A BRIEF TOUR BY A TRUSTEE

Mr. Norman F. S. Russell

The Officers of the College felt that it might be of interest to Jefferson Alumni to receive the impressions of a Trustee on a tour of the departments of the college and, in the furtherance of that desire, it was my privilege to visit recently the Departments of Surgery, Medicine, Neurology, Pharmacology, Bacteriology, Pathology, and the Division of Industrial Medicine as a part of the Department of Preventive Medicine, and it is my hope that shortly I will also make a tour of the Daniel Baugh Institute, the Department of Physiology and the Department of Biochemistry.

Having had some experience in the field of academic education, it has been interesting to compare the teaching problems of the academic school vs. the professional school. The first thing that impresses one accustomed to academic education is the much greater individual instruction necessary in a medical school and the much greater attention that it is necessary to give the individual student. This necessary limitation on the number of pupils per instructor naturally poses many problems in the College as to space, equipment, material, etc. It also limits the number of pupils that can be handled efficiently by any medical college. In going over these departments there was naturally a desire on the part of practically all of them for additional space, and I must admit that some of them did seem to be crowded. Yet universally there was a spirit of understanding of the physical difficulties involved in the space available, and they universally expressed the sentiment that they were going to do the job in spite of the handicaps and with the knowledge that the limitations of space were receiving the attention of the Trustees and were being corrected as funds for expansion were available.

In the Department of Surgery a most interesting discussion was held with Dr. John H. Gibbon, Jr., Professor of Surgery and of Surgical Research. Dr. Thomas A. Shallow, the Senior Professor of Surgery, was not available at the time of my visit.

From my own personal experience I knew that Jefferson had been ever famous for the Surgeons on the Faculty and the Surgeons being graduated by the College, and there is no question in my mind that it is continuing the high standards of the past. This department, which lists forty-two general and specialty surgeons on the faculty staff and with teaching connections with three other hospitals other than Jefferson, appears to be well, if not adequately, housed on the eighth floor of the College building. The teaching connections with the three hospitals other than Jefferson assist greatly in the extra number of beds provided, as well as cases for practical clinical teaching. The surgical research projects of this department were intensely interesting to me and, as a layman, I was particularly impressed with the development of an apparatus which would temporarily take up the functions of the heart and lungs. This machine has been described in national mag-
magazines and has been made available to the College through the generosity of Thomas J. Watson of the International Business Machine Company, and I am sure that it is a tool which has the possibilities of meeting a number of medical problems having to do with the vital heart functions.

In the Department of Medicine, I had a most interesting visit with Dr. Hobart A. Reimann, Magee Professor of Medicine and Head of the Department of Experimental Medicine, and I was greatly impressed by the large and complex interorganization necessary to carry out the three functions of medical education; namely, research, diagnosis and care. Dr. Reimann and Dr. Alison H. Price showed me the chart of the organization in the Department of Medicine, and here, as in other departments, elaborate correlations and the cooperation necessary in a medical school were very impressive.

In the Department of Neurology Dr. Francis M. Forster, Associate Professor of Neurology, gave me a very interesting tour of the department in the absence of Dr. Bernard J. Alpers, the Professor of Neurology, who was unavoidably absent.

I was impressed by the collection of slides and other materials available for the teaching of both undergraduates and graduates, and was much interested in the electro-encephalographic equipment which I saw in operation. Nearly four hundred brains had been sectioned to date in the current calendar year, and we waited for Dr. Forster to analyze a bit of frozen tissue from a patient in the operating room undergoing neurosurgery.

In the basic preclinical department of Pharmacology I had a very interesting discussion with Dr. Charles M. Gruber concerning not only the number of drugs with which medical students are expected to be completely familiar, but also the greater requirements of the knowledge of pharmacology on the part of the general practitioner as opposed to the specialist. I received a fine impression of the laboratory space and equipment available for teaching, and was impressed with the safety showers, which are provided at strategic locations in every room, where a student who might be burned by explosion, etc., could really just fall in on the floor of the shower and it would immediately start operation.

Here again the question of space came in and the studies that were being made to increase the efficiency of the department by rearrangement of the available space.

In the Department of Bacteriology, Dr. Kenneth Goodner pointed out that there were probably more bacteriology cultures prepared at Jefferson than at any other medical school in the country, and here I was again impressed with the arrangements for small discussion and teaching groups to give the individual any special attention necessary to this increasingly important phase of medical science.

In the Department of Pathology, Dr. Peter A. Herbut pointed out that the war had decidedly handicapped him in the matter of personnel and teaching staff and that, while the present staff appears to be carrying a relatively heavy teaching schedule, the department is now in a position to correct the deficiencies in its personnel and staff.

The museum of wet specimens collected by Jefferson over the years is most interesting, and while the advances in photography may permit the housing of this museum in less space to make room for additional laboratory facilities, nevertheless, the wet specimens, themselves, have been and will be important in the practical visual instruction. Here I was very much impressed with Dr. Herbut's work in the Papanicolaou smear tests for cancer of the lung.

Probably as a manufacturer for a large part of my business career, Dr. Heinrich Brieger's work in industrial medicine, as part of Dr. Perkins' Department of Preventive Medicine, had a very practical appeal to me, and I was interested to learn that this is the only Department of Industrial Medicine in the City and one of the very few in the Country. The apparatus for duplicating conditions of atmosphere, temperature, gas and dust conditions, as they might be found in industrial conditions, seemed very complete, and I could well realize the tremendous demands that might be put on this department if it were in a position to accept commercial projects. Its work, however, is in the basic medical sciences, much of which having to do with toxicology. This division is restricted as to space, and here is an example of the cooperation between the departments as this division occupies part of the space which is needed by the Department of Pathology.

As noted above, I do not think any layman could make this tour, brief as it might have been, without appreciating the cooperative teamwork that is evidenced by the members of these departments, and the acute realization of the obligations to turn out graduates well grounded in the many phases or departments of medical knowledge. The impression was received that, in spite of certain handicaps, it was the wholehearted desire of these various departments to so correlate their work and to so work in cooperation with the other departments that when a man graduated from Jefferson he would be well grounded in the various fields of medical knowledge.

It is with eager anticipation that I await my tour of the other departments of the College and, in closing, I can well appreciate the pride of Jefferson Alumni in their Alma Mater and their determination that the freedom and prestige of the College shall not be impaired.

Mr. Norman F. S. Russell, a member of the Jefferson Board of Trustees for the past year, is chairman of the Board of Trustees of Colgate University, his Alma Mater, and was awarded the LL.D. degree there in 1940. His home is in Edgewater Park, Burlington, New Jersey. He is chairman of the Board of Directors of U. S. Pipe and Foundry Company and is a director of the following companies: Pennsylvania Company for Banking and Trusts, Colgate-Palmolive-Peet Company, Cramp Shipbuilding Company, American Mutual Liability Insurance Company, U. S. Sugar Corporation, Schloss-Sheffield Steel and Iron Company, and a number of other firms.
ADMIRAL KAUFFMAN'S OPENING ADDRESS
AT THE 126th ANNUAL SESSION

Mr. Chairman, Dean Perkins, Members of the Freshman Class, Students of Jefferson, Ladies and Gentlemen:

For many years, our distinguished Chairman of the Board of Trustees, Mr. Robert Hooper, has welcomed the new class and delivered the salutation at the Opening of the College. Mr. Hooper, unfortunately, cannot be with us tonight, and asked me, as the new President, to speak to you on the 126th Opening of Jefferson Medical College.

My experience with medical colleges has been very limited, but I have learned quite a lot, the past five months, and have been much impressed by several things. First, the great difficulty for any ambitious young man to be accepted by a medical college. You very fortunate young gentlemen of the Freshman Class represent just about three and two-tenths percent of the qualified applicants who desired to enter College, this year. Second, I am very much impressed with the course at Jefferson, and the amount of hard, conscientious work required, before you obtain your degree.

Jefferson, as one of the great medical colleges of this country, has wonderful traditions behind it. In reading over our history, it appeared to me that when Doctor McClellan founded Jefferson, one of his basic concepts of a successful medical institution was that the institution should not only keep abreast of the very latest in medical science and education, but should do everything possible to keep ahead of current trends. This basic policy is our policy today, and I hope will continue to be our policy for the future.

Based on years of experience with College, Pre-College, and Post-College men, it would appear to me that you gentlemen have a wonderful opportunity. You have been "hand-picked"; the College not only has all the material facilities required for proper training, but in addition, has a wonderful staff of professors and their assistants. In other words, as I see it, you have everything necessary for you to accomplish your mission to become a well-trained Doctor of Medicine. How well you accomplish this mission is absolutely up to you.

I should like to take this opportunity to pay my respects to the distinguished Members of the Faculty, who give so much of their time to teaching and the guidance of the students, with only a token as remuneration.

On my own behalf, and on behalf of the Administrative Staff, I wish to welcome the new class, and I feel certain that you, along with the men of the upper classes, will continue to carry on in the same splendid way that the Alumni of Jefferson have carried on for 125 years.

THE SECOND ROLL CALL

LOUIS H. CLERF, Chairman

The Jefferson Medical College faces today an inspiring period in its long history. On the eve of its 125th anniversary it has been strengthened by the loyal support of a majority of its sons in their gifts to the Alumni Annual Giving Fund.

The spirit of this backing is almost as important as the financial help. It helps Jefferson's leaders keep their eyes turned forward to further development of the College and its service to American medicine. For this year it has relieved a critical budget situation. The gratitude and appreciation of the leaders of the Alumni Association and of the College goes out to all who shared in last year's First Roll Call.

There is an important year ahead. My specific message here is an appeal for the continued, and much wider, support of Alumni Annual Giving, which provides a living endowment, a yearly income that can be applied where the opportunity is greatest. This income enables the College to take constructive steps that would otherwise be impossible at present.

Your committee, aware of the immediate need of supporting the College budget for next year has set an objective of $125,000 for this 125th Jefferson year and its Second Roll Call. Such an amount should enable the College to meet its current essential needs. It enables the alumni to continue giving support to teaching salaries of full-time faculty members in the preclinical departments.

Alumni Annual Giving offers every member of the Jefferson family the privilege of sharing in the College's labor of intellectual and scientific education and the providing of tomorrow's physicians. It is at once a recognition of benefits received and a pledge of benefits perpetuated. This size of your gift is, of course, important. But size is not the most important feature. What counts most heavily is the spirit behind your gift.

When your Class Agent appeals to you soon, I hope you will respond promptly and in a generous spirit!
THE CURRENT COLLEGE BUDGET

Last fall when the alumni launched the First Roll Call of the Annual Giving Fund, graduates were made generally aware that The Jefferson Medical College faced an acutely stringent financial situation. There has been a compelling need to increase the current annual budget to meet the rising costs of faculty salaries, added teaching positions, improvement of teaching facilities, and general operating expenses.

This problem has been particularly serious since the war and has been common to most medical schools. In fact, the situation in medical education generally has been described as desperate. Something very substantial in securing additional income had to be done that Jefferson might maintain its high quality of medical education and advance with leading medical colleges.

To the enduring credit of Jefferson’s sons the initial steps were taken toward this goal in the current year. This support has been the contributing factor which enabled the College to carry on without the need of facing an insurmountable deficit—or being forced to economies which would have drastically lowered its standards. And minimum needs for the ensuing year can be met if somewhat increased support results from this, the Second Roll Call.

Where Do the Funds Go?

The budget for the present fiscal year, without any allowance for depreciation on the buildings, is approximately $1,200,000. This is, naturally, very much higher than in pre-war years—but every dollar is necessary to maintain high educational standards in one of the largest medical colleges in the country.

The major purposes for which expenditures are made follow:

Expenditures Distribution—Budget 1949-51

Teaching and Research Salaries 32%
Fixed Charges 15.5%
Administration and Library 8.5%
Building Maintenance and Improvements 14%
Teaching and Laboratory Supplies 18%
Research 1.6%

It is to Jefferson’s credit that such a large share (over half) goes for the payment of teaching salaries. Most of this salary item for the faculty goes for salaries in the six preclinical departments and other full-time teachers. While the budget share for teaching personnel has been commendably high, it is regrettable that individual salaries in these departments have had to be relatively low.

There have seldom been enough excellent teachers available to medical schools. The present unprecedented demand has resulted in intense competition among educational institutions for the limited supply of able teachers. This is aside from the competition from industry which cannot be matched in a salary scale. Teaching at Jefferson holds other attractions which few medical schools can duplicate. It is the College’s purpose to hold these attractions and increase them in every possible way. Thus far Jefferson has been gratifyingly successful in holding its most competent teachers and replacing its men who retire. This has been due, in part, to the faculty’s devotion to Jefferson.

The current budget provides some increases to most teachers in the preclinical departments. It has also made it possible to augment these important teaching functions by additional personnel. Of the unrestricted part of the funds given by alumni, 75% has been earmarked for the support of salaries in these basic science departments (through the resolution of the Board of Trustees on the recommendation of the Alumni Executive Committee and Class Agents).

Research expenditures (for faculty and equipment) account for 6.6% of the budget. Much of this cost is defrayed by grants for specific research projects, though such grants carry none of the cost of other research work.

The cost of Teaching Supplies and Laboratory Supplies has been an important factor in the increased budget. Modern equipment is expensive but necessary to the advanced scientific education of today.

Despite much higher cost for Building Maintenance and Improvements, increases in the allowance for these, administrative and fixed charges, have been held down. The current figure for all three categories represents 30% of total expenditures; ten years ago 44% was required.

The Sources of Income

There are five principal sources of income for the budget:

Endowment Income
Student Tuition
State Aid from the Commonwealth of Pennsylvania
Alumni Annual Giving Fund
Research Grants (available only for the project supported and of no support to the general budget)

The May, 1949, ALUMNI BULLETIN gave a report on Jefferson’s endowments which showed a comparatively high current rate of return on investments. Though investment results have been very satisfactory, it was pointed out that the College was definitely short in unrestricted endowment. This year’s budget, however, shows a further modest increase in current budget income from endowment.

Student tuition accounts for further increase in income. This year, for the first time all four classes are subject to the $700 annual tuition.
The largest amount of increase in income has come from an increased biennial appropriation by the state. The state has recognized the vitally important part the medical schools assume in the welfare of the Commonwealth.

The increase from alumni annual giving is virtually new current budget support, since alumni giving in previous years has been generally restricted as to purpose and has been much smaller in scope. This year and next, alumni annual giving will close what otherwise would have been a major budget gap.

It is not possible to place too much emphasis on the value which has accrued from the alumni's generous support. It spells the difference between a satisfactory minimum budget and a seriously reduced activity which would require economies destructive of the standards of medical education at Jefferson.

OPENING EXERCISES

On the evening of Monday, September 12, 1949, Jefferson held its opening exercises of the 126th Annual Session. The College auditorium was crowded to its capacity with listeners eager to receive the messages of the speakers of the evening.

The activities were initiated by an impressive academic procession led by representatives of the Board of Trustees, Mr. Horace P. Liversidge, Mr. Van Horn Ely, Mr. William Potter Wear and Mr. Brandon Barringer. Professor J. Earl Thomas, Chairman of the Faculty, was the presiding officer. Our new President of The Jefferson Medical College, James L. Kauffman, Vice-Admiral, U.S.N. (Ret.), extended a sincere welcome to the incoming class and delivered many words of encouragement relative to the present and future of Jefferson. His message was tempered by sincerity, thoughtfulness, and a wealth of knowledge of our present-day trends; it is printed in this issue and should be read carefully by all alumni.

Dean Perkins made a number of pertinent announcements and gave significant data on the student body and the faculty. The over-all enrollment for Jefferson for this academic year is 636 students. Of these 166 represent the first-year class, and 20 are graduate students, 9 of whom are working for a Ph.D. and 11 for a M.Sc. It was interesting to hear that 35 of the 166 students of the first-year class are sons of Jefferson Alumni with a total of 68 being sons or relatives of physicians.

The introductory address, entitled "The Horns of our Dilemma" was delivered by Dean Perkins. Excerpts of this splendid talk are printed in this issue of the Bulletin. It contains much food for thought and attempts to point out goals to be achieved by us as students of medicine and the college's educational program. Following the Dean's address, Admiral Kauffman extended a cordial invitation to all to attend an informal reception in the Dean's office—a happy climax to a very interesting evening.

THE HORNS OF OUR DILEMMA*

Medical education cannot compromise with expediency. Its aim is the production of members of a learned profession not primarily motivated by the necessity of making a living. It is not preparation for a business or a vocation.

Although physicians must work to live, this concern cannot be permitted to mold the forms of educating them for it. . .

It is not the motive or the fulfillment of it that concerns us here. The problem the world has laid before us does not question why we have a medical profession or what we are to do, but it asks us how we are to prepare ourselves for the job they want us to do. This is a new and disturbing question. It raises doubts among us that are summed up by the question we now ask ourselves, "What kind of educational program are we planning for what kind of service?" . . .

Ordinarily this should be and, until recently, has been easy to answer. We have always been able to point to a reasonable, logical and practical curriculum for our undergraduate students in Medicine with great pride in the fact that they would be able, in fair competition, to practice their profession unquestioned, untrammeled and with complete freedom to do the best that is in them for the good of mankind. . . .

But now the academic educators are after us, the psychologists doubt our aptitudes for our work, the pedagogues throw new tricks of learning at us, society is demanding that we shape ourselves to conform to it, the press praises am material progress and derides our practice, and the people think they know what they want. . . .

The time has come when a choice must be made. Medical education is faced with alternatives that must be faced resolutely because they are imminent, important and compelling. There is danger that they may be commanded.

The medical faculties of this country must face anew and squarely the question, "How are we to educate medical youth to meet the changing social order?" Our answer must be "to move with the times and adjust our curriculum to the demands of our changing society or stick to our ways and face the challenge of conservatism." Surely this is a dilemma for the doctors, and on one or other of its horns we will shortly be impaled. The alternatives are not pleasant to contemplate, but the medical profession has never been found wanting in holding to its convictions. . . .

One of these comes from outside of our profession, and is of more concern to us individually as physicians and citizens than as educators. It is the concept and all the ramifications of so-called Socialized Medicine. I would prefer to call it, from our professional point of view, "The Practice of Medicine in the Controlled State." Its opposite, with which we are familiar and under which medical service has grown in this country to its present proud proportions, is "Medicine in the Free State." . . .
The Controlled State must control medical care. Since all medical care is rooted in the service of physicians, there must be control over physicians. The only source of physicians is the medical school, and it must be assumed that this must lead to control over the production of physicians. This, in turn, inevitably means shaping medical education to the needs of the Controlled State. The forms of this control would be varied. That which we would fear most would be influence brought to bear on our standards through the necessity of educating more physicians, more quickly, for specific forms of medical service.

The second factor affecting us that, if carried too far, can ruin us arises from our own changing concepts of medical education. It is coming primarily from the educators themselves who have confused their specific task to educate physicians with the confusing and unsatisfactory state of education generally.

They have been brought to this most specifically by taking cognizance of the many varied and specialized forms of practice and medical service and by accepting the influence of newer aids to education which allegedly lead to quicker, if not sounder, paths to learning.

Each of these aspects leads in the direction of Vocational Training that is anathema to academic education. It is learning by doing, too often at the expense of learning by thinking; it is "briefing" at a cost to "explanation"; it is speed of acquiring factual knowledge against time to assimilate learned facts; it is the impatience of the student to get along and be through with the formal educational process; it is the non-acceptance of an apprenticeship in the hurry to become the skilled artisan.

These trends translated into our medical curriculum can lead only to deterioration. Where painful, prolonged attention to fundamentals has been our insistence in the past, impatience with fundamentals and emphasis on the practical will be our downfall.

The basic medical science subjects can and must stand on their own feet. They cannot lean too strongly on the props of the practical. They should not stress application just to put theory across. And yet this is one of the main contentions of our own medical educators who, armed with the impervious armor of psychologically conditioned pedagogy, look for short-cuts to education and salvation from drudgery and hard work by sanctification of the immediately useful and pleasant.

It is no coincidence that the external social influences and the internal pedagogic factors that threaten us tend to lead in joint harness down the path of immediate practicality to the end of the road in Vocationalism.

These are the two sources of the tremendous forces that can readily lead to compromise with their aims and acceptance of their methods; their insidious processes will immediately degrade our standards if, as a matter of expediency, we permit them to try themselves out on us, in the vain hope that the country will get better doctors and more adequate service from them.

The mark of the physician in this country is the degree of Doctor of Medicine. It marks his legal right to practice; it is the notice to all that he has been educated under standards dictated by us for their protection; it is the assurance to the man who possesses it that he alone is the purveyor of good medical care; it is his proud badge of an educated, learned man who can keep company with the multitude of great physicians before him and face any eventuality with which those of his profession have to deal.

The Jefferson Medical College has yielded nothing to the forces acting against it. Although we face the dilemma immediately before us, we have not anticipated our own devaluation by embarking on changes in methods and procedures that would make our decline more easy.

A medical school must be an academic institution and, because its educational undergraduate curriculum has as its sole purpose the education of physicians, it must prepare its students through this single course in Medicine for the Doctorate in Medicine. It is conceded that for certain restricted interests and in postgraduate and graduate education, there are justifiable side-issues and other ends to be met for particular special fields of study. But, on the whole, all of the students of Medicine are studying equally for the same end.

If the Doctorate of Medicine is to retain the full meaning and dignity given it in the past, it must still mean that its possessor has had a thorough study of all branches of medical knowledge. In the specialty fields, this must explicitly state that the student has been given and proven his knowledge of all of the principles, and has an understanding of the important technics, of the specialty. Anything less than this will not produce a thoroughly informed physician.

The argument raised against such implied idealism must, of necessity, take its substance from the broader argument in favor of practicality. It would question why any student who had no intention of being an ophthalmologist would waste his time on studying anything more than the superficialities of the eye.

My answer to this part of our problem rests on the positive assertion that, insofar as the medical curriculum is concerned, there are no specialties. What pose as such are, from an academic point of view, special branches of knowledge. They are presented by those best prepared to do so as an organized compartment of study in a restricted field but one that cannot be isolated or considered apart from all the other general and special studies of human beings, in health or in disease, which form the total content of the course in Medicine. I cannot permit the question of future use or non-use of this information to lessen or weaken the amount to be given. Parenthetically, Jefferson has always had and still has full Faculty chairs in all of its specialties, and I can only conclude that this is so because our fore-runners thought it important that every graduate of this school should be thoroughly educated in Medicine.
Constructively, I would like to line up the defense against the alternatives of our dilemma by presenting points on which we can parry:

1. Keep our basic medical science courses firmly intact, without any weaknesses of content or method.
2. Inculcate the scientific spirit in the students studying these subjects so that this interest alone can sustain them through the trying waiting period before the clinical years.
3. Permit no sense of practicality to determine the amount and number of specialty subjects to be given.
4. So man our Faculty that only those of broadest calibre will, by precept and example, mold men like themselves who represent the highest attainable in their profession and in their chosen fields.
5. Fight constantly against short-cuts in educational technics. Admit that training in technics and skills is essential and proper, but even the highest of them are no substitutes for thinking.
6. Remember that the broadest theoretical knowledge is the soundest basis for practice. The best educated graduate has the highest potentiality for a good practitioner. Jefferson's reputation for turning out practical men rests solely on this principle.

If every graduate of Jefferson is so educated and inspired, we can have no fear for our profession, come what may. A properly prepared profession can meet any demands put upon it; a poorly trained profession will yield to many temptations, give in to expediencies, and compromise its proud position. Worst of all, it will not provide that competence needed to maintain the confidence of our clientele and give the service we know they should have.

We face our dilemma today because we have been weakening slowly in the past. War and change have had much to do with it. The great advances in science, and science applied in Medicine, have strained us greatly; we are not yet able to keep up with it.

Medical education bears the brunt of the responsibilities. The medical profession may oppose and fight opponents of its program, but it can fight only as vigorously and of its program, but it can fight only as vigorously and intelligently as its members are soundly and adequately educated first as physicians.

Both the student and his teacher must acknowledge that only hard work lies ahead. But it is for hard work that the gods will sell all, as the sculptured cap-stone of our old College Building shows it:

"DII LABORIBUS OMNIA VENDUNT"

*Excerpts from the address of Wm. Harvey Perkins, M.D., Dean, presented at the opening exercises of the 126th Session of the Jefferson Medical College, Sept. 12, 1949.

THE PRE-CLINICALS TAKE ON MORE WORK

Great pressures are being brought to bear on the Basic Medical Science courses in our Medical School.

Where the responsibilities placed on them in the past were primarily those of education of undergraduates in the medical aspects of the fundamental sciences, advances in knowledge and demands of graduates and postgraduates have imposed on them the necessity of a greatly expanded usefulness.

Scientific knowledge alone has deepened the content of the undergraduate instruction so that the present medical students must be given far more than ever before.

Research has expanded to the point where every member of these departments wants and is expected to carry on basic investigations best suited to his and his department's interests.

With the inauguration of a program for graduate study leading to degrees of Master of Science and Doctor of Philosophy, the pre-clinical departments have taken on a most necessary function. By doing this they have opened a facility to the college that should hold high potentialities for the preparation of basic science teachers to fill the thinned-out ranks of our own and other institutions.

The newest demand for the time, effort and skills of these departments comes from the hospital resident training programs. Most specialty boards are requiring work in the basic medical sciences by those preparing themselves for specialty certification. This will increase, rather than decrease, in the future.

It is, therefore, not for the sake of the Basic Medical Science Departments alone that we must continue their support, but for increasingly important activities of the school and hospital that are becoming more and more dependent on them.

The Alumni body can take great pride in its early recognition of this great need. In its first Annual Giving Year, support of these pre-clinical departments was explicit in its appeal. That this did not go unheeded is evidenced by the fine response.

The needs have not all been fulfilled but there is every confidence that they will be met through continued generous giving by the Alumni.

THE DEAN.

BLOCK TEACHING AT JEFFERSON

The current trend in medical pedagogy is toward concentration of assignments of students in more or less prolonged blocks or periods of study and work in one or more related subject courses of the curriculum.

This has long been the case in the basic medical sciences; the so-called pre-clinical subjects of the first and second years. There is some danger that this may lead to over- departmentalism or, expressed otherwise, compartmentalism of the course in medicine.

While Jefferson has blocked off the great laboratory courses of Freshman and Sophomore classes, we have consistently tried to maintain a logical relationship between them by whatever processes of correlation may be available, either by overlapping of subject matter or arrangement in logical time sequence.

The recent change to the block system this year involves only the Fourth Year of the Medical Course.
Here again, as in the basic medical science courses, some degree of isolation of subject matter had long ago been obtained with the institution of the clinical clerkship method of teaching. Under it the students in small sections were assigned for periods of weeks to the major subjects and their allied branches. There was not, however, any material concentration in these subjects to the exclusion of others. The time of the students was necessarily discontinuous in these subjects by the intrusion, at various times of the day or week, of other assignments in departments not intimately related to the main clinical clerkship.

Didactic lectures, systematic review of subjects, general clinics and demonstrations have always been important methods of transmitting knowledge at Jefferson. It can be said, without question, that the Jefferson Clinics have retained the dignity and stature of their predecessors of great fame in the past, and I believe that the didactic lectures are far from perfunctory presentations of textbook material, but are what they ought to be, "illumination of the text out of the wisdom, experience and personality of the lecturer."

It is on this general framework that the block-system at Jefferson has evolved in a way to meet our own particular needs and convictions.

Whole-class exercises in the form of lectures, clinics and demonstrations have been retained in the Fourth Year. They have been moved, however, to the afternoon hours entirely, so that there are no assignments for the entire class at one time from nine in the morning until two-thirty in the afternoon.

The release of the entire morning and early afternoon hours has thus permitted the full use of this time for uninterrupted clinical clerkships and this, in turn, allows the blocking off of the students into relatively small sections for relatively long periods of time.

The school term of 36 weeks is divided into four divisions of 9 weeks each. The student body is divided into four equal parts, each part assigned for 9 weeks to one of four Blocks of subjects and the four student groups rotating through the four nine week divisions until every student has served in every subject block.

The four subject Blocks are:

1—Medicine, the Medical Specialties and Dermatology
II—Surgery and the Surgical Specialties of Urology, Otology, Laryngology, Ophthalmology, Orthopedics
III—Gynecology, Obstetrics and Pediatrics

While students are in Obstetrics, Psychiatry and Diseases of the Chest they are assigned to institutions outside of the city for periods of a few days to two weeks.

In order to facilitate the concentration of work under this system it is necessary to make use of as much available teaching material as possible. Since the clinical clerkship per se requires clinic patients and hospital beds, an extension of this method has required the use of facilities other than those provided just at the Jefferson, Pennsylvania and Philadelphia General Hospitals as before. Accordingly, arrangements have been made through affiliation with the Germantown Hospital and Dispensary and by agreement with the Fife-Hamill Memorial Health Center and the Lankenau Hospital by which students can go to these institutions for supervised instruction under their staff members holding Faculty appointments at Jefferson.

The Block System now in effect on the above general outline is not a complete block system. To institute this would require the elimination of all didactic teaching and practically all clinics of the Third and Fourth Years in order that students remain uninterruptedly on their clerkship assignments all day every day during their attendance in each block.

Your Faculty is not prepared to accept the wisdom of so great a departure from what it believes is the best approach to the problem, namely, the retention of all necessary and desirable lectures and clinics on the one hand, and the development, as we go on, of improvement in the use of the student's time in his clinical clerkship by more conferences and seminars, more participation in departmental interests other than those concerned with direct assignments to patients, more visits to patients' homes and possibly more free time for reading, study and elective work.

This is our first trial year. There are faults everywhere, but the hope of success lies in the fact that we see and know the faults and believe we can correct them as we go on.

So Jefferson has conformed to the wise counsel "Be not the first by whom the new is tried, nor yet the last to put the old aside." W.M. Harvey Perkins, M.D., Dean.

NEW EXECUTIVE OFFICES

Alumni who return to the College will be interested in seeing Jefferson's new executive offices. In a large central section on the first floor of the general hospital building are now located commodious offices for Mr. Robert P. Hooper, Chairman of the Board of Trustees, President James L. Kauffman, and Dr. Hayward R. Hamrick, Vice President and Medical Director of the Hospital.

A reception room adjoining the offices is a point where alumni may be welcomed and are asked to register. A registry is kept here of interesting cases and activities and of all operations taking place in the hospital at that time. A receptionist will assist the officers here in putting any alumni or other visitors in touch with the departments of the College or hospital which they may wish to see.

The offices, which were occupied on October first, may be reached from either entrance to the hospital. New room design, including new wall and floor covering, recessed lighting and air conditioning, and new furnishings, give these modern executive quarters attractiveness and operational efficiency.
EDWARD F. CORSON, M.D.
Professor of Dermatology and Syphilology, and Head of the Department.

Dr. Edward F. Corson, a member of the teaching staff of Jefferson Medical College since 1920, has been appointed head of the Department of Dermatology. Dr. Corson has been Professor of Dermatology since 1947.

He graduated from the Germantown Academy and took his pre-medical work at the University of Pennsylvania from which institution he received his medical degree in 1906.

While practicing medicine at Cynwyd he studied dermatology under Dr. Frank Crozer Knowles, and has been connected at various times with the Skin Department of the Howard, Children's, Presbyterian, University of Pennsylvania and Pennsylvania Hospitals. He is consultant to the Chestnut Hill Hospital and the Montgomery Hospital in Norristown.

During and after the First World War he served as Major in the Medical Corps in France and Germany. He is a member of many societies which include the American Dermatological Association and the American Academy of Dermatology and Syphilology.

He is the author of more than thirty articles and books in his field. He collaborated in many publications with Dr. Frank Crozer Knowles, now Professor Emeritus at Jefferson.

POSTGRADUATE INSTRUCTION FOR ALUMNI

Plans for the second annual postgraduate instruction course for alumni are now under way. Details will be mailed to each alumnus under separate cover. The course will occupy three or four days immediately preceding the annual meeting and mid-winter smoker in February.

BERNARD M. BLUM, M.D.
Professor of Public Health and Director of the Fife-Hamill Memorial Health Center

Dr. Bernard M. Blum came to The Jefferson Medical College on June 1st, 1949 as Professor of Public Health and Director of the Fife-Hamill Memorial Health Center. Dr. Blum was formerly Assistant Professor of Public Health Practice, School of Public Health, Columbia University and was a member of the Faculty at that Institution from 1941 to 1949. He graduated from Columbia University in 1929 and received his degree of Doctor of Medicine from Rush Medical School of University of Chicago in 1933. His hospital training was obtained in a number of institutions including Cook County Hospital, Chicago, and Montefiore and Willard Parker Hospital, New York City. Dr. Blum was awarded the degree of Master of Public Health, Magna Cum Laude, by Harvard University School of Public Health in 1938.

He is a member of several medical societies and the author of several publications on subjects relating to public health and infectious diseases. In the past, Dr. Blum served as Consultant, New York State Legislative Commission on Trichinosis Control. During the war and in the immediate post-war period, he served at Oak Ridge, Tennessee as Director of the Department of Public Health and in this capacity was given the Army Commendation Award as well as the Atomic Bomb Award.
joyable buffet supper and smoker on June 8, at 6:30 P.M., in the American Room of the Hotel Traymore. Two hundred and forty-six attended. Dr. David B. Allman and his Committee should be congratulated for arranging so fine an evening.

On September 28, seventy-six members attended the dinner of the Jefferson Alumni held during the meeting of the Medical Society of the State of Pennsylvania at the Duquesne Club. Dr. John A. O’Donnell, first Vice-President of the Southwestern Chapter of the Jefferson Alumni Association presided. Dr. Wm. Harvey Perkins, Dean, spoke briefly on the problems he encountered in the admission of new students to The Jefferson Medical College. He also spoke on the recent appointments to the faculty. Dr. Perkins read a letter of greeting from Vice-Admiral James Laurence Kauffman, President of Jefferson.

A message of greeting was brought from the Alumni Association by Dr. Thaddeus L. Montgomery, President.

Dr. Francis F. Borzell, Speaker of the House of Delegates, brought greetings from the American Medical Association.

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**GRADUATE STUDENTS IN THE BASIC MEDICAL SCIENCES**

The members of the Alumni Association will be interested to learn that 20 graduate students were admitted in September for work leading to Masters’ and Doctorate degrees in the preclinical fields. Among these are 2 women—probably the first women to be registered at Jefferson.

The interest shown in this development both by inquiries and applications was great and most gratifying. From various sources we have heard of our attractive announcement being displayed in many colleges and universities. Jefferson needs little advertising locally but many in distant places have not become aware of our fine physical plant.

There is, of course, some doubt as to the future of this enterprise for the prime function of the school is the training of physicians and no other interest can be allowed to interfere with this purpose. Many feel, however, that the presence of the graduate students will enliven and stimulate the preclinical departments. The research activities have already notably increased. And by no means the least consideration is the fact that these students will furnish a pool of adequately trained personnel upon which the departments will be able to draw in the future in maintaining their staffs at approved levels. The demand for physicians is now so great that few can afford to return to the less financially attractive preclinical fields.

Graduate students were “tolerated” at Jefferson many years ago but the present revival of the plan is rather more deliberate and is surrounded by requirements for high scholarship and high achievement. Jefferson now joins the large majority of the American medical schools in providing this intensive scientific training.
NEWCOMERS TO THE STAFF OF THE DANIEL BAUGH INSTITUTE OF ANATOMY*

Vacancies in the personnel have been filled by the following members:

Dr. R. Frederick Becker, Associate Professor of Anatomy, will be in charge of neuroanatomy. Dr. Becker was born in Methuen, Massachusetts. He studied at the University of Massachusetts, from which he received his B.S. and M.S. degrees, and at Northwestern University Medical School from which he received his Ph.D. He has held posts at the University of Massachusetts, Northwestern, State University of Iowa, and University of Washington. His interests have been in fetal physiology, effects of concussion, etc. on neural structure and performance, and medical education, on all of which he has published numerous papers. He plans to continue work on prenatal neurophysiology.

Dr. Savino A. D’Angelo, Assistant Professor of Anatomy, will assist in microscopic anatomy. He was born in Jersey City and attended New York University, from which he received his B.A., M.S., and Ph.D. degrees. He has held posts at Washington Square College and New York University, and was Director of Altitude Training in the A.A.F., and Research Officer in Aviation Physiology at the Aero-Medical Laboratories, Wright Field. His interests have been in the physiology of development, altitude physiology, and the endocrine glands, on all of which he has published numerous papers. He plans to continue work on the structure and functions of the endocrines.

Dr. H. Chandler Elliott, Assistant Professor of Anatomy, will assist in neuroanatomy. Dr. Elliott was born in Toronto, Canada, and attended the University of Toronto, where he received his B.A., M.A., and Ph.D. degrees. He has held posts at the University of Toronto, the Medical College of South Carolina, and the Creighton University. His interests have been the histological effects of vitamin deficiencies, structure of the cerebral cortex, and the motor cells of the spinal cord and their reactions to poliomyelitis, on all of which he has published papers. He is author of “Textbook of the Nervous System.” He plans to continue work on the spinal cord.

Dr. John E. Healey, Jr., Associate in Anatomy, will assist in gross and neuro-anatomy. He was born in Bristol, Pa., and studied at the University of Puerto Rico, St. Joseph’s College of Philadelphia, from which he received his B.S. degree, and The Jefferson Medical College from which he received his M.D. His interests have been intrapulmonary anatomy, pulmonary edema, thoracic duct fistulae, and variations of pulmonary veins. He will continue work on the lungs and their x-ray relationships.

The Institute has also welcomed Dr. Johannes P. M. Vogelaar, on assignment from the Navy Department. Dr. Vogelaar was born in Amsterdam, Holland and attended the University of Leyden, from which he received his M.D. degree, and the University of Utrecht. He has held posts at the University of Leyden. His interests have been in the field of tissue-culture, and he plans to study the mass cultivation of human tissues for ultimate medical and surgical application.

*There have been many replacements and additions to the teaching staff in various other departments in recent months. As space permits the Bulletin will introduce these individuals to our Alumni by continuing to present such brief resumes of their educational background, experience and special interests.

OUR NEW LIBRARIAN

The appointment of Mr. Robert T. Lentz as Librarian of The Jefferson Medical College has been announced by the Board of Trustees. His many years of service as Assistant Librarian and his associations at Jefferson prepare him well to assume the duties of Librarian.

Mr. Lentz, a native of Thorofare, New Jersey, came to Jefferson in September 1931 upon graduation from Banks Business College. Here at our library he was trained by our former beloved librarian, Mr. Joseph J. Wilson, in cataloging, classification, reference work and other phases of library practice. His cataloging of our literature gives him a broad knowledge of our holdings which has helped in practical reference work. Subsequent to coming to Jefferson, Mr. Lentz earned his B.S. in Education at Temple University and is at the present time completing work toward his M.S. in Library Science at the Drexel Institute, School of Library Science.

During the recent war Mr. Lentz spent three years in the Medical Department of the U. S. Army, eighteen months of which time were spent overseas, his unit serving in most of the countries of western Europe.

In 1943 he married the former Miss Marjorie C. Kirby who was our Assistant Librarian during her husband’s absence in the service and who continued as our Reference Librarian for some time after his return. The Lentz’s have one son, Kirby Warren.

For some time Mr. Lentz has been active in the Medical Library Association, and he also holds national membership in the Special Libraries Association. In 1941 he published a paper entitled, Survey of Hospital Library Service. We wish him success in his new position as Librarian of The Jefferson Medical College.
NEW APPOINTMENTS

S. Dana Weedner, M.D., Clinical Professor of Surgery
William H. Kraemer, M.D., Associate Professor of Oncology
( Surgery)
James S. Shipman, M.D., Associate Professor of Ophthalmology
Charles M. Gruber, Jr., M.D., Associate Professor of Pharmacology
Roland Frederick Becker, Ph.D., Associate Professor of Anatomy
Gilson Colby Engel, M.D., Associate Professor of Surgery
J. Montgomery Deaver, M.D., Associate Professor of Surgery
Morton Klein, Ph.D., Assistant Professor of Bacteriology and Immunology
H. Chandler Elliott, Ph.D., Assistant Professor of Anatomy
(Surgical Anatomy)
Savino D’Angelo, Ph.D., Assistant Professor of Anatomy
Edwin Brown Adams, M.D., Assistant Professor of Bacteriology
William John Snape, M.D., Research Associate in Physiology
and Assistant in Medicine
Irwin Jack Pincus, M.D., Associate in Physiology
Victor M. Soborov, M.D., Research Associate in the Department
of Medicine
John J. Schneider, M.D., Research Associate in Experimental
Medicine
Raphael H. Durante, M.D., Associate in Psychiatry
John Edward Healey, Jr., M.D., Associate in Anatomy
Enid A. Neidle, Ph.D., Associate in Pharmacology
John B. Flick, Jr., M.D., Research Associate in the Department
of Surgical Research
Bernard Sche partedt, Ph.D., Instructor in Biochemistry
Philip Tong Chu, M.D., Instructor in Pathology
Edward H. McGehee, M.D., Instructor in Pathology
William R. O’Brien, M.D., Instructor in Psychiatry
Alvin Wilcox Howland, M.D., Instructor in Ophthalmology
Lewis Heisler Bacon, M.D., Instructor in Ophthalmology
Elmer J. Elias, M.D., Instructor in Physical Medicine
Charles A. Furey, Jr., M.D., Instructor in Physical Medicine
Kwang Soo Lee, M.D., Instructor in Pharmacology
Frederick W. Dasch, M.D., Instructor in Surgery
Edwin W. Shearburn, M.D., Instructor in Surgery
Lawrence Sing master, M.D., Instructor in Surgery
Joseph W. Stayman, Jr., M.D., Research Instructor in the Depart-
ment of Surgery
Saul Steinberg, M.D., Instructor in Neurology
Paul H. Fried, M.D., Assistant in Obstetrics and Gynecology
Edward J. Murphy, M.D., Assistant in Obstetrics and Gynecology
Leonard P. Lang, M.D., Assistant in Medicine
Charles S. Pennypacker, M.D., Assistant in Medicine
C. Thomas deBerardinis, M.D., Assistant in Medicine
Frederick A. Robinson, M.D., Assistant in Medicine
Edward Wells Bixby, Jr., M.D., Assistant in Medicine
Milton J. Frei wald, M.D., Assistant in Ophthalmology
Nubar A. Karakashian, M.D., Assistant in Ophthalmology
Joseph M. Gagliardi, M.D., Assistant in Applied Anatomy
Harry Subin, M.D., Assistant in Anatomy
Armando F. Goracci, M.D., Assistant in Anatomy
Russell Ray Tyson, Jr., M.D., Assistant in Anatomy
Rodney Arnold Farmer, M.D., Assistant in Neurology
Kalman Frankel, M.D., Assistant in Neurology
Herbert Lipshutz, M.D., Assistant in Surgery
James Malcolm Judd, M.D., Research Assistant in the Department
of Surgical Research
Irvin F. Hermann, M.D., Clinical Assistant in Medicine
Joseph J. Cava, M.D., Clinical Assistant in the Department of
Preventive Medicine
Keith E. Jensen, A.B., M.A., Assistant in Bacteriology

PROMOTIONS

Austin T. Smith, M.D., Clinical Professor of Laryngology
William T. Lemmon, M.D., Clinical Professor of Surgery
Charles P. Kraatz, Ph.D., Associate Professor of Pharmacology
Alison Howe Price, M.D., Associate Professor of Medicine
Theodore P. Eberhard, M.D., Associate Professor of Radiology
William H. Pearlman, Ph.D., Associate Professor of Biochemistry
Joseph Stasney, M.D., Associate Professor of Pathology
Robert C. Hutchinson, Ph.D., Assistant Professor of Anatomy
Floyd Johnson Putney, M.D., Assistant Professor of Otolaryngology
John D. Reese, M.D., Assistant Professor of Plastic and Reconstruc-
tive Surgery
Frank F. Allbritton, Jr., M.D., Assistant Professor of Surgery
Louis B. Laplace, M.D., Assistant Professor of Medicine
Thomas Lawrence Williams, Ph.D., Associate in Biochemistry
John J. O’Keefe, M.D., Associate in Otolaryngology and Associate
in Laryngology and Bronchus-Esophagology
William J. Hitchens, M.D., Associate in Otolaryngology
Joseph F. McCloskey, M.D., Associate in Pathology
Robert L. Breckenridge, M.D., Associate in Pathology
Jerome M. Waldron, M.D., Associate in Physiology
Frederick B. Wagner, Jr., M.D., Associate in Surgery
Charles Wilmer Wirtz, M.D., Associate in Medicine
Charles W. Semisch, III, M.D., Associate in Medicine
Jacob Woodrow Savacool, M.D., Associate in Medicine
Peter A. Theodor, M.D., Associate in Medicine
Evan B. Hume, M.D., Associate in Dermatology
Harry L. Rogers, M.D., Associate in Medicine
Edward C. Britt, M.D., Instructor in Laryngology
Jacob M. Cahen, M.D., Instructor in Medicine
Edmund L. House, M.D., Instructor in Medicine
Edward H. Kotin, M.D., Instructor in Medicine
Russell James Brennan, M.D., Instructor in Otolaryngology
Russell Wigh, M.D., Instructor in Radiology
Samuel S. Conly, M.D., Instructor in Physiology
Winslow J. Borkowski, M.D., Instructor in Neurology

JEFFERSON CLINICAL SOCIETY DINNER

The twenty-third annual dinner of the Jefferson Society for
Clinical Investigation was held on Thursday, October 6, 1949 at the Barclay Hotel, Philadelphia. Dr. John T.
Eads, the retiring president, introduced the new president,
Dr. Kelvin A. Kasper.

Dr. Charles M. Gruber presented the Thomas McCrae Award and the newly created Augustus A. Eshner Award
for the most outstanding papers presented during the year.
The award committee, composed of Drs. Gruber, Kenneth
Goodner and Raymond S. Griffith presented the Thomas
McCrae Award to Dr. Hurley L. Motley for his paper
"Total Lung Volume and Pulmonary Emphysema in
Anthraxilicosis." The Augustus A. Eshner Award was
presented to Dr. Milton L. McCall for his paper "Cere-
bral Blood Flow and Metabolism in Toxemias of
Pregnancy." Honorable mention was given to the papers by
Drs. Joseph P. Long and Paul H. Fried, respectively on
"The Incidence of Urteral Obstruction in Obstetric and
Gynecologic Lesions" and "Pseudocyesis a Psychomath
Study in Gynecology."

The speaker of the evening was James Laurence Kauf-
man, Vice Admiral, U.S.N. (Ret.), President of The Jeffer-
son Medical College. Admiral Kaufman spoke on the need
for the furtherance of research at The Jefferson Medical
College. He also referred to the greater need for participa-
tion of all physicians in civic problems.