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THE SEVENTH ALUMNI FUND: A NEW OPPORTUNITY

Theodore R. Fetter, M.D., Chairman, Alumni Annual Giving

Another Jefferson Alumni Fund has become history. The Sixth Roll Call, in a succession of distinguished achievements, produced a very fine result with approximately $110,000 being contributed by 3,200 generous alumni.

Ahead of us now lies another college year and a new opportunity for us and for Jefferson to advance medical education.

During the period of the six annual funds, concluding at last commencement, our alumni throughout the world had contributed $641,963.67 and in the longer period back to 1922 have provided over $1,150,000 to our Alma Mater.

This record of the recent years has been outstanding among medical colleges and has brought forth many laudatory comments from other institutions. While Jefferson has been among the front rank of Alumni Funds, it no longer remains in the lead among medical schools in the amount contributed. Harvard Medical College has recently passed us to secure $124,000 from 2,903 alumni in the last annual appeal.

Alumni Annual Giving has become a vital and integral part of Jefferson. Begun at a time when all medical education faced a critical financial situation, and at a time when there was dire need for support at Jefferson, the Fund has grown to become perhaps the most important initiating force in the college’s constant effort for progress.

Now we must look ahead to the satisfactions that will come to all alumni as Jefferson progresses further and we assume the responsibilities of our Seventh Roll Call.

I sincerely believe that this is a time of new opportunities for us as this fall season brings the new academic year. As students begin their rigorous studies and faculty and administration renew their efforts to maintain and improve the quality of a Jefferson medical education, it is a challenging opportunity for us to be a part of this splendid program of service.

With the leadership of alumni, growth and improvement in the immediate years at Jefferson can be even greater than that of the past few years. This year there are 682 students, largest enrollment for nearly a hundred years, and some 575 teachers in all branches of medicine. Many changes are taking place. The eleventh floor of the college has been finished and is occupied by various clinical department offices and research laboratories. The New Hospital Pavilion, for which there will soon be opening ceremonies, will provide new clinical teaching facilities. Its completion will release the ninth and tenth college floors and plans may be carried out by the Dean and Administration to make expansion of teaching and laboratory facilities in the College Building.

Jefferson definitely needs the enlarging support of the Alumni Annual Fund to maintain and strengthen the quality of its teaching program. As has been reported to alumni each year, the annually contributed Alumni Funds have been used primarily for the support of teaching salaries of pre-clinical faculty members. No funds have gone to the hospital. The Alumni Funds have enabled the College both to increase salaries of pre-clinical teachers and add to the number in this teaching staff. It has been possible to advance these salaries sufficiently to hold and attract highly qualified teachers and at levels comparable with other leading medical schools. The alumni funds have also helped to make it possible to add full-time pre-clinical teachers where necessary to meet A. M. A. standards of ratio of teachers...
to students. This support has enabled the College to utilize other resources in the very extensive improvements in the clinical teaching branches.

This seventh year our goal is to exceed the amount of $110,000 raised in each of the past two Fund years. The College will need all of this amount and more, and funds will be wisely expended for academic advances. Actually, we should lend every effort to surpass the figure attained in our highest fund year, the second, when over $115,000 was contributed.

To achieve such an objective the Fund will need both greater participation and an increased level of giving. Yale and other outstanding university Alumni Funds have stressed proportionate giving. In terms of our own situation this would be a basic policy that all Jefferson alumni each year make a contribution in proportion to their means to contribute and in proportion to their interest in Jefferson.

One of the most certain ways to secure the goal would be to have an impressive increase in our number of donors. Somewhat more than half of all alumni made gifts last year but three-fourths of alumni have contributed to one or more of the Funds. Regular annual giving by the vast majority of graduates must be sought and secured.

The Century Club and Five Hundred Club have apparently been helpful in stimulating the response in the gifts of $100 and over. These larger gifts provide at present approximately half of the amount secured in the Fund. The names of these contributors of last year appear in this issue of the Bulletin. We hope that their number may increase for this Seventh Fund.

A part of the total amount has gone each year (as applied against notes in the classes of 1931-48) to capital or endowed funds for the College. From the past six Fund years a total of $156,056.66 has been so assigned: 50% to College Building Fund; 25% in Endowed Teaching Fund; 25% in Discretionary Fund for either of the preceding purposes. These funds are available for physical improvement—and additional funds could be assigned from future Roll Calls.

We have been justifiably proud of the evolution of the physical plant of the college, and teaching facilities in the hospital, but our main satisfaction should come from the superior faculty and improved research potential, the much enlarged student body, and the quality of the medical curriculum and the graduate. The College must now plan for further enlargement of its teaching personnel and facilities. This need is dictated by today's requirements and in further changes in methods of teaching and in related laboratory work and research. The Commonwealth of Pennsylvania has given much support in this program but the funds and leadership of alumni have led the way and must continue to do so.

A number of other leading medical colleges besides Jefferson now have strong Alumni Funds. Leaders for these Alumni Funds are concerned about the misunderstanding which may arise among their college's graduates about the role of the American Medical Education Fund in seeking physician gifts for medical education. Actually, no competing for doctors' contributions should exist between the established Alumni Funds and the apparent program of the A.M.E.F. The A.M.E.F. has stated that it did not wish to impair the alumni direct support of their colleges. Some physicians may wish to give additionally to A.M.E.F., but we believe that Jefferson alumni will wish to support their alumni program, through their classes, for Jefferson. The A.M.E.F. is advised of every gift made directly for Jefferson and credits these amounts in national totals. We urge alumni to continue to support the efforts of class agents and our Alumni Association directly for the programs of the College in which we are interested.

This is a time for extending new vigor to advance our alumni fund as others are doing. The goal of securing a substantially higher number of gifts is challenging and all Jefferson alumni should be ready to contribute a sum for the maintenance of our pre-clinical teaching years and college building fund. Your Alumni Association is your strong representative at the College. The Association launched the Alumni Fund and has supported it in every way.

Jefferson will continue to need your help and is deeply grateful for your support and participation. You know the progress that has been made. The President, Trustees, Dean, Department Heads and your Alumni Executive Committee all affirm the great benefit that has come to the College through the Alumni Fund.

I am confident you will respond early and generously to the request for your gifts when they come soon from your class agents. Your class agent works hard for Jefferson and your class. You can help him especially by your prompt response and encouragement.
NEW HOSPITAL PAVILION TO BE FORMALLY OPENED

Jefferson Medical College Hospital's great new addition at Eleventh and Walnut Streets will be ready for occupancy next month.

The beautiful ultra-modern fourteen-story pavilion, designed by Architect Vincent G. Kling, A.I.A., Philadelphia, will be introduced to the public and friends at ceremonies scheduled for early November. This will be Jefferson's largest single unit and the event will be the first formal opening of a new building since the Curtis Clinic was completed in 1931.

Preparations are being made for events of the week-long program. All of the thousands of contributors to the Building Fund will receive an announcement folder describing the new hospital and its many services. Donors will also be invited to take one of the conducted tours through the New Building. The opening ceremony will be held for guests with leading figures from the medical field participating.

The New Building of 300 beds fills a long recognized need for the institution. For twenty-five years the trustees had been assembling adjoining tracts of land for the project that has been inevitable. Back of the decision in 1951 to proceed with the campaign and erection of the New Pavilion was the knowledge that the hospital's annual admissions had risen from 9,429 patients in 1924 — when the last addition was opened — to nearly 22,000 today. Obviously, all of the services required for this increase in patients have grown at an even greater rate.

While the prime objective of the new wing is to obtain more beds for patients, it also provides expansion and consolidation of our laboratories in the most efficient manner, completely new, ultra-modern surgeries, new delivery suites and ample space for obstetrics and gynecological operating rooms. Other new technical facilities are provided such as large new kitchens in the buildings adjoining, a large new laundry, and post-operative recovery rooms. The new wing is intimately connected on all but the top four floors to the adjacent Thompson Annex.

To some, the new working facilities may seem more important than the beds since radical improvements are evident as compared with the former scattered laboratories and surgeries of the older buildings. While the term "revolutionary" may be pretentious to apply to the innovations, our architect asserts that these facilities are unequalled in Philadelphia.

The new wing is economically significant because of the fact that all rooms are in the income-producing categories now in greatest demand due to hospitalization plans for subscribers. Nearly 90% of the beds are in the semi-private category.

While Jefferson is not entering any national competition for size — but solely considering the hospital service it can render — it will, nevertheless, rank next to two of the huge hospital groups in New York City. Jefferson will have about 1,100 general beds and if the Barton Division and White Haven Sanatorium are included, the total will be about 1,400 beds. About 8,500 additional patients may be admitted, or a total of approximately 30,000 per year.

The New Building will provide excellent opportunities for teaching in a number of the branches of Clinical Medicine. Every room of the New Building has been designed with the thought that it is a part of a medical teaching institution. The New Pavilion releases a floor in the College previously used as a part of the maternity department. It permits the installation of new class and demonstration rooms in the Main Hospital and releases space in the Thompson Annex for a Psychiatric Department. The New Building gives Jefferson one floor for Radiology; one floor for Clinical Laboratories; two for Surgery; with fourteen operating rooms and post-operative rooms; one floor for Gynecology and Obstetrics with four operating rooms, four delivery and three labor rooms; seven nursing floors; a roof terrace; entrance floor and two floors below ground.

The total cost of the New Pavilion, including the extensive revision of technical space in the older adjoining hospital building has been approximately $7,500,000. With campaign funds providing less than one-half of the cost, the building is being financed through limited institutional funds and construction loans on the new hospital.

Some of the features for patients and staff include:

All patients' bedrooms are outside rooms and airy. Large picture windows give an excellent view. Attractive colors are used throughout rooms and corridors with all ceilings of sound-absorbing plaster. Lighting fixtures are recessed flush.

Voice stations are at bedside for conversation between patient and nurse at floor station. Oxygen is piped to patients' rooms from a central source for uninterrupted supply.
There are solariums, sun decks, roof deck and library for ambulatory patients. Separate elevators and lobbies for visitors from those for patients and technical service functions enable hospital traffic to be efficiently handled. Technical floors up through the sixth are designed to serve patients in the 1,400 beds throughout the Jefferson hospital buildings.

The large new kitchen in the older buildings may serve up to 9,000 meals per day for patients and personnel. It employs a rapid transport system for conveying trays efficiently and promptly to patients.

"Rooming-In" maternity service, which is optional, permits babies to occupy small adjoining areas to the mother's bed. Jefferson has had perhaps the largest volume of "Rooming-In" experience of any American hospital.

The televoice system will permit doctors to use phones at many locations for dictating reports directly to automatic central recording station. Telautograph stations in sixteen key locations through the hospital enable doctors and nurses' staff to make electronic transmission of written message which will be transcribed instantaneously at selected receiving stations.

Chutes at nursing stations carry sorted linen to the very large new laundry. Operating rooms where ether and other explosive anesthetics may be used have static-arresting floors and controlled discharge of static electricity from staff personnel.

The building includes many other ultra-modern hospital facilities and the special features necessary in a large medical college teaching hospital. All alumni may be proud of this great new addition to Jefferson's outstanding resources.

ANNUAL DINNER MEETING

The annual dinner meeting of the Jefferson Society for Clinical Investigation was held at the Barclay Hotel at 6:30 P.M., October 7, 1954.

Following the dinner, the meeting was called to order by W. C. Herrick, M.D., President Elect, in the absence of the President, John Healey, M.D., who has recently left the staff of Jefferson Hospital.

At the speakers table were Mr. Percival E. Foerderer, Chairman of the Board of Trustees; Brandon Barringer, Member of the Board of Trustees; Hayward R. Hamrick, M.D., Secretary of the Board of Trustees, Vice-President and Medical Director of the Hospital; Peter A. Herbut, M.D., Professor of Pathology and Director of the Clinical Laboratories; J. Parson Schaeffer, M.D., Professor of Anatomy, Emeritus; Harold Jones, M.D., Professor of Clinical Medicine and Hematology; Leandro Tocantins, M.D., Professor of Clinical and Experimental Medicine; John E. Dietrick, M.D., Professor of Medicine; William Whiteley, M.D., Secretary of the Jefferson Society for Clinical Investigation and Winslow Borkowski, M.D., Treasurer.

Attention was called to the Pennsylvania Week and the great role in which Jefferson Hospital has played in its contribution to the medical knowledge in this country and in the world.

Dr. Hamrick, guest speaker for the evening, gave a discussion on the new building and the role it would play in the future of Jefferson Hospital. The discussion was timely and most interesting.

Doctor Herbut discussed the McCrae and Eschner awards. The history of these awards, their purpose and the laws governing them were presented. Doctor Herbut, Head of the Awards Committee which also included Doctor Dietrick and Doctor Kenneth Fry, presented the awards to the winners. The McCrae Award was given to Doctor Gerald Dodd and Doctor Warren Nafis for their paper on "Annular Pancreas in the Adult." The Eschner Award was presented to Doctor James W. Daly for his paper "The Heart and Liver Disease."

The nominating committee, headed by Doctor Bosley Manges announced the selection of new officers of the Society for the coming year. This committee consisted of Doctor Robert Breckenridge, Doctor Whiteley, Doctor Knowles and Doctor Callery. The nominees were presented by Doctor Whiteley and unanimously agreed upon by the Society. President — W. C. Herrick, M.D.; President Elect — John DeTuerk, M.D.; Secretary — John Lindquist, M.D.; Treasurer — Herbert A. Luscombe, M.D.; Program Chairman — John Templeton, M.D.

Expression of gratitude was given to the departed officers of the Society for their excellent job during the past year: to Doctor William Whiteley, Secretary; Winslow Borkowski, M.D., Treasurer; Gerald Callery, M.D., Program Chairman.

The meeting was closed at 9:45 P.M.

W. C. Herrick, M.D., President
President Kauffman, Dean Bennett, Mr. Revelle W. Brown, member of the Board of Trustees, Honorable LeRoy E. Chapman, M.D., and members of the Faculty form a procession to enter McClellan Hall.
THE OPENING OF THE
131st ANNUAL SESSION

President James Laurence Kauffman, B.S., D.N.S., D. Eng., L.H.D. Vice Admiral U. S. Navy (Retired), presided at the 131st Opening Exercises held in McClellan Hall on Monday, September 13, 1954.

Dean, George Allen Bennett, A.B., M.D., Sc.D., LL.D., Professor of Anatomy and Director of the Daniel Baugh Institute of Anatomy, announced the following promotions and new appointments.

PROMOTIONS

ADOLPH WALKLING, M.D., from Associate Professor to Clinical Professor of Surgery.

DAVID M. FARRELL, M.D., from Assistant Professor to Associate Professor of Obstetrics and Gynecology.

W. PAUL HAVENS, JR., M.D., from Associate in Medicine to Associate Professor of Medicine.

KARL E. PASCHKIS, M.D., from Assistant Professor to Associate Professor of Physiology.

F. JOHNSON PUTNEY, M.D., from Assistant Professor to Associate Professor of Laryngology and Broncho-Esophagology.

H. EDWARD YASKIN, M.D., from Assistant Professor to Associate Professor of Neurology.

C. WILMER WIRTS, M.D., from Assistant Professor to Associate Professor of Medicine.

HAROLD L. GOLDBURG, M.D., from Assistant Professor to Associate Professor of Clinical Medicine.

WINSLOW J. BORKOWSKI, M.D., from Associate to Assistant Professor of Neurology.

WARREN R. LANG, M.D., from Associate to Assistant Professor of Obstetrics and Gynecology.

ROBERT JOSEPH MERKLIN, Ph.D., from Instructor to Assistant Professor of Anatomy.

PAUL J. POINSARD, M.D., from Associate to Assistant Professor of Psychiatry.
CHARLES W. SEMISCH, III, M.D., from Associate to Assistant Professor of Medicine.
JOHN Y. TEMPLETON, III, M.D., from Associate to Assistant Professor of Surgery.
HARRY A. BOGAEV, M.D., from Associate to Assistant Professor of Clinical Urology.
HARRY L. ROGERS, from Associate to Assistant Professor of Clinical Medicine.
DANIEL W. LEWIS, M.D., from Instructor to Associate in Medicine.
JOHN N. LINDQUIST, M.D., from Instructor to Associate in Medicine.
JOSEPH POTELONG, M.D., from Instructor to Associate in Obstetrics and Gynecology.
LAWRENCE J. MCSTRAVOG, M.D., from Instructor to Associate in Otology.
THOMAS B. MERVINE, M.D., from Instructor to Associate in Surgery.
JOSEPH J. RUPP, M.D., from Instructor to Associate in Medicine.
JAMES R. HERRON, M.D., from Instructor to Associate in Clinical Obstetrics and Gynecology.
EDMUND L. HOUSEL, M.D., from Instructor to Associate in Clinical Medicine.
ALVIN W. HOWLAND, M.D., from Instructor to Associate in Clinical Ophthalmology.
JOHN D. ALLEN, M.D., from Assistant to Instructor in Surgery (Proctology).
SAMUEL BAER, M.D., from Assistant to Instructor in Clinical Medicine.
JOHN K. ERBAUGH, M.D., from Assistant to Instructor in Clinical Ophthalmology.
JOSEPH KEISERMAN, M.D., from Assistant to Instructor in Clinical Medicine.
RICHARD M. PADDISON, M.D., from Assistant to Instructor in Neurology.
EDWARD D. WEISS, M.D., from Assistant to Instructor in Surgery (Proctology).

NEW APPOINTMENTS

LOUIS H. CLERF, M.D., Professor Laryngology and Broncho-Esophagology, Emeritus.
FRED HARBERT, M.D., as Head of the Departments of Otology, Laryngology and Broncho-Esophagology.
OWEN S. GIBBS, M.D., as Visiting Research Professor.
RICHARD G. BERRY, M.D., as Assistant Professor of Neurology.
PAUL HERBERT JERNSTROM, M.D., as Assistant Professor of Pathology (part time).
LEONIDAS LEVENBOOK, Ph.D., as Assistant Professor of Biochemistry.

ROLAND W. MANTHEI, Ph.D., as Assistant Professor of Pharmacology.
HYMAN MENDuke, Ph.D., as Assistant Professor of Biostatistics.
WALTER WOLF BAKER, Ph.D., as Instructor in Pharmacology.
VINCENT DEL DUCA, M.D., as Instructor in Pediatrics.
DONALD G. FERGUSON, M.D., as Instructor in Radiology.
SAMUEL L. IMMERMAN, M.D., as Instructor in Medicine.
ALBERT J. KAPLAN, M.D., as Instructor in Psychiatry.
VINCENT P. MAHONEY, M.D., as Instructor in Psychiatry.
CHARLES G. ROSA, Ph.D., as Instructor in Anatomy.
ROBERT C. SUTTON, M.D., as Instructor in Psychiatry.
JOHN BOND ATKINSON, M.D., as Assistant in Medicine.
RICHARD L. BERNSTINE, M.D., as Assistant in Obstetrics and Gynecology.
BYRON E. BESSE, Jr., M.D., as Assistant in Radiology.
JOSEPH J. BLANCH, M.D., as Assistant in Urology.
ALBERT A. BOCKMAN, M.D., as Assistant in Medicine.
JOSEPH A. BRADY, M.D., as Assistant in Neurosurgery.
JOHN J. BROGAN, M.D., as Assistant in Obstetrics and Gynecology.
ISADORE S. COHEN, M.D., as Assistant in Medicine.
JAMES WILTON DAILY, M.D., as Assistant in Medicine.
JOHN J. DESTEFAANO, M.D., as Assistant in Obstetrics and Gynecology.
JAMES GEYER DICKENSHEETS, M.D., as Assistant in Medicine.
ELLIOTT LOUIS GOODMAN, M.D., as Assistant in Medicine.
WARREN W. HAMPE, Jr., M.D., as Assistant in Psychiatry.
HOWARD ISAACSON, M.D., as Assistant in Obstetrics and Gynecology.
JOHN F. JOHNSON, M.D., as Assistant in Anatomy.
LESTER KEISER, M.D., as Assistant in Psychiatry.
B. FRANK LOVETT, M.D., as Assistant in Obstetrics and Gynecology.
DAVID SHARP MASLAND, M.D., as Assistant in Medicine.
LERoy R. NEwMAN, M.D., as Assistant in Pediatrics.
GEORGE R. PECHSTEIN, M.D., as Assistant in Radiology.
SIMON PIOVANETTI, M.D., as Assistant in Pediatrics.
SIMON POLAN, M.D., as Assistant in Neurology.
NICHOLAS POLICARPO, M.D., as Assistant in Obstetrics and Gynecology.
PETER W. ROMANOW, M.D., as Assistant in Orthopedic Surgery.
SIDNEY M. WOLFE, M.D., as Assistant in Medicine.
HERBERT A. YANTES, M.D., as Assistant in Medicine.
WILLIAM DALE BEAMER, M.D., as Research Associate in Physiology.
Mr. Revelle W. Brown, member of the Board of Trustees, awarded the prizes to the following Undergraduates:

Herbert Edward Cohn; Appleton Century-Crofts, Inc. Prize.

Ralph Walter Hassler, with Honorable Mention of J. Ronald Halenda; Physiology Prize.

Paul Carl Schroy; Anatomy Prize.

Dr. J. Earl Thomas, Professor of Physiology and Head of the Department, introduced Dr. John H. Gibbon, Jr., Professor of Surgery and Director of Surgical Research in the Department of Surgery, who addressed the Freshman Class, his subject being, "The Objective of a Medical Education".

"Ladies and gentlemen. It is a privilege to have been designated the member of the Faculty to address you this evening, and to welcome the members of the new first-year class. It is traditional for the speaker on these occasions to address his remarks particularly to the young men of the audience who are beginning their medical education and their association with an old and renowned medical institution. I shall, therefore, continue in this tradition and direct my remarks primarily to the members of the entering class.

First of all, on behalf of the Faculty, I extend a warm welcome to you. You have an exciting and interesting course of study ahead of you. The physical facilities of this great institution and the time and energies of a large and distinguished Faculty are available to aid you in the first four years of your medical education. On our part, we of the Faculty are looking forward to an interesting association with you and are eager to assist in the progress of your learning. We might be almost jealous of your opportunities. The vistas of new knowledge and understanding, and the opportunity of contributing to the relief of human suffering are all challenging and stimulating. You will learn, in the next four years, much which was unknown, and hence could not have been taught, to the present members of the Faculty when they were in medical school. This vista of new knowledge and understanding which is opening to you is reminiscent of the excitement which Tennyson attributed to Ulysses when he planned to set out on another voyage of discovery, and exclaimed: "Yet all experience is but an arch, where through gleams the untravelled world, whose margin fades forever and forever as I move." Before one starts on a voyage such as Ulysses did, or embarks on a long and arduous course of education, it is helpful to con-
sider objectives. I have, therefore, taken as my topic this evening a discussion of the objectives of a medical education. Obviously the objective is to produce a good physician. I cannot quarrel with that answer, but would like to point out that, like many definitions, it does not advance our understanding appreciably. There is a naive tendency of the human mind, when confronted by the mysteries of life, to feel more secure when the unknown is given a name or a definition; and yet how infrequently is our understanding of the mystery advanced thereby.

**Self-Education Throughout Life**

To discuss, then, our definition of the objective of a medical education, which we agree is to produce a good physician, I would say that this objective can only be attained by teaching an individual how to educate himself. The word *educate* is derived from the Latin roots "e" and "ducere" meaning to lead out of, or to lead forth. It can be presumed that this "leading out of" means leading out of a morass of ignorance. In the last analysis, this process eventually depends on the individual himself, although, needless to say, his teachers can help in the learning process.

I firmly believe that medical education, as well as education in other branches of human knowledge, would profit from a stronger orientation toward self-education. In its truest sense, there is no other kind of education. How may we attain this objective in medical education? The faculty and students of this institution should direct their combined efforts to the acquirement of abilities, habits, and techniques of learning that will be useful throughout life. It is a common misconception that medical education ceases when the student has obtained his degree of Doctor of Medicine. Yet all of us would agree that a physician who practiced medicine today on the basis of knowledge he acquired in medical school twenty or thirty years ago would be a poor physician, indeed. I am sure that no one in this audience would want to be under the professional care of such a man. Every good physician practicing medicine today has been continually educating himself ever since graduation from medical school. What are, then, the teaching-learning processes that we as faculty, and you as students, must concern ourselves with during the *four* years in which you are beginning your medical education?
Acquiring Factual Knowledge

A part of all medical education consists in the accumulation of a body of factual information which will be useful in the day-to-day practice of a physician. The acquiring of this fund of information will require concentration and long hours of study. You have had training in this and it should not prove too difficult. It will be made easier by the extent to which your teachers are able to indicate how this knowledge about the structure and normal or abnormal functions of the human body can be applied to the treatment of sick people. Too often this accumulation of facts is regarded by both students and faculty alike as the objective of medical education. It is one of the objectives, but I am sure it is the least important one. You will soon learn, if you have not done so already, that these essential facts can be found in books that are readily available for reference. You will learn throughout your professional career to refresh your memory continually by reference to books which contain such compendium of facts. It is unfortunate that we who constitute the faculty are unable to sift all this factual knowledge so well that we can be sure that we do not demand the memorizing of useless information. This, of course, is obviously impossible. You will probably have to accumulate a lot of dry facts. Do so, and then forget them promptly if they do not constitute useful knowledge in your experience. The ability to forget is probably one of the most useful attributes of the human mind.

Finally, let me give you three examples of so-called facts which later experience has proven to be fallacious. I give you these examples so that you will not judge too harshly the members of this faculty who will certainly teach you a few so-called facts in the course of your curriculum which may later turn out not to be facts at all. First, Walter B. Cannon, during World War I, was able to demonstrate that the commonly held view of the nervous etiology of shock was erroneous. The work of the commission of which he was chairman demonstrated conclusively that the fundamental pathologic change in shock was a diminished circulating blood volume. The second example is the old and, at one time, widely held belief in the existence of trophic nerves. The erroneous belief that nervous influences were important for the nutrition of organs and tissues kept reappearing in textbooks for more than a generation. Charcot, around 1875, was responsible for initiating this conception. It became established as a widely accepted fact in medical circles despite the fact that Brown-Sequard, in 1853, had conclusively demonstrated by experiment that there was no necessity for making such a hypothesis. Neither Sir James Padget, a contemporary of Charcot, nor Cohnheim could find any basis for assuming the existence of trophic nerves. Yet this misconception continued to appear in medical books and articles for a number of years. Freeman, writing in Keen’s System of Surgery in 1907, refers to trophic nerves and an eminent neurosurgeon as late as 1940 thought that nervous influences were important for the nutrition of tissues on the basis of obviously inadequate evidence.

A third and final example of “facts” which are not facts is the once commonly held belief that a pulsatile blood flow was essential to the normal functioning of organs. This misconception arose from the report of rather crude experiments performed in a physiological laboratory in England over 50 years ago. Isolated kidneys were perfused with both a pulsatile and a continuous blood flow and the conclusion was reached, on the basis of an inadequate number of experiments, that a pulsatile blood flow was essential for adequate renal function. This misconception has, of course, been completely cleared up in recent years by the work of many different investigators. For example, in coarctation of the aorta, the large blood vessel which supplies oxygenated blood to all the organs and tissues in the lower half of the body is so narrow that the pulsatile flow of blood is eliminated. Yet individuals suffering from this congenital abnormality have normal life and function in the lower half of their bodies. These three examples indicate some of the difficulties your faculty has in sifting so-called factual information.

Understanding Science and Scientific Methods

Having referred to the basic requirement of accumulating some knowledge about the human body and its diseases, let us now turn to the more important objectives of a medical education. These may be summarized under three headings: One, the understanding of scientific methods; two, the
understanding of people; and three, last but not least, the development and growth of a sense of curiosity about man and the universe in which he lives.

Let us first discuss the understanding of science and its methods. Perhaps you have been fortunate enough to have had a good education in this regard but perhaps you have not. All too frequently teacher and student alike confuse a knowledge of terminology and methodology with an understanding of scientific method. This confusion is analogous to judging a man by his clothes. Thoreau, in "Walden Pond," pointed out that if the King of France were stripped of his fine clothes and his high-heeled red shoes, you would find disclosed a simple man like all the rest of us. He illustrated this point by little drawings of the King of France in both conditions. So let us not confuse fancy instruments, elaborate gadgets and scientific jargon with the real essence of science.

Science is common sense and the essence of science is measurement. I have avoided the word accurate in referring to measurement because accuracy is a relative term. The degree of accuracy necessary for certain measurements may be wholly useless for others. Yet very often a knowledge of the necessary degree of accuracy is lacking in medical literature and so-called scientific publications. For example, time and again in medical articles percentage figures will be expressed in hundredths of a per cent, when the group, or series, referred to consists of less than a hundred units. Absurd, you will agree yet pick up any of the current medical journals in our library and you will find examples of this fundamental error in reporting scientific results. I will give you two other common examples of reporting results in terms more accurate than their measurement. Perhaps the commonest is the reporting of the number of red blood cells in a cubic millimeter of blood to the nearest thousand, whereas you will soon learn in medical school that the average red blood cell count is not more accurate than to the nearest hundred thousand. Another common practice is to report venous pressure in terms of millimeters of water. As you will soon learn in your clinical years, expressing venous pressure in such small units gives a completely false impression of the accuracy of the measurement. Thus probably the most important thing for you to grasp in your understanding of the scientific method in your first two years of medical education is how measurements are made, what limits of accuracy are important in the measurement, and then to express the results of the measurement in terms of units which are appropriate to the limits of error of the method.

Such an understanding of science and measurement will enable you to read and critically evaluate articles appearing in medical journals which will be the basis of much of your self-education in the practice of your profession in the years to come. You should learn at an early stage in your education to make valid and critical judgments on the basis of evidence presented. The diagnosis of disease requires this type of critical evaluation of the available evidence. The decision concerning the proper treatment will have to be made by you on the basis of what you read and learn from the experience of others as well as yourself. This, too, requires the same exercise of critical judgment. Without this ability to make judgments, you will be easy meat for the detail man from drug companies who will extoll the virtues of a particular product of his company. At medical meetings you will be a gullible listener also to the doctor who has a persuasive tongue but little evidence to substantiate his remarks. And finally, and most important of all, you will be a victim of that common human error of abiding faith in the printed word. The medical literature of today is voluminous. Many articles are characterized by a diarrhea of words and constipation of thought. One of the objectives of your medical education, therefore, should be to protect yourself from this deluge of words by learning how to read critically and to make your own estimate of the importance and value of the author's statements and conclusions.

You will, I hope, learn to avoid, in the course of your medical education, two common mistakes. One is to quote opinions of eminent authorities as gospel, and the other is to confuse clinical impressions with carefully recorded observations. As a student, you may be overawed by the authority and eminence of your teachers and may quote their opinions without bothering to concern yourself with
the evidence, or lack of it, upon which such opinions are based. You will do well to avoid such pitfalls; great men are often in error. Many good physicians and you, yourself, may well fall into the error of making statements based on clinical impressions rather than on careful observation and recording. You should early cultivate the habit of careful observation. It is surprising what people fail to see because they do not take the trouble to look. A great clinician and former Professor of Medicine in this institution, Thomas McCrae, continually stressed the importance of looking carefully at a patient before proceeding with the rest of a complete physical examination. Once having made the examination, what you have observed must be written down accurately, concisely, and completely. Records of this sort are again an essential part of the scientific method. They will protect you from the common error of "having an impression."

**Understanding People**

Another objective of a medical education is the understanding of people and this, of course, includes an understanding of yourself. You may say that this is a tall order, and indeed it is. But physicians more than others must have understanding in great abundance. With understanding comes sympathy and tolerance. People who are ill may be irritable, frightened, and often demanding in ways that would be foreign to them if they were well. This must be taken into consideration in your treatment of patients. You will learn to become aware of the influence of mind over matter or, more accurately, the way in which emotions and thoughts can influence bodily functions. Asthma, colitis, duodenal ulcer, dermatitis, and a host of other disease states may be initiated or perpetuated by emotional states. The physician must recognize and treat these emotional states as well as their physical manifestations. Perhaps only by understanding and appreciating your own emotions and fears, conscious and unconscious, can you learn to recognize and help similar states of feeling in others, your patients.

What is the best way of accomplishing this understanding of people in the early years of a medical education? It is true that you will have courses in psychiatry and you will learn about psychosomatic medicine. Yet probably more important will be the example of your clinical teachers in dealing with sick people. The sympathy, understanding, and tolerance which they will display in dealing with patients are not listed in the college catalogue; yet they are just as important to your medical education as, for example, your courses in anatomy or physiology. This teaching-
learning processes were the result of curiosity. As soon as you began to talk, you undoubtedly drove your parents wild with your perpetual "Whys?" and "Whats?" and "Hows?"

As you grew older, you learned how to find the answers to some of your questions yourself. Later on still, your curiosity may have been blunted to a greater or lesser extent by stupid pedagogy, but it is obvious that you would not be here tonight if all curiosity had been knocked out of your heads. I am sure that during your next four years with us you will find that curiosity is encouraged and not deplored. You should be curious not only about science but also about people. In your clinical years, if you only pay attention to your patient's disease instead of being curious about your patients as total human beings, you will be a poor physician. Cultivate an inquiring mind. You will be a better physician, and your life will be far richer, if you do so. I would also suggest that you do not confine your curiosity to the special field of medicine. We cannot all be like Albert Schweitzer whose breadth of interest lead him to earn degrees in philosophy, theology, music, and medicine. Every one of us, however, is a better person if he cultivates some outside interest. Probably nothing will be of more value to you in your career as a physician than the ability to write and speak the English language with precision and clarity. This is best accomplished by wide reading among the great authors in English literature.

I have now finished describing what I consider to be the objectives of a medical education. I am well aware that the members of this entering class at Jefferson have come here tonight with objectives of their own. Perhaps I have not described some of your own expectations. If you are good physicians, each one of you will earn a satisfactory living and each one of you will hold a position of prestige in your community. These are precious by-products of a medical education. They will come to you inevitably if you attain the objectives I have outlined tonight.

In concluding, may I again welcome you to the halls of this great institution of learning and congratulate you on your choice of profession. Think at times of your goals. Remember that your medical education will continue throughout all of your professional life. This school and this faculty will help you with the first four years, and will try to prepare you for the later ones. Remember above all that it is your medical education, your future, your life, and your medical school. Do well by them!"

Following Dr. Gibbon's address, a reception was held in the library to honor the members of the Freshman Class.

GRADUATE ASSEMBLY
The 7th Jefferson Graduate Assembly will be held February 9-10-11, 1955. In the forenoon colored TV Clinics will again be given and in the afternoon there will be didactic presentations. An excellent staff is participating and the following shows the variety of subjects which will be included in the program:

- Examination of the Breast
- Traumatic Joint Injuries
- Electrocardiography
- Anticoagulants in vascular disorders
- Diabetes Mellitus
- The Urologic Examination
- Treatment of Varicose Veins
- Treatment of Thyroid Disease
- Carcinoma of Colon
- Alcoholism
- Medical Economics
- Disease of the Larynx
- Disease of the Eye
- Pediatrics
- Clinical Laboratory Studies
- Functional g.i. disorders
- Office Gynecology

A special effort has been made to comply with the suggestions made by audiences of former years in arranging this program. It is hoped that a great many alumni will avail themselves of this opportunity of hearing a basic, intimate discussion on modern medicine by the faculty of their own institution.

Come prepared to ask questions regarding your own clinical problems of this group of experts whom you can meet both in lecture and banquet hall. Application blanks will be sent out at a later date, but reserve the time February 9-10-11 now.

Committee on the Seventh Jefferson Graduate Assembly

DINNER

and

ANNUAL BUSINESS MEETING

will be held at the

BARCLAY HOTEL

on

Thursday, February 10, 1955

Cocktails at 6:00 P.M.

Dinner at 7:00 P.M.
Pediatrics in Hospitals

Pediatrics, perhaps more than any other field in medicine, has been affected by the progress that has been made in recent years in the prevention and treatment of disease. Death rates among children have declined rapidly. Whole diseases have been eradicated or are so responsive to the treatment as to be of little menace. The results of these advances, some due to achievements in the field of public health, some due to improved nutrition, some due to prophylactic and curative measures for infectious diseases,
have been a change in the character of hospital populations. Hospital beds are now filled by children with disorders and diseases to which formerly little attention was paid, because of the pressure and demand for beds for children with urgently acute illnesses. In many instances, the hospital ward in the children's department is now over fifty percent a chronic disease ward, and a considerable number of the remaining children present acute but rare and unusual conditions. Morbidity among children has not declined in the same manner, but it has become easier for
the family physician to care for the child in the home. In a recent conference of pediatricians, it was estimated that seventy-five percent of the acute medical illnesses of children no longer require hospitalization but can be cared for quite satisfactorily by the general practitioner or the practicing pediatrician in the home of the patient or perhaps, if hospitalization is deemed desirable, in the wards of a community or neighborhood hospital. By the same token, the unusual, difficult, rare case cannot be studied in the neighborhood hospital for it is neither economically sound nor physically possible for all hospitals in a community to have the necessary equipment and the necessary trained personnel to care for the “study” case. Hence, the field of pediatrics may be looked upon as breaking into two parts. On the one hand, the major part of the care of children has become simpler. Whereas, the more complex situations have become even more complex.

The number of institutions qualified to care for the difficult or unusual case, requiring much study by several people with a trained-team approach, need not be great. Certainly every teaching hospital should fall into this category.
One other item should be mentioned which affects the hospital population — that is, an increase in hospitalization insurance throughout the community, resulting in a diminution in numbers of patients seeking ward care and an increase in patients qualified for care by their private physicians, often resulting in vacant beds in the public wards while semi-private wards and private rooms have waiting lists.

**Functions of a Department of Pediatrics**

The Department of Pediatrics in a medical school should give superior and well-rounded types of service to sick children, should aid in the development of methods of maintaining physical and mental health among well children, should have an effective undergraduate pediatric educational program, a thorough post-graduate residency training program, should be a friendly source of help to the practicing physician and a contributor to all phases of pediatric research. In a teaching institution, the pediatric department should be organized to give medical students the best instruction possible with the available facilities. In order to give medical students good instruction in a clinical department, it is necessary to have an adequate number of patients. Hence, the department must foster good relationships with the public and particularly with the doctors of the community to become a place of referral for their pediatric problems. The institution should become the place for study and observation for more difficult and little understood conditions, being of greatest service to the community by being of greatest service to the doctors of the community, not supplanting the doctor but complementing his efforts. It should also help him to keep abreast of developments in medicine and aid him in appraisal of new viewpoints and procedures. Once the basic activities of the department, including both undergraduate and graduate teaching and effective care of patients, have been improved and begin to be stabilized, attention may be directed to the development of a research program.

Research in clinical medicine falls in general into four categories. Lowest is educational or review research which brings together, often quite uncritically, the published data on some subject of interest to the worker. Second up the scale is appraisal research in which work or ideas of others are analyzed to be confirmed or refuted. By far the largest volume of research in clinical departments falls into this category. While appraisal research is an essential activity of a clinical department since the changes in care of patients are based upon it, no department can become outstanding that does not go beyond efforts of this type. Third up the scale is the case report type of research in which unusual features of a case are observed and reported. This category is placed above appraisal research because it may lead to thought by the worker about the causes of the unusual finding and hence to further progress. Highest in the list...
and often stimulated by, and a corollary of the third type, is initiatory research. As a result of observations in the clinic or laboratory and arising from correlation and integration of these observations come ideas that lead to positive advances in medicine. Yet it is seldom that the first forward steps in a field do more than point the way to further work that in many instances rapidly supplants the first steps. The initiatory work, however, has opened the field and made further progress possible.

Against the background of the changes occurring in the field of pediatrics and the augmented responsibilities of a teaching program, the necessity of reorganization of the Department of Pediatrics in the Jefferson Medical College became apparent.

The reorganization of the Department of Pediatrics at the Jefferson Medical College, undertaken in 1952, has made progress toward meeting some of the needs listed above. However, much remains to be done. Perhaps this report should be of an interim type indicating where progress has been made, yet pointing out those areas in which increased effort is necessary.

The Teaching Program

Recognizing the need for focusing the attention of the student on the type of problem he will meet in practice, yet also realizing that students when they first have contact

"The patient makes a return date in O. P. D."

"Students work closely with an instructor."

"Discussion with students of an out-patient problem."
with clinical medicine are less likely to be interested in the commonplace than in the rare and unusual, it seemed desirable to have third year students in the wards and fourth year students in the out-patient department. The third year students, under the supervision of the visiting and resident staff, can then be trained in the analytical approach to a medical problem. Fundamentals of this approach are in the careful and thorough examination of the patient; careful history taking, and thorough physical examination. Laboratory data may then be used by the student to support or confirm his clinical observations and not to replace them. Nevertheless, a well-equipped routine laboratory should be available to the student so that he may learn to carry out for himself the clinical laboratory procedures that he will use in his office practice. For the teaching program, two excellent additions to the physical facilities of the Jefferson Hospital have been made with funds provided by the medical school — a teaching room, and a ward clinical laboratory. The teaching room, close by the ward on the eighth floor of the hospital, permits the child to be brought to the group of students rather than the students in a large group having to stand around the bed in the ward. Students are seated in this room in a semicircle so that the patient can be wheeled to within three or four feet of each student.

At a morning conference, held five days a week, a senior member of the staff presents a patient which he has not previously seen or had opportunity to examine. The history which has been taken by the medical student assigned to
this patient is presented. The instructor then examines the infant or child before the class, delivers his findings, asks then for the physical findings observed by the resident and interne staff and the student, and finally, for the laboratory data that have been secured. X-ray films that have been taken of the patient are then shown with a portable x-ray viewbox which can be wheeled to within a few feet of each student so that he may see the picture clearly. If the patient's condition has required a consultation with other departments, often a member of the consulting group is asked to be present to discuss the consultants' observations. Two morning conference hours of each month have been devoted to a cardiology clinic conducted by Dr. Daniel W. Lewis of the Department of Medicine in collaboration with the senior staff of the Department of Pediatrics.

After the morning conference, the third year students repair to the wards where newly admitted patients are seen by students assigned to the case, the history is taken by the student, the physical examination is done by the student, and routine laboratory determinations are done by the student in the new laboratory adjacent to the ward.

From twelve to one o'clock each day, the junior section is taken into a semi-formal clinical conference, again with a member of the senior staff. One day a week an x-ray conference is held in collaboration with Dr. Paul C. Swenson or one of his senior associates in the Department of Radiology. On another day, a clinic and seminar is held at which some unusually instructive case is presented for one half of the hour and a formal presentation of a subject of interest occupies the other half of the hour. At several of these seminars throughout the year, visiting lecturers have appeared. In the winter of 1952-53, two out-of-town speakers were invited to be the guests of the department. During the winter of 1953-54, there were seven out-of-town speakers:

Dr. Samuel P. Hicks, Harvard Medical School
Dr. Paul Patterson, Albany Medical College
Dr. Irvin Kerlan, Federal Food & Drug Administration
Dr. Donald D. Matson, Harvard Medical School

Dr. James B. Campbell, Columbia University College of Physicians & Surgeons
Dr. John Caffey, Columbia University College of Physicians & Surgeons
Dr. Francis Forster, Georgetown University School of Medicine

In addition to out-of-town speakers, the following members of other departments participated in the 1953-54 seminar programs:

Dr. M. H. F. Friedman, Department of Physiology
Dr. Thaddeus L. Montgomery, Division of Obstetrics
Dr. Abraham E. Rakoff, Department of Experimental Medicine
Dr. Julius M. Coon, Department of Pharmacology
Dr. John H. Gibbon, Jr., Department of Surgery
Dr. William G. Sawitz, Department of Bacteriology and Immunology
Dr. Abraham Cantarow, Department of Biochemistry
Dr. Martin J. Sokoloff, Department of Medicine

Afternoons are spent by the third year students on the wards until it becomes time to attend the whole class lecture at four o'clock.

The fourth year students attend the morning conference and then repair to the out-patient department where they work throughout the remainder of the day in the pediatric clinics.

The importance of the out-patient teaching cannot be over-estimated as it most nearly approaches what the student will do in practice. An effort is made to have enough members of the teaching staff in attendance to have an instructor for each small group of students so that the student, after taking a history and performing the physical examination on the patient, may have an opportunity to discuss his problem thoroughly and to secure the counsel and guidance of the visiting man. In addition in the six weeks' period each fourth year student spends in pediatrics, he works for two weeks in an outside hospital where he
again is both in the wards and in the out-patient department under the supervision of the staff of that hospital. At present in this affiliation program are: Germantown Hospital, where the students are under the supervision of Dr. William M. McFadden; Methodist Hospital, under the supervision of Dr. Kalman Faber; Cooper Hospital, Camden, New Jersey, under the supervision of Dr. Vincent Del Duca. Students assigned to the affiliated hospital do not attend any of the exercises in the Jefferson Hospital while they are on duty at another hospital, except the whole class lecture in the afternoon, but spend their whole day in the wards and out-patient department of the affiliated institution.

In keeping with the trend toward reduction of whole class lectures, the Department of Pediatrics offers eighteen lectures to third year students, and eighteen clinical conferences to fourth year students as whole class exercises. Through the cooperation of the Department of Medicine and of the Department of Pathology, several of the weekly clinical pathological conferences attended by both third and fourth year classes are devoted to discussion of pediatric cases.

An integral part of the teaching program is the postgraduate training of residents and research fellows. The residency quota for the Department of Pediatrics was raised from three to five after 1952. The quota now accepted is five, one of whom is chief resident. Each of the first year residents spends three months at Cooper Hospital, leaving four residents on duty constantly at Jefferson. It is anticipated that resident service will be furnished Methodist Hospital in the affiliation program so that an increase in the total number of residents is to be expected. The residency program is for two years with a third year optional if the resident in training is interested in a year of research activity. Practicing physicians are accepted as observers for varying periods, ranging from a week or two to several months. Physicians are also welcome to attend the morning conferences, x-ray conference, cardiology clinic, and the weekly clinic and seminar which is organized to be of interest particularly to the practicing physician.

The Microbiology Laboratory.

Care of Patients

It is obvious that in order to carry out adequately the teaching program outlined above, it is necessary to have an active ward service and an active out-patient department. Since less hospitalization is required for acute illness and the duration of hospitalization of acute cases has been shortened, it becomes necessary that the wards of the Jefferson Hospital should be able to cope with any medical problem in children and should have the cooperation of the other services in the hospital to permit a team approach in the solution of these problems. Hence, the necessity of establishing good relationships with the other departments of the hospital. We believe that much has been accomplished in this direction.

It seems unnecessary to list the special types of equipment requiring especially trained personnel that are available for the study of the difficult and unusual case. These types of equipment together with the cooperative approach of various groups are an essential function of a teaching
hospital if the hospital is to become a place for referral by doctors of their problems.

Two new additions to the ward deserve mention: one, an isolation room divided to care for two patients; two, a treatment room where special treatments can be given without disturbance to children in the general ward.

Even with these additions, the physical facilities of the children’s wards of the Jefferson Hospital are inadequate. Furthermore, as pointed out in the introduction, with increased hospitalization insurance, there is less demand for ward service than for semi-private space and, unfortunately, Jefferson Hospital has inadequate semi-private beds for children. Members of our own staff have either to put their child patients in individual private rooms where cost becomes prohibitive, or send them to the public wards. No doubt many of these patients are sent to other hospitals. It is anticipated that with completion of the new hospital building, funds will be sought for the remodeling of the eighth floor into a more effective children’s ward with adequate space for semi-private patients.

Research Activities

Reorganization of the teaching program and efforts to improve the care of patients have left little time for the development of a research program. However, again, due to the generosity of the medical school, laboratories for the Department of Pediatrics have been completed on the eleventh floor of the medical school, and are currently being equipped for different research programs as the individual programs are instituted. Laboratories consist of an excellent general chemical laboratory, a hematology and special study laboratory, a bacteriology and virology laboratory, and two animal rooms, so that infected and healthy animals can be kept separate. Research programs that have been instituted within the past two years are: a study of the effectiveness of chelating agents in lead poisoning in children, in collaboration with the Departments of Pharmacology and Preventive Medicine; a study of larval granulomatosis, in collaboration with the Department of Parasitology; a study of anti-helminthic drugs, in collaboration with the Department of Parasitology; the production in experimental animals of brain injury with attempts to arrest or reverse the process; a study of the viricidal effects of various antiseptics.

It is anticipated that funds will soon become available for two additional projects: (1) the study of abnormal dentition in infants and children; and (2) the study of the utilization of fats in healthy and ill children, the latter program in collaboration with the Department of Physiology. It is to be noted that in the care of patients, an effort is made, wherever possible, to secure the cooperation of other departments to aid in the understanding and solution of the child’s problem. Also, attention is called to the number of research projects in which cooperation with other departments has been established.
The senior member of the Department of Pediatrics is Dr. Edward L. Bauer, Professor of Pediatrics, who has held this title for twenty-eight years. It is only through Dr. Bauer’s interest and cooperation that the programs described above have been made possible. The executive head of the Department is Dr. Charles F. McKhann, Professor of Pediatrics since 1952. Employed on a full-time basis are: Dr. Felix E. Karpinski, Jr., Associate Professor of Pediatrics; Dr. Leroy Newman, Assistant in Pediatrics; and on a modified part-time arrangement: Dr. James V. Mackell, Instructor in Pediatrics and Dr. Simon Piovanetti, Assistant in Pediatrics. Twenty-two pediatricians, in rank from clinical professor to assistant, constitute a loyal group of voluntary staff members in the department without whose help the program above could not be carried out.

The morning conferences are the responsibility of the full-time staff. The noon conferences for the third year students are the responsibility of the senior members of the visiting staff, while the supervision of students in the out-patient department is the responsibility of all members of the department.

While much has been accomplished since the reorganization, it is evident that much remains to be done. We deem our teaching programs to be relatively satisfactory, within the limits of the clinical facilities available. Our greatest need is an improvement in the wards of the Department of Pediatrics so that we may encourage members of our own staff and interested doctors to send their problem cases to us, where a team approach of capable representatives of various departments within the medical school and hospital is available to bring knowledge and information to bear on the problems.

Our second need is to expand our research programs through securing grants for the study of special groups or types of patients and for basic laboratory research. It is apparent that our research programs also will be stimulated when physical facilities permit expansion of our number of admissions, especially patients in the semi-private category.

**Staff**

CHARLES F. McKHANN, A.B., B.S., M.A., M.D., Professor of Pediatrics and Head of the Department

EDWARD L. BAUER, M.D., Professor of Pediatrics

FELIX E. KARPSKIN, JR., B.S., M.D., Associate Professor of Pediatrics

NORMAN M. MACNEILL, M.D., Clinical Professor of Pediatrics

JOHN WILLIAMS HOLMES, M.D., Assistant Professor of Pediatrics

JOHN F. COPPOLINO, M.D., Assistant Professor of Pediatrics

AARON CAPPER, B.S., M.D., Assistant Professor of Pediatrics

NEDJIB M. BEKIR, M.D., Instructor in Pediatrics

JAMES VALENTINE MACKELL, B.S., M.D., Instructor in Pediatrics

VINCENT DEL DUCA, M.D., Instructor in Pediatrics

EDWARD F. BURT, M.D., Demonstrator of Pediatrics

MAX LUDWIG WEIMANN, M.D., Demonstrator of Pediatrics

CONSTANTINE R. ROSCOE, B.S., M.D., M.S. (Ped.), Demonstrator of Pediatrics

ALDRICH C. CROWE, M.D., Assistant in Pediatrics

EDWARD J. MOORE, JR., M.D., Assistant in Pediatrics

BERNARD B. STEIN, M.D., Assistant in Pediatrics

CHARLES M. SEMISCH, III, M.D., Assistant in Pediatrics

AUGUSTIN T. GIORDANO, B.S., M.D., Assistant in Pediatrics

JOSEPH ROBERT BIGLEY, B.S., M.D., Assistant in Pediatrics

KALMAN FABER, M.D., Assistant in Pediatrics

IRVIN MORGANROTH, M.D., Assistant in Pediatrics

WILLIAM CHARLES BUTSCHER, B.S., M.D., Assistant in Pediatrics

FRANK A. LIPPI, JR., B.S., M.D., Assistant in Pediatrics

WILLIAM M. MCFADDEN, A.B., M.D., Assistant in Pediatrics

L. ROY NEWMAN, M.D., Assistant in Pediatrics

SIMON PIOVANETTI, M.D., Assistant in Pediatrics

VERA DETWEILER, M.D., Chief Resident

RUTH ZAGER, M.D., Resident

DONALD MOORE, M.D., Resident

HENRY KANE, M.D., Resident

LESTER E. MCGEARY, M.D., Resident
Jefferson Medical College received on October 11th a check for $25,100.06 representing the bequest of Dr. William M. Barnette of the class of 1906 of Sunbury, Pa., who passed away on July 15, 1953. Vice Admiral James L. Kauffman and Dr. George A. Bennett, dean, formally received the check from Dr. John B. Lownes, treasurer of the class of 1906.

Dr. Barnette bequeathed the residue of his estate to the treasurer of his medical class to be paid over by him to the college for such purposes as he might see fit to designate. The bequest was subsequently conveyed by Dr. Lownes for purposes at the discretion of the college’s board of trustees. Admiral Kauffman and Dr. Bennett expressed great appreciation in behalf of the college for Dr. Barnette’s thoughtfulness for his Alma Mater in providing for the bequest.

Besides Dr. Lownes, who has served as treasurer for the class of 1906 throughout the time since graduation, other class leaders have been Dr. Fielding O. Lewis, class president, and Dr. F. F. Borzell, who has served as class agent.

Dr. Barnette was assistant medical examiner and later medical examiner for the Pennsylvania Railroad from September 18, 1907 until his retirement January 1, 1946 at Sunbury. During this period, he served as medical examiner in the railroad’s districts of Reading, Pa., Pitcairn, Pa., Elmira, N. Y., Sunbury, Harrisburg, Pa. and Buffalo, N. Y.
FRED HARBERT, A.B., M.D., M.Sc. (Med.), D.Sc. (Med.)
Professor and Head of the Department of Oto-Rhino-Laryngology and Broncho-Esophagology

In 1950 the Board of Trustees of Jefferson Medical College elected Dr. Fred Harbert to the chair of Otology and as a member of the Executive Faculty while he still held the rank of Captain in the U. S. Navy. Both of these positions he continued to hold until this past summer when he retired from his Naval commission.

After Dr. Louis H. Clerf resigned from the faculty of Jefferson, where he occupied the chair of Laryngology, the Board of Trustees decided to merge the departments of Otology and Laryngology and selected Dr. Harbert as the Directing Head with the title of Professor of Otology, Rhinology and Laryngology.

Dr. Harbert was born in Detroit, Michigan, Jan. 27, 1905. After finishing his common school education, he received both his pre-medical and medical education at Wayne University getting his A.B. and M.B. degrees in 1928 and his M.D. in 1929. After serving a rotating internship in the U. S. Naval Hospital in Philadelphia, he was commissioned in the Medical Corps of the Navy and in 1931 served as assistant in the E.E.N. & T. departments.
in the U. S. Naval Hospital at Newport, Rhode Island. He continued to be assigned to the E.E.N. & T. departments throughout his naval career.

Dr. Harbert's post-graduate training was obtained at the Endaural Institute in New York in Fenestration surgery; in Otology and Endoscopy at the University of Pennsylvania Graduate School of Medicine and received from the latter the degrees of Master of Science (Med) in 1940 and Doctor of Science (Med) in 1942. He is a Diplomate of the American Board of Otology, the American Board of Ophthalmology and the International Board of Surgery. A Fellow of the American College of Surgeons, the International College of Surgeons, American Academy of Ophthalmology and Otolaryngology, the American Laryngological, Rhinological and Otological Societies and the American Otological Society. He is also a member of the Philadelphia Laryngological Society, the Otosclerosis Study Group and the Association of Military Surgeons. He is the author of over twenty published papers.

Dr. Harbert has acquired considerable teaching experience in that he was appointed to set up and administer the training program in his specialty at the U. S. Naval Hospital in Philadelphia as well as being a guest lecturer at the Graduate School of Medicine of the University of Pennsylvania.

Dr. Harbert was married in 1927, is the father of six daughters and lives at 931 Waverly Road, Bryn Mawr.

INTERNATIONAL CONGRESS ON GYNECOLOGY AND OBSTETRICS

The Jefferson Department of Obstetrics and Gynecology was well represented at the International Congress on Gynecology and Obstetrics held at Geneva, Switzerland, July 26 to 31, 1954. Some 42 countries were represented by those in attendance.

Departmental papers presented were:

Bernstine, J. B.: Peptic Ulcer in Pregnancy.

Goldstein, L. Z.: Gonorrhea in Female Contacts. A Clinical and Bacteriological Study.


Two films from the department were shown: McCall, M. and First, A., "Extraperitoneal Cesarean Section—Norton Paravesical Technic with a Case History." Montgomery, T. L. and Swenson, P. C., "Obstetric Roentgenology."

Those physicians from Jefferson Medical College and Hospital who attended the Congress were Drs. J. B. Bernstine, L. Z. Goldstein, J. Hoffman, D. M. Farell, W. R. Lang, W. Sussman (volunteer worker in the department), G. Tatarian (resident) and K. A. Bolten who recently returned to the Bonn University Frauenklinik, Germany, after spending more than a year at Jefferson as a Teaching Fellow in Obstetrics and Gynecology.
ALUMNI ANNUAL GIVING FUND

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The names of the alumni and faculty members who have responded to last year's Fund appeal by contributing in the one hundred dollar and over amounts are listed here in grateful appreciation. Your committee for the past two years has invited all who could contribute in these more substantial amounts to give thoughtfully and proportionately and instituted the Century and Five Hundred group acknowledgment of these gifts. The 413 alumni recorded on this roll contributed approximately half of last year's Fund amount. The warm thanks are again expressed by the Alumni Fund of Jefferson Medical College for all of the gifts, regardless of size, made to advance the progress of our Alma Mater.

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*Deceased
†Given by his mother in memory of Dr. Clarence L. Bittner
‡In memory of Robert McClellan by his son-in-law and grandsons, Henry Evans, J. Lawrence Evans, '10, J. Lawrence Evans, Jr., '37, Robert L. Evans, '52
§Given by his widow in memory of Dr. Thomas Richards
§Given in memory of Henry K. Selans and James C. Harmon
JEFFERSON ALUMNI IN
UNITED STATES SERVICE

William A. Abelove, '51, 1st Lieut., MC, 48th Tactical Hospital, Chaumont Air Force Base, France, A.P.O. No. 119, c/o Postmaster, New York, New York, writes:

"Regards to all from Chaumont, France, home of the 48th Tactical Hospital, U.S. Air Force. After reporting to Bremerhaven, Germany, I was reassigned to a jet fighter base in eastern France, just outside of Chaumont, to be remembered as General Pershing's Headquarters for the A.E.F. in World War I. We are part of the NATO organization and one of an increasing number of American airfields in this region of Europe. Our base is still under construction and only recently did we move from winterized tents to permanent quarters. Our new one hundred bed hospital is nearing completion and should be in use by early November.

"After sixteen months of Endocrinology and with the title of Chief of the Medical Service, I find myself a general practitioner doing mostly Pediatrics and Obstetrics and Gynecology. Such is the life of a physician in the military.

"The Commanding Officer of our medical group, I'm happy to report, is a Jefferson alumnus and regular Air Force officer, Lt. Col. Thomas W. Howell, Class of 1937.

"Probably the outstanding advantage of our base is its excellent geographic location, 150 miles SE of Paris, halfway to Basle, Switzerland. I have been doing quite a bit of traveling and before I return to Philadelphia in December 1955, expect to see most of Europe. I am leaving next week for a sixteen day trip to Greece, Turkey and possibly Egypt.

"Please give my regards to everyone at 'Jeff' and to all of the boys in the Class of 1951."

NECROLOGY

1889
Abram E. Snyder died at New Milford, Pa., July 8, 1954.

1891

1893
Isaac G. Headings died at McAllisterville, Pennsylvania, September 1, 1954.

1894
Frederick J. G. Voss died at Port Richmond, Pennsylvania, August 18, 1954.

1897
Earl E. Wagner died at Wilkes-Barre, Pa., August 24, 1954.

1898
Charles W. Jacoby died at Marion, Ohio, August 3, 1954.

1904
Herbert C. Woolley died at Sea Girt, New Jersey, August 28, 1954.

1909
James L. Woodruff died at Los Angeles, California, August 27, 1954.

1921

1935
Norman G. Angstadt died at Reading, Pennsylvania, September 18, 1954.

We regret that the following names were not included in the list of the American Medical Education Fund Report which was given in the August 1954 Bulletin.

Joseph M. Barsky, Jr., '47
Allison J. Berlin, '27
James M. Shields, '12
MATERIAL OF HISTORIC INTEREST
GIVEN FOR ARCHIVES

The Committee on Archives wishes to thank Admiral Kauffman for the doctor's kit, presented by Mrs. Walter A. Schmidt, of 419 Riverview Road, Swarthmore, Pennsylvania, a great-granddaughter of Dr. Alexander Stevenson McMurray, Class of 1842, and the album of photographs of the faculty and students of Jefferson about 1862; and Dr. James F. Carrell, '17, for the diploma and certificate of his cousin, Dr. John B. Carrell, '76, which we will take great pride in showing.

The Committee is always delighted to receive anything suitable for the museum which is being planned by the Alumni, for the College. We are grateful to those who remember us and deeply appreciate any gift which they may send to add to the collection.

Eli Saleebey, M.D., Chairman
Committee on Archives

IMPORTANT

Please send all class notes, items of interest and changes of address directly to:

Mrs. Melrose E. Weed
Executive Secretary
Alumni Office
Jefferson Medical College
1025 Walnut Street
Philadelphia 7, Pennsylvania

OUR CONGRATULATIONS TO THE DISTINGUISHED GROUP WHO HAVE REACHED THE AGE OF 90 OR MORE

Andrew B. Harbison, January 1, 1858 ............ 1878  96
Crescent City, Florida

Edmund B. Montgomery, May 11, 1858 .......... 1878  96
1461 Vermont Street
Quincy, Illinois

Andrew J. Coley, May 18, 1858 ............. 1880  96
1929 N. W. Park Place
Oklahoma City, Oklahoma

Warren L. Ewen, May 4, 1860 ............. 1882  94
Fread Apartments
Salem, New Jersey

John F. Mentzer, March 18, 1862 ............ 1882  92
16 N. State Street
Ephrata, Pa.

Wyatt Heflin, October 21, 1860 ............. 1884  94
3216 Cliff Road
Birmingham, Alabama

Fayette C. Ewing .................. 1884  92
Pineville, Louisiana

Julius Way, September 7, 1860 ............ 1885  94
Romney Place
Cape May Court House, N. J.

Hayward G. Thomas, February 7, 1863 ...... 1887  91
594 Blair Avenue
Piedmont, California

Frank L. Shaw, February 1, 1864 ............ 1887  90
Steuben, Maine

George C. Clark, September 28, 1862 ...... 1888  92
4515 Wetherill Road
Westmoreland Hills, Md
Washington, D. C. P. O.

John C. Hierholzer, June 9, 1862 ............ 1888  92
900 Cedar Avenue
Pittsburgh, Pennsylvania

Harry L. Walker, September 15, 1863 ...... 1889  91
1800 "B" Avenue, N. E.
Cedar Rapids, Iowa

Jerome S. Kendig, December 8, 1863 ...... 1889  90
Salunga, Pennsylvania

Arlington G. Horine, August 1, 1862 ...... 1890  92
4 E. Potomac Street
Brunswick, Maryland

William H. Rote, January 30, 1864 ......... 1890  90
415 Hepburn Street
Williamsport, Pennsylvania

Irvin A. Fries, May 4, 1861 ............. 1891  93
Wallingford
Delaware Co., Pennsylvania

Amos W. Botkin, June 24, 1864 ............. 1893  90
323 Apperson Street
Oregon City, Oregon

Philip B. Williams ............. 1895  90
R. D. #1
Rome, Pennsylvania
FACULTY NOTES

Bernard J. Alpers, M.D., Sc.D., Professor of Neurology and Head of the Department, attended a meeting of family doctors from New Jersey and New York at the Essex House, Newark, New Jersey, September 26, 1954. The symposium, sponsored by the New Jersey Academy of General Practice and the Lederle Laboratories Division of the American Cyanamid Company. Dr. Alpers showed the doctors how to make reliable office neurologic examination.

Heinrich Brieger, M.D., D. P. H., Professor of Industrial Medicine, in the Department of Preventive Medicine has been appointed one of the twelve United States members of the Permanent International Commission on Industrial Medicine. Dr. Brieger presided at one of the sessions and delivered a speech on Industrial Antimony Poisoning at the Eleventh International Congress on Industrial Medicine which was held in Naples, Italy, in September.

Dr. Brieger reported on “Synergistic and Antagonistic Effects of Mixed Air Contaminants” at the annual meeting of the American Public Health Association in Buffalo on October 12, 1954, and was re-elected Chairman of the Committee on Toxic Chemicals in Industry.

Garfield G. Duncan, M.D., Professor of Clinical Medicine, was one of the speakers at the first meeting of the Southeastern Pennsylvania Diabetes Association, July 14, 1954, held in the Reading Hospital Auditorium.

Kenneth E. Fry, M.D., ’31, Assistant Professor of Surgery, spoke September 21, 1954, on “Massive Upper Gastro-Intestinal Hemorrhage”, at the meeting of the Northampton County Medical Society in the Country Club of Northampton County.

John H. Gibbon, Jr., M.D., ’27, Professor of Surgery and Director of Surgical Research in the Department of Surgery, spoke to the American College of Chest Physicians, Wednesday, October 13, 1954, at the Mt. Sinai Hospital, New York, New York.

On Thursday, October 14, 1954, Dr. Gibbon attended the Board of Directors meeting of the American Cancer Society.

“Prospects For the Control of Lung Cancer” was Dr. Gibbon's topic on October 16, 1954, for the American Cancer Society, Second Annual Cancer Seminar, Hotel President, Atlantic City, New Jersey.

Perry S. MacNeal, M.D., Associate in Internal Medicine, spoke at the Annual Medical Symposium, sponsored by the New Hanover County Medical Society at Wrightsville Beach, North Carolina, August 20, 1954.

C. Wilmer Wirts, M.D., ’34, Assistant Professor of Medicine, discussed “Massive Gastrointestinal Bleeding” at the meeting of the Luzerne County Medical Society, September 15, 1954.

PAUL DALTON GRIESMER, ’54

Paul Dalton Griesmer, son of Mr. and Mrs. Paul J. Griesmer, Reynolds Street, Kingston, Pennsylvania.

An alumnus of Wyoming Seminary, Dr. Griesmer was graduated from the Wharton School with distinction and taught accounting there following which he accepted a position with the Prudential Insurance Company of America. He served in the United States Navy with the rank of lieutenant and then decided to become a doctor.

After his discharge from the Navy, Griesmer enrolled as a pre-medical student at Wilkes College. In his work at Wilkes College he made a straight “A” record, a most difficult attainment in view of the exacting requirements of the local college.

In the first three years at Jefferson Medical College, the Kingston man won the freshman award in anatomy and the Appleton Century-Croft award to the junior who stands at the top of his class at the conclusion of the first three years of study.

There are three awards of major significance which are made to graduates of Jefferson Medical College. These are the William Potter Memorial Prize for excellence in the clinical branches of medicine, the Albert Einstein Medical Center Award for the highest average in the medical course, and the Alumni Prize for the best general average in examinations. Griesmer won these three plus five other awards at the commencement exercises to complete his outstanding record of attainment.

While at Jefferson, he was Vice-President of the Junior Class, member of the Students Council and Dean’s Committee.

He is married to the former Barbara Ann Boyd of Pittston. Dr. Griesmer is serving his internship at Wilkes-Barre General Hospital.
CLASS NOTES

1878 Andrew B. Harbison, M.D., Crescent City, Florida, conveys a message of remembrance and good wishes to the College and Alumni Association in a recent letter.

1885 Julius Way, M.D., Romney Place, Cape May Court House, New Jersey. Daughter, Mrs. Helen Way Fitzpatrick, writes: "Thank you for your nice letter of congratulations to my father, Dr. Julius Way, on his 94th birthday, also we wish to thank the Alumni Association for the beautiful flowers. I think father never enjoyed flowers more—because of his short memory span, each time he sees them the 'first' thrill returns and thus the joy is prolonged. His general health is good and he seems to be full of peace and contentment."

1886 J. ELMER PORTER, M.D., 344 High Street, Pottstown, Pennsylvania, writes: "Your letter of congratulations upon my 89th birthday also the beautiful bouquet of flowers I appreciate very much. It gives me a feeling of pride to be one of Jefferson's graduates. I am enjoying very good health, occasionally see a patient, but have numerous other interests that keep me busy."

1887 Hayward G. Thomas, M.D., 594 Blair Avenue, Piedmont, California, is the patriarch of a foursome that plays the Claremont Country Club course in Oakland, California, three times a week. These club swingers represent a total of 331 years in age. The "youngster" of the quartet is E. C. Fox, 79, N. S. Dodge is 80 and C. D. Lasher, 81. Dr. Thomas was 91 last February 7.

1888 George C. Clark, M.D., 4515 Wetherill Road, Washington 16, D. C., writes: "Thank you and the other members of the Alumni Association for your letter of congratulation to me upon my 92nd birthday anniversary. I celebrated my birthday at the home of my daughter in Knoxville, Tennessee, where I saw most of my grandchildren and great grandchildren. Upon my arrival back home, I found a note from Blackstone, Inc., asking me to call at my earliest convenience in reference to an order they had for me. On Friday, October 8th, they delivered a bowl full of beautiful flowers—white gladioli, red carnations, gold colored chrysanthemums, and sprays of delphinium. The card read, 'The Alumni Association, The Jefferson Medical College' I deeply appreciate your kindness to me, both in the thoughts expressed in your letter and in sending me the lovely flowers. Thank each and every one of you. I am proud to be a member of the organization."

1889 Harry L. Walker, M.D., 1800 "B" Ave., N.E. Cedar Rapids, Iowa, writes: "The lovely flowers received on my 91st birthday from the Alumni helped to make the occasion a most happy one. I wish to express my sincere thanks for them and for the letter of congratulations and best wishes." I am certainly enjoying the fruits of my labor and each year life becomes more interesting. I cherish the memories of my days spent at Jefferson. They are still vivid in my memory."

1890 Hugh T. Chelf, M.D., 605 South East Street, Culpeper, Virginia. "On account of sickness, Dr. Chelf has been delayed in thanking you and the Alumni for the beautiful flowers in container, also your nice letter, you so kindly sent him on his 87th birthday. He wishes me to try to express his great appreciation and tell you how much he enjoyed them. It was a beautiful thought and the flowers were lovely. Thank you so very much. With best wishes and much appreciation." Sincerely, Genevieve Payne Chelf

James T. Taylor, M.D., Pomeroy, Pennsylvania. Thomas A. Taylor writes: "My father wants me to put in writing his best regards both to you and the Alumni Association for the flowers and felicitations from you and I am glad to report that Father is in good health and in possession of all his faculties. Indeed it is a blessing conferred on few and having practiced Medicine for about sixty years think it time he took life easy. Thank you and the Alumni Association very much for this remembrance."

Clarence A. Veasey, M.D., 1118 West Ninth Avenue, Spokane 4, Washington, writes: "It was very kind of you to send me a letter of greeting together with the beautiful bouquet on my 85th birthday. I assure you the thought was very much appreciated and I regret that I am not able to thank each one of you in person. I am grateful and send to each of you my best wishes for many, many, more happy, healthful and prosperous years."

1891 Edward H. McCleery, M.D., R. D. #1, Kane, Pennsylvania, writes: "I was very much surprised and extremely pleased to receive the flowers and I can assure you they are deeply appreciated. It was one of the nicest things that has ever happened to me. Thank you also for your kind letter and good wishes. Kindest regards to you, the Alumni, and to Jefferson Medical College."
M.D., Mount parents gave me received on his 90th birthday. It makes him very happy. "My Anna D. X 'Williams writes:

"KORH NAK, M.D., Mortimer wishes me to thank you for what you are interested in celebration of my eighty. The kindest of personal regards to you and wishing the 1954. 85 25.

But thinking of you at N. Ber Street, Philadel­

My as are M.D., 214 4415 Pleasant, 131 Columbus Street, Kent, Ohio, C LEV EL A ND, M.D., 839 Garfield Avenue, made well in my practice and in investments. My main business now is making loans on Mount Pleasant real estate. Doing nothing is the hardest work that I might do so I try to keep busy as above stated and with the flowers in my garden.

I am now started on my 90th year and I hope to make it but one never can tell. Some come to ask me how I have managed to live so long and I reply, 'My parents gave me a fine constitution and I have cared for myself, no smoking, no drinking, no helling around.'

I wish to thank you for remembering me as you have."

Joseph H. Krape, M.D., 131 Columbus Street, Kent, Ohio, writes:

"Many thanks for your letter of August 18th and for the beautiful flowers I received in celebration of my eighty-sixth birthday August 21st. The Jefferson Medical College is often in my thoughts and I greatly appreciate the kind remembrance of the Alumni Association."

G. Alvin Poust, M.D., 91 North Main Street, Hughesville, Pennsylvania, writes:

"My sincerest thanks to the Alumni Association of the Jefferson Medical College for their good wishes and the beautiful bouquet sent me upon my 85th birthday. My grandchildren and five great-grandchildren spent the day with me and I think enjoyed the flowers as much as I did. Thanks again for your kindness."

Philip B. Williams, M.D., Rome R. D. #1, Pennsylvania.

Mrs. Anna D. Williams writes:

"Again Dr. Williams wishes me to thank you for your letter of congratulation and the beautiful flowers which he received on his 90th birthday. It makes him very happy to be remembered by his professional friends.

It is hard to outline one's professional usefulness but he does very well and likes to keep in touch with affairs both medical and political despite his blindness and increasing deafness. I, too, thank you for the happiness you gave him."

George F. Dandois, M.D., Cape May, R. F. D. #1, New Jersey, writes:

"Your kind letter as representing the Jefferson Alumni Association, also a very beautiful bouquet have been re­ceived. I assure you both are highly appreciated. Many thanks.

When asked where I graduated, I have always been proud to say 'Jefferson.'"

Augustus J. Korknak, M.D., 1028 Talbot Avenue, Brad­dock, Pennsylvania, writes:

"I wish to express my appreciation and gratitude to you and the Alumni Association in remembering me on my recent birthday. The flowers I received were beautiful and touched me deeply. Many thanks.

It is deeds and words of this sort that make a fellow feel glad he is alive, to learn that his friends and associates have not forgotten him, after all these years.

With the kindest of personal regards to you and wishing the best of everything to our Alumni Association and 'Old Jeff.'"

Edward H. Wiggins, M.D., 4415 N. Uber Street, Philadelphia 40, Pennsylvania, writes:

"I want to thank the Alumni for sending the beautiful flowers in remembrance of my 88th birthday. We don't like to think we are growing old; but it is a great pleasure to know that others are thinking of you at the age of 88. I am not quite obsolete for I am still doing some office practice."

Saylor J. McGhee, M.D., 214 Main St., Lock Haven, Pa., writes:

"I was a rooter for the Indians so have been somewhat depressed since their defeat. But what you are interested in is a subscription to Old Jefferson. Enclosed please find my check for this purpose. Can't you stimulate enough interest in the balance of the class by which each would make a small contribution and make our class 100%? If you can, let me know and I'll give you $25. more. Yes, I am still working every day, but almost exclusively office work and somewhat in the hospital. I was in Jefferson Hospital one week in April, 1954. I was under Dr. Decker and Dr. Alison H. Price. The next time I go, I expect you to call.

F. Mortimer Cleveland, M.D., 839 Garfield Avenue, Ardsley, Pennsylvania, writes:

"Your kind and gracious letter of birthday good wishes is at hand, for which I wish to express my sincere apprecia­tion and thanks. My career of practice was terminated sud­denly, April 9, 1953 by a bus accident on Chestnut Street, necessitating my spending about seven weeks in the Presby­terian Hospital."

34
Dr. Harry E. Kirschner of Monrovia, California, Class Agent for 1902, whose class scored nearly 60% last year.

E. G. Shannon, M.D., 9 Park Street, Waterville, Maine. We were more than pleased to have Dr. Shannon down for Commencement Week festivities. We wish he could make it more often.

George Hay, M.D., Valley Pike and Hay Avenue, Johnstown, Pennsylvania, who has done considerable writing in connection with his professional career, has completed another volume devoted to the history of medicine in this country.

His newest contribution is a 233-page book to be published as a special edition of the Medical Comment in commemoration of the 100th anniversary of the Cambria County Medical Society. For the past 19 years Dr. Hay has been editor of The Medical Comment, official publication of the profession.

The new book supplements an earlier volume of 352 pages which was published in 1932 in connection with the 80th anniversary of the county society. It was authored by Dr. Hay and the late Dr. Joseph J. Meyers.

Dr. Hay recently was appointed chief examiner for Johnstown Plant, Bethlehem Steel Company. He holds a similar position with National Radiator Company.

Dr. Hay, who recently rounded out 50 years of service as a physician and surgeon, was presented with a testimonial plaque last August by the Cambria County Society.

Marcus W. Newcomb, M.D., Browns Mills, New Jersey, observed twenty-five years as superintendent of the county's tuberculosis sanatorium at New Lisbon. The sanatorium had four patients and a thirty bed capacity when he took over thirty-five years ago. It now accommodates from ninety to one hundred patients a day and has a bed capacity of one hundred-eight. He is former President of the Burlington County Medical Society.

Charles M. McLaughlin, M.D., High Street, Freeport, Pennsylvania, is observing his 50th year of practice. Dr. McLaughlin moved to Freeport after graduation and is still actively practicing medicine.

J. George Bachmann, M.D., 1088 Lullwater Road, N.E., Atlanta, Georgia, Professor Emeritus of Physiology, Emory University School of Medicine, was appointed to represent Alpha Omega Honor Medical Society at the Centennial Celebration of the School of Medicine by Dr. Walter L. Bierring, President of the Society. Dr. Bachmann was Assistant and Demonstrator of Physiology under Dr. Brubaker after serving his internship during which he carried out some clinical studies on heart-block by the graphic method that preceded electrocardiography. One of the anatomical features of the heart was named after him: Bachmann's Bundle, following his discovery of its functional significance.

Dr. Bachmann is now Medical Director of the new Georgian Clinic of the Georgia Commission on Alcoholism.

George F. Lull, M.D., 105 E. Delaware Place, Chicago, Illinois.

A native of Scranton and Secretary-General Manager of the American Medical Association, Dr. Lull has been nominated by the Scranton Chamber of Commerce as a Pennsylvania "Ambassador". His nomination has been accepted and he has been designated as an "Ambassador" during Pennsylvania Week, October 10-17.

Dr. Roy W. Mohler, Class Agent for 1921.
1923  JOHN M. BREWSTER, M.D., 203 S. Aberdeen Avenue, Wayne, Pennsylvania, has been named regional medical officer of the Pennsylvania Railroad with headquarters in the Pennsylvania Station, Pittsburgh, Pennsylvania. Under his direction will be the line's medical officers and their staff in Western Pennsylvania, Eastern Ohio, Western New York and Southern West Virginia. He also will administer the railroad's reorganized program for the maintenance of the health of its employees. Immediately after graduation from Jefferson, he became a medical officer in the United States Navy from which he retired with the rank of captain in 1953.

WILLIAM S. COLGAN, M.D., 408 DeKalb Street, Bridgeport, Pa.


FRANKLIN B. PECK, JR., M.D., The Drake, Apartment 401, 3060 North Meridian, Indianapolis, Indiana, has joined the staff of the Lilly Clinical Research Division. As a resident physician he is responsible for the care of patients in the Lilly ward and out-patient clinic and also work in the clinics of Indianapolis General Hospital. Residency in the Lilly research unit is a part of the medical residency program of Indianapolis General Hospital and these resident physicians receive credit toward certification by the American Board of Internal Medicine. At present, Dr. Peck is working with two Lilly staff physicians: Dr. Charles M. Gruber, Jr., '41, on analgesic and hypnotic drugs, and with Dr. W. R. Kirtley on diabetes. Dr. Peck's father has been associated with Lilly's for eighteen years and is Director of Medical Research Co-operation for Lilly's General Hospital, Kings Park State Hospital, and Rockaway Beach Hospital; Assistant Clinical Professor of Medicine at the New York Medical College, and author of some fifty research papers.

EUGENE H. STILLMAN, M.D., 59 Market Street, Salem, New Jersey, who has headed the eye, ear, nose, and throat section of the Veterans Administration Hospital of Wilmington, Del., resigned to become a member of the medical staff at the DuPont Company's Chambers Works in Deepwater.

1930  EDWARD J. WAGNER, M.D., 333 W. 57th Street, New York City, New York, attended the 19th Annual Congress of the International College of Surgeons. At the convocation held September 10 at the Civic Opera House, Dr. Wagner was installed as a diplomate and a qualified fellow of the International College.

1931  GEORGE K. F. TYAU, M.D., writes:

"This is to notify you of my change of address."

Dr. George K. F. Tyau
919 Keaamoku Street
Honolulu 14, Hawaii

1932  DAVID B. HOFFMAN, M.D., 31 Lincoln Park, Newark, New Jersey, has announced the opening of offices for the practice of Gynecology and Obstetrics at 142 West Northfield Avenue, Livingston, New Jersey. The Livingston office will be run in conjunction with Dr. Hoffman's present office in Newark where he has been practicing for the past twenty years.

JOHN C. ULLERY, M.D., Ohio State University, Columbus, Ohio, was appointed Professor and Chairman of the Department of Obstetrics and Gynecology in the Ohio State University.

1933  VINCENT J. CASSONE, M.D., 3535 Fairview Street, Allentown, Pennsylvania, has been assigned to the Neuropsychiatric Service of Walter Reed Army Hospital, a component of Walter Reed Army Medical Center, Washington, D. C.

J-44  MAXWELL W. STEEL, JR., MAJOR MC, formerly of 226 Penn Street, Huntingdon, Pennsylvania, has completed the primary course in aeromedical procedures at the School of Aviation Medicine at Randolph Field, San Antonio, Texas. A regular Air Force medical officer who entered the service shortly after he completed his internship at Germantown Hospital in Philadelphia, Dr. Steel served in the Far East from July, 1951, until last November. Since completion of the course at the Randolph Field institution he has been assigned to March Air Force Base in California.

S-44  ROBERT R. SCHOPBACH, M.D., Chief of the Neuropsychiatric Department at Clifton Springs Sanatorium, Clifton Springs, New York, spoke at the regular meeting of District 4, New York State Nurses Association, September 13, 1954 at Syracuse Memorial Hospital, on the modern treatment of alcoholism.
PAUL H. WANNEMACHER, M.D., 87 Valley Way, West Orange, New Jersey, returned to active duty with the U. S. Navy after having served for thirteen months as a lieutenant. Dr. Wannemacher is married to the former Rita Pelens of Wilkes-Barre, Pennsylvania. They have four children, Paul, 9; Anne, 5; Jane, 2½; and Mary, 8 months.

1945 DESMOND S. O’DOHERTY, M.D., Department of Neurology, Georgetown University Hospital, Washington, D. C., has been appointed Director of the Muscular Dystrophy Clinic at Georgetown University Hospital. Dr. O’Doherty has been at Georgetown for four years. He is Assistant Professor of Neurology there and has headed the Georgetown University neurological service at the District of Columbia General Hospital, a post he is relinquishing to accept the new position.

JOHN F. SUERMANN, M.D., 2200 Palisade Avenue, Weehawken, New Jersey, writes:

“Here is a brief resume of my life since leaving Jefferson. I was in the Navy until February, 1948, then took a residency in OB-GYN until July, 1949, when my two boys and four girls decided they wanted to eat. It was then I started my general practice. I took two brush-up courses, three months of Surgery and three months of Anatomy and just returned from Chicago’s Cook County Hospital, where I took a postgraduate course in vaginal work. I now have an appointment as Assistant Attending Surgeon in Hoboken.”

1946 C. THOMAS FLOTTE, M.D., 1043 Olivia Avenue, Ann Arbor, Michigan, has finished his residency in Surgery at the University of Michigan and is now Instructor of Surgery there. Dr. Flotte is the proud father of two boys and one girl.

JOSEPH P. MUDD, JR., M.D., Jackson Hospital, Jackson, Alabama, writes:

“Still unmarried, am going to small Southern Alabama town, seventy-five miles north of Mobile, Alabama to perform General Surgery for the area. I would appreciate any alumnus stopping by to see me. Jackson has the finest hunting for deer, turkey, and bear, east of the Rocky Mountains — good place to enjoy life.”

1947 HARRIS G. FISTER, M.D., 80 W. Main Street, Maple Shade, New Jersey, his wife and three children have just moved into their new home in Maple Shade, New Jersey. Dr. Fister is enjoying his new office also located at 80 W. Main Street, Maple Shade, New Jersey. He is doing general work.

JOHN M. KOVAL, M.D., Cleveland Clinic, Cleveland, Ohio, has just accepted a Fellowship in Internal Medicine at the Cleveland Clinic. He had been in postgraduate training at the Geisinger Memorial Hospital and Foss Clinic at Danville, from September 1952 to July 1954.

Dr. Koval is married to the former Maureen Greco and they have three children, Johnny, Tommy and Mary Monica. Richard G. Smigelsky, M.D., took care of his father’s practice, while Dr. I. E. Smigelsky vacationed in California this summer.

Dr. Smigelsky served as a Captain in the U. S. Army Medical Corps and was recently discharged from the service. He spent thirteen months of his tour of duty in Korea, finishing off his service at Aberdeen Proving Grounds, Maryland. While serving with the 45th Infantry Division, he was awarded the Combat Medical Badge and the Bronze Star Medal.

1948 ALBERT J. FLACCO, M.D., recently opened an office at 54 Grasspond Road, Levittown, Pennsylvania, for the practice of Pediatrics. Dr. Flacco has completed postgraduate training at St. Christopher’s and Germantown hospitals. He served in Korea during a three-year period of Army service.

STEPHEN E. PASCUCCI, M.D., 529 Edith Street, Old Forge, Pennsylvania, has been awarded his certificate as a diplomate of the American Board of Pediatrics. He is Chief of Pediatrics at Taylor and Hahnemann Hospitals, a member of the Pediatric Staff at State Hospital, and consulting pediatrician at Moses Taylor Hospital, Dr. Pascucci is in the practice of Pediatrics with offices in the Medical Arts Building, Scranton, Pennsylvania.

1949 ALBERT GELB, M.D., wishes to announce that he is now engaged in the practice of Surgery with offices at:

Medical Arts Building
Room 208
Wilmington 1, Delaware


Mr. and Mrs. Jack Blickstein of 29 Dogwood Lane, Rockville Center, Long Island, have announced the engagement of their daughter, Miss Naomi Blickstein, to Dr. Russell H. Kesselman, son of Mr. and Mrs. Maurice Kesselman of Philadelphia.

Miss Blickstein is a junior at Connecticut College in New London, and Dr. Kesselman is a fellow in cardiology at Mount Sinai Hospital, New York. They are planning a June wedding.

RICHARD F. KIDDER, M.D., 1008 N. Lakeside Drive, Lakeworth, Florida is associated with Dr. Sidney Davidson in the practice of Internal Medicine at the Davidson Clinic, 601 S. Federal Highway, Lakeworth, Florida.

1950 CHARLES L. SAUNDERS, JR., M.D., 712 Spruce Street, Martinsville, Virginia, has opened an office in the Medical Arts Building, Martinsville, Virginia for the practice of Obstetrics and Gynecology.

Dr. Saunders and his wife have two daughters, Mary Elizabeth, 2, and Donnelly, 5 months.
FRANS J. VOSSENBERG, M.D., Abington Memorial Hospital, Abington, Pennsylvania.
Dr. and Mrs. Vossenberg are receiving congratulations on the birth of a daughter, Joanne Vossenberg, born August 20, 1954.

1951 PAUL J. CIMOCH, M.D., Jefferson Medical College Hospital, Philadelphia, Pennsylvania, was married September 6, 1954, to Miss Malvina Ardzieszewski. The bride is a graduate of Scranton State Hospital School of Nursing. Dr. Cimoch is a resident Physician at Jefferson Medical College Hospital.

JOSEPH A. KARDOS, M.D., Taylor, Pennsylvania, was married on July 10, 1954, to Miss Frances Eleanor Morrissey, in St. Joseph's Cathedral, Hartford, Connecticut. The bride was graduated from St. Francis Hospital School of Nursing. She is Supervisor of the operating room at St. Francis Hospital. Dr. Kardos is the Resident Anesthetist of St. Francis Hospital.

1952 FRANK SMITH BAKEWELL, JR., M.D., University of Pittsburgh Medical Center, Presbyterian Hospital Unit, 320 Lothrop Street, Pittsburgh 13, Pennsylvania, was married to Miss Mary Frances Powell, August 21, 1954, in the Heinz Memorial Chapel of the University of Pittsburgh campus. Miss Powell attended West Virginia University where she completed her pre-nursing course. She was graduated from the University of Pittsburgh School of Nursing on June 9, 1954, receiving a Bachelor of Science degree. Dr. Bakeswell completed his internship at the University of Pittsburgh Medical Center and at present is a resident physician in Surgery.

1953 HAROLD Y. ALLEN, M.D., 42 South Broad Street, Nazareth, Pennsylvania.
Dr. and Mrs. Allen are receiving congratulations on the birth of their first daughter, Tamara June Allen, born August 16, 1954 in St. Luke's Hospital, Bethlehem, Pennsylvania.
She is awaited at home by two brothers, Todd and Gregg.

RICHARD W. HILL, M.D., writes:
"I wish to notify you of a change in address. My new one is as follows."
212 East Orange Street
Lancaster, Pennsylvania

EDMUND K. LINDEMUTH, M.D., writes:
"This is to notify you of new address:
Dr. Edmund K. Lindemuth, Jr.
Kaukeolani Children's Hospital
226 North Kaukini Street
Honolulu 17, T. H.

ROGER D. LOVELACE, M.D., 415 Lake Avenue, Pitman, New Jersey, has opened his office in Pitman for general practice. Dr. Lovelace is married to the former Miss Marilyn Miller, of Elizabethtown, Pennsylvania.

ROBERT M. MEAD, M.D., 2104 North Manor Drive, Erie, Pennsylvania, is now associated with Dr. James R. Hart, of 1201 W. Eighth, Erie, Pennsylvania, in the practice of general medicine and Surgery.
He and his wife, the former Patricia Rundstrom, of Erie, and infant daughter, Cynthia Lee, reside at 2104 North Manor Drive.

JOHN RODNEY MEREDITH, M.D., 117-D Haddon Hills Apartments, Haddonfield, New Jersey, was married to Miss Janet Christian Edwardsen, of Haddonfield, New Jersey. We extend our congratulations to the happy couple.
Dr. Meredith will be associated with Dr. Lawrence J. Glover, 53 Kings Highway West, Haddonfield, in the practice of general medicine.

STUART K. REMLEY, M.D., 7 Manchester Street, Glen Rock, Pennsylvania, opened his office, September 13, 1954, for the practice of medicine.
Dr. Remley is married to the former Elizabeth Stamrock, of Elizabethtown, Pennsylvania.

MAX J. STIERSTOFER, JR., M.D., 1123 North Van Buren Street, Allentown, Pennsylvania, writes:
"During my visit to Philadelphia for board examinations I visited the hospital and certainly was impressed with the new hospital building. My internship at the Allentown General Hospital was most enjoyable and I am opening a joint general practice in Allentown with a fellow intern. We plan to offer twenty-four hour medical service to our patients and complete coverage on week-ends and holidays through our association.
Thank you for sending the Alumni Bulletin during the past year. I shall be looking forward to receiving my next one at my new address.
With best wishes to everyone at Jefferson."

ROBERT E. STONER, M.D., R.D. #1, Mifflintown, Pennsylvania, son of Mr. and Mrs. Elmer Stoner, Mifflintown, Pennsylvania, was married to Miss Anna Jane Swope, on August 7, 1954, at the home of the bride's parents.
Mrs. Stoner is a graduate of Franklin School of Science and Arts and a member of the X-ray Department staff at the Lancaster General Hospital. Dr. Stoner has completed his internship at the Lancaster General Hospital.
Our congratulations to the happy couple.

FREDERICK S. WILSON, M.D., has notified us that his new address is:
239 Willow Street
Carlisle, Pennsylvania

1954 WILLIAM H. TAYLOR, M.D., 195 Gregory Avenue, West Orange, New Jersey, his wife and two children, William Randolph and Cynthia Coffin, have moved into their new home. He is serving his internship at the Orange Memorial Hospital.

1954 JEROME ALLEN WEINBERG, M.D., St. Vincent's Hospital, 2420 Sassafras Street, Erie, Pennsylvania.
Dr. and Mrs. Jerome A. Weinberg announce the birth of a daughter, Faith Shelley Weinberg on October 1, 1954. Mrs. Weinberg is the former Bette Etta Getfer of Philadelphia, daughter of Mrs. Pauline R. Getfer and the late Mr. Samuel A. Getfer.
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