg College  
A.K.K.T.K.E.K.B.F.

Schaeffer Anatomic League, Thomas Physiological Society, Vaux Obstetrical Society, Gross Surgical Society, Hare Medical Society.

Jefferson Hospital  

Talk of your science! After all is said, There’s nothing like a bare and shiny head; Age lends graces that are sure to please; Folks want their doctors mouldy, like their cheese.

—O. W. Holmes, M.D., “Rip Van Winkle.”
Thomas Physiological Society, Schaeffer Anatomic League, Bauer Pediatrics Society, Hare Medical Society, Alpers Neurological Society, Vaux Obstetrical Society.

Germantown Hospital

ARTHUR RAYMOND VAUGHN, JR.

The hospital is the only proper college in which to rear a true disciple of Aesculapius.—ABERTHENY.
Take back home a homesick person whose agonies have reduced him to a skeleton and he is quickly rejuvenated.—Schiller.
medical training is not capable of developing or even originating some of the social and personal excellencies which are perhaps greater determining factors in success than a knowledge of anatomy or of organic chemistry. — JOSEPH C. DOANE, M.D.
Some maladies are rich and precious and only to be acquired by the right of inheritance or purchased with gold.—HAWTHORNE, "Mosses from an Old Manse."
The dignity of a physician requires that he should look healthy, and as plump as nature intended him to be. . . . Then he must be clean in person, well dressed, and anointed with sweet-smelling unguents that are not in any way suspicious.—Hippocrates (c. 469–357 B.C.).
I firmly believe that if the whole materia medica could be sunk to the bottom of the sea, it would be all the better for mankind and all the worse for the fishes.—O. W. Holmes.
novelty, and just to be different, let us begin at the

office, however, we received another box from Mr.

Storm. This we tucked under our other arm. Thence

over to Williams' for our four lab. coats, which we

placed carefully on our two boxes. Then back to the

college to be issued a microscope. Someone dashed too

quickly and, as a consequence, found it necessary to

begin his study early by articulating his skeleton in

the middle of Eleventh Street. Once at the college

office, however, we received another box from Mr.

Storm. This we tucked under our other arm. Thence

ever to Williams' for our four lab. coats, which we

placed carefully on our two boxes. Then back to the

college for books, of which twelve were stacked up

in our hands. We waddled out, already in an unsta-

ble dynamic equilibrium, to buy clip boards, paper,

files, crayons, slides, etc. Needless to say, all this

was rather cumbersome, but for young energetic men

like ourselves, nothing was too difficult. So somehow

we staggered home, set up our little studies and

began the four year grind that is medical school.

In glancing back over an era so full of historic

value, yet so fascinating and pleasant as our early

years at Jefferson, we hardly know what incident to

describe first—where to begin. So for the sake of

novelty, and just to be different, let us begin at the

beginning.

Grinning, in our shiny little uniforms (some of us

in our shiny little suits) and coming from just about

everywhere, we converged on a vomitus-colored yel-

low building called "D. B. I." There we received the

first of what was to be a long chain of locker keys

and a slightly used wooden box containing the essen-
tials of an osteology quiz. With the boxes safely

tucked under our arms, we dashed over to the college

to be issued a microscope. Someone dashed too

quickly and, as a consequence, found it necessary to

begin his study early by articulating his skeleton in

the middle of Eleventh Street. Once at the college

office, however, we received another box from Mr.

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like ourselves, nothing was too difficult. So somehow

we staggered home, set up our little studies and

began the four year grind that is medical school.
hanging in his forceps, and a puzzled expression on
his face as he asked, “Is this the brachial plexus?”
There was quiet, methodical work—broken by the
brief explanations of Dr. Bates and the friendly discourses of Dr. Ramsay, whose techni-color lectures
remain fixed in our minds.

On other days, we collaborated with Drs. Kriedler,
Mermane, and Blundell in trying to make a science of bacteriology. Remembering sugar fermentations
and the characteristics of pneumococcal strains re-
quired work, and the tremendous effort showed in
some of us. For example, one or two imagined they
had a positive Wasserman, but of course that was
silly and impossible. Medical students are reputedly immune. Occasional stimulating explanations by Dr.
Blundell—as on the heterophile antibody reaction or
the mycotic infections—caused a mild flurry of excite-
cement. Otherwise, the course was uneventful.

Such cannot be said of “Uncle George’s” sessions.
Lectures were packed full of thrills and meaty infor-
mation in a lovely script on the blackboard. We were
dying to “get the terminology” (or in getting it), and
a little writer’s cramp now and then did not deter
us. Dr. Bancroft was a master of many arts; no stu-
dent left him without being a better penman, ety-
mologist, and Greek scholar. A few even went so
far as to learn the fundamentals of chemistry. In
their endeavors they were more than ably assisted by Dr. Hansen and “young Tom Williams”—the
latter, though so “young,” was unfortunately afflicted
with echopathy, centering around the number “two.”
In the laboratory we worked in unison—each man
lifting his test tubes at the same time. Eighty men
were trying to pour from the same bottle of imitation
gastric contents; eighty men waiting in line to use
half a dozen balances or to have blood withdrawn
with a number 12 needle. Constantly chided to
“transact” faster—to hurry, hurry, hurry, we occa-
sionally thought we were smart enough to skip on to
the next paragraph in the manual. Then we would
feel a hot breath on our necks and experience a sense
of oppression, for standing behind us with knowing,
steely eyes was one of the laboratory overseers.

Suddenly one day we found ourselves bombarded
with fourteen examinations, followed by a block week—
whose only significance for some of us was that we
had a mental block. Then three devastating examin-
ations, a few weeks of holding our breath, and we were
sofomores—learned, intelligent, wise, capricious
sophomores.

Returning from our vacation, tanned by seashore,
Florida, or California suns, the pressure was off. The
old drive was gone, and we glided into pathology and
physiology, into neuroanatomy and physical diagno-
sis. Dr. Moon was pleasant enough—a few lectures
on cytoplasmic substance and shock, and we were

... Running car for six years
... Black and Blue fingers
... Smooth
... Teacher won’t get this apple
nine-tenths through our pathology course. It only remained for Dr. Stasney to tear through Boyd, Karser, or what-have-you, to round out our knowledge with details. So with discussions of "mahagone-ee" and "organismness" under the handicap of always being a week or two behind regardless of how fast he went, he set a pace matched only by "Dangerous Dan McGrew."

In physiology, Dr. Thomas lectured quietly and composedly, demonstrating to us the conditioned reflex associated with a warm quiet room, a monotonous lecturer, and a subject occasionally conducive to such a reflex. Sleep was merely a reaction to environment. For those who attended Dr. Tuttle's lectures, they were certainly inspiring. That proponent of ambidexterity and showmanship could at any time be called upon to plot anything against anything else (student against grades, grades against student, student against the wall, etc.), or to produce elephant erythrocytes from his pocket. Dr. M. H. F. Friedman was ever a dynamic and compelling lecturer—especially when he whistled to punctuate sentences or stood on the table, as was his wont in the laboratory.

Our favorite, and by far the most lucid subject, was one where we had previous acquaintance with the department. Yes, neuroanatomy. Dr. Schaeffer in his ever inimitable style, wherein he interspersed with a goodly number of stories his didactic presentation, made unbelievably apparent the mysteries of the central nervous system. In the laboratory we hacked a mushy pulp into smaller and smaller pieces until the preservative became as turbid as our concepts.

Late in the afternoons we convened with Dr. Charr whose explanation of "how to take a ten-minute history" required seven weeks to present. Then we started on physical examinations "per se," palpating young girls for thrills and old ladies for shocks. Our greatest difficulty lay in percussing out the ureter.

Then our schedule changed. We were introduced to a course whose sole purpose seemed to be to induce anorexia nervosa, nervous indigestion, spastic colon, and nervous diarrhea. In Dr. Gruber's bibliographical lectures, we—ah—learned everything from—ah—the action of—ah—yohimbine on the—ah—cockroach kidney to the contraindications for jalap. Formulas on the board served only as a barometer of approaching blue books, followed by falling grades. On Mondays, we were enthralled by one of the students' favorites, Dr. Hart, an undying source of helpfulness, kindness, and inspiration. Occasionally, he and Dr. Lisi were even seen to smile, though when twenty men were informed the next day that they had made less than four in the last exam, one wondered what they were smiling at.

At this time we had clinical laboratory, too, where it was our pleasure to count blood cells until we had
permanent spots before our eyes. There were compensations, however, in being able to do venipunctures on an unpopular neighbor, though some of us carried things too far when we attempted to enter the superior sagittal sinus. Dr. Erf kept us abreast of recent valuable discoveries such as the hematocrit of blood cells extracted from ball testicles.

Surgical pathology was a course given by Dr. Herbut, who leisurely crammed more pathology into an hour than one could find in a book the size of Webster’s *International*. Tumors of the finger were not uncommon. Neuropathology was an attempt to identify artifacts and dirt seen on the slides in the sixth-floor laboratory. Certainly no one suspected that those three extra cells in the pia-arachnoid—which in itself looked like a high-powered field of dust—indicated meningitis. The lectures, on the other hand, concerned themselves with classifying Nile Valley Fever, much to everyone’s dissatisfaction.

Our only other course was surgery, involving lectures by Dr. Behrend and Dr. Surver. The former was popular for his movies which gave one a chance to rest for the day, while the latter was best known for his ability to appear late or his failure to appear at all.

It was early summer when the second year was declared at an end, and we were declared, by virtue of having passed our examinations, juniors.

Juniors! It was unbelievable. Here we were on the brink of our clinical years. We took cognizance of the fact that several new members had joined our brotherhood, and thenceforth they, too, were included in the oft-quoted “we.”

It was all a mad whirl, a host of subjects, a new world of clinics and Out-Patient Departments with real live patients—coughing, sneezing, vomiting in our faces. Wards and ward rounds, post mortems—each subject had its merits and its faults. Looking back they seem not too bad—but at the time...

Well, for example, because of the early hour, many of us found it difficult to get up in time for applied anatomy. Though Dr. Bonney gave a well-organized, cogent lecture, he occasionally quizzed—and they were the times the attendance dropped from thirty to twelve.

Pathology was better attended, despite the fact that shock was reiterated and Dr. Stasney again plowed through the field in about three lectures. We sometimes think that the attendance was in some unknown way connected with Dr. Moon’s amiable experiment of taking roll. Post mortems at Philadelphia General were attended at the same time that Dr. Swenson was giving his lectures on radiology. It was often difficult for the student to be in both places at the same time. Occasionally he wasn’t at either.

The Dean gave a series of lectures on preventive
medicine—which were sound in principle, though the principles often seemed difficult in practice. Nonetheless, armed with knowledge of Zoogleg and Schmutzdecke, we contemplated preventing half the ills of the world.

Obstetrics was a fascinating course. Dealing with the parturient difficulties of the opposite sex was entertaining, as outlined by Dr. Castallo—for whom it was always “a bit walun iu heah”—and Dr. Vaux, whose cases were all interesting, at least he told us so. We were always glad when he brought patients into the pit who never uttered a word, were asked no questions, and wheeled out again having done absolutely nothing. Dr. Lull was most appreciated for his stories and for his statement, “Tonight I’ll let you go early,” whereupon we were dismissed at two minutes to six.

Surgery lectures were an attempt by Drs. Willauer and Walking to teach anesthesia and fractures. We got that early in the course. As for Dr. Haskell’s proctology, we got that in the end. The Monday series, under the auspices of Drs. Eger, McCarthy, and Lemmon, etc., were worthwhile, especially the lectures given by the latter (not at). Dr. Lemmon’s definition and description of a sliding hernia were so clear that one hardly had to read Christopher more than twice to understand what he was talking about.

Therapeutics lectures were notable, mainly for their organization, though it must be admitted that occasionally no one showed up to give the lecture and we never knew whether to attend or not. Yet we owe our thanks to this course for establishing the position of sitz baths and ice-water enemas in medicine. Dr. Semisch’s lectures on the electrocardiograph were as complete as any we had had before. More than that can hardly be said.

Dermatology and orthopedic surgery were popular and well-attended courses. The former was a matter of splitting peas and beans. In the latter a knowledge of clubfoot and scoliosis yielded a 98 average. The dermatology clinics were a privilege to attend, especially when a person with pediculosis corporis shook his underwear on us.

Dr. Davis, in explaining the vagaries of the urinary tract, did so with a sarcastic wit which we were to know more of later, while his illustrations were like an art collection unto themselves. He could render a prostate in two tones, or bring it out in “bas relief” so lifelike that every time he touched it, we could almost see the blackboard wince.

Parasitology and physical diagnosis were given on the same day. Despite that, plus the fact that they both begin with “P,” they were in no way similar. The first was a review of first-year material with innumerable more details, so much so that a wet...

... Dance or trance?
... Quite old enough to feed himself
... “Palidners”
... A Rosen among—other musicians
smear of blood that we could have identified easily (having seen the patient from whom it was taken), became confusing in the search for details. Physical therapy was a conglomeration of thumping, pounding, shocking, soaking, and burning patients in a pleasant way. In lectures we were told how and why, and in the clinic we saw on whom and when. The electrostatic machine, specialty of Dr. Schmidt, was a perennial favorite. To see a patient, formerly "hopelessly" paralyzed, come running out of the door was, to say the least, surprising.

Let us not forget gynecology lectures, given in semi-darkness because of the hour, and in greater darkness when slides were shown. Though Dr. Scheffey and Dr. Montgomery exerted themselves, it was often difficult to tell exactly what was in their minds. As a result, the most complete darkness settled upon us at quiz and examination time.

Psychiatry was presented as a full-bloomed flower after the few buds we had observed in the first and second years, when Drs. Matthews and Bookhammer, in turn, led us along the neurotic path. We were given a modicum of pertinent facts in lectures and shown many impertinent patients at Philadelphia General Hospital. Of course it was the custom to bring guests to the exhibitions, but one had to caution them about asking which one in the amphitheatre was the patient.

Pediatrics was presented from several points of view. We had clerkships in the out-patient department where each mother shouted her history so loudly, to be heard above the general tumult, that we often found ourselves with the story of the baby in the next room. Actually the babies had upper respiratory infections anyway. Infant feeding was a problem discussed by the entire department, each man giving his own opinion with no two agreeing. Clinical judgment, it appeared, was the deciding factor. Dr. Bauer’s lectures on sociology, politics and economics were a change from the general order of the day, but discussion of pediatric problems was a veritable rarity.

Our clerkships were unforgettable: the Surgery Out-Patient Department, where more ethyl chloride was sprayed on students’ buttocks than on any patient’s extremities; Medicine, where we slaved in the student lab, looking forward to our senior year, when such ward-jockeying would be over; ward rounds with Dr. Erf in a quiet corner on the second floor; histories to be taken at ten o’clock at night from a Portuguese patient with laryngitis. Peripheral vascular disorders were explained with special reference to “pregangrene” lesions. Cardiology was best described in the words of Dr. King, who gave it, as a “meat ball.” Dr. Paschkeis, who knew more about tropic hormones than the pituitary did itself, gave a whirlwind review
of endocrinology that made Best and Taylor seem superfluous.

Otology and laryngology were merely a matter of looking at throats and ears, cleaning them out, writing a prescription for ephedrine or glycerine, as the case might be, giving the patient a big smile, and leaving as inauspiciously as possible. The lectures we had before emerging upon the patients were most often drowned out by the shuffle of students rearranging themselves comfortably.

Neurology lectures were nothing astounding; the real advantage in having had them was the ability to diagnose our state during final examinations as a motor aphasia.

In respect to the “big three” clinics—medicine, surgery, and therapeutics—our job was merely to attend and to watch. Some did neither; some, one; few, both. We ought not to slight military science. Actually, some of us experienced it in our first and second years. But though drilling and reviews, and lectures on map-making and sex hygiene were in themselves worthy of mention, the outstanding feature of our military service in the third year was our leaving it. This coup was accomplished by the Navy men at mid-term, while those in the Army departed for Fort Meade shortly after finals.

Our pompous entrance into the senior year came after a long holiday. Though there might have been a tendency on our part to prolong this into school hours, our professors had other ideas and we settled slowly into work. The term was divided into trimesters, with long vacations at summer and Christmas—ample time to catch up with all the work neglected during previous weeks. Courses were much the same as in our junior year, both in content and in presentation. Medicine was again the test-tube carrying, vein-sticking, urine-testing job it had been before. The “big three” clinics were the same, only we might experience the sinking sensation of being called to discourse by Drs. Reimann, Shallow or Gibson.

If we were at all sorry about severing connections with Daniel Baugh Institute, we replaced the loss with a multitude of new endeavors. Section work in proctology—replacing prolapsed rectums, psychiatry at Philadelphia General Hospital where prolapsed brains were the order, and ophthalmology where proptosed eyes were eased back into place are but a few homely examples. Urology Out-Patient Department, familiar from our junior year, held less of novelty than it did of accomplishment, for by the time the sessions were over, a number 40 sound slipped in as easily as a hairpin. The ward work was in a class by itself. Drenched with phenolsulphonphthalein, and with finger cots, new and used, hanging from our pockets,
we struggled feebly for air under the enormous pressure exerted by Dr. Davis.

In orthopedics, we strove to watch tenotomies, although twenty-five men practically standing on each other’s backs about a two-inch field left something to be desired. Exactly what is difficult to say. In the Out-Patient Department, one either glibly prescribed corsets for backache or sweated over removing a complete body cast.

Radiology was as ever a matter of orienting the shadows in our brain with those on the film, while neurology consisted of isolating hysterical reactions to tickling from a true Babinski, or avoiding being struck in the head by a limb with hyperactive reflexes.

Obstetrics and gynecology were high spots in the senior year. With the two subjects being suffered together, it seemed on more than one occasion that every woman in the world was either pregnant or dripping gonococci—or both. We came to anticipate the lithotomy position of all females. Measuring a 300-pound woman in the Obstetrics Department was no mean feat, while doing a bi-manual on a patient with vaginismus also presented its little difficulties. The “OB” externships gave us a chance to wear scrub-suits, yet, paradoxically enough, to look important. The real attainment of satisfaction, however, came with home deliveries—where almost every convenience was at our disposal and there were only a few occasions when we waited twelve hours with a woman in false labor.

Pediatrics ward service was short-lived—a few brief sessions of wrapping paper towels around our faces and they were all over. The entertaining lectures were sustained throughout the year however, their popularity being contested only during the football season.

Surgery ward rounds were what we made them. If we attended and stayed awake, we could tell a Schmincke’s tumor from a Schmorl’s disease. If not, we missed the fine points and could only resort to the same operation.

The senior year was rife with clinics—urology, neurology, orthopedics, obstetrics, ophthalmology; even laryngology and otology degenerated from the fascinating clerkships to mere didactic lectures. Yet we took them all in large doses—along with several other desiccated hours in the form of surgery, therapeutics, and urology.

Hardly before we could realize it, the year was drawing to a close; and with the prospect of oncoming examinations, we were poring over our notes on voluntary commitment to mental institutions. Yet, in spite of the peptic-ulcer environment, the paranoid delusions of persecution, the lapses of memory and gaps of knowledge during practicals—we survived. We emerged from the murky depths of studentship to the sweet air breathed by the graduate.

R O Y  K O R S O N.
Having thus met each other we went on to welcome each year of our stay
another new class and in each we found many friends. We greeted first...
THE JUNIORS

CLASS OF NINETEEN FORTY-EIGHT
As we all know, the history makers of the world have been very busy in the past three or four years and momentous events have been everyday experiences to our generation. A far more specific and to us a very important history has been taking shape in these past three years, also, and this is the story of the Class of 1948 at Jefferson Medical College.

It seems a far day from those memorable first two weeks at Daniel Baugh Institute and the great many other dark and forgotten hours of our freshman year, and yet it was really only yesterday. With our emancipation, as it were, into the status of Juniors and thereby embryonic clinicians, the dawn of a new day was at hand as we proudly entered into our clinical years. Juniors? Of course, you’ve heard of us. We’re the fellows who know it all back at the fraternity houses and advise fearful freshmen as to how a certain course is “cased.”

We started our third year back in April of 1946 and it looks as though we’re going to be juniors for quite a while. We were the class of acceleration and now we are the class of deceleration, which may seem a little paradoxical at first glance but ends up as the same four hard and joyful years of work that innumerable classes before us have passed through and the same four years that we hope our sons will have the opportunity to enjoy here at Jefferson. Our year was somewhat broken by two long vacation periods interspersed between three ten-week periods of school work. We came back in April and started the third year very much refreshed from a month’s vacation. We went to our various sections and soon were back in harness and applying our first two years of fundamental work to the practical everyday clinical problems which we were meeting for the first time. The many small fragments, which we had learned in our first two years, were now beginning to take form and fit together into a broader pattern—the pattern that is medicine. We could now appreciate, perhaps for the first time, why our professors in those early years had been so tireless and persistent in their determination that we understand the principles upon which we might build the edifice of our dreams—a working knowledge of medicine in its many aspects.

As the summer approached we went on the first extended vacation for quite a few years and many of our number went into hospitals throughout the country as junior interns, technicians, etc. No doubt a
great many things, both good and bad, were learned by us, but on the whole we all came back in October with a greater appreciation of our opportunities to learn here at Jefferson and convinced that practical work in the hospitals must be backed up with sound didactic lectures and guidance.

The first week was a series of rushing parties, bull sessions, and rekindling the smoldering fires of old friendships. Many old and new professors were back from the armed forces, and a feeling of cooperation and renewed energy was present everywhere. Thus we continued in our section work, our week of "OB," medicine at Pennsylvania under Dr. Duncan, flying trips to Philadelphia General Hospital once a week for quick symposia on the G. I. Tract, Surgery clinic, Pediatrics and all the other clinics and lectures which became so much a part of our everyday lives.

Off again on another holiday from December 15 to February 10, a great many of our number took advantage of the respite and departed single bliss for the joys and responsibilities of wedlock, turned toward the sunny south, worked in hospitals, or just "loafed." Back in February for the last ten-week session and then our fantasy world suddenly became a hectic, mad week of cramming and worrying about the legion of exams which stood between us and the green pastures (?) of year number four. Let's hope we'll all be "grazing" peacefully on Jefferson's vertical greensward when the leaves begin to fall next October.

JAMES W. DALY.

JUNIOR CLASS MEMBERS

Richard P. Alexander
Robert W. Alexander
Julio J. Amadio
Charles W. Anderson
William H. Annesley, Jr.
John B. Atkinson
Sol Balis
Charles R. Barton, Jr.
Joseph Bartos
John D. Bealer
Leonard F. Bender, Jr.
Vedio E. Berardis
Robert A. Berger
Richard L. Bernstein
Donald G. Birrell
Thomas F. Blake
Donald McN. Blatchley
Bent G. Boeing
D. Andrew Boyle
Paul G. Brenneman
Thomas R. Brooks
Robert G. Brown
Ellsworth R. Brownell
S. Roy Cable
Robert J. Carabasi
Joseph L. Carroll, Jr.
Charles P. Carson

... Profound
... Chummy, what?
... Surgeons aplenty; patients none
... Anxious (?) for another lecture
. . . Cards or books? Perennial question
. . . Prexy et al yodel
. . . Barber-surgeons
. . . Pulchritude: a morale builder

William J. Cassidy
Andrew J. Cerne
Robert C. Clark
C. Harold Cohn
Joseph V. Conroy, Jr.
Donald A. Cornely

Millard N. Croll
Chester F. Cullen
James W. Daly
Thomas A. E. Datz
Roy Deck, Jr.
Rudolph T. De Persia

Thomas E. Douglas, Jr.
Meyer Edelman
Paul C. Eiseman, Jr.
James H. Evans, Jr.
Valerio Frederici
Donald M. Feigley
Edward A. Felder
Albert J. Fingo
Robert K. Finley, Jr.
Albert J. Flacco
Charles D. Foster, III
Charles G. Frances
Patrick J. Frank
Larry B. Gale
Robert L. Gatski
J ohn B. Gearren
Charles C. Goodman
Edwin Gordy
Alexander Goulard, Jr.
John H. Griffin, Jr.
Bruce D. Harrold
Robert C. Hastedt
George J. Haupt
George B. Heckler
James M. Hill
Gilbert M. Hoffman
Richard L. Huber
Eugene P. Hughes, Jr.
John E. Hughes
William F. Hughes
James J. Humes
Edward J. Jahnke, Jr.
John G. Jones
Murray Kahn
Joseph P. Kenna
James S. Kossel
Wm. C. Kittlberger, Jr.
James F. Kleckner
John M. Kohl
James W. Kress
Robert S. Lackey
Edward L. Lancaster, Jr.
Richard M. Landis
Paul J. Lane
Robert C. Laning
Ralph H. Lev
Henry R. Liss
Gordon F. H. Liu
James B. Loftus
John B. Logan
Charles H. Loomis
Clifford B. Luill, Jr.
THE SOPHOMORES

CLASS OF NINETEEN FORTY-NINE
SOPHOMORE CLASS HISTORY

It was on a warm, early autumn day in late September, 1945, when we walked into Mr. Storm's office and registered for our first year of medical school. There were one hundred and fifty-odd of us—about forty in Army uniforms, fresh from seven to twelve months of hospital work at Army posts, and in midshipmen's uniforms approximately the same number with several months of Navy hospital experience. The remainder of our class was made up of veterans and civilians who had finished an accelerated pre-med course. The war was over now and our class was beginning the deceleration.

The days before classes began were filled with rush ing smokers and parties, book and lab coat procurement, and advice-filled discussions with upper classmen. But finally we had settled in our rooms, stacked the texts on the shelves, and in anticipation trooped to the opening convocation where we had our first view of the Dean and faculty—and an impressive first view it was. A reception in the college offices followed. We learned that this was the first of what profitably could become a tradition. We left the meeting anxious to get started on our medical career.

The next day we were welcomed to the Daniel Baugh Institute of Anatomy by Dr. Schaeffer. The “Great White Father,” as he was affectionately known, was to become to many of us an inspiring symbol of our goal in medical science. We were then introduced to the Bacteriology and Biochemistry Departments, and we learned that we were fortunate to have Dr. Cantarow as professor of chemistry. It was his first year in this capacity and we were to come to respect his scientific approach, his knowledge of the subject of chemistry in medicine, and his teaching ability.

Time went rapidly. Weekdays were filled with lectures, classes, and dissection in the anatomy lab. And will we ever forget Dr. Bennett and his pre-dissection oral quizzes? Rumor had it that he had a studied ability for remembering names and faces—and he often put it to use. We'll remember a long time Dr. Bennett's favorite alliterative grouping of names, “Healy, Henderson, Hopen.”

Week-ends were filled with fraternity parties and dances, picking the winners in the football pool, and occasional trips to visit homes or friends. Christmas came and went, and with January came midyears and a grouping of “prelims” that kept us from pausing for the next month and a half.

Then came news that the Navy members of the class were being discharged from service, and on a week-end late in January they were separated at Bainbridge. Late in March the Army students were discharged from Fort Meade in Maryland. And thus an end came to the service programs in the medical schools. We looked back at the early morning bi-weekly hour of drill as something not-too-pleasant, not having to be endured any longer.

Classes for the most part were interesting, but the constant strain of study and testing made us anxious to see the year-long period of trial nearing its end.
For lab finals the Bacteriology Department had arranged an "unknown" test tube which contained some types of bacteria. Along with this we were given tubes of culture media and a period of two weeks in which to return with an answer. The problem was made slightly more difficult because Selma would supply no mongooses for differential tests.

Finally came "block" week—that lull before the deluge—and we paused to catch our breath and to correlate and coordinate the information we had received in the previous eight months. Then, before we knew it, exams were over and we were off on our summer vacation.

Looking back on our first year we appreciated these aids along the way—Dr. Ramsey's fine presentation of the subject of embryology; his colored photomicrographs, well-drawn diagrams, and systematic approach left little to be desired . . . And Dr. Sawitz's scientifically presented introduction to parasitology was one of the finer courses given . . . Also appreciated was Dr. Bennett's dissectional skill and ability to demonstrate tricky dissections.

A few of the events that brightened the year were: Dr. Hansen's lecture on reindeer milk . . . Dr. Kreider's drawings of sinks and rows of test tubes . . . Dr. Bates' neuron with the axon stretching over to Locust Street . . . Dr. Michels' demonstration of the embryonic rotation of the gut . . . Isane's projection of slides in Dr. Schaeffer's lectures . . . and Dr. Warren's jokes.

The summer gave us time to relax and to take advantage of the decelerated program and to correlate what we had learned. Varied were the methods in which the class members spent the summer. One worked as a longshoreman, several as camp counsellors, some applied their education in hospital jobs, others just plain relaxed, and a few insatiables went to summer schools to finish up degrees left behind in the wartime rush.

And then the summer was over and the schedule of courses for the second year was upon us. The subjects seemed to be more closely related to the actual science of being a doctor than the more basic subjects of the first year.

Pathology was one of the first departments with which we came in contact. We appreciated Dr. Moon's admirable scientific approach and ability to get across fundamental concepts. There were few of us who would not go out as disciples of "The Chief's" theory of the mechanism of secondary shock. Morbid anatomy was ably presented by Dr. Morgan with the demonstration of gross pathological specimens and his tales of Army life in two wars.
The Physiology Department, under the capable direction of Dr. Thomas, impressed us with the quality of its original research. Dr. Tuttle’s dry wit livened up his well-developed E. K. G. lectures and demonstrations. The call of “Joke, joke,” at the beginning of lectures was competently met by Drs. Friedman and Pincus, who just as competently delivered their lectures.

Dr. Schaeffer in neuroanatomy further astounded us with his knowledge of structure and functional aspects of the body. The Thursday and Friday afternoon sessions of physical diagnosis were made interesting and profitable under the able guidance of Dr. Charr. We especially appreciated his presentation of cases to illustrate the symptoms studied.

And even though at the time we disliked Dr. Gru- ber’s habit of surprise quizzes, we feel that he gave us a good foundation in the broad subject of pharmacology.

Now our pre-clinical years are over, and we’re ready to go on to the various clinics and departments at the hospital. We trust that our last two years at Jefferson will be as profitable as the first two have been.

GRANT D. STELTER.

MEMBERS

Robert V. Anderson  George M. Clelan
John M. Apple  Samuel M. Cleveland
Francis T. C. Au  Richard B. Crowder
Richard P. Avonda  Frederick W. Deck, Jr.
S. Jack Bascove  Paul H. de Villers
David I. Biser  William E. Deck, Jr.
Irvin H. Blumfield  Howard D. Easling
Lawrence K. Boggs  Peter L. Eichman
Scott J. Boley  Richard A. Ellis
David O. Booher  George B. Farrell
Walter E. Boyer, Jr.  Frederick A. Feddeman
Gerald M. Breneman  Eugene S. Felderman
Robert S. Brennan  Joshua J. Fields
Victor A. Bressler  John G. Finley
Richard L. Bryson  Norman J. Fisher
Charles A. Callis  Charles D. Frey
Richard A. Carlson  Albert Gelb
Joseph M. Chiara
cavalli
ti  Francis E. Gilbertson
Edward J. Chmelewski  Canzio E. Giulucci

Top to Bottom:

. . . Cortical cells in action
. . . Cortical cells relax
. . . What a maze of gyri!
Top to Bottom:

- Prof. and ex-soph
- Brain fog
- Morale building
- Signing on the dotted line
THE FRESHMEN

CLASS OF NINETEEN FIFTY
settle with Miss Gray. We had heard about all this.

of aloofness about them which asserted itself. Perhaps that junior across the table at noon boasted about being called "Doctor" for the first time by a clinic our portion.

The postman had visited us frequently during the arid plentiful. And so were lunches at the numerous times that we met many "sophomore sages." The junior had been interrupted by the humbling process to enter Jefferson several years ago but . . . there have always been wars. However devious the route may have been, there were more than one hundred and fifty of us who wandered "greenly" into Mr. Storm's office even less anxiously down the hall—then or later—to settle with Miss Gray. We had heard about all this. The postman had visited us frequently during the balmy summer days: he had brought many invitations to sign on the proverbial dotted line and sauntered of sweating, cramming, dissecting, drawing and, of the Anatomy Institute included a box of "Great White Father" and "Jake." Further connotations of the Anatomy Institute included a box of bones and Bennett, cadavers and Michels, microscopes and Ramsey—all these came at us with amazing rapidity. We learned that we were "guinea pigs" for a new system of teaching at Jefferson. Anatomy, histology and embryology—all rolled into four months of sweating, cramming, dissecting, drawing and, of course, listening. This was the first part of the new system. The fellow who dreamed this up must be quite a spectacle to behold!

That fellow! Some of us had unknowingly met him prior to our acceptance. The majority of us saw him at the Opening Address and met him at the reception afterward. Our Dean seemed quite friendly and we learned from some upperclassmen that Dr. Perkins, formerly a medical missionary to Siam, had worked long and hard—visiting, planning, scheduling, studying—to the end that the four years at Jefferson would be more effective for us and those after us than they had been for any previous class. We were glad we had met him.

Our visits to 1025 Walnut Street were few. "Life" for us assumed new meaning; the word was now spelled differently—"D. B. I." Its definition included a stern but friendly white-haired professor; we had heard of Dr. Schaeffer but such was far inferior to seeing and hearing him in person. There were synonyms such as "Great White Father" and "Jake." Further connotations of the Anatomy Institute included a box of bones and Bennett, cadavers and Michels, microscopes and Ramsey—all these came at us with amazing rapidity. We learned that we were "guinea pigs" for a new system of teaching at Jefferson. Anatomy, histology and embryology—all rolled into four months of sweating, cramming, dissecting, drawing and, of course, listening. This was the first part of the new system. The fellow who dreamed this up must be quite a spectacle to behold!

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For several years now we had been acquiring prestige. That gradual climb to the finesse of the college senior had been interrupted by the humbling process called "Army Service" for some of us, or perhaps we had never been fortunate enough to complete college. There were even some fellows who had planned to enter Jefferson several years ago but . . . there have always been wars. However devious the route may have been, there were more than one hundred and fifty of us who wandered "greenly" into Mr. Storm's office to sign on the proverbial dotted line and sauntered even less anxiously down the hall—then or later—to settle with Miss Gray. We had heard about all this. The postman had visited us frequently during the balmy summer days: he had brought many invitations to sign on the proverbial dotted line and sauntered of sweating, cramming, dissecting, drawing and, of the Anatomy Institute included a box of "Great White Father" and "Jake." Further connotations of the Anatomy Institute included a box of bones and Bennett, cadavers and Michels, microscopes and Ramsey—all these came at us with amazing rapidity. We learned that we were "guinea pigs" for a new system of teaching at Jefferson. Anatomy, histology and embryology—all rolled into four months of sweating, cramming, dissecting, drawing and, of course, listening. This was the first part of the new system. The fellow who dreamed this up must be quite a spectacle to behold!

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FRESHMAN CLASS OFFICERS

Left to right: Edward R. Malia, Treasurer; Leonard M. Del Vecchio, President; Darrell C. Stoddard, (standing) Historian; Patrick A. Mazza, Jr., Corresponding Secretary; John R. Titus, Recording Secretary; William R. Clark, Vice-President (not pictured.)

FRESHMAN CLASS HISTORY

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Before we knew it Christmas vacation had passed and final exams were before us as a series of scholastic Mt. Everests and Death Valleys. Then, like a bad dream, it was all over and we were soon wanderers in the fabulous “Land of Beginning Again”—with some depletions in our numbers.

Now our time was spent with test tubes and kymographs, also spelled Cantarow and Thomas. Heretofore—we heard it from the lips of fraternity brothers—physiology had been a second year subject and bacteriology a freshman course, but now the two had been changed and we were at once eminent surgeons—frog surgeons. But this material was certainly more interesting. Everything had been so very dead at the famous “resort” on Eleventh Street, but now all was a seething mass of life. Occasionally even the contents of an innocent test tube soared skyward. We learned plenty, being often reminded that all this was the necessary foundation for the structure of a well-trained physician. Grammar school, high school, college—all had been foundation work, and here was more. Obviously it was important that we should be started well. But would we ever build above ground? That shingle looked eons away.

Men have always been fascinated by the study of life, especially human life, and we were no exceptions, despite times of drudgery and discouragement. The chemical actions and functional complexities which were part of our own lives soon became part of our daily thinking. There never was presented to us, however, a satisfactory explanation of the phenomenon known as “Spring Fever.” Perhaps it was of bacterial origin and we would be enlightened next year. But as days lengthened and the above-mentioned disease progressed we soon faced the last set of hurdles between us and what we had come to view with envy—the desirable title of “Sophomore.”

And then it ended. What a relief! Pass, flunk—who cares? The freshman year is over and summer means vacation, one of the most welcome respites ever ours. Next year? Let’s worry about that in October.

DARRELL C. STODDARD.

Top to Bottom:

... Quite a scope of knowledge
... Genial explainer
... Blunt dissection
... Seeing-eye
MEMBERS

Daniel L. Backenstose
Robert C. Bair
John R. Ball
William M. Barba
Linus A. Barbor
James D. Barnes
Louis K. Baron
Francis X. Barrett
Eugene W. Beauchamp
Harry B. Bechtel
Byron E. Besse
Joseph J. Blake
Frank E. Brown
Richard L. Callista
Mark O. Camp
Ralph Cantafio
Emil Capito
Eugene L. Childers
Edward J. Clark
William R. Clark
Edwin I. Cleveland
Marshall L. Clevenger
Leroy W. Coffroth
Robert E. Colcher
Carter F. Cort
Drew E. Courtney
Louis M. Crews
Robert J. Critchlow
Vincent P. De Augustine
Leonard M. Del Vecchio
Charles R. Derrickson
Henry C. De Valinger
George L. Donaghue
Thomas J. Dougherty
Richard V. Duffey
William P. Englehart
Leonard A. Erdman
Philip J. Escoll
John R. Evans

Erich A. Everts-Suarez
Francis X. Farrell
Frederick J. Fay
Thomas Forster
Albert Foster
Donald P. Franks
Victor J. Fredrickson
John C. Frommelt
Thomas E. Gazowski
Martin Goldberg
Marvin Goldstein
Eugene L. Grandon
Albert J. Grant
Milton S. Greenberg
Leonard H. Grunthal, Jr.
Albert C. Haas
Laurence B. Hall
Wilbur J. Harley
Harry L. Harper
Albert H. Helm
Frank R. Hendrickson
Charles R. Henkelmann
Franklin C. Hill, Jr.
James C. Hitchner
James R. Hodge
William B. Holman
Robert G. Hunter
Bernard V. Hyland
William J. Jacoby, Jr.
David Jaffe
James B. Jamison, Jr.
Ernest H. Jensen
Joseph J. John
William A. Joy
Harry H. Kanner
Robert E. Karnofsky
Kimball C. Kaufman
Lester Keiser
Murray Kessler

Top to Bottom:

. . . Bone-ing
. . . Photogenic trio
. . . Skull session
. . . Books away
MEMBERS

Robert F. Kienhofer
Weir L. King
Bernard A. Kirshbaum
William F. Kraft
Paul W. Layden
Glenn R. Leonard
Henry Lesse
Donald B. Lewis
Milton L. Lewis
David J. Lieberman
Jose R. Limeres-Jimenez
Morton Lipshutz
John D. Lopes
John C. Lychak
John E. D. McGuigan, Jr.
Bernard J. McLaVerty
William B. McNamie
Jay W. MacMorarty
Edward R. Malia
Joseph S. Matta
Patrick A. Mazza, Jr.
Donald I. Meyers
James R. Milligan
James M. Monaghan, III
Ralph D. Moyer, Jr.
Robert M. J. Murphy
Albert M. Murtland
Richard L. Murtland
Michael E. Nardi
George W. O'Brien
Dean B. Olewiler
Richard D. Owen
Robert H. Painter
Chauncey G. Paxson, Jr.
Edward L. Pennes
Irwin N. Perr
Gerard J. Peter
Carl G. Pierce, Jr.
Joseph L. Pond

James D. Ripepi, Jr.
Alan S. Rogers
Morton A. Rosenblatt
Aaron Rosenthal
Richard L. Rovit
Joseph J. Rowe, Jr.
Virgil W. Summs, Jr.
John P. Sargent
Donald Sass
H. William Schmidt
Paul J. Schouboe
Hubert S. Sear
Leonard Seidenberg
James A. Shafer
Charles G. Silberman
Gerald F. Simmermon
Richard H. Smith
Hal E. Snedden
Aris M. Sophocles
Robert S. Stein
Arthur Steinberg
Darrell C. Stoddard
Howard E. Strawcutter
Andrew A. Sullivan
Joseph F. Tabasco
Richard S. F. Tenn
Theodore B. Thoma
John F. Thompson
John R. Titus
Maurice R. Turcotte
Frans J. Vossenberg
Thomas W. Watkins
George W. West
Olin K. Wiland
James H. Williams
William H. Winchell
Hugh B. Woodward
Robert K. Worman
Herbert A. Yantes

Top to Bottom:

. . . Healthy, but for how long?
. . . Formal attire
. . . Jovial pledges-to-be
. . . Hazy outlook
OFFICE STAFF

Cheery smiles, clicking typewriters, willing helpfulness—these characterize the women who carry on the inconspicuous but necessary office duties so essential to our matriculation into, instruction within, graduation from and post-commencement contacts with the Jefferson with which we have become inseparably and proudly united.

Not Pictured

MISS DOROTHY JOHNSON
Alumni Office

MISS JANE ANN LUTZ
General Office
To say that our studies began is an understatement. They overwhelmed and
caught us in a whirlpool of confusion and the most terrifying was...
ANATOMY

And then we met Dr. Schaeffer, who was to guide us in the days to come through the intricate course of anatomy. In the beginning we were full of trepidation and trembled with his every movement. Finally, however, we came to look upon our Professor of Anatomy, not as the Dr. Schaeffer of Paranasal Sinus and Morris' “Anatomy” fame, but rather as the “Great White Father,” who quizzed us sternly, amply, justly, yet kindly. And before the year was out he became “Jake” to us—among ourselves.

Yes, on to Dr. Bennett of the exact lectures. “The orbicularis oris is a complex muscle that surrounds the oral orifice and forms the chief intrinsic musculature of the lips. In the midline the fiber bundles end partly in perimysium, partly in the skin . . .” and so on. But we were interested in the orbicularis for other reasons. And then came the astounding afternoon session when “ole Mars” Bennett looked at each of us, called us by name, quizzed us, encouraged us and began to take us over the hurdles of the obstacle race called anatomy.

Dr. Michels’ lecture on the rotation of the gut will never be forgotten, what with his apron and clothes-line. Also there were the gems of learning that spilled from his lips when he got going about the spleen, and of course we must mention his super-blunt dissection with which by one lunge of his scalpel he would accomplish at least a week’s work . . . and “woe to the student who doesn’t know” . . . “how dumb the man who attempts to enter the second year of medicine not knowing this.”

Those afternoons of sweating over the cadavers were enhanced by the presence of Drs. Swartley, Ciliberti, Angel, Hutchinson and others who seemed to be all over the lab answering questions, setting the student right, doing a difficult bit of dissection here, and, all in all, keeping the course moving smoothly and orderly.

As for the more minute things of life, the Department of Embryology and Histology kept our eyes focused on these. Heading this microscopical section of the Anatomy Department was Dr. Ramsay, the...
man of skill, humor, brilliant lectures, clear and concise polychromatic drawings, who insisted on giving us slides of liver, stomach, intestine surrounded by a trachea turned inside out. What a startling sight this made when magnified! Associated with us in this department was Dr. Bates, who could be so very patient one day and so very perverse the next day, especially with his own brand of quiz that would have slowed even the great Da Costa. Between Ramsay and Bates our mornings were well filled with small details.

Exams kept "swamping" us. We took the practicals—or rather they took us. Who of us can forget the doctor that tried (?) to pass off a baby's thymus as a lung? Finally, the exams came at the rate of two a day for six days a week. Then the actual final examination flashed our way; they pulled Constitutional Anatomy out of the Introduction to Morris and threw it at us for ten points. I'd much rather had left it in Morris.

At length we traveled the long but happy road from the doldrums of despair to the heights of rapture when our grades came through showing that we had successfully completed the finest anatomy course in the world.

We left Daniel Baugh Institute for a few weeks, soon to return as sophomores and begin once again to sweat. This time, instead of the whole body, we had only the brain. Did I say "ONLY had"? Well, that was more than enough, for the involved neural pathways were entities that nearly threw the entire class for a loss. Dr. Schaeffer escorted us through the complex mazes of the brain, while Dr. Lipshutz, ably assisted by Drs. McCarthy and Durante, guided us through the difficult but fascinating dissections. Sure, the columns and tracts will remain with us for lengths of time as various as their own extents, but I doubt if ever that "neuro" final will be forgotten.

We completed the sophomore year and passed the examinations, thus becoming juniors. As such, we come in relays of twenty-two men per carcass to study applied anatomy. It was quite an achievement to catch a glimpse of the body, a triumph to incise, so we slunk off into a corner with cross sections. "Twas well that we did, because these same sections ("mirabile dictu") yielded a very good understanding of structural relationships. At our 9:10 A.M. lectures Dr. Bonney went over anatomy from the aspect of surgeon and medical man and gave us an excellent clinical correlation. The laboratory part of the course was handled by Drs. De Carlo and Moore. In an allied course—held at Daniel Baugh Institute because of the facilities—Drs. Robertson and Rankin introduced us to operative surgery. After completing these five weeks we bade "adieu" to Eleventh and Clinton, scholastically speaking, with Miss Bremmerman, Isaac and all the other fond memories.

In summary, then, the first year served to emphasize the unity of the three great divisions of human anatomy, namely, embryology, histology and gross anatomy and the advantage of their coordinate study.

"Sure, I can find the aorta"
In these days of such unrest and conflict, scientific advancement has been so rapid that we have been warned of the gruesome possibility of bacterial warfare. To us as future active practitioners this presented itself as very significant. How did such progress come about? What about the advance from no knowledge of microorganisms to the present state wherein their existence is recognized and combated exploited by the proponents of war?

Leeuwenhoek, Schwann, Koch, Neisser, Pasteur, Loeffler, Wassermann, Jenner—proper names—thousands of them. All these names and their associated organisms, test or discovery were for many a week a discouraging tangle. But we did learn a name with one unmistakable association. The name was Rosenberger; the association—genial professor of bacteriology.

“Now you just . . . sniff . . . do it like this”
"How do you do, sir?" This huge man must be the coach; what a player he must have been in his day! He replied in a friendly way, "What school did you have a hard time on my team?" "Oh, you did? Fellows from that school have a hard time on my team." When Coach Bancroft told us this, we nearly dropped the whole pile of equipment which the trainer, Joe Poppet, had issued to us.

Soon we were down at the practice field with our teammates and the Coach was starting the first of his many "skull sessions" with us. Wait—he was telling us how the Greeks had played the game. Say, that was clever—we'd call signals in Greek and Latin so the opposition would be confused. Before long he started sketching plays on the board, putting a C through the line with H and O blocking. Our coaches in college had taught us different variations of the same play but "Uncle George" (we became tired of calling him Coach) soon had us learning complex plays, typical of the professional type of game. He had three C's going around end tied to two O's; they blocked for S who occasionally passed to N. One day the workout was interrupted when that crazy mongrel belonging to Berny Houssay ran into the huddle and confused the whole team.

Several days later we had our first pre-scrimmage session up in the locker room. Line Coach Hansen showed us the line points in the actual game itself. If we wanted to get anywhere in this sport, we had to block out those micelles. He reminded us that occasionally he'd take Lead out and put Iron in the line so as to make more progress on the play. Then "Uncle George" would stroll in and nonchalantly tell us to run the play entirely differently. That made Hansen "burn up" and we didn't blame him. Finally, they decided what we should do and told us to get on our suits and get out in the stadium for a scrimmage. We wanted to take a "breather" before the two-hour workout but Coach wouldn't let us. We had to get out there and transact—how he loved that word.

Backfield Coach Williams was always out there (he coached the "scrubs," too). He spent most of his time in the office figuring plays on some of the coaching staff's yellow paper. He let the boys use some of his paper when the Coach quizzed us on the game as we had learned it thus far, but did Williams ever "blow up" when one of the fellows took an extra sheet! Out in the stadium there was always an abundance of feverish activity. The "A" team scrimmaged one day and the "B" team would practice the next day (the teams were rather evenly matched). Both groups had a couple of boys who never did the right thing and, as a result, Coach reprimanded us all. Occasionally Turner appeared, he was a scout who spent most of his time looking over the other teams but he knew our plays like a book.

(Continued on Page 303)
If inanimate objects could write or recite their experiences, what would some of these intimately associated with Jefferson's Department of Pathology have to tell us?

With Alice (of Wonderland fame) we meander from unimaginative and coldly scientific environs to the much less nerve-racking Land of Make-Believe. Already our wanderings have been rewarded by a most enjoyable series of reminiscences by the unassuming Sir Lecture Desk from the South County.

"It was a warm fall day in 1944. I was lazily recovering from a two-month rest when I saw a group of students come in and take their seats. Soon a large notebook was opened on me as the students applauded and a kindly voice greeted the class. I could just understand snatches of this man's conversation but I could read the cover of his notebook: Pathology Lectures—Dr. Virgil H. Moon. Such words as Osler... congenital... pneumonia... cirrhosis...

Grady, "You'll find 'chewmer' cells."

One day Dr. Moon did not come to class. Instead there appeared a short stocky man with a broad smile; the class welcomed him in an unusual manner by singing something about a birthday—this seemed to please everybody. This lecturer (I learned elsewhere that it was Dr. Stasney) always laid his notes beside me; it was difficult to understand him at first but he was likable. The next year I saw these medical students again; they looked a bit wiser. This time they discussed clinicopathological problems under the direction of Drs. Stasney and Scariaco—Scotti (I was glad he shortened his name). My cousin said Dr. Moon and later Dr. Grady came to a class early in the morning during the junior year to review many more items about disease. He thinks he could almost pass an examination in the subject."

"Now we move along to meet the inimitable Madame Microscope who was such an important person on the fifth floor, as elsewhere. She and her many relatives were conspicuous all over the laboratory. Just as we arrived she was wincing and rubbing her foot, "A medical student was a bit rough taking me out of my case this morning. But I don't mind that if I can be of some help to him. I assisted a couple of them last year when they were learning histology. They never put normal sections on my stage now, though. It was carcinoma, thyroiditis, bronchiectasis and similar types of diseased tissue. I could hear several of the boys complain that they wished all this writing wasn't necessary, but just then there was a sharp cracking sound and my student looked in me..."

\_(Continued on Page 38)\n
McGrew, "Now look, doc..."
PHARMACOLOGY

In the second year we entered with varying degrees of apprehensiveness into the course of pharmacology with its ever-smiling professor and the constant threat of unannounced quizzes held over us by the entire congenial department staff. The latter subject was the source of much unnerving propaganda from the upperclassmen. It was this combination—threat and propaganda—that kept us up nearly every night trying to decipher the then (?) intricate notes in toxicology, materia medica and pharmacy in the event of a quiz the next day. Said notes having been dictated to us in staccato fashion earlier in the day.

But what a "whiz bang" course this was! According to Marshall and Walz, Wendell and Hartmann, Campbell and Morgan, sulfanilamide and its related compounds were presented. According to Dorsey, Herrell and Casick, Moyer and Maddock, the subject of nicotine was completed. According to Keefer, Herwick, Rammelkamp and Bradley, penicillin as used in clinical medicine was disposed of. According to Gruber, Bryan and Richardson, the compounds morphine, atropine and strychnine were amply covered.

Yes . . . uh . . . pharmacology . . . uh . . . was quite a . . . uh . . . course. There shall always remain with each and every one of us in every day of our medical practice the fundamentals which Dr. Gruber taught.

Dr. Hart, lecturing on Mondays, specializing in anesthesia, also kept us alert. Well do we remember his lecture which was safe from quizzes—according to our speculations—until the day when all the members of the department walked in with blue books under their arms, much to our chagrin.

In the laboratory we passed through the mortar and pestle days, the standardization of digitalis, identification of unknown drugs, the pharmacological effects of certain substances upon mice, cats, rabbits, dogs and finally ourselves. Equally unforgettable are those "quiz kid" programs under Drs. Gruber, Hart, and Lisi, including the dose test in which they asked the dosage of erythritol tetranitrate and we had only gotten as far as Eriodictyon.

We were adequately taught to observe the effects of drugs, to recognize the earliest toxic symptoms, to understand the objectives in prescribing a drug and to administer that drug in such a manner that the maximum desired effect is obtained. The site and mechanism of action of each and every drug were shown to be not only of pharmacological interest to us, but, more important, an indication of what specific drug is to be prescribed.

The essence of this course was a systematic investigation into the history, chemistry, preparation, routes of administration, mechanism of actions, dosage, biassay, absorption, fate, excretion, therapeutic uses, tolerance and toxicity of a wide variety of drugs from acacia to zinc. There was emphasis placed on the clinical applicability of basic principles and on therapeutic procedures. The entire staff aimed to present the material in a manner suited to us and, although they limited themselves to the discussion of the essentials, they endeavored not to sacrifice scientific accuracy and relative completeness for the sake of brevity.
As the famed United States Marines act effectively over the great expanses "from the halls of Montezuma to the shores of Tripoli," so our knowledge of body function—scanty at some points—covers the wide range which includes at its extremes, frog and man. During the first year our greenness demanded that we be carefully led—or shoved—through each phase of our work. But with the advent of the second year all was different, especially in the Physiology Laboratory. The aim of the students who sat officially in the bleachers was to decipher and correlate mimeographed instructions, equipment and frogs; the object of the department members seemed to be to make themselves inconspicuous. Occasionally one would stroll nonfihalantly into the lab after a lengthy exchange of anecdotes with another teacher concerning the recent ashing trip; he would arrive just in time to rescue a student in "extremess" whose partner had attached the cathode to him instead of to the much stronger frog leg. Soon all was well, and, interestingly enough, we learned quite a bit of physiology.

Dr. Thomas commenced the long lecture series and it wasn’t long before we appreciated the abundance of knowledge belonging to this easy-going professor whose uniquely relaxed attitude when lecturing stimulated an equally relaxed state of mind and body in the bleachers. Respiration and heart action were not as simple as they appeared but his talks were clear and he omitted all extraneous ramblings, the lack of which became to our minds one criterion of a good lecture. Dr. Friedman came in one day (we had met him on the fourth floor) to illuminate our minds regarding gastrointestinal physiology; we staggered out, drunk from the mental imbibition of too much Enterogastrone, the Nectar of Duodena, and Cholecystekinin, the Wine of Gall (which we had forgotten to divide into three parts). Each lecture was a series of peristaltic rushes interrupted by an occasional reverse wave.

During the first year we had seen such structures as the thyroid, pituitary and adrenal glands but these were transformed in our thinking from cold, embalmed organs to pulsating, secreting structures which acted together to control our bodies as a motorist controls his auto. The change was due to the lectures of one man, Dr. Paschkis, whose entire scholastic activity was focused on the study of endocrinology.

Our studies included the frog, the rabbit, the dog, and—believe it or not—the elephant. Anyone desiring a bimanual explanation of why Lead I and Lead II are as different as the red corpuscles of elephant and chicken does not go to Scott Memorial Library but to Tuttle’s “Ambulatory Bookshelf of Useful (or not so useful) Information.” Whoever would have thought that such a mild-mannered lecturer with such bulging pockets could possess so much latent energy, indomitable courage, blindness to empty seats, droll humor and such a fund of knowledge (classified and unclassified) as Dr. Tuttle?

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Friedman-Sophs (freed men)
Having thus finished with the preparation we returned to continuously begin
the courses of our clinical years at Jefferson, not the least of which was...
After the finals in anatomy, bacteriology and chemistry, we entered our sophomore year in the fall of forty-four and began our first course under the direction of the Department of Medicine. Dr. Hodges was our able instructor in clinical laboratory and the course was supplemented by lectures from Drs. Bucher, Cantarow, Erf and Lovingood. Here it was that we became martyrs for medicine, stabbing ourselves and our partners to get blood to perform our first hemoglobin determination, to complete our first red blood cell and white blood cell counts and to do our differentials wherein a polymorphonuclear still resembled a basophile. Then came the analyses of the various body excreta. In the beginning this was very tedious work and who would have believed that soon we would be analyzing eight and twelve fractionals per day plus our regular class work? (Of course Clinitest was still a dark secret to us.) This course was to stand us in good stead, for later on in our training, beside the urinalyses the blood counts would be mounting to one a day per patient—and some of us with ten or eleven patients.

The first approach to the clinical side appeared in the third year we had actual responsibilities in that we were “on” the medical wards at Jefferson with duties such as history taking, laboratory work, ward rounds, X ray and clinicopathological conferences and “posts” to attend. Also Dr. Wood capably introduced us to Cecil. This too, was the year in which Dr. Perkins and his guest speakers acquainted us with the principles and methods of preventive medicine. Also this was the year in which rectal examinations were brought to the fore. What then was to us a disagreeable chore was later to become a very important part of our physical examination procedure, being the source of many valuable findings—not only in medicine and proctology, but also in surgery, urology and obstetrics.

Parasitology and tropical medicine were capably handled by Dr. Sawitz of “Ma lay ree a” and “End doe mee la” fame. The E. K. G. came into being with the advent of Dr. Semisch and his tale of Myra and Johnny. Forever afterward our lives were one axis deviation after another with an occasional low voltage of Q-R-S thrown in for good measure.

Then we experienced the first junior-senior clinic with Dr. Reimann as master of ceremonies. Would he call on me? Just the realization that he was quizzing in the next section was enough to bring on a case of N. V. D. Student: “The patient entered the hospital with the chief complaint of fever . . .” Dr. R. interrupting: “What are the diagnostic possibilities?” Another student: “You may think of . . .” Dr. R. (again): “You’re doing the thinking; not I.”

Dedicatee performing

“For an acute coronary attack we give . . .”
And, of course, who can forget Dr. Reimann’s man Friday, Dr. Price and his lecture about Carlos Finlay, Jefferson’s forgotten man? However, in Dr. Reimann’s absence (cholera in China) Dr. Price presented some very helpful clinics and carried the activities of the Medical Department along in an orderly and efficient manner.

Diabetes was still something vaguely connected with insulin when we met Dr. MacNeal Perry, of the mathematical mind, certainly threw around the diets, the patients and finally us, but his lectures and methods will long be remembered as an excellent approach to the many problems of this prevalent metabolic disorder. Soon afterward Dr. Kramer and his staff ushered in the peripheral vascular diseases with their plantar ischemia, venous filling time, histamine acid phosphate, oscillometer and skin surface temperature tests.

No matter where we went, the Hematology Department, composed of Drs. Jones, Tocantins, Miller and Erf, was forever sending a delegate into our midst to request the creatinine level, the uric acid level, the plasma cholesterol, the serum phosphorus (adult and child) and doing their own differential counts, diagnosing lymphatic leukemia here or pernicious anemia there. Ah, Blood! What crimes have been committed in thy name with the values of your far too many components. It all became a contest to determine who was going to complete medical service without inflicting a hematoma. We never did learn who had won.

We rounded out our third year with physiotherapy lectures and Out-Patient Department work under Dr. “Wizard” Schmidt and with radiology directed by Dr. Swenson and his staff.

And then in our fourth year, coming back to the medical wards, we learned to our great joy that we weren’t merely “lab jockeys” any more and that we could actually diagnose more than a case of beer. On the eighth floor of Curtis Clinic we discovered that the practice of medicine is not the science of medicine and we had “our own” patients carefully supervised by Drs. Aceto, Goldhurgh and others.

The Pine Street service was the next stop on our medical “hit parade.” Here, in the place where we had taken part of our practical exams in the sopho-

“Get it in STAT!!!”

more year, were well grounded in chest diseases about which we had heard so much, and Drs. Gordon, Sokoloff, Charr, Flick, Chodoff and many others presented an extremely illuminating course—concise, thorough and thought-provoking.

As usually happens, a student’s closest associations with faculty members are those among the younger men of the staff and it is to them and to the residents that we wish to extend thanks.

On we moved with the remainder of the year’s work, including the continuation of Dr. Reimann’s “pits” and his very famous one-word discussion, “Preposterous!” Nothing daunted, we pressed into and through the finals, thus ascertaining that the field of medicine would now receive a group trained in the fundamental problems of diagnosis and therapy and realizing their own limitations.

Charles B. Hanes.
Many of us were first introduced to that glamorous specialty, surgery, not in the stoic confines of a lecture hall but rather in stolen moments from the anatomy lab during our freshman year. Under penalty of severe reprimand we quietly left the lab on some Wednesday afternoon and shyly crept into the last rows of the "pit" to watch Dr. Shallow operate after his regular Wednesday clinic. It was here that we first learned of the romance of surgery, watching flitting sure hands—teamwork to the Nth degree. It was here that many of us in our less serious moments let our minds drift to the day when we, too, might wield the knife with the dexterity and cleverness of those we watched.

Our first formal introduction to surgery came during our sophomore year with the lectures by Drs. Behrend and Surver. It was here that we learned that surgery is not all glory, that many hard hours must be put in before we would ever even "scrub" for an operation. These served as the basic fundamentals upon which we would build our whole surgical structure. It was also during this year that we had to decide whether we would take our instruction under either Surgery A or B. This mattered little during the junior year, for both groups were to take similar Out-Patient Department training, differing only in the group of doctors in charge on that day.

During our junior year we attended Dr. Shallow's regular Wednesday afternoon clinic. Oftentimes it was an attraction which even rivaled the local cinema in the way of entertainment. Promptly at two o'clock Dr. Shallow would come through the door followed by a long train of assistants and the like who quickly took their places in the first row. Then Dr. Wagner, who stood near the door, would read off the names of the seniors who were to assist that day. They would come down rather sheepishly, each vying for the coveted place in line behind the X-ray viewer. Dr. Wagner then began his history as the patient was wheeled in. "This is a sixty-one-year-old . . ." "Just a minute, Dr. Wagner. . . ." and another surgery clinic was off.

Perhaps some of the most interesting of such clinics were those in which Dr. Shallow had asked some other department head to assist him on some particular point. It was during these clinics that we learned both sides of the age-old question of Medicine vs. Surgery, and it was Dr. Shallow's quick wit and assuring delivery that settled many an argument regardless of its basis.

During our junior year Dr. Mueller was in charge of Surgery B but we had little opportunity to gain from his wealth of experiences and his fine teaching ability, for during our senior year he retired to become an

Top: De Tuerk extracting
Bottom: Carty expounding
Emeritus Professor and Dr. Gibbon was appointed to his chair.

Also during our junior year we were introduced to some of the surgical specialties. Dr. Eger took us through the intricate treatments of the diseases of bone, while Dr. McCarthy taught us of Buerger's and Raynaud's and the various vascular diseases. Dr. Wallauer brought up the subject of anesthesia and discussed it thoroughly and completely, while Dr. Haskell brought up the end with his discussion of proctology (no pun intended). This is to mention but a few of the many men we met throughout our senior year who all contributed their bit to the whole so that we may more completely understand such an overwhelming subject.

During our senior year Dr. Gibbon began his teaching at Jefferson. The son of a former Jefferson Professor of Surgery (now Emeritus), his wide training throughout the world, as well as in the army, brought a man fully equipped for such a job. Dr. Gibbon did much to bring us in contact with some of the practical aspects of surgery and, from what we've heard of his work in the Experimental Surgery field, there is much to be expected of him here at Jefferson.

Dr. Jaeger took us through some of the intricacies of that highly complicated field of neurosurgery. His colored movies of operations performed by himself were considered by many better than being present at the operation itself. Dr. Warren B. Davis spoke to us of plastic surgery and showed us some of the wondrous possibilities of such a specialty. Dr. Tourisch conducted regular weekly quiz sections which did much to unravel some of the problems of practical surgery.

Senior ward clerkships on the "A" service showed us that obstetrics wasn't the only all-night specialty by a long shot. Those three A.M. calls for an emergency operation gave us an opportunity to be second assistant during the appendectomy or relief of intestinal obstruction or whatever it may have been. During the day Drs. Knowles, Wagner, Manges, and Carty did their best to clear up the previous year's didactic lectures and took us on numerous ward rounds to illustrate their lectures.

On the "B" service during the senior year there was division of time between Pennsylvania Hospital Accident and the "B" service wards at Jefferson with time in the operating room spent at both Pennsylvania and Jefferson.

After much learning and doing, the time of checking up came around and after much blood, sweat and tears, we found that we knew quite a bit more than we thought we did and it was all due to a well-rounded treatment of a vast subject by a capable staff in a method that was clear and easily understandable and yet complete. In the days to come there will be certain of us who will take up the subject as a life-long practice and because of our excellent training we will not be found wanting.

Top: "Now, gentlemen, I want you all to feel this"
Bottom: "Hey, that hurts"
"And they twain shall be one flesh." After long years of unofficial cooperation at Jefferson the beginning of our senior year found these two inseparable companion specialties officially united into the one more effective Department of Obstetrics and Gynecology, striving together for the purpose of facilitating childbirth and ameliorating the myriad of affictions peculiar to the female members of the race.

OBSTETRICAL DIVISION

We were first introduced to obstetrics in our junior year. Well do we remember those long didactic lectures, for all of which the third year was so infamous, when Dr. Clifford Lull faced our class at 5:00 P.M. each Wednesday for the last lecture of the day. We were tired and hot from sitting in stuffy lectures all day. With his heavy raspy voice, Dr. Lull would soon take our minds from our self-pity concerning our uncomfortable state and fill us with interest as he spoke of toxemias of pregnancy, threatened abortion, placenta previa and placenta abruptio—and we shall never forget his famous epitaph, "Gentlemen, never tell a woman she is pregnant unless she really is."

At Monday afternoon clinic in the "pit" Dr. Vaux, then head of the Obstetrical Department, officially opened the session with, "Gentlemen—aahem—today we have three very interesting cases to show you." It will be many a day—if ever—before we forget the meaning of Caldwell-Molloy, the treatment of post-partum hemorrhage, or the prenatal care of anemic and luetic patients—subjects which he repeatedly emphasized at these conferences.

During various afternoons we were quizzed by Dr. "Tough-But-Gentle" Spangler, Dr. "What-Am-I-Thinking" Bernstein and Dr. "I-Had-A-Patient-Come-Into-My-Office" First, who quickly found the many loopholes in our obstetrical armamentarium (or created their own loopholes) and attempted to fill these cavities from their abundant stores of knowledge. A review of obstetrics at Jefferson would be far from complete without recalling Esquire's gift to the department, Dr. Mario Castallo—not Costello of Abbott fame—but C-a-s-t-a-l-l-o. Carnation, spats (on the cool mornings), well-groomed wavy black hair accompanied a friendly smile each Thursday morning at nine. Some of the lore of medicine in the form of brief obstetrical biographies were our weekly contribution to this hour and then we were plunged into the fundamentals of disproportion, treatment of normal and abnormal presentations, forceps, post-partum complications or uterine inertia. On several occasions the lecturing gentleman in question was seen to plunge into a mannequin belly to Crede an imaginary sluggish uterus or walk out of class wearing a moth-eaten derby hat, but who ever heard of a baby being born by brow or any other presentation through a derby hat anyway? One thing is sure—we won't soon forget the moral behind each of these pedagogical antics.

Top: "You better get Dr. Giletto to check her"
Bottom: "Now, Doctor, how would you handle this patient?"
The mechanics of obstetrics were successfully transferred to our cerebral gyri via the able teaching of Dr. Ullery and Dr. Giletto and their cohorts. At a later date many a baby was delivered with the pertinent words of these gentlemen echoing in our ears as we bent over the bed in a small poorly lighted room of a negro home. The mannequins and imaginary babies that were brought down the "arc of Carus" and "through the halo by which all candidates for immortality must pass" were, in the hands of these men, real tools of instruction. Also during the junior year we were required to observe six deliveries in the hospital—and woe to the fellow who fell short of the requirement—as the exponents of Jefferson obstetrics (we learned later that some procedures held in disrepute in our classes were used with impunity and success elsewhere) performed with the perfection they wanted all graduates to acquire. Here we started to learn the value of watchful, conservative obstetrical practice.

At the end of our third year Dr. Norris Vaux closed a brilliant and very creditable teaching career when he resigned as Professor of Obstetrics, much to the regret of all the students to whom he had imparted so much practical knowledge. Dr. Thaddeus Montgomery, a Jefferson graduate, then the Professor of Obstetrics and Gynecology at Temple University, accepted the invitation of Alma Mater to become Co-Professor of Obstetrics and Gynecology in charge of the Obstetrical Division. We all wondered what our new professor would be like and waited anxiously to meet him. Then Thursday afternoon, April 18, 1946, when Dr. Scheffey, likewise Co-Professor of Obstetrics and Gynecology in charge of the Gynecological Division, introduced his close friend as our new chief tutor of obstetrics, we relaxed because we knew then that Jefferson was to have as successor to Dr. Vaux a man equally great and earnest in his teaching. That afternoon Dr. Montgomery stepped in his modest way to the lecture stand in the "pit," and, after a few brief words of introduction expressing his heartfelt satisfaction at being back at Jefferson, he proposed a new plan for the obstetrical department, that it might keep progressing and maintain its place in obstetrics as it had always done in the past. This program was to include for each junior a four or five-day residency at Jefferson Hospital to observe or participate in all deliveries during that time; we were sorry to have missed this valuable experience. We seniors were "farmed out" to smaller hospitals for twelve days and everyone of us returned with far more practical obstetrical knowledge than we had anticipated.

In the Out-Patient Department during our senior year we learned proper prenatal and postnatal care under the able supervision of Drs. Carroll, Dugger, Bland, Feo, Goldberger, McGall, Brown, Giletto, Ullery, MacCarroll, Marenus, Ruppersburg and others. Three mornings a week we were certain to gather good material for the book of humorous memories. Exchanging our semi-professional white coats for the semi-glorified nightgowns we waited while Miss Tebb's—slender, fleet-footed, tireless—gathered the

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With Dr. David M. Davis holding sway, not only urology, but witticism had a grand and glorious field day. It was with little difficulty that he converted urological heathens, ridding us of any undesirable urological eccentricities and rendering simple the etiology, pathology, mechanisms and other elements present in any thorough coverage of hydronephrosis, stone, neoplasm, prostatism, etc.

The ground work and fundamentals were presented with exceptional clarity and precision in weekly lectures during our junior year. However, it was in the Out-Patient Department work and ward rounds of our senior year that the superstructure and all the fine details of a proper approach to an urological problem were very adequately covered. How well we remember the vigorous, monumental and never-to-be-forgotten ward rounds of our senior clerkships. We learned urology in spite of ourselves, always feeling that we were in a sepulchre of dynastic majesty when Dr. Davis, gifted apostle of rhetoric, would prod and provoke us to greater deeds and thinking. How could we forget his tirades against "fuzzy thinking prompted by cobwebs hugging cerebral hemispheres" and negligence with respect to the profession in general and the patient in particular. Quite easily he could make us feel like mere contingent particles in the outer periphery if we failed in our purpose. Lack of preparedness on our part would inevitably bring forth an appropriate retort from our astute professor, who was always hopeful that he might resuscitate one of our number from the depths of incoherent thought or remove from our faces the expression which so resembled that worn by the martyred St. Denis.

The gay satellites revolving about the master included Drs. Fetter, Baker, Bogaev, Drake and Keessal with Drs. Lubin and Smith residing, each with his own distinctive personality, lacking in neither knowledge nor color. Dr. Fetter represented the dynamic, effervescent, ever-moving and fast-thinking "plumbing system" expert, who would emit cyclonic yowlings that would rupture every ear drum within a thousand leagues if a student was not wholly cognizant of and informed about the urological problem at hand. Such exhibitions would leave the student with an expression varying from strangulation to hilarity. In glorious cul-de-sac tradition, sighing like a ferryboat—often with his stomach out of humor—this gentleman would astound us with his philosophy as he described death as that imperishable lady in whose solicitations we prefer to disregard. He was no trivial mugger performing: he was a finished product, a fine urologist and a gentleman.

Dr. Baker had an extremely kindly physiognomy—the sort characteristic of one who could never pass a beggar of alms without offering some contribution. He could be pictured as a gentleman holding a coin gingerly toward an explorer of trash cans as if not wishing philanthropy to exceed the bounds of sanity.

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Uroflow personified

The Master and Smith
The maestro mounted the podium amid a storm of applause. As he turned to acknowledge this ovation, his pleasant smile won us immediately. We were merely a large group of amateurs who had come from many parts of the country to sit under the leadership and training of this master and others of like caliber. This session was not an official concert but one of the many parts of the country to sit under the leadership of a master and others of like caliber.

This man was the esteemed Martin E. Rehfuss, under whose direction many already trained men worked together to produce harmony and introduce us to the art and science involved in a successful program. We had many rehearsals under the master's baton; he always showed the same finesse and ability at handling even the most difficult composition. The Doctor and some visiting conductors spent several sessions stressing the various movements of the score which had a familiar name—"Oul Cerdi Peptide." He had even perfected an instrument to aid in the complete understanding of this selection; some of us had trouble learning to use it in one of our basic courses before we officially met the Conductor. Assistant Conductor Wirts quietly increased our understanding of this suite. We could play the whole thing in our sleep before we had finished. Each of us was required to conduct a personal study of a single phase of one of the many masterpieces in the Conductor's repertoire and return it to him in simplified form. He, in turn, made copies of all these amateur works for the whole class so we could learn them and use them in future rehearsals and concerts. Or, perhaps, one day we would assume the podium ourselves—here or in another concert hall—and train those who followed in our footsteps.

Each winter the Maestro journeyed south for a well-deserved rest. His position, poise and prestige had not come easily. Years had been spent in study. Some of this time he was busy learning in other lands; his favorite rendezvous was the homeland of the eminent composer and conductor, Louis Pasteur. Many of his interpretations were enriched by the results of such study and association.

Even while Monsieur Rehfuss was not vacationing, he was exceedingly generous with the baton, so that all year we were led by men who were experts in their own section of the great orchestra. Messieurs La Place and Semisch were called upon to lead the lovely rhythmic "Le Coeur," which composition, however, was confusing because of its many accidentals. It sometimes became entirely arrhythmic, which did not alter in the least the dogmatism with which Semisch interpreted. Dr. La Place had directed many concerts during the war for the benefit of the armed forces so that his keen judgment was mellowed by a variety of experience.

We shall never forget the occasions when Prof. Kramer's well-trained mind and hand taught us the

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morning after Drs. Kasper and McCallum staged a
reversed nightgown sort of garment; we weren’t sure
with the victims for our learning session.
somewhat of an anti-climax in the form of senior
was invariably followed by sonorous guttural tones
from a half-scared patient. Such noises as issued from
that place! Was it the cheering section at a football
game? No, it was only the Laryngology Out-Patient
Department on a blustery winter morning. Flitting
back and forth among the white-coated students were
helpful nurse and busy secretary who provided us
with the victims for our learning session.
This energy was far from persistent in its manifesta-
tions. Shortly before we had waited practically indefi-
nitely for the appearance of a professor, an instruc-
tor—anybody to guide our wandering minds and eyes
to the realm of the nasal and oral. When Dr. Wagers,
Dr. Fox or one of their colleagues appeared in a ragged,
reversed nightgown sort of garment; we weren’t sure
that they didn’t represent the janitorial staff. One
morning after Drs. Kasper and McCallum staged a

“Say ‘eeeeeee,’” came the tones of the semi-authori-
tative voice of a junior medical student. This request
was invariably followed by sonorous guttural tones
from a half-scared patient. Such noises as issued from
that place! Was it the cheering section at a football
game? No, it was only the Laryngology Out-Patient
Department on a blustery winter morning. Flitting
back and forth among the white-coated students were
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Dr. Fox or one of their colleagues appeared in a ragged,
reversed nightgown sort of garment; we weren’t sure
that they didn’t represent the janitorial staff. One
morning after Drs. Kasper and McCallum staged a
friendly argument we still weren’t sure. But the
clinic was a valuable introduction to the numerous
disorders of nose, mouth and throat which were so
common. Ephedrine and its proprietary associates
assumed new importance in providing comfort for the
patient afflicted with the common cold. Transillumi-
nation of the sinuses became almost as routine as
history-taking, mainly because of its novelty to us.

We had been told that relief of human suffering was
one of our prime functions as doctors. That requisite
was certainly effectively fulfilled when a peritonsillar
abscess was incised and drained. Diagnosis and differ-
centiation of lesions were picturesquely impressed on
our minds by Drs. Kustin, Houlihan, O’Keefe and
Lott. The first way-stations in the digestive and
respiratory tracts were more than merely cavities; to
us they became cavities with walls, the latter being
marred by pus or polyp, diseased tonsil or disseminat-
ing tumor. The only trouble was that cavity and
walls together became extremely active and elusive
almost immediately upon the introduction of a laryn-
geal mirror. For some patients mirror laryngoscopy
was as undisturbing as an afternoon nap; but from
most folks this procedure evoked more gags than
come from most radio comedians. In either case it
was a satisfying accomplishment so see the glottis and
watch the cords approximate—or remain stationary—
during phonation. Thus were the early parts of our
view of the practical aspects of this specialty.

Generally speaking, our maximum amount of clini-
cal work occurred in the fourth year but we never
could understand why some departments provided
somewhat of an anti-climax in the form of senior
didactic lectures in the “pit” (held there mainly for
atmosphere; the auditorium would have been much
more comfortable). Some of our professors would
never realize our appreciation of their knowledge and
their desires to pass the same on to us if such appreci-
ation were directly proportionate to attendance at
noon lectures. But we had to get the material some-
how. Very few of us would ingest Ballenger. We

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It all started in our junior year when we were assigned to the Otology Out-Patient Department. We reported early and eager, thirsting for knowledge of the ear and its associates. We were particularly uncontrollable in our enthusiasm to investigate gummatas of the middle-ear membrane and osteogenic sarcoma of the umbo, mysteries to which our learned professors had only alluded. We waited patiently in the warm, sunny room on the fourth floor of the Curtis Clinic. Some of us did not wait patiently. Others did not wait. Then, smiling cordially as he stepped out from behind a large roll book at 10:43 (we had assembled at 10:00), our lecturer proceeded to recite the names of various members of the section in order. Needless to say, all replied “Here” directly or by proxy.

Our lectures were given under handicap. Specifically, the speakers had mild voices, two thirds of the audience were asleep, and the passing trolley cars and other street noises interfered with perfect auditory reception. For example, we were being told that Shrapnell’s membrane becomes inflamed under the following conditions (and we strained to catch the pearls of wisdom)—but at that moment a safe falling from the tenth floor of a building across the street landed on the head of a passing policeman. The creak of his shoes was very disturbing. Another time we were to hear of the treatment of common lesions, but we missed that, too, in the general confusion attendant upon a lost pneumatic tube which missed its receptacle and went sailing through the room and out the window to Tenth Street.

And so it went. Our notes, for those who took them, were scattered, unrelated words separated by dashes and empty spaces representing pauses. These empty spaces were the bulk of the course. At eleven o’clock daily the doors were flung open and a stampede of patients overwhelmed us. We were flung upon the patients, some of whom eyed us suspiciously—others, less experienced, hopefully. Well, we tried. We attempted to examine and see. Of course, there was the usual run of errors. Someone in his haste seized a nearby proctoscope and attempted to insert it in the ear canal. Someone else used trichloracetic acid to wash out cerumen, and a third could be seen every week palpating the abdomens of patients until it was discovered that he was in the wrong department. Life was pleasant in those days—carefree and casual, interspersed with tricklings of knowledge. We were called in a group to observe the unusual, but with thirty necks craning into a six by four-foot space, the only unusual thing was the fact that we sometimes saw something—not the patient, though. To make up for this loss, we had the audiometer to experiment with—ever a fascinating pastime when things were slow, that is, when there were only twelve patients apiece for the few men who stuck out the morning.

The staff tried hard to mold us in the otological press, but we were not easily shaped. It must have been discouraging when students used “mastitis” and

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A quartet of white-clad figures stood calmly over a prostrate form on the operating table. Suddenly the silence was broken with the thundering clash of steel against steel. One of these figures was a chiseler. Then all was silence, disrupted only by occasional murmurs. One of the figures straightened his lanky form and called quietly, "Abie, Abie! Tell Abie to come in here and Trendelenberg this table!" A flash of white glided into the operating room—but, wait, we’re ahead of the story.

Orthopedic surgery or orthopedics and our class were formally introduced on a typical sultry July evening (all classes after five were considered part of the evening school) in the North Lecture Room of Dr. Gruber fame. Introductory lectures were "old stuff" by now; it was Friday, the fifth day of a long week of opening lectures, and we were juniors and knew what it would be like. Dr. Martin soon presented himself for our critical inspection and we were pleasantly surprised that there was none of that professional shell around him which made too many of our "profs" seem an unapproachable distance above us.

Friendly professor and lecture-weary class were soon in the throes of an etymological discussion. But this we took in stride. Words were clear and confusing to us ever since the course in classical languages which had been the basis of our freshman year in chemistry. Orthopedics was derived, of course, from the Greek "orthos" meaning "straight" and the Latin "pes" meaning "foot." Now wait, what was Dr. Martin saying? "Orthos" meant "straight" but "pes" meant "child"—both from the Greek. Oh sure, we knew that all along. What we didn’t know was that there were so many disorders of the joints, muscles, tendons and bones, most of which had two names: one was descriptive; the other was our ever-present nemesis, the proper name.

As one lecture led to the next, we found we were picturing deformed people we had seen somewhere as our capable professor described various malformations and deformities. Remember that fellow in high school who used to waddle—he must have had two dislocated hips. And that man on Market Street with the clubfoot—or that little girl with the wry-neck who lives down on Main Street in our home town. Herefore these unfortunate folks had merely caused us to stare, but now they became also medical entities with long confusing names. Why anyone should want to complicate a simple bunion with a name like "hallux valgus" was beyond our ability to comprehend.

Dr. Hand struck a note of familiarity by talking about tuberculosis. Ah, here at last was a disease of which we’d heard before. But it wasn’t many weeks before we were again floundering in a new tidal wave of unpronounceable names and each of these numerous disorders had its own method of treatment. We saw diagrams and samples of gadgets which ran the gamut from the first cousin of Dr. Shannon’s micro-

"Now, Doctor, read this for us, please."
The account of the Bauer Period reads like a fairy tale. For when men of Pediatrics felt ready to attack the Dicks in force, they had the advantage of having as their leader one of the most extraordinary figures in history. This was the famous warrior, Bauer, who, like all his cohorts—especially Serge Rye and Mady Son, was filled with the ambition to establish a Jefferson Empire. He came with Coppolino and Giordano, and with residents and interns.

It was in the year of 1945 that the fighting spirit, which stirred the hearts of the populace, expressed itself at those wonderful meetings—unique in the history of nations—the Bauer meetings, with a mixture of pediatrics, politics, life and woe to the detail man. It is somewhat difficult for us and almost impossible for outsiders to realize that, at each of a series of thirty meetings held in that memorable year, there gathered eighty, seventy, sixty and downwards to numbers countable on the digits until finally the royal roll was ushered in.

In the Out-Patient Department the ancient laws were recited and confirmed, formulas given, diseases righted and weights adjusted. And, in accordance with the usual form at all assemblies, the history was recited by S. Tudent, who had many critics attending his every word and who, accordingly, dared not distort one iota. And while plenty of poetic coloring and artistic exaggeration were undoubtedly permitted to the high king, the basic truths ever had to be preserved inviolate. In regard to the high king, he had his royal seat transported with him and ruled with a steady hand, established his power and authority on a firm basis and dispensed a royal hospitality. Though much of his time was given to preparation of papers, fighting the Dicks and talking of Rheumatic Fever (which he covered excellently), whenever occasion offered he always proved himself to be a good fellow and a skillful strategist. Of course he had trouble with S. Tudent and his title as king was never fully admitted. At the confluence of Girard and a small street called Twenty-second was a college founded by one called Stephen, of which Bauer often spoke.

Then on into the next year, wherein all met Holmes, Kapper, Burt and Burros and saw ward patients. One of the big meetings that year was held at PIT, the scene of the famous massacre of Wallace and Leaki, still in the time of Bauer of Jefferson, but with MacNeill presiding. One hundred was the number said to have assembled there. (Our Army had a stadium war out in West Philadelphia that day.)

This was the occasion of MacNeill discoursing on erythema nodosum, acromegaly, acromicria and "denutrition," the latter an incident that naturally aroused wild enthusiasm, not only in the huge gathering that watched but all over Jefferson.

Finally, near the end of the year, the assemblage stood on tiptoe awaiting the word from Bauer, whatever that word might be. And tens of tens of eager ones prayed that it might be a bold one. But "Peace" was the word given by the leader; the PARTY had won.

CHARLES B. HANES.
A beaming midsummer sun cast rays of ultra-violet and infra-red our way with unprecedented generosity. Oh, it was great to be alive! Pounding waves, frolicking bathers, hot sands trickling between our toes—all this was the occasional week-end environment for a privileged few of our number who could get away from the sweltering city and the pressure of the freshman year at 1025 Walnut and 11th and Clinton. It was worth a crowded round-trip on jammed trains and buses just for the change of scenery.

How we hated ourselves (?) for wasting all that valuable time and money on those week-end excursions to the Atlantic Coast when we could have had almost as much infra-red and ultra-violet and much more seclusion at Jefferson's own resort spot, better known as "Schmidt's Beach." But we didn't learn all this until the junior year, when we spent five mornings in Jefferson's ground floor organization, the

PHYSICAL THERAPY

Department of Physical Therapy, supervised by Dr. William Schmidt, alias "The Wonderful Wizard of Oz," and his capable assistants, all of whom had forgotten more anatomy than we had ever known.

Although this maze of rooms and machines in the Curtis Clinic basement was not constructed for pleasure, our first contacts with it all provided much amusement. Nevertheless, hundreds of patients with varying degrees of pain, muscular atrophy or a myriad of other difficulties were aided on their way to normal healthy living by these contrivances.

Concurrently during the first half of the third year, Dr. Schmidt gave us sales talks, recounted personal experiences (which proved to be bedtime stories for many of our number), and very reasonably explained the values embodied in "the long-wave machine which every doctor should have in his office." We learned the principles underlying the use of short-wave diathermy and also that the physical therapist's counterpart of the psychotherapeutic pink pill was the static spark machine. The scalpel bowed in homage to the electric cutting current.

Ridicule as we might during and after the lectures, we learned without hesitation in the previously mentioned pseudo-resort that there was much value in many of these measures, especially when we had aching backs, chronic sinusitis or sciatic pain which responded favorably to the magical effects of the short-wave machine. There were ward patients, as well as out-patients, who experienced real comfort during the healing of fractures when their extremities were soothed by the whirlpool bath. Here we bewildered juniors found ourselves in the period of transitions from war to peace, from pre-clinical drudgery to clinical fascination, from the era of lengthy immobilization of fractures to the period of early passive and active exercise of adjacent parts. This latter was the doctrine of our amiable leader in the field of Physical Therapy. His arguments demanded our serious

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A handful of us trickled into the pleasantly steamed northern lecture hall. No thrill of expectation surged through our semi-collapsed veins—only a mild curiosity stirred us from our shock-like state into the activity of attending a lecture. Today we were to be introduced to the mysteries of dermatology. Henceforth a skin lesion would no longer be a skin lesion. It would be a polysyllabic word meaning “skin lesion.” We eased our weary bodies into the soft wooden seats, curved our spines gracefully as we rested our shoes on the fellow’s white lab coat in front of us. “Sorry,” we murmured, making a pitifully feeble attempt to raise ourselves from our restful slouch—to brush the dirt in.

Suddenly, as our eyes were just closing, a pleasant, professional, spectacled man entered. We respectfully applauded. Needless to say, we were scattered well about the room to hide better the vacant seats. For even at this early date, some men had taken the easy way out. Our thoughts had hardly been brought to a conscious level when Dr. Knowles—for it was he—began to write on the board: “Erythema ab igne, Erythema intertrigo, . . .” Scarcely five minutes later we were lost in a maze of vesicles, blebs, blisters, rashes, itches, etc., from which we have not yet emerged. Everything suddenly seemed red and macular, or was it blue and papular? Dr. Knowles seemed to fade into a mist of confluent skin lesions. The blackboard seemed to have scales. Our papers were exfoliating. Then we were sound asleep—with only a pleasant hum of bullae and pustules in our ears.

The first lecture was over. We were swept out in the rush of students. Dazed, we stumbled into the hallway. Oh, how much we had learned! Oh, how clear all those skin lesions were becoming! In fact, we might all become dermatologists.

Next week was the start of a new era, however. No simple stories of punctiform ligneous plaques superimposed on a calcific nodule raised above the surface of the skin. We dealt only in pigeons’ eggs, hens’ eggs, termite eggs, platypus eggs—split peas, navy beans—ad infinitum—all neatly classified and labelled with the name of a disease. Of course, there were overlaps. Sometimes pigeons’ eggs and ostrich eggs were found in the same condition. But no matter. Dip the patient in liquor carbonis detergens, or crude coal tar. Everything will slough off, leaving clean granulation tissue and a new lease on life.

We studied subsequently general lesions and typical rashes—and atypical rashes and non-general lesions. Nothing confusing—everything clear and distinct. Each dermatitis and eczema (the definition of which is still somewhat doubtful) was in a separate category. Each was something on which we could place our finger—which, of course, would require treatment. We studied athlete’s foot and jock itch. Lice, crabs, scabies—all were in our domain. And surprisingly, that liquor carbonis detergens, fortified with Fowler’s solution and an escharotic, was holding its own.

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Neurology is a field still in embryo form. Like a young elm it is still sprouting and is dynamic and yet usually considered a somewhat difficult subject to correlate. More than ordinary talents are required to render this specialty practicable and to put it on a sound and logical clinical basis. Quite fortunately we were weaned, neurologically speaking, by Dr. Bernard J. Alpers, one of the foremost neurologists in the country today.

In our sophomore year we were presented with a series of ten lectures which acquainted us with the various types of neuropathological disorders, serving as a background for clinical neurology. Not caring to risk his liberty during a time of bovine opinions and slaughterhouse verdicts, Dr. Alpers presented his course in unequivocal and precise terms. These preliminary lectures helped free us from the kennel known as the Neurological Dog House. Under Dr. Alpers’ tutelage, which took on a sedate “sotto voce” type of magnificence, we were given a strong foundation in the pathology of the nervous system. All his classes were permeated with an atmosphere of ecclesiastical peace. This mild-mannered, completely composed professor offered an interesting contrast with some of his more rabid patients who were quite capable of swearing even more eloquently than an irate internist.

The next phase of our course consisted of a period in the laboratory wherein we painstakingly analyzed histologic sections of the many important and common neurological disorders. An air of elegant docility always predominated in these hours as Drs. Schlesinger and Forster listened to our complaints with sacerdotal patience; indeed they had to be astute stoics at times. Many questions were asked of them lugubriously; no wonder they were abruptly possessed by glum moods at times. Our skepticism knew no bounds, vagrant cynics that we were. Our efforts proved to be tedious tribulations to our dear instructors. In solace, one of them would occasionally retreat to cavort within the parentheses of Mr. Tolstoy’s type of minor delirium. But they certainly were patient with us, until gradually we began to organize and understand these fundamentals of neuropathology.

Yes, the weeping, wailing and gnashing of teeth were well worth it.

During the junior year ten clinical demonstrations on neurological symptomatology without reference to syndromes or actual diseases were presented to us, who were now no longer neophytes. Among other things, the methods of obtaining a complete neurological history and performing an adequate examination were made clear to us.

In the senior year we were exposed to ward rounds and patients. To interpret with any degree of accuracy the conditions present, it was necessary to correlate everything we had learned in lectures, laboratory and what little reading we had done. Actual contact with the patients afforded us not only the most fruitful source of information but also the most interest-

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Tumor or disc?
PSYCHIATRY

As the sun’s rays shine down on Philadelphia’s pure air and spotless streets and exotic aromas are wafted from the sparkling Delaware, we find our brethren, already fatigued from the battle of the blackboards, struggling gallantly across the “alley” and wending their way toward the Clinical Amphitheatre. Such a haggard crew includes those of the brethren who, being music lovers, have not succumbed to the lifting strains of the trumpet at Garden State; those who have managed to escape the long arms reaching forth from the lounge for a “fourth”; those who were not engaged in “O. B.” or “B. F.”; and, not least, those who did not weakly cry, “I surrender” and crawl into the loving arms of the “sack.” One by one our faithful followers bravely enter the temperate atmosphere of the more familiarly and appropriately known “pit,” descend the carpeted stairs, and gracefully stretch out on the softly cushioned seats. A few stand poised on the top step, toy ing with the hallucination that “Matt” has just announced there will be no clinic.

Shortly, however, they are brought back to reality as the door swings open and the “400” of Psychiatry enters. Another trip into the innermost recesses of the human personality is about to begin. The brethren dispose their arms and necks in various positions on the velvet-covered railings, the air-conditioning system hums merrily, and amid shouts of “Beat Strecker” and “Down with Menninger,” Dr. Keyes steps forward. Exuding his usual calm geniality, the “Chief” gives us a few words of orientation and the spotlight shifts quickly to Dr. Kaplan. With an abundance of semaphore code and sign language for emphasis, Dr. Kaplan ably presents the history, showing us how such a seemingly insignificant incident as an extra helping of spinach during childhood has caused the patient to become an inveterate Yo-Yo fan who came into the Accident Ward crying because the war had cut the Yo-Yo supply. The ever-fascinating story of the development of the normal, cherubic child to the adult who is the complex interweaving of normal with neurotic, the common yet amazing interplay of the familial, social and sexual factors, the ever-present battle of the individual with environment—form the background and framework found in the history.

Then, with a roll on the kettle-drums, the patient enters the stage and the audience interest soars. Dr. Keyes takes charge, always questioning and explaining, yet always soothing the patient with his well-chosen words and helpful attitude. In the patient’s own manner the important incidents and symptoms are related. The brethren are already analyzing in their minds the many factors making up the sum total and as the analysis proceeds, they are aided by the gentlemen in the front row. With a burst of enthusiasm, widely dilated eyes, and considerable flushing of face, Dr. Matthews adds a pertinent question or two, always clarifying and emphasizing for the student’s benefit. Both learner and learned take part as the patient’s every mode of behavior and inner-

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The romantic history of England has been indelibly colored by the noble King Arthur and his Knights of the Round Table. Equally fascinating in the lore of Jefferson Castle is the presence of the venerable and amiable King Charles of the House of Shannon. To his credit, among the achievements recorded in the annals of the ancient stronghold, are the many bands of brave and capable knights who have been tutored by his Majesty in the Ocular Arena, the scene of many exhibitions, duels and contests.

Our group of sturdy young warriors had been admitted to the famed teacher’s instruction periods only after three years of rigorous preparation in other parts of the Castle. We were first greeted by his Excellency on a spring afternoon in the shining white arena; he approached us dragging a narrow black train and addressed us in booming amplified tones which could be heard for miles around. He wasted no time in laying down a foundation of fundamentals. Early we learned to recognize our enemy; we had to look for the foe carefully because he had many various forms in which he appeared. One very keen detecting instrument had been issued to us shortly after our entry into Jefferson Castle but we had had no training in its use and so had floundered helplessly until we met the man whom we now faced at our sessions once a week.

It had been invented by Count von Helmoltz, a German nobleman, and he had named it the “Off Talmos Kope.” We really learned to use it in the foothills of the Curtis Mountain; here there were villains aplenty—Glaucoma, Cat o’ Ract, A. Trofee, and the ignoble son of the destructive Arterie o’ Scle-

Week after week, we met our noble tutor. He recounted to us the sad story of an innocent subject who had fallen prey to the knave, Malignant Exophthalmos, and King Charles had been obliged to call on King Rudolph of the House of Jaeger (he ruled in another country) to aid in relieving the poor fellow of his suffering. Many a person had been victimized by the sneaky robbers banded together under the name of Conjunctivitis: Catarrhal and Gonococcal were brothers who were in evidence far too often, much more than their cousin, Track o’ Mah.

Our leader was jolly. He had been trained in a day when court jesters were seldom seen, so had learned to provide his own humor, which proved to be as rare in quality as jesters had been in quantity. Almost every session was ended with an anecdote or two which set our friendly monarch to laughing with such contagious violence that the whole arena soon rocked with the mirth. A visiting nobleman, Sir Bacon, contributed to the ruler’s repertoire of stories.

King Charles did not try to manage all the instruction alone. Sir Charles of the House of Hunt, along with his leader, showed us the various uses of the tiny swords which were to be part of our equipment; they were used barehanded in conjunction with a white coat-of-mail, white visor and white helmet. Many an enemy was vanquished by this arsenal of tiny weapons,
“Now then, doctahs, you'll find your names posted downstairs on the bulletin board telling you when to visit the X-ray Department.” So said Dr. Bennett early in our first-year anatomy lab course and we didn’t object to an hour and a half of variety from the usual three-hour session of dissection to visit the Curtis Clinical Radiology Department. We were all exposed to the field of X-ray diagnosis, but the lankier fellows in our midst enjoyed the doubtful privilege of drinking a glass of barium sulfate suspension (very aptly called “chalk”) so that we chuckling onlookers could view their swallowing functions and fish-hooks through the fluoroscopic screen.

By the junior year about all the most erudite of our number could remember about X-ray was the location of the department. Sections A and B were the first to renew acquaintance, this time in the form of the much more practical and enlightening X-ray conferences held in the “Pit” each Wednesday from 11 to 12 in conjunction with medicine ward service. Now we were beginning to realize how much more can be learned of any clinical subject (in this case radiology) by correlating the patients as we meet them with their special studies, rather than by seeing, in this case, a disjointed group of roentgenograms.

From there on in we were conscious of the presence, value and helpfulness of the X-ray Clinic and its products in diagnosis and treatment. During the third-year out-patient work in surgery and laryngology we saw only the familiar pink typewritten reports of “clouding of left antrum” or “no evidence of sequestration,” rather than the films. It’s easy to ask in retrospect, “Why didn’t I stop down at X-ray and look at the films myself?” when during the year we rationalized, “Well, a fellow can’t do everything.” So we still didn’t learn much about this X-ray business.

Then about the beginning of the second half of our number three, Tuesday at two found one-half to two-thirds of our motley crew filing into the “bleachers” of one of Jefferson’s more comfortable steam rooms, the ground floor auditorium, in our usual after-lunch state of semi-stupor. Our previous Tuesday blue-eflluve sessions were being replaced by a series of eighteen lectures by Dr. Swenson with an occasional substitution by Dr. Eberhard. To the sixty or seventy fellows who stayed out of dreamland for the whole sixty minutes there was some real value contained in these demonstrations, mainly of the various bone lesions and some lung and heart studies. We certainly didn’t even approach radiologic excellence but did learn to notice variations in density on a film; in the end, though, we weren’t sure which were more dense—the films or our skulls. However, a boot-shaped heart and a fractured skull are only two of many phases of X-ray diagnosis about which we knew a bit more.

We saw more of these two aforementioned gentlemen; they met us for a couple of hours once a week in Jefferson’s own air-tight demonstration room where, for five sessions, we were led through huge piles of

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That time and wisdom are inseparably related is indicated by King Solomon's proverbs, "Happy is the man that findeth wisdom. Length of days is in her right hand." We, who are young in years and medical experience, realize that, although knowledge increases in its scope, basic wisdom remains unchanged. Men, who disseminated both wisdom and knowledge in these halls long...
before we arrived, have been relegated by us to the past. We know them only as names, portraits or occupants of the yearbook page dedicated to Emeritus Professors. This year we honor not only men of Jefferson's past, but also three professors whom we have known, from whom we have learned and because of whom the title "Emeritus Professor" receives more than a passing glance.

JOHN H. GIBBON, M.D.
Emeritus Professor of Surgery and Clinical Surgery

GEORGE P. MULLER, Sc.D., M.S., M.D.
Emeritus Professor of Surgery

FIELDING O. LEWIS, M.D.
Emeritus Professor of Laryngology

FRANK C. KNOWLES, M.D.
Emeritus Professor of Dermatology
Jefferson's library was established in 1898 when a reading room was rented on the site of the present Curtis Clinic. It moved into its present generous quarters in October, 1929, subsidized by a gift from the estate of Samuel P. Scott. This gift was in grateful appreciation of the service rendered by one of Jefferson's professors to Mr. Scott in alleviating him of hay fever.

The library occupies the entire east wing of the main floor of the college building, having its stacks in the basement. It is equipped with the latest in up-to-date library fixtures. The furnishings are in Old English walnut, amid very comfortable surroundings. In this regard a new item has been added this year. In honor of twenty-five years of devotion to the library, the Alumni Association presented the Joseph J. Wilson Table, which will long remain as a tribute to Mr. Wilson's interest and service to the institution. It matches the corresponding furnishings, and is handsomely
inlaid with a silver plate in commemoration of a "librarian and friend." The library also houses part of Jefferson's Art Gallery, to which this year has been added a portrait of Dr. J. Marion Sims (1838).

There are over 44,000 volumes in the library and it subscribes to 381 medical periodicals of this country and Europe. Included among its possessions is the Pascal Brooke Bland Collection of four thousand rare books in gynecology and obstetrics.

An exhibit, depicting the evolution of infant feeding vessels, from the clay bottles of the American Indian to the tin pots of the Pennsylvania German, was on display in the library during the month of November. Among the items included were not only the German pottery nursing bottle, the Japanese porcelain cup, and the English silver pap boat but also allied pediatric antiques such as the terra cotta rattle of Greece and the pewter nipple of New England. Excepting the Stone Age vessels, the earliest item was an unglazed pottery feeding bottle of Cyprian origin of circa 500 B.C. which was excavated from the tomb of a child.

The library has continued to increase its number of early medical books: Dorsey's *Elements of Surgery* (1813); *The Family Doctor* (1845); and it has been able to get very early volumes of different journals among which is the first volume of the *North American Medico-Chirurgical Review*, edited by Samuel D. Gross, then Professor of Surgery at Jefferson.

But enough of history and age, for we must remember that this library is modern and up-to-date, not only subscribing to the latest medical journals and offering wonderful service, but going out of its way by buying a micro-film reader and putting it to good use. Also in the matter of good books, at this writing, it has come into possession of Bremenn's *Practice of Pediatrics*, Linde's *Operative Gynecology*, Miller's *Oral Diagnosis and Treatment*, Fillmore's *Clinical Radiology*, Elwyn's *Diseases of the Retina*, and Guthrie's *History of Medicine*.

There is also a library in the Daniel Baugh Institute of Anatomy with over nineteen hundred volumes, ten thousand reprints and nine hundred charts of human anatomy, embryology and histology, comparative anatomy, general biology and laboratory technique.

The staffs of the libraries have been most helpful to us in our stay at Jefferson, and we, as seniors taking a last look backward, wish to thank them most sincerely.

CHARLES B. HANES.
IN MEMORIAM

GEORGE P. MULLER,
Sc.D., M.S., M.D.,
JUNE 29, 1877—FEBRUARY 18, 1947

Grace Revere Osler Professor of Surgery at Jefferson Medical College
JUNE 1933 TO MARCH 1946

Emeritus Professor of Surgery
MARCH 1946 TO FEBRUARY 1947
NORRIS WISTAR VAUX, M.D.
1881 - 19—
Professor of Obstetrics, 1937-1946
PAINTED BY MAURICE MOLARSKY OF PHILADELPHIA

Presented to Jefferson Medical College with kindest regards of the Class of 1947
Jefferson Art Gallery

All of us at one time or another must have commented upon the portraits which hang upon the walls of the college, but very few of us are cognizant of their historical background, their value, and that among them are to be found the works of some of the most noted portrait painters in the country.

Of course the masterpiece is the Gross Clinic painted by Thomas Eakins in 1875 and has been the recipient of highest praise at exhibitions in Philadelphia and New York (1944) honoring the centennial anniversary of this great artist's birth. This much publicized canvas depicts the famous surgeon, Dr. Samuel D. Gross, frock coated and gloveless, removing a piece of dead bone from the thigh of a young man. Dr. Samuel W. Gross, the son of Prof. Gross, who succeeded his father in the Chair of Surgery, is seen leaning against the side of the entrance way and in the extreme corner sits the mother of the patient, shielding her eyes from the horror of what is happening to her son.

Thomas Eakins studied anatomy here at Jefferson, under Dr. Pancoast, attended Dr. Gross' clinics and later taught anatomy to prospective artists at the Philadelphia Academy of Art.

Thomas Eakins also painted the portraits of Dr. Benjamin Rand and Dr. William Smith Forbes. Dr. Rand occupied the Chair of Chemistry from 1864 to 1877 and served four years as Dean. Dr. Forbes drew up the Anatomical Act of Pennsylvania in 1867. Both paintings are considered excellent evidences of his skill.

Another valuable canvas, that of Dr. Thomas Dent Mutter, Professor of Surgery, 1861–1866, was painted by Thomas Sully, one of early America's most renowned artists. It was Sully who painted Washington Crossing the Delaware. Dr. Mutter's portrait hangs upon the east wall of the library.

The portraits of Dr. Joseph Pancoast, Professor of Surgery and Anatomy, 1847–1874; Dr. Samuel D. Gross, and Dr. Charles D. Meigs, Professor of Obstetrics and Diseases of Women and Children, 1841–1861, are all evidences of Samuel B. Waugh's meritorious efforts.

Dr. J. Chalmers Da Costa, Professor of Surgery from 1900 to 1933, was painted by Blossom Farley. Due to Dr. Da Costa's inability to get around in his later years, this painting had to be made from sketches of him, drawn in the surgical clinics. Dr. Thomas McCrae, Dr. Albert P. Brubaker, Dr. Hobart Hare, Dr. Randle Roseberger, Dr. Henry E. Radasch, Dr. E. Quin Thornton, Dr. Elmer H. Funk, Dr. Henry K. Mohler, Dr. George A. Ulrich, Dr. Ross V. Patterson, Dr. B. Howard Rand, plus many other portraits in the library, halls of the college, lecture rooms, and entrance to Curtis Clinic tend to bring Jefferson's collection to completeness.

This year, the graduating Class of 1947 had Norris W. Vaux, Emeritus Professor of Obstetrics, painted. Dr. Vaux was Professor from 1937 to 1946 when he retired. He received his medical degree at the University of Pennsylvania in 1905. He interned at the Pennsylvania Hospital from 1905 to 1907. He took a special course at the Rotunda Hospital, in Dublin, Ireland. He became a Fellow of the American College of Surgeons; member of the American Medical Association; American Gynecological Society; and the Philadelphia County Medical Society.

Charles B. Hanes.
We were "rushed" and after some hesitancy many of us joined fraternities—'tis said
To further our study, promote friendship and find entertainment.
OFFICERS
PAUL C EISEMAN.................. Archon
EARL S. MOYER.................. Vice-Archon
JAMES J. O'CONNOR, Jr. ........ Secretary
GRANT D. STELTER.............. Treasurer
GEORGE J. O'DONNELL.......... Steward
JAMES B. LOFTUS.............. House Manager
CHARLES J. DE WAN............. Social Chairman
JAMES M. MONAGHAN........... Chaplain

FRATRES IN FACULTATE
Charles M. Gruber, M.D. 
Horace J. Williams, M.D. 
N. A. Michels, Sc.D.
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Andrew J. Ramsey, Ph.D.
L. F. Appleman, M.D.
L. S. Carey, M.D.
H. F. Haines, M.D.
John W. Holmes, M.D.
F. H. Husted, M.D.
J. B. Lowes, M.D.
P. A. McCarthy, M.D.
F. J. Putney, M.D.
W. M. Hart, Ph.D.
J. E. Roark, M.D.
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Stanley F. Nabity
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Eugene W. Beauchamp, Jr.

SENIORS
Joseph T. Zukoski
Charles J. De Wan
Thomas W. Moran
Joseph A. Diori
Edgar C. Smith
Andrew J. Welder
Donald R. Watkins
Leo J. Corazza

JUNIORS
Thomas E. Douglas
James B. Loftus
Robert G. Brown
James J. O'Connor, Jr.
Evel S. Meyer
William E. Peterson

JUNIORS
Richard J. Potter
Paul C. Eiseman
Charles G. Francos
Albert J. Fingo
George J. O'Donnell
Oscar M. Weaver, Jr.
Edward Foldier

FRESHMEN
Theodore B. Thoma
Charles R. Henkelmann
Byron E. Besse
James D. Barnes
James M. Monaghan
Joseph Matta
The history of the Eta Chapter of the Phi Beta Pi Fraternity is long and eventful, dating back to its founding on March 7, 1902. The first chapter was founded at the Western Pennsylvania Medical College, now known as the University of Pittsburgh, on March 10, 1891, by a group of thirteen men who banded together for the express purpose of protecting its members from the evils of the fraternity situation at that time.

From such a beginning this fine fraternity has developed and today is made up of thirty-seven active chapters and over two thousand active members with many thousands more alumni members. The chapter lists in its membership many outstanding men of the faculty.

The chapter house is one of the fine old homes of mid-town Philadelphia at No. 1032 Spruce Street.
PHI ALPHA SIGMA

OFFICERS
JOSEPH P. GREELEY ...................... Primarius
C. F. B. SMITH ........................ Sub-Primarius
RICHARD T. SHAAR ..................... Custos
ROBERT C. LANING ..................... Assistant Custos
LARRY B. GALE ........................ Seribus

FRATRES IN FACULTATE
C. R. Heed, M.D.
W. B. Swartley, M.D.
J. L. Richards, M.D.
T. K. Hathemell, M.D.
J. B. Montgomery, M.D.
J. F. Carrell, M.D.
H. S. Rambo, M.D.
C. E. G. Shannon, M.D.
E. Britt, M.D.
J. McCloskey, M.D.
L. C. Scheffey, M.D.
R. W. Mohler, M.D.
W. B. Davis, M.D.
C. C. Fox, M.D.
S. O. West, M.D.
D. R. MacCarol, M.D.
W. T. Lemmon, M.D.
R. Chare, M.D.
E. Higgins, M.D.

SENIORS
Joseph M. Danyliw
John J. Gaffney
Joseph P. McGee, Jr.
Edwin M. Muszynowski
C. F. Brooke Smith
William L. Fidler, III
Joseph P. Greeley
Raymond N. MacAndrew
George R. Reinhardt
William A. Terheyden Jr.
Richard G. Kirchner
William V. McDonnell
Edward J. Meehan
Richard T. Shaar
Leonard Erdman
Frank Farrell
Thomas Gozowski
Bernard Hyland
Patrick Mazza
Fred Fay
Albert Foster

JUNIORS
Robert C. Laning
William J. Cassidy
John H. Griffin, Jr.
Robert J. Carabasi
James W. Daly
Larry B. Gale
Edward J. Johnke, Jr.
Charles P. Carson
John B. Ackinmon
Sidney Roy Cable
Theodore E. Patrick
Donald J. McDonald
Charles C. Goodman
Ralph J. Schlosser

SOPHOMORES
Thomas Pickenbrock
Paul de Villers
Carl Zenz
Edward Chmelewski
Thomas Head
Thos. E. A. von Dedenroth
Gerard Shannon
Leonard Tannor

FRESHMEN
Joseph M. Danyliw
John J. Gaffney
Joseph P. McGee, Jr.
Edwin M. Muszynowski
C. F. Brooke Smith
William L. Fidler, III
Joseph P. Greeley
Raymond N. MacAndrew
George R. Reinhardt
William A. Terheyden Jr.
Richard G. Kirchner
William V. McDonnell
Edward J. Meehan
Richard T. Shaar
Leonard Erdman
Frank Farrell
Thomas Gozowski
Bernard Hyland
Patrick Mazza
Fred Fay
Albert Foster

Harry Harper
John Loges
John McGuigan
Michael Nardi
Joseph Tabasco
Raymond Turocette
Louis Crews
Delta Chapter

The Phi Alpha Sigma Medical Fraternity was founded in April, 1886, by a group of students at the Bellevue Hospital Medical College for the purpose of furthering the social, scientific and moral interests of its members. Thirteen years later, on April 12, 1899, through the efforts of the fifteen charter members, encouraged and assisted by Professors George E. de Schweinitz and Hobart A. Hare, Delta Chapter was established at Jefferson.

Since 1935 the chapter house has been at 313 South Tenth Street. The chapter lists over six hundred Jefferson alumni as its members and looks forward to adding many more.
Nu Sigma Nu was founded in 1882 at the University of Michigan Medical School in Ann Arbor, Mich. Rho Chapter was established at Jefferson eighteen years later. Since that time Rho Chapter has welcomed many and, in turn, sent out many, and has always been among the leaders in academic, professional and social affairs at Jefferson.

The present chapter house is at 1106 Spruce Street.
Rho Chapter of NU SIGMA NU

JUNIORS
Robert A. Berger
Thomas R. Brooks
Craig R. Clark
Joseph Conroy
Alexander Coulard, Jr.
John Rushton, III
James H. Evans
Charles D. Foster, III
Robert D. Hastedt
Barrett H. Heckler
Richard L. Huber
James F. Kleckner
John M. Kohl
Richard M. Landis
Norman J. Quinn
Robert Sturr, Jr.
Curtis H. Swartz
David W. Thomas, Jr.

SOPHOMORES
Harry J. Hurley, Jr.
Robert S. Brennan
Robert Taylor
Howard Easing
Edward F. Purcell
Franklin Gilbertson
David J. Kock

FRESHMEN
Frank E. Brown
Mark O. Camp
William R. Clark
Marshall L. Clevenger
Thomas J. Dougherty
George L. Donaghue
John R. Evans
Albert C. Haas
William B. Holman
Kimball C. Kaufmann
Paul W. Layden
James R. Milligan
Richard L. Murtland
A. Meade Murtland
Richard D. Owen
William Schmidt
Hal E. Sneeden
Andrew A. Sullivan
Hugh B. Woodward

N Σ N

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OFFICERS

PETER HUNT SHERSHIN .......... Presiding Senior
WILLIAM A. RANSON .......... Presiding Junior
DANIEL S. ROWE .......... Secretary

CHESTER F. CULLEN
ROBERT S. LACKET
HAROLD L. STRAUSE
CHARLES A. MILLER
RICHARD A. HASTINGS .......... Judge Advocate
CHARLES W. ANDERSON .......... Historian
LAWRENCE K. BOGGS
HENRY K. SHOEMAKER

FRATRES IN FACULTATE

M. E. Relguss, M.D. A. M. Lupton, M.D.
J. M. Sarver, M.D. V. H. Moon, M.D.
E. R. Miller, M.D. J. E. Thomas, M.D.
L. M. Rankin, M.D. A. S. Kaufman, M.D.
B. L. Gordon, M.D. J. H. Dugger, M.D.
A. S. McCallum, M.D. R. Miller, M.D.

SENIORS

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L. F. Corley J. J. McKeown
J. H. S. Football M. E. Haas
R. A. Hastings J. R. Pender, III
W. C. Herrick J. R. Reynolds
C. N. Hickman A. G. Schran
P. H. Jernstrom P. H. Serschini
A. R. Jones, Jr. T. L. Stokes
L. E. Jones G. F. Tibbens
S. V. King E. M. Topp, Jr.

JUNIORS

R. P. Alexander J. E. McKinney
R. W. Alexander W. A. Rancon
C. W. Anderson C. J. Rominger
W. H. Annsley, Jr. D. S. Rowe
M. N. Croll R. A. Schofield
C. F. Cullen H. Stenhouse
D. M. Feigley W. B. Shepe
R. K. Finley E. Scull
J. B. Gearren E. C. Smith
M. Hill T. Turner
J. E. Hughes W. E. Sheele
J. W. Kress E. L. Webb
R. S. Lackey R. C. Willie
D. S. Masland J. Weyher

SOPHOMORES

L. K. Boggs R. Johnkins
D. O. Booher W. B. Kinslaw, Jr.
W. E. Boyer, Jr. P. J. Kutz
F. W. Deck, Jr. C. A. Miller, Jr.
R. Z. Hart A. E. Orlidge
C. W. Huff H. K. Shoemaker
H. L. Strause

FRESHMEN

E. Childers A. S. Rogers
L. W. Coferith J. P. Sargent
V. J. Fredrickson D. K. Bass
T. Forker J. B. Titus
J. L. Grandon P. J. Vosemberg
F. Hendrickson O. K. Wiland
Chi Chapter of PHI CHI

The Phi Chi Medical Fraternity was established in 1905 by the union of the eastern and southern Phi Chi Fraternities. Chi Chapter 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 Carey. The chapter is at present governed by a board of trustees composed of Drs. Rankin, Kaufman and Gordon.

The present chapter house is at 1025 Spruce Street.
THETA KAPPA PSI

OFFICERS
LAURENCE A. MOSIER .................. President
THOMAS A. E. DATZ .................. Vice-President
HENRY J. TEUFEN, Jr. ................ Secretary
ROY DECK .......................... Treasurer

JUNIORS
Leonard F. Bender
Donald G. Birrell
Thomas A. E. Datz
Roy Deck
Rudolph De Persia
Daniel L. Shaw

SOPHOMORES
Gerald M. Breneman
John B. Healy
Marvin M. Lindell
Fred D. MacWilliams
Thomas D. Michael
Martin H. Walrath

FRESHMEN
Robert H. Baker
Lawrence F. Casale
Alfred S. Cook, Jr.
J. Mackie Corson
Byron T. Eberly
John R. Eshleman
Bruce Van Vranken

FRA TRES IN FACULTATE
J. Chelenden, M.D.
J. O. Crider, M.D.
H. B. Decker, M.D.
T. R. Fetter, M.D.
R. S. Griffith, M.D.
C. W. Kisler, M.D.
J. B. Lady, M.D.
D. E. Morgan, M.D.
W. H. Perkins, M.D.
O. T. Wood, M.D.

SENIORS
Robert H. Baker
Lawrence F. Casale
Alfred S. Cook, Jr.
J. Mackie Corson
Byron T. Eberly
John R. Eshleman
Bruce Van Vranken

Benjamin Lawrence
Gail G. Li
John J. Meehan
Charles E. Miller
Laurence A. Mosier
Robert G. Rhoda

Franklin C. Hill, Jr.
Glenn R. Leonard
William B. McNamee
Ralph D. Moyer, Jr.
James A. Shafer

Franklin C. Hill, Jr.
Glenn R. Leonard
William B. McNamee
Ralph D. Moyer, Jr.
James A. Shafer

Thomas W. Watkins
Beta Eta Chapter

Beta Eta Chapter of Theta Kappa Psi was installed at Jefferson Medical College in 1912 as a chapter of the Kappa Psi Medical and Pharmacological Fraternity. In 1924 through a dissolution of Kappa Psi, Beta Eta was granted a charter in Theta Kappa Psi Medical Fraternity. The fraternity has rapidly advanced until it is now one of the leading fraternities at Jefferson.

The chapter house is located at 919 Clinton Street.
<table>
<thead>
<tr>
<th>OFFICERS</th>
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<tbody>
<tr>
<td>WILLIAM ABRAMS</td>
<td>Senior Council</td>
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<tr>
<td>RICHARD SMIGELSKY</td>
<td>Senior Senator</td>
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<tr>
<td>STANLEY ZEEMAN</td>
<td>Junior Senator</td>
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<tr>
<td>MURRAY KAHN</td>
<td>Scribe</td>
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<td>MELVIN SCHWARTZ</td>
<td>Treasurer</td>
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<tr>
<td>RICHARD ROVIT</td>
<td>Historian</td>
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<td>HAROLD ROVNER</td>
<td>Sergeant-at-Arms</td>
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<th>FRATRES IN FACULTATE</th>
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<td>B. J. Alpers, M.D.</td>
<td>J. Waldman, M.D.</td>
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<td>B. Weiss, M.D.</td>
<td>N. Schleizinger, M.D.</td>
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<td>B. Lipshtiz, M.D.</td>
<td>A. Rukoff, M.D.</td>
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<td>J. B. Bornstein, M.D.</td>
<td>D. M. Furrer, M.D.</td>
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<td>D. W. Kramer, M.D.</td>
<td>A. A. Burros, M.D.</td>
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<td>R. Chodoff, M.D.</td>
<td>G. Israel, M.D.</td>
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<td>D. M. Brooks, M.D.</td>
<td>J. Aspel, M.D.</td>
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<td>H. Goldbergh, M.D.</td>
<td>A. Branswick, M.D.</td>
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<td>A. Capper, M.D.</td>
<td>A. Cohen, M.D.</td>
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<td>A. Rechtman, M.D.</td>
<td>M. S. Sussman, M.D.</td>
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<td>S. Keesal, M.D.</td>
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<td>William Abrams</td>
<td>Melvin Samuels</td>
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<td>Alan Blumberg</td>
<td>Richard Smigelsky</td>
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<td>Robert Jaslow</td>
<td>Chester Trossman</td>
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<td>David Krevsky</td>
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<td>C. Harold Cohn</td>
<td>Ralph Lev</td>
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<td>Alan Miebeon</td>
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<td>Stanley Zeeman</td>
<td>Harry Zutz</td>
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<td>David Biser</td>
<td>William Linoff</td>
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<td>Irving Blumfield</td>
<td>Otto Lilium</td>
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<td>Scott Boley</td>
<td>Gerald Mawks</td>
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<td>Joshua Field</td>
<td>Paul Mally</td>
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<td>Al Gelles</td>
<td>Mortimer Nelson</td>
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<td>Paul Levy</td>
<td>Le Roy Nourman</td>
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<td>Milton Linoff</td>
<td>Sheldon Rodansky</td>
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<td>Harold Rovner</td>
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<td>Samuel Silberg</td>
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<td>Irwin Smarr</td>
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<td>Jack Weinstein</td>
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<td>Louis Baron</td>
<td>Marvin Goldstein</td>
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<tr>
<td>Robert Colcher</td>
<td>Leonard Granathal</td>
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<td>Donald Franks</td>
<td>David Jaffe</td>
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<td>Robert Karnofsky</td>
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<td>Morton Lipshutz</td>
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<td>Donald Meyers</td>
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<td>Morton Rosenblatt</td>
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<td>Charles Silberman</td>
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<td>Robert Stein</td>
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<td>Arthur Steinberg</td>
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Mu Chapter 
of 
PHI DELTA EPSILON

Several students at Cornell University Medical College in 1901 organized the first chapter of Phi Delta Epsilon. Following this many chapters were rapidly formed and in 1911 Mu Chapter was chartered at Jefferson. The fraternity has always furthered the attainment and maintenance of a high standard of morality and a high conception of medical and worldly ethics on the part of its men.

The chapter has recently acquired a new chapter house at 913 Spruce Street.
OFFICERS

JOHN J. DOWLING .................. President
JAMES J. HUMES .................. Vice-President
HERBERT S. BOWMAN ............ Secretary
HOWARD L. SHAFFER .......... Treasurer

FRATRES IN FACULTATE

Arthur E. Billings, M.D.  Charles I. Lintgen, M.D.
James Carty, M.D.  Robert A. Matthews, M.D.
Louis Clerf, M.D.  Carroll R. Mullen, M.D.
Kenneth E. Fry, M.D.  Robert Bruce Nye, M.D.
H. B. Hamrick, M.D.  S. Dale Spotts, M.D.
Harold W. Jones, M.D.  Harry Stuckert, M.D.
Kelvin A. Kayser, M.D.  Charles W. Semisch, M.D.
Willard H. Kinney, M.D.  Norris W. Vaux, M.D.
Frank C. Knowles, M.D.  John C. Ulrey, M.D.
Fielding O. Lewis, M.D.  George J. Willauer, M.D.

SENIORS

John P. Allan  William A. Cull
Frederick W. Bode, Jr.  John J. Dowling
Herbert S. Bowman  George J. Gensemer
Benjamin F. Burns  John E. Goekler
William P. Coghlan  Chas. T. McChesney, Jr.
Ellwood C. Weise, Jr.

JUNIORS

Joseph Bartos  James Kessel
John D. Bealer  Edward L. Lancaster, Jr.
Thomas F. Blake  Clifford B. Lull, Jr.
Velio E. Berardis  Thomas J. McBride
Donald Corely  John L. McCormack
George J. Haupt  George J. Nassef
Eugene P. Hughes, Jr.  Clermont S. Powell
James J. Hames  George F. Pechstein
Howard L. Shaffer

SOPHOMORES

Joseph M. Chiaravolloti  John J. O'Neil
George R. Farrell  Edward H. Robinson
William J. Kazmian  Henry A. Roman
Duane R. Larkin  William T. Sallee
Benjamin E. Longenecker  Ford C. Spangler
L. Craig Macbeth  George B. Spang
Robert L. Michael  John L. Weaver
Frank E. McElree  Richard M. Whittington
George A. Winch

FRESHMEN

John R. Ball  William F. Kraft
Edwin I. Cleveland  John C. Lybshak
Carter F. Cort  George W. O'Brien
Drew E. Courtney  Gerard J. Peters
Vincent P. De Augustine  Carl G. Pierce, Jr.
Richard V. Duffy  Joseph L. Pond
William P. Englehart  Joseph J. Rowe
Albert J. Grant  Gerald F. Simmerman
James R. Hodge  Richard H. Smith
James B. Junion, II  Aris M. Sophocles
Ernest H. Jensen  Howard E. Strawcutter
Harry H. Kanner  John F. Thompson
Epsilon Chapter
of
ALPHA
KAPPA KAPPA

On January 6, 1900, twelve years after the inception of Alpha Kappa Kappa at Dartmouth College, Jefferson Medical College of Philadelphia witnessed the formation of the Epsilon Chapter. Incorporating into it many of the outstanding men of the faculty, it strove to more closely approximate the ideals and ethics of Hippocratic medicine.

The present chapter house is at 317 South Eleventh Street.
PHI RHO SIGMA

OFFICERS
SIDNEY M. BASHORE .................. President
VICTOR A. BRESSLER ................ Vice-President
HECTOR O. SWAN .................... Secretary
LOUIS IOZZI ......................... Treasurer

JUNIORS
Dennis A. Boyle
Joseph L. Carroll, Jr.
Patrick J. Frank

SOPHOMORES
Maurice M. Meyer
George F. Risi
Roberto C. Rodriguez
Stephan B. Vassabotti

SENIORS
Joseph Aceto
David J. Adelofis
Sidney M. Basshore
Robert B. Funch

FRESHMEN
Emil Capito
R. Charles Derrickson
William H. Winchell

FRATRES IN FACULTATE
Thomas Aceto, M.D.
Joseph Bigley, M.D.
Edward F. Bart, M.D.
Mario Castallo, M.D.
John F. Coppolino, M.D.
John De Carlo, M.D.
Basil J. Giletto, M.D.
Lorenz P. Hansen, Ph.D.
Patrick J. Kennedy, M.D.
Robert M. Lakens, M.D.
Clifford B. Lull, M.D.

Norman M. MacNeil, M.D.
James F. McCahey, M.D.
Angelo M. Perri, M.D.
Louis Roderer, M.D.
Stanley Roscoe, M.D.
Richard Smith, M.D.
Paul C. Swenson, M.D.
William J. Tourish, M.D.
Creighton H. Torner, M.D.
E. G. Williamson, M.D.
John F. Wilson, M.D.

SOPHOMORES
Victor A. Bressler
C. Alton Callis
Peter L. Eichman
Canzio F. Giuliucci
Stanley J. Gusciorn
William E. Hart
Louis Ioza
Carl J. May

FRESHMEN
Emil Capito
R. Charles Derrickson
William H. Winchell

SENIORS
Joseph Aceto
David J. Adelofis
Sidney M. Basshore
Robert B. Funch

Norman M. MacNeil, M.D.
James F. McCahey, M.D.
Angelo M. Perri, M.D.
Louis Roderer, M.D.
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Paul C. Swenson, M.D.
William J. Tourish, M.D.
Creighton H. Torner, M.D.
E. G. Williamson, M.D.
John F. Wilson, M.D.

SOPHOMORES
Victor A. Bressler
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Canzio F. Giuliucci
Stanley J. Gusciorn
William E. Hart
Louis Ioza
Carl J. May

FRESHMEN
Emil Capito
R. Charles Derrickson
William H. Winchell
Rho Chapter

The Rho Chapter of Phi Rho Sigma was founded in 1905, and has pledged itself as always in maintaining its threefold purpose of promoting good fellowship among medical men, encouraging high standards of professional work, and assisting by every honorable means in the advancement of its members. The chapter lists among its alumni many important members of the faculty.

The present chapter house is at 911 Clinton Street.
OFFICERS

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SIMON MARKIND ....................... Treasurer
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David Levin
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Joseph Hopen
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Bernard Kirshbaum

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Aaron Rosenthal
Herbert Sear
Herbert Yantes
Beta Chapter
of
PHI LAMBDA KAPPA

The Beta Chapter of Phi Lambda Kappa Fraternity was the second chapter founded after the original inception of Phi Lambda Kappa at the University of Pennsylvania Medical School early in the century. The fraternity has been constantly active at Jefferson maintaining an active social and educational program in conjunction with the other Philadelphia chapters of Phi Lambda Kappa.

Due to certain difficulties the fraternity is without an official chapter house at present but plans to acquire one in the near future.
DEAN'S COMMITTEE

Sessions 1946-1947

Each year the Senior Class finds it necessary to appoint certain committees for the covering of details related to the eventual graduation and departure. Also the Dean sees fit each year to appoint a Dean's Committee to help the incoming freshmen with their problems in beginning a new life at medical school. It is their purpose to help the freshmen in getting acquainted about the school, to answer their questions and to help them in finding quarters, procuring books and equipment and the like. A Yearbook Staff and Governing Board was also elected from the class in general. A Portrait Committee was appointed to gather information and attend to the details of having the portrait of Dr. Vaux painted. An Invitation Committee, as well as a Cap and Gown Committee, were appointed.

During the last graduation two men were selected by the Dean to act as Marshals.

PHI ALPHA SIGMA
Clyde Francis Brooke Smith

PHI RHO SIGMA
Robert Bate Funch

PHI BETA PI
Donald Riegel Watkins

NU SIGMA NU
William Franklin Cox, III

THETA KAPPA PSI
Bruce Van Vranken

PHI CHI
Paul Herbert Jernstrom

PHI DELTA EPSILON
William Abrams

PHI LAMBDA KAPPA
Marvin Charles Rhode

ALPHA KAPPA KAPPA
Ellwood Carl Weise, Jr.

CHRISTIAN MEDICAL SOCIETY
Chester Louis Schneider

NON-FRATERNITY MEMBERS
Menzie McKim, Jr.

John E. Goeckler

MARSHALS FOR 1946
COMMENCEMENT EXERCISES
Chester L. Schneider
Albert G. Schran

PORTRAIT COMMITTEE
Elmer H. Funk, Chairman
Charles B. Hanes
Raymond N. MacAndrew

INVITATIONS COMMITTEE
Edwin M. Mszanowski
There were also many societies, each with its own purpose. Here we
could work towards an eventual goal with others of similar interest.
Hare Medical Society

OFFICERS

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WILLIAM J. WOODWARD ........................................... Vice-President
GEORGE J. O’DONNELL .......................................... Secretary
MARTIN E. REHFUS, M.D. ................................. Faculty Adviser

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D. Marino  
W. Moore  
R. M. Sproch  
D. R. Watkins  
R. Yannacone  
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C. F. B. Smith  
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E. Funk  
J. Aceto  
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J. Koltcs  
P. Lam  
J. Barsky  
L. J. Corazza  
J. A. Diorio  
R. S. Funch  
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H. Kramer  
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A. J. Fingo  
G. J. O’Donnell  
J. Amadio  
J. Corrigan  
G. Risi  
P. Frank  
D. Boyle  
W. Hughes  
S. Vassalotti  
J. Carroll  
P. McGee'tigan  
R. Rodriguez

248
Kappa Beta Phi Society

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JIM U. OLIVER.......................................................Secretary-Treasurer
ELI R. SALEEBY, M.D.............................................Adviser

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D. H. McGee
R. N. MacAndrew
D. E. Marino
E. J. Meehan
C. E. Miller
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E. M. Mszanowski
W. U. Reidt
C. J. Rodgers
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W. A. Terheyden, Jr.
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N. D. Yingling

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Roy Deck
P. C. Eiseman
C. G. Francos
L. B. Gale
Al Goulard
R. D. Hastedt
G. J. Haupt
R. L. Huber
E. P. Hughes, Jr.
William Hughes
J. J. Humes
R. S. Lackey
George Pechstein
George Risi
Robert Rodriguez
Ralph Schlosser
Edward Scull
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D. W. Thomas, Jr.
E. L. Webb

249
Bauer Pediatrics Society

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Vice-President
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Treasurer
Edward L. Bauer, M.D.
Faculty Adviser

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J. M. Barsky Jr.
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J. P. Greely
A. R. Jones
D. Yingling
L. E. Haupt
W. U. Reidt
F. Cox, III
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R. McCurdy
E. A. Kelly
C. J. Rodgers
D. McGee
J. F. Lee
C. B. Smith
J. M. Koval
W. A. Miller

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J. Kleckner
J. Rushton
J. Kohl
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C. Swartz
D. Thomas
C. Clark
R. Sturr
C. Francois
N. Quinn
D. Huber
R. Berger
J. Evans
G. O’Donnell

250
## Pasteur Society

### OFFICERS

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<tr>
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<tbody>
<tr>
<td>President</td>
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<tr>
<td>Vice-President</td>
<td>James B. Loftus</td>
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<tr>
<td>Secretary-Treasurer</td>
<td>John M. Koval</td>
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<td>Faculty Adviser</td>
<td>Norman MacNeill, M.D.</td>
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### SENIORS

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### JUNIORS

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<td>J. L. Carroll, Jr.</td>
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### SOPHOMORES

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<td>P. R. de Villers</td>
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<td>C. R. Hamilton, Jr.</td>
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<td>W. E. Hart, Jr.</td>
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### FRESHMEN

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<td>R. M. Murphy</td>
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<td>M. E. Nardi</td>
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<td>G. Donaghue</td>
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<td>L. M. Del Vecchio</td>
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<td>A. J. Grant, Jr.</td>
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<td>N. R. Turcotte</td>
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<td>D. Lewis</td>
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<td>E. Malia</td>
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<td>J. Monaghan</td>
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<td>W. F. Kraft</td>
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Christian Medical Society

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Robert Nelson, M.D.
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W. Edward Jordan, Jr.
Amos Smith
Neil S. Williams
Robert Critchlow
Robert Worman
Robert Painter
Erudition requires recognition. At Jefferson, as at many other medical colleges, awards are made at graduation to those who have achieved aptitude in the various specialties. Prior to commencement, scholarship in all its phases is acknowledged by election to Alpha Omega Alpha, the national undergraduate medical honor society. Half of each year's membership is elected during the junior year by the senior members. These new members, in turn, elect their remaining fellows from among their classmates at the beginning of the senior year. At the customary all-school annual lecture, sponsored by Alpha Omega Alpha, the society presented Dr. Charles Best, noted physiologist, as its speaker this year.

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S. Cable

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P. Potter  F. MacWilliams  J. Healy  M. Walrath
H. Teufen
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P. L. Eichman                           M. M. Lindell, Jr.                           A. M. Snyder

Schaeffer Anatomic League

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C. Callis  T. F. Head  T. C. Pickenbrock  L. N. Tanner
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H. Easling  P. J. Kutz  H. K. Shoemaker
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256
Men's Glee Club

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STEPHEN R. PASCUCCI .................................................. Junior Librarian
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J. E. Goeckler  E. J. Klopp, Jr.  W. A. Ranson  N. C. Womack, Jr.
J. R. Helff  R. H. Lev  F. R. Schwartz

257
The 1021 Club

GEORGE A. BENNETT, M.D. ..................................... Sponsor

<table>
<thead>
<tr>
<th>FRESHMEN</th>
<th>SOPHOMORES</th>
<th>JUNIORS</th>
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<tr>
<td>W. J. Jacoby</td>
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### Alpers Neurological Society

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- **Vice-President**: Melvin E. Haas
- **Secretary-Treasurer**: Luther F. Corley
- **Sponsor**: Bernard J. Alpers, M.D.

#### MEMBERS

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Although widely separated anatomically and not necessarily related physiologically, carcinoma of the lung and carcinoma of the prostate gland have a great deal in common. Each is located in an organ composed of a closed system of tubules having only one opening to the exterior and through this secretions and sloughed cells that reach the outside of the body must pass. Each is most difficult to be recognized in its incipiency but each can be cured if the diagnosis is made early. Despite modern perfections in thoracic and prostatic surgery and despite astuteness in current methods of diagnosis each is attended with a disturbingly high mortality rate. This adds up to the fact that annually in the United States there are about 6,000 deaths from carcinoma of the lung and about 8,000 deaths from carcinoma of the prostate.

If these diseases are to be cured they must be recognized in their incipiency and to accomplish this a preoperative morphologic diagnosis of carcinoma becomes mandatory. In cancer of the lung, tissue is secured for histologic study at the time of bronchoscopy, by aspiration through the chest wall or at the time of exploratory thoracotomy. An endoscopic biopsy is most satisfactory but it is of value only in those cases where the tumor is situated in the main bronchi or their immediate subdivisions and less than half of the lesions are located in this area. Aspiration biopsy through the chest wall is of no value in early lesions that show no roentgen shadow or in those that are located anywhere but beneath the pleura. Biopsy at the time of thoracotomy is likewise valueless in early centrally located tumors that have not extended
to the pleura or metastasized to the mediastinal lymph nodes.

In cancer of the prostate gland, the most popular methods of establishing a morphologic diagnosis is by removing tissue transurethrally, by enucleating the hypertrophied portion of the gland or by exposing the organ perineally and removing that piece of tissue which is suspected of being cancerous. In addition to these, three other procedures that have been used are punch and aspiration biopsy through the perineum from an area thought to be cancerous, and detection of neoplastic cells in urinary sediment. The difficulties encumberant in these methods are obvious. To obtain tissue from the right area by perineal exposure, or by punch or aspiration biopsy, the palpating finger in the rectum must first detect a nodule and precisely localize it. By the time this is possible it is often already too late. Furthermore, some cancers are soft so that localization by palpation becomes hazardous. Transurethral resection and enucleation of the prostate gland are likewise often without avail in making an early diagnosis because cancer of the prostate gland more frequently than not originates in the posterior portion of the organ and by the time it reaches the urethra the disease is usually too far advanced to effect a cure. For the same reason detection of cancer cells in urinary sediment is also of little or no value.

In an effort to arrive at an earlier diagnosis in these two diseases we have developed a method of studying bronchial and prostatic secretions for neoplastic cells. The former was started almost two years ago in close collaboration with Dr. Louis H. Clerf and because of its success the latter was undertaken six months ago in collaboration with Dr. E. N. Lubin.

**Method**

Bronchial secretions are secured from the bronchus that drains the suspected tumor area at the time of a customary bronchoscopic examination. They are collected in an ordinary or in a special collector that is attached directly to the end of the aspirator. If there are no secretions present the tumor area is irrigated with 3 cc. to 5 cc. of physiologic saline and the washings are then aspirated. Smears are prepared by transferring a drop of secretion to each of three slides, by covering each drop with a separate clean slide and, after the fluid has been spread uniformly and thinly, by pulling the two slides apart and immediately fixing them in equal parts of 95 per cent alcohol and ether. They are then stained by the Papanicolaou technique. Prostatic secretions are secured by massaging the prostate gland in the usual manner. As the drops appear at the meatus they are deposited directly upon three clean slides and smears are prepared and stained in exactly the same manner as they are in the case of bronchial secretions.

**Pathologic Changes**

*Macroscopic:* Grossly the amount and type of bronchial secretions change according to the underlying disease process. In cases of carcinoma they usually vary from a drop to two cubic centimeters. As a rule they are thick, sticky and are mixed with bright red or dark
brown blood but sometimes they are pearly white and contain no blood whatsoever. It should be emphasized, however, that the gross appearance of the secretions is not pathognomonic for carcinoma of the lung because similar secretions are also found in other pulmonary diseases and notably in tuberculosis. In early or moderately advanced carcinoma of the prostate the secretions are qualitatively and quantitatively similar to those from normal prostates. They are opalescent and vary in amount from 0.5 to 2 cc. Occasionally, however, in carcinoma and in benign hypertrophy they are grossly bloody. In advanced cases of cancer, when the organ has been converted into a stony hard mass, secretions are frequently scanty and of a poor watery quality or they may be entirely absent. This, nonetheless, is not disturbing for at this stage the diagnosis is readily made by other means.

**Microscopic:** The composition of bronchial secretions differs somewhat with the type and severity of the disease process. In non-cancerous secretions there may be detritus, fibrin, phagocytes, neutrophiles, lymphocytes, plasma cells, erythrocytes, large polygonal pavement cells, single ciliated cuboidal and columnar cells, and clumps of epithelial cells. The latter are of particular importance for when they are rather thick they may at first glance resemble cancer cells except for the fact that they are ciliated. In addition to the above, cancerous secretions contain neoplastic cells. Qualitatively these vary considerably depending upon the degree of differentiation or lack of differentiation of the carcinoma, whereas quantitatively they are entirely dependent upon the amount of sloughed tumor tissue. In outright keratinizing squamous cell carcinoma tumor cells appear in sheets, singly or as epithelial pearls. The former are usually thick, stain light orange and have indistinct borders, a moderate amount of cytoplasm and large deeply stained nuclei (Fig. 1). Single cells are variform but in this type of growth the most characteristic are round, oval or irregular cells of moderate sizes with distinct borders, orange to yellow cytoplasm and small round or bizarre intensely hyperchromatic nuclei. Epithelial pearls are infrequently present. They are composed of crescentic cells usually compressed about the periphery of a single round lightly stained nucleus. The cytoplasm forms an ill-defined mass that stains orange, yellow, blue-green, gray or various other colors. In completely undifferentiated tumors the cells are small, round or

**FIGURE 1**

*Smear of bronchial secretions from a proved case of carcinoma of the lung. There are numerous sheets of thick squamous cells. Papanicolaou stain x 100*

**FIGURE 2**

*Smear of bronchial secretions from another case of carcinoma showing two cancer cells. The borders are irregular, the cytoplasm is abundant and the nuclei are intensely hyperchromatic. Papanicolaou stain x 400*
oval, and have a scanty or imperceptible cytoplasm. The nuclei are round or oval and deeply but uniformly stained. All other varieties of carcinoma are represented by single neoplastic cells. These are of every conceivable size and configuration. They vary from 7 microns to 60 microns in diameter. The cell borders are sharp or ill-defined and the cytoplasm is scanty or abundant and stains all colors of the rainbow (Fig. 2). The nuclei are round or less often multiple. They are round, oval, dumbbell-shaped or otherwise irregular and they are either washed-out or so hyperchromatic that no internal structure is discernible. Nucleoli are sometimes seen in the former but are not demonstrable in the latter.

As a rule, smears of prostatic secretions are less cellular than are those of bronchial secretions. In non-cancerous cases there may be detritus, fibrin, spermatozoa, neutrophiles, lymphocytes, plasma cells, phagocytes, concretions, large polygonal pavement cells with abundant blue-green cytoplasm and small round nuclei and normal prostatic epithelial cells. These are usually single, cuboidal or oblong and have a moderate amount of sharply defined blue-green cytoplasm and round vesicular nuclei. Secretions from cancerous prostates disclose some or all of the aforementioned elements but in addition they reveal neoplastic cells. In well-differentiated adenocarcinoma the latter appear in clusters or sheets (Fig. 3). The cells are large but their margins are ill-defined. The cytoplasm is moderate or scanty in amount and light gray, grayish green or red-orange. The nuclei are large round or oval, deeply but evenly stained and may or may not contain nucleoli. Single cells similar to those from cases of completely undifferentiated carcinoma are also present. In each they may not be larger than normal epithelial cells but their borders are always frayed and indistinct. The cytoplasm is scanty and light gray. The nuclei are similar to those of the cells found in sheets and clusters. In carcinomas that fill the acini with large loosely adherent cells smears of secretions reveal thin clusters of cells whose cytoplasm is light blue-gray, abundant and drawn out into long processes. The nuclei are round, evenly but lightly stained and contain round sharply defined nucleoli. Finally, in cancers composed of large cells with reticulated cytoplasm the secretions reveal collections of cells with sharp scalloped mar-
gins (Fig. 4). The cytoplasm is abundant and reticulated or vacuolated and the nuclei are large, round or oval and intensely hyperchromatic.

RESULTS

In 89 consecutive cases of carcinoma of the lung cancer cells were present in bronchial secretions in 77 or 86 per cent. In this same group a bronchoscopic biopsy of tumor tissue was possible in only 40 cases or 45 per cent. In another 16 cases there was indirect endoscopic evidence of carcinoma in the form of bronchial stenosis, fixation or distortion but a biopsy could not be secured. In the remaining 21 cases or 23 per cent of the total, however, in which a cytologic diagnosis of carcinoma was rendered, bronchoscopic examination for evidence of cancer was completely negative. It is for these cases that this method of diagnosis has been devised.

In 100 consecutive prostatic secretions examined, a cytologic diagnosis of carcinoma was rendered 17 times. In 13 of these the diagnosis was proved histologically but in 4 others it has not yet been confirmed. In 3 cases of known carcinoma neoplastic cells were not demonstrated in the secretions. In this small series, therefore, a positive cytologic diagnosis was made in 85 per cent of cases.

CONCLUSIONS

In carcinoma of the lung the cytologic method of diagnosis is of unequivocal value. With a little practice cancer cells are as easy to identify in bronchial secretions as they are in histologic sections. Since this procedure has been used we have doubled our preoperative morphologic diagnosis of carcinoma and our patients are being operated upon much sooner than was heretofore possible.

In carcinoma of the prostate gland this method of diagnosis is still in an experimental stage. Here the identification of neoplastic cells is more difficult because the differences between normal and abnormal cells are less striking than they are in cancer of the lung.

With more experience, however, we feel confident that our sagaciousness will increase and that soon the diagnosis will be made from smears with as much impunity as it is from histologic sections. We hope that thereby the disease will be recognized in its incipiency and that the cure rate in carcinoma of the prostate gland will steadily increase.

APPRECIATION

Among the tasks of the editor of a yearbook is the writing of an appreciation, mentioning the various individuals that aided him in the publishing. However, in the case of the CLINIC this year, there were so many, each doing his share so thoroughly, that it would be impossible to mention everyone.

There are a number, nevertheless, that must be recognized. To Mr. Fred Barnes and his associates at the Westbrook Publishing Company we extend our thanks for his judgment, aid and suggestions in helping us to make up the book and to publish it. We would like to thank Mr. Flammer and his associates at the Basil Smith System who did our photo engraving and aided us in the layout. We also extend our thanks to Mr. Merin of Merin Studios, who took our formal portraits; and to Mr. Twiss of National Publishing who helped us design and provided the covers.

To Dr. Perkins, and to the members of the faculty, who became our patrons, we extend our sincerest thanks. To the senior class and the student body in general who aided us immeasurably by being on time for pictures and helping with many of the small tasks whenever they were called upon. To Miss Wint, Mrs. Simmons, Mr. Storm, Mr. Wilson, and to Ernest who all were ready and eager to help us at any time. To these and many, many more we, the staff of the 1947 CLINIC, extend our heartfelt thanks to each of you, and in return we present you a CLINIC, which we hope will remain in the high proud traditions of Jefferson and will serve to bring the members of the Class of Nineteen Hundred and Forty-seven closer to their Alma Mater in the years to come.

JAMES THOMAS HELSPER,
Editor-in-Chief.
FEATURES

But it was not all work at Jefferson. There were dances.
parties and the like where each gamboled to his fancy.
The Black and Blue Dances (named after Jefferson's colors) first started in 1933 under the auspices of the Kappa Beta Phi Society. These dances have been held continuously every year and every one has been a grand success financially and socially. In fact, they have become a tradition at Jefferson, although young in years. The success of these affairs has been due to the hard work, energy and interest of the men in charge of the various committees and to the support of the student body, the Faculty and the Alumni. The officers and committees have been, every year, of the highest type and it has been a great pleasure for me to work with them. It meant a great deal of extra work over several months and the boys were glad to do it.

These affairs were held as Supper Club Dances; however, this time we changed to a strictly formal dance. This year it was held in the Rose Garden at the Bellevue-Stratford and I am happy to say the dance was eminently successful,
as evidenced by the many favorable reports from those who attended.

In 1940, with the approval of the Board of Trustees of the College, the Kappa Beta Phi Student Aid Fund was founded. The net proceeds every year from the Black and Blue Dance are added to this fund. I am glad to announce that a substantial amount has accumulated up to the present; however, it is not yet large enough to put in active operation. The aim of "The Fund" is to render direct or indirect aid to worthy and needy students at our institution.

I wish to extend my thanks, as well as those of the past and present Kappa Beta Phi Society members, to everyone for their cooperation and help in making our task so successful. We welcome the continued cooperation of all those concerned and we hope to be more successful in the future.

ELI R. SALEEBY, M.D.,
Sponsor.
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A Parable in Four Convulsions

Convulsion Number One

1. And it came to pass that two youths came down from the mountains to Filadelfia, the city of sin and iniquity.

2. One, Jahob, was the son of Bence-Jones, a wealthy bootlegger from Pittsboig; the other, Hasheesh, was the poor but respectable son of Ham begot by eggs.

3. Now these youths journeyed forth into strange lands, to Jefferson the Instectoot of Nowledge, to gleam beaucoup info in re, the science of medicine.

4. And it came to pass that Jahob was sought by many and divers fraternities.

5. While Hasheesh, the uncouth, did shut himself up in his chamber and applied himself to Histology and Embryology;

6. And Anatomy and Chemistry and Bacteriology;

7. And Parisitology.

8. And Jahob, the slothful, betook himself to Venture Inn, and Ben Franklin and to Chassey’s;

9. And Ciro’s and Arthur’s Steak House;

10. And the Little Rathskeller.

11. And he did consume great quantities of shellac and embalmer’s fluid and anti-freeze,

12. While Hasheesh wrote home every week and doffed his red flannels punctually on April 15.

13. And it came to pass that the two youths were called upon to appear at various and sundry exams in the summertime: yeah verily, when the sap floweth the young lamb gambols on the green;

14. And the eternal flapper makes her appearance on 11th Street,

15. Which summons caused the youths great perturbation, and there was great gnashing of the teeth and tearing of the hair;

16. And passing of great quantities of urine of low specific gravity and occasional epithelial cells:

17. And frequent stools.

18. But Jacobus and Snuffy and George had them where there was a scarcity of hirsute adornment.

19. And they did take their exams, and verily did Jahob come to be conditioned in Anatomy while Hasheesh was dealt an 85.
20. And Hasheesh spent his vacation cracking coal and Jahob went to Atlantic City for his health.

Convulsion Number Two
1. And it came to pass, that as all flying things wended their way southward, Jahob and Hasheesh did return to Jefferson.
2. And Wilson, the Keeper of the Archives, dealt them Todd and Sanford, and Best and Taylor, and Cabot and Adams.
3. Yeah, even to Sollman and to Boyd.
4. And Jahob sayeth to himself, "Verily this year is a snap, and I will sport myself a fortnight at the Bellevue."
5. While Hasheesh waxed studious throughout the year and won the Physiology Prize. And Jahob got through by the skin of his second molars and not without many a trip to see Mills, the Strict or Williams, the cynic.

Convulsion Number Three
1. Now throughout vacation did Jahob soliloquize this, Verily I have made a mess of things, I have spent my sire's hard earned nickels and my Uncle Samuel's also, even as water floweth down a drain pipe,
2. Or beer down the gullet of a thirsty bricklayer.
3. This Bozo, Hasheesh, walketh away with all the prizes while I wax dumber every day.
4. Henceforth I shall apply myself throughout the years and knock this medicine for a row of proverbial pink latrines.
5. And Hasheesh sayeth to himself, Verily this game is a big joke; I could even so get by without working. Is not Jahob the Dumb, among us? Jahob, who cracketh not a book? I shall go and do likewise.

Convulsion Number Four
1. And it came to pass that in the year of our Lord one thousand nine hundred and forty-seven a great festival was held in the city of Filadelfia.
2. And all the members of the graduating class invited their entire households to the Academy of Music.
3. Thence came all the fathers and mothers.
4. And the sisters and brothers and sweethearts;
5. And aunts and uncles and cousins;
6. And all the kinsmen of each and every man.

(Continued on Page 294)
Party Night at Jefferson

Party night at Jefferson was a combination of cutting loose from the cares of school and mild entertainment. It occurred about every Saturday night during the school year when one or more of the Fraternities would throw a little beer party.

It was usually about Friday evening some time that we would begin to think about party night when it would be necessary to call the little woman and let her in on it, too. Then in most instances we would start our own little private party some time Saturday afternoon over at Chassey’s or at Curley’s. At a variable time after supper, with due prodding from fellow fraternity brothers, we would drift over to pick up that certain dolly and then off to the party.

After the keg was tapped and a crowd had gathered the songs would begin. It was a funny thing about those songs; you could almost tell what time it was by what song was being sung. A few dances up in the living room, a quick dash over to one of the other houses to see who else was giving a party and then a stop at Chassey’s for a hamburger and a cup of coffee and time to take friend date home. After fond farewells too touching to here describe—back to finish off the keg. It was at this time that those cut-throat games of Prince would claim one poor character and each party night a different confident character.

After the last keg had kicked and adequate count of casualties had been taken and fond farewells said, another party night had ended at Jefferson, and as we toddled off to bed we were comforted by the word of some old sage, “Laugh and the world laughs with you; cry and you cry alone.”
Toni McChesney has been one of the standard-bearers of humor of the Class of 1947 ever since his first cartoon on anatomy back in freshman year. Since then he has recorded many a situation, some of which are presented here.
ANATOMY LAB.


NOW THEN, DOCTAH! WHAT HAVE WE IN THIS AREA? AN-TELL THAT MAN TO STOP HIDING BEHIND THAT DOOR! I EVEN FOUND A BOY UP IN MICHEL'S CAVE YESTERDAY! NOW, DESCRIBE FOR ME THE FOLLOWING-

YOU YOUNG MAN HAVEN'T BEEN READING ALL THE ANATOMICALS IN THE MUSEUM, HAVE YOU? I'LL TELL YOU WHAT IS THIS STRUCTURE MEETING THE FELLOW OF THE OPPOSITE SIDE?

I HEARD THAT THIS STUDENT WAS A BOSS, NOW I'M THINKING THAT HE MIGHT HAVE HAD SOMETHING TO DO WITH THIS. I HAVE THE SENSE THAT THIS AREA IS REALLY NOT RIGHT!

I GOT IT FROM A STUDENT WHO KNEW HIS NAME THAT THE BOX HAS REALLY NOT!

THEY SAY THE RAM DIDN'T LIKE THE GUYS CUTTING HIS LECTURE AND HE'S MAKING UP A PLAN FOR FRIDAY ANYWAY, MY ROOM-MATE AND I HAVE IT ALL FIGURED OUT.

A FEW MONTHS AND WE CAN START THE EXERCISES OF TRANSPLANTATION. YOU NEED TO BE QUICKER IN THE FUTURE, HANGIN' HARDER.

HMM- LET'S GET RID OF SOME OF THIS JUNK, SO WE CAN SEE A FEW THINGS, EH, SON?

LEST WE FORGET-

MASON'S VOICE: EVERY GUY? BODY COUNCIL... LOOK AT THE PACKAGE ON THE BOARD AND COPY IT COUNCIL IN YOUR SPACE TIME COUNCIL!

YES, HE SHOWED ME MY MISTAKE... I PUT DOWN FOUR DROPS INSTEAD OF THREE. GUESS I'LL DO IT RIGHT TONIGHT.

NOW THAT I'LL MENTION IT, DOPE, I DO FEEL SOME IMPENDING FALLOUT !

NOW THAT I'M MENTION IT, DOPE, I DO FEEL SOME IMPENDING FALLOUT !

some of these guys have been taking more time than two sheets of paper-12ILL SPIT EM SOONER OR LATER.

word do not waste!
Ah—the jingle of glass is music to my ears. Everything in here has a price, as you notice. So be prepared for everything you squeeze, to pay us liberally.

Come over here, boys, and I'll show you how to mix this gloop.

Ah—what-ah is your-ah number, young-ah man? You are ah 30 seconds late-ah?

She's really lucky—only eighteen months in traction and she'll be able to navigate a wheelchair with the best of them.

More spikes, nurse, or start twisting up those bolts.

Steady as you go, take her two more degrees to starboard, doctor.

How fortunate for this little girl that we can fuse her at this early age, then in a few years we can fuse the rest of her joints!

That may be do, but drawing seems so much easier.

I never use anything else for an arthritis. Doctor it's really quite effective.
JUNIOR YEAR ANATOMY

Boy, do I remember that game! I lost five bucks in the pool.

That's right, Doctor Moore, but don't forget that Army blocking!

Yea, Army!

What about this safety man, Doctor?

So Blanchard takes the ball on the Penn Thirteen and smirks the end like this...

Junior Year Anatomy

BAUER HOUR

Gentlemen, due to the recent Republican victory, I can expect a much better prognosis for these children.
GENTLEMEN, YOU ARE TREADING ON HALLOWED GROUND—ALL VERY OLD AND HISTORIC WAY I'VE BEEN HERE 80 YEARS AND FEEL YOUTHFUL IN COMPARISON.

THE MEDICINE PRACTICAL EXAM

REDICULOUS! WHO CARES? BE SPECIFIC!

THIS ER PATIENT HAS FINDINGS OF PULMONARY EDEMA! THAT IS, I THINK! HE HAS—AH—SEVERE COUGH!

NEVER DID LIKE THIS HID'S FAITH!

I DROVE WHAT YOU SAID—DO—DON'T TELL HIM NOTHING!

WHAT DO YOU KNOW ABOUT CANSE WHAT POOR HAP YOU THAT THIS PATIENT HAS CANES?

HOW MANY ERYTHROCYTES IS THIS PATIENT LOSING EVERY DAY? WHAT'S HIS MEAN CORPUSCULAR VOLUME?
LAST MAN AT THE TABLE

TIS A RARE PRIVILEGE INDEED, FOR ONE TO HAVE HIS PRESENCE REQUESTED IN THE O.R. - HE ARRIVES SCRUBBED, WILLING AND AGLE (OR SO HE THOUGHT).

STAND STILL, SIR, DO YOU WANT THE ENTIRE PORT TO SLIP?

GOOD THING THE STUDENT WAS THERE, OF COURSE YOU MIGHT HAVE TOTTEN INSTEAD!

NOT A ABRACADABRA I; , IF YOU AN'T GAINED A LITTLE PRACTICE ON THAT RETRACTOR! WHAT'S THE MATTER, WHEN WE'VE ONLY BEEN HERE FIVE HOURS YOU'RE TAKING UP ENTIRELY TOO MUCH SPACE - STOP TRYING TO SEE WHAT WE'RE DOING YOU WILLN'T UNDERSTAND ANYWAY ON THESE DAMN VAGINS!

STAND AWAY BEFORE THE STUDENT GETS MESSY!

TH-ER-FTY, I MEAN THIRTY YEAR OLD PATIENT WAS ADMITTED WITH CHIEF COMPLAINTS OF AN INFECTION, DYSURIA, HEMATURIA, PYURIA, FREQUENCY, NOCTURIA, PAIN, BLOODY, DOCUMENTED, AND SHOCKING. I'M THINKING THIS IS HE MIGHT.

THANK GOD I'M NOT A STUDENT I'M SURE I COULDN'T ANSWER ALL THIS STUFF.

HEH! YOUNG MAN - YOU DON'T SEEM TO KNOW WHAT'S GOING ON HERE, THAT LAST STATEMENT PROVES YOU DON'T KNOW ANYTHING ABOUT THE CASE. MY BOY, THESE CASES ARE YOUR TEXTBOOKS - USE THEM! YOU'RE GOING TO BE PHYSICIANS IN A FEW MONTHS! I'M NOT GOING TO TAKE YOU BY THE NOSE! LET THE LEADER TELL YOU THE CASE.

YOU'VE GOTT TO PUT ON THOSE THINKING HATS AND STOP THIS FOOZY THOUGHTS.

FEATURES FROM THESE GLITTERING GENERALITIES!
MRS. GLUTZ: YOU SQUEEZE AND YOU LOOK AS IF THE IDEA DOESN'T APPEAL TO YA — WHY TO...

OH, MRS. GLUTZ, IT'S BEEN HARD ON ME TRYING TO KEEP MY TEN THUMB NAILS FOR AND GETTING TO FIVE O'CLOCK A WEEK. MY O'CLOCKERS ARE STILL THRIVING IN SPITE OF IT ALL! THANK GOD I DON'T KNOW HOW ELSE TO AVOID THOSE MINDS.

SURE, I CAN DO FINE WITHOUT THE CRITIC BUT THE THOUGHT OF WORK CALLS ME AND HOW ARE YOU TODAY? OH, Miserable, Thank You

MRS. GLUTZ: I SAID ONLY ONE MORE PASSENGER AND YOU LOOK AS IF THE IDEA DOESN'T APPEAL TO YA — WHY TO...

THE CHEF JUST SENT IN A NEW PATIENTS— MUST HAVE WASHED HIS HANDS AND NO MORE SMOKING! I'M MAKING UP A LIST OF GUYS WHO DON'T SUIT ME. BY THE WAY, WHAT'S YOUR NUMBER? NOW WHEN I WAS IN THE ARMY —

SO, TRY TO SNEAK OUT INTO THE WORKSHOP WITHOUT BEING SEEN. YOU KNOW BETTER THAN THAT — GET TO WORK ON THOSE BLOOD COUNTS AND Urinalysis Before I LOSE MY TEMPER!
THE HOUR OF CHARM

NOW, GENTLEMEN I SEE YOU HAVE SOME VERY GOOD DRUGS THERE BUT THAT'S NOT EXACTLY THE WAY I'D WRITE IT. AT LEAST IT'S NOT THE WAY I LEARNED IT ON THE CONTINENT; NOW, THE FINEST MAN I EVER KNEW WAS A FRENCH CLINICIAN WITH WHOSE I DID WARD ROUNDS IN PARIS AND HE ALWAYS USED A LITTLE EXTRACT OF BELLADONNA IN THESE CASES.

HOME DELIVERY

TIME 4:00 A.M.

OH, DID I REALLY A BLESSIN' LISA PRAISE DE LORD EVERY BODIES WE BEHIND US A BOX YS TIME-AFTER SIX GIRLS IN A ROW

SHEEKS-DIS ANY NOTHER? ANS BAD 18 KIDS MANSELF!

JOE TAKE A LOOK AT THIS BALE I'M SO GROCIOUS I CAN'T SEE

ER HATE TO TELL YOU THIS BUT I JUST GOT WORDS WE HAVE ANOTHER CAS WHEN WE GET THROUGH HERE NOW WHAT DID WE DO WITH THE EROGY

DOES YOU ALL NEED ANY MO WATER, DOCT MAN, LOOK AT DRY BOY-'EWS WE LOOKERS OL' MAN

YOU IS GONNA KILL HIM TO BE A GROTOR, AINT YOU SAM
A PRIVATE PATIENT COMES TO THE PIT

A PRIVATE PATIENT COMES TO THE PIT

A PRIVATE PATIENT COMES TO THE PIT

A PRIVATE PATIENT COMES TO THE PIT

THE EXCISION EN-MASSE

AMID THE CONFUSION OF PRE-CLASS DINERS,
AN EAGER JUNIOR INTRICATELY, THE SECOND
LEVEL OF THE PIT AND SITS--ALL THE BETTER TO HEAR.

RAPIDLY HOISTED TO A SUSPENDED DORSO-
RECUMBENT POSITION, HE DISAPPEARS FROM
THE SACRED THREE FRONT ROWS TO THE
REGION OF MORE FAMILIAR FACES, NONE OF
WHICH SHOW AT THIS TIME SIGNS OF SYMPTOMS
OF MERCY--

BUT THIS LUXURY IS SHORT-LIVED FOR HE
IMMEDIATELY SET UPON BY MONSTROUS
SENIORS WELL SCHOoled IN THE ANCIENT
JEFFERSON ART OF "PASSING UP"

AFTER BEING DUMPED RATHER UNCEMONIOUSLY
IN THE UPPER REACHES OF THE PIT, OUR HERO
UNDERGOES A FIT OF DEPRESSION, VENGEING REVENGE
ON ALL SENIORS AND SAYING "WAIT 'TIL I'M
A SENIOR, I'LL SHOW EM!!" AND SO IT GOES--
PATRONS

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Dr. Brooke M. Anspach
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Dr. Moses Behrend
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Dr. George J. Willauer
Dr. Horace J. Williams
Oliver Wendell Holmes was a young man thirty-four years of age when he wrote this famous essay on childbed fever. He had obtained his M.D. degree at Harvard Medical School just seven years before and in the interval had been for two years professor of anatomy and physiology at Dartmouth College. How he came to write it he tells in the preface to a monograph entitled "Puerperal Fever as a Private Pestilence" and published in 1855. These are his words:

"A discussion arose in a medical society of which I was a member, involving the supposed cause of a disease, about which something was known, a good deal suspected, and not a little feared. I felt that it would be doing a good service to learn what experience had to teach in the matter."

His celebrated essay was the result of this searching inquiry. It is at once a model of cold scientific reasoning and of impassioned pleading. Even today it is impossible to find in it a statement which is false or an argument which can be refuted. We can still profit by his plea never to neglect anything, whether through ignorance or prejudice, that can make childbearing safer for women throughout the world.

**That Mothers Might Live**

By DEAN CORNWELL, N. A.

Oliver Wendell Holmes, 1809-1894, reading his celebrated essay entitled "The Contagiousness of Puerperal Fever" before the Boston Society for Medical Improvement in 1843.
The reproduction "That Mothers Might Live," on the opposite page, is the sixth in a series of original oil paintings by a famous American artist depicting historical scenes in the lives of great American physicians and surgeons.

American physicians and surgeons have contributed greatly to the advancement of medicine. They should be better known to their fellow countrymen, who have benefited so much by their works.

To accomplish this purpose, a series of original canvases entitled "Pioneers of American Medicine" was conceived by Wyeth Incorporated. An outstanding American illustrator and muralist, Dean Cornwell, N.A., was commissioned to execute them. The reproduction shown is the sixth in the series, which was inaugurated in 1939.

The months of painstaking research that are necessary to insure accuracy of detail limit additional canvases to one a year.

The original paintings are constantly being exhibited under the auspices of medical societies and universities throughout the United States and Canada.

It is hoped by Wyeth Incorporated that the series "Pioneers of American Medicine" will contribute in some small measure to the history of medicine and afford a clearer recognition of the achievements of American medical heroes.

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J. M. C.
Married Men

Because the married men are in a definite minority among the staff of the CLINIC this year, as well as among the class in general, we hereby dedicate a page to our downtrodden espoused victims of society, here written in a lighter vein than might be expected, had the wedded members of our Staff had their way.

Statistically speaking, there are at the time of this printing forty-five members of the class who have taken the great step, with three sons and nine daughters now evident. Dutifully, we extend our congratulations to the husbands and to the proud fathers.

We were a young crowd back there in January, 1944, practically untouched by the Goddess of Love when we first entered medical school, but it seems that before long many of our number were succumbing to the arrows of Cupid and, what with the services and the allotments, it almost turned into an epidemic. The search for a nice “little” apartment became a favorite pastime for many a love-struck lad. The frequent arguments as to the advantages of the married opposed to those of the so-called “less blessed” became quite popular.

As graduation approaches, the ranks of the Benedicts will again undergo an increase in numbers, but to those who have suffered through the joys of wedded bliss during their sojourn in Medical School, we respectfully and sincerely dedicate this page.

Harold A. Wurzel
John A. Surmonte
Byron Thomas Eberly
Charles B. Hanes
Harris G. Fister
William D. Coghlan
Menzie McKim, Jr.
William B. Abrams
John M. Koval
Lamar E. Haupt
William J. Woodward
Albert R. Jones, Jr.
Walter W. Moore
Robert I. Jaslow
Edgar C. Hanks

Joseph T. Zukoski
Joseph N. Aceto
Francis X. Thomas
Donald H. McGee
Gerald D. Dodd, Jr.
Alfred S. Cook, Jr.
John F. Struve
Roy Korson
Ellwood C. Weise, Jr.
Joseph M. Danyliw
Robert G. Rhoda
Robert H. Baker
John R. Reynolds
Leonard C. Feldstein
Bruce van Vranken

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S. Victor King, Jr.
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Noel C. Womack, Jr.
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FIELDING O. LEWIS, M.D., Emeritus Professor of Laryngology
BROOKE M. ANSPACH, M.D., Sc.D., Emeritus Professor of Gynecology
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*Names in the Faculty list, with the exception of the Emeritus Professors and the Dean, are arranged on the basis of seniority of appointment.
†Resigned, February 7, 1946.
‡Resigned, April 8, 1946.
§Resigned, November 25, 1946.
**Died Feb. 18, 1947
†Leave of absence.
<table>
<thead>
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<th>Name</th>
<th>Title</th>
<th>Institution</th>
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**ASSOCIATE PROFESSORS**

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<tr>
<th>Name</th>
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<tr>
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</tbody>
</table>

**ADOLPH A. WALKLING, M.D.**

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<thead>
<tr>
<th>Name</th>
<th>Title</th>
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Walter P. Havens, M.D., Associate in Medicine

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Louis Chodoff, M.D., Demonstrator of Bandaging
Lynn M. Rankin, M.D., Demonstrator of Operative Surgery
Stanley Q. West, M.D., Demonstrator of Urology
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D. Randall MacCarroll, M.D., Demonstrator of Obstetrics

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Apecuniosis (An-Argentia—Auro Priva—"Students' Disease")

**Definition:** A state of lack of money or fluid assets. An endemic disease, occasionally epidemic (1929), which exists in a great variety of forms. May be congenital or acquired.

**Pathology:** Few lesions found at post mortem. Emaciation in extreme cases. Atrophy of the bank account which may be so small as to escape detection. Chemical analysis shows small amounts of copper, traces of silver (in conjugated form) and complete absence of gold.

**Incidence:** Universal in infants. Tends to become modified after puberty but after marriage acute exacerbations recur. Prevalent among medical students with remissions in summer. Usually ends by lysis some years after graduation. After sixth decade the disease assumes a malignant form or else disappears entirely.

**Etiology:** Occupation plays an important role. Strong familial trend. The hereditary form carries a guarded prognosis, although spectacular recoveries may take place. Males more commonly affected than females, and in married women the disease is usually secondary to the husband's condition.

**Metabolism:** Commonest cause is faulty assimilation of current assets. Diabetes of liquid assets causes chronic depletion. Obstipation of accumulated assets is a third form—here there is failure of mobilization and excretion (pseudo-apecunia).

**Symptoms:** Behaviour disturbances: tendency to solitude and avoidance of places of public entertainment. Preference for beer rather than spirits. Intractable cases have itching of the palm. In milder cases constant tendency to borrow from friends—e.g., "Bummatione Cigaretorum." Acute episodes precipitated by situations such as paying the dinner check. Here there is transitory hypermotility of hands—successive obturation of the pockets (diverticulae vestis), blushing, stammering and a tendency to stand behind other people. At this point, the patient may vanish. Indecision over purchases, and "pagamentus lentus" are
common. Astute patients may completely mask the symptoms.

**Signs:** Inspection: Cafe-au-lait color of the linen (vesta maculata). Fimbriosis of the cuffs with attempts at repair. Trouser legs show obliteration of the longitudinal sulcus and sacculation at the knees (Presser's sign). Shoes of dull lusterless appearance with wedgings of the heels (calcaneus cunieformis). Porridgia of the coat and vest, especially in Scots. In severe cases there may be lacunae pantalunae buttockorum with considerable areas of denudation and even penetration of the underclothing. In extreme cases the patient may be subject to legal detention until repair is affected. In the pockets the coin test is diminished or absent. Palpation of the wallet shows the walls to be in apposition and crepitus absent.

**Diagnosis:** Usually easy with careful history and physical. Dun and Bradstreet test can be applied in doubtful cases. If this is negative, the local credit association should be called in consultation.

**Treatment:** Increased physical and mental activity, change of occupation are safest. The prognosis is guarded. Transfusions on liquid assets are to be avoided since they tend to be habit forming. Occasionally marriage leads to a complete remission, but it is important to be sure that the bride does not suffer from the masked form of the disease herself.

Abstract of original research done by John Lansbury, M.D., when attending Queens' University School of Medicine (Circa 1926).

**Ophthalmology**—(Continued from page 218)

enemies which had no respect for nobleman or peasant-Sir Charles of the Heeds and Sir William, who came from a long line of Harrisons, were immediate subordinates to the king and we met them in the Ocular Arena as well as on the Optic Plateau in the Curtis Range. Many more houses of nobility—Mullen, Waldman, Radbill and others—contributed members to the great array of senior knights who trained us in various places of the great Jefferson Castle.

Our course of instruction under King Charles ended. He tested us carefully in the recognition of enemies and the techniques for effecting their defeat. We were knighted and departed the Castle well equipped for our errands of mercy.
A Parable in Four Convulsions
(Continued from page 271)

7. And Jahob’s family was among them. And
the heart of Jahob’s family did swell
with pride.

8. And he did abandon himself to his emo-
tions when his son’s name was read from the
lists.

9. And Jahob was summoned to the rostrum
to receive the Alumni Prize and the Surgery
Prize and the Medicine Prize;

10. And the Obstetrics Prize and the
Therapeutics Prizes;

11. Ye, also, in Pediatrics.

12. And there was great rejoicing in the
House of Bence-Jones.

13. But the name of Hasheesh was not
among them.

14. For he had procrastinated.

15. In fact he had the wrong idea in think-
ing he was brilliant.

16. And he flunked Shallow and Gibbon,
and Reimann and Rehfuss;

17. And Scheffey and Montgomery;

18. And Davis;

19. And Pine Street;

20. And Bauer;

21. And he did proceed to wail for seven
days and seven nights;

22. Which availed him nothing for he was
done for.

MORAL: A bird in the hand makes Jack a
dull boy.

Anatomy—(Continued from page 195)

Each man in the department tried his best to bring
the subject up-to-date by incorporating new knowl-
edge into his “asides” to us and strove to develop
within each student the desire for more accurate
investigation into scientific matters. The second year
course in neuroanatomy showed us the tediousness,
accuracy and understanding with which we would
have to meet our patients and evaluate their symp-
toms. The third year continued to tie all the loose
ends and to further advance practicality. It was
here that we could look back on the other courses
served to us at Daniel Baugh Institute, estimate them
and attempt to gain whatever was lacking in our
knowledge of anatomy. To the edifice outdated in
structure but peerless in professorial content, abounding
in knowledge, rare in lore and tradition—to which
is inseparably attached the name of friend and donor,
Daniel Baugh—farewell. CHARLES B. HANES.
patients of varying rotundity who had been waiting outside for at least an hour. They filed in for blood-pressure readings and routine weigh-ins before the morning fracas. Then our dynamic nurse friend would burst into a lazy group of sleepy seniors and gaspingly ask, "Who would like a patient this morning?"
The reply varied from nothing to a grunt so that she settled the matter by handing the history to the most eager-looking "beaver"; nobody—not even the most surly of us—had the nerve to refuse. Off she trotted for another history while our colleague (whose slight eagerness had rapidly waned) drooped off in search of his patient. Later in an examining room, "How many babies have you had?" "Well, Doc, Ah's been goin' to be de last." Oh, how often we heard that story, but we knew that one of our successors would hear the same words from the same lips a couple of years later, the number being one higher, of course. Then began the wrestling match with pelvimeter and speculum; the pitiable mother-to-be usually lost out and wriggled helplessly on the table while we rookies learned. Who can forget Mondays and Thursdays—anti-luetic bargain days? It would require a diabolical sadist to get any joy from jamming vicious needles two inches into gleaming black buttocks (white ones were in the minority by far) so the hismuth could do its part in making "bad blood" good but this treatment minimized the possibility of the helpless offspring suffering because of the iniquities of one or more of the branches in the family tree. This was, indeed, obstetrics in the raw!

Home deliveries—what two words in the vocabulary of the recent graduate from Jefferson could arouse more vivid memories? Hot summer nights—cold blustery afternoons; the eternal wait for a street car—the bumpy ride in a squad car; dirty stinking hovels—the more livable project apartments, all of which were called "home"; screaming women in labor—quiet groaning "soldiers" more accustomed to the ordeal; never-will-dilate cervices—squirming, bawling B. O. A.'s; bug-infested rags for baby— neat layettes for long-awaited Junior; a cup of coffee at 3 A.M.—Miss Plummer's hard-to-beat meals—all this and classes, too. These women delivered healthy babies in spite of us; this was the practice of obstetrics in its most rugged form.

Obstetrics embodies art as well as science and we completed our course with the full realization that we had tasted, enjoyed and digested most of the fundamentals of both phases, without either of which no man can claim to be a well-trained obstetrician. Of course we'd add much to our knowledge from our future experience but we were grateful to these men—scholars and gentlemen—who laid the foundations for our later work in collaboration with the noted "Dr. Stork."
GYNECOLOGICAL DIVISION

It was during our sophomore year that we were first introduced to gynecology; heretofore it had been a small fragment of the vast clinical Unknown with which we were faced. Dr. J. B. Montgomery and Dr. Lintgen alternated in two brief sessions in our pathology recitation hour and discussed with us the pathology of the common gynecological disorders. Those crows always had been the pathologists' "jackpots" and this time they yielded fibroleiomyomata varying from the size of a split pea to that of a dinosaur egg, uterine carcinoma, ectopic pregnancies and many other interesting specimens, all of which emitted the inevitable odor of formalin but managed also to bear some unforgettable memory pictures our way.

Throughout the junior year the stern but genial Dr. Scheffey, then Professor of Gynecology (his later change of title has already been explained; if not clear, refer to a recent catalogue), guided us carefully and sometimes teasingly over each phase of his favorite subject. As our friendly white-haired teacher was met with the usual applause each Friday at five, he parried with the familiar and appropriate, "Good evening, gentlemen. Tonight I'd like to direct your attention to a very important phase of gynecologic disorders." That introduction was followed by discussions of such subjects as fibroid tumors and their various types of degeneration, differentiation between carcinoma of cervix and fundus, diagnosis and treatment of P. I. D., menstrual disorders and many other subjects, some of which were emphasized because our capable professor was well aware of the many pitfalls of the general practitioner. His experience had been vast and we were profiting by it.

The "eternal" recitation was our continual portion; this course was no exception. But we really did learn much from Dr. Montgomery (J. B. in this case) in our occasional quiz sessions with him wherein he practically obviated group cooperation by the straightforward look from his kindly, untiring, scrutinizing eyes into our ever-weary, questioning faces. We realized the truth of the suggestion that one of the basic requisites of successful pedagogy is repetition.

Gynecology, like every other subject, can't all be learned from books and lectures. This we appreciated during year number four when we personally met, questioned, examined and observed patients in the clinic and wards where such notables as Drs. Montgomery, Mohler, Farrell, Rakoff, Lynch, Thudium, Hoffman, Hahn, Porreca and Bishop assisted Dr. Scheffey and his friend-of-the-student shadow, Dr. Webster, in teaching us the proper techniques for extracting histories and inserting specula, both of which were found indispensable to correct diagnosis. Obtaining urine via catheter, taking cervical and urethral smears and performing bimanual examinations became easier with practice. We continued to appreciate the necessity of vigilant and helpful student and graduate nurses in the optimal comfort and proper treatment of hospital patients.

We vividly recall with mingled emotions an airless
cubicle on floor two of the College Building; it was labeled “Demonstration Room.” Our survival of the many sessions there demonstrated that we were equal to the degree, “Doctor of Medicine.” But more essential to this treatise is the fact that in that room Dr. Hoffman, condemned by some with the title, “Therapeutic Nihilist,” refreshed our dimming memories regarding gynecological pathology; Dr. Rakoff, the Hormone-Eater, introduced us to the fundamentals of his pet subject, “Endocrinology: Normal and Abnormal; Pregnant and Non-Pregnant”; it was rugged but lucid. Dr. First waved vigorously the flag of sterility, entertained us with anecdotes and cautioned us with “Never tell a woman she can’t become pregnant because that’s just when she will”.

All this practical knowledge was sorted and sifted at various conferences, both with the whole class, in conjunction with the Division of Obstetrics, and in sections, as part of the five weeks’ ward service.

We left the halls of Jefferson to face the rest of the medical world with many lessons having been well learned. For that knowledge representing the fields of Obstetrics and Gynecology we are grateful to our colorful ex-professor, Dr. Vaux, and our extremely competent co-professors, Drs. Schefley and Montgomery, and their capable subordinates.

WILLIAM C. HEDRICK.

Psychiatry—(Continued from page 218)

most emotion is scientifically analyzed and labeled until finally the human being is placed in a category. Then, as the heads in the top row nestle into crooked elbows and the waitresses enter with “Scotch and Soda,” the drama takes a new turn. “What about treatment?” somebody asks, and the discussion gains renewed vigor. Theories are propounded, experiences related, and dominating mothers slandered, until finally a plan is evolved whereby the patient may be coaxed, stimulated, and guided out of his shelter of neuroticism into the stream of life once more.

Thus, though many of us are confused and some of us sleepy, the “light” gradually becomes brighter. Words take on meanings, terms become realities, and “crazy” people become understandable, preventable conditions. Most important of all, as the clock nears five, we realize that something can be done to help the mentally sick and that the solution is not simply to make more Yo-Yo’s.

With a few final words of benediction from the “Chief,” we leave our tropical paradise, bidding adieu to another Freudian fiesta. Hastening down Eleventh Street with visions of foaming brews in the distance, we eagerly admit that under the excellent guidance of Drs. Keyes, Matthews, Bookhammner and Company we have gained a knowledge which, no matter what the chosen field of endeavor, will prove to be one of the valuable and useful therapeutic agents in our armamentarium.

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Bacteriology—(Continued from page 196)

The course was now directed by our former professor’s capable associate, Dr. Kreidler, whom we knew well already as occasional lecturer and laboratory director. He worked hard to fill the recently vacated chair and was eminently successful. Directly proportionate to his waists line were his helpfulness, jocundity and sincere efforts to teach us what we hadn’t yet learned about racquet-shaped spore-formers, gram negative intracellular diplooccci, acid-fast baccilli and hosts of other subjects to which we were later referred by such notables as H. A. Reimann, D. M. Davis and M. J. Sokoloff. By the end of the year we had been trained to near-proficiency in six culture tubes in each hand, a petri dish under each arm and a wire loop in our teeth. Even the great Thurston would have had to acknowledge our juggling ability.

One day we blundered into Blundell. Our greater mistake was to spell “inoculation” with two n’s, along with other misspellings of less bacteriologic consequence. His rantings were entirely well founded. He could fill the three boards in the auditorium with complex charts and graphs as well as another faculty member could completely occupy the same space with structural formulae and fine script. Rickettsial disease, heterophile antigen, the virus (a newly identified problem child) were just a few of many difficult phases of bacteriologic and clinical research with which we became acquainted. In the library of famous last words, Dr. Blundell’s contribution, “I’d like to think that you fellows will leave this class today having learned something,” is a classic. But it wasn’t long before this astute young Ph.D. likewise joined the ranks of the medical students and commenced plying his way toward the coveted M.D. for which we, too, were striving.

Of great importance in our stay at the establishment of “Bugs, Inc.” was a diminutive figure (in physique only) with pate of red and heart of gold. Dr. Meranze didn’t lecture more than two or three times—the subject was “Blood”—but he taught us a vast amount of bacteriology beside the microscope and during the post-mortem examinations of mice and guinea pigs, never tiring of explaining minute details of technique or morphology to one man after another as though each were someone significant, rather than a mere freshman in medical school. A gifted writer could probably use this gentleman as the hero in an essay entitled “True Greatness” or some similar subject.

Toward the end of year one we met Dr. Sawitz of parasite fame. During ten well-organized lectures we received the groundwork in the increasingly important field of parasitology. Here at last were a few organisms we could see dimly with the naked eye. In more microscope work our untrained eyes soon learned to differentiate the many kinds of ova, all of which had assumed greater significance during World War II. This brief descriptive phase of parasitology served
well as a foundation for our more comprehensive third year session in tropical medicine.

The field of medicine is no exception to the general rule of the world, namely, change. New members have been added to the department whose central office is on the sixth floor of the college. Dr. Warren, lanky and friendly, came to Jefferson when we began year two and we met him officially in a preventive medicine lecture later on in our course. Dr. Grant Favorite came soon afterward. During our last year the chair of Bacteriology and Immunology, which had been vacant for two years, was filled by Dr. Kenneth Goodner who came to us with a long and enviable record of bacteriological research. His investigative habits continued unabated when the new position was assumed.

We’ll spend the rest of our lives attempting to overcome those microscopic “fellows” we first met on a microscope slide in the sixth floor laboratory. One of the maxims of successful warfare requires knowing the enemy; we’re destined to frequent victories—relative or absolute—as a result of our very adequate introduction to the world of microorganisms during our freshman year at Jefferson.

Chemistry—(Continued from page 107)

Our coaches got most of us to the semi-finals. We made a poor showing, but won and Bancroft was patient. Remarkably enough, he worked with us, filling huge blackboards with plays written in his typical longhand, constantly referred us to rule books and at last got us to the championship game. All year we had struggled toward this end and finally, like a nightmare, it was all over. Most of us came out of it with a few bruises and scratches. It had been close, but victory was pleasant. Unfortunately, the manager asked some of the boys to turn in their suits because they just didn’t have what it took to win.

But Coach Bancroft wasn’t as young as he had once been. He decided to retire the year after we finished playing under him. The whole outfit staged a “pep” rally on the practice field. “Uncle George” gave a speech; the boys gave him a watch. There was plenty of cheering and confetti, and the old Coach left.

It wasn’t very long before the manager invited a new coach to fill the vacated position. We had heard wonderful reports of Coach “Honest Abe” Cantarow and ever since he came, the teams have talked about the excellent way he “runs” things. We did have some contact with him when he coached us a few times as a visitor on a later team with which we played. He certainly knew how to direct the game then. He wasn’t new around the place but had never directed play up in the stadium before. Cantarow turned out some excellent teams.

So goes the game. It’s not easy to play—that’s certain—but despite all our criticism of the old Coach, he worked hard and taught us how to do the same.

CHESTER L. SCHNEIDER.

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Dermatology—(Continued from page 215)

Suddenly, one day, we were shocked: no more Dr. Knowles; no more scabs and sebum, pus and cracks, fissures and blobs. A new topic was illuminating us: syphilis, as set forth by the pipe-carrying Dr. Decker. Naturally we were interested. The incidence was supposedly one in ten, and we had a hundred and fifty men in the class. But we didn’t have it, for we put paper on the seats. The lectures were illuminating, though. We don’t remember much about the primary and secondary stages or neurosyphilis, but after all, that is still in any good text. Ask us anything about Johnny Hunter or Jerry Fraenkel or a few of the other luminaries in the Gumma line. And where else would we get such material indispensable to the well-rounded practitioner if not in such an earthy, concrete subject as dermatology? After all, assume that you’re stranded in the country with no laboratory, no texts, nothing medical or surgical of any sort and your patient has general paresis. Who’s going to bother with diagnosis and treatment. You exchange a few good stories on medical history and everybody’s euphoric.

But we’re leaving out the best part of our association with the department—the clinics: that welter of walking, oozing patches, fissures, cracks, blobs, and blebs; two days a week of fascination by moving ulcers. Who, indeed, was not amazed by the lesions lurking beneath the vestments of the average patient! A man took off his shirt and half his back came with it. Lice were rampant. Scabies infested the place. We found ourselves scratching, writhing, itching involuntarily as the histories were recited and the patients demonstrated. Hand-washing compulsions were the fashion of the day. A squirming mass of students was seen elbowing its way to the sink as each patient departed. Drs. Corson, Wilson, Hume and Pratt smiled knowingly. Then they walked to the sink. Acne flowed freely, and so did lotio alba. Boric acid was raised to new prominence in our eyes. Who would have thought it could be used for some ninety-odd lesions? The smells and sights were novel and informative though, and we soon felt that we could tell a mosquito bite from a blastomycosis. But as we rose to the heights of astuteness, we were suddenly dragged down to earth by the call of the secretary for two men to go to special treatment clinic. Into the maze of chancres, hard and soft, we wandered through the woods. We examined, felt, looked, nodded, and stroked our chins wisely (or not too wisely, considering what we handled). Then as ever we called for help in identifying the symptoms of the “great imitator.” We were really seeing life in the raw—pulsating pathology—skin that wasn’t skin and grotesqueries we could hardly have imagined.

And what was it all leading to? For what were we preparing? The idealists among us said it was for our life work. We were being trained in the art of recognizing diseases of the skin. Not that we would ever be as good as our professors whose quick diagnoses
secretly impressed us, but we were trying; we were learning. The more practical and materialistic ones among us smiled their usual smirk, as they pawed over well-thumbed old examinations. They warned of being prepared for the final day of reckoning. Most of us were blithe and gay. We would remember the common things. We had seen them often. And we would study hard the night before the exam. We would breeze through “Knowles, Corson and Decker.” We would assimilate our notes. We would become conversant on lues via a quick digestion of Stokes’ *Sxphilology*. Anyway, we could prognosticate most of the questions. We knew the high spots.

Disappointments are common in medicine. Failures are common, too. We had ample evidence of both. We had seen examinations that missed some of the high spots. We had taken some that favored mostly the intermediate ones. But for one that dug deep and dragged out the low spots—well, the dermatology final was in a class by itself. Fracastor is no friend of ours. And our minds wander to disseminated lupus whenever we see a rash. After all, it is burned in our memories.

And what does it all mean? A hot summer, with Friday siestas at two; sometimes in comforting darkness as a wonderful series of slides was shown; a winter of morning clinics—watching the oozing lesions of Philadelphia: some enjoyment, some interest and, above all—a profitable experience.

ROY KORSON.

Physical Therapy—(Continued from page 214)

consideration in regard to all causes of muscle atrophy and joint stiffening; some excellent results acted as circumstantial evidence in his behalf, which could not be gainsaid. Paraffin bath, infra-red, ultra-violet, rowing machine and numerous other exercise devices—all under the supervision of fair white-clad therapists and less fair embryo doctors—provided comfort, strength and quicker, better healing for many patients.

The static machine, a grotesque and grim remnant of the Middle Ages, was an amazing curiosity. It was a full-sized toy department incorporated into about a hundred cubic feet of wire, metal, glass and wood. But what a toy! Its accessory hooks, rods and chains were ominously diabolical in appearance to the newcomer. Woe to the patient who entered the basement of the Curtis Clinic with generalized complaints suggestive of a psychoneurosis! His doom was sealed. The experience was shocking. Perhaps it helped him; it certainly removed any waves from the hair.

Therapeutics is a broad field, one in which all must tread to a greater or lesser degree. We do well to enter medical practice with a constant recognition of the value of physical therapy measures in helping many sick people return to normal health.

CHESTER L. SCHNEIDER.
Orthopedic Surgery—(Continued from page 212)

scapel to a steam-propelled crane, without the steam. Maybe all those laws of force, energy, mass and their associated pulleys, weights and ropes we had met in our college physics course were of some use after all. Perhaps that summer I worked as an auto mechanic had more value than merely earning tuition. It wasn’t long, though, until the heat of summer had yielded to the cool of autumn and our third-year lectures had been completed. The final examination had become a memory.

Oh yes, we must get back to the drama of three O.R. in which our diminutive but energetic friend, Abie, helped capably in finishing the cast. One more poorly united fracture had been repaired. Also in the small operating room was the usual group of nurses plus a band of twenty or more restless figures likewise clad in caps, masks and gowns. These turned out to be two sections of seniors who were assigned to ten weeks of orthopedic surgery. The operating team, which we watched week after week, was captained in turn by Drs. Martin, Davidson and De Palma with assistance from Dr. Stein and our non-smiling but helpful resident friend, Dr. “Tom” Armstrong. From the third floor we usually made our way at varying rates of speed to the sixth floor of Curtis Clinic where we heard such sounds as, “Doc, my feet hurts; der burns awful,” or “Hyah, Doc, what you tink’s da mattah wit’ my a backs?” or “Hello, Doctor, I came in to have this cast removed.” Such were our introduc-
tions to the more common orthopedic problems such as we would be seeing some day in our offices. Re-
xaxed arches, osteoarthritis, fractures and post-
operative visits kept us busy. It seemed unfortunate that we couldn’t see all these same patients again in six weeks or so after they had gotten the corrective shoes or braces but, as in most clinics, some of the people would never return; others we would miss because we would be on another service or vacation.

Many of these instructive experiences were crystal-
lized for us in the Tuesday noon clinics during the senior year where we pondered the problems of frac-
tures, abnormal spinal curvatures or osseous tuber-
culosis and saw how many of these situations were met adequately by keenly thinking professors and keen-edged instruments plus a great deal of assistance from orthopedic surgery’s indispensable handmaid, plaster of Paris.

We concluded that “orthopedics” was a very appro-
priate name for this branch of surgery which really did help to convert many wry-necked or clubfooted or severely scoliotic youngsters into straight children so that lives of discomfort, limited activity and self-
consciousness would be obviated. Many of these hitherto incomprehensible operations and devices were really quite simple when we could actually see them for ourselves. Our contacts with fellows who had passed this way but a few years before and had served in the khaki or blue or in civilian hospitals as ortho-
pedic surgeons made us realize that, whether our
future paths would lead us in the ways of peace or in
the shadow of war's gruesome specter, most of us
would make practical application of much that we had
learned as onlookers and participants in the brief but
helpful sketch of orthopedic surgery at Jefferson.

CHESTER L. SCHNEIDER.

Therapeutics—(Continued from page 209)
techniques necessary for the production of pulsating
harmony. He was very capable at detecting scores
which lacked the proper strength of pulsation and
converting them into vital, useful parts of a composi-
tion. He had several disciples who were equally com-
petent in the use of the various instruments essential
to the restoration of warmth and vitality to an andante
which had been cold and apparently lifeless.

Soothing were the strains which rose from the
orchestral pit under the leadership of the serious and
astute Professor Duncan and his understudies, Mac-
Neal and Carey, whose favorite selection was from the
pen of Herr Dr. Banting, entitled "Nicht zu Süss." Duncand and others occasionally met us in smaller
practice rooms to stress the intricacies of various
phases of the aforementioned work. We had heard
that some of our predecessors were capably conduct-
ing the same composition in other places because of
the effective instruction they had received earlier
under this sage.

Our Maestro had certainly provided for us a well-
rounded training at the hands of his associates. This
also included several sessions with the leadership of
Jones, Miller, Tocantins and Erf who all played in
the same section of the great orchestra. Their speci-
alty was the famous composer, Haem, whose works
were in another vein but were, nevertheless, complex.
From the lore-filled Old World came the well-trained
Sawitz and Paschkis; their interpretations were precise
and their teachings unforgettable. The former artist
tutored us in the pieces which were popular in the
warmer climes; we had never heard of many of these
works before but they soon became familiar. The
latter of the above-mentioned duo was extremely ver-
satile; he had taught us some of the basic concepts in
the previous years of our training.

Even during our two years of advanced study the
Maestro and his associate, Prof. Griffith, refreshed our
minds in the fundamental methods of dealing with the
problems of interpretation, composition and discord
which were the inevitable lot of every ardent artist
who desires successful conduct of the concerts ahead.

We satisfactorily completed our dress rehearsal after
two profitable years of arduous and extremely valu-
able training under the supervision—direct and indi-
rect—of Dr. Rehfuss. He declared us ready for the
ranks of professionals. There would be concerts for
us now in which we could use the ability we had
acquired through practice. We would be on our own
in the interpretation and successful treatment of the
many problems before us.

CHESTER L. SCHNEIDER.
Laboratory work became much more intriguing when we took our turns as surgeons at complex operations. We hated to have to cut open some of those lovable hounds, but we had to learn somehow and it didn’t hurt the dogs, thanks to anesthetics. (S. P. C. A. take notice.) Kymograph records increased in number in our still unwritten notebooks. Naturally, we experienced the ever-present oral quizzes, the most potent and nerve-racking weapon in the pedagogical arsenal, especially the Dr. Crider variety. Demonstrations and observations by Drs. Thomas and Snape, conclusions and confusion by us—all these were part of our fourth floor experiences.

When the “Function Crew” pulled the final exam out of the proverbial hat, we were satisfied that we had learned some important fundamentals of the course but quite a few of our members, much to everyone’s surprise, found themselves dealing with that entirely unphysiological entity, re-examination. Everyone came through fairly well but grades weren’t the important item: we knew some physiology. Chester L. Schneider.

Pathology—(Continued from page 198)

more often and quickly wrote what he saw. I learned from my brother who was on a desk near the front of the room that the noise had been Dr. McGrew cracking his whip for action. Occasionally the fellows would leave and seem glad to get away from us to go to an autopsy. It gave us a brief rest, too. Later on they came in for a while in the afternoons to study sections from diseases of the nervous system. I can remember when several of us were chosen to hold slides for practical exams; I would like to have told the fellows that mine was a suprarenal tumor but I had laryngitis that day.” What a versatile lady the Madam proved to be!

Just across the hall we heard loud rumblings and walked into the demonstration room to hear Mr. Pottery Crock bellow, “Will they ever stop dumping organs in me? I’m full already.” He soon calmed down and leaned back to tell us (when he found we were visitors) how he and his pals were ransacked several times a week to find the right material for teaching morbid anatomy. He boasted loudly of how a great surgeon had once learned about intestinal cancer from him. Quite an eccentric but helpful fellow—this Mr. Crock.

Our excursion now took us to a dark smelly hole in the basement of the hospital. As we turned on the light, there was a stir and Monsieur Table d’Autopsie opened his bleary eyes. “Whew, I must have fallen asleep. We had a hard day yesterday—four post mortems done on me. The sophomores watched eagerly as each cut was made and each organ exposed.
Fortunately my valet, John, cleans me carefully after each autopsy. Incidentally, I just received a note from my uncle who lives at old Blockley. He has life easier because he alternates duties with several friends. He mentioned that he saw Jefferson juniors quite regularly; they were distinguishable by their sleepy facial expressions. "Now, if you’ll pardon me, I want to catch forty more winks because I may have to go to work again soon."

So off we went, having ended a fascinating visit with a few of Jefferson’s inanimate, indispensable and unsung heroes and heroines. Our conclusion from this tour was that the students couldn’t help but learn plenty about pathology. Chester L. Schneider.

Neurology—(Continued from page 316)

ing. All sorts of people with neurological disorders were represented. Many were psychically affected as well as organically encumbered. One patient, infamous for his frequent bronchial debaucheries—indulging in numerous "lung-foggers," would conceal from the world his sensitivity and daydreams by assuming an ebullient facade galvanized with a prussic acid humor. Another morbid character would retreat into an ossified cocoon and glower whenever any doctor entered the ward; occasionally he would smile with the sincerity of a mortician. However, it was such cases that required extreme patience on the part of the department, comprised of such helpful teachers as Drs. Ryan, Yaskin, Schlezinger, Forster and others, for these individuals were sick and needed a certain degree of sympathy as well as medical and surgical care. We were shown everything from migraine to brain tumors, encephalitides and herniated discs.

Upon entering the ward one gay morning we were greeted by a paretic whose tongue hung out like a fireman’s shirt tail. One of his eyes was closed in a perpetual wink; the other was a moist onyx knob. Flutulent and stiff with the years, he growled apprehensively, then lay back like the lion of Lucerne. Our gentleman patient then proceeded into an attack which was more violent than the most spirited parts of a Russian piano concerto. He was last seen unreeing a prodigiously long forefinger, heckling us with alcoholic adverbs as he wobbled on his Charcot joint.

In retrospect it can be said that it was only because of the crystal clear lectures and demonstrations by Dr. Alpers and his associates that we were able to pass on from the course with a firm foundation and the ability to diagnose and interpret neurological problems. The many interesting and fascinating cases kept us constantly anxious to learn more about these individuals and their underlying organic conditions. They were just as human as we and were valuable sources of inspiration and information.

Dante E. Marino.
Compliments of a Friend

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JEFFERSON MEDICAL COLLEGE
Laryngology—(Continued from page 210)
decided that it was with this motive in mind that we
were given weekly talks on some phase or phases of
Rhino-Laryngology. Dr. Wagers took up where Dr.
Smith had left off in the discussion of problems and
tonsils—large and small. Dr. Fox’s lectures were the
instructive results of sincere efforts to make miscel-
aneous subjects of varying importance seem interesting
to us; they left a pleasant penicillin-predominated
taste in our mouths.

We had met the accomplished professor, Dr. Clerf,
only once at a lecture on “The History of Foreign
Bodies in the Tracheo-bronchial Tree.” His laryn-
go-, broncho-, esophago-, and gastroscopic reports had
appeared on the charts we had read in the wards. It
was good to meet him in the last trimester and learn
the fine points of this specialty in whose practice he
was such an expert.

Final examinations? Of course, and after it was all
over we could gargle, breathe, swallow and cough
much more intelligently. Who knows but that 1960
may find some of us busily engaged in the active prac-
tice of Laryngology?

Who Is It?

1. Believe me, gentlemen, there is no safe period.”
2. “Woe to the man . . .”
3. “This class begins at two o’clock. Now then, Mr.
   Doe, give me the origin, insertion, nerve and blood
   supply, and relations of the Gluteus Maximus?”
4. “Medical timber, bah!”
5. “I may as well go down and urinate in the
   Delaware.”
6. “Preposterous, next man!”
7. “Now that’s a very nice prescription, but I would
   write it this way . . .”
8. “Roosevelt, $\frac{1}{3}$,”—&c.
10. “Take your hot little hands out of your pocket
    and feel it.”
11. “Suffice to say . . .”
12. “Let’s stop there a second, Harry, while I break
    the case down.”
13. “You chaps ought to know this.”
14. “Which brings us back to our old friend, heh, heh . . .”
15. “Size of a split pea . . .”
16. “Gentlemen, don’t forget the derby hat.”
17. “Now boy, remember this . . .”
18. “Two sheets of paper only . . .”
19. “Sniff, sniff . . .”
20. “If Penn had a man like Carlos Finlay, you’d
    have to drive around his statue on Chestnut Street.”
21. “According to ahh, Gargle, ahh, Stelligan, and
    ahh, Blumgart, ahh . . .”
22. “Thank you for your kind attention.”
23. “You know you’re not allowed on the wards
    after nine o’clock.”
Otology—(Continued from page 211)

"mastoiditis" interchangeably. But patience was a virtue exhibited by the entire staff. Drs. Kaufman, Towson, Hitzchler and their colleagues smiled tolerantly as we adjusted our head mirrors in the eyes of patients and proceeded to explore the ear with our shiny, twisted, sharp little probes. How were we to know to put cotton on the end? It had been too noisy in the demonstration room when that topic was discussed. Nor did we know to wash off the lysol when we poked through a perforated membrane. Again it had been too noisy in the demonstration room. Those things came with experience, however, and soon we came to realize that we should never have poked through the membrane in the first place. We became proficient, too, in administering the standard hearing tests, though it was somewhat confusing to have a lower score than a patient who had been stone deaf for twelve years. We dispensed softening drops by the gallon, for regardless of the conditions a little softening was never amiss, we reasoned. Indeed, softness appeared to be a greatly desired state.

We ended our clinical work inauspiciously, merely by walking out one day and not returning. Since we had a year of lectures to look forward to, such a mild climax to the past year of study was not too disturbing.

Ah, the senior lectures! Mondays at noon in the amphitheatre. Lectures that were meant to inspire, to thrill, to challenge; lectures intended to effect a comprehensive survey of the ear from every possible angle; lectures supposed to please the ear of the listener with weighty medical lore. That is what they were supposed to do—let us not discuss too energetically what they did do.

We were forewarned by a series of lectures reviewing auricular anatomy. They were given by Dr. Williams. We harked back to our dissection of the ear—to the detailed study we made of that appendage. How masterfully we had chiseled out and exposed the tiny bones—some of us gaining too much exposure and finding our bones on the floor. The sparkling clarity of Jacobson's nerve. Oh, it all came back through the mists of time and forgetfulness. We once again saw the ear in its glory. We again knew those

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elusive facts as we had known them before—very poorly.

Then into the meat of the course. We plunged recklessly into a study of the ear’s pathological states—recklessly indeed, for one’s very life was in danger at the Monday colloquia. It was not uncommon for an eager student to nod his way slowly into sleep. And it was quite understandable that he be weary, what with writing so quickly to preserve for eternity the jewels dropped from professorial mouths. Often, as this unfortunate dropped his tired head, he might strike it against the iron arm rests, thereby causing untold damage to metal and skull. The latter often sustained typical fractures through the mastoid area, such cases being the topic of the following week’s discussion. For prophylactic purposes, therefore, and for sundry reasons which need not bear discussion, many of us found it advisable to absent ourselves from the Monday morning sessions. Not that any one of us would not have been delighted to attend. Indeed, we all made efforts, however feeble, to do so. But other obligations, coupled with a strong desire to maintain our hold on sanity, seemed to deter us.

Slowly, as the year progressed, as we moved deeper into the ear, and as we slumped deeper in our seats, the pathological conditions merged and fused into a hazy mass of knowledge, the attendance seemed to dwindle. Fewer and fewer members of the class were noted as Dr. Kaufman continued. His voice became resounding in the great hollow that was the amphitheatre. Sadly, doggedly he lectured to the men in the first two rows and the small overflow—one man in the third row and three men in the last. In the ensuing weeks, twenty per cent of these were asleep. Then mastoiditis and otitis media were too much, and the earnest students, too, found duties elsewhere. At length, as the term neared completion, one could see Dr. Kaufman sitting and chatting earnestly with the half-dozen scribes who remained. A short while later he was having intimate tête-à-têtes with one person. It was discovered subsequently that he was a pre-medical student desirous of making an early start on the road to A’s. When last seen on Monday at twelve, the clinical amphitheatre was dark. The doors were shut. No one was present, save a lone figure—lecturing to mute seats, the end in sight and his duties nearly honorably discharged.

Needless to say, before the final we all borrowed copies of previous examinations. As a consequence, there was a one hundred and fifty place tie for the otology prize, a remarkable monument to that indefatigable department.

Roy Korson.

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of radiological findings, including G. I. series, barium enemas and other phases of the subject which were met in smaller groups. Here we considered the gamut mainly because they occurred in the morning and we did not deal with in the Tuesday-at-two classes.

When the faculty agreed that we had become seniors, who of us was not surprised that we had actually learned how to read some X-ray films? All those piles of films had taken some effect. This was, in truth, a milestone. Who would have thought that Drs. Guare and Teplick, O'Neill and Dorsey and the many other staff men spent so much time and energy and used so many gadgets taking a G. I. series on one of our patients when it took us only thirty seconds to read their report three days later? We mused again, "I'll probably never use one-tenth this much equipment unless I become a radiologist, but all this is rather fascinating—the time was well spent. Wait—11:55! Better hurry so I won't be late for Otology Clinic."

This X-ray diagnosis was really important! Saturday morning's eleven o'clock conference usually included a radiologist; Dr. Shallow sometimes included an X-ray man in his Wednesday afternoon show. Drs. Davis, Reimann, Gibbon, Sokoloff, Montgomery and Martin—all wanted us to interpret X-ray films at some time during the year. And during internship—well, that was still future but we felt we had a fair acquaintance with the salient features and phases of X-ray diagnosis.

Radiotherapy existed; we once saw a door that announced in bold letters "Radiotheraphy" and we had had gynecology and surgery patients who had been...
there, according to their charts. But we didn’t know much more about it except as the treatment of choice for carcinoma of the cervix and several other inoperable entities. We were aware of great future possibilities for radiation therapy, though.

There were several notes of finality regarding our radiology course; together they caused discord. We had so many final examinations those last two years that one more didn’t phase us. We’d touch the high spots of Dr. Swenson’s booklet and get a good sleep the night before; all those lesser details weren’t important—to us. However, the next day we couldn’t tell the difference between light rays and sun rays—or onion skins and German radiologists. Our grades must have ranged from minus 150 to minus 30.

And yet a few of our number would eventually become full-time radiologists; more of us would read the films for our own patients. The majority of us would merely read the reports of the goggle-clad, apron-bedecked men who spent their days describing shadows as their part—a most important part—in helping people live more healthy lives.

CHESTER L. SCHNEIDER.

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Urology—(Continued from page 208)

... temporary precaution. Dr. Bogave represented to us the polished, respectable practicing M.D. facing every problem with equanimity, poise and self-assurance. He embodied the practical aspects of urology, making future general practitioners aware of important urological problems and suggesting how they should be met successfully.

Dr. Drake gave us the uroflow. For some intangible reason he seemed to impress one as somewhat of a Bohemian, even though no one could accuse him of reeking of turpentine or suffering from starvation. Nevertheless, there was something of the artist within his soul. He and Dr. Lubin, along with Dr. Burt Smith, constituted the youthful element in the department. Dr. Koosal was well adjusted to his work and a very capable urologist, but he left one speculating at times, due to the expression on his face—usually one of ennui—that perhaps like Melisande he was not happy in his job. Miss Kutz, that indefatigable, artful creature, will always be remembered as the nurse with face of a Romney portrait and the spirit of a U.S. Marine.

It was always an experience—a source of liberal education—to make ward rounds, each trip an unique drama including the overheard conversations of student nurses, patients and classmates, all adding some spice to our dull lives.

How mortally depressing it was to learn that our patient was scheduled for the Thursday noon "pit" where we would hear ourselves recite with the sad modulations of a groaning sofa. Usually we did not present our case—we assaulted it. Instead of a performance it was an impenitence. Often we would terminate our presentation feeling like a soulé that had been out of the oven too long. Dr. Davis always welcomed a presentation free of the traditional bar-meals—one with zest, precision, accuracy. In the middle of that wide expanse, the "pit," one's loneliness assumed the proportions of a single inconsequential hair on the jagged scalp of infinity. To be certain, everyone proceeded to the amphitheater with grandiose projects in mind but such delusions of success materialized with an infrequency peculiar to the hatching of porcelain eggs.

Because of the many efforts of the well-qualified men directing us, our tenure on the urological service was unusually well spent. Ours was the acquisition of a working knowledge of the fundamental principles of urology. As a last whim and testament, it might be stated in the words of one member of the department, "Go forth to make your marks as doctors and gentlemen, but be cautious and don't marry at an early urge if you desire maximum efficiency."

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To teach the young the science of medicine in a manner worthy of men and of the partnerships of life, and will not pratice to women this or any similar art, and will continue to teach in order to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the Art respected by all men in all times.

Swore to the oath of Hippocrates
and thus we end the record of four years at Jefferson.