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THE passing of Ross Vernet Patterson from this life has left a great void in Jefferson Medical College. His death, coming with such dramatic suddenness, seemed to stun temporarily all activity in the institution. The loss of his magnetism was immediately apparent, so that a pall seemed to hang over us. Students went about the halls almost with reverence. The Hospital assumed a sober aspect such as I have never seen or felt before. His brother physicians discussed his death in subdued tones and his friends mourned his passing with a profound sense of their loss.

No more colorful figure ever graced the halls of our institution. We have had Masters in Medicine, Surgery and Science but never such a character in whom pride, egotism, arrogance and intelligence were so finely blended to make the super-man. He loved Jefferson, praised Jefferson, fought and slaved that Jefferson should continue to hold her place in the foreground of Medicine in which she had been placed by his untiring efforts.

His tenure as Dean was filled with trials, tribulations and triumphs. A man of courage, he feared no one. He entered into combat willingly against strong foes who frequently outnumbered him, sometimes outmanoeuvered him but never out-generated him. He was always preparing his lines for future encounters.

Dr. Patterson was not without personal ambition. What red-blooded man is? His enemies unjustly accused him of being ambitious as though this were a crime and on this ground they pilloried him unmercifully, while he, apparently unaffected by their animosity, suffered quietly and at times reached a state almost of depression. On these occasions he was quite morose and seclusive, retiring to a hunting lodge for trap-shooting or fishing from which he would return in a few days his courtly, genial self. Never, however, did he shirk his duty or obligation to his Alma Mater.

Many of us who remember the old College with its antiquated dissecting room on the Fifth Floor, its dark, dingy, unkempt lecture halls with their uncomfortable armless benches, and with its few old laboratories, cannot help but wonder how we have progressed so far. Today, through Dr. Patterson’s generalship and influence with our Board of Trustees, the friends of Jefferson and the Alumni Association, we have, as you all know, the last word in medical equipment, not only in the College but also in the Curtis Clinic and in the Hospital.

To his intimate friends—the few he permitted himself to have—Dr. Patterson was a man of sterling character. They enjoyed his genteel influence, his comradeship and his hospitality and they were devoted to him.

At his deathbed, I see Bruce Nye, his friend and assistant, administering carbon dioxide and oxygen, refusing to place the Dean in an oxygen tent, stating that Dr. Patterson would not like it. I see Henry Mohler standing by that same bed, pained by his incapacity to help his friend. I see Robert Hooper, the President of our Board of Trustees, coming to the Dean’s deathbed to pay homage to his friend and faithful co-worker through the twenty years of reconstruction which have given us our Jefferson of today.

Dean Patterson will never be forgotten. He will take his place of immortality in Jefferson with McClellan, Pancoast, the Grosses, Keen and the DaCostas.

Thomas A. Shallow
THE NEW COLLEGE AND THE OLD

A dream brought to reality in the administration of Dean Ross V. Patterson
The Fruition of the Clinician*
HENRY A. CHRISTIAN, M.D., A.M., L.L.D., S.D.


YOU, young men, stand now at the entrance way to a pleasant path, which you will follow in its winding course throughout your professional life, a path leading toward the goal of attainment, which is the aim of almost all of you, your fruition into a finished clinician, the highest attainment of a medical career. The path is a long one, over which you can not race. As it meanders along, the turnings of your path may be abrupt; what is just around the corner always is uncertain; haste will close vistas that open before you now on this side, now on that, vistas which bring enlightenment to the clinician. Year by year you will follow such a path until a day will come, when suddenly from some elevated point you catch a glimpse of broad expanses of hill and dale and plain with snow capped peaks in the distance; until this panoramic view comes before your eye, you have not developed into a real clinician.

The studies, which now you are pursuing in the medical school, are laying a broad foundation on which in later years you can build. Your curriculum has been wisely selected by men, who themselves have trod the path and so know what sort of a foundation you will need as a basis for a development into those qualities of mind and soul that make the clinician. However, remember, that, with all diligence in learning, within the medical school course you can but lay a foundation. When you complete this course and are pronounced graduates in medicine, you are very far from being clinicians, perhaps actually not very much nearer that goal than when you graduated from college, though far better fitted now to take the necessary next steps.

The day long since has passed when in the medical school course of four years could be taught all of the important facts that it is believed that the practitioner needs to know. The medical school attempts so to train its students that they may be prepared to take the next steps in their education. The most important things that you can get, will get or have gotten from the medical school are the will to keep on learning and the way to do it.

Those of you still in the earlier years of your medical school sojourn doubtlessly often wonder just what anatomy, physiology, pathology, etc., have to do with your future care of patients after you enter into practice. The answer is that without discipline in these subjects the future physician is unprepared to continue to learn medicine from his patients; these disciplines should have taught you the methods and the ground work of knowledge on which you are to build that clinical acumen, which eventually will bear fruit in your perfection as a clinician.

Many of the facts of these subjects you will forget, I am sure, but the way you learned them, if you have not merely parrot-like committed them to memory, will have prepared you to learn of the ever new facts that are being discovered and critically, discriminatingly to select from the welter of them, those that wisely you can utilize in the better care of your patients. The wise clinician is he who knows both what to take and what to discard of new knowledge coming from laboratories and clinics.

When you receive your degree from the Medical School, you are ready to commence that further training which eventually will make of you finished
clinicians. Far are you still from being ready to begin practice. Fortunate will you be, can you enter into the life within the walls of a hospital under the guiding hand of men, who already have trod the path, which now you are entering into, and who can point out to you the way. In fact such next step is a necessity; no medical school now attempts to train its graduates to begin at once the practice of medicine.

The selection of a hospital in which to serve your internship is a problem that confronts you in your senior year in the medical school. All graduates must secure an internship. Young graduates in medicine all too often select for an internship a hospital in which they are left largely to their own devices and in which they have but little supervision from members of the visiting staff; usually a hospital in which for a short time they are on this or that service.

* * * * *

After completion of an internship, further residence in a hospital in some capacity should be sought. If one expects to qualify before one of these newer boards of certification this becomes a necessity. A minimum of two years of this type of super-intern service should be taken. Perhaps one of the greatest influences in sound post-graduate education in medicine at present lies in what is represented by the positions of assistant resident and resident in our hospitals. Men holding these posts teach much of great value to the interns, while they themselves are learning much of the greatest importance in their subsequent development.

Let us picture to ourselves a hospital with a group of eager young interns, preferably selected by competition from different medical schools, in contact throughout every twenty-four hours with another group of young men, assistant residents, who have completed their intern training, a training which should have lasted for from one and one-half to two years, all presided over by a resident physician or surgeon, who has passed through these other grades of training, the latter responsible to the visiting staff on duty at the time for the proper care of the patients and the efficiency of the work of interns and assistant residents. How eager, how active, how stimulating their discussions over the daily events of the hospital service. This is education in its broadest and best aspects.

The influence exerted by such a type of resident group on the visiting staff is most stimulating. This younger group in the aggregate knows so much that the visiting physician or surgeon must be on his toes all of the time to keep sufficiently ahead of them in knowledge to justify his job. The lazy member of the visiting staff, the one not well trained and not keeping up with medical progress, soon is shamed into resignation from the staff, and the hospital is the better for his leaving.

Unfortunately far too few hospitals in America are organized with such a super-intern staff and thereby are doing but an inferior job in the care of patients and essentially no job at all in training men for satisfactory clinical work. Often as I go about the country, I see magnificent hospital plants equipped with every conceivable adjunct for fine clinical work and yet with only interns on a twelve month rotating service and nothing more. I find the visiting staff in such hospitals largely mediocre than otherwise. I grieve at the lost opportunities here in the training of physicians and surgeons. I feel sad about the failures in such hospitals to give to the patients the best possible care based on a diagnosis as nearly perfect as can be attained. To my mind such hospitals are a liability rather than an asset
in the progress of American medicine. The future in all things depends most on the young. To you young men, I would say, ponder over these statements of mine based on a long and sincere interest in the training of young men to become fine clinicians and in the improving of the professional care of sick Americans. When the opportunity comes, do your part in correcting these deficiencies, such as I have indicated, as well as any others that you find.

At some time in his training the prospective clinician should spend one or two years in one of the laboratories of the medical sciences. A position combining opportunity for teaching students with investigation is very ideal. Just which of the medical sciences is followed is relatively unimportant, though personally I believe pathology offers the best preparation for the future clinician. I will admit, however, that I may be prejudiced in this, as in my early training I spent five years myself in the pathological laboratory under the guidance of great pathologists, an experience which has been of inestimable value to me in all of my subsequent clinical work. In physiology, in biochemistry, in pharmacology equally will fine training be found. After all it's the quality of the master under whom you work rather than his subject which counts.

It may not be possible for every student to have as much training as I have outlined. He should have as much as possible, planned in general along the lines indicated. With this completed, then the prospective clinician has been thoroughly grounded in the fundamental knowledge that he will need. From now on, all will depend on his own effort. How the man daily carries on the clinical work that comes to him determines what sort of a clinician eventually will he become. It is very important that he should record ample histories and full notes on the physical examination of his patients. To depend on memory is notoriously untrustworthy. Many a tragedy of bad treatment has resulted from a failure to make notes. With such a foundation, as I have suggested, each patient whether in hospital or home, can be studied just as thoroughly as is possible to anyone. However, remember that undue dependence on mechanical and laboratory procedures easily may lead to early atrophy of the power to think. The medical man, who does not think, is a danger to his patients. Simple measures of observation should precede always more elaborate technical methods. Economically it is unfair to the hospital and to the patient to order many laboratory procedures that do not help in a better diagnosis and a more effective treatment. Wisdom in clinical matters enables you to select the procedure most likely to clear up the diagnosis. This should be done first. Then others may be sought, if needed. It is a valuable part of a man's training to review each patient's record at the end of his study to see what of the various methods of study have been of important help and which have failed to add worthwhile data.

There is an unfortunate tendency today to regard anything that can be expressed numerically as of great accuracy and laboratory tests including the x-ray as infallible. Errors here are unfortunately numerous; often the good clinician can detect them at a glance and discard them from his measures of attaining a diagnosis; the poor clinician blunders even more than he otherwise would in not knowing the weaknesses and fallacies, the possible and probable errors, of laboratory methods. There is a necessary lag between symptoms and laboratory and x-ray evidence of disease; sometimes the lag is long, and often an entirely correct diagnosis can be made before either laboratory test or x-ray observation give confirmatory evi-
DR. THOMAS McCRAE
(1870-1935)
Portait presented to the College by friends and students of this famous clinician on November 18, 1937.
dence of the diagnosis; patients' treatment should not wait in its inception on such confirmatory evidence.

In last analysis the quality of your professional work will depend on your accumulated experience and knowledge.

So far I have said nothing about reading. Today often the complaint is made that so much is published that one cannot keep up with it. This is but the excuse of the lazy. It is surprising how little daily reading is needed to keep one well informed in medical literature. Books and journals are necessary to the making of a clinician. Etymologically, clinician appears to mean he who sits by a bed, but the meaning of clinician, as we understand it today, has greatly broadened from that early meaning. Assuredly he, who merely sits, will never become a real clinician, and yet hours by the bedside of patients is a necessary part of the training of the clinician but not hours of merely passive sitting. Observation by the bedside reveals more and more in proportion to the observer's knowledge of the observations of other clinicians as recorded in books and journals. The developing clinician needs to record carefully, accurately, in great detail what he observes and then to check his observations with those recorded in medical literature. A good way to do is to observe your patient, then read all you can find about the things you have observed and finally reobserve your patient in light of what you have read. This takes time. Consequently in your earlier days in clinical work it is unfortunate to have many patients. A few patients, thoroughly studied, with long hours spent in reading, teach far more than many patients, of necessity sketchily studied with little time for reading.

A very long period of time is required for the development of a clinician. Many patients must have been studied, and the progression of the phenomena of disease watched carefully over and over again. The bulk of recorded medical observation is great, necessitating long hours spent with medical books and journals.

Disease is a natural phenomenon in individuals possessing a very great variety of characteristics. Hence the picture of disease is ever a changing one with almost an infinity of possibilities as to what may happen. Always we are dealing with two major variables, a varying disease cause and a varying host, with many additional variables of minor significance and importance. Mathematically under such circumstances the possibility of what will happen runs into very large numbers. However, this is what constitutes one of the great fascinations in the practices of the art and science of medicine and renders the long road in the training of a clinician a pleasant one.

Clinical work, though it entails years of training before one becomes an accomplished clinician, is never a dull existence. There is ever in medical work that uncertainty of what is just around the corner that makes of exploration and investigation a great appeal to men. Each new patient is like the uncharted sea or the unmapped land; in advance it is not known what is to be revealed. The new patient may present phenomena never before witnessed by you, perhaps never before described by any medical man in all time. New diseases still are being discovered, new methods of treating them are being developed, but the new is not appreciated by the physician of small experience, not cognizant of what already has been written in medical literature. The more one knows, the more one sees that is new; the greater the experience and the learning of the clinician, the greater his pleasure in his work.
Clinical experience is much like a collection, the clinician like the collector. A collection be it of stamps, or of books, or of pictures, or of antiques, or of what not, is of value in ratio to its completeness, containing as many fine examples as possible of what exists in the field in which one has become a collector. Almost all of us at sometime in life become collectors of something; we have an inherent instinct that leads to collecting. The clinician needs such an instinct; his clinical experience is his collection, a collection complete in ratio as it contains memories of observed examples of all sorts of combinations of disease conditions. Like the collector, the trained clinician recognizes at once the new specimen for his collection. In the early days of his development the clinician adds rapidly to his experience, for in that period almost every patient presents a new phenomenon. Then progress becomes slowed, more duplicates are added in the clinical collection, but as the duplicates are studied, it becomes evident that differences have been overlooked. The collection then must be restudied. It is surprising how much has escaped the eyes in these days of inexperience. Now comes the reward of having recorded in detail your observations of patients. At times it may have seemed a waste of time to make careful notes of each patient, but when you return to them, you find, if your work has been well done, the reward of having just the data you need for a better understanding of the meaning of some change wrought by disease. Continued, careful recording of your observations made on your own patients is a very essential factor in the development of the clinician.

Just how long it takes to make a clinician, obviously varies with the industry and ability of the individual. However, fifteen to twenty years after graduation seems to me a reasonable period of time to set as the minimum for development into a clinician. My experience has been that there is at about that time a rather abrupt change in your medical mental attitude, marking the time when one first realizes that he has acquired certain powers that go to make up a developed clinician. Quite suddenly a certain vision is acquired that enables you to see in patients relations of things that hitherto have been missed. Prior to this time this power has been lacking. Not until it is acquired, can you be considered a developed clinician.

The clinical ability that is slowest to develop is ability in prognosis. Methods of treatment are easiest to learn. Diagnostic skill comes much later, but without it, treatment can not be effectual. Finally the clinician gains the power of foreseeing the course and outcome of disease in the particular patient. Only when ability in prognosis is attained, can one be regarded a real clinician. This last attribute of the clinician to be acquired is one which the clinician must develop in himself without much aid from outside instruction. Prognosis can not be taught. Rarely has any one written a book on prognosis, though prognosis is one division of almost every discussion of any disease. These discussions, however, of prognosis deal largely with statistics of duration, percentage of occurrence of complications and figures of mortality, all helpful enough to the clinician, but not furnishing much of a basis for foreseeing what is going to happen to the particular individual patient, and that is the kind of prognosis that the patient and the patient's family seek knowledge of. After years of experience in watching patients with full knowledge of available statistical data the clinician acquires what may seem to the beginner an almost uncanny power in foretelling what is going to happen to the individual sick of a given disease. Then and then only has the fruition of the clinician taken place.

Fifteen or more years seem to you now a very long period of time, but
little do you realize how rapidly these years will speed by. Your pathway to the ultimate goal of your medical development is a pleasing one. Many pleasures await you as you tread this path. There is the consciousness of a developing knowledge of medicine. There are happy associations with colleagues and patients. There is the satisfaction of a task being well done. There is the reward of an earned income more than sufficient to meet your actual needs in life. Your influence on patients and associates can be of great usefulness. There is the pleasure of doing your part in the community life that surrounds you. As you go along, you can by your work contribute to the store of medical literature observations that will be helpful to other physicians and surgeons. Finally, when you have attained your goal of becoming a clinician, all of these rewards of your work will continue with an ever growing increment, and there will be added the very great satisfaction of being able wisely to guide younger men along their path of development. As the years go on, diligence in following the path you have chosen increasingly will have its reward in bringing you closer and closer to the goal of your endeavor, fruition into a finished clinician.

Do not gather from what I have said that medicine and its practice is all a matter of mind. Much, too, of its success lies in its soul. The medical man should be an exemplar in his community of the worthy life. His dealings all must be upright and honest. His habits free from criticism. He will need the support of a true religion. A simple faith in God and his ways should emanate from all true physicians. If he believes not, this will not be possible. The believing physician often can bring into perfection a cure not otherwise attainable. There is no place in the profession of medicine for the agnostic, the atheist. Man needs a religion and particularly when he is sick. Religion is not a matter of form but of simple faith. With it physician and patient meet the trials of life and ill health with chin up and a winning smile. I would say to all of you and especially to you, young men, have a religion of faith and belief; it will help you over many a hard place.

As one who for nearly forty years has been following this path toward fruition into a finished clinician, I welcome you to the joys of its meanderings. To me the journey has been a very happy one. I have never held in high regard the medical man who constantly tells of how hard he works rather than speaking of the joy he gets from his work. I have enjoyed a simple faith in a God. I look back in memory on many pleasing vistas, on meetings with delightful companions, on friendly helpful guidance and inspiration from men of great attainment in our profession who were treading the same path in advance of me and on the opportunity of giving a helping hand to a splendid group of younger men, to whom it has been my good fortune, as their chief, to be a guide as they in their turn have entered on the beginnings of this clinical path. For me there are not many more turnings in the path to take. In a few years my active steps along the path will end, and I will retire from active medical work to watch the way of those coming after me, joyous that I have had the pleasures of pursuing the path that leads to fruition into a clinician. Many of you, doubtless, will get farther along the way, but none, I am sure, will find more happiness in it than have I. I can do no more than wish that each of you will have such happiness in treading the pathway as has been my lot, blessed with guidance from notable teachers, in contact with delightful colleagues and looking back on a succession of eager, capable pupils in the pursuit of their goal of a clinical fruition. The life of the clinician verily is a happy one.
DR. BROOKE M. ANSPACH
Professor of Gynecology
Portrait presented to the College by the Class of 1938.
DR. WILLIS F. MANGES
(1876-1936)

Portrait recently presented to the College.
DR. NORRIS W. VAUX

Professor of Obstetrics

DR. NORRIS W. VAUX became Professor of Obstetrics, succeeding Dr. P. Brooke Bland who resigned.

Dr. Vaux, a graduate of the 1905 Class of the University of Pennsylvania Medical School, interned at the Pennsylvania Hospital from 1905 to 1907. He studied at Dublin University, Rotunda Hospital, Ireland.

At the present time in addition to holding the chair of Professor of Obstetrics at Jefferson Medical School, Dr. Vaux is Obstetrician and Gynecologist-in-Chief to the Philadelphia Lying-In Hospital.

Among his affiliations are membership in the American Medical Association; Fellow of the Philadelphia College of Physicians; Fellow of American Gynecological Society in which he served as Vice-President the year 1937–1938; Philadelphia County Medical Society; Philadelphia Obstetrical Society, President in 1933; Chairman of Section on Obstetrics and Gynecology of the Medical Society of the State of Pennsylvania, 1938.

Dr. Vaux is an Honorary Surgeon, First Troop, City of Philadelphia Cavalry.

During the War, he was in active service, Base No. 10, Pennsylvania Hospital, U. S. A., May 15, 1917 to April 29, 1919.

In 1926, Dr. Vaux became the Editor of Edgar’s Obstetrics and is the author of numerous papers on obstetric and gynecologic subjects.

Dr. Vaux is a life member of the Philadelphia Zoological Society.
DR. HORACE JAMES WILLIAMS

Professor of Otology

DR. HORACE JAMES WILLIAMS has been appointed Professor of Otology at the Jefferson Hospital to succeed the late Dr. J. Clarence Keeler.

Dr. Williams received his preliminary education at the Academy of Dover, Delaware, and Delaware College at Newark, Delaware. He graduated from Jefferson Medical College in 1912 and interned in the Children's Hospital, White Haven Sanatorium, Germantown Dispensary and Hospital, Jefferson Hospital and Pennsylvania Hospital for Nervous Diseases.

His progress is one of rapid ascendancy. He is Otologist at Jefferson Hospital, Otologist and Laryngologist at the Germantown Dispensary and Hospital, Lutheran Orphanage at Germantown, Philadelphia Hospital for Contagious Diseases, and Memorial Hospital at Roxborough.

He is a member of the following societies:

American Otological Society; College of Physicians, Philadelphia; Philadelphia Laryngological Society; American College of Surgeons; American Laryngological, Rhinological and Otological Society; American Academy of Ophthalmology and Otolaryngology; Philadelphia County Medical Society and State Medical Society; American Medical Association; and attended the International Congress in Berlin (1936).

Dr. Williams is the author of numerous articles on Otolaryngology.
THE chair of roentgenology left vacant by the untimely death of Dr. Willis F. Manges has been filled by the appointment of Dr. Karl Kornblum.

He graduated from Indiana University in 1916 where he received his Bachelor of Science degree, and from the University of Pennsylvania Medical School in 1919, and interned at the University of Pennsylvania Hospital from 1919 to 1921. Following his internship, he became Resident in Obstetrics in the same institution from 1921 to 1922. Later he was appointed Assistant Surgeon and Chief of Surgical Out-Patient Department at the University of Pennsylvania Hospital from 1922 to 1927.

Among his teaching affiliations, Dr. Kornblum was Instructor in Radiology at the University of Pennsylvania from 1927 to 1931; Associate in Radiology at the University of Pennsylvania from 1931 to 1937; Instructor in Radiology at the Graduate School of Medicine, University of Pennsylvania from 1927 to 1936; Assistant Professor of Radiology, Graduate School of Medicine, University of Pennsylvania from 1936 to 1938; and Director of the X-ray-Radium Department at the Graduate Hospital from 1933 to 1938.

Dr. Kornblum is a member of the American College of Radiology, American Roentgen Ray Society, Philadelphia Roentgen Ray Society, American Medical Association, American Association for the Advancement of Science, American Society for the Control of Cancer, John Morgan Society, Fellow of the College of Physicians—Philadelphia, Sigma Xi, Phi Chi and a Diplomate of the American Board of Radiology.

He contributed many papers on the subject of Radiology.
President of the Alumni Association

Dr. SHALLOW is a native of Philadelphia. He was born November 26, 1886. He received his preliminary education in the Philadelphia Public Schools and Central High School. This was followed by a special course at Drexel Institute. In 1907 he entered Jefferson Medical College and was a promising member of the last track team and the last football team of the institution in that year. In his Sophomore year he became more studious and was president of the Spitzka Anatomic League. In his Senior year he was Class Historian. He graduated in 1911 with a monopoly on the prizes receiving the Alumni Prize, the Henry M. Phillips prize, and the W. B. Saunders Prize.

He interned at Jefferson Medical College Hospital and following this was Chief Resident until 1914. In 1914 he became the personal assistant of Dr. J. Chalmers DaCosta in which capacity he served until 1921. He entered the United States Army Medical Corps in January, 1918, and served at the Rockefeller Institute before going abroad.

As a member of the faculty of the Jefferson Medical College his career began as a Clinical Assistant and progressed through the department to the Professorship of Surgery in 1931.
He has served on the staffs of many local hospitals among which are the Philadelphia General, St. Joseph's, Montgomery County and Delaware County. He is a member of his local county and state medical societies as well as the American Medical Association. He is a member of many surgical societies among them being Philadelphia Academy of Surgery, American College of Surgeons, International College of Surgeons, and the American Board of Surgery. He is also a member of the American Medical Editors and Authors Association.

He has found time to distinguish himself in civic affairs and is a member of the Board of City Trusts of Philadelphia, Board of Directors of Wills Eye Hospital, Board of Directors of the Philadelphia House of Detention. He is the author of many articles in the field of surgery.

Branch Chapter Meetings

THE following report is of Jefferson Medical College Alumni activities which have taken place since the publication of the last Alumni Bulletin.

A meeting of the North Carolina Chapter on May 4, 1937, was well attended and was addressed by Dr. Thomas A. Shallow.

The West Virginia State Medical Association met at Clarksburg. A Jefferson luncheon was held, at which Dr. Norris Vaux was the guest speaker.

On November 4, 1937, the Northeastern Chapter of the Alumni Association held a meeting in Wilkes-Barre, Pa. Representatives of the College at this meeting were Dr. Clifford B. Lull, Dr. Frank C. Knowles, Dr. David W. Kramer, and Dr. George P. Muller. Operations and dry clinics were held during the morning and afternoon; in the evening a dinner. All of the day's events were well attended.

Dr. Ross V. Patterson attended a meeting of the American Medical College Association in San Francisco on October 25–27, 1937, and a number of Jefferson men entertained him at luncheon.

The Southwestern Chapter met on December 3, 1937. A series of clinics were given by Dr. Thomas A. Shallow, and Dr. Henry K. Mohler. An enthusiastic dinner was given in the evening.

The Westmoreland County Medical Association met in Greensburg on March 17, 1938. Dr. E. J. G. Beardsley attended and addressed this meeting.

On March 17, 1938, Dr. Beardsley attended a post-graduate symposium at High Point, N. C., in conjunction with which a luncheon of Jefferson men was held in Greensburg, N. C. Seventeen alumni were present.

The mid-winter smoker and business meeting of the Alumni Association of the Jefferson Medical College was held in the University Club on February 17, 1938. 243 alumni were present.

On June 9, 1937, the Jefferson Medical College Alumni Association dinner was held in Atlantic City in conjunction with the meeting of the American Medical Association. 195 alumni attended.

William Potter Memorial Lecture

The Annual William Potter Memorial Lecture was presented in the Assembly Hall of the College on Monday evening, April 18, 1938. The address was given by William Boyd, M.D., Professor of Pathology and Bacteriology of the University of Toronto. His subject was "Growth, Normal and Abnormal."
Program for Commencement Season

JUNE 1—Jefferson Ex-Internes' and Class Reunion Day

9:45 A. M. to 1 P. M.—Clinical presentations in the Amphitheatre of the Hospital by Ex-Internes of Jefferson Hospital and representatives of the Class Reunions.

Scientific exhibits by the members of the Hospital and College Staff in the halls adjacent to the Clinical Amphitheatre.

1 P. M.—Buffet Luncheon—Internes' Dining Room.

2 to 6 P. M.—Golf at the Rolling Green Country Club. Baseball at the League Parks, and other diversions.

7 P. M.—Dinner for Ex-Internes of Jefferson Hospital, at the Art Club.

JUNE 2—Alumni Day

9:45 A. M. to 1 P. M.—Clinical presentations by members of the Senior Faculty in the Amphitheatre of the Hospital.

Scientific exhibits by the Staff of the Hospital and the College, in the halls adjacent to the Amphitheatre.

1 to 2 P. M.—Class Luncheons.

2 to 6 P. M.—Inspection of the College Buildings, the work of the Curtis Clinic and Hospital, Scientific Exhibits, etc.

Diversions, such as baseball and golf, which the Alumni may desire to take advantage of.

7 P. M.—ANNUAL ALUMNI BANQUET—Bellevue Stratford Hotel.

JUNE 3—Commencement Day

12 Noon—Commencement exercises of the Class of 1938, at the Academy of Music.

(All events on daylight saving time.)

Class Reunions

As has been the custom in previous years, the classes which have been graduated for 5, 10, 15, 20 years, etc., are holding special reunions, many of which are to start on the day previous to the Alumni Dinner. Below is a list of the arrangements that have been received from some class chairmen.

For further information in regard to your own class plans, if not listed below, consult your class chairman or the Alumni Office upon your arrival at the Medical College.

The Class of 1918 is to meet for luncheon on June 1st at 12 o'clock noon, daylight saving time, at the Hotel Madison, Atlantic City, N. J. Special entertainment has been provided for the ladies. Other plans are to be decided upon later.
The 25th anniversary of the Class of 1913 will be celebrated by a special dinner on Wednesday, June 1st, at 6:30 P. M., and provisions have been made to attend in a body the Alumni Dinner at 7 P. M. the next day. Further information can be obtained from the chairman of the local committee, Dr. John B. Flick, 1608 Spruce Street, Philadelphia.

The Class of 1933 will meet for a two day reunion to celebrate its 5th anniversary. On June 1st a reunion dinner has been arranged. On June 2nd the class luncheon will be held and followed by golf, baseball, and other diversions. A full attendance is expected at the Alumni Dinner.

The Class of 1923 will hold a class dinner on Wednesday, June 1st, at 7:30 P. M., daylight saving time, on the Roof of the Hotel Walton. A class luncheon will be held on Thursday, June 2nd, at 1:30 P. M. on the Roof of the Adelphia.

The Class of 1926 will hold its annual reunion luncheon at the Arcadia Cafe.

The Class of 1917 and the Class of 1920 will have class reunion luncheons on June 2nd at the Hoffman House.

All classes are uniting in attendance and support of the Alumni Dinner, June 2 at 7 P. M.

Commencement Exercises

The 113th Annual Commencement Exercises of the Jefferson Medical College will be held in the Academy of Music, at 12 o’clock, noon, daylight saving time, on Friday, June 3, 1938.

The Speaker of the Day will be Hon. George W. Maxey, Justice of the Supreme Court of Pennsylvania.

The Minister of the Day will be the Rev. Rex S. Clements, Ph. D., Bryn Mawr Presbyterian Church, Bryn Mawr, Pa.

Scientific Exhibits and Clinical Presentations

A new feature has been added to the program of Alumni Day and Ex-Internes’ and Class Reunion Day. This is the presentation of formal scientific exhibits which will be set up in the corridors and rooms surrounding the Clinical Amphitheatre and will be available for inspection on June 1st, 2nd, and 3rd. These exhibits will include displays by some ten or fifteen members of the staff of the College and Hospital, some of whom have exhibited at the State and National Associations. In addition to these there will be new displays by younger members of the staff as well. The plan has been sponsored by the Jefferson Society for Clinical Investigation, which is cooperating with the Alumni Association for the purpose of making this new arrangement a successful addition to the program of Commencement events.

The Alumni Day program has been limited to members of the senior faculty, which means the professors of the various branches. The Ex-Internes’ and Class Reunion Day program is to be presented by representatives from these two groups, which will hold their frolic on June 1st. Many of the speakers will be prominent alumni from out of town.

Jefferson Society Prize

The annual award of the Jefferson Society for Clinical Investigation, given to that individual or group of individuals belonging to the Junior Staff who published the most meritorious piece of investigative work during the previous year, has been conferred upon Dr. Kelvin A. Kasper for his researches on “The Naso-frontal Connections.”

Honorable mention is made of the paper by Dr. Martin J. Sokoloff on the subject of “Anthracosis and Tuberculosis.”
Contribution of the Class of 1938 to the Alumni Fund

THAT the Class of 1938 will fulfill all expectations by contributing as a whole to the Alumni Fund seems quite certain. At the time of publication more than two-thirds of the members of the Class have signed notes, payment of which begins at a small rate two years after graduation. The total contribution of each class, according to this plan, amounts ultimately to $20,000.

The Alumni of the Jefferson Medical College extends to these new members congratulations upon their earnest and hearty support.

Endowed Room Fund

THE Endowed Room Fund, for the purpose of providing hospital care for needy and ill Alumni of the Jefferson Medical College, is nearing its goal of $10,000. Over $1,000 has been raised and added to the fund during the past year, so that it now stands somewhat over $8,500. So little remains to be raised that it should be only a short time before this long worked for project will reach its culmination.

At a recent meeting it was decided by the Executive Committee of the Alumni Association to extend to all Alumni the opportunity of contributing to this excellent undertaking, the purposes of which we are all in sympathy with. Therefore, an opportunity is hereby provided for each alumnus to make his contribution directly for this purpose. If each will take the time and the small trouble to detach the subscription slip printed below, sign his name, and send in a contribution of a dollar or more, the fund will be completed by the evening of the Alumni Banquet.

There will be no solicitations for funds at the Alumni Dinner, but those who wish to bring their contribution at that time will be provided a place at which to make the deposit.

Appropriation for Chest Surgery

THE Department for Diseases of the Chest of the Jefferson Medical College Hospital is the recipient of a gift of five thousand dollars from Mr. Joseph V. Horn, for the purpose of establishing a unit for the surgical treatment of pulmonary tuberculosis.

The latest type of surgical equipment, anesthesia apparatus, and x-ray machinery has been installed. Four rooms have been built, with air conditioning for the post-operative care of these patients.

A fellowship will also be available for a graduate in medicine who is interested in the special study and management of thoracic disease.

I wish to contribute to the endowed room fund $_________________

NAME_______________________________________________________

CLASS_______________________________________________________

ADDRESS______________________________________________________________________

(Make checks payable to and mail to DR. CHARLES E. G. SHANNON, Chairman, 1930 Chestnut Street, Philadelphia, Pa.)
Contributions to Alumni Fund, May 1, 1938

CASH PAYMENTS

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PLEDGES

Class of 1926—93 Subscribed to Notes for $10 a year for 10 years—65 have paid 270 of these Notes amounting to $2,775.00.
Class of 1931—132 Subscribed to Notes for $10 a year for 20 years—59 have paid 136 of these Notes amounting to $1,571.00.
Class of 1932—121 Subscribed to Notes for 20 years increasing $1 a year—93 have paid 302 Notes amounting to $765.
Class of 1933—137 Subscribed to Notes for 20 years increasing $1 a year—71 have paid 122 Notes amounting to $174.75.
Class of 1934—138 Subscribed to Notes for 20 years increasing $1 a year—74 have paid 141 Notes amounting to $220.00.
Class of 1935—138 Subscribed to Notes for 20 years increasing $1 a year—68 have paid 93 of these Notes amounting to $105.
Class of 1936—126 Subscribed to Notes for 20 years increasing $1 a year—2 have paid 2 of these Notes amounting to $2.

ADDITIONAL CONTRIBUTIONS

Contributions in addition to the above are $26,535.06 contributed by 120 Non-Graduates, Class Funds, and the proceeds of Entertainments. This amount does not include Life Insurance policies of $1,000 each and Building and Loan shares of a maturity value of $1,000.
The Alumni Bulletin
A Report of its Activities and its Policy

BELIEVING that the Alumni will be interested in the field, the policy, and the expense of the Alumni Bulletin, a copy is hereby presented of the report of the Publicity Committee at the last business meeting.

"The major document in the report of the Publicity Committee is already in your hands. By this we refer to the Alumni Bulletin, Vol. 2, No. 3, which was published in May, 1937, under the authorization of the Executive Committee of the Alumni Association. Seven thousand copies of this edition were printed and the total expense for printing, for envelopes, postage, and clerical work amounted to $642.12. This total expense is somewhat in excess of previous years, but is accounted for by the fact that the 1937 Bulletin was several pages larger and the cost for printing was thereby increased by $75.00 or $100.00.

"Since the policy of publishing only one number annually has been established, the Bulletin has been increasing gradually in size and in scope. The Publication Committee and Editorial Staff have endeavored to include such matter as is of interest to the alumni and particularly to make of the feature article an exposition of some important phase of the college or hospital work. With this in mind, the principal articles of the last several Bulletins have included such subjects as research at Jefferson, methods of choice of the student body, the problems and the selection of a faculty, the problems of the Board of Trustees, financial and administrative, the history and development of the medical college library, and the history and development of the nurses' training school.

"All of these subjects, it is presumed, are within the circle of interest of Jefferson alumni. This year we have material to present which promises to be of great interest to the members of this Association, and we trust that the work of the committee has met with and will continue to meet with your approbation. We are open to constructive criticism and have profited frequently and greatly by suggestions of various alumni.

"The Chairman of the Committee and Editor wishes to express at this time his appreciation of the work of the other members of the committee for their fine cooperation and help with the numerous details of publication."

Publication Committee

J. Bernard Bernstein
Henry B. Decker
John T. Farrell, Jr.
Thaddeus L. Montgomery, Chairman

New Residencies at Jefferson

In keeping with the progress of post-graduate education, four new residencies have been provided at the Jefferson Hospital. Two of these have been established in the Department of Obstetrics through the beneficence of Dr. P. Brooke Bland, and the residents are already on active duty. A residency is being established in the Department of Medicine and the position will be filled during the ensuing summer. The residency is also on active duty in the Department of Roentgenology and is available for emergency studies in that department. In addition to these is the Fellowship in Diseases of the Chest, described at another point.

As rapidly as funds can be secured and set aside for this purpose, similar positions will be established in the other clinical departments. These positions are in addition to the fellowships which exist in several departments of fundamental science.
Dr. Michael A. Burns
1884—1938

Dr. Michael A. Burns, Jefferson 1907, Professor of Neurology, died of coronary disease March, 1938 after an illness of six weeks. Dr. Burns was fifty-four, and his death adds another to the roll of Jeffersonians whose untimely deaths have been due to cardiac disease. He is survived by his widow and two sons, Paul and John.

After his graduation from Jefferson, Dr. Burns served an internship at St. Agnes Hospital, Philadelphia. In 1908, he was appointed to the neurological service at Jefferson, and, in 1934, he became Professor of Neurology.

Dr. Burns was a devoted member of the Alumni Association for many years. Under his chairmanship, the Endowed Room Committee assumed new activity and brought the fund near to completion.

Dr. Burns served as neuropsychiatrist to the Jefferson unit U. S. Base Hospital No. 38, and in December, 1918 was appointed consultant in neuropsychiatry to the District of Paris, France.

At the time of his death, Dr. Burns was visiting neurologist to the Philadelphia General, St. Agnes', St. Joseph's, and Wills Hospitals. He was also consulting neurologist to St. John's Orphan Asylum and St. Edmund's Home for Crippled Children. He was a member of the Board of Trustees of the Norristown State Hospital.
Dr. Edward P. Davis

Dr. Edward Parker Davis, Professor of Obstetrics from 1898 to the time of his resignation, December 20, 1924, died of arteriosclerosis October 2, 1937 at the age of eighty-one.

Dr. Davis was graduated from Princeton in 1879, from Rush Medical College in 1882, and from Jefferson in 1888. In 1885, he was appointed Clinical Professor of Obstetrics at Jefferson, and, on the retirement of Theophilus Parvin, became head of the department.

He was the author of numerous papers and of several texts dealing with obstetrics. From 1890 to 1898, he was editor of The American Journal of Medical Sciences.

After his resignation in 1924, Dr. Davis retired, living for a number of years at Princeton, New Jersey, and then in Philadelphia.

Dr. John M. Fisher

In the death of Dr. John Monroe Fisher May 20, 1937, Jefferson lost a member of its faculty known to most living graduates, and an active and kindly alumnus was removed from our scenes.

Dr. Fisher was a member of the class of 1884. After graduation, he served an internship at Jefferson, and, at the time of his death, was the oldest living former interne. In 1890, Dr. Fisher was appointed assistant attending gynecologist to the Jefferson Hospital, and, in 1893, chief of the clinic and demonstrator of gynecology. He became associate professor of gynecology in 1910, and clinical professor in 1933.

Dr. Fisher throughout his association with Jefferson was active in its affairs. He was president of the Alumni Association in 1910, and, in 1928, was president of the Ex-Internes Association.

Besides his interest in Jefferson, Dr. Fisher was active in the Philadelphia County Medical Society, the Aid Association of the Philadelphia County Medical Society, the Medical Club of Philadelphia, and many other organizations.

Dr. Fisher contributed extensively to the literature of gynecology.

In his death, the younger men of the institution lost a friend who was ever an advocate of their interests.

Isidore Paul Strittmatter

1860—1938

Dr. Isidore Paul Strittmatter, prominent Jefferson alumnus and physician of Philadelphia, died on April 14, 1938. Dr. Strittmatter had been for many years a member of the Executive Committee of the Association, was a former president of that Association, and had always displayed enthusiastic interest in the activities of the College and Hospital.

He graduated from Jefferson Medical College in 1881, served his internship at the German Hospital, now Lankenau, and St. Mary’s Hospital. In 1882 he began practice at his present office, and had continued in active work up until the time of his death.

Dr. Strittmatter was former president of the County Medical Society and donor of the Strittmatter Award for meritorious service in the medical profession.
# Deaths Reported During the Past Year

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Deaths Reported During the Past Year

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Jacob F. Trexler. Lancaster, Pa. Nov. 7, 1937
Raymond Spear. Yorba Linda, Calif. Nov. 23, 1937
Henry Lincoln McClusky. Worchester, Mass. Apr. 16, 1937
Guy Hill Harrison. Los Angeles, Calif. Mar. 19, 1937
Byron David Henry. Endicott, Wash. Dec. 1, 1936
John Emmett Hill. Monrovia, Calif. Nov. 19, 1937
1901 Alfred Jonathan Downs. Los Angeles, Calif. Mar. 12, 1937
1902 Barrett D. Bice. Sparks, Nev. Nov. 10, 1937
Charles Amory Dexter. Columbus, Ga. Aug. 20, 1937
1904 Ivan Proctor Battle. Rocky Mount, N. C. Feb. 20, 1938
Robert F. Dunham. High Point, N. C. April 12, 1937
1905 George Francis Goostrey. Vancouver, B. C. Nov. 20, 1937
Harry Hill Harrison. Baltimore, Md. Nov. 20, 1937
James Patterson MacFarlane. Indianola, Pa. Sept. 4, 1937
Alexander Berkley Raff. Chicago, Ill. Feb. 11, 1937
Jesse Lewis Raines. Seattle, Wash. Sept. 27, 1937
George B. Hansell. Canton, Ohio. Aug. 12, 1937
Clarence C. Parks. Lecieburg, Pa. Dec. 12, 1937
1911 Lee Johnson. Gastonia, N. C. Apr. 8, 1937
Benjamin Earl Niebel. Brigantine Beach, N. J. Mar. 5, 1937
1913 Richard Hogan Miller. Providence, R. I. Oct. 12, 1937
1917 Roland Corbin Gyles. Siler City, N. C. June 19, 1937
Louis Mackler. Lantastic City, N. J. Jan. 11, 1937
1918 Jamie W. Dickie. Southern Pines, N. C. July 6, 1937
Oscar Benjamin Millard. Jersey City, N. J. Dec. 30, 1937
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PHILIPPINE ISLANDS—Ameen M. Saleebey, ’06
HAWAII—Min Hin Li, ’22
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MEXICO—Siegfried Figueroa-Meinhardt, ’10
SIAM—Aller G. Ellis, ’00

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