1968

1968 Clinic Yearbook

Howard N. Sabarra

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I SWEAR by Apollo the physician and Aesculapius, according to my ability and judgement, I will reckon him who taught me this Art equally deseved of all my necessities if required; to look upon his offspring, Art if they shall wish to learn it, without fee or reward or any other mode of instruction, I will impart a knowledge to disciples bound by a stipulation and oath according but to none others. I will follow the system of regimen which the benefit of my patients will give no deadly medicine to any one if asked nor suggest a pessary to produce abortion. With purity of my life and practice of my art, this to be done by men who are practitioners of this work. I will fit the sick, and will abstain from every voluntary act of male or males or males of freemen and slaves. Whatever in connection or hear in the life of men which ought not to be spoken of abroad all such should be kept secret. While I continue to keep this practice of the Art respected by all men in all times! But sh
OATH

Venus & Health & All-heal & all the gods & goddesses that
keep this Oath & this stipulation— to
do me as my parents; to share my substance with him &
the same footing as my own brothers & to teach them this
STIPULATION & that by precept, lec-
der of the Art to my own sons, & those of my teachers, &
the LAW OF MEDICINE
according to my ability & judgement I consider FOR
abstain from whatever is deleterious & mischievous. I
by such counsel & in like manner I will not give to a woman
with holiness I will pass
will not cut persons laboring under the stone, but will leave
whatever houses I enter, I will go into them for the bene-
elfare & corruption. And further from the seduction of fe-
with my professional practice or not in connection with it, I see
I will not divulge as reckoning that
with unviolated, may it be granted to me to enjoy life & the
I trespass & violate this Oath, may the reverse be my lot!
TO THE STUDENTS OF JEFFERSON

OUR MEDICAL COLLEGE WAS ESTABLISHED IN 1825 THROUGH THE VISION, INITIATIVE, AND GENEROSITY OF A SMALL GROUP OF PHYSICIANS. LOYAL ALUMNI AND FRIENDS HAVE SINCE CONTRIBUTED TO ITS SUPPORT AND TRADITIONS. THESE BENEFACTORS ASK NO RETURN SAVE THAT YOU MAKE THE MOST OF THE OPPORTUNITIES THEY HAVE HELPED TO PROVIDE, AND THAT YOU, AS FUTURE ALUMNI, CARRY ON THEIR FAITH IN YOU IN MEDICINE, AND IN JEFFERSON.

THE ALUMNI OF JEFFERSON
Glances back . . . what can a camera capture of the Jefferson experience for me who has walked her halls? Pictures, postures, people with a very special story for a Jeffersonian to recollect: consider these as much too numerous to count, yet countless numbers more go unremembered every day. Tradition next to what the future promises to yield; light and a casual smile alongside the struggle to keep a man's heart beating.

This is Jefferson, and I have breathed her into myself.

Now, this is me!
so very rich in its past, so very promising in its future. Traditions years have molded: guiding, teaching, forever improving upon itself so as to persevere. What are exits, endings today turned into entrances and new beginnings; old structures leveled, new facades soaring up into the sky, up into the very heart of what is yet to come. Searching, learning, doing . . . and in practice and dedication are born a feeling of accomplishment, satisfaction; a challenge met with new strength derived from a job well done. Call this perfection. Decisions, changes, the essence of moving on to new experiences, virtues, fulfillment; the thrill of doing any task just a fraction better than it has ever been done before. Variety of thought, color, a feeling of leaping far ahead of an already thundering world; progress, self-education, something very much alive that each son and daughter takes into himself. This is the timeline of a story dated now, and yet so great and true unto itself that it is ever moving . . .

. . . FOREWORD
Dedication

A new Dean, a new building... Jefferson's new hopes for the exciting years that are now at her calling. It is rare, indeed, to be able to dedicate a yearbook... the now in time... to an individual who is so very closely involved in the tomorrows of our institution. To William F. Kellow, time has been a keen examiner; yet at all times he has proven to be a fine teacher and academician, an honorable and distinguished gentleman, an extraordinary and dedicated administrator... few men, we come to learn, ever achieve this rare combination in an entire lifetime. He is young, exuberant, and possesses a wealth of ideas so current and vital that Jefferson must consider herself most fortunate to be the harvester of the fruits. The promise he brings to the college abounds, just as we of the graduating class like to believe that we bring new dimensions to an already rapidly expanding profession. Thus, the editor and staff of the 1968 CLINIC are honored to dedicate this book to Dean Kellow.

And, of course, welcome...
This is the first graduating class since I have been privileged to be Dean of the Jefferson Medical College. As you prepare to leave Jefferson, I would like to bring you the greetings and good wishes of the faculty and to urge you to reflect on the many issues which are before your College and your profession today. The goals of medical education are far more vast in 1968 than they were in 1900 or indeed in 1824 when Jefferson was established, and yet the responsibilities of the practicing physician are unchanging. They have always been most profound. They have not lessened, and never will.

No one can predict the precise direction of American medicine in the future. Heart disease, cancer and stroke are the prominent illnesses of our time, just as typhoid fever, cholera and tuberculosis were the important problems for Pancoast, Finley, Funk and our other predecessors at Jefferson. Today our curriculum emphasizes entities which are new and important in the estimation of the faculty. Time will change these circumstances, and a new set of medical problems as well as new discoveries will replace the entities which are important now. Jefferson, therefore, has emphasized the need for you to remain a continuous student so that you will be prepared to meet your responsibilities to your patients thirty years from now when all the needs will be different.

By virtue of your parchment it shall be your right to insist that Jefferson continue to meet her obligations to our country and the world by providing progressive educational programs in medicine, in the graduate sciences and in the paramedical fields, and also by promoting our profession through scientific research. By virtue of their appointment, on the other hand, our faculty can expect your support and encouragement. This can be given best if you maintain an awareness and interest in our endeavors and help us interpret our purposes for the understanding of others. More than anything else, however, you can serve Jefferson's cause by setting excellence as your own personal goal.

With these responsibilities clear in mind, I urge you to take up the duties of a physician. Remember that you are a Jeffersonian. In your accomplishments will rest the final judgment of the continued greatness of this College.

You have the best wishes of all of us here for your success!

Sincerely yours,

William F. Kellow, M.D.
Dean and Vice President

January 18, 1968
Greetings! Congratulations! Au Revoir!

It hardly seems possible that four years have sped by since you, of the Class of 1968, matriculated at Jefferson and that three years have elapsed since I, personally, was responsible for your instruction in Pathology. But these are the unalterable facts!

During your tenure in Medical School you have been exposed to a grueling onslaught of facts and theories, first in the basic sciences - Anatomy, Biochemistry, Physiology, Microbiology, Pathology, and Pharmacology - and then in the clinical sciences - Medicine and its Specialties, Surgery and its Specialties, Obstetrics and Gynecology, and Pediatrics. I am certain that, more than once, it was difficult for you to see the forest because of the trees. I am certain, too, that more than once you wondered whether the Faculty knew what it was trying to do for you, or to you.

By now, I feel assured that the pieces of your jig-saw puzzle have all been fitted into place - that the confusion which was once yours has been clarified - that you are satisfied you have accomplished your primary mission - and that you face the world before you with complete confidence.

Your Faculty, your Administration, and your Board of Trustees have, with unreserved certainty proclaimed you Doctors of Medicine, with all the rights and privileges pertaining thereto. We know you are worthy of the trust. We are sure you will live up to your obligations.

On behalf of all of us at Jefferson I greet you, I congratulate you, and I bid you good-bye until we meet again.

Sincerely yours,

Peter A. Herbut, M.D.
President
Executive Faculty

Seated: Dr. M. H. F. Friedman, Professor and Head of the Dept. of Physiology; Dr. Robert J. Mandle, Professor of Microbiology, acting for Dr. Russell Schaedler due 1/1/68; Dr. Julius M. Coon, Professor and Head of the Dept. of Pharmacology; Dr. Peter A. Herbut, President; Dr. William F. Kellow, Dean and Vice President; Dr. Robert L. Brent, Professor and Head of the Dept. of Pediatrics; Dr. Richard A. Chambers, Professor and Head of the Dept. of Neurology; Dr. Herbert A. Luscombe, Professor and Head of the Dept. of Dermatology; Dr. John Y. Templeton, Samuel D. Gross, Professor and Head of the Dept. of Surgery; Dr. E. Harold Hinman, Professor and Head of the Dept. of Preventive Medicine. Standing: Dr. Frederick Harbert, Professor and Head of the Dept. of Otolaryngology; Dr. Jay J. Jacoby, Professor and Head of the Dept. of Anesthesiology; Dr. Joseph S. Gonnella, Assistant Dean; Dr. John H. Killough, Assistant Dean for Continuing Education; Dr. Paul H. Maurer, Professor and Head of the Dept. of Biochemistry; Dr. Gonzalo Enrique Aponte, Professor and Head of the Dept. of Pathology; Dr. Samuel S. Conly, Associate Dean and Director of Admissions; Dr. Andrew J. Ramsay, Professor and Head of the Dept. of Anatomy; Dr. Thomas David Duane, Professor and Head of the Dept. of Ophthalmology; Dr. Anthony Frederick DePalma, Professor and Head of the Dept. of Orthopedic Surgery; Dr. Floyd S. Cornellson, Professor and Head of the Dept. of Psychiatry; Dr. Paul D. Zimskind, Professor and Head of the Dept. of Urology; Dr. Robert I. Wise, Magee Professor and Head of the Dept. of Medicine. Missing: Dr. Philip J. Hodes, Professor of Radiology and head of the Dept. of Radiology.
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In Appreciation

As students at Jefferson, we see them all each day . . . the Pats, Junes, Nancys, Elinors, Marys . . . and countless more. We nod, smile, say our hellos; these are the people in public relations, the Business Office, or the Alumni Office.

To the staff working on the CLINIC, however, these are special people, for they are the supporters and doers behind the scenes . . . the assistance which not only makes our job easier but actually makes our very publication a reality.

As always, special thanks go to Carl Papke, Mr. Braden, and Mr. Riordan. And words alone could never say enough "thank yous" to Betty Neilon . . . a special among specials . . .
Senior Portrait Committee

The presentation of a portrait to the College by the graduating class has long been a tradition at Jefferson. This year, the portrait is of Dr. Kenneth Goodner, M.D., retired head of the Department of Microbiology, and a faculty member who has made a lasting impression on the students of Jefferson in their training as physicians. Because of the extremely fine works that he has completed for previous Senior Classes, Mr. Alden Wicks was once again selected to execute the portrait of Dr. Goodner.
In Memoriam

JAMES F. CARRELL, M.D.
Associate Professor
Obstetrics and Gynecology
August 30, 1967

EDWARD F. CORSON, M.D.
Professor of Dermatology
Emeritus
December 2, 1967

KENNETH GOODNER
A.B., M.A., Ph.D.
Professor of Microbiology
Emeritus
August 30, 1967

WILLIAM HARVEY PERKINS
M.D., Sc.D., LL.D.
Professor of Preventive Medicine
October 22, 1967

ARNO. E. TOWN
Professor of Ophthalmology
Emeritus
December 12, 1967

ROBERT WAELDER, Ph.D.
Professor of Psychiatry
(Psychoanalysis)
September 28, 1967
Freshman Class


If variety is indeed the spice of life, Dr. Savino D'Angelo is nothing short of being a rare Italian sauce. His boyhood was spent in the hard coal region of central Pennsylvania, and after his graduation from high school he spent six years in the area as a newspaperman. Feeling the call of the academic world for the first time at age twenty-one, Dr. D'Angelo enrolled in New York University's Washington Square campus. To pay tuition expenses, he played saxophone and recounts attending classes in his tuxedo in order to both get to classes and his musical engagements on time. (His "pocket" money, it is rumored, was gained by "hustling" a bit of pool off campus.) Looking back on these days in New York, he says, "I feel a little mis­spent youth is always good; it gives one a sense of inter­action with his surroundings."

The masters and doctors degrees that Dr. D'Angelo now holds were also earned at New York University, and it was during this time that he first learned the skills for which we at Jefferson know him best: research and teaching. It was his discovery, as a graduate student, of a sensitive test for circulating TSH that eventually brought him to his present work and the graduate teaching post that has continued to spark his great love for teaching others interested in his field.

The second World War found considerable need for these talents in the military, and as an officer in the United States Air Force Dr. D'Angelo published a great deal of his work. His projects concerned with high altitude physiology taught many an American air­man the basic aspects of involved high altitude flying during those early war years. Predictably, however, Dr. D'Angelo was not limiting himself to merely one or two endeavors, for Miss Ethyl Arnold Clancy was commanding a considerable amount of his non-academic attention. In 1943 she became Mrs. D'Angelo.

Returning briefly to the campus of New York University at the end of the war, Dr. D'Angelo began a new chapter in his most impressive career when he came to Jefferson in 1949. He himself characterizes his work as a study of the interactions of the endocrines. Over the years, there has been incontrovertible evidence of his outstanding success in this study, for he is now the holder of a National Institute of Health Career Re­search Award. This, of course, is both an accolade to Jefferson and a highly respected tribute to Dr. D'Angelo.

Impressive as his years in research have been, however, it is for his extraordinary role as a teacher that the students of Jefferson most respect Dr. D'Angelo. He expresses hope that, at all times and under all cir­cumstances, he has served to nurture interest as well as transmit knowledge. He pictures his own role as a teacher as "... the Roman one, as a man to be held as competent and respectable although not necessarily loved." In this respect, he is far more than the noble Roman teacher he so admires; his teaching competency is certainly without question (who else could possibly keep so many awake during a warm, dark Jefferson slide projection session) and there is always a feeling of warm intercommunications woven into the fabric of each lecture he delivers. He educates by developing the mind and having each answer spawn new, searching questions, not by stuffing notebooks or the memories of his students. Dr. D'Angelo feels there is much truth in the saying that one is never too old to learn something one really wants to learn and, certainly, never too old to take up a new and challenging interest. It is interest, he feels, that is the important word, for where there is interest there is concentration and if one can concentrate one can learn something new every day.

Outside interests, too, are of great importance to Dr. D'Angelo when he closes his books and work for the day. At Jefferson, he is a member of the admission committee, and in private life particularly enjoys mu­sic, reading, and an occasional game of billiards. The raising of four children is a special pleasure he shares with his wife, and his oldest now attend Vassar Uni­versity. Dr. D'Angelo is now working hard to maintain his recently acquired reputation as the most care­ful man to ever assemble a slide projector.

Now, after almost twenty years as a Jeffersonian, Dr. D'Angelo has earned a most deserved reputation as a person sympathetic and understanding of the problems students incur. He is always willing to teach, and in teaching guide his students into independent thinking. Certainly we at Jefferson wish him many more years as an asset to our faculty, for he is indeed outstanding. We are lucky, for any academic atmosphere needs more people like him.

Gross Anatomy
Nit-picking!

... a place where conversation is substituted for the dreariness of labor and the loneliness of thought...

"Goose, shmoose! One more outburst like that, Wesley, and you're through around here!"
For Whom the Cells Toll

Getting "a-head" in life
"Ten Zebras Bit My . . ."

"It's not the odor but the constantly looking downwards that makes him sick!"

Busy hands out of mischief keep

". . . and next year, if I'm good, they'll let me work in a group!"
Histology and Neuroanatomy

In the beginning...

Follow-the-dots

"Me Tarzan, you Jane!"
"... then drop back deep and pass to the left end ..."

Now I lay me down to sleep . . .

"... and I think this is where the tendon inserts."

"Eny, meeny, miny, moe . . .
Liver stuffed into great toe . . ."

"What do you mean it begins, 'GREETINGS?' "

""
"So, that's what I think of your part of the course!"

"No, this year we're calling everything mast cells!"

"I know an emery board is not substitute for a smudgie, sir, but . . ."
"I'm sorry, but I'd only be taking a guess . . ."
Biochemistry

"Find room for 20 rabbits ... are the racks on the 11th or 12th floor? . . . do the racks have wheels? . . . and put the mates together." Dr. Paul Herbert Maurer works with many details in his role of administrator-teacher-researcher. Finding time for details has been Dr. Maurer's objective throughout his career, and understandably so since the details he seeks to master involve the basic knowledge of immunochemistry.

A native of New York City, Dr. Maurer received his B.S. at City College of New York and did his doctoral work at Columbia University. He has proceeded through academia from instructor to Assistant Professor to Full Professor and now, at Jefferson, to Chairman of the Department of Biochemistry. Coming to Jefferson from New Jersey, he brought with him Drs. Kalf, Heimer, Pinchuk, and Walsh, several N.I.H. research and training programs, and his own investigations in synthetic polymers of amino acids. In that field, he is working on plasma expanders and reports that he uses both medical students and prisoners in his experiments.

Dr. Maurer's work and contributions to the field of immunochemistry have been considerable. He is a member of many honorary and professional organizations and the editor of the journal, Immunochemistry. He has had published over 100 articles on his work, from The Deamination of Crystalline Egg Albumin (No. 1) through Attempts to Produce Antibodies to a Preparation of Polyglutamin Acid (No. 50) to Immunogenicity of Synthetic Polymers of Amino Acids (No. 100), and beyond.

His predilection for research plays a large part in Dr. Maurer's teaching methods. He is well known for presenting unmanageable amounts of material in an hour's lecture, (followed by helpful handout sheets). He sees no need to play the pedagogue and, indeed, he shows high regard for the maturity of his students. He feels that medical students should be treated as graduate students, with exception being made for the much broader base of knowledge required in medical education. He is pleased by the programs which encourage medical students in basic research and notes that the best clinicians are often involved in the "other side," e.g. research.

"A good teacher should be doing research. This is not to say that every researcher is a good teacher, but avoiding research does not create a good teacher, either. The teacher should be involved in his field. The teaching role is not that of a pre-digester, it is not for the teacher to read the book and give it back to his students. The students should be taught to digest material, for the good of their medical education now and for their continuing education throughout their practice. Furthermore, the students must be given the necessary free time to pursue their studies in this fashion. The area of the lecture should be used to provide interest to the subject matter."

Dr. Maurer sees that the lines dividing biochemistry, microbiology, and immunology must be crossed, and he has presented his lectures in Freshman Biochemistry with this overall scheme in mind. When questioned on this year's headline making heart transplants, he replied, "The immunological problems of today" (transplantation and autoimmune responses), "have a biochemical basis and can be better understood in the realm of molecular and cellular biology. In the field of transplantation the major problem of the basic immune response remains." But, he is optimistic about a possible increase in the number of takes and survivals. He feels there is some future in more extensive matching programs and in available organ banks. He also adds, "In the future, the greatest advances will be in the development of artificial parts. These will be more practical on a large scale basis, will circumvent the immunity problems, and will avoid the ethical problems of a donor-recipient situation."

Dr. Maurer takes pride in the varied interests pursued by the members of his department. He now has a full compliment of post-doctoral and graduate student projects and looks forward to an expanded research department within the framework of a university structure at Jefferson. Central in his plans is the role of the new Jefferson Hall.

He also takes pride in interests outside of his career. He enjoys swimming, tennis, and golf. He travels extensively, both on his own account and in the line of duty. He adds that while he enjoys mixing business and travel, he prefers more relaxing journeys with his wife and three children. Speaking of his family, Dr. Maurer related one other bit of information which might well be noted by his students (especially those of an argumentative inclination). "Though she no longer practices," he said, "my wife is a lawyer."
"... and dry vermouth makes Martinis!"
"You burned the tapioca again!"

Sippin' cider through a straw

Splash, splash, drop ... splash, splash, drop ...
Chairmen of the Bored

Fanny Farmer's kitchen
Physiology

The administration has its own method for honoring distinguished members of the faculty, but only the students can elevate a man from the rank of lecturer to that of teacher. Such a promotion is uncommon, for the prerequisites are very difficult to attain. First, the man must be well versed in his field; this of course is obvious. Second, he must thoroughly enjoy sharing his knowledge with students. (It was hardly necessary for Dr. Mackowiak to tell us that he considers teaching to be his primary responsibility at Jefferson, and that, for him, addressing such a large group of future physicians is both an exhilarating and rewarding experience.) Finally, to be a teacher, one must not only be enthusiastic about the subject matter but must also be able to communicate this enthusiasm to his audience. This requires a certain showmanship, if you will, and it is this indefinable quality that sets men like Dr. Mackowiak apart from the ordinary lecturer.

Robert Mackowiak is no stranger to Philadelphia. A physics major at the University of Pennsylvania, he was graduated Phi Beta Kappa and cum laude in 1960. Also an outstanding student at Jefferson, he worked as a research assistant in physiology co-authoring two publications prior to receiving his MD degree in 1964. After finishing his internship, Dr. Mackowiak made a decision that was indeed fortunate for Jefferson! He returned to the laboratory where he had received his original training in research. During the course of the next two years, the energetic young doctor published a total of nineteen papers. Though his research has encompassed a number of different aspects of the cardiovascular system, his primary area of interest is analyzing the physiologic phenomena involved in the aging of this system through the exclusive use of sensors applied external to the body. From the data collected thus far, there is a good indication that the techniques he is devising today may be of practical importance to physicians in the near future. The Executive Faculty was quick to recognize the talent of their new Instructor, and in one short year he was named Assistant Professor.

Students frequently bring their questions to Dr. Mackowiak, for they know that he will always take the time to answer them and that his replies will be honest and to the point. Here is a sample of some of his views.

On research: "The importance of research in the extension of medical knowledge is beyond question, yet I think that a fact of life must be realized: the ability to do original research and the ability to teach are not always coexistent in a given individual. This is an important point, because frequently initial appointments to the academic positions in a medical school are made on the basis of one's research production and/or potential, and this really tells very little about how effective one is going to be as a teacher of medical students. Secondly, advancement within the academic hierarchy is often determined only on the basis of papers published; as a result, the role of the teacher within the medical complex becomes somewhat secondary. I am not sure how one's ability to teach can be measured, but it seems essential that the possession and demonstration of this ability be encouraged in every way if present high standards of medical education are to be maintained or advanced."

On the basic sciences: "The student in his freshman year comes to us with a certain inner glow of enthusiasm, which, too frequently, is dampened by the end of his sophomore year. I think it has to be admitted that an in vacuo presentation of the material contained within the basic sciences has the potential for being somewhat deadly. The student, if he is to maintain his enthusiasm, requires repetitive reorientation as to how this material fits in with his ultimate objective, the successful practice of medicine. Whether this involves the greater use of clinical examples or a greater awareness on the part of the basic science faculties as to what topics are really pertinent, it is clear that the responsibility rests with each lecturer to exert that extra effort necessary to maintain this inner glow throughout the preclinical years."

On the new curriculum: "I feel that it has a tremendous potential for broadening the student's perspective. Whether or not this potential is realized will probably take at least five or six years to tell. You know, the ultimate criterion of medical education is the successful diagnosis and treatment of a clinical problem. True-false and multiple choice questions can come nowhere near to as searching an examination as one is presented with when he has to come to the bedside of a patient. If future graduates are better equipped to meet this challenge than those who went before them, the curriculum change will have been a good one. If they are not, then it will be necessary once again to reevaluate just what it is that we are trying to accomplish."

A word of advice: "There is an old saying: 'Don't let school interfere with your education.' There is a good deal of truth to this. A physician should be able to know the difference between Bach, Bartok, and Buxtehude. An appreciation for the aesthetic is important because the medical profession is as much an art as it is a science."

When the new Jefferson Hall brings with it an increased number of students, there will be a corresponding need for new faculty members. Let us hope that the administration will be fortunate enough to find more men like Robert Mackowiak.
"Hmmm... now that the darn thing stopped breathing I guess the experiment is over!"

"... and where it stops, nobody knows..."
"And I can make cookies, brownies, fudge . . ."

A shocking situation!

". . . and a pinch of garlic . . ."
Seventh inning stretch

The sophomore wheel of fortune...

"You give a finger and they take an arm..."

Big Brother is Watching You (Except when you need him!)
Sophomore Class

Pathology

Dr. Paul L. Lewis will probably always be remembered as the epitome of the nonchalant. Don’t be misled, however, by his casual voice as he lectures seated comfortably in a chair, for there is always a wealth of essential information that every sophomore dares not treat casually. An articulate member of Jefferson’s best-teaching pre-clinical department, Dr. Lewis delivers the lectures on many of the great common diseases of the day. These disorders deserve the essential distillation of a well qualified and dedicated teacher, for who but such a man would give the thought and effort necessary to consistently make these vast subjects comprehensible in but a few lecture hours.

The man who fills this order is spending half of his professional time as associate professor of pathology here at Jefferson. His practice of medicine is as attending pathologist and Vice President of the Medical Staff at Methodist Hospital.

Dr. Lewis lives with his wife and son in Merion, and his private life allows small amounts of time for his hobbies of photography, hiking, swimming, and target shooting. These activities keeps Dr. Lewis, at age 43, trimmer than most of the men he teaches twenty years his junior.

Despite the rapid overview of pathology to which he must confine his teaching, Dr. Lewis does not feel that medical students in 1968 are learning less pathology than when he was in medical school. The same amount of material is being covered but, of necessity, at a faster rate. This is exactly what Dr. Lewis finds most frustrating about teaching pathology in 1968—the lack of time for personal contact with his students, for finding out “. . . what they know and what they don’t know.” However, he hopes that the new science building will resolve this problem in large part with facilities more suited to teaching in small groups—exactly what students recent years have had to do without. What is more, he hopes that the positive gains of the new building on Locust Street will not be eradicated by increasing the number of students at Jefferson.

Realizing that it is no longer possible to assess the student’s competence on a man-to-man basis, Dr. Lewis is not surprised that students are quite grade conscious. As he sees it, “. . . students will always be grade conscious, . . . this is something you’re brought up on. From the day you start school until the day you finish, you’re working for grades. This is both good and bad at the same time . . . It has become too much of an end in itself—the competition has been too keen.”

As an individual, then, Dr. Lewis would like to see the grading system revised. “Give general grades—you can keep your subdivisions for honors at the end of the four years.”

Despite the intensity of the competition these days, Dr. Lewis does not think that students are as motivated as when he was in school. Most of his colleagues were just out of the service and were, on the average, four years older. “They knew what they wanted, (whereas) . . . a lot of the students coming in now are dilettantes in medicine. Of course, this is a general statement and it doesn’t hold for all. As the tenor of the times was different in my day, it could well be that you are more motivated and it’s expressed differently. For most in my group, the interest was to get in, get through, and get at it. I think now the student has a more relaxed attitude and, generally, has more time to spend going to school. He doesn’t have this tremendous urge or necessity to get right out and into practice. He can even take a year or two off and work for a Ph.D. in a specialized field.”

The differences between students in the post-war period and today are thus apparent to Dr. Lewis, obviously, too, he knows both groups intimately. If his colleagues were more anxious to get the material at hand learned as quickly as possible, a measure of this is certainly still with us today. Pathology is a vast field whose essentials every physician must know, and in helping the medical student achieve that rapid assimilation, Dr. Paul Lewis is eminently successful.
White sails in the sunset...

Sarge!

"Mirror, mirror, on the wall..."
"Well I'll be! They're mitosing!"

"Take that, whiteman!"

"It's a steal, boys, at 69¢ a pound!"
"Please . . .
not 'There Goes My Heart' again!"

A day at the zoo . . .

Guess who missed the laundry last week?

"... and two from Column B!"
"Yek! Bird dropping!"

It sure looks like lupus!
"Sometimes on Mondays I can't even pick up my head!"

Neuropathology

The search continues for a glial cell...
Microbiology

In January of 1968, Dr. Russell W. Schaedler assumed the position of Professor of Microbiology and Head of the Department. His new environment, however, should be somewhat familiar: it was only fifteen years ago that he himself was a medical student at Jefferson. In fact, it was Dr. Kenneth Goodner, his immediate predecessor, who was instrumental in encouraging Dr. Schaedler to pursue a career in microbiology.

Dr. Schaedler received his undergraduate training at Ursinus College in Collegeville, Pennsylvania. He gained an early enthusiasm for his future career as a lab technician in the Army, and this budding interest was promptly followed through when he entered Jefferson. While at Jefferson he was elected to Alpha Omega Alpha and was also a member of the Hare Medical Society and Associate Editor of the 1953 Clinic. He graduated in 1953 and went on to serve his internship year at the college hospital.

After finishing that year of training Dr. Schaedler was undecided as to what medical field to pursue. He showed an early interest in neurosurgery and was seriously considering an Army residency. Fortunately, however, Dr. Goodner—remembering his former student's interest and fine performance in microbiology—mentioned to Dr. Schaedler that he had never given anyone a recommendation for a position at the Rockefeller Institute in New York (where Dr. Goodner had worked for ten years before coming to Jefferson). With this background and encouragement, Dr. Schaedler joined the staff of the world known Institute with which he has been associated for the past thirteen years.

At the Rockefeller Institute, Dr. Schaedler entered into an association with a brilliant heritage behind it. Throughout his entire stay at the Institute he was in close association with Rene J. Dubas, best known for his pioneering work in antibacterial agents of biological origin and who is, perhaps, the foremost microbiologist today. Dubas' discovery of tyrothricin was published even before Florey and his colleagues demonstrated the therapeutic properties of penicillin. It is of interest that both Dubas and Goodner were also colleagues of Oswald T. Avery, who did the early work in implicating DNA as the genetic agent in transformation.

In addition to his capacity as Assistant Physician to the Hospital, Dr. Schaedler began as an Assistant at the Rockefeller Institute for Medical Research. His position prior to coming to Jefferson was Associate Professor and Physician at the Rockefeller University (as the Institute is now known).

Dr. Schaedler's research interests have centered around the effects of the gastrointestinal flora on host growth, development, and disease. He feels that the study of the gut flora is particularly interesting because of its involvement with all of the other aspects of microbiology. To illustrate this, Dr. Schaedler cited recent studies in which nutrition and microbial environment have been implicated as deciding factors in the diminutive stature of various cultures.

A particularly fascinating aspect of his research has been studies of pathogen-free mice. Free of the flora normally pathogenic for their species, mice grow much larger and are more uniform in their adult size. An analogy can be made between healthy American children and children growing in poorer, developing countries. Subsequent experiments dealt with the effects of different diets and exposure to different pathogens on "clean" mice and on conventional laboratory animals. His research has also led him into other areas including host, parasite, nutrition, and endotoxin relationships.

Currently, Dr. Schaedler has a keen interest in the total impact of microbiology as it is related to man's surrounding environment. This interest embraces not only research and clinical practice but also the rapidly changing field of medical education. All medical science is rapidly expanding and Dr. Schaedler believes that medical education must have the flexibility to change along with it. Medical students must be given "... as adequate a basic science foundation as possible within a restricted period of time, and perhaps emphasis will have to be shifted to provide the proper basis for current clinical practices." Dr. Schaedler recognizes Jefferson's interest in the clinical aspects of modern medicine and suggests that with the increasing demands for American physicians today other leading medical schools in the country may have to follow its example of providing a more dynamic, clinically oriented curriculum.

Certainly, there is no better place to start than with a dynamic, clinically oriented faculty. We are indeed fortunate in being able to welcome Dr. Schaedler to the teaching faculty of Jefferson.
"Here . . . put in some halvah if you really want good borscht!"

"Now, with a little shifting of the plates, I'll get top grades!"
"I never get closer than this for scanning Red Raiders!"

"I don't care if it was only Entamoeba coli . . . I still have diarrhea!"

Washing the handle is just as effective as firing the loop . . .

"Hmm . . . I still kind of like 'Mycoplasma' in the sixth race . . ."
"... and that one only has her 'pasties' on!"

Bubble, bubble, toil and trouble . . .

Taking numbers

King of the Fungus Balls
Pharmacology

Julius M. Coon received his A.B. in chemistry from the Indiana University in 1932 and his Ph.D. in Pharmacology from the University of Chicago in 1938. Advanced credits for the pre-clinical years, he completed his third year of medical school in 1940 at the Rush Medical College of the University of Chicago. World War II interrupted his medical education and under the auspices of the Office of Scientific Research and Development, Dr. Coon did chemical warfare research in the toxicity laboratory. When he returned for his final year of medical school, Rush had come under the sponsorship of the University of Illinois; thus, it was from this University that he received his M.D. in 1945.

After spending a year with the Food and Drug Administration, Dr. Coon returned to the University of Chicago as Associate Professor of Pharmacology. He then directed the toxicity laboratory from 1948 until 1951, the year of his appointment as Director of the United States Air Force Radiation Laboratory at the University. In 1953, Dr. Coon came to Jefferson Medical College as Professor of Pharmacology and Head of the Department.

Dr. Coon is today associated with numerous professional journals; his activities include membership on the board of editors of Toxicology and Applied Pharmacology and of Clinical Medicine. He is chairman of the Toxicology Subcommittee of the National Academy of Sciences’ Food Protection Committee, and serves on committees advisory to the Food and Drug Administration, Walter Reed Army Institute of Research, and the World Health Organization. At Jefferson Dr. Coon’s services include chairmanships of both the Appointments and Dissociations Committee and of the Library Committee, and membership on the Admissions and the Curriculum Committees.

From the beginning of his scientific education, Dr. Coon has been involved in both medical research and its clinical applications. This, together with experience gained during fifteen years at Jefferson, is largely responsible for some of his views concerning today’s medical student.

As he pointed out in the address at Opening exercises in 1962, the preclinical student is faced with an enormous quantity of material to learn, much of which the clinician appears to have little interest in; how true is his remark that “... At times during the first two years you are mentally anguished and intellectually confused, and your vision is obscured by facts, figures, and feathers ...” The relationship of the basic sciences to the “art” of clinical medicine is, at times, obscure, and the student may be easily deceived by the words that Dr. Coon claims to have heard elsewhere: “Now that you have been stuffed to the ears with that impractical esoteric balderdash of the preclinical years, prepare yourselves to receive the one true gospel. Science is fine for intellectual titillation, but medicine is an art, and it’s high time you became the artist.”

This attitude, Dr. Coon contends, is dangerous for both the physician and his patient. When the student fails to correlate basic sciences and clinical application he is guilty of negligence toward his future patients and imposes on himself the additional burden of a negative attitude. He further considers it critical for the student to sit back, put his feet up (“the elevation of thought is directly proportional to the elevation of the feet”) and place things in proper perspective.

Dr. Coon believes that many medical students tend to be concerned with the distant future to the point of losing sight of the present. The solution to this problem, he feels, lies in the time honored axiom that “if the job of the day is taken care of, the future will take care of itself.”

The modern patient, Dr. Coon points out, is also becoming more sophisticated scientifically. “The patient, of course, wants personal, sympathetic attention. But that is not all he wants ... He wants scientific attention, and he wants the best the profession has to offer.” It is possible for the practitioner to become a scientist or an artist to the exclusion of the other and, indeed, Dr. Coon considers it the rare individual who can put both aspects together. He is quick to reemphasize thoroughly, that there is no intrinsic conflict between the practice of scientific medicine and the sympathetic understanding of the patient. “If in your preclinical studies you have developed both a receptiveness for the known and a deep sensitivity for the unknown, it will be in your clinical years ... that you will experience the greatest stimulus for entering into scientific medicine as the whole or a part of your career.

Medicine is more a science today than it ever was before,” he ends, “but it is no less an art, and neither must be allowed to interfere with the full utilization of the other.”

How very few of those around us ever come to appreciate this, and how very fortunate we are to have Dr. Coon, in his presence, remind us of this wisdom.
When you're out of Schlitz . . .

Taking gas!

"He's making an 'innie' out of an 'outtie!'"
"...and PRESTO! Last week's dog becomes this week's mouse!"

"Oh, John! You're just an old cut-up!"

"...and PRESTO! Last week's dog becomes this week's mouse!"

"... and PRESTO! Last week's dog becomes this week's mouse!"
"Stuff him back... he's got halitosis!"

"Yup, it's a boy!"

"... and when he turns on the ignition tomorrow, WHAMO!"
Sophomore Medicine

Variations on a theme...
Gassing up!

"If you can't find an arm vein, the base of the tongue makes a swell target!"

The Old Testament . . . and The Book of John
"... when you let go, the eyeball pops right back in place!"

"... and the winning number is ..."
Hematoma, here I come...

"Sorry! You're Wassermann positive, too!"

Shades of college chem...

... stipple, stipple, stipple...
Junior Class

Plugged in for stereo . . .

Jefferson's answer to the "Roto-rooter" man . . .

"... BSP, uh . . . SGOT . . . uh, prothrombin time . . ."
"Don't worry... the area of infiltration will all slough off in one clean piece..."
"And before you begin, Dr. Erslev, remember that you must have a complete differential to make the correct diagnosis . . . ."

"If you need something from the head nurse on this floor, just say 'Please, your majesty' . . . ."

"... and please, Lord, no admissions after midnight!"

"I like to get my patients up and moving fast . . . usually three ounces of MOM does it!"
"No, madame, it's perfectly routine for our juniors to do liver biopsies this way..."

"Uh, oh... I should have used a citrated tube!"

"Hmmm... one CBC on admission and the rest of the blood work is marked QNS..."

The morning after the night before...
"I just can't rest comfortably without my 'pottie' at my side . . ."

"Dr. Wise? Sorry, never heard of him!"

"You ask him what he's doing out of Student Health . . ."

"Sorry, doctor, Mr. Brown is busy right now . . ."
"The E.K.G. didn't really help at all . . . the solution was in the gram staining . . . ."

"Heads it's polyarteritis nodosa . . . tails it's dermatomyositis . . . ."
Surgery

"Uh oh! A Granny knot again!"

"... and swivel neck 180° to the right to replace head on shoulders."

"Uh oh! A Granny knot again!"
Ten minutes to a lovelier complexion . . .

". . . two, three, cha-cha-cha!"

"Yes, you knicked the colon again!"

"Hi, ho Silver, away!"
Bleacher seats

Knit one, perl two...

"And if the bovie won't stop the darn thing we'll use a paper clip!"
Down to the real nitty-gritty

Two minutes of silence . . .

The Emergency Room crew
"Would you mind not smiling, lady . . . the glare is just blinding me!"

Bluebeard
The “eyes” have it!

... and six tablespoons of Syrup of Ipecac will really make her eyes bulge!
Dr. Jacoby held a part-time position as "Obstetrician" at a state hospital for unwed mothers. Here, he cared for and delivered primigravidas and managed their post partum complications. To supplement this excellent training in Obstetrics (the specialty he hoped to pursue), Dr. Jacoby enrolled in a preceptorship in Anesthesiology during this time. Next, he was named Associate Professor of Anesthesiology at the Billings Hospital of the University of Chicago. He also earned a Ph.D. in Pharmacology during this time. Next, he was named Associate Professor of Anesthesiology at Ohio State and, in 1950, assumed chairmanship of the department. From 1959-65 he was Professor and head of the department at Marquette University Medical College. The author of over fifty scientific and academic papers, Dr. Jacoby is a Diplomate of the American Board of Anesthesia and a brother of Alpha Omega Alpha, Phi Xi, and Phi Delta Epsilon. In 1966 he was named an honorary brother of Phi Alpha Sigma.

"One of the pressing problems of medicine today," Dr. Jacoby notes, "is that we have great specialists who don't pay enough attention to general medicine. Specialism is a great thing, but if not held within certain limits, it produces gun-barrel vision. The Anesthesiologist (as well as the other specialists) must also be a general doctor. Many a time the super-specialist isn't really doing the best thing for the patient, for he is treating the disease and not the individual." Dr. Jacoby's solution is to include "general clinic" in the training of all residents. One afternoon a week would be devoted to the general practice of medicine, with the residents being assigned patients as they enter the door—regardless of their chief complaint. Thus, the resident would be the "family doctor" of a patient who would return to him on every visit.

About Jefferson, Dr. Jacoby remarked, "Jefferson makes better doctors than a great many medical schools because the emphasis here is on clinical medicine. Patients get better care here because the staff is oriented towards helping people rather than experimenting with insufficiently tested innovations. The people at Jefferson are patient-oriented." Dr. Jacoby intends "... to make the Anesthesiology Department the best one in the country. One of the ways to tell the quality of a department is by the quality of care the patient gets. As a corollary, therefore, your people must be the best in the country. The men that you train become important in their own right. It is interesting to note that of fewer than eighty Anesthesiology department heads in U.S. medical colleges, five trained under Dr. Jacoby.

Currently, Dr. Jacoby is searching for a way of controlling pain, while preserving the other modalities of sensation and motion, in people with advanced or incurable disease. Overriding that, however, is his constant quest for safety in anesthesia. He takes great pride in stating that during his service as Chief of Anesthesiology at Ohio State, he had the lowest incidence of anesthetic mortality in the country.

As is obvious to anyone hearing him speak, Dr. Jacoby loves his profession. "I think this is the greatest specialty in medicine. It is super-fascinating. Medicine is a wonderful profession. Another wonderful profession is teaching. If you can combine the two, you have the best deal going of all. I do what I'm doing because I like it. I wouldn't change if the world were placed at my doorstep. Few students realize that there is such a shortage of academic anesthesiologists that a young fellow can get to the top of the heap faster than in any other field."

Something to think about...
In goes the good air, out goes the bad air...

"Ten... nine... eight... seven... six..."

A real spine-tingler

Flow, flow sweet nitrous oxide...
Obstetrics & Gynecology

Dr. John Franklin's interest and activities reflect an uncommonly broad conception of the field of obstetrics and gynecology. He is at the same time engaged in basic science research at the Stein Foundation and efforts to clarify and ameliorate public health problems in obstetrics. The youthful instructor in obstetrics is a graduate of Harvard College and Vanderbilt Medical School; he did his internship and residency here at Jefferson. After two years in the army, he returned to Jefferson as a full-time staff member.

Dr. Franklin is conducting research under Dr. Brent in experimental embryology which he began as a resident at Jefferson, at a time when, as he describes it, “basic science research in obstetrics was in its infancy.” Jefferson students may be most familiar with him from the obstetrics out-patient clinic, where he assists Dr. Kendall in the instruction of juniors. But the place to look for obstetrical pathology, in Dr. Franklin's mind, is not in the clinic, but in the lives of the women who are seen here. “Physical pathology in obstetrics is now just about nil,” says Dr. Franklin. “The real pathology in obstetrics is the ignorance of sex, the consequences of this ignorance, the kind of lives that people must lead in which sex is the only source of satisfaction.” Dr. Franklin feels that it is to these conditions, productive of the unwanted pregnancies and consequently the uncared-for children, that obstetricians must address themselves if they are to directly confront the major problems in their field. This does not necessarily resolve itself into efforts that begin and end at support of liberalized abortion laws; the average woman who gets an abortion now, Dr. Franklin points out, is not a member of the sub-population from which the clinic patient comes, but is a white, married, middle-class woman. Nor does it necessarily resolve itself into only concentrating on disseminating the family planning information; to many women, because of the limited opportunities for achievement available to them, pregnancy and motherhood, even out of wedlock, are the sole means of fulfillment. On such women family planning propaganda has an understandably limited impact. So the obstetrician, if he wishes to concern himself with the most pressing difficulties in his field, must focus on the social and economic environment of the patient with the obstetric problem.

Dr. Franklin, who applies himself to the public health problems of obstetrics by attempting to educate students along these lines and by activity in several organizations concerned with community health, came early to a personal appreciation of health conditions of people from a background different than his. As a youth he lived on an integrated co-op farm in Mississippi, which was supervised by his father. His high school years were spent in Japan, where his father subsequently turned to do missionary work. His high school years were spent in Japan, where his father subsequently turned to do missionary work. After Mississippi, Japan, Harvard, Tennessee, Jefferson, the army, and Jefferson again, Dr. Franklin lives now in Germantown with his wife and three boys.
Nothing starts until Margaret gives the word . . .

"The simplest way I can explain it, Doc, is as a retropubic adnexal neoplasia . . ."

"Let's see . . . a simple case the junior in the back can handle . . ."
"And the very same to you!"

"Thirty days has September, April . . ."

"I thought you only got pregnant from kissin' . . ."
"Of course there was no improvement; triple cream is never used on rye bread . . ."

"Good grief! It's winking at me!"

"Sally? Look, honey, we're busy back here and I was wondering if you could check some of the Juniors out . . ."

"Now, now madame . . . if you were that modest this would never have happened to you . . ."
"Umm... the clinical clerk again..."

"... and if the kid acts up again. WHAMP, a karate chop!"

"How many times do you have to tell a fella you're busy before he takes a hint?"
Come to me my melancholy baby . . .

"Double-bubble" of the week . . .

"Personally, I just use a cork when my kids develop diarrhea . . ."
"... and if what I say makes you sick, doctor, just use the paper bag ..."

"I just have to throw a tantrum and I always get a bag of pop corn . . ."

"I've come to suck your veins . . ."

She works with the little ones, but her heart's as big as the world . . .
Nothing is as tasty as a good starched sleeve ...

"I'll bring my kiddies up my way, and as long as you're taking this course, you'll bring up your kiddies my way, too!"

The tape recorder's best friend ...
Radiology

One of the highlights of the junior-senior medical blocks at Jefferson, and indeed the Waterloo of many an intern and resident, are the Monday afternoon medical-radiology conferences conducted by Dr. Irwin M. Freundlich. With a keen eye towards nabbing the unwary novice, Dr. Freundlich drives home the salient points of his specialty with a well respected perception and enthusiasm.

Originally from New Brunswick, N.J., Dr. Freundlich came to the Philadelphia area in 1943, entering the University of Pennsylvania five years later. Pursuing a liberal education at Penn, he also became involved in the N.R.O.T.C. program and eventually served a two year tour of duty in the South Pacific. Having returned, he decided to fulfill a boyhood desire to become a physician, and entered Duke Medical School in the fall of 1954. Looking upon medicine as a career he had wanted for "as long as I can remember," and one in which the financial rewards were not the principal goal, Dr. Freundlich early developed a prime interest in diagnostic medicine. With the inspiration provided by his teachers, this interest was channeled in the direction of radiology; he finally decided to enter the field during the clinical years in medical school.

Graduation from Duke was followed by a return to Philadelphia with internship and radiology residency at Jefferson. Dr. Freundlich officially joined the Jefferson staff in July, 1966, and currently holds the position of Instructor in Radiology.

As to teaching radiology at the under-graduate level, he believed the aim should be to help the student appreciate the role of the radiologist in aiding the diagnostic process. Above all, he believes the student must realize that in clinical practice one cannot be his own radiologist. Most clinicians, he adds, simply do not have the time and training to acquire the diagnostic finesse in reading radiographs that is possessed by the specialist.

Regarding the subject of present medical students vis à vis students of the mid-fifties, Dr. Freundlich believes that they are much the same in motivation, intelligence, and attitude. However, he thinks that there is a marked difference in students from school to school. Comparing the Jefferson student, for instance, with his counterpart at Duke, he thinks that Jeff students are generally too exam oriented. "They are more interested in doing well rather than being competent." At Duke, students were not placed under nearly the intense academic pressure for which Jefferson was formerly noted. Emphasis was on individual attention, teaching, and in encouraging the student to build his confidence rather than using criticism as an impetus to work. For example, the students did all their own lab work, which was accepted as the official result, even if it happened to be in conflict with the clinical laboratory." Dr. Freundlich thinks that students learn better in a relaxed atmosphere and would even extend this policy to the basic science years. Ultimately, however, success or failure of such a venture rests on the motivation of each individual student. He lauds the changes being made by the new administration which will result in de-emphasizing the importance of testing and, as a result, giving more attention to individual student instruction and the development of a graduate school-like atmosphere.

On the frequently discussed five year program, Dr. Freundlich believes that it requires an exceptional student, both emotionally and intellectually, to succeed. He judges success as a perceptive, emotionally stable approach in one's dealing with patients and in handling the pressures in medicine. He believes that few persons can meet these criteria, and by all standards the program is generally not a good thing for the people involved. They have the advantage of time and finishing earlier, but the disadvantages of an inadequate opportunity to acquire a liberal education and too little time to really contemplate any ultimate goals.

As to Jefferson, Dr. Freundlich believes it possesses as its greatest asset the present physical improvements and curriculum changes taking place, for these will be of most direct benefits to the students. The greatest room for improvement is in changing the emphasis on grades and testing, an area which is now being reevaluated. Dr. Freundlich believes that Jefferson is in the mainstream of American medical education by stressing clinical medicine. He thinks the pendulum is swinging in the direction of greater clinical emphasis partially due to the Federal Government's increasing willingness to subsidize clinical research. All this, he feels, will encourage basic researchers to " . . . tie their rats to people" and to foster the goal of teaching students, first and foremost, to be practicing physicians.

As for the future of American medicine, Dr. Freundlich is of the belief that Medicine's task will be first to adjust itself to the computer age, and then to attempt to bridge the communication gap between physicians and the public in regard to the latter's disappointment over the gradual disappearance of the general practitioner as a "father image."

Assuredly his students will agree that Dr. Freundlich has fulfilled the goal of imparting to them an appreciation for, and interest in, radiological diagnosis. While this has, indeed, been a consistent feature of Jefferson's quite excellent radiology department, Dr. Freundlich has the ability to reach out to his students and impart this feeling in a unique and most admirable manner.

Three rads . . . oops . . . cheers!
In the bedside manner...

"I know she's only six months old, John, but those are breast shadows!"
"Take me to your leader!"
Physical Medicine

"You're out, Doc ... Simple Simon didn't say, 'Cross your legs!'"
"Are there any questions?" With this familiar phrase, Dr. Joseph Rupp launches his students into what he considers a most critical segment of the learning process. No one is more adept—or takes more obvious relish—in this Socratic approach in education than this Associate Professor of Medicine.

Questions, a puff on a fat cigar, and a concise explanation constitute his favorite teaching method. Studies have been done to ascertain whether the cigar is a necessary or, perhaps, inspirational factor; to date, however, there has been no demonstrable phenomenon like it in any other Jefferson classroom.

Long famous for his lectures (and slides) on the human endocrine systems, Dr. Rupp brings to a complex field a clarity of explication that is brief, complete, and at the same time germaine. Couple these attributes with his disarming honesty and dedication to teaching and one can readily understand his unique reputation with the students at Jefferson.

At the present time, Dr. Rupp feels a great challenge in medical education will soon reside under the auspices of the practicing physician, intern, and resident; he believes a greater contribution should be made by these people, especially in view of the changing emphasis in the teaching and development of medical students. This new emphasis (with which Dr. Rupp does not totally agree) is directed toward the cultivation, by the student, of a greater desire to spend more time in the academic pursuits rather than in the prime purpose of caring for the sick. While Dr. Rupp admits that his conclusions may be hasty, nevertheless he maintains that these seem to be the philosophy of present day medical educators.

Returning to home ground, Dr. Rupp feels that Jefferson's role in the medical community must encompass patient care, the education of men and women to care for the ill, and basic research. However, he fears that the latter two have become the tail swinging the dog. "What I'm dreadfully afraid of is the possibility that as we become a better school—perhaps a better known school—we may end up turning out a product a little less developed for the primary purpose of medical education."

When he was questioned about the new curriculum, Dr. Rupp pointed out that the variety allowed in the choice of electives and the increased free time might provide sufficient latitude to reverse the trend and provide, in so doing, a more balanced course of study. He warned, however, that the new CORE must be constructed with extreme care, for such a program cannot merely cram old material into a shortened period of time. Furthermore, an extremely dedicated faculty is essential to properly select, integrate, and teach this fundamental mass of knowledge. The electives become a delightful "frosting" in which each student can pursue his own interest and ambition, even to the point of beginning specialty training in a medical field while still in school.

Shifting to the other end of the spectrum, Dr. Rupp has a basic complaint about today's medical student: he is most disturbed by the lack of questions coming from students in their clinical years of schooling. "Either the way the material is being presented in the third and fourth years doesn't stimulate the inquiring mind, or the student is afraid he will be embarrassed by the teacher. One possibility I would hate to imagine was that the student feels he honestly knows all the material and, thus, there is no point in questioning anything."

Just where did Dr. Rupp develop his teaching methods and abilities that has made his style so unique? He claims to owe this debt to his mentor, teacher, and great friend, the late Dr. Paschkis. He describes Dr. Paschkis as "... a man of great competence and personal honesty who took an exceptional interest in all of the individuals he was teaching. He was so well versed in his subject matter that his students had to learn if by nothing but a mass action effect."

Without doubt, such a description aptly pictures Dr. Rupp and his relationship to Jefferson students today. Are there any questions?
He's finally got the X-rays: want to bet the patient didn't keep the appointment?

"I know my write up left something to be desired, sir, but it really wasn't that bad!"

"... and I failed the last wise guy who didn't prescribe Renese-R..."

"... and, Lord, please let my Clinical Clerk get checked out by nightfall..."
"Enovid may have done wonders for your wife, sir, but it's definitely not for you!"
"No, sir, it's not particularly drafty in here . . ."

"Just love those sugar cubes . . ."

"No, Sharon isn't here, but this is your bunny, Gloria . . ."

Jefferson's answer to Maharishi Maresh Yogi
Surgery

When asked where his home was, Dr. Templeton's prompt reply was, "Well, for all practical purposes, it has always been Jefferson." This unassuming, jovial nature is typical of the present Samuel Gross, Professor of Surgery and Head of the Department, John Young Templeton, III.

His answer, of course, is true. Having been born and raised in Deep Creek, Virginia and spending his boyhood years in Mooresville, North Carolina, Dr. Templeton attended Davidson College in Virginia and then came to Jefferson. He graduated with honors in 1941 and has been at Jefferson since that time except for brief absences when he served as Professor and Head of the Department of Surgery at Pennsylvania Hospital and Hahnemann Medical College. Now that he is back at Jefferson, however, it is his fond hope to remain at the institution at which he first began his medical training.

Dr. Templeton was most eager to speak about his views concerning Jefferson, and his years away from our college gave him unusual insight. It is his belief that Jefferson is at least on a par with all of the other large medical schools throughout the country and, more important, that it is more than keeping pace with recent advances in the fields of medical research and education. Dr. Templeton points out that Jefferson is growing and changing more rapidly than most every American medical school, and gives as evidence her new and aggressive president, her many recently appointed and younger department heads, and her immense building program. Combining all of this with the new changes in the curriculum, Dr. Templeton believes Jefferson is preparing adequately for the advances in medical science the next few decades will witness.

Concerning medical students (and no teacher at Jefferson could be more concerned!), Dr. Templeton feels that, as a group, they are much better prepared for their medical education than were the students of twenty years ago. He believes the competition is getting better, too, and views this as a measure of medical excellence. Dr. Templeton states, however, that he does not feel that the current medical students are as well motivated, and he attributes this fact to the outside responsibilities of an increased number of married students and an overall shift toward younger graduate students in general. Nevertheless, he strongly feels that the product of a Jefferson education is as good a doctor as can be found anywhere and one well equipped to administer to persons needing his medical attention.

The changes in the curriculum, too, are of great interest to Dr. Templeton. He fully endorses the concept of electives giving each student the opportunity to get extra and advanced experience in a medical field of his interest, for the Core program, he believes, will maintain the basics and permit great academic expansion when needed. "Of greatest importance," Dr. Templeton believes, "is that the Core Curriculum can be periodically evaluated and changed to fit the requirements of both the college and the trends in medical thinking." As for surgery within the new program, the department head is of the opinion that it is covered most adequately. His belief is that the student of surgery should get from his medical school career a basic knowledge of the physiology and management of the surgical patients and processes; training as a "master of the blade" should come slowly during the years of residency.

Turning to his own keen interest in cardiovascular surgery, Dr. Templeton attributes much of his success to his teacher, colleague, and predecessor as head of the surgical department, Dr. John Gibbon. At present, however, his only project is "... trying to run the department of surgery and that, at times, seems to be more than I can handle."

Dr. Templeton is giving this task a good try, and at the completion of his first year as department head has already earned an admired and respected reputation with staff and students. We can be proud that, except for brief fishing trips to Canada, Dr. John Templeton plans to remain at Jefferson for many years to come.
"Hi, ho! Hi, ho! It's off to work we go . . ."

"Psst . . . your fly's open!"

"Hold tight, Doc . . . the last one jumped off the table!"

Head table at the Cordon Bleu . . .
Sleep, per chance to dream...

"Oh? We take our jackets off before the scrub?"

"Really, dearie, each time you burp I drop the sutures!"

"Hello, mamma... I can squeeze you in at 2:30 a week from this coming Monday..."
"Well, dad was a hard coal miner, and he said, 'Charlie, do I have a headlamp for you!..."

A standout in any crowd...

Our cups runneth over with gloves...
"Not five boys, madame... fibroids!"

"Strange... here she is pregnant and she had a hysterectomy five years ago..."
"... and don't come back here pregnant for at least another year or so..."

"What do you mean you think the twins have the same father?"

"Remember the lady who had triplets this morning? Well, she just had another one in bed!"
"You think the Orientals have a population problem?"

"Of course she's pregnant . . . her side used only Crest for three months!"

Down, down into the mines . . .
"If only that darn rabbit would hurry up!"

"Let's see now... is it twenty pills and then skip five days, or five pills and then skip twenty days..."
Dr. Irving Olshin, whose charmingly informal demeanor, fluid syntax, and remarkable sense of humor have made him a favorite in the few months since his return to Jefferson, was once in danger of having his pedagogical light forever hidden under the basket of full-time research. He tells an intriguing story about his experiences after graduation from University of Pennsylvania Medical School in 1954: “I left the environs of the academy and elected to go off for an internship out of that environment. The reason I did this—I think this is the reason—was because I wanted to be in a hospital where I was the first one to get to see a patient; I looked for some sort of county institution where this would be the case.” He found such a place at Meadowbrook Hospital, in Nassau County, Long Island. “I truly enjoyed it,” Dr. Olshin recounts. “There was not a lot of structured teaching, but there was an abundance of patients, an excellent library, and good attendings from whom you could learn. I liked it well enough to stay a second year as a resident in pediatrics . . . After that, I sort of drifted back into a more academic environment, and I took my second year of residency at the Long Island Jewish Hospital, which has a full-time system and is affiliated with the Downstate Medical Center. At that point in my ‘career’ I thought, well, perhaps it would be nice to get some specialized training in case I wanted to stay full-time in some academic center. I got a NSF grant, came back to Philadelphia, and went to the Children’s Hospital where I worked in the lab of a virologist. My project related to mumps virus, and I spent a couple of years working on a mumps vaccine. I enjoyed it, but I think I missed the patient contact; quite honestly, I thought that I did not have a creative enough imagination to work in a laboratory. More than that, I think it was a temperamental thing; I couldn’t take the long shots that I think a real researcher has to take. I think you have to be prepared for a lot of failures before success, and I was just not comfortable with that. I think I would have stayed in virology—like so many career experiences, it’s a matter of chances and opportunities—but when I finished at Children’s, there were very few jobs around for a virologist. The only one available was in Louisville, and I was about ready to go there but got cold feet at the last minute about leaving the East Coast.”

Dr. Olshin remained in Philadelphia to work two years with Dr. Tom Boggs on project concerning erythroblastosis and cerebral palsy at Pennsylvania Hospital and at Children’s. During this time he got “the first call to Jefferson;” anxious for an opportunity to devote time to teaching, he came here and worked for two years. “I enjoyed those two years tremendously,” he states, “and I left here with a lot of misgivings. I found a lot of motivation to learn on the part of the students, and that, as you know, is the prime thing a teacher looks for. It was a pleasant, nice environment; the students were uniquely responsive.” After Jefferson, Dr. Olshin spent a year at St. Christopher’s Hospital, developing their congenital defects clinic. “That was a very bad year in my life; I had a lot of philosophic problems working with congenital defects. Most of the patients we dealt with up were children with myelomeningocele; I somehow didn’t fully believe that every one of these kids deserved surgical repair and somehow, I just didn’t have my heart in it.” Dr. Olshin returned to Meadowbrook Hospital as director of pediatrics and, after three years in this position, returned to Jefferson last fall.

Dr. Olshin’s philosophy of medical education soon becomes apparent to anyone who has attended his teaching sessions. “The student likes ‘pearls’—this appeals to him—but, deep down, I don’t know that they will be useful to him in the long run. I like a blend of teaching—a little bit of ‘pearl’ stuff, but making the major focus help the student to rationally develop a plan of approach to a clinical problem . . . I think you can make a happy blend by teaching conceptually, by delivering basic information, and yet making it relevant to practice. I have the feeling that Jefferson is achieving that nice synthesis.”

“In our department,” Dr. Olshin points out, “we believe that we should know the students that drift through our department. So often the student in a big school is lost in anonymity, and it’s a hazard here because the numbers are so great. But the school has been generous in support of faculty, and we have to reply by getting involved with students, knowing who they are, identifying their weaknesses, helping them compensate for them, and not letting a student shuffle through, hidden from view, and come out inadequately trained or with a personality problem or character disorder which makes him an unsuitable candidate for medical practice.”

Regarding the new curriculum, Dr. Olshin is con-
"... and don't you spit in the nice nurse's eye any more!"

cerned that it be critically reviewed at each step of the way, that meaningful electives be offered, "not just the same structured lectures, only to smaller audiences. It must continuously be asked, 'Are we really achieving our goal of greater student participation?' Just having a lot of electives in a book from which you can choose is not really the end-point of the program; it should give a better educational experience."

An advocate of living close to his work, Dr. Olshin resides on Lombard Street in Society Hill with his wife and two children. He is partial to things oriental, both in literature and in cuisine, and is fluent in French to the extent that he has undertaken tutoring his wife in that language preparatory to her taking the language requirement exam for her PhD in English.

Headquarters

Proof positive that seeing is not believing...

"... then the kid jumped up, bit off my finger, and ran out!"
"... blue eyes, and brown hair, and the little tyke was about this big, and...

"You have to keep the boy babies covered all the time..."

"... and 2 grains morphine. That should stop his coughing at night!

"Frankly, I'm still writing for Pen G along with streptomycin for my patients..."
"Golly! If she really is, then I'll be a grandma at twenty-two!"

"At this age, Mrs. Jones, it's quite natural for the head to become loose . . ."
"The turning point, doctor, was when I started gargling with chicken soup . . ."
"Yes, sir, your incontinence is a direct result of your broken zipper . . . ."

"I say leave him alone . . . we can't treat the obstruction too well, but once stasis develops we can successfully handle the infection."

Urology
Orthopedics

"We keep telling you, Dr. De Palma, you've got to cast the deformed extremity . . ."

"... and if you can't do anything else, at least dress well . . ."

"Except for seventeen rib fractures she seems to be in good condition . . ."
"... and if the patient shows me a hard time... ... I merely break the leg off about here!"

"No, no... she said the combination was pass zero, left to 18, right to..."

A varus deformity of the tongue...
Herbert A. Luscombe, B.S., M.D., Professor of Dermatology and Head of the Department . . . and little Herbie's daddy . . .

"No, lady, I didn't say you had athletic looking feet . . ."

"Sure didn't look like hoof and mouth disease . . ."
Some are puzzled, some bug-eyed, some just laugh . . . and only one usually gets the right diagnosis!

... and if ever there is a paucity of clinical material, Dr. Luscombe develops a rash . . .
In 1962, Jefferson became the first of the Philadelphia medical schools to include a full-time, salaried Psychiatrist as head of the department. The man chosen for this position was Floyd S. Cornelison, Jr., M.D., then Associate Professor of Psychiatry at Oklahoma University Medical School.

Dr. Cornelison received his Bachelor of Arts degree at Baylor University and, upon graduation, he was awarded a scholarship to Northwestern University’s Graduate School of Speech. In search of part-time employment, Dr. Cornelison applied for the position of photographer at Northwestern’s publicity department. Although he had gained some photographic experience the previous year as editor of his college yearbook, Dr. Cornelison’s know-how left much room for improvement. At any rate, he landed the position and improved his technique—in that order. His next step was to New York City where he did special work in color photography and worked as a lab technician at Richard Beattie’s, one of the world’s leading advertising photographers.

About this time, Dr. Cornelison was confronted with the decision between academic life and the creative life of advertising; he chose medical school. After completing his pre-med requirements at Columbia University, he was accepted to Cornell University Medical College. Dr. Cornelison interned at Greenlands Hospital in Westchester county, New York and completed his residency under Dr. William Malamud at Massachusetts Memorial Hospital. After three years, he was offered a position as instructor in Psychiatry.

In 1952 Dr. Cornelison became interested in and developed “Self Image Experience.” Through the use of color and sound motion pictures (a medium in which he is quite competent), Dr. Cornelison is able to provide his patients the opportunity of seeing themselves. This is not akin to an ordinary mirror in which the image is controlled by the beholder and is, in a sense, merely an extension of the person. “Self Image Experience” provides the true picture, taken with the patient’s permission and awareness, of the way the patient presents himself to his fellow man. As Dr. Cornelison points out, “The whole idea of psychotherapy, in all forms, is to provide an opportunity for people to change their behavior, based on insight. It is essentially an application of Robert Burns’ appeal: ‘Oh, wad some power the giftie gie us to see ourselfs as others see us!’”

In 1960 Dr. Cornelison and Dr. Jean Arenian, working at Boston State Hospital, published the first report on “Self Image Experience” in the Psychiatric Quarterly.

Another outgrowth of this training in photography is manifested in Dr. Cornelison’s concern for behavioral recordings. These are motion picture, sound, and visual records of the patient психiatrist interview. On each frame of the film would be seen a full color view of the patient as well as one of the interviewer. In addition, there would be close-ups of each, a view of the two in their actual space relationship, and certain physiological responses of each. Thus, the viewer could later monitor both behavioral and physiological events which occur simultaneously. In addition, the physician could reproduce exactly the condition of his patient at the time of the interview for examination of objective data and comparison with his future states. In this way, a valuable tool, so much a part of the other branches of science, could be made available to Psychiatry. “Of all the activities in the field,” Dr. Cornelison explains, “The one I believe most needed is the technique of recording objective information on human behavior. Someday I think it will be part of every psychiatric patient’s record.”

Concerning his role at Jefferson, Dr. Cornelison commented: “Jefferson is a fine institution with a great history of clinical excellence. Recently, it has made great progress in increasing its role in areas of medical research and medical education, even though administrative roles and responsibilities of department heads of a few years ago are no longer workable. Also, faculty duties are different. Today, the necessary volume and content of information that must be given to students in large numbers makes for many complex problems in the teaching of medicine. Administrative planning is necessary in all medical fields; the implementation and carrying out of a research program in the medical center is essential in helping students understand how progress is made. The medical center is the clinical and scientific milieu in which meaningful research can be done. In this respect, we expect to plan and implement a curriculum which will help all medical students understand people, when they are well and when they are sick. When a person is ill, it is natural for him to be frightened and apprehensive about his future and that of his family. This is not a psychiatric problem; it is a medical one. We hope to teach the student to be the patient’s friend and one who cares, as well as his doctor.”
"... and, gentlemen, if what I'm saying bores you...

"My doctor says it's perfectly normal for a twenty year old fella to love his scarf..."

"I have ten dollars. Do I hear fifteen?"

"I know young Sigmund had one as a student, son, but your moustache will just have to go..."
History of the Senior Class

Perhaps the nonsense that was registration in September, 1964 should have been enough to encourage some among us to return to the college campuses from which we had just come. That first week—fraternity flings, room renovations, chasers at Chasseys, weather to wilt by—were all happily brought to an end as one hundred and seventy six eager crusaders began the pilgrimage up the steps of DBI, more commonly known as "Mecca, south."

We listened carefully those first few hours (not yet had we discovered that hisses speak louder than words) as dissection instructions were delivered in an English dialect best described by Berlitz as German. From the serosanguinous sauna bath that was the upper amphitheater we spilled into the sewers of Paris at ten each morning—The room from which emanates odors so vile and varied that there was not a one of us who did not, at one time or another, wish it were he who was stretched out on the table . . . cool, calm, and usually collected. As the weeks passed (and time was doing a better job than the freshman did on those first exams) anterior triangles, quadrangular spaces, and fifth nerves were all committed to memory over six packs. Of course, we each discovered little tricks to help us learn (Ten Zebras Bit C . . . ) and yet pass from the portals of DBI in the shortest possible time (follow a black coat, and not only don’t you not have to touch your cadaver or speak to your partners but it also saves fifteen minutes by not having to put the corpus delecti back in its super-saturated baggie.) These fun and games were further placed in comic relief by a "word from the sponsor"—T.V. quiz shows à la DBI. Mutterings such as, " . . . water passes under the bridge" would be temporarily suspended so that we could hear such preclinical pearls as, "Ah! Ver’s the catch" and "Here, umph, is an easy one" roll off Teutonic tongues. Yet, when time came for those practical exams, we certainly did find out where the "catches" were even if we couldn’t find an easy one. After all, we were still batting 500!

Extra hours and Saturday mornings (no, Virginia, Bar Mitzvah lessons are no excuse!) were devoted to reviews and "optional" embryo; so optional were they that only the most precise notes in shades of red, green, and yellow pencil were enough to pass the histo exams. In contrast, and with more resolution than a 10X objective, the histo labs with Caesar & Co., Ltd. were usually relaxing enough for us all: those studying slides for the first time were beyond help (who ever saw a prostate stuffed with Wharton’s jelly?) and those taking college Embryo II were able to ignore the course completely. Neuroanatomy [also known as The Persecution and Ridicule of the Freshman by Colored Pencils and Smudgies as Directed by Captain Hook] mercifully only lasted for three weeks. Again, almost in spite of the system, we did learn to tell our anulus from our genu. Definitely in: miles of scotch tape, sil-
fled to post the results. Moral to be learned: while most prefer a land of milk and honey, there are those whose meat is homogenized beef liver.

As for physiology, that went "... like so!" If lectures seemed as clear as shaky kymographs smoked with carbon, at least the boos and hisses subsided long enough in labs to allow each group to most expeditiously bring about the demise of its experimental animal. Nobody agreed on just what book to read or even what time to wander in and out of Freddy's east-west zoo; what we all did know was that in one independent study, in which 95% tried best, 103% also flunked! But the course did have its moments—red-ribboned stomach stencils, high voltage electric shocks, and more than adequately endowed secretaries. Moral to be forgotten: one learns physiology during pharmacology, anyway. Thus, with what had to be our most unphysiologic and biochemically upsetting finals behind us, we looked forward with great anticipation to a change of scenery... Sophomore year... Act II.

Summer, 1965 gave way to the autumn and the trials of traipsing through the second preclinical year. The first semester of the year was a two-pronged attack upon our sanity and a most colorful a) era b) error (chose two!) in the Jefferson experience. Most often it was the people rather than the subject at hand: pathology and microbiology could be found anywhere, but the likes of Drs. Morgan and Goodner are all too rare, indeed. Cholera was studied—or even contracted, if one cared to—as it is the world over, but those of the class of '68 were to be the last to share in the game of twin and triplet quizzes as presented by K.G. ... traveler, raconteur, tradition extraordinaire. So deep was his perception that rumor had it your grade was determined each September on first encounter with the chiasmatic leader of Pasteur-worshiping. Other good doctors like Mandl, Clancy, Smith, and Randall had all they could do to present their microbes and worms without themselves being smeared out on chocolate agar plates. Without the annual Christmas show to boost a grade or two, only by contaminating your partner's cultures could you manage to stay ahead of the game.

Microscopes in hand, we trudged gamely (or was it lamely) to the land of idiopathic amyloidosis: pathology according to St. Peter. As thorough as micro proved to be, no course we were to take at Jefferson was ever as comprehensive—and fair—as Dr. Herbut's last year as commander-in-chief. Lectures were both informative and enjoyable, and more often than not the 50 minute break came in handy to rest up for carting away the multitude of mimeographed mishmash concluding Dr. Aponte's sermons. These, we learned, were to be studied carefully; 131% of each exam was somewhere in those pages. As for the practical exams, all there was to do was attend "Davey's" review session and the next 131% was assured. Though he had seen them, "... as big as sin, boys!" perhaps the biggest sin was to miss one of his presentations; his wisdom and fervor were greater with each passing day. Lecture material was made ever so clear by Dr. Lewis, and the dynamics (if not the dramatics) of "Sarge" McCloskey will forever remain "... all through the heart!" Sometimes it seemed that you could never win; seldom, however, did you ever lose (except your appetite after viewing Dr. Spelman's slides).

Those long green faces turned to thin blue books each week as soft lead pencils sketched in radiolucencies and filling defects for Prince Philip of Rad. "Draft" dodgers were rewarded with long reports, and soon it became evident that the boys were to be separated from the bones not on diagnostic ability so much as who's pencil had the sharpest point. Actually, Picasso
never had it so good!

Sophomore year was also the time for the study of fresh glial cells by almost exhausted Betz cells, both via the neurophysiology course (four lectures) and neuropathology as seen through the pipe smoke of Dr. Berry. Dr. White’s course turned out to be more pathologic than physiologic, and about the only thing most of us came away with was an unstable lumbosacral mechanism à la the pit. The highlight here had to be our study of demyelinated nerve fibers and astrocytes, and who among us could still the lump in his throat as we watched oligodendrocytes being liquified. The projected slide final was a classic, and if answers were not always correct they were, at least, all the same.

Vast differences were manifest, though, in clinical medicine; no two students could study the same peripheral blood smear and come up with the same diagnosis. Dr. Hodge’s manual (The Book of John) and excellently run department did us well those months and stood up to the test of our clinical years. Secretions and excretions abounding, we tested, studied, plated, and stained every specimen. Only at the end of the semester did we realize all venopunctures were not to be sealed with violaceous hematomas and that side reactions to finger sticks did not normally include nausea, syncope, and iatrogenic anemias. What DPN was freshman year CBC’s became under clinical John, and Dr. Friedman’s inimitable slur of the word “physiology” had long since been surplanted by clinical Jane’s come on, “Now, students . . .”

If we were students, surely we were true scientists under the aegis of Coon, Kraatz, & Co. Probably no lecture series had more of a carnival atmosphere, and in no lab section did so many ever fudge so much so often. As the semester passed, the jokes got worse and the experiments more appetizing as stuffing mice into bell-jars gave way to imbibing amphetamines and alcohol. The nitrous oxide experiment merely confirmed what we all knew so well: pharmacology was a real gasser!

All that was to still separate us from junior year were two other lecture courses, one painful to soma, the other stinging the mind. Surgery was a series of some twenty-five odd (peculiar, maybe?) ten minute talks concerning everything from wound healing to electrolytes (again). It was just a polite way of telling us that the next two years would be chocked full of the very same material. While Psychiatry was somewhat less assuming, hostilities ran high and frustration tolerances low. Sleepy and apethetic we were, but not until we would be challenged in our clinical years by the problems that are mental health would we come to appreciate the superb material Dr. Gottheil had presented.

The curtain rose on Act III when, as juniors, we were ready to assume more than walk-on roles in the stage production called Jefferson. The twelve weeks devoted to medicine—six at the “Mecca” and six at an outlying hospital—were probably the most rewarding (or the least unrewarding) of the year. The teaching material was abundant, and it seemed that what we were to learn was an even greater task. The cause célèbre, barring none, was always the case presentation to the Professor, yet it never seemed quite so bad after the days and nights of academic anguish, rhetorical practice, and chart making were over. In distinct contrast was the usual preparation for the CPC. With Dr. Wise presiding and the class listing its 157 different diagnoses, an astute medicine man would guess along and make a stab as to the pathologic process; this, we were soon to learn, was based not so much on what was presented as what we all came to assume was intentionally deleted. The pathologist merely sat back and cackled: he, alone, knew that the lung shadow was a technical artifact and the sixty pound weight loss was due to the bilateral AK amputations which were not mentioned. It was little wonder that our diagnosis sheets were being filled out during the preceding lunch break and, considering what there was to work with, we did very well, indeed!

The dozen weeks of surgery were similarly divided, this time into four three week sections. The experiences at outlying hospitals varied, but usually it gave us an opportunity to learn to scrub and hold retractors in a manner deemed ridiculous once we returned to Jefferson. The surgeons were even more scarce at lec-
tures this year, and talks became almost non-existent because we "... had them all before." The only sure fire attendance-getter was Dr. Gibbon's "alphabet soup" game: one or two unlucky groups would be lead up front for slaughter while the rest of those present lost themselves in sneaking out the back door, catching up on sleep, or playing "Jotto." The remainder of the block was spent passing through the clinical subspecialties, both in clinics and in lecture. ENT was probably most appealing of all, for here we had our first little offices (to look into little orifices). Discussion topics ranged from otitis media (serous) to wine tasting (serious), and the final exam was as shaky for many of us as Meniere's disease.

Turning our broncho-laryngo-otoscopes in for shiny sounds and sigmoidoscopes (one might say we did a complete about face), we began probing into new (if not greener) fields. Drs. Rovner and Haskell presented outstanding lectures on somewhat less than outstanding subjects; urology notes were excellent, too—once we received them three months after the final exam! The clinic was also most unusual, with two really different nurse-receptionists, "Sweet Pete," and occasional reunions with faces you had seen the week before in a gypsy parlor. Like renal stones, however, this, too, was passed.

What was left of the surgery block was the two "Oh's!"—ophthalmology and orthopedics. Daily quizzes and usually informative clinic sessions were the rule, and living under the threat of a final exam even kept attendance up at the ophthalmology conference each week in McClellan Hall. On the other end of the visual spectrum was orthopedics, chiseled into our heads via high-pressure tactics (top-notch!) While Dr. DePalma was often not present himself, the plaster elves administered the spot quizzes and served as a crack supporting cast. Definitely on the mend: lower back pain and herniated discs.

The last major block was again divided, this time six weeks of OBS-GYN and equal, if not inadequate, time spent in Pediatrics. The umbilical cord of the preclinical years was finally cut when, for the first time in medical school, we were to delve into the female pelvis. In all respects, gynecology was well taught, and whatever managed to slip by the able minds of the instructors was easily clarified by Margaret or Sally. The formal lectures by Drs. Bowers, Kendall, and Hahn made OBS-GYN most worthwhile, and who could forget the classic style of Dr. Goldfarb (as he got carried away in a flow of androgenic hormones) or Dr. Lang's always-to-be-cherished "workshop" on the vagina.

Pediatrics was a paradox: so much to learn with the most meager amount of clinical material (babies just don't grow on trees—as OBS-GYN had taught us!). Combined within a department full of some of the most talented people at Jefferson, the six weeks was hardly enough time to learn all there was to know, and the scheduling of lectures early Saturday morning was scarcely the time to begin. Nonetheless, with excellent material from Dr. Brent (the "floor and ceiling" man) and the distaff side (Drs. Sesso, Gottlieb, and Soentgen), the basics trickled down as through a soggy diaper.

Friday afternoon Medicine lectures shared a distinct position with Preventive Medicine: combined, over 50% of the class attended these classes. In spite of attendance sheets, threats, and what amounted to begging (sounds like ophthalmology again!), the turn out for such illustrious topics as "Nepal: a Nation of Outhouses" was usually rock bottom. Only after the final exam did Dr. Hinman get the last laugh (within two standard deviations, of course!).

Dr. Chambers' neurology course mixed myotonias with cerebral hemorrhages so well that even Ben Casey would have become spastic. Invariably, epileptics never seizured on cue and myosthenics always began their remissions whenever such cases were presented by Dr. Horner. It clearly was the land where jerks (clonic and tonic) were supreme, and the King's English was the word.

Nothing, perhaps, was ever equal to the impact of our junior year: each of us changed from paranoid bookworm to more or less enlightened clinician. We were well trained to analyze and criticize and, in so
doing, truly aid the human condition. Times were difficult, confusing, sometimes most disappointing, but we were now experiencing and doing as “little doctors.”

And yet we felt so very big inside.

Four-fifths of our class began the senior year in June, 1967 after three weeks vacation. SENIORS! (Still have those blue 1968 buttons we received during freshman convocation?). Each of four quintiles began on one ten week block as one fifth enjoyed summer vacation. For those beginning senior pediatrics, most of the five weeks were spent on a private practice routine: examining well babies, administering immunizations, calming phychotic mothers. Interspersed with excellent teaching both here and in pediatric specialty clinics—and completely ignoring the esoteric student talks (topics were usually assigned on subjects with one or less reported cases)—the weeks were speedy and most fruitful. Dr. Rosenberg’s final was, as always, non-identifiable as pediatrics; basic immunology, feeding schedules, growth and development were all taken for granted and, instead, we were quizzed on more fundamental material the like of which included plantar warts and Hartnup’s disease.

Obstetrics and gynecology . . . carry-overs from junior year with one additional fact learned: seniors can function on three hours sleep nightly for five weeks! Breast biopsies and D&C’s seemed to make up the great bulk of gynecologic procedures, and occasionally a tubal ligation or culdoscopy slipped by. About the only sure thing was that the G6 Ps (rushed up to the labor room at 10 p.m. seven centimeters dilated) would probably be there all night with a clinical clerk holding her hand—only to be delivered by the resident just as we had finished being gownned. Post-partum clinic was an unexpected weekly highlight, for it was here, in relaxed and dilated patients, that it was easy to learn how to REALLY do a pelvic exam. We learned, too, how similar we were to the patients . . . all patients cried, all delivered babies, all fell contentedly to sleep after the miracle of birth; the senior students did the very same. Things to “catch”: as many babies and as much sleep as possible!

Surgery was once again a Jefferson-outlying hospital affair. The month at home base allowed the surgeons to sound off periodically in the OR about how they tied surgical knots and, every few days, they actually verbally tied a clinical clerk in knots, too. Then, if all was calm in the operating suite, we could count on the raucous voice of the page operator to jolt us back to reality. The rounds and conferences were all quite exceptional and, in spite of the rigid staff man-resident-intern-student “lowerarchy,” much was to be learned about writing orders and general surgical techniques. After all, we were allowed to wear our white booties, trail off after a jolly green giant, and hold countless retractors . . . Surely that was deemed reward enough, for there was ample time to be treated like an equal once we arrived at our affiliated hospital. These experiences, of course, were as different as the outlying institutions themselves, but congenial atmospheres were always in evidence. Being called “Doctor” at Miseracordia or Chestnut Hill somehow had lost its facetious ring, and knowing that your write-ups and orders were more than theoretical exercises did wonders for our post-Jefferson operative healing. New techniques and approaches were learned from fresh faces; quibbling over what length to cut the ends of retention sutures had seemed to vanish. The block, more often than not, kept us in stitches and once the dreaded oral exam (often more anal than oral) was passed only ten weeks of internal medicine was to separate us from a concept we had perhaps forgotten more completely than a portocaval shunt: vacation.

Senior medicine itself—at least the portion spent at Jefferson—was basically a clinically oriented experience. Dr. Lindquist’s stories about poor ailing pneumonia prone secretaries were a true liberal arts course in themselves; not only were they medically instructive, but we were sure we had been the first to preview an upcoming script for “Young Dr. Malone.” Once we had all memorized the clinic floor plan and fully appreciated the importance of the elevator operator, we unen-
thusiastically dragged out old diagnosis sheets, examined the even less enthusiastic patients (histories, most often, only confused the issue: they were never the same twice) and then began the L-O-N-G vigil for the appearance of our consultant. Actually, after the Inquirer puzzle was completed and both coffee breaks over and done with the good doctor usually was there! Your diagnosis then made and discussed, another identical diagnosis sheet was stapled on top of the pile and another bit of medical wisdom was tucked away in our heads. Difficult patients and exhausting routines—these were our daily lot. Yet we learned, and grew, and were startling even ourselves with how much responsibility we could confidently assume (or, in some cases, manage to wangle our way out of and have someone else finish). This confidence splashed over like junior Gram stain, for all of the “special clinics” were also similarly colored. Peripheral vascular clinic was a one-shot filter: either someone filtering down to the mire of medical clinic or finally getting to a surgical clinic from the 8th floor Curtis Never-Never Land. Hypertensive clinic was for those without the patience to wait in medical clinic. Motto here: One for all (day), all for Renese (-R). Diabetic clinic was full of medical rarities in that all patients were on 1000 calorie, low carbohydrate diets (“Doc, I’z swear I’z eat nothin’ but salads”) and yet gained an average of 4 pounds between quarter annual visits. Allergy clinic was as valuable as Philadelphia dust, and both the skin testing and student reports even more unsettling. Two highlights were arthritis clinic (with its fine talks and patient demonstrations) and cardiac clinic (with even finer clinical and lecture material.) Add Drs. Rupp and Fields and outpatient medicine was most worthwhile, and the home care program of Drs. Kates and Paterson were rare jewels in an often weatherbeaten crown. In-patient work at Jefferson was basically a continuation of junior medicine, with the whims of the staff men and the abilities of the senior house officers what determined the value of the experience. The bulk of the class was allowed to rotate through branch offices and, as is always the case, found these hospitals medically and socially rewarding.

The fourth year curriculum was completed with the specialties block (or, more correctly, a vacation from the vacation block) and instruction in orthopedics and urology were deemed the areas missing to make our education complete. Caring for in-patients as well as psychiatric out-patients gave the student the rare opportunity to mingle among those, outside of the medical profession, who also occasionally talked to themselves. The great importance of mental disorders as one of mankind’s commonest illnesses, however, was usually appreciated, and once the segment of the block on neurology was completed—either two plus weeks with Dr. Chambers or on a ward service at PGH—the student at least knew whom he could turn to for consolation. Dermatology was a hair raiser, and, if nothing else was remembered, the budding pimple-pushers learned that all wet lesions must be dried and all dry lesions must be covered with a salve (even toothpaste would do in the pinch). Things to forget: steroids, steroids, steroids! Things to remember: just about everything from acne to zoster!

The orthopedists continued the bone-curling of junior year and more and more was added onto what we had already forgotten. In addition to learning how to read X-rays (Dr. Dowling) and remain truthful to the cause (Dr. DePalma), we learned all Paris had to offer concerning sartorial splendor (guess who). As for urological splendor, that was rare, indeed; urology proved to yield the only nights on call of the specialty block. The odor of wet plaster had turned to ammonia, and the slow pace of patients ambulating with bilateral leg casts gave way to the “rush calls” of the incontinent.

We loved those ADP’s and CBC’s and PSP’s, though—now, with much work and understanding, they have turned into a hundred and fifty-seven enthusiastic M.D.’s.
GILL R. ALDERFER, M.D.
Ridley Park, Pennsylvania
PENNSYLVANIA MILITARY COLLEGE, B.S. 1964
Nu Sigma Nu; Jr. Class Vice-president
Married Mary A. Keller 1967

BONNIE LEE ASHBY, M.D.
Chatham, New Jersey
WILSON COLLEGE, A.B. 1964
Sims; SAMA, Secretary-Treasurer; Class Vice-president
General Practice

JOEL M. BARISH, M.D.
Philadelphia, Pennsylvania
DICKINSON COLLEGE, B.S. 1964
Phi Delta Epsilon; Pediatric Society; Dean's Committee;
Hare Medical Society; SAMA
Internal Medicine

WILLIAM H. BARNABY, M.D.
Gibbstown, New Jersey
URSINUS COLLEGE, B.S. 1964
Phi Alpha Sigma, Treasurer
Surgery
JOHN C. BAYLIS, M.D.
Newark, Delaware
UNIVERSITY OF DELAWARE, B.A. 1964
Phi Chi; Hare Medical Society; Sims Society; Christian Medical Society; Dean's Committee

GEORGE S. BELL, M.D.
Philadelphia, Pennsylvania
PENN STATE, B.S. 1966
Phi Delta Epsilon; Sims Society; Pediatric Society, Secretary
Married Lois Levine 1966

ROBERT E. BELLET, M.D.
Philadelphia, Pennsylvania
DICKINSON, B.S. 1964
Hare Medical Society
Married Lois Harriet Gelber 1964
Internal Medicine

CYRUS E. BEEKEY, JR. M.D.
Philadelphia, Pennsylvania
URSINUS COLLEGE, B.S. 1964
Phi Alpha Sigma; SAMA
Married Joan Clark Baverle 1965
JOHN L. BERARDINELLI, M.D.
Johnstown, Pennsylvania
ST. FRANCIS OF LORETTO, B.S. 1963,
NOTRE DAME 1964
Alpha Kappa Kappa; Kappa Beta Phi; SAMA
Married Barbara Louise Kepner 1966
Pediatrics

DAVID A. BERD, M.D.
Philadelphia, Pennsylvania
PENN STATE, B.S. 1966
Phi Delta Epsilon, Social Chairman; SAMA; Hare Medical Society;
Internal Medicine

JAY B. BERGER, M.D.
Bethlehem, Pennsylvania
LEHIGH UNIVERSITY, B.A. 1964
SAMA
Married Ruth Irene Tubis 1966
Internal Medicine

CARL B. BINNS, M.D.
Bellefonte, Pennsylvania
PENN STATE, B.S. 1966
Phi Chi; Sims Society; 5 year Medical Program
Radiology
PAUL R. Bosanac, M.D.
McKeesport, Pennsylvania
PENN STATE, B.S. 1966
Nu Sigma Nu: President; Athletic Chairman; Student Council Representative
Vascular Surgery

Charles M. Brooks, M.D.
Hillsdale, New Jersey
RUTGERS, B.A. 1964
Phi Alpha Sigma; Sims Society; SAMA; Hare Medical Society
Married Elna Jane Rothman 1966

Wayne H. Braverman, M.D.
Philadelphia, Pennsylvania
FRANKLIN and MARSHALL
Phi Lambda Kappa; Hare Medical Society
Married Lana Eileen Goldberg 1966
Psychiatry

Virginia J. Campbell, M.D.
State College, Pennsylvania
PENN STATE UNIVERSITY B.A. 1964
Sims Society; Secretary of sophomore, junior, senior class
Radiology
WILFRED I. GARNEY JR., M.D.
Providence, Rhode Island
COLGATE COLLEGE, B.A. 1964
Alpha Kappa Kappa; House Manager

JEFFREY S. CHASE, M.D.
Montrose, Pennsylvania
CORNELL B.A. 1964
Nu Sigma Nu, Vice president; Alpha Omega Alpha; Kappa Beta Phi
Married Dorothy Hayes 1963
Internal Medicine

WILLIAM J. CASPER JR., M.D.
West Hazleton, Pennsylvania
PENN STATE, B.S. 1964
Alpha Omega Alpha; Kappa Beta Phi; Hare Medical Society; Student Research; Rugby Club, President Ophthalmology

RICHARD I. COHEN, M.D.
Elizabeth, New Jersey
RUTGERS UNIVERSITY, B.A. 1964
Phi Chi; National Foundation Prize in Teratology, 1967
Married Eileen Fischer 1965
Pediatrics
IRVING S. COLCHER, M.D.
Philadelphia, Pennsylvania
ST. JOSEPH'S COLLEGE, B.S. 1963,
UNIVERSITY OF PENNSYLVANIA, 1964
Phi Lambda Kappa, Secretary; Pediatric Society
Married Barbara Gail Jaslow 1966
Radiology

DOMINIC F. COMPERATORE, M.D.
Philadelphia, Pennsylvania
ST. JOSEPH'S COLLEGE, A.B. 1964
Alpha Kappa Kappa; Sims Society
Married Kathryn Marie Muller 1966
General Practice or Medicine

ELLiot M. COOPERMAN, M.D.
Bala Cynwyd, Pennsylvania
PENN STATE, B.S. 1966
Phi Delta Epsilon; Alpha Omega Alpha, Honor Medical Fraternity
Internal Medicine or Psychiatry

ROBERT H. COPULSKY, M.D.
Brooklyn, New York
ALFRED, B.A. 1960
SAMA
Married Muriel Elaine Boruchow 1967
Orthopedics
BARRY CORSON, M.D.
Philadelphia, Pennsylvania
TEMPLE UNIVERSITY, B.A. 1964
Phi Lambda Kappa, President; Sims Society, Secretary
Married Janice Newman 1964

RICHARD L. DAVIES, M.D.
Sacramento, California
JOHNS HOPKINS UNIVERSITY, A.B. 1964
Phi Chi; Sims Society, Pediatric Society

EDWARD A. DEGLIN, M.D.
Philadelphia, Pennsylvania
PENN STATE, B.S. 1966
Phi Delta Epsilon; Pediatric Society; SAMA
Married JoAnne Cooperman 1967
Ophthalmology

RAPHAEL J. DE HORATIUS, M.D.
Philadelphia, Pennsylvania
ST. JOSEPH'S COLLEGE, B.S. 1964
Alpha Kappa Kappa; Sims Society; SAMA; SAMA Newsletter, Editor
WILLIAM J. DENNIS, M.D.
Conshohocken, Pennsylvania
VILLANOVA UNIVERSITY, B.S. 1964
SAMA
Obstetrics and Gynecology

NICHOLAS W. DICUCCIO, M.D.
Butler, Pennsylvania
ST. VINCENT COLLEGE, A.B. 1964
Phi Chi, Social Chairman; Sims Society; Pediatric Society
Surgery

PHILIP E. DONAHUE, M.D.
Philadelphia, Pennsylvania
LA SALLE COLLEGE, A.B. 1964
Alpha Kappa Kappa

WILLIAM M. EBOCH, JR., M.D.
Altoona, Pennsylvania
JUNIATA COLLEGE, B.S. 1964
Phi Alpha Sigma; SAMA
Married Roxella Margaret Mauk 1965
STEPHEN R. ELLIN, M.D.
Brooklyn, New York
BROOKLYN COLLEGE, A.B. 1962
Phi Lambda Kappa

ROBERT H. EZERMAN, M.D.
Philadelphia, Pennsylvania
HAVERFORD COLLEGE, B.A. 1963
Sims Society; Pediatric Society
Married Elizabeth Booth 1964
Family Practice

WALTER D. EPPLE, M.D.
Philadelphia, Pennsylvania
UNIVERSITY OF PENNSYLVANIA, B.S. 1964
Phi Alpha Sigma; Sims Society; SAMA
Married Stephanie K. Ratcliff 1967
Neurosurgery

ALAN E. FEEN, M.D.
Cherry Hill, New Jersey
NORTHWESTERN, B.A. 1964
Phi Delta Epsilon
MARCIA A. FITZPATRICK, M.D.
Philadelphia, Pennsylvania
IMMACULATA COLLEGE, A.B. 1964
Pediatric Society, Executive Council; SAMA Pediatrics

RICHARD J. FLANIGAN, M.D.
Havertown, Pennsylvania
ST. JOSEPH'S COLLEGE, B.S. 1960
VILLANOVA UNIVERSITY
Alpha Kappa Kappa; SAMA; Vice-President; President;
National Treasurer; Sophomore Class Vice-President;
Kappa Beta Phi; Rugby Team; Dean's Committee
Married Barbara Marie Flanigan 1967
Internal Medicine

THOMAS G. FLETCHER, M.D.
Oakland, California
UNIVERSITY OF CALIFORNIA, B.A. 1961
SAN FRANCISCO STATE
Alpha Kappa Kappa; Sims Society; Pediatric Society
Married Elizabeth Louise Wells 1964

ALBERT R. FRANCESCONI, M.D.
Camden, New Jersey
ST. JOSEPH'S COLLEGE, B.S. 1964
Alpha Kappa Kappa
Married Elizabeth Ann Catherine Blank 1965
General Practice
JOHN D. FROST, M.D.
State College, Pennsylvania
PENN STATE, B.S. 1966
Phi Alpha Sigma; Student Council
Surgery

LAURA B. FUNKHOUSE, M.D.
Butler, Pennsylvania
GROVE CITY COLLEGE, B.S. 1964
Obstetrics and Gynecology

THOMAS J. GAL, M.D.
Bethlehem, Pennsylvania
VILLANOVA UNIVERSITY, B.S. 1965
Nu Sigma Nu; Hare Medical Society; Alpha Omega Alpha,
Vice-President; Married Mary Jane Mitchell 1966
Anesthesiology

STEPHEN D. GELFOND, M.D.
Elkins Park, Pennsylvania
GETTYSBURG, A.B. 1964
Sims Society
Psychiatry
HUBERT W. GERRY, M.D.
West Orange, New Jersey
LAFAYETTE COLLEGE, B.S. 1964
Nu Sigma Nu
Married Maryanne Bender 1967
Internal Medicine

MARK R. GLASBERG, M.D.
Philadelphia, Pennsylvania
PENN STATE, B.S. 1966
Phi Delta Epsilon, Athletic Chairman; Hare Medical Society; Pediatric Society

JOSEPH P. GLASER, M.D.
Havertown, Pennsylvania
BOSTON COLLEGE, B.S. 1964
Alpha Kappa Kappa, Executive Council; Hare Medical Society, President
Married Kathleen Ann McAnaney 1966

CLIFFORD A. GORDON, M.D.
Passaic, New Jersey
RUTGERS UNIVERSITY, A.B. 1964
Phi Lambda Kappa, Treasurer; Pediatric Society
Married Linda Judy Minkoff 1964
Internal Medicine
CARL M. GREEN, M.D.
Upper Darby, Pennsylvania
VILLANOVA UNIVERSITY, B.S. 1964
Phi Delta Epsilon, Treasurer; Hare Medical Society
Research

STEPHEN L. HERSEY, M.D.
Kennett Square, Pennsylvania
KENYON COLLEGE, A.B. 1963
Alpha Kappa Kappa; SAMA; Kappa Beta Phi
Married Betsy Anne Preston 1967
General Practice or OB-GYN

WILLIAM K. GROSSMAN, M.D.
Mt. Carmel, Pennsylvania
PENN STATE, B.S. 1966
Phi Chi, Student Council Representative; Hare Medical Society; SAMA; Student Council, Secretary
General Practice

GERALD A. HIATT, M.D.
Waimanalo, Hawaii
UNIVERSITY OF CALIFORNIA
UNIVERSITY OF HAWAII, B.S. 1964
Hare Medical Society; Pediatric Society, Chairman; Sims Society
Married Carolyn Diane Macintosh 1964
General Practice
LAWRENCE V. HOFMANN, M.D.
Jenkintown, Pennsylvania
ST. JOSEPH'S COLLEGE, B.S. 1964
Alpha Kappa Kappa, President; Student Council, Vice-President
Pediatrics

PAUL D. HOLMAN, M.D.
Waynesboro, Virginia
UNIVERSITY OF VIRGINIA, B.A. 1965
Phi Alpha Sigma

WILLIAM F. HOLMES, M.D.
Chappaqua, New York
WILLIAMS COLLEGE 1964
Sims Society; Pediatrics Society
Married Pamela F. Stowe
Entomology

JOHN B. HUMPHREY, JR. M.D.
Medford Lakes, New Jersey
SETON HALL UNIVERSITY, B.A. 1964
Alpha Kappa Kappa, Treasurer; Alpha Omega Alpha; Hare Society
Married Gerri Oak
Surgery
ROBERT A. JACOBS, M.D.
New York, N. Y.
PENN STATE, B.S. 1966
Phi Delta Epsilon: Social Chairman; Student Council Representative; Pediatric Society; Sims Society; Student Council Treasurer
Internal Medicine or Pediatrics

JAMES H. JACOBY, M.D.
Wynnewood, Pennsylvania
PENN STATE, B.S. 1966
Phi Delta Epsilon: Vice-President, Rush Chairman; Senator; Sims Society; Kappa Beta Phi; SAMA; C.P.C. Prize 1967
Surgery

GEORGE E. JEFFERIES, III, M.D.
Oberlin-Steelton, Pennsylvania
GETTYSBURG COLLEGE, A.B. 1964
Phi Alpha Sigma
Married Nancy Carolyn Ross 1961
General Practice

JOHN A. JEFFERIES, M.D.
Oberlin-Steelton, Pennsylvania
GETTYSBURG COLLEGE, A.B. 1964
Alpha Omega Alpha
Married Donna Louise Albright 1964
General Practice
GERALD F. KAPLAN, M.D.
Philadelphia, Pennsylvania
FRANKLIN & MARSHALL COLLEGE, A.B. 1964
Phi Delta Epsilon; Hare Medical Society; Alpha Omega Alpha
Married Susan Kieserman, 1967
Surgery

JOEL A. KAPLAN, M.D.
Jenkintown, Pennsylvania
TEMPLE UNIVERSITY
Phi Lambda Kappa; Hare Medical Society; Alpha Omega Alpha; Sims Society; SAMA; Pediatric Society
Married Norma Diane Ganz 1965
Anesthesiology

JEROLD KAUFMAN, M.D.
Orland, Pennsylvania
MUHLENBERG, B.S. 1964
Phi Alpha Sigma; Pediatric Society; Obstetric-Gynecology Society
Medicine

JOSEPH F. KESTNER, JR., M.D.
Media, Pennsylvania
ST. JOSEPH'S COLLEGE, B.S. 1964
Nu Sigma Nu, Treasurer; Kappa Beta Phi; Hare Medical Society; Pediatric Society
Internal Medicine
JUDSON H. KIMMEL, M.D.
Shelocta, Pennsylvania
JUNIATA, B.S. 1964
Phi Alpha Sigma; SAMA

JACOB KLEIN, M.D.
Philadelphia, Pennsylvania
MUILENBERG COLLEGE, B.S. 1964
Sims Society, President; Pediatric Society; SAMA
Married Roberta Lynne Selber 1964
Obstetrics-Gynecology

BARRY KNIAZER, M.D.
Philadelphia, Pennsylvania
UNIVERSITY OF PENNSYLVANIA, B.A. 1964
Hare Medical Society

FREDERICK J. KOCH, M.D.
Jeannette, Pennsylvania
FRANKLIN & MARSHALL COLLEGE, A.B. 1964
Phi Chi; Sims Society
Pathology
ROBERT C. KURTZ, M.D.
Elkins Park, Pennsylvania
UNIVERSITY OF PENNSYLVANIA, A.B. 1964
Phi Delta Epsilon; Hare Medical Society
Married Linda Ida Schurr 1966
Medicine or Surgery

NORMAN LABEL, M.D.
Philadelphia, Pennsylvania
PHILADELPHIA COLLEGE OF PHARMACY AND
SCIENCE, B.S. 1963
Phi Lambda Kappa
Internal Medicine

JOHN LAZARCHICK, M.D.
Pottsville, Pennsylvania
LAFAYETTE COLLEGE, A.B. 1964
Sims Society; Pediatric Society
Married Lynda Cabashinsky
Internal Medicine

STEVEN L. LEFRAK, M.D.
Collingswood, New Jersey
TEMPLE UNIVERSITY, A.B. 1964
Phi Lambda Kappa; Sims Society
Married Phyllis Diane Klausner, 1967
Pediatrics
IAN M. LEV., M.D.
Philadelphia, Pennsylvania
PENN STATE, B.S. 1964
Phi Lambda Kappa, Vice-President

WILLIAM E. LOGAN, M.D.
Media, Pennsylvania
PENN STATE, B.S. 1964
Phi Alpha Sigma; Alpha Omega Alpha; Physiology; Lange Medical Publication

IAN M. LEV., M.D.
Philadelphia, Pennsylvania
PENN STATE, B.S. 1964
Phi Lambda Kappa, Vice-President

WILLIAM E. LOGAN, M.D.
Media, Pennsylvania
PENN STATE, B.S. 1964
Phi Alpha Sigma; Alpha Omega Alpha; Physiology; Lange Medical Publication

JOHN L. LODER, M.D.
Leesport, Pennsylvania
UNIVERSITY OF VIRGINIA, A.B. 1964
Nu Sigma Nu; Orthopedics Society
Married Boosbong Lotus Puangchinda 1966
General Practice

FRIEDRICH C. LUFT, M.D.
Albuquerque, New Mexico
COLORADO COLLEGE, B.A. 1964
Phi Chi; Hare Medical Society; Sims Society; SAMA, Vice-President 1966-67; Dean’s Committee
Married Elsie Joan Jilka 1985
Internal Medicine
HERBERT LUSCOME, M.D.
Philadelphia, Pennsylvania
SAINT JOSEPH'S COLLEGE
Phi Chi; Kappa Beta Phi
Married Mary Eileen Pfister 1965
Surgery or Cardiology

BOHDAN MALYK, M.D.
East Brunswick, New Jersey
RUTGERS UNIVERSITY, A.B. 1964
Kappa Beta Phi; Sims Society; SAMA
Married Patricia E. Horvath 1965
Obs-Gyn

JOHN P. MANGES, M.D.
Chambersburg, Pennsylvania
GETTYSBURG, B.A. 1964
Nu Sigma Nu: President, Alumni Secretary, Social Chairman; Kappa Beta Phi; Rugby Club; Hare Medical Society; Student Research Society, Yearbook Photographer
Married Carol Elizabeth Krochak 1966
Internal Medicine

HARVEY A. MANNES, M.D.
Cranford, New Jersey
RUTGERS UNIVERSITY, B.A. 1964
Phi Alpha Sigma; Hare Medical Society
Married Eve B. Bach 1966
LYNDON E. MANSIFLED, M.D.
Philadelphia, Pennsylvania
TEMPLE UNIVERSITY
Phi Delta Epsilon; Alpha Omega Alpha, Vice-President;
Kappa Beta Phi, Vice-President; SAMA; Pediatric Society

JAMES A. MEADOWCROFT, M.D.
Berwyn, Pennsylvania
ALLEGHENY COLLEGE, B.A. 1964
Phi Chi; Sims Society; Kappa Beta Phi; Class President;
Student Council
Orthopedics

MICHAEL L. MARONE, M.D.
Philadelphia, Pennsylvania
ST. JOSEPH'S COLLEGE, B.S. 1964
Phi Chi
General Practice

JOHN J. MECH, M.D.
Irvington, New Jersey
CORNELL UNIVERSITY A.B. 1964
Phi Chi, Steward; Rugby Club
Married Irmtraut Eleonore Deane 1967
Plastic Surgery
WILLIAM L. MEDFORD, JR., M.D.
Swarthmore, Pennsylvania
LEHIGH UNIVERSITY, B.S. 1964
Alpha Kappa Kappa
Married Mary Elizabeth Hicks 1964
Ophthalmology

CARL D. METZGER, M.D.
Philadelphia, Pennsylvania
MUHLENBERG COLLEGE, B.S. 1964
Pediatric Society, Chairman; Sims Society, Treasurer;
SAMA
Married Linda May Simensky 1964
Pediatrics

GLEN W. METZ, M.D.
Allensville, Pennsylvania
PENN STATE, B.S. 1964
Married Barbara Louise Grassmyer 1964

DANIEL J. MIZAK, M.D.
Bridgeport, Connecticut
UNIVERSITY OF BRIDGEPORT, B.A. 1963
UNIVERSITY OF BUFFALO, DEPARTMENT OF IMMUNOLOGY
Sims Society
Married Heide Elke Leibold 1966
General Practice
MARTINA M. MOCKAITIS: M.D.
Mahanoy City, Pennsylvania
JEFFERSON HOSPITAL SCHOOL OF NURSING, R.N.
1960
UNIVERSITY OF PENNSYLVANIA, B.S. 1964
Hare Medical Society; Pasteur Society

WILLIAM J. MOLINARI, M.D.
Philadelphia, Pennsylvania
PENNSYLVANIA STATE UNIVERSITY, B.S. 1966
Alpha Kappa Kappa; Sims Society; Pediatric Society;
Anesthesia Society; SAMA
Anesthesiology

WILLIAM J. MULLIN, M.D.
Philadelphia, Pennsylvania
ST. JOSEPH'S COLLEGE, B.S. 1964
Phi Chi; Sims Society
General Practice

MORRIS L. OROCOFSKY, M.D.
Philadelphia, Pennsylvania
TEMPLE UNIVERSITY, A.B. 1960
Phi Delta Epsilon; Hare Medical Society; Sims Society;
Pediatric Society; Alpha Omega Alpha
Internal Medicine
JOSEPH E. PALASCAK, M.D.
North Braddock, Pennsylvania
DUQUESNE UNIVERSITY, B.S. 1964
Phi Chi; Hare Medical Society; Sims Society; SAMA;
Pediatric Society; Pasteur Society; Jefferson Scholarship
1964-65; J. E. Meer's Scholarship 1965-66; Pennsylvania
Medical Society Scholarship 1964-68
Internal Medicine

CARL J. PERGAM, M.D.
Flushing, New York
DICKINSON COLLEGE, B.S. 1964
Nu Sigma Nu, Steward
Married Jeannette Ruth Munson 1967
Surgery

WARREN C. PILLIPS, JR., M.D.
Phillipsburg, New Jersey
PENN STATE, B.S. 1964
Nu Sigma Nu
Radiology

CHARLES E. PROBST JR., M.D.
Randor, Pennsylvania
WILLIAMS COLLEGE, A.B. 1964
HARRY E. RAMSEY, JR., M.D.
Saxton, Pennsylvania
JUNIATA COLLEGE, B.S. 1964
Phi Alpha Sigma, President; Kappa Beta Phi; SAMA
Married Marnie G. Spencer, 1967
General Practice

BARRY M. REISMAN, M.D.
Fair Lawn, New Jersey
CORNELL UNIVERSITY, B.A. 1963
Phi Chi
Married Lois Rochelle Mintz 1965

KENNETH B. REYNARD, M.D.
Riverton, New Jersey
UNIVERSITY OF PENNSYLVANIA, A.B. 1964
Alpha Kappa Kappa
Radiology

ALAN V. RICHMAN, M.D.
McKeesport, Pennsylvania
PENN STATE, B.S. 1966
Phi Delta Epsilon, Treasurer; Hare Medical Society; Alpha Omega Alpha Anatomy Prize; Roche Lab Prize; Lange Medical Publication
ROBERT J. RISIMINI, M.D.
Vineland, New Jersey
SETON HALL, B.S. 1964
Phi Alpha Sigma, Vice-President; Kappa Beta Phi; Yearbook
Pediatrics

JOHN H. ROBINSON, M.D.
Wheeling, West Virginia
BETHANY COLLEGE, B.S. 1964
Alpha Kappa Kappa; Hare Medical Society
Married Judy Kay Larrick 1965
Surgery

ROBERT D. ROCKFELD, M.D.
Brooklyn, New York
UNIVERSITY OF PENNSYLVANIA, B.A. 1963
Phi Chi; Hare Medical Society
Neurosurgery

LEO A. ROBERGE, M.D.
Bristol, Connecticut
ASSUMPTION COLLEGE, A.B. 1964
Phi Chi; Pediatric Society
General Practice or Psychiatry
BARRY A. ROFMAN, M.D.
Philadelphia, Pennsylvania
PENN STATE, B.S. 1968
Phi Delta Epsilon; Sims Society
Internal Medicine

DAVID E. ROSENMAN
Philadelphia, Pennsylvania
EARLHAM COLLEGE, A.B. 1964
Pediatric Society; Obstetric-Gynecology Society; Student Health Organization; Project HOPE, 1967
Public Health

JAMES M. RUSSO, JR., M.D.
Island Heights, New Jersey
DARTMOUTH COLLEGE, A.B. 1964
Married Lois Jean Hopson 1964
Orthopedics

CHARLES H. RYAN, M.D.
Cherry Hill, New Jersey
PENN STATE, B.S. 1964
Alpha Kappa Kappa
HOWARD N. SABARRA, M.D.
Bayside, New York
QUEENS COLLEGE, B.S. 1964
Phi Alpha Sigma; Sims Society; Pediatrics Society; Kappa Beta Phi; SAMA; Editor-In-Chief, Clinic 1968; Student Council Representative
Will marry Deborah Beth Kalish 1968
Surgery (Urology)

ANDRES M. SALAZAR, M.D.
Santurce, Puerto Rico
DARTMOUTH, B.A. 1964
Student Research Society
Experimental Neurology

STEPHEN V. SAVRAN, M.D.
Merion Station, Pennsylvania
SWARTHMORE, B.A. 1964
Hare Medical Society, Vice-President; Student Research Society
Married Constance Joanne Stoct 1966
Anesthesiology

MARTIN SCHWARTZ, M.D.
Linden, New Jersey
RUTGERS UNIVERSITY, B.A. 1964
Hare Medical Society
Married Linda Edith Handel 1966
Obstetrics-Gynecology
THOMAS S. SCOTT, M.D.
Bryn Mawr, Pennsylvania
UNIVERSITY OF PENNSYLVANIA, B.A. 1964
Phi Alpha Sigma; Sims Society; SAMA: Student Research Society; Pediatrics Society

PAUL D. SHAWALUK, M.D.
Philadelphia, Pennsylvania
UNIVERSITY OF PENNSYLVANIA, A.B. 1963
Phi Alpha Sigma

RONALD D. SEROTA, M.D.
Philadelphia, Pennsylvania
PENN STATE, B.S. 1964
Alpha Omega Alpha; Obstetric-Gynecology Prize, 1967
Internal Medicine

STEWART D. SHULL, M.D.
Philadelphia, Pennsylvania
PENN STATE, B.S. 1966
Phi Delta Epsilon; Hare Medical Society, Secretary; Alpha Omega Alpha; Sims Society
Internal Medicine
NELSON D. SIRLIN, M.D.
Philadelphia, Pennsylvania
ALBRIGHT COLLEGE, B.S. 1964
Phi Alpha Sigma; Sims Society; SAMA; Hare Medical Society; Kappa Beta Phi, President
Married Ronnie Beth Rosner 1965
Internal Medicine

ALLAN W. SKRENTA, M.D.
Passaic, New Jersey
FORDHAM UNIVERSITY, A.B. 1963
RUTGERS UNIVERSITY, M.S. 1964
Theta Kappa Phi, Treasurer; Dean’s Committee; Kappa Beta Phi
Married Eva Barbara Kajetanski 1966

THEODORE J. SKOWRONSKI, M.D.
Philadelphia, Pennsylvania
ST. JOSEPH'S COLLEGE, B.S. 1964
Hare Medical Society, Treasurer; Sims Society; Pediatric Society; SAMA; Vice-President, Freshman Class
General Practice

GREGORY A. SLACHTA, M.D.
Topsfield, Massachusetts
PENN STATE, B.S. 1966
Phi Delta Epsilon, President; Sims Society; Pediatric Society; Phi Delta Epsilon Scholarship Prize 1967
Married Elaine Harrison 1967
Urology
CHARLES W. SNYDER, M.D.
Irwin, Pennsylvania
BUCKNELL UNIVERSITY, A.B. 1964
Phi Chi; Sims Society
Ophthalmology

LAWRENCE K. SNYDER, M.D.
Philadelphia, Pennsylvania
URSINUS, B.S. 1964
Phi Chi
Married Phyllis Marcia Dolfman, 1966
Anesthesiology

LINCOLN SPURGEON, M.D.
South Dennis, New Jersey
URSINUS, B.S. 1964
Phi Chi, House Manager
Surgery

CHARLES E. SPARKS
Westfield, New Jersey
MASSACHUSETTS INSTITUTE OF TECHNOLOGY
JOHN M. STACK, JR., M.D.
Philadelphia, Pennsylvania
LA SALLE COLLEGE, B.A. 1964
Phi Chi
Married Eileen Roberta Hahn 1967
Obstetrics-Gynecology

MARK R. STEIN, M.D.
Philadelphia, Pennsylvania
LA SALLE COLLEGE, B.A. 1964
Phi Lambda Kappa; Sims Society; Alpha Omega Alpha
Married Phyllis Mary Feinstein, 1964
Medicine

ROBERT M. STEIN
Philadelphia, Pennsylvania
PENN STATE, B.S. 1966
Phi Delta Epsilon; Hare Medical Society; Sims Society;
Student Research Society, SAMA

BRUCE L. STEVENS, M.D.
Baldwin, New York
TRINITY COLLEGE, B.S. 1964
Nu Sigma Nu; SAMA
Married Carol Elizabeth Carter 1964
DONALD H. STOCK, M.D.
Philadelphia, Pennsylvania
URSINUS COLLEGE, B.S. 1964
Alpha Omega Alpha; Hare Society
Married Gail Florence Gray 1966

RUSSELL J. STUMACHER, M.D.
Southampton, Pennsylvania
UNIVERSITY OF PENNSYLVANIA, A.B. 1964
Alpha Kappa Kappa, Recording Secretary
Cardiology

SUSAN J. SYREK, M.D.
Bryn Mawr, Pennsylvania
UNIVERSITY OF PENNSYLVANIA, B.S. 1964
SAMA
Married Richard James Syrek 1961
Radiology

IRA R. TENNEBAUM, M.D.
Philadelphia, Pennsylvania
PENN STATE, B.S. 1966
Phi Delta Epsilon; Alpha Omega Alpha; Hare Medical Society
General and Thoracic Surgery
STEPHEN J. THOMAS, M.D.
Washington, D.C.
CORNELL UNIVERSITY, A.B. 1964
Hare Medical Society, Sims Society; Obstetric-Gynecology Society
Medicine

NOBLE L. THOMPSON, JR., M.D.
Chester, Pennsylvania
LINCOLN UNIVERSITY, B.A. 1964
Nu Sigma Nu, Secretary; Student Council

JAY A. TOWNSEND, M.D.
Dauphin, Pennsylvania
HARVARD, A.B. 1958
Married Barbara Ann Borger, 1964

JAMES B. TURCHIK, M.D.
Trumbull, Connecticut
YALE, B.A. 1964
Alpha Kappa Kappa, Chaplain; Hare Medical Society
Medicine
DONALD G. URBAN, M.D.
Hershey, Pennsylvania
LEBANON VALLEY COLLEGE, B.S. 1964
Sims Society
Internal Medicine

RICHARD T. VAGLEY, M.D.
Monessen, Pennsylvania
PENN STATE, B.S. 1966
Phi Alpha Sigma; Student Council, Treasurer; SAMA, Vice-President
Surgery

VINCENT M. VACCARO, M.D.
Philadelphia, Pennsylvania
UNIVERSITY OF PENNSYLVANIA, A.B. 1964
Alpha Kappa Kappa
Married Audrey Marie Janus 1966

LEON HENRY VENIER, M.D.
Princeton, New Jersey
RUTGERS UNIVERSITY, A.B. 1964
Phi Chi, Assistant Steward
SARAH J. von der HEYDE, M.D.
New Canaan, Connecticut
SMITH COLLEGE, A.B. 1964
Pediatric Society; Sims Society; SAMA; Hare Medical Society; Secretary, Freshman Class; Treasurer, Senior Class Pediatrics

CHARLES E. WEBBER, M.D.
Wallingford, Pennsylvania
UNIVERSITY OF MICHIGAN, B.S. 1964
Phi Chi; Rugby Club
Married Paula Susan Lucas 1966

FRANK R. WALCHAK, M.D.
Lansdowne, Pennsylvania
ST. JOSEPH’S COLLEGE, B.S. 1964
Alpha Kappa Kappa; SAMA; Student Research Society; Sims Society
Surgery

ROBERT M. WEINBERG, M.D.
Philadelphia, Pennsylvania
UNIVERSITY OF PENNSYLVANIA, A.B. 1964
Hare Medical Society; Student Research Society; SAMA
Married Donna Helene Pitkow 1966
Internal Medicine
MALCOLM S. WEISS, M.D.
Monessen, Pennsylvania
WASHINGTON AND JEFFERSON COLLEGE, A.B. 1964
Phi Delta Epsilon; Alpha Omega Alpha; Hare Medical Society; Student Research Society

JOHN S. WILLIAMS, M.D.
Macke ville, Pennsylvania
PENN STATE, B.S. 1966
Phi Alpha Sigma, House Manager; Kappa Beta Phi, Secretary-Treasurer
Married Linda Jean Rockwell 1967
Surgery

STEPHEN E. WERNER, M.D.
Worthington, Ohio
UNIVERSITY OF NOTRE DAME
Phi Chi: President, Vice-President; Rush Chairman; Kappa Beta Phi; SAMA; Obstetric Society; Pediatric Society
Married Karen Mae Campbell 1967

JACQUELYN J. WILSON, M.D.
Warwick, New York
UNIVERSITY OF PENNSYLVANIA, A.B. 1963
Dean's Committee
General Practice
EDWARD A. WROBLEWSKI, JR., M.D.
Philadelphia, Pennsylvania
LA SALLE COLLEGE, B.A. 1964
Nu Sigma Nu
Internal Medicine

HAROLD A. YOCUM, M.D.
Newton Hamilton, Pennsylvania
JUNIATA COLLEGE, B.S. 1964
Phi Alpha Sigma; Kappa Beta Phi; Student Council, Treasurer 1966-67; President 1967-68
Pediatrics

WALTER G. ZEMEL, M.D.
Lakewood, New Jersey
RUTGERS UNIVERSITY, B.A. 1964
Phi Chi
Surgery

FRANCES SUSAN ZENGERLE, M.D.
Boiling Springs, Pennsylvania
PENN STATE, B.S. 1962
Endocrinology
CHARLES J. ZWERLING, M.D.
Rydal, Pennsylvania
PENN STATE UNIVERSITY, B.S. 1966
Phi Chi, Secretary; Sims Society; Pediatric Society; SAMA Surgery
<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital/Location</th>
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<tr>
<td>GILL R. ALDERFER</td>
<td>Letterman General Hospital</td>
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<td>San Francisco, California</td>
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<tr>
<td>BONNIE L. ASHBY</td>
<td>The Bryn Mawr Hospital</td>
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<tr>
<td>JOEL M. BARISH</td>
<td>University of Kansas Medical Center</td>
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<td>Kansas City, Kansas</td>
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<tr>
<td>WILLIAM H. BARNABY</td>
<td>Pennsylvania Hospital</td>
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<td>JOHN C. BAYLIS</td>
<td>Wilmington Medical Center</td>
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<td>Wilmington, Delaware</td>
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<td>CYRUS E. BEEKEY, JR.</td>
<td>York Hospital</td>
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<td>York, Pennsylvania</td>
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<td>GEORGE S. BELL</td>
<td>Albert Einstein Medical Center</td>
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<td>ROBERT E. BELLET</td>
<td>Jefferson Medical College Hospital</td>
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<td>JOHN L. BERARDINELLI</td>
<td>Children's Hospital</td>
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<td>DAVID A. BERD</td>
<td>University of Pennsylvania Hospital</td>
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<td>CARL B. BINNS, JR.</td>
<td>Geisinger Medical Center</td>
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<td>CHARLES M. BROOKS</td>
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<td>VIRGINIA J. CAMPBELL</td>
<td>Cleveland Clinic Hospital</td>
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<td>WILFRED I. CARNEY, JR.</td>
<td>Boston City Hospital (Tufts)</td>
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<td>WILLIAM J. CASPER, JR.</td>
<td>Hartford Hospital</td>
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<td>JEFFREY S. CHASE</td>
<td>Harrisburg Polyclinic Hospital</td>
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<td>RICHARD I. COHEN</td>
<td>St. Luke's Hospital</td>
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<td>IRVING S. COLCHER</td>
<td>Chestnut Hill Hospital</td>
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<td>DOMINIC COMPETARO</td>
<td>West Jersey Hospital</td>
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<td>ELLIOT M. COOPERMAN</td>
<td>Jefferson Medical College Hospital</td>
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<td>ROBERT H. COPULSKY</td>
<td>Jefferson Medical College Hospital</td>
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<td>BARRY CORSON</td>
<td>Chestnut Hill Hospital</td>
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<td>RICHARD L. DAVIES</td>
<td>Sacramento County Hospital</td>
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<td>Sacramento, California</td>
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<td>RAPHAEL DeHORATIUS</td>
<td>Jefferson Medical College Hospital</td>
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<td>EDWARD A. DEGLIN</td>
<td>Presbyterian-University of Pennsylvania Medical Center</td>
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<td>WILLIAM J. DENNIS</td>
<td>Thomas M. Fitzgerald Mercy</td>
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<td>York Hospital</td>
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<td>STEPHEN R. ELLIN</td>
<td>Maimonides Hospital</td>
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<td>Brooklyn, New York</td>
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<td>WAYNE H. EBOCH, JR.</td>
<td>Harrisburg Hospital</td>
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<td>Harrisburg, Pennsylvania</td>
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<td>ALLEN E. FEEN</td>
<td>Philadelphia Naval Hospital</td>
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<td>MARCIA A. FITZPATRICK</td>
<td>Jefferson Medical College Hospital</td>
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<td>Philadelphia, Pennsylvania</td>
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<tr>
<td>RICHARD J. FLANIGAN</td>
<td>Illinois Research Center</td>
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<td>Chicago, Illinois</td>
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<td>THOMAS G. FLETCHER</td>
<td>Good Samaritan Hospital</td>
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<td>Portland, Oregon</td>
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<td>ALBERT R. FRAINESCONI</td>
<td>West Jersey Hospital</td>
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<td>Camden, New Jersey</td>
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<td>JOHN D. FROST</td>
<td>Harrisburg Hospital</td>
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<td>Harrisburg, Pennsylvania</td>
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<tr>
<td>LAURA B. FUNKHOUSER</td>
<td>Akron General Hospital</td>
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<td>Akron, Ohio</td>
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<tr>
<td>THOMAS J. GAL</td>
<td>Presbyterian-University of Pennsylvania Medical Center</td>
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<td></td>
<td>Philadelphia, Pennsylvania</td>
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<tr>
<td>STEPHEN D. GELFOND</td>
<td>Charity Hospital of Louisiana (Tulane)</td>
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<td></td>
<td>New Orleans, Louisiana</td>
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<tr>
<td>HUBERT W. GERRY</td>
<td>Baltimore City Hospital</td>
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<td>Baltimore, Maryland</td>
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<tr>
<td>MARK R. GLASBERG</td>
<td>Abington Memorial Hospital</td>
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<td>Abington, Pennsylvania</td>
</tr>
</tbody>
</table>
JOSEPH P. GLASER
Cornell University Hospital
New York, New York

CLIFFORD A. GORDON
Long Island College Hospital
Brooklyn, New York

CARL M. GREEN
Pennsylvania Hospital
Philadelphia, Pennsylvania

WILLIAM K. GROSSMAN
Jefferson Medical College Hospital
Philadelphia, Pennsylvania

STEPHEN L. HERSHEY
Akor General Hospital
Akor, Ohio

GERALD A. HIATT
Tripler General Hospital
Honolulu, Hawaii

LAWRENCE V. HOFMANN
Jefferson Medical College Hospital
Philadelphia, Pennsylvania

PAUL D. HOLMAN
George Washington-D.C. General Hospital
Washington, D.C.

WILLIAM F. HOLMES
Philadelphia General Hospital
Philadelphia, Pennsylvania

JOHN B. HUMPHREY, JR.
Cleveland Metropolitan Hospital
Cleveland, Ohio

ROBERT A. JACOBS
University Hospitals
Madison, Wisconsin

JAMES H. JACOBY
Albert Einstein
Philadelphia, Pennsylvania

GEORGE JEFFERIES, III
Harrisburg Polyclinic Hospital
Harrisburg, Pennsylvania

JOHN A. JEFFERIES
Harrisburg Polyclinic Hospital
Harrisburg, Pennsylvania

GERALD F. KAPLAN
Presbyterian Hospital
New York, New York

JOEL A. KAPLAN
Jefferson Medical College Hospital
Philadelphia, Pennsylvania

JEROLD KAUFMAN
Philadelphia General Hospital
Philadelphia, Pennsylvania

JOSEPH F. KESTNER, JR.
Philadelphia General Hospital
Philadelphia, Pennsylvania

JUDSON H. KIMMEL
Conemaugh Valley Memorial Hospital
Johnstown, Pennsylvania

JACOB KLEIN
Philadelphia General Hospital
Philadelphia, Pennsylvania

BARRY KNIAZER
Albert Einstein
Philadelphia, Pennsylvania

FREDERICK J. KOCH
Colorado Medical Center
Denver, Colorado

GARTH A. KONIVER
Philadelphia General Hospital
Philadelphia, Pennsylvania

STEPHEN R. KOZLOFF
Colorado Medical Center
Denver, Colorado

THOMAS C. KRAVIS
San Diego County-University
San Diego, California

LARRY E. KUN
Genesee Hospital
Rochester, New York

ROBERT C. KURTZ
Cornell University Hospitals
New York, New York

NORMAN LABEL
Kessler Air Force Base
Biloxi, Mississippi

JOHN LAZARCHICK
Los Angeles County General Hospital
Los Angeles, California

STEVEN L. LEFRAK
Monmouth Medical Center
Monmouth, New Jersey

IAN M. LEV
Abington Memorial Hospital
Abington, Pennsylvania

JOHN L. LODER
Santa Barbara Cottage
Santa Barbara, California

FRIEDRICH C. LUFT
Indiana University Medical Center
Indianapolis, Indiana

HERBERT J. LUSCOMBE
Jefferson Medical College Hospital
Philadelphia, Pennsylvania

BOHDAN MAL YK
Jefferson Medical College Hospital
Philadelphia, Pennsylvania

JOHN P. MANGES
Mount Auburn Hospital
Cambridge, Massachusetts

HARVEY A. MANNES
North Shore Memorial Center
Manhasset, New York

LYNDON E. MANSFIELD
Orange County General Hospital
Orange, California

MICHAEL L. MARONE
West Jersey Hospital
Camden, New Jersey

JAMES A. MEADOWCRAFT
Harrisburg Polyclinic Hospital
Harrisburg, Pennsylvania

JOHN J. MECH
University of Washington Hospitals
Seattle, Washington

WILLIAM L. MEDFORD, JR.
Jefferson Medical College Hospital
Philadelphia, Pennsylvania

GLEN W. METZ
Geisinger Medical Center
Danville, Pennsylvania

CARL D. METZGER
St. Luke's Hospital
New York, New York
DANIEL J. MIZAK
Methodist Hospital
Philadelphia, Pennsylvania
MARTINA M. MOCKAITIS
The Bryn Mawr Hospital
Bryn Mawr, Pennsylvania
WILLIAM J. MOLINARI
Jefferson Medical College Hospital
Philadelphia, Pennsylvania
WILLIAM J. MULLIN
Misericordia Hospital
Philadelphia, Pennsylvania
MORRIS L. OROCOFSKY
Abington Memorial Hospital
Abington, Pennsylvania
JOSEPH E. PALASCAK
Jefferson Medical College Hospital
Philadelphia, Pennsylvania
CARL J. PERGAM
Jefferson Medical College Hospital
Philadelphia, Pennsylvania
WARREN C. PHILLIPS
Wilford Hall U.S.A.F. Hospital
San Antonio, Texas
CHARLES E. PROBST, JR.
Philadelphia General Hospital
Philadelphia, Pennsylvania
HARRY E. RAMSEY, JR.
The Reading Hospital
Reading, Pennsylvania
BARRY M. REISMAN
The Reading Hospital
Reading, Pennsylvania
KENNETH B. REYNARD
Hartford Hospital
Hartford, Connecticut
ALAN V. RICHMAN
Cornell University Hospitals
New York, New York
ROBERT J. RISIMINI
Lenox Hill Hospital
New York, New York
LEO A. ROBERGE
Brooke General Hospital
San Antonio, Texas
JOHN H. ROBINSON
St. Louis University Hospital
St. Louis, Missouri
ROBERT D. ROCKFELD
Maimonides Hospital
Brooklyn, New York
BARRY A. ROFMAN
Chestnut Hill Hospital
Philadelphia, Pennsylvania
DAVID E. ROSENMAN
West Virginia University Hospital
Morgantown, West Virginia
JAMES M. RUSSO, JR.
Kings County Hospital
Seattle, Washington
CHARLES H. RYAN
West Jersey Hospital
Camden, New Jersey
HOWARD N. SABARRA
Long Island Jewish Hospital
New Hyde Park, New York
ANDRES M. SALAZAR
William Beaumont General Hospital
El Paso, Texas
STEPHEN V. SAVRAN
University Hospitals
Madison, Wisconsin
MARTIN SCHWARTZ
Philadelphia General Hospital
Philadelphia, Pennsylvania
THOMAS S. SCOTT
Jackson Memorial Hospital
Miami, Florida
RONALD D. SEROTA
Mount Zion Hospital
San Francisco, California
PAUL D. SHAWALUK, JR.
Lankenau Hospital
Philadelphia, Pennsylvania
STEWART SHULL
Maimonides Hospital
Brooklyn, New York
NELSON SIRLIN
Albert Einstein
Philadelphia, Pennsylvania
THEODORE SKOWRONSKI
Abington Memorial Hospital
Abington, Pennsylvania
ALLAN W. SKRENTA
Philadelphia General Hospital
Philadelphia, Pennsylvania
GREGORY A. SLACHTA
Lankenau Hospital
Philadelphia, Pennsylvania
CHARLES W. SNYDER
Akrorn City Hospital
Akrorn, Ohio
LAWRENCE K. SNYDER
Huntington Memorial Hospital
Pasadena, California
CHARLES E. SPARKS
Cornell University Hospitals
New York, New York
LINCOLN SPURGEON
Philadelphia General Hospital
Philadelphia, Pennsylvania
JOHN M. STACK, JR.
Philadelphia General Hospital
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North Shore Memorial Hospital
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SUSAN J. SYREK
The Bryn Mawr Hospital
Bryn Mawr, Pennsylvania
IRA R. TANNEBAUM
Presbyterian Hospital
New York, New York

STEPHEN J. THOMAS
San Francisco Hospital
San Francisco, California

NOBLE L. THOMPSON, JR.
Germantown Dispensary Hospital
Philadelphia, Pennsylvania

JAY A. TOWNESEND
Harrisburg Hospital
Harrisburg, Pennsylvania

JAMES B. TURCHIK
Hartford Hospital
Hartford, Connecticut

DANALD G. URBAN
Harrisburg Hospital
Harrisburg, Pennsylvania

VINCENT M. VACCARO
Lankenau Hospital
Philadelphia, Pennsylvania

RICHARD T. VAGLEY
Mercy Hospital
Pittsburgh, Pennsylvania

LEON H. VENIER
Lankenau Hospital
Philadelphia, Pennsylvania

SARAH VON DER HEYDE
St. Louis University Hospitals
St. Louis, Missouri

FRANK R. WALCHAK
Good Samaritan Hospital
Portland, Oregon

CHARLES E. WEBBER
Methodist Hospital
Philadelphia, Pennsylvania

ROBERT M. WEINBERG
Illinois Research Center
Chicago, Illinois

MALCOLM S. WEISS
Jefferson Medical College Hospital
Philadelphia, Pennsylvania

STEPHEN E. WERNER
Henry Ford Hospital
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JOHN S. WILLIAMS
San Joaquin General Hospital
Stockton, California

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Philadelphia General Hospital
Philadelphia, Pennsylvania

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Harrisburg Polyclinic Hospital
Harrisburg, Pennsylvania

HAROLD A. YOCUM
Sacred Heart Hospital
Spokane, Washington

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Philadelphia General Hospital
Philadelphia, Pennsylvania

FRANCES S. ZENGELER
Methodist Hospital
Philadelphia, Pennsylvania

CHARLES J. ZWERLING
Henry Ford Hospital
Detroit, Michigan

WILLIAM E. LOGAN
Wilmington Medical Center
Wilmington, Delaware

CLARK LAMBERT, Ph.D.
Henderson, Kentucky
WESLEYAN UNIVERSITY, B.A., 1964
Nu Sigma Nu; Sigma Psi; SAMA; Student Research Society
Organized in 1902 at the University of Illinois College of Medicine by William W. Root, the Alpha Omega Alpha Medical Fraternity is unique among American medical school fraternities. The Jefferson chapter, Pennsylvania Alpha, was the fifth (and charter) chapter founded in the country and today is one of 86 chapters with a living membership of well over 30,000 students and physicians.

The society itself is comprised of three classes of members only one of which are the undergraduate students. These people are selected on the basis of scholarship, leadership and personal integrity. Membership is also open to alumni and faculty who have made distinctive achievements in the practice of scientific medicine and to eminent leaders in the field of medicine and the allied healing arts and sciences.

The Greek letters AOA are the initials of the words of the motto the society has adopted: "To be worthy to serve the suffering." In this respect, the members strive to promote its ideals and, in all ways, ennoble the profession of medicine and advance it in public opinion. A series of medical lectures and the annual J. Parsons Schaeffer Lectureship are given each year to foster the goals of Pennsylvania Alpha.


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The Student Medical Forum of Jefferson is a loosely organized group of health professions' students (medicine, nursing, and allied health fields) who are committed to a probing, objective look at the state of American Medicine today and its relationship to the current American social structure. More than an aggregate of people with a concern or an interest, the Forum participants are activists; areas of interest and action include health education, health school curricula, the community role of medicine, (especially in the poverty setting), and the role of the government in health care.

With this as a basis, the Student Medical Forum received charter status from the College this year. Deliberately, there are no officers to date, nor are there "members" in the usual sense. Students who become actively engaged in interest or programs of the group are members by fact of their participation. The leadership is constantly evolving and shifting, allowing anyone, veteran or novitiate, to pick up on an idea and carry it through. Forum meetings serve as a means of discussing proposals and possible action, as well as some of the more philosophical aspects of the American Medical Scene.

In the short year of the Forum's existence, its participants have already initiated meaningful action. A major achievement is the collaboration with similar groups of students at the various medical, osteopathic, nursing, and graduate schools in the area in designing and supporting the Philadelphia Summer Project 1968, a program of the Student Health Organizations that places health service students in community setting for a ten week period. Federal funds, through the Department of Health, Education and Welfare, are provided on the premise that students will gain an increased insight and interest into the state of the nation's poor. Such projects will provide the country with a generation of health professionals better equipped to deal with those problems centered around the poverty community.

Also under the auspices of the Forum, a group of medical and nursing students meets weekly at EPPI to study group dynamics and interaction, under the observation and guidance of Dr. Irwin Hassenfeld, a psychiatrist. Certain students have taken an interest in the Home Care Program offered by the Department of Medicine, and in which senior medical students participate. Initially an evaluation of the program was conducted and presently plans to expand the experience to allow underclassmen to participate are being developed.

The title "Forum" implies discussion. In fact the Student Medical Forum began with and continues to sponsor discussions by various faculty and administrative members on subjects that concern students. Such topics as the war in Vietnam, medicine as an "excuse from living," and the social implications of illegitimacy are offered both to educate and to stimulate dialogue.

The position of the student as a responsible voice of modern social and political comment has come to be increasingly accepted in American society. The student in turn has accepted this responsibility, often with a keen sense of awareness and concern. Participants in the Student Medical Forum of Jefferson exemplify this trend, particularly as it applies to health care and education.
The above photograph was taken at a recent meeting of the Jefferson chapter of S.A.M.A. The membership (background) was attending a C.P.C. and the officers (foreground) were busy handing out ballots for another (yes, another!) election.

S.A.M.A., for the first time in years, had let one slate of officers serve out its entire year in office. Tom Kravis, who was the fourth student to head the group last year, finished his year as president and was credited with some note-worthy accomplishments during the academic year. A number of fine lectures on "Finance and the Physician" were delivered and the annual Symposium on Internships, along with its most beneficial questions and answers period, was once again held. In addition, the S.A.M.A. group, in conjunction with the Womens' Auxiliary to the Student A.M.A., continued drives to support the hospital ship HOPE and continue the fine work begun two years ago by Project Haiti.
Meeting monthly and working hand in hand with the students, hospital, and community, the Womens' Auxiliary to the Student American Medical Association has as its purposes (1) fund raising for the benefit of group needs; (2) to form friendships with each other and the members of the medical profession; (3) to educate members to accept the responsibilities of a physician's wife. In addition to lively meetings, monthly coffee-hours and the annual Christmas Party highlighted this year's activities.
The Pasteur Medical Society had its beginning when the Guild of Saints Luke, Cosmos and Damien was founded. This organization was a city-wide Catholic physician’s group with affiliated chapters at each of the Philadelphia medical schools.

In 1930 it was decided that the medical schools would be served more efficiently by a separate and distinct student-faculty group at each school. Hence Jefferson’s chapter, under the aegis of Saint John the Evangelist parish, become known as the Pasteur Society.

Today, the Society is once again undergoing a revitalization in the hope of aiding each student in the “new” Jefferson community. It was quite apropos, therefore, that Dr. John W. Goldschmidt discussed at the Society’s annual Communion Breakfast in May, 1967, Jefferson’s response to a modern, growing community and proposed that we, in turn, respond to the needs of Jefferson.

With the capable guidance of its faculty moderator, Dr. Gonzalo E. Aponte, and the enthusiasm of its new chaplain, Fr. Vincent E. Walsh, permission to use the physical plant of the Catholic Historical Society for Pasteur’s lectures, social, and liturgical activities was obtained. With these facilities, it was hoped that the common bond of the Society to Jefferson might be solidified as admirably as that exemplified by the school’s fraternal camaraderie.

To this end, meetings were held on Sunday evenings at the Catholic Historical Society with Mass celebrated by our chaplain and liturgy performed by our students. Current medical-moral problems encountered at Jefferson were the topic of informal discussion following Mass, with faculty members being present to add to the momentum of the dialogue. Social programs were added to the agenda so that members might be more aware of the opportunities available to them.

Whether Jefferson in the future expands to the “university level” remains uncertain. But its proposal to do so nonetheless remains an increased stimulus for her family to grow with her and expand upon her traditional framework of the past.

OFFICERS

President: Edward F. Dziob
Vice President: Thomas E. Sullivan
Treasurer: Richard J. Flanigan
Secretary: Kathleen A. Suber
As a national organization, The Christian Medical Society is composed of Christian physicians, dentists, medical and dental students whose purpose is to gain mutual encouragement in Christian living, to present a positive witness concerning Jesus Christ to fellow medical people, and, where necessary, to act as a service organization in the interest of medical missions.

The chapter of C.M.S. at Jefferson, in keeping with these goals, has as part of its active program weekly Bible study open to all interested Jeffersonians. With the sponsorship of Dr. Whitely, the members of the Society this year continued their support of the John 5:24 mission. The monthly guest lecture series began this year with a kick-off Bar-B-Q dinner at the home of Dr. Jay MacMoran, who spoke on "What is C.M.S.?" Another highlight in this series was the talk delivered by Dr. C. Everet Koop, Chief of Pediatric Surgery at Children's Hospital, on "The Doctor's Responsibilities in the Control of Life."

OFFICERS

President
Neil Thompson

Vice President
James Kendig

Secretary-treasurer
Paul Kautz
Kappa Beta Phi

Mrs. William F. Kellow joins her husband in his acceptance of the fraternity's tribute to the Kappa Beta Phi Honorary Tankard.

Kappa Beta Phi president Nelson Sirlin delivers the annual welcoming address at the banquet dinner. Seated, left to right: William F. Kellow, M.D.; Mrs. Sirlin; John Williams, secretary.

Kappa Beta Phi was organized in 1922 for the purpose of promoting social fellowship between the various fraternal and independent groups on the Jefferson campus. The fraternity—originally created by 22 members—has evolved over the years into an honorary social society to which outstanding Jefferson students are invited to join.

Each spring since 1933, the brothers of Kappa Beta Phi sponsor the Annual Black and Blue Ball; this dinner-dance has become a Jefferson tradition and, truly, is the social highlight of the year. The proceeds from this gala affair are entered into the Kappa Beta Phi Student Aid Fund, created by the fraternity members to aid their fellow students in financial aid. To date, the Fund has accumulated upwards of $50,000 in this unique endeavor.

The Kappa Beta Phi Honor Banquet was initiated by the membership in 1963 and, in itself, promises to become another Jefferson tradition. The Banquet's purpose is to pay particular tribute to those faculty members who the brothers feel have distinguished themselves as physicians and teachers. This year, William F. Kellow, M.D., was honored as our new Dean and made an honorary member of Kappa Beta Phi.
Having been founded in 1891, the Hobart Amory Hare Honor Medical Society is the oldest tradition at the Jefferson Medical College. Originally founded by a group of students with a keen interest in the field of Internal Medicine, the name of the Professor of Medicine at that time, Dr. Hobart Amory Hare, was used as the Society's name.

As stated in the organization's constitution, the purpose of the Society is to "promote extra-curricular, scientific, moral, ethical, and philosophic discussion of the many phases of the art and science of Internal Medicine among the students of Jefferson." Recently, under the sponsorship of Dr. Robert I. Wise, Magee Professor and Head of the Department of Medicine and Dr. Joseph Medoff, Associate Professor of Clinical Medicine the Hare Society has flourished in its goals.

The membership in the Society is open to any student of the junior and senior classes and new members are selected after the sophomore and junior years on the basis of interest and coursework in the Internal Medicine curriculum. Unique among Jefferson societies is that virtually all of the membership bears some responsibility in the group's annual activities which, this year, have included three journal club discussion groups, two symposia, and a CPC. In addition, experts in the many branches of Internal Medicine are invited to Jefferson to discuss topics of interest to all members of the Jefferson family.

On the historical side, few medical societies in the world can claim as distinguished an honorary membership. Dr. William Castle, Dr. Wesley Spink, Dr. Cecil Watson, Dr. William Bean and Dr. George Thorn have all spoken as guest speakers at past annual banquets; this year, Dr. Carl V. Moore, Busch Professor of Medicine at Washington University was the honored guest speaker. Faculty participation, as usual, has remained most enthusiastic, and the most recent honorary members of the Society elected from the faculty were Dr. O. Dhodanand Kowlesser, Dr. Richard Field, and former Dean of the College, Dr. William Sodeman.
The J. Marion Sims Society is the undergraduate Obstetrics and Gynecology Society at Jefferson. The purpose of the society is to present informal programs in fields related to obstetrics and gynecology. This year’s program had been formulated to expose all members of the student body to areas that are not covered in the regular academic curriculum. Membership in the society is not limited to students planning to practice OB-Gyn; on the contrary, programs were selected so that they could be of great educational value to members of all medical specialties.

The year was opened with a program on “The Role of the Physician in Sex Education.” The guest speaker was Dr. Steven Hummel, who is internationally famous in the field of sex education. Dr. Hummel’s tapes and quotations, gathered from hundreds of talks with school children, served as a rude awakening to those unaware of the degree of sophistication of today’s six and seven year olds. The doctor closed with a challenge to the membership to assume the responsibility of sex education in an era when society clamors for a revision of the present outmoded educational system. Judge Herbert Levine ably reviewed “The Current Status of Abortion Laws” and presented his views on possible future legislation in the area of family planning.

In January the society was introduced to the field of culdoscopy by Dr. Howard Balin. Utilizing color tapes taken during actual procedures, Dr. Balin presented a well organized program on the development of culdoscopic techniques, its uses and some of the normal and abnormal findings as visualized through the culdoscope. The Pediatrics Society joined our group in presenting our February program on “Hazards to the Unborn Child.” The speakers, Drs. John Franklin and Robert Brent, reviewed the highlights of present work in teratology and summarized with an excellent presentation of present conceptions and misconceptions of the etiology of congenital anomalies.

Our faculty sponsor, Dr. Alvin Goldfarb, closed the regular meeting schedule with a discussion of “Premarital and Marital Counseling.” He stressed the importance of pre-marital interviews as a prophylactic measure. He expressed the view that a sincere physician can prevent many problems in sexual adjustment through effective counseling.

In April, the membership joined the resident and attending staff at the closing banquet, held at the County Medical Society Building. The enjoyable evening was climaxed with an excellent presentation by Dr. Celso Ramon Garcia, Professor of Obstetrics and Gynecology at the University of Pennsylvania. This was a fitting and exceptional culmination to a most successful year.
The Jefferson Medical College Pediatric Society was first founded in 1965 under the faculty guidance of advisor Dr. Morton Rosenberg. The Society is composed of members of every class who are interested in pediatrics. The general purpose of the society is to foster interest in, and add to, the knowledge of pediatrics, especially in areas that are not touched upon in the regular medical school curriculum at Jefferson. This has been accomplished this past year by featuring guest speakers who are known to be well versed in the latest advances in their respective fields of medical studies. Combining this with a membership opened to all students at the college, the society has come to serve as a sounding board for the application of all the basic sciences to the practice of clinical medicine. The three co-chairmen of the Society, along with the three underclassmen on the Executive Committee . . . Carol Hersh, Victor Tuma, and Betsy Stabinski . . . have seen to it that the Jefferson Pediatric Society is not only one of the most active "added" sources of medical education at Jefferson but also a well recognized forum of student opinion.
Project Haiti

Haiti is a land of paradoxes. It is an achingly beautiful land, where lush-foliaged mountains descend to groves of the broad-leafed banana tree and the "Flamboyant tree," delicate in spite of its garish red fruit, stands torch-like against the redundancy of tropical greens. It is simultaneously the ugliest of countries, for filth, poverty, disease and human suffering are the commonplace rather than the unusual.

The Haitian people are intensely proud of their nation and heritage . . . they take a childlike joy in the modest pleasures available to them. Also like children, their thinking is notoriously magical, and the various Christian ideals which missionaries have introduced are intermingled freely with their own voodoo beliefs.

Haiti shares a West Indian island with the Dominican Republic. Her population is roughly estimated at four million (no formal census has been taken in years) and the average age of mortality is one of the world's lowest. Her name (pronounced ah-ee-tee) is derived from the Indian word meaning "high place." According to one authority, the Haitian people are composed of six-eighths African, one-eighth French, and one-eighth Indian blood. Their language is Creole, basically a vastly modified French but fraught with words of obscure etymology as well.

Ninety miles to the north of Port-au-Prince, the capital city, is situated the Clinique St. Jean, a medical mission staffed and supported by a group of Canadian sisters. While their medical knowledge far exceeds the requirements of their formal education, only two of these sisters are registered nurses.

Project Haiti evolved after the first visit to this clinic by Larry Hofman and Richard Flanigan during the summer of 1966. Here, the student of medicine is exposed to tropical medicine and conditions rarely seen in economically secure countries. Moreover, the opportunity to observe a wide variety of diseases and to aid in their diagnosis is a unique and valuable one. Local assistance and instruction is available in the person of Dr. Hodges, an American physician who has been most helpful in this respect.

Today, the project continues to function in the support of the clinic by raising funds for medical supplies and the travel expenses of potential student visitors. Many pharmaceutical and supply companies have made generous contributions, and the newest addition to the clinic is a portable X-ray machine which should prove invaluable in the diagnosis of disease.

Haiti and her experiences are total. No amount of sophistication can blur the imprint made by this land and the faces that have said: "Do not forget Haiti!"
Larry Hofman's "children's hour"

A common entity—unbical tetany in the newborn

Our most reliable transportation

Empty penicillin vials: charms to ward off evil spirits
In 1966, two well known Jefferson figures, Dr. George Hahn (obstetrics and gynecology) and Dr. Kalman Faber (pediatrics), served two month tours of duty aboard the S.S. HOPE in Nicaragua. Their accounts of the magnificent efforts the HOPE, a private medical assistance organization, was making in underdeveloped countries led to the application by Dave Rosenman, '68, and Lou Balizet, '69, to work as volunteers in Cartagena, Colombia, the ship's next destination. Both were accepted and spent three months during the summer of 1967 working with HOPE personnel in that city.

The HOPE is a floating teaching hospital, equipped with the most modern of equipment and staffed by representatives of every medical and paramedical specialty; it attempts, by working with counterparts from the host country on a one-to-one basis, to train and inspire local medical personnel to be better able to handle the health problems of their country. Dave and Lou worked on the ship (a modern, 130-bed hospital in itself), in the clinics and wards of Hospital Santa Clara (the teaching hospital of the University of Cartagena, with which the HOPE is closely affiliated), and in the barrios, or slums, of Cartagena (along with Colombian and HOPE public-health teams). They witnessed living conditions and advanced disease that they had hardly thought imaginable; they learned the obstacles that the Colombians faced in trying to cope with their environment; and they witnessed and assisted HOPE workers in their efforts to better equip the Colombians of Cartagena and suburbs to meet their health needs. In addition, because of the exceptional congeniality of the HOPE workers and the graciousness and spirit of the people living in Cartagena, the two Jefferson student-workers were not only learning and enjoying every day of their experience but were also able to see the fruits of their efforts. Moreover, Dave and Lou have given numerous slide-lecture session at Jefferson in order to share the fine work of the HOPE with their fellow students.

Bravo! And here's HOPE-ing other Jeffersonians are given the chance to live and learn a similar experience.
Dave Rosenman taking some Colombian children to the free HOPE clinic

The Santa Clara Hospital . . . symbol of HOPE

Lou Balizet gains the confidence of a young Colombian
Alpha Kappa Kappa

The academic policies of Jefferson Medical College have always been enigmatic, remaining within the inner sanctum of the Executive Faculty Board room. As any Jeff man knows, however, ground has always been fertile for rumors, and as an astute observer had once said, “Rumors at Jefferson have a most uncanny way of actually being true.” One of the latest rumors circulating around Jefferson during this academic year is that “AKK is slowly—but ever so surely—going downhill.” This rumor was based on the first loss the fraternity has suffered in football in many a year, coupled with both a small pledge class and open parties that did not seem to have the “bounce” and quantities of girls as in past years. Alpha Kappa Kappa at Jefferson, like the Roman Empire, was said to be victimized through decadence and complacency.

While the brothers will vouch that we might have become decadent, none will say that we, as a group, have become complacent. In fact, the 1967-68 year at AKK has been the best yet. The Epsilon chapter, which was first established at the turn of the century, has more than grown with American medicine of the past six decades. Keen, Coplen, Dercum, DaCosta, Jackson, Clerf, Gibbon, Ulrich, Willauer, Haupt and Stumacher—truly great names in both Jefferson and American medicine—are all brothers of AKK.

Under the leadership of President Larry Hofmann and Vice-President Tom Kravis, the fraternity has sponsored innumerable alumni dances, dinners, and guest lectures. Stewards Bill Casper and Brentwood Spears have planned gourmet meals. Will Carney has done some fine janitorial work, and our colonial, historical house now looks better than ever. Social chairman Ned Yellig has organized the most imaginative social functions of our history. Athletic chairman Walt Finnegan has maintained AKK as the “team to beat.”

Clearly, the rumor is false; AKK has not yet reached its peak!
Nu Sigma Nu

OFFICERS

President          P. Bosanac
Vice President     T. Carrig
Secretary          R. Gross
Treasurer          J. Schiro

Nu Sig has the distinction of being the oldest American Medical fraternity. It was chartered at the University of Michigan in 1882 and numbers among its members many distinguished physicians including W. J. Mayo. Rho Chapter was established at Jeff in 1900 and since has remained an integral, as well as noisy, part of the Jefferson tradition.

Aside from being the oldest frat, Nu Sigma Nu probably has the wildest parties on campus. Each party is a wild blast, especially the morning-after gastrointestinal phase. The yearly social program has been highlighted by Rush Week, the annual Christmas party for culturally disadvantaged children, the Halloween party, and the alumni dinner . . . and, of course, the pre-Black and Blue Banquet where merely managing to ambulate unaided to the Ball becomes the ultimate goal.

In intramural athletics, we participate eagerly . . . if not always successfully; this year we emerged football champions. A little bruised, perhaps, but champions nonetheless!

Foremost among our objectives, although at times subtle, is that of providing an atmosphere conducive to intellectual development. Rho has always been well represented in A.O.A. thanks to the perennial and unrelenting encouragement of Brother Robert Wise.

We express our thanks to all those who have contributed to this most successful academic year and look forward to even greater achievements in the years ahead . . . and, we are sure, does our friendly beer distributor.

And, to the Class of 1968, we wish the best of luck to you in all of your future endeavors.
Phi Alpha Sigma

OFFICERS

Paul Marshall
Peter Scholes
John McCormick
Chris Bryan
Art Brown
Jim Maas
Phil Pomerantz

For the members of Phi Alpha Sigma, this past year brought the long-awaited renovation of the front of the fraternity house...this was something for which past and present members had, for so long, been scrimping and saving. In addition to this much-needed improvement, the front chapter room was redecorated and other refinements were effected in the interior of the house. The 1967 rush brought us a record-breaking 31 new members...including four more women students, affectionately called associate members. The initiation dinner-dance in November was favored with an address by Dr. Robert Brent, who was at that time made an honorary member of the fraternity.

The new year brought with it the election of a new slate of officers for Phi Alph, replacing a group most of whom had served for the past two years in succession. President Harry Ramsey was able to retire completely to his home in Roxborough with his wife and infant son; Bill Barnaby put the finishing touches to a treasury account which had swollen to several thousand dollars under his able direction...and was then disbursed to finance the re-development program; Lou Balizet spent his last weeks as steward hiring and firing dishwashers at a dizzying rate.

In the field of sports, Phi Alphers were active in all intramurals and managed to capture the 1967-68 baseball championship. Academically, Bill Logan and Cy McCormick both received recognition for being among the students achieving the highest averages in their respective classes. Also of note...although these achievements are naturals for the men of Phi Alph...was that Harold Yocum and Tom Connelly were this year's president and vice president of Student Council while Howard Sabarra was Editor-in-Chief of the "1968 CLINIC."

To our graduating seniors, we do hope you stop in to visit us often...and to the Class of '68, much success and good wishes!

Phi Chi

Phi Chi is the largest international medical fraternity, with 55 active chapters throughout the United States, Canada, Mexico, and Puerto Rico. Chi Chapter at Jefferson was organized on December 9, 1903, and now has 93 active members. The Phi Chi House, at 1025 Spruce Street, has been the home of the fraternity since 1920. Once the Lippincott town house, it has been designated an historical site by the Philadelphia Redevelopment Authority.

As in the past, Phi Chi provides its brothers with a splendid variety of delicious cuisine, spacious rooms decorated and furnished to the individual brothers’ tastes, an incomprehensible medical mural on the main floor, and an enjoyable erotic mural on the third floor. In addition, Phi Chi is furnished with assorted refrigerators, surfboards, and bicycles, and has a megadecibel stereo on the second floor. A thorough renovation of the house was completed this year, providing the brothers with windows, ceiling, a parking lot for motor scooters, an occasional swimming pool in the basement, and the famous Nathan O. Thomas Memorial Bifid Shower. Socially, Phi Chi is outstanding with an immense bar, used for open parties, closed parties, and hump-day parties.

With the fine group of men we took in this year, Phi Chi promises to be at Jefferson for many years to come.

OFFICERS

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<tr>
<th>Position</th>
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<td>Presiding Senior</td>
<td>James Cooper</td>
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<td>Presiding Junior</td>
<td>Roger Terry</td>
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<td>Secretary</td>
<td>Alan Green</td>
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<td>Treasurer</td>
<td>Walter Gadkowski</td>
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<td>Social Chairman</td>
<td>David McConnell</td>
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<td>Steward</td>
<td>G. Thomas Spigel</td>
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<td>House Manager</td>
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Phi Delta Epsilon

Under the able leadership of Consul Jay Skyler, Mu Chapter of Phi Delta Epsilon Fraternity had a very active and eventful year. The academic highlight of the 1967-68 year was a series of four monthly conferences on “Iatrogenic Disease,” and among the participants in the seminars were many of Jefferson’s finest faculty members. Also included in Phi D E’s program of medical education was the annual Aaron Brown lecture in honor of the fraternity’s founder. This years guest speaker was Dr. Shimkin, Chief of Medicine at Temple University. A dinner held after the lecture at the Vesper Club provided the fraters a chance to meet with Dr. Shimkin and Jefferson’s faculty on a social—if not necessarily sober—basis. In addition, each monthly meeting of the chapter featured a speaker from the ranks of Philadelphia’s most prominent physicians discussing controversial topics in their fields.

On the sports scene, Martin Tobey lead the “Mu Maulers” to an astonishing record (which cannot be mentioned) in football. Mu Chapter also participated in all other intra-fraternity sports—if not always in a winning manner at least in a highly spirited way!

Social chairman Bill Sherman led our charge on Philadelphia area females by scheduling five mixers with local college sororities. Some of Bill’s more creative efforts in an outstanding social calendar included our semi-formal initiation Dance with chapters from Temple, Hahneman, Penn, and the Philadelphia Graduate Club, a “hippie” party with a “psychedelic” band of Jefferson psychiatrists, our Second Annual Ice Skating Fiasco, and a number of closed parties to cure post-exam blues.

Now, in the closing of the 1967-68 school year, the members of Phi Delta Epsilon Fraternity extends its sincere congratulations to the Class of 1968 of the Jefferson Medical College.
Yes, that is a medical school fraternity at 919 Clinton Street. Led by the “young Abe Lincoln,” the men of Theta Kappa Psi have survived another year despite the best efforts of the Philadelphia Redevelopment Authority and Dame Apathy. In fact, this past year has seen a certain renaissance at staid old Theta Kap with the facelifting of the front of the house, the refurbishing of the kitchen, the buying of a new television set, and the waging of a successful guerilla war against the ubiquitous cockroach.

What Theta Kap lacks in size we make up for by being enthusiastic and unique. Well, at least, we are unique. Like our fellow fraternities at Jeff, we have the usual social events and a basketball team . . . but what other fraternity can offer the presence of the “Waterfront-Philosopher,” Jim Barberi, or their own hippie-in-residence. And this has to be the only fraternity at Jefferson where, if the soup is burned, it's your own damn fault!

Finally, to our graduating seniors we say, “Good luck in your internship, Al.”
OFFICERS

President
Vice President
Treasurer
Secretary
Social Chairman

Dan Forkin
Andy Walker
Tom McMahon
Tom Baxter
Doug Hagen

MEMBERS: Tom Baxter, Bob Cox, Dan Forkin, Doug Hagen, Jim Kendig, Ted Lo, Chris Lung, Tom McMahon, Al Metz, Larry Myers, Randy Reed, Al Skrenta, Andy Walker
In a hotly contested battle on the diamonds of Fairmount Park, Phi Alpha Sigma won its third softball championship in the past four years by defeating the hard playing team from Phi D E. During the regular season, the men of Phi D E had not dropped a single game, and the Phi Alpha's had tasted defeat only once early in the playing season.

What turned out to be an all important flip of the coin gave Phi Alpha Sigma the right to be the “home team.” In the first two innings, the Tenth Street “Tigers” built up a 5-0 lead; the boys from Phi D E began to peck away, however, and the score was 5-4 at the end of five innings. What is more, the top of the last regularly scheduled inning saw the Clinton Street “Comets” go ahead for the first time, 6-5. In the bottom of that inning, Phi Alpha was able to squeeze across a single tally to deadlock the score at 6-6.

Phi D E made two quick outs in the seventh, but then came alive with two singles and a clutch double to boost their score by two runs. The Phi Alphas then shut the door ending the top half of the inning. The plight of the Tigers was grim, however, as they came up to bat. The first two men up scratched singles through the infield and a glimmer of hope appeared. The next man up sent a towering triple over the head of the center fielder and the score was once again tied. The final batter up for Phi Alpha slammed the first pitch through the infield to drive in the winning run and bring the Softball Trophy once again to the men of Phi Alpha Sigma.
The Marion Anderson Recreation Center was once again the scene of the intramural basketball games at Jefferson. The BIG question: could AKK make it an unprecedented four championships in a row...
The 1967-68 football season was the second straight year the football championship game pitted the team of AKK against the fighting sextet of Nu Sigma Nu. AKK was the defending champion, of course, but during the regular playing season neither team had lost a game and their lone meeting early in the season had ended in a 6-6 stalemate. Now, with the crown in sight, both teams were eager to play the best ball they could.

AKK drew first blood quite early in the game to lead the challengers 6-0. Nu Sig came back, however, with two almost back to back drives to leave the score, at the end of first half, 12-6. At the very start of the second half Nu Sig scored another quick TD and had a seemingly safe margin. Undaunted, the defenders fought back stubbornly and with ten minutes still on the clock drew to within six points of the leaders. The following kickoff put Nu Sig deep in its own territory and the '66 champs kept the pressure on until they tackled the Nu Sig quarter back in the end zone, dropping the lead to only four points. Nu Sig then had to free kick the ball to AKK, but the clock ran out before the champions could again mount an offensive drive.

Nu Sigma Nu had well earned the '67 football championship!
Rugby

Since its inception at Jefferson during the 1964 playing season, the Jefferson Rugby team has remained the only varsity sport on the campus. As a member of the Eastern Rugby Union of organized amateur teams, Jefferson has the opportunity to play eight clubs each season. Amongst the other medical schools in Philadelphia each season is also played an annual Classic Game, the now famed Medicine Bowl. Of course, the yearly Jefferson-Temple game has remained a highlight among the players themselves as well as the many “Rugger-Huggers” at Jeff who both support and follow the club with great interest during the fall and spring segments of each playing season.

Combining the basic skills of the British game of soccer and American football, Rugby as played at Jefferson is a tough, fast-moving team sport in which individual merit and sportsmanship remain the main assets. As seasons pass and more exposure is given to the coverage of the game, it is certain that Rugby will pass from being a curiosity to the fascinating spectator sport it is becoming.

A pair... of bookends

Getting the run around...
The Black and Blue Ball
Student Council
As it should be, the student government of our college is not a body of supreme power. Any student government in a post-graduate school is not meant to be such, or even to be a voice for student dissent. It is meant only to be that body which represents the interest and attempt on the part of grown professional men and women to share, along with the executive faculty, in all phases of the responsibility for their professional training. In this endeavor, we need and appreciate the interest of the student body and the concern of the faculty and the administration. To this end, we have been somewhat more successful than in the past. Continuing in this fashion, the Student Council will assume its rightful place as a responsible voice and acting body for the students as they learn to assume their role in our college life and in the future of medicine.

1968 has seen the development of several notable projects. The Undergraduate Committee continues to cooperate with the Admission Committee to provide weekly luncheons where incoming students can meet students and faculty in an informal atmosphere. In recent months, this has been combined with student tours of the college. The Orientation Committee, directed by William Grossman, Bob Jacobs, and Tom Connelly, has broadened its efforts to present to the incoming class a unique picture of our school and of themselves as a part of the Jefferson tradition. This, as did the former project, received a very favorable response from the student body.

The Council this year has also spent considerable time to bring before the students and the executive faculty a Jefferson Honor Code. This was first initiated in an effort to provide, as a written statement for which we assume responsibility for our actions during our professional training, a pattern for our life-long pledge of personal honor and integrity in our service. While the bulk of this undertaking is still in committee, it promises much and speaks highly of our men at Jefferson.

Additionally, we have continued to support Project Haiti and have given support to the new Student Medical Forum. These, and many other projects from MEND conferences, student health, social calendar, athletics, and curriculum and internship evaluations have busied this year's Student Council. Of course, the members of the Council are constantly looking for new areas of student interest. Combining student interest and faculty support, Jefferson's Student Council will continue as an active force in our education and training.

Standing: Dr. Harbut, Dean Gonella. Seated: W. Grossman (secretary), H. Yocum (president), T. Connelly (vice president), R. Jacobs (treasurer).
The 1968 Clinic

The Editor-in-Chief and an invaluable friend . . .

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Each year, the task of putting together the CLINIC yearbook is done through the efforts of a few... the support and encouragement, of necessity, ultimately comes from many. Appointments, deadline, scores of worries—these are now over as they always have been in the past. The record that has been compiled, however, is one that I hope is most representative of life at Jefferson... this year!

I would like to take this opportunity, as Editor-in-Chief, to give special thanks to Tom Sullivan; his behind-the-scenes role as special "advisor" smoothed over many an ulcerogenic situation. The speedy, technically sound work of our photographers was nothing short of outstanding. Finally, the 1968 CLINIC owes so much to so many for the fine interviews and copy writing as well as sales.

My sincere "thank you" to all who gave so much.

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Statistical data for 1967 which would appear of importance to the prospective members of the house staff is as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>1967 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>13,158</td>
</tr>
<tr>
<td>E.C.G.</td>
<td>8,356</td>
</tr>
<tr>
<td>Deliveries</td>
<td>1,460</td>
</tr>
<tr>
<td>O.P.D.</td>
<td>9,355</td>
</tr>
<tr>
<td>Operations</td>
<td>7,388</td>
</tr>
<tr>
<td>Emergency Ward</td>
<td>17,212</td>
</tr>
<tr>
<td>X-rays (Diagnostic)</td>
<td>30,411</td>
</tr>
<tr>
<td>Emergency Ward (admis.)</td>
<td>2,326</td>
</tr>
<tr>
<td>Radioactive Isotopes</td>
<td>831</td>
</tr>
<tr>
<td>Autopsies</td>
<td>30%</td>
</tr>
<tr>
<td>Pathologic Tests</td>
<td>262,743</td>
</tr>
<tr>
<td>Average Patient Stay</td>
<td>9</td>
</tr>
</tbody>
</table>

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ALL-KIND! Thou hast formed the body of man in full wisdom, and these are unceasingly active to maintain the end. Continually they are busy in complete order, agreement and the matter and the untamedness of the passions, the powers. Then Thou sendest man Thy merciful messengers, the disease to forfend it.

Thine earth, Thy streams, Thy mountains Thou hast blessèd of men and cure their ills.

And Thou hast endowed man with wisdom so that he may discover the proportions of things and may ameliorate or prevent it.

Me also Thine eternal providence hath chosen to watch over the exercise of my profession. Aid me, O All-kind One, in this nothing succeeds, not even the least.

May the love of fellow-man and the love of my art ensoul my service. For these are enemies of truth and charity, and they weal of my fellowmen.

Preserve the strength of my body and of my soul, so that the good and the bad, the enemy and the friend. Let me see in what is before and encompass it, and that I may surmise what fail to recognize what is visible and overvalue it, lest, indeed, traced, and it comprises the health and life of men.

May my mind be always on the alert. While I stand at the nor disturb me in my silent meditation, for great and holy creatures.

Grant that the sick have confidence in me and in my art, all quacks and the host of counsel in kindred, and of overwise, and thwart those who are expert in the healing art and they learn.

If wiser men wish to teach and correct me, may I follow. But if zealous fools upbraid me, then let the love of my art years and fame; for weakness and yielding would involve the path.

Let me be patient and calm when older men of my profession or offer jeeringly to better me. But let this, too, be for my not their conceit grieve me. They are old, and old age is not before Thee, O All-good.

Give me frugality beyond all, except in the great art. May strength and leisure and zeal to enlarge my knowledge and to forward forever.

All-good! Thou has chosen me, in Thy grace, to watch a labor. Be with me in this great work, so that it may avail, for wi
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