PRESIDENTIAL INAUGURATION
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in the Spring 1967 Issue

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Inauguration photographs by Walter Holt

Cover design with mace, the traditional symbol of authority,
by Edward A. Teitelman, M.D.
THE INAUGURATION OF

PETER ANDREW HERBUT

Jefferson inaugurated Peter A. Herbut its seventeenth President in pageantry blending its history with its future. More than 1,000 guests watched the colorful academic procession of delegates, Board of Trustees members and Executive Faculty enter Philadelphia’s elegant Academy of Music on the spring morning of May 3. The delegates numbered 200 and represented educational institutions varying from private secondary schools to large universities.

Emphasizing the richness of the Jefferson heritage, Dr. Edgar F. Shannon, Jr., President of the University of Virginia, and Dr. Boyd C. Patterson, President of Washington and Jefferson College, were awarded honorary degrees on the occasion. The intellectual and spiritual legacy of Thomas Jefferson is shared by Jefferson Medical College and the University of Virginia in a unique way. Jefferson bears the name of the founder of the University of Virginia. The two institutions are also linked by their important associations with Dr. Robley Dunglison. Dr. Patterson represented an institution which shares a common ancestor with Jefferson Medical College. Jefferson College, from which Dr. George McClellan formed the Jefferson Medical College in 1824, later became the Washington and Jefferson College of today. Thus the inauguration of Jefferson’s seventeenth President took place in light of the philosophical and legal origins of the Medical College.

After a review of the Jefferson of the past, Dr. Herbut previewed plans for the Jefferson of the future. At the end of its metamorphosis Jefferson will be a university granting not only Doctor of Medicine, Doctor of Philosophy and Master of Science degrees, but also Associate Science and Bachelor of Science degrees through its new School of Allied Health Sciences. Physical expansion of the campus will continue to be concomitant with this academic growth.

At this point in the life of Jefferson Medical College, Dr. Herbut officially accepted his duties as President. His chosen theme—“horizons unlimited.”
Inaugural Address

On an occasion such as this, I think it might be appropriate to ask ourselves, as members of the Jefferson Family, three questions—

Where have we been?
Where are we now?
Where are we going?

The Jefferson Medical College of Philadelphia was the brain child of George McClellan. It was born in travail in 1824 as a spin off from Jefferson College in Cannonsburg, Pennsylvania. Although its origin was tremulous, and its early years tenuous, it did survive! And in the spring of 1838 the Pennsylvania Legislature passed an Act which read “that the Medical Department of Jefferson College be and hereby is created a separate and independent body corporate, under the name, style and title, The Jefferson Medical College of Philadelphia, with the same powers and restrictions as the University of Pennsylvania.” This certainly was a step in the right direction but it was not a panacea, for dissention in the Faculty, confrontations to the Board of Trustees, and debasement by outside institutions continued as they had from Jefferson’s inception.

To the everlasting credit of those in power, and especially in the face of rampant political intrigues, the purpose of The Jefferson Medical College was never subjugated to the whims of a few people or to extraneous pressures. In keeping with tradition, its objectives initially, as well as its objectives for the next one hundred and eighteen years, were to produce teachers and practitioners of medicine—the finest in the world. And these goals were met admirably! Some of the many famous teachers on the Faculty, and students of the past, include Da Costa, Dunglison, Eberle, Finlay, Forbes, Gross, Hare, Jackson, Keen, Meigs, Mitchell, McClellan, McCrae, Pancoast, Sims, and Solis-Cohen. Jefferson can also take pride in the fact that since its inception it has graduated a total of 20,835 medical students—more than any other medical school in the United States. But numbers in themselves mean little or nothing. Quality does. And in this respect Jefferson always has been, and always will continue to be, in the foreground.

Nevertheless, just as “man cannot live by bread alone,” so medical schools can not survive by teaching alone. As the horizons in medical education began to broaden to encompass not only the practice and the art of medicine but also the science of medicine, Jefferson, as conservative as it has always been, was more than a little slow in expanding its activities. Consequently, it was not until 1941, when Doctor William Harvey Perkins became Dean, that a new era came into being at Jefferson—that of fundamental and applied research. Since other medical schools had initiated investigative programs several decades earlier, Jefferson suddenly found itself far in arrears and was obligated to work quickly and furiously. Obviously, Dean Perkins could do no more than initiate a beginning, but he did structure a foundation that formed a solid base on which to build. Fortunately, subsequent Deans, Doctor George A. Bennett and Doctor William A. Sodeman also realized the necessity of scientific research and have pursued such activities with avidity and vigor. Today, due especially to the efforts of Dean Sodeman, our research programs are as broad, as deep, and as good as those of any school of comparable size anywhere in the United States. During all this investigative expansion, however, I must emphasize that we have never lost sight of the need for the furtherance of the practice of medicine. Hence, today, we occupy the enviable position of striking a delicate balance between the art and practice of medicine on the one hand and the science of medicine on the other. Such balance, I can assure you, we do intend to maintain!

Nonetheless, no institution can continue to bask in the glory of historical accomplishments because “what's past is prologue” and it is the epilogue that should concern us today. In this respect, while it is easy to assess where we have been and where we are now, it is perhaps more difficult, and certainly more hazardous, to attempt to predict where we are going and what we will accomplish in the future—even though some of this future is already upon us.

All of us, here today, know that Jefferson is located in the heart of metropolitan Philadelphia. As a consequence, it has always been stifled, to a lesser or greater degree, in its development and expansion by artificial but nonetheless real business barriers encircling its peri-

President Peter A. Herbut
Above: Television cameras light way as procession of delegates, faculty and Board members file into Academy. At right: Profile of stage party with Dr. Herbut at rostrum.
meter. Now, suddenly and almost unbelievably, Philadelphia's Urban Renewal Program has given us breathing space by making available land on which to build—land which we could not have acquired by any other means. Immediately, this has permitted the release of ideas and plans heretofore considered only as figments of the imagination. As a result, many changes have already been wrought at Jefferson under the chairmanships of Mr. Percival E. Foerderer and Mr. James M. Large and the Presidencies of Vice Admiral James L. Kauffman and, especially, Mr. William W. Bodine, Jr. In the previous decade, the Foerderer Pavilion and the James R. Martin Nurses Residence came to fruition. In the present decade, the Stein Research Center, housing Radiation Biology, has been recently erected and is already in full operation. Jefferson Hall, now under construction and soon to be completed, will include the Basic Science Departments, the Student Commons, and the Alumni activities—all desperately needed. This edifice alone will stand as a covetable monument for decades to come—an edifice that will remain second to none.

And all of this is only the beginning, a prelude to further activity and expansion. For months now, all of us on campus have watched, with joyous anticipation, the demolition of building after building between 1025 Walnut Street and Jefferson Hall. The last of these to come tumbling down was the old Western Savings Fund Society building on the corner of 10th and Walnut Streets. To complement the James R. Martin Nurses Residence—the only structure in that block allowed to remain—the cleared area is scheduled to contain the Orlowitz Residence, a Library-Administration Building, a Continuing Medical Education Building, a one thousand seat Auditorium, a School of Allied Health Sciences, and an underground Parking Garage. Planned for the future, in areas adjacent to Jefferson's present properties are an Institute of Behavior, a Community Mental Health Center, a new Hospital, and a new Physicians' Office Building.

By any standard this is an ambitious program! But buildings are only one means to an end. Bricks and mortar without complementary manpower and brainpower are absolutely worthless. In our instance, as in any other worthy academic institution, these structures have been, are being, and will continue to be erected only as workshops for our ever-changing and rapidly expanding clinical and scientific programs. Some of these programs are already in operation, others are upon us, and others still are being planned for the future.

It must, of course, be apparent to all that the primary purpose—in fact the only real purpose—for Jefferson's very existence has been medicine. It must also be apparent to all in academic life, that education itself, in all categories and at all levels, is in a state of unrest—of fomentation—of revolution. While the reasons for this are ethereal, some of the upheaval doubtlessly stems from the breath-taking explosion in knowledge occurring about us daily in logarithmic progression. Medicine is enmeshed in this excitation! One expression of agitation in education is the almost universal dissatisfaction with the curriculum—dissatisfaction with its length and dissatisfaction with its content. Being sensitive to the climate, we, at Jefferson, responded to its challenges. After much deliberation and discussion, we launched a joint program with Pennsylvania State University in June 1964 that shortened the College-Medical Curriculum by three years. Admittedly, the program is still experimental. At present it is limited to thirty entering students who are highly motivated and who have above average intelligence. By going to College and to Medical School four quarters in each year a student enrolled in the program receives a Baccalaureate Degree two years and one quarter after graduating from high school and a Doctor of Medicine Degree two years and three quarters later. In other words, both degrees are received five years after graduating from high school instead of after the customary eight years. And all this is accomplished by giving advanced credits, by streamlining the curriculum, and by avoiding duplication, but by still exposing the student to the same course work customarily given in a four-year baccalaureate and a four-year medical program. While our most advanced students are now only in their junior year in medicine, and while none has, as yet, completed the combined course, we are proud to report that the program is a complete success. In fact, some of these students are leading the class! Last March, out of eleven Juniors admitted to the Alpha Omega Alpha Honor Medical Society, three were from the accelerated program.

But receiving a Doctor of Medicine Degree, whether following an eight-year or a five-year course of study, is no license to practice medicine. It is truly a commencement—only a begin-
Below: Over two hundred delegates gathered in Crystal Ballroom at Academy to await first notes of The Nineteenth Army Band (bottom) that announced beginning of processional. At right: Delegates from Harvard, Yale and the University of Pennsylvania march in order of founding date of school, 1636, 1701, and 1740 respectively.
ning. Further studies—important studies—are mandatory. Every student must pursue certain post graduate activities before he, or she, can qualify to attend the ill—to prescribe treatment—to literally hold the fate of any patient in his, or her, hands. Minimum post graduate training consists of an internship. Maximum training consists of an internship and either a residency or fellowship. In point of time, this means an additional one to six years. In other words, it is almost the equivalent of the entire medical curriculum in the medical school itself. Such training is not taken lightly. In many respects it is even more important than the basic education obtained in the pre-M.D. period for it is, if you will, the apprenticeship stage—the translating into practice of the many facts and theories learned during medical school exposure. It seems incongruous, therefore, that medical schools—the Meccas of medical knowledge—should wash their hands of this phase of a physician’s development. Yet this is precisely what they have done! Today, the folly of this laissez-faire attitude is being appreciated and changes are contemplated. At Jefferson, we intend not only to study the matter but to take a more active role in this vital area of medical education and, perhaps, bring it under the complete auspices of the Medical College.

But even this is not the end! Medical knowledge is replicating at a rapid pace. What a student learned ten, and even five, years ago may be totally obsolete today. And what a physician does today might be completely out of date five years hence! Concern over keeping a physician’s knowledge current has been expressed repeatedly by the public, by health agencies, by medical educators, and by the physicians themselves. Everyone agrees that refresher courses and studies of all types and at all levels are absolutely necessary. Everyone also agrees that such instruction must continue, not only today and tomorrow, but throughout the productive life of the physician. Recognizing the great need for continuing Medical Education, the Jefferson Medical College, in conjunction with Pennsylvania State University, launched a program of instruction in 1960 for all doctors in the Commonwealth of Pennsylvania. This program has been eminently successful, with over 6,000 physicians participating during the last year. Here, too, we feel this is only the beginning. Our plans are to expand the program—to extend it further into the community and to bring the community into our own portals.

Because post graduate medical education is so vast, because it has many problems peculiar unto itself, and because it is so vital to the welfare of the people, we are contemplating putting it under one auspices—in a separate category—under a separate Dean.

Another activity now at Jefferson is a school of Graduate Studies in the Medical Sciences. These studies were organized in the six Basic Science Departments in 1949. A minimum matriculation requirement consists of a baccalaureate degree from a college of recognized standing. Course work and preceptorship are carried out in the standard fashion the the degrees offered are Master of Science and Doctor of Philosophy. Since 1949, 132 students have obtained graduate degrees in the Medical Sciences. This is not an overwhelming number of graduates but it is an excellent sound beginning. We were, and shall continue to be, determined not to sacrifice quality for quantity.

To date our Graduate School has functioned under the Dean of the Medical School with a limited faculty, with limited facilities, and with limited financing. We believe the time is now ripe for sweeping changes in this segment of our endeavor. We must pursue the matter of reconstituting the school as a separate entity under a separate dean, of creating a graduate school faculty, of expanding the activities beyond the Basic Science Departments, and of increasing our enrollment. This study, also, is one of our first orders of business. In fact, it is already under way.

One of the many other projects being planned for the immediate future is the development of a School of Allied Health Sciences. To this end, our Board of Trustees appointed Doctor John W. Goldschmidt Dean of the new school, effective January 9, 1967. (See page 20).

Everyone connected with the healing arts, either directly or indirectly, knows that shortage of manpower in the health field is extreme. And all indications are that it will become more acute! Today, the number of physicians in the United States is only 2 times that in 1900. We are graduating about 8,000 physicians a year. We should be graduating 9,000 physicians annually to fill only our present needs. The gap is widening! It is estimated that 12 supporting health workers are required for each practicing physician. In the last 10 years employment in the health field has grown 40% while total employment has grown only 14%. Between 1950-1962 over 600,000 new jobs were created in the health field. The next 10 years will witness an
Two honorary Doctor of Humane Letters degrees were conferred during ceremony. James M. Large (center), Chairman of the Jefferson Board, presents degree to Dr. Boyd C. Patterson, as Marshal Andrew J. Ramsay (left) adjusts hood. Dr. John H. Gibbon, Jr. (right) read citation.

Dr. Ramsay places hood on shoulders of second recipient, Dr. Edgar F. Shannon, Jr., after Dean William A. Sodeman (left) read citation. Mr. Large (center) presides.
additional gain of 1,000,000 persons in the same area. This national shortage is reflected in every state. And Pennsylvania does not escape! In the Philadelphia area alone, every hospital is screaming for help in every category. A survey in Delaware Valley in April 1966 revealed a projected need of 6,447 additional persons in only 13 selected job classifications. Each hospital is stealing workers from its sister institution by escalating salaries, by shortening working hours, and by increasing side benefits. And, of course, such pilferage solves nothing! There is only one sane solution—increase our health personnel.

To accomplish this, training facilities must be increased in number and extended in scope and more students must matriculate and graduate. Our answer to the problem is a separate School of Allied Health Sciences to parallel our existing School of Medicine. Such a school will be unique, for it will include both the Health Professions and the Health Occupations and will be all encompassing.

The Health Professions will provide academic and practical training in such areas as anesthesiology, physician assistant, hospital administration, pharmacy, occupational therapy, physical therapy, speech therapy, recreational therapy, medical technology, x-ray technology, nursing, cardiology, medical records library, medical library, medical secretary, and inhalation therapy.

The Health Occupations will provide course work and on-the-job training toward developing a strong core of supervisory personnel in such areas as file clerk, ward clerk, dietary, housekeeping, laundry, laboratory attendant, orderly, maintenance, personnel services, and purchasing.

The program will be accredited every step of the way by all pertinent accrediting agencies. It will encompass training at the level of certification, associate degree, baccalaureate degree, and graduate degree. The minimum matriculation requirements will be those of any liberal arts college. Thereafter, the student will be guided according to her or his abilities and desires. The program will be open-ended and lateralized allowing for free exchange of students between the Health Professions and the Health Occupations, depending upon the capabilities of the student, without loss of time or credits. The hub of the School will be a core curriculum common to all registrants. This core curriculum will then be embellished by special courses peculiar to the specialty at hand. The fundamental course work will be that of any liberal arts college. It will, of course, include the humanities and will necessitate the development of these disciplines at Jefferson. The science portions of the curriculum will be developed as outgrowths of the existing Basic Science Departments—using the facilities of these Departments in off semesters. Advanced students will pursue their Master's and Doctor of Philosophy Degrees in our expanded Graduate School.

Aside from the course work as such, one fundamental concept we wish to stress is that all of the training beyond High School will be received in a medical atmosphere. If doctors and nurses and technicians are going to work together as closely and as effectively as they must, and if they are to have the mutual respect for each other that is so necessary in team work, it is important—most important—that they join forces as early in their training careers as possible. Our plan will accomplish this objective! We also hold that, since the training will be streamlined and better supervised under one umbrella, the end product will be superior. For these and other reasons, we are now firmly committed to the development of the program.

From what I have said here today, it must be obvious to all that the Jefferson Medical College of Philadelphia has a University charter, that it has offered Medical Degrees since 1824, that it has given Master's and Doctor of Philosophy Degrees since 1949, and that it will be offering Associate Science and Bachelor of Science degrees as soon as its School of Allied Health Sciences is established. When this is accomplished Jefferson will, in fact, become a University. To make the metamorphosis complete will require just one more step—the changing of our name from The Jefferson Medical College of Philadelphia to the Thomas Jefferson University. And this will be our final order of business!

My message today represents only a sketch of the activities going on now, and planned for the future, at Jefferson. These activities commit the expenditure of a great deal of time, effort, and money. As implied earlier today, they also represent a provoking challenge and a boundless opportunity. With the enthusiastic support of the entire Jefferson family, and with the help of Almighty God, they will come to fruition.

Some of you might say "You are reaching for the sky." My answer is "Indeed we are. That is why the sky is there!"
President Herbut (standing) chats with Board members (from left) Percival E. Foerderer, William Potter Wear and D. Hays Solis-Cohen prior to ceremony.

Above: Delegate Dr. David R. Goddard, Provost of the University of Pennsylvania, receives assistance with his robes. Right: Dr. Leroy E. Burney representing Temple University where he is Vice President of Health Sciences.
Dr. George D. Culler, President of Philadelphia College of Art, a delegate.


Dr. Howard L. Rubendall (left), President of Dickinson College, and Dr. Harold C. Martin, President of Union College, share a pipe prior to inauguration.
Edgar Finley Shannon, Jr., President of The University of Virginia, with Dean Sodeman (left).

"At the University of Virginia, as Professor Merrill Peterson recently observed, we live in the spiritual presence of a founder (Thomas Jefferson) who was also a founder of the American nation and the premier philosopher of American democracy the world over. Here at the Jefferson Medical College, you share this spiritual presence...

"Of all the founding fathers, Thomas Jefferson remains in this final third of the twentieth century the most vital and continuing influence upon his own and other countries.

"This influence... arises from his unshakable faith in two things above all others: the permanent worth of human freedom and the necessity for judgments and actions toward their own welfare by each living generation of men... The human mind, he believed, has an almost boundless capability for development...

"Mr. President, as you go forward in the leadership of the Jefferson Medical College to the great future that awaits her, may you be heartened by the superb confidence of Thomas Jefferson that the earth belongs to the living, that nothing is beyond the reach of free men."

Shannon

"I feel particularly honored to be here representing Washington and Jefferson College... For his institution and mine have a kinship through a common ancestor that we both respect..."

"You (President Herbut) inherit a venerable tradition as you assume the leadership of a fine institution, one of the pioneers of medical education in Pennsylvania. Its competence and integrity have resulted in a successful operation and a richly merited reputation that now become yours to promote and develop. The challenge lies, we believe, in having a clear sense of direction even when the atmosphere is hazy—a discernment that separates the essential and the ephemeral.

"But in greeting a new college president... one must be circumspect and not permit his enthusiasms for the challenges and opportunities of the office to overlay too completely the obstacles and the frustrations, sometimes, of the impossible task of doing everything just the way everyone wants it done! He will meet the challenges with sharply defined objectives; he will grasp the opportunities with vigor; the obstacles he will meet one by one with a singleness of purpose; but the frustrations will require of him the ultimate of that peculiarly administrative attribute called patience."

Patterson

Boyd Crumrine Patterson, President of Washington and Jefferson College.
For Doctor William F. Kellow, old and new are only a few city blocks apart. Dean and Professor of Medicine at Philadelphia's Hahnemann Medical College since 1961, Doctor Kellow moves to 1025 Walnut on July 1 to become Jefferson's Dean and Vice President. But Doctor Kellow has a great deal more than proximity to recommend him for this position. The new Dean is the selection of a special committee composed of trustees, executive faculty members and alumni. The credentials Doctor Kellow presents tell of an intense interest in medical education. Prior to his arrival at Hahnemann, Doctor Kellow had been Associate Dean and Associate Professor of Medicine at the University of Illinois College of Medicine. He started his career in medical education as Clinical Instructor at Georgetown School of Medicine, where he had received his M.D. degree in 1946. His undergraduate degree was earned at the University of Notre Dame. (Notre Dame honored this distinguished alumnus in 1965 with a Centennial of Science Award). Graduate training for Doctor Kellow was at District of Columbia General Hospital, Georgetown Hospital, Walter Reed Hospital and again at District of Columbia General Hospital, where he was Chief Resident in pulmonary diseases. His specialty is internal medicine and he is certified by the American Board of Internal Medicine and the American Board of Pulmonary Diseases.

Several professional societies count Doctor Kellow among their members. These include the American College of Physicians, American Federation for Clinical Research, American Thoracic Society, Philadelphia College of Physicians, Association of American Medical Colleges, American Medical Association, Pennsylvania Medical Society, Philadelphia Medical Society.

As a Captain in the Air Force Medical Corps, Doctor Kellow served as Chief of Medicine Service at Beale Air Force Base Hospital in California during the Korean conflict.

He is a former member of the Board of Directors of the Tuberculosis Institute of Chicago and served as Chairman of the Committee on Community Control of Tuberculosis in 1960. Since 1962 he has been a trustee of Eastern Pennsylvania Psychiatric Institute.

The new Dean, Mrs. Kellow and their five children live in Wynnewood, Pennsylvania.

Well oriented to the Philadelphia scene of medical education, Dr. Kellow is a member of the Deans Advisory Committee of Philadelphia General Hospital and was Chairman from 1962 to 1964. He is a former Chairman and member of the Deans Advisory Committee of the Philadelphia Veterans Administration Hospital.

The challenge awaiting Dr. Kellow at Jefferson involves leading the College into its sesquicentennial year in 1974 with the completion of programs to further modernize the institution in all its facets. All indications are that the talents he brings to Jefferson will see her smoothly into the next stage of her development.
The American people today are more interested in medical affairs than ever before. Science writers for prominent newspapers and magazines are devoting more "copy" to describe common and interesting diseases, research and advances in medicine, announcements by scientists at medical meetings and other health related matters. Communications media are providing the public with descriptions of medical events and reports on medical progress at a time when the average man has achieved a level of education which enables him to understand, analyze and draw conclusions about health standards. Modern people, therefore, know what to expect when a serious illness occurs. They insist on the best care that modern medicine can provide, and if this is not provided because a physician is not available, equipment or hospital facilities are not at hand, or the cost of such care is out of reach, people become frustrated and demand changes in the system for the delivery of health care.

This is the mood of America today. Lack of adequate numbers of health personnel and the unprecedented high cost of medical services have caused the people to feel that they are being denied one of their most basic needs. Many years ago, John Milton Gregory, a president of one of the early land-grant colleges, said: "The people will not endure to be cheated of their hopes." And so there has arisen a loud public clamor to provide the great benefits of modern medicine to all the people.

Medical care is delivered most directly by the physician himself although the hospitals of a community, the diagnostic facilities, various medical organizations and other elements of the health care system play an obvious and crucial role. Yet in the public mind it is the physician who stands at the hub of such affairs, and so he comes under public scrutiny first of all. People would prefer to relate to a single physician and have him be an expert in whatever illness they might develop. Yet when they think about it, they quickly realize that this is impossible and so more and more patients expect to be referred to a medical specialist at one time or other.

There stands behind the physician a whole health team ranging from medical scientists and educators to nurses and technical personnel, from medical social workers and occupational therapists to the administrators of our hospital and medical establishments. The public is beginning to sense the magnitude of our health care system and there is more recognition that the medical schools and their teaching medical centers have a fundamental influence on the delivery of health care as well as on its advancement through research in medical science and technology.

Public concern in these matters has led in recent years to the creation of a number of commissions to study the deep problems of the American health system. At the present time there are four important reports before various professional bodies regarding the health needs of society. The first of these is from a committee of the Association of American Medical Colleges which was headed by Lowell T. Coggeshall, Vice President of the University of Chicago. This report is entitled "Planning for Medical Progress Through Education" and it gives much at-
attention to the organization of the teaching medical center and of the Association itself in order to carry out the functions of medical education and research more effectively. Two of these reports dwell at length on the delivery of health care by the physician. "Meeting the Challenge of Family Practice" is the publication of an ad hoc committee of the Council on Medical Education of the American Medical Association which was chaired by William R. Willard, Vice President of the University of Kentucky Medical Center. This describes the educational needs of the modern family physician together with the role he should play in the modern health program. The second commission under the chairmanship of the President of Western Reserve University, John S. Millis, has made some very straightforward recommendations regarding the internship and the need to provide a primary physician to act as the first contact at the time of illness in a report entitled "The Graduate Education of Physicians." One of the most comprehensive reports on the delivery of health care at a community level has been published recently as the work of a Public Health Commission under the chairmanship of the former Secretary of the Department of Health, Education and Welfare, Marion B. Folsom. Under the title "Health is a Community Affair" this publication goes extensively into matters pertaining to community medicine.

The work of these four commissions confirms that this is a time of unprecedented inquiry into the field of health. While no one can predict how medicine is going to be practiced 25 years from now, it is clearly evident that vast changes are imminent and that the medical schools and their teaching hospitals must become involved in the task of solving the weighty problems which face our country in the health field. This is no time for our medical school faculties to remain aloof from the activities of organized medicine, various government agencies and other public bodies which are trying to determine how our splendid health resources can be integrated for better health care without curtailing their further progress.

As they become more involved in these matters, however, the medical schools must keep in mind that their primary purpose still is education and research. They must not become concerned in the delivery of medical care beyond the needs of their fundamental programs. The medical schools will be overwhelmed if they try to assume responsibility for the care of a large segment of people. On the other hand, the teaching medical centers can expand their functions in continuing education for the practicing physician, in studying the problems of medical care, in developing demonstration models in community medicine which can serve as research units for experimentation in new approaches to medical care for an entire population. Medical students and resident physicians can be given experience in such demonstration models wherein they can learn about the problems of comprehensive health care. Medical school hospitals can develop models for new forms of inpatient care such as cancer units, coronary monitoring wards, renal dialysis agencies, etc. Faculties of medical schools should serve on various study commissions, and the resources of the medical school center should be available to organized medicine so that the profession can play a leading role in guiding the destiny of the future of health affairs.
The Jefferson Medical College is one of the oldest teaching medical centers in America and it is especially important that it participate very actively in assisting the American Medical Association, various government agencies and other medical organizations to think through the problems which this great crisis in the delivery of medical care is presenting. Our faculty is very aware of the problems of the practicing physician. If these problems are not paramount in the minds of those who are proposing new plans, then a system of medical care may evolve which will discourage our best young people from choosing a future career in medicine. This is the greatest danger which we face during these changing medical times for if we lose our attractiveness for the best young minds, there will be a tragic decline in the tremendous progress which the medical profession has been making in recent decades.

Other dangers also lurk around us. Private higher education represents a much smaller segment of total higher education than it did just a decade ago. Government sponsored colleges and universities have sprung up in large numbers, while private colleges have dwindled. Clark Kerr made a pertinent observation recently while speaking to the Education Writers Seminar. He suggested that this heavy influence of government on higher education is a threat not only to our private system, but even more to the state universities themselves. For it is the private universities which have established the precedents which have enabled the state institutions to maintain equally high levels of academic independence.

Jefferson is the largest private medical college in the United States. As much as any medical institution, the tradition and influence of Jefferson symbolize the freedom of medicine which has been the cornerstone of all of our accomplishment. Our private medical schools have got to join the rest of the profession in the struggle against the elements of our society which are so threatening to the independence of medicine. We cannot ignore these dangerous influences any more than we can remain aloof to the calls of the public for a better organized system of patient care, and our willingness to respond to the latter need not lead to the success of the former.

The great challenge to medical leaders today is the need to weld together the important segments of the profession—the practicing physician, the medical educator, the medical scientist and the influences of the medical administrator. Accomplishment of such coordination will provide the means to meet the pressing demands of society. Greater knowledge has brought our profession to heights we never dreamed of, but it has so specialized us that now we are threatened with fractionation beyond our ability to function in the best interest of our patient. Good leadership on the part of our medical schools and professional societies can restore cohesion and put the profession back in charge of its own destiny.

Let me take this occasion to say that I look forward to meeting the members of the Jefferson Alumni and to devoting the next segment of my life to working with you and with the officers and faculty of Jefferson to the further greatness of this esteemed medical college and of our beloved profession.
Sons and daughters of Jefferson Alumni may soon be sharing the academic traditions and educational foundations of their physician fathers on a much wider scale than ever considered possible a few short years ago. Educated in humanities and trained in life sciences at Jefferson, they will be prepared to fill their place in the world of medical work as members of the helping health professions and occupations. They will be equipped to lessen the burden, spare the tedium and extend the hand of care of the physician in fulfilling a far wider range of patient needs than can currently be reached.

As planning for the new School of Allied Health Sciences proceeds at Jefferson, the reality of such visions and hopes as these should become manifest. The need for an academic program in allied medical fields was first formally defined in a now historic meeting of the Executive Faculty held at Hershey, Pennsylvania, in April 1964. A special task force was commissioned to enter into discussion, evolve plans, develop regulations, and establish a working program in the area of paramedical studies. In October 1965 authorization was given for continued study and implementation of paramedical programs directed toward the granting of baccalaureate degrees. Further study was done. By April of 1966 under the chairmanship of the then Professor Peter A. Herbut recommendations were prepared which outlined the health manpower needs, the goals to be reached, the organization to be developed, a core and special curricula, a prototype curriculum for basic pre-professional preparation and preliminary proposals for faculty, facilities, and finance. These recommendations subsequently were approved by the Executive Faculty and the Board of Trustees and the School of Allied Health Sciences was born. It now must undergo further planning and development leading to growth.

The School of Allied Health Sciences provides an academic structure in which the faculty is enabled to offer curricula leading to student achievement at the certificate, associate degree, baccalaureate degree and graduate degree levels in the medically related professions and occupations. This is the first provision for undergraduate college education at Jefferson under its charter of 1838 granting full university rights and privileges. The new school is organizationally parallel to the medical school with a separate Dean and Administration directly responsible to the President under the Board of Trustees. In January 1967 the Board of Trustees appointed the first Dean of the new school. Upon the Dean rests the immediate responsibility for overall planning and definitive implementation of a successful academic program.

The general design of studies will include a division for health professions and a division for health occupations and will allow for free transfer of students from one curriculum track to another based upon demonstrated academic ability. The admission of students, regulation of studies and the granting of degrees are subject to the rules and procedures developed by the faculty and approved by the Board of Trustees. The faculty shall be selected wherever possible from appropriate departments of the Medical College and will be shared as scheduling and interest of the faculty member allows. Relevant basic courses conducted by a department of the Medical College may be offered within the curriculum of the School of Allied Health Sciences when accommodation can be made. Similarly, courses and faculty of the new school in areas of the humanities, social sciences and physical sciences will supply an enriching resource for the academic community of the entire institution.

In addition to the curriculum in medicine, training for related medical fields has been part of the Jefferson tradition for many years. These training programs arose in response to the phy-
sician's requirement for patient-side assistance and have evolved as training courses provided while rendering service within departments of the hospital. These existing programs shall form the nucleus regulating and promoting growth of the professional and subprofessional units of the new school. Established courses of study exist in the areas of nursing, medical laboratory technology and x-ray technology. Nascent fields of study exist as clinical practice affiliations or specific competence for academic development in areas of anesthesiology, inhalation therapy, surgical technology, physical therapy, occupational therapy, speech therapy, pharmacy, dietetics, medical records, hospital administration and supervision, medical social work, biomedical technology and a host of other areas.

Various programs and various aspects of individual programs are at different stages of development. There are characteristics sufficiently prevalent among programs of each kind to allow departure points for implementation of a comprehensive school. Continuing improvements can be introduced so that individual programs and the educational system of the school as a whole may better serve the needs of the students, the profession or occupation, and of the people dependent on its services.

These existent and nascent fields of study shall be academically enriched with faculty, course content, learning experience, facilities and finances to meet educational and professional accreditation standards and form a last two years of technologically specialized, upper division, professional preparation for each special field. This upper division shall be articulated with a lower division for the first two years of general studies in humanities and life sciences. The departments to be developed for providing this broad educational base may eventually form the basis for growth of a separate college of liberal arts and sciences at Jefferson. The lower division shall provide a basic core of course offerings available to each student registrant immediately out of high school to permit accomplishment of pre-professional requirements prior to entry into and progress to the upper division. Entry into the upper division professional programs could be directly from the lower division or by transfer from acceptable open-end Junior College curricula and other colleges and universities with which the Jefferson program might be articulated under a statewide system of higher education. The 1967 Master Plan for Higher Education in Pennsylvania has already indicated the need and appropriateness of this kind of articulation of educational programs.

Unique Opportunities

Entry into the School of Allied Health Sciences at the high school graduate level offers many opportunities to the individual student. It also benefits the total system of supply and demand for health manpower. It has implications and ramifications for the entire supply system, from recruitment and training through utilization and retention. Recruitment and career counseling for a School of Allied Health Sciences can be conducted in the high school and concentrated on the undifferentiated health fields. Recruitment would display the manifold health career choices but not require specific selection by the student at this stage. It is in the early stage of career selection that disappointment by rejection or dissatisfaction by misperception of a specific career might ordinarily lose the potential candidate for any contribution to the overall health manpower pool.

Motivational factors at this point in health career selection are most often generalized and center about a desire to lend oneself to an idealized humanitarian and scientific endeavor. These motivational factors should be encouraged and directed so as to permit maximum development and to retain the individual for service within the health fields. With a much broader base of individuals who are motivated toward health careers, a better mix of aptitudes, skills and values may be introduced into the raw material of the educational process and contribute appreciably toward a better finished product and increased numbers of by-products.

Selection by demonstrated capability and individual motivation cultivated and informed in the medical milieu after a year or more in general studies at the School of Allied Health Sciences could lead to better specific health career choices and less loss to the health professions and occupations in general. A communicative and cooperative spirit engendered among undifferentiated health team members early in the learning process might prevent later interdisciplinary conflict and favor understanding and respect for the contribution to be made by each health discipline.
The structure of the new curriculum will allow maximum exposure of the student to his field of concentration. Here a group of prospective students observes work of a physical therapist.

Through the basic core and multiple-track specialized curricula leading to several career opportunities within one school, the student would gain upward mobility and lateral mobility in personal career development. A student entering the school believing that talents, time and personal finances permitted aspiration to only technical level achievement might be found to have superior intellectual and emotional resources and so be counseled, guided and funded toward higher steps of the professional career ladder. A student with too high aspiration and limited ability might similarly be guided to the appropriate level of accomplishment where contribution could be made, thereby avoiding loss of the individual to the total health effort. A nurse might be guided toward a professional life as a physician, or a nurse educator, by extension and amplification of academic preparation in the appropriate track of the curriculum. An x-ray technologist may go on to graduate studies in radiation biology and contribute to basic research as career interests change and develop. A practical nurse may contribute needed patient care services while pursuing part-time courses leading to professional level competence without incurring loss of income. An inhalation therapist might periodically interrupt advancement studies during a quarter of an academic year and temporarily enter the stand-by reserve manpower for patient care in the hospital. The central supply technician may require re-entry into a limited retraining course to replace skills made obsolete by automated processes.

Mobility and adaptability inherent in the design of the School of Allied Health Sciences is of increasing importance for education in the health professions and occupations. It has become increasingly evident that technologic developments in medicine will continuously modify the kinds and number of health personnel required. In addition to innovations originating in medical research and clinical practice, many new types of automated equipment and techniques are being borrowed from business and industry and adapted for medical use, with resultant consequences in education. To cite examples, emphasis on early detection of disease by screening of large populations is expected to increase the demand for diagnostic clinical and radiologic procedures but the burden of this increased demand will be partially offset by use of automated equipment.

The net effect is expected to be an overall increase in requirements for laboratory and x-ray technologists. More significantly, however, the spread of technical skills required to use and maintain equipment will widen. At one extreme of the scale, highly educated and trained per-

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Even before he assumed his role as Dean of the newly-founded School of Allied Health Sciences, Dr. John W. Goldschmidt had made his mark at Jefferson. Dr. Goldschmidt's career here as student, faculty member, administrator and clinician has been an eminent one. As a senior at Jefferson in 1954, he received both the Solomon Solis-Cohen Memorial Prize in clinical medicine and the S. MacCuen Smith Memorial Prize in otology. He has been a faculty member since 1959. In 1961 he was recipient of a Lindback Foundation Award for Distinguished Teaching. Dr. Goldschmidt's role in organizing and, presently, directing Jefferson's Rehabilitation Center is perhaps his most notable achievement. Regarded as a national authority on rehabilitation medicine, he became Director of the Center in 1959 and has developed it into one of the outstanding physical medicine facilities in the country.

The new Allied Health Sciences Dean is an alumnus of Saint Joseph's Preparatory School where he was a scholarship winner and honor student. While serving as a medical corpsman during World War II, he qualified as a pharmacy technician, laboratory technician, and surgical technician before becoming sergeant-major of the medical corps aboard a troop transport and hospital ship. After graduation from Villanova University and Jefferson Medical College, Dr. Goldschmidt interned at Fitzgerald Mercy Hospital. He has served as resident physician in internal medicine at Jefferson Hospital and Lankenau Hospital. He trained in his specialty field of physical medicine and rehabilitation at the University of Pennsylvania Hospital, where he was a National Foundation Fellow from 1957 to 1959. He has held faculty appointments at both the University of Pennsylvania Graduate School of Medicine and its School of Allied Medical Professions.

Dr. Goldschmidt is certified by the American Board of Physical Medicine and Rehabilitation. A member of twenty scientific, professional and educational societies, he has served as an officer, committee chairman and task force member in many. He is a past President of the Philadelphia Society of Physical Medicine and Rehabilitation. Dr. Goldschmidt is Vice Chairman of the Coordinating Committee on Nationwide Stroke Program of the American Heart Association and member of the Expert Medical Committee of the American Rehabilitation Foundation.
sonnel will be needed to interpret and handle the increased complexity of instrumentation. Moderately complex functions will be automated, routinized or eliminated, thereby reducing need for personnel with median level skills. The need for the less skilled is expected to increase but the grouping of functions they are required to carry out will be constantly varying and require frequent retraining for different functions. Demands for the unskilled and untrained will be minimal. The labor-saving effects of pre-packaged and disposable supply units will reduce unskilled labor requirements.

Advances in the functional design of hospitals which replace obsolete buildings will permit savings of unnecessary steps and labor. Acceptance of the concept of progressive patient care will not only better the quality of care but will improve efficiency in the use of scarce health manpower. The use of technicians and technical aids who can relieve professionals of some of their less complex functions will raise productivity of the professional. However, this will be offset by new demands requiring specialized knowledge and judgment. The professional nurse relieved by the technical nurse’s aid in bedside care will be burdened by the need to master the intricacies of monitoring equipment. Many innovations will not only create new kinds of jobs but will also broaden existing jobs by requiring that they incorporate new duties calling for more technical information and enhanced supervisory ability. These are only some examples of the changing patterns for delivery of medical care that will have a bearing on the many unknowns and variables in manpower requirements and the training required to produce that manpower.

In a Rich Tradition

Education for the future in the allied health professions and occupations stands on swiftly shifting sands. Clarity of vision and adroitness will be necessary to maintain a firm footing while taking the next sure step. It is not likely that the rate of technologic change will be so rapid as to immediately affect the traditional health professions and occupations in any conspicuous way. Until the 1970's emphasis will be placed on expanding the supply of persons qual-
ified for existing health jobs in order to fill deficits of numbers. The greatest present handi-
cap in accomplishment of this task is the failure in the past to develop teachers of the allied health professions from among their own ranks. Steps to correct this must be taken immediately. Beyond 1970 modifications in types of health workers and curricula for replication must be anticipated to proceed apace with technologic change.

The first students of the school of Allied Health Sciences will still be engaged in the world of medical work during the early decades of the next century. They will know little of the changes and bewilderment that face us in the nineteen-sixties. They will know little of the beliefs and ideas that those associated with the school's foundation shall try to project into that world. They will weigh the value of the school solely by the extent to which it meets the needs of their time, in their world. The social scene is changing so rapidly that a new school which imitatively traces the conventional will be outmoded before it gets underway. The School of Allied Health Sciences which we propose is not conventional. It has built into its initial plan that flexibility and responsiveness which will allow for redirection and renewal. At the same time, commitment to the lasting values and proven paths of the Jefferson tradition will lend that stability which is essential for endurance.

This school has its origin only at the point of commitment of those Jeffersonians who will lend their efforts to build it. A Jeffersonian philosophy must guide it.

Senator Lister Hill, the son of a Jefferson alumnus, stated at the Jefferson Commencement Exercise of 1966:

"Mr. Thomas Jefferson, whose illustrious name your school so proudly bears, was in the sunset of his life when you opened your doors to a handful of medical students in 1824. In your remarkable growth and development over the past 142 years, you have paid heed to Jefferson's admonition that 'as new discoveries are made . . . institutions must advance also and keep pace with the times.'"

And this is part of our philosophy for the new school.

Thomas Jefferson further advises that,

"There is a natural aristocracy among men. The grounds of this are virtue and talent . . . By that part of our plan which prescribes the selection of the youths of genius . . . we hope to avail the state of those talents which nature has sown . . . but which perish without use, if not sought for and cultivated."

And this is part of our philosophy for the new school.

It is our belief that education for the allied health professions and occupations should be carried out where there is a tradition, an experience, an ethic and a rich and varied intellectual and clinical resources that lends itself to mastery of the arts and sciences of the health fields. A medical center such as Jefferson has a heart and spirit vested proudly in medical competence. It provides all of the intellectual partners required to develop the concepts, methods and environment of a broad educational program for the health professions. These tenets provide a basis for development of further philosophic foundations. From the quality of present and future faculty will derive the excellence and distinctive character of the new school and their philosophy shall guide it.

**Purposes**

The primary purpose of the School of Allied Health Sciences at Jefferson is to give the same kind of leadership to the emerging medically related professions that Jefferson has shown the nation in providing it with physicians of high excellence. There is potential danger in unguided growth of medically related workers in the health service industry. Such workers must be guided in the relatedness and relevance of their sphere of activities for the central purpose of their existence—the welfare of the patient. Overlap and gap in provision of service must be avoided. Fields of knowledge, understanding and competence should not be unnecessarily duplicated or allowed to develop in conflict. Individual aspirations for role and status should not be the sole determinant of the eventual structure of the health service field.

The system of provision of health service should be designed as a process to be carried out with functions established, roles clearly seen and status emergent commensurately but only secondarily. There is no desire to still the legitimate aims of professionalism among such workers, but it is our conviction at Jefferson that professionals should be trained by professionals in a professional setting. Current attempts to train the helping health professional and worker exclusively outside of the medical
setting will not provide the quality of personnel required to help the physician help the patient. Attendance at lectures delivered in the halls of technical schools where neither teacher nor student relate to doctor or patient is not sufficient preparation for the close human contact of patient-centered care. Nor does a brief excursion into the medical setting on a cursory clinical affiliation give sufficient understanding, experience or judgment to the prospective medical worker.

In pursuing its purpose of high excellence for the helping health professions, the School of Allied Health Sciences recognizes and will foster different levels of educational preparation within each career choice. Flexibility in course of study will be maintained so as to respond to the evolving patterns within the various health service fields. Despite great variation in stage of development, current aspiration and future requirements, a common pattern can be found among all of the groups—a striving for a professional level of recognized competence. As the need is demonstrated and time passes, it is likely that many of the health team groups will have within their ranks each of four levels of qualification ranging upward from the task-trained service worker to the professional, broadly educated, teacher and investigator. The education of qualified leaders and teachers in each field is essential to ensure an adequately replenishing supply of health service workers. Each health career choice will afford to the individual a potential for expression of different interests, aptitudes, purposes and educational preferences. The educational program will provide proportionate foundations of knowledge and skill for each level of achievement within the career choice. Elements within the curricula will be offered beyond the high school base over a range that extends from that adapted to short in-service training of auxiliary personnel to that appropriate for graduate professional education leading within the Jefferson complex to a doctoral degree. Some characteristics of these levels of achievement are worth noting.

Levels of Preparation

1. The professional level encompasses a broad responsibility for application of theory, planning, decision-making, supervision and teaching in a wide variety of practice situations. The minimum educational requirement is the baccalaureate degree and advanced degrees are indicated in some areas of study for effectiveness in contributing to the advance of knowledge. Learning takes place within the university environment. Status and salary values are relatively high but the numbers of individuals of this level of preparation will be comparatively low. The period of time required and the depth of preparation assures a strong commitment to the field for life and considerable dedication to ethical principles of professional conduct. This is the professional practice, leadership and educator level.

2. The technical level requires comprehension of scientific information and principle with emphasis on skill in application. The minimum educational requirement is the associate degree given after two years in a course following high school. Habits of continuous study and learning must be established during initial training. Continuing education is essential for continued technical competence. Status and salary are fixed at levels lower than for the professional, but due recognition of the valued role in rendering of health service is given. This is the future strength of the health manpower pool. It will be the largest group in number and provide the bulk of health service. It will supply the technical assistance for professional practice and function under direct professional supervision. Education and training will take place primarily in the Junior College; University environments will be used especially for development of advances in technical training. The training needs engendered by this large group will present great problems in developing suitable clinical practice affiliations within health facilities. Clinical affiliation demands may overrun the orderly conduct of community hospital service programs. Due consideration must be given in advance to this burgeoning problem area. The time devoted to training and the personal investment in educational preparation will tend to insure against ease of loss from the manpower pool. Return to work after interruptions occasioned by the life situation of the individual would more readily be accomplished with only refresher courses when built upon a solid technical training base. Commitment to principles of ethical conduct will be reasonably assured. The relatively lower costs of training and service remuneration will lend economic feasibility to future systems of delivery of health care. The developing capacity of community colleges will make possible the creation of this sizeable force of health workers needed in the future of medicine.
3. The *vocational level* entails a grasp of general survey orientation to the information and practices of medical care but emphasizes the carrying out of delegated tasks in support of the professional and technical health worker. These are the auxiliary health workers such as practical nurses, laboratory aids, physical therapy aids and others who function as aids in hospital, nursing home and home care. Training is provided in short, usually one year, preservice programs after high school in vocational education courses such as can be given in conjunction with some hospital programs and community adult education systems. A certificate or diploma marks this level of achieved competence. Some assured stability in health employment is gained by the one year training requirement.

4. The *occupational level* contains the service worker trained in brief courses, usually of several weeks duration, consisting of preservice indoctrination and inservice supervised experience in the health care facility. Unskilled work supportive to direct patient service is carried out within a variety of health environments.
Little commitment to continued employment in the health occupations can be assured. Frequent supervision and retraining are necessary. It is to be expected that an increasing unionization of such workers will take place. Regulation of salaries, conditions of work, and job performance will be exacted by external control in contrast to the internal regulation by adherence to developed ethical standards of conduct of the other groups.

Though a wide range of training requirements is encompassed by these four levels of proficiency, the open ended, upward mobility, lateral transfer potential afforded to each individual makes worthwhile the design of the School of Allied Health Sciences. Since it is integrated within the facilities of our medical center and extended through regional medical affiliations, it will offer the wide range of learning experiences essential to development of proficiency at each level. Student progress through such a structure of academic and training experience will require close guidance, frequent re-evaluation, and continued counseling. The School of Allied Health Sciences provides a pattern which proposes to take each student from the place he stands on entering as far as patient and intensified teaching and learning can develop his or her capabilities. Such variables as motivation, drive, integrity, a balanced temperament, and purpose frequently intermix with intellectual endowment in unpredictable proportions. Many students when given the encouragement, opportunity, and guidance can realize their potential and prove their worth at higher levels of academic achievement than superficially considered possible at entrance testing. Education is not only a process of learning but can be a process of selection and direction when carried out in a unified health career curriculum. Jefferson seeks to provide a balanced environment in which the student in the health professions and occupations can grow and change in preparation for the years of health service ahead. The faculty will share equal responsibility with each student for success in mastering course work at the highest level of achievement possible within his career choice. A faculty system which will include professorial, preceptorial, and tutorial functions will implement this objective.

A further responsibility recognized for the school is to broaden the student's understanding of human behavior by studying it in the context of the historic, social, cultural, and economic forces which shape it. Thus the humanities will form a firm centrum for the core curriculum in each health career at each level of projected achievement. For the baccalaureate candidate the first two years in the lower division will stress these studies as well as prepare in depth the foundations on which to build upper division and graduate studies in a selected discipline. For the associate degree candidate, the first year will be similarly structured. Orientation courses and survey studies will be offered in the shorter terminal curricula but will in each instance provide a strong humanistic approach as well as basic foundation courses carrying credits applicable to higher education at a later date.

University Concept

Present planning for the School of Allied Health Sciences is centered on expansion and enrichment of the faculty, curriculum, facilities, and finances of the upper division programs now on-going and projected within existing professional departments of the medical center. Throughout the entire academic year 1967-68 continued planning and development of budget, administrative staff, faculty, curriculum, physical facilities, organization, procedures, descriptive literature, catalogues, promotional releases, and recruitment will be underway. A proposal for a building project in the approximate amount of five million dollars has been submitted to the General State Authority. Planning and phased operation will be carried out simultaneously. Vocational and occupational courses will be continued as at present and built anew.

By September 1968 it is anticipated that it will be possible to admit to upper division, baccalaureate, professional levels, transfer students who have received preliminary education of acceptable quality in community college academic transfer curricula or in other colleges or universities.

By September 1970 it should be possible to admit students graduated from high school directly into the lower division, whereupon they could go on to either associate or baccalaureate degrees in the health professions from start to finish at Jefferson. Jefferson would thereby be enabled to open the decade of the 70's with a university of medically related health sciences, arts, and professions.
With the ground breaking ceremonies for the $4.7 million Louis B. and Ida K. Orlowitz Residence Hall on May 12, Jefferson tangibly entered another phase of its development. This venture will mark the first time that the institution has undertaken the obligation of building housing for students and house staff. It also will be the first of a number of structures on new campus made available through the mechanism of urban redevelopment. The new construction will be made possible through a long term loan under the College Housing Program of the Federal Department of Housing and Urban Development. This assistance is, in effect, a low interest 84% mortgage on the building, tied to a schedule of rents which will allow repayment in 50 years. This loan, of course, greatly reduced the amount of money the college has had to contribute; of the latter, the bulk has been provided by Mr. and Mrs. Orlowitz. Unfortunately, the total cost of the structure is thus determined by what student tenants can be expected to pay; also, the design must be agreeable to the agency granting the loan. These two stipulations can and, in this case, did limit the result.

The 20 floor, 239 apartment reinforced concrete and brick building was designed by the architectural firm of Eshbach, Pullinger, Stevens and Bruder, which was awarded the commission on the basis of an informal limited competition. John F. Glass was partner in charge and Walter Hackler was project architect. The final design is less impressive than the original rather advanced concept for which both the architect and the college had worked. This original design ran into unexpected opposition from the federal agency involved. The reworking still represents a more than credible effort, however, and will provide many design amenities within the limitations of budget and use of a more conventional scheme. The building, tallest in the Jefferson complex, will be fully air conditioned and will have conference, recreational and laundry facilities.

The architects had originally developed a design built around a skip-stop arrangement. This would have allowed for increased apartment space within a building of the same bulk by limiting corridors to every third floor. The plan would have provided somewhat more freedom in apartment layout, including two floor complexes. As it will be built the residence will be a conventional apartment slab with apartments arranged on either side of a central corridor on each side. To allow for structural simplifications as well as better controlled and more aesthetic ground access, vertical circulation will be concentrated in two towers which will articulate with the ends of the slab. Three high speed automatic passenger elevators will be located at the Walnut Street end, with the service elevator, incinerator, and other service facilities placed in the southern tower.
THE LOUIS B. AND IDA K. ORLOWITZ RESIDENCE HALL
THE JEFFERSON MEDICAL COLLEGE AND MEDICAL CENTER
ESHBACH PULLINGER STEVENS & BRUDER
PHILADELPHIA, PA.
ARCHITECTS AND ENGINEERS
The exterior will expose the egg crate concrete structure of the main section with the contrasting end towers rising as somewhat irregular monolithic masses of brick. The windows, which will be of light brown tinted glass, will be set in bronze anodized aluminum frames. They will extend almost to the floor to provide maximum light within the college coordinating architect’s request that the facade be strictly regular in appearance. The wall panels, between the windows and the exposed concrete, will be of orange brick. The size of the brick will be somewhat larger than that of existing buildings at Jefferson. This jumbo brick will provide a subtle surface variation and appear in keeping with the large size of the building. Most important, its use will allow economies in labor. The exposed concrete will be painted a light beige to blend with the mortar. The upper section will be so designed that the air conditioning tower and similar paraphernalia of the building will be hidden, a stipulation imposed by both the Redevelopment Authority and good taste.

Unlike the several recent Jefferson structures by Vincent Kling (the Foerderer Pavilion and Jefferson Hall), Orlovitz will not attempt to “float” but appears to simply sit upon the ground as comfortably as might a structure of its bulk. Because of the variegated configuration of the corner tower, the space defined at Tenth and Walnut Streets will be irregular and interesting if not spacious. The Tenth Street side will be developed with plantings behind a low wall and iron fence designed to protect the first floor apartments. The western side, which will eventually face developed campus, will become a major focus, not only of the building but also of Jefferson activity in general. A flagstone terrace with planters and benches will occupy the Walnut Street end, several steps from the pavement. This will lead to the building entrance on the left and to a dramatic flight of stairs ahead, which will descend into a sunken court. This court will be landscaped and fitted out as both a place for sitting and recreational activity, and will provide direct access to a large meeting room and a coin operated laundry facility. These rooms will be accessible directly from the building basement also. Although designs for the plazas are not yet final, it is intended to make them both pleasant and useful and to integrate them with the latest of the changing concepts for campus development.

Adjoining the modest flagstone floored lobby will be mail facilities for tenants (the boxes will be big enough for journals and advertisements) and a desk which, if manned, will allow 24 hour control of access to the building. The door to the elevator lobby, and therefore to the apartments, will be opened either from the desk or by signal from an apartment.

Vending machines will be located in the basement adjacent to the laundry room. Laundry facilities include about 40 washers and dryers. The meeting room, 34 by 30 feet in size, will be

View of the building entrance on Walnut Street
designed to allow flexible use for meetings, dances, or other gatherings. A cloak room and small kitchen will open from it and it will, as noted, be accessible from the street. Tenant storage space and required service facilities will fill the remaining basement space.

The apartments themselves will be smaller than might be desired but will contain a few unexpected and useful features. According to the working drawings, the one bedroom units, of which 172 are planned, will consist of living room and bedroom, each about 10½ by 15 feet. A small bath, foyer and kitchen, as well as a walk-in 5 by 7 foot closet, completes this scheme. The two bedroom complexes will include a small entrance foyer and a fairly liberal sprinkling of closets including one for linen in the bathroom. The bedrooms will be somewhat smaller, but the kitchen will be larger and the living room the same size as in the one bedroom apartments. There will be 56 of these units.

The three bedroom plan calls for entrance through a 23 by 10 foot living room-dinette space. The bedrooms, which adjoin along a corridor, will be small, but the master bedroom will have a small dressing room and walk-in closet attached. There will be 11 three bedroom units. In both two and three bedroom plans additional walk-in storage will be placed adjoining the apartment hall.

Care will be taken to dampen sound as much as technically possible, and the ceilings will generally reach the maximum height possible (8 feet) through judicious placement of plumbing and ductwork. Carpeting will be provided in both apartments and halls, and original art work costing one per cent of the amount spent on the building will be commissioned for areas as yet undetermined. The art requirement is stipulated by the city for any structure built on redevelopment land. In order to conform with another city requirement, street parking will be provided for tenants. A temporary enclosed surface parking lot for 120 cars will be built on the Locust Street end of the block. This will eventually be replaced by an underground garage placed centrally in the block under the current general development scheme.

If the Orlowitz Residence Hall will not provide the spacious "old fashioned" rooms one might find in some of the old houses in the neighborhood, it will provide the student, resident or intern with many conveniences and high quality at a reasonable rent. If less than had been originally hoped for, it should still serve its purpose well and soon.
Perspective sketch of court, looking north.
Project Haiti

by Thomas C. Kravis, '68

Project Haiti was a natural sequel to the return of Larry Hofman and Dick Flanigan from this intriguing island last summer. Three months spent in the remote north of Haiti at a small hospital overflowing with the indigent sick had made an impression on these two Jefferson students. They brought home tales of shoeless people dressed in faded rags and staring hopefully at the passing traffic. The plethora of disease pushed these Haitians further into their depressed state. The only medical care for thousands of Haitians in this area was provided by two small clinics. The entire staff of these hospitals, which were sponsored by religious organizations, consisted of one doctor and a few nurses. Hofman and Flanigan gave ten weeks of voluntary service to one of the hospitals, the Clinique St. Jean in Limbe.

In Haiti these students experienced the primitive conditions reflected in the latest statistics of the Alliance for Progress. According to these figures, Haitians are increasing in number at the rate of 2.1% per year, and there are already 440 people to the square mile. This is the most densely populated country in the hemisphere. Only three jet plane hours from Philadelphia, the people here have the lowest per capita of dietary calories (1780), the lowest per capita gross national product ($73), the lowest literacy rate (10%) and the lowest percentage of children in school (6%). The inadequate health care results in the shortest life span in the Western Hemisphere—40 years!

Stories told by Hofman and Flanigan on their return to Jefferson moved even their most skeptical classmates. Students recognized the need to raise funds to send other workers to assist at Clinique St. Jean. Larry Hofman and this writer undertook the organization of a program whereby a medical student could serve the clinic during his ten week vacation. The long term aim of this effort was to staff the clinic year round by having volunteers rotate there during vacation blocks. Finding the student volunteers presented no problem, as several offered their services. The next step was to finance the round-trip air fare. When the Jefferson Chapter of the Student American Medical Association contributed the $200 fare for the first volunteer, Project Haiti was a reality. Although the project is independent of the College or any other organization, several Jefferson faculty members agreed to serve as advisors. They are Dr. M. H. F. Friedman, Professor of Physiology and Head of the Department, Dr. E. Harold Hinman, Professor of Preventive Medicine and Head of the Department, Dr. Gonzalo E. Aponte, Professor of Pathology and Head of the Department, Dr. Roy G. Holly, Professor of Obstetrics and Gynecology and Head of the Department, Dr. Kenneth Goodner, Professor of Microbiology and Head of the Department, Dr. Robert L. Brent, Professor of Pediatrics and Head of the Department, and Dr. Harry L. Smith, Associate Professor of Microbiology. Through Project Haiti medical care could be brought to the poor of Haiti and the medical student could take advantage of the rare opportunity to study the natural history of disease in the cross-cultural environment of a foreign land.

In January 1967, Joseph Giordano, '67, arrived at Clinique St. Jean for a ten week stay as the first working member of Project Haiti. The tidy hospital boasted 20 maternity and 40 pediatric beds and a daily outpatient census of about 60 patients. Each afternoon Giordano reported to the physician in the neighboring hospital for clinical instruction. An American with a background including six years of varied specialty training, this physician will provide similar instruction to future members of the project. Only a matter of minutes from Clinique St. Jean, he is accessible at all times.

Life at the clinic usually started at eight in the morning. Giordano lived in and often was awakened by the hacking sound of tuberculous coughs. Scores of people would be crammed into a small receiving room—lepers rubbing shoulders with an old farmer who had Weil's disease. In most patients their diseases were in the
A Haitian mud hut, home for a native family.

The waiting room of the Clinique St. Jean.

Larry Hofman with a patient.

Haitian children.
advanced stage. Many walked the entire night from distant villages to receive treatment. Some would move listlessly into the clinic with hemoglobin levels of 2 grams. Poor nutrition was evidenced by the large number of kwashiokor cases, many of which were fatal. Impetigo, traumata and rickets were as common as the common cold. The life span precluded geriatric problems.

During his stay at Limbe, Giordano set up a tuberculosis clinic. Twice each month known cases would come to the hospital, where their progress was checked. A system of permanent records was instituted and plans were made to set up a walking blood bank with the arrival of the next volunteer. This method of typing the blood of a number of individuals in the community who could be called to the hospital in an emergency would alleviate the problem of inability to store blood because of a lack of refrigeration facilities.

Unexpected competition came from the local witch doctors. Their drug of choice was penicillin—but their method was tying the empty bottle around the sick person to keep away the evil spirits! There were many sleepless nights as the sound of a night-long voodoo ceremony pierced the darkness.

On his return to Philadelphia, Giordano evoked much enthusiasm from his colleagues. More students agreed to follow his footsteps as soon as they could obtain financial support. Giordano himself vowed to return someday to carry on the work with these unfortunate people. Three students plan to staff the clinic this summer, and the Student Council will donate the air fare for one of these volunteers. The members of Project Haiti are now raffling a portable television set to raise funds for the project.

This may be the first such program organized, administered and run by medical students, and is based on the finest traditions in American medicine. Sir William Osler told his students that, "Medicine has no, and will never know, international boundaries." Of all the presumed blessings this country may export, better health is perhaps the one best understood and most wanted. This practice of sending medical personnel abroad, of course, benefits the people of the country, who otherwise would go without this medical care, and is also of significant educational value to the student. Project Haiti supports the theory of those medical educators who hold that students must learn the significance of illness as it relates not only to the patient but also to the community. Only when a physician understands the natural history of disease and the need for continued care can he interpret to the patient and his family the full impact of the illness, and prescribe measures to check its progress.

In the United States it is almost impossible to observe the natural history of infectious disease, since most patients with acute febrile illnesses have been treated with some type of chemotherapy before admission to a hospital. In addition, widespread programs of immunization have been effective in communities of all sizes. Working in a primitive area, the student learns that it is possible to give medical care with relatively simple laboratory and treatment facilities. Thus he can appreciate how much more effectively he can practice with the full resources of a modern hospital.

For the student there is also an increased sensitivity to the cultural and social interactions of health problems, as well as the means to explore geographic and racial determinants of health and the exposure to environments which can stimulate fresh research. Here is an opportunity to see the devastating impact of what are considered mild and preventable diseases in this country when they operate in uncontrolled and inimical environments. With this broader understanding, a student can transfer his observations from a foreign environment to a domestic one. Even if the volunteer never travels abroad again, his attitude toward medicine and the level of his professional ability will have been permanently enhanced.
A Jefferson alumnus and former Clinical Professor of Surgery will assume the position of The Samuel D. Gross Professor of Surgery and Head of the Department at Jefferson. Dr. John Y. Templeton III, a member of the class of 1941, succeeds Dr. John H. Gibbon, Jr., '27, on his July 1 retirement. Dr. Templeton also becomes Attending Surgeon-in-Chief at Jefferson Hospital.

The new department head is the son of an alumnus, the late Dr. John Y. Templeton, Jr., class of 1913, and the brother of another alumnus, Dr. Thomas B. Templeton, class of 1955. But the Templeton name is well known at Jefferson for other reasons as well. A graduate of Davidson College, Dr. Templeton received his M.D. degree with honors from Jefferson. He remained for his internship and a four year residency in general and thoracic surgery from 1946 to 1950. From 1950 to 1951 he was an American Cancer Society Clinical Fellow here and a Damon Runyon Fellow the following year. His first faculty appointment came in 1952 when he was made Instructor in Surgery. Seven years and several promotions later he became Clinical Professor of Surgery. By this time he had developed a deep interest in open heart surgery and had collaborated with Dr. Gibbon on research in this field. He also has done considerable research in hypothermia. A prolific writer, Dr. Templeton is the author or co-author of sixty scientific articles.

For the past three years Dr. Templeton has been with the Pennsylvania Hospital as Director of the Division of Surgery and the University of Pennsylvania School of Medicine and Graduate School of Medicine as Professor of Surgery. As a Consultant he is on the staff of several Philadelphia area hospitals, among them the Henry R. Landis Hospital, Philadelphia Naval Hospital, and Chestnut Hill Hospital.

Dr. Templeton holds membership in forty medical and professional societies. These include the American Surgical Association, the American College of Surgeons, the International Society of Surgery, the World Medical Association and the International Cardiovascular Society.

With Dr. Templeton as co-agent for the class of 1941, the class members earned two awards in last year's Annual Giving Fund drive. He has been on the Executive Committee of the Alumni Association since 1954 and was Chairman of the Archives Committee in 1956.
The Jefferson Scene

The Markle Foundation has awarded Dr. Lawrence C. McHenry, Jr., Assistant Professor of Neurology, a $30,000 Markle Scholarship. The awards were granted to 25 faculty members of medical schools on the basis of their interest and achievement in academic medicine. Jefferson will receive Dr. McHenry's scholarship over a five-year period to be used toward his development as a member of the faculty.

Dr. McHenry has been at Jefferson since October 1964. At present he is also Director of the Stroke Research Center and Chief of Section, Neurology Service at Philadelphia General Hospital. Previously he taught at George Washington University School of Medicine. He has held fellowships in neurology at Harvard Medical School, Tufts University School of Medicine, and New England Center Hospital. His residency in neuropathology was at Boston City Hospital, where he was also a medical intern. The new Markle Scholar is a graduate of Pomona College and the University of Oklahoma School of Medicine. He attended the University of Munich, Germany, and during the summer of 1960 was a Visiting Fellow in the History of Medicine at Yale University Graduate School. One of his special interests is the medical history of the eighteenth century.

Dr. Allan J. Erslev, the Thomas Drake Martinez Cardeza Research Professor of Medicine and Director of the Cardeza Foundation, has been granted a Guggenheim Fellowship for study abroad. This year's awards, the 43rd series, numbered 294 and totaled $2,196,100. The scholars, scientists and artists selected receive the assistance for projects which they have proposed to the John Simon Guggenheim Memorial Foundation. Dr. Erslev will be working in the laboratory of Dr. Jens Bing, Director of the University Institute for Experimental Medicine, Copenhagen, Denmark, from August 1967 to January 1968.

Premedical and medical education for Dr. Erslev was at the University of Copenhagen. He has served on the faculties of Harvard Medical School and Yale University School of Medicine, and has been at Jefferson since 1959.

March was the month for two annual lectures at Jefferson: the Bernard J. Alpers Lecture in Clinical Neurology on March 2 and the J. Parsons Schaeffer Alpha Omega Alpha Lecture on March 8.

Dr. Maurice Victor delivered the Alpers Lecture on “Observations on the Amnesic Syndrome in Man and its Anatomical Basis.” Professor of Neurology at Western Reserve University Medical School and Chief, Neurology Service, at Cleveland Metropolitan General Hospital, Dr. Victor did postgraduate training under Dr. D. Denny-Brown at Boston University, Salt Lake City and Boston City Hospital. His professional interests have centered on the neurological effects of alcohol and disturbances of the nervous system due to malnutrition.

The J. Parsons Schaeffer Alpha Omega Alpha Lecture, entitled “Revascularization of the Entire Heart,” was delivered by Dr. Arthur Vineberg, Associate Professor of Surgery at McGill University Medical Center, Montreal. He illustrated his comments with slides and color movies for a standing room audience. A social evening followed Dr. Vineberg’s lecture. At a banquet at the Barclay Hotel eleven junior students and two faculty members, Dr. Thomas F. Nealon, Jr., Professor of Surgery, and Dr. Richard T. Cathcart, Associate Professor of Medicine, were inducted into membership in AOA. Charles Higgins of the senior class is President of the local chapter. Faculty Advisor for the group is Dr. John H. Hodges, the Ludwig A. Kind Professor of Medicine.

The annual lecture series was dedicated to Dr. J. Parsons Schaeffer, Professor of Anatomy, Emeritus, last year.

Continuing education

“Medical Complications of Pregnancy,” a Continuing Medical Education Seminar sponsored by Jefferson and Pennsylvania State University, was held in McClellan Hall on March 31 and April 1. The program was geared to place in perspective the influence of systemic diseases on the obstetric patient. The sessions featured dialogue between the obstetrician and the internist on their common interest in the preg-
nant patient with medical complications.

Fifteen Jefferson faculty members participated in the program. Guest speakers were Dr. Hugh Barber, Director of the Department of Obstetrics and Gynecology at Lenox Hill Hospital in New York, Dr. Richard Burt, Professor of Obstetrics and Gynecology at Bowman-Gray School of Medicine, and Dr. Roy Parker, Professor and Chairman, Department of Obstetrics and Gynecology, Duke University Medical School. Dr. John H. Killough, Associate Professor of Medicine and Assistant Dean for Continuing Education at Jefferson, organized the program. Dr. Alvin F. Goldfarb, Assistant Professor of Obstetrics and Gynecology at Jefferson, served as Program Chairman.

trustees in the news

R. George Rинфliffe has been named the recipient of the 1967 Edward Powell Award. The award is given every four years to a Philadelphian whose efforts in the manufacturing and commercial interests of the city have produced the best results for the City of Philadelphia. The late Edward Powell, President of the Powell Knitting Company, established this public award in 1941. Mayor James Tate presented Mr. Rинфliffe with a gold medallion and a $10,000 check at a luncheon on April 10. Mr. Rинфliffe is Chairman of the Executive Committee of Philadelphia Electric Company.

The Philadelphia Award, an honor that carries a medal and $10,000 with it, was given to Lessing J. Rosenwald on April 11. One of the city's highest awards, it is the gift of the late Edward W. Bok. Mr. Rosenwald's service to the fine arts as a collector and public benefactor earned him the citation. The Alverthorpe Gallery in Jenkintown, Pa., was established by Mr. Rosenwald to house his outstanding collection of prints and rare books for public display. He was also instrumental in developing the Print and Drawing Department of the Philadelphia Art Museum. The emeritus member of Jefferson's Board of Trustees is the 45th recipient of the annual award.

William W. Bodine, Jr., former President of Jefferson Medical College and Medical Center, has been elected a life member of the Board of Trustees. The Board now has twenty-one members.

William P. Davis, III, will direct the 1968 Torch Drive of the United Fund of Philadelphia. Mr. Davis has been active in the United

black and blue ball

March 18, and the scene was far from the medical round. In fact it was a record crowd at the annual Black and Blue Ball. Sponsored by Kappa Beta Phi Fraternity, the event drew 700 students, faculty members and guests to the Sheraton grand ballroom for an evening of festivity. The fraternity held its first Black and Blue Ball in 1933; since then it has been the highlight of the social calendar at Jefferson. Proceeds from the ball benefit the student aid fund established by the fraternity. A total of forty Jefferson students have received education loans from the fund. General Chairman for the occasion, and President of Kappa Beta Phi, was George H. Hughes, '67. Nelson Sirlin, '68, was Assistant Chairman.

At the Black and Blue Ball—a social evening for (clockwise from noon) Mrs. Nicholas R. Varano, Dr. Varano, Dr. and Mrs. Samuel S. Conly, Jr., Dr. and Mrs. William A. Rutter, Dr. and Mrs. Jay J. Jacoby, Mrs. Herbert A. Luscombe and Dr. Luscombe.
parents’ day

The day was designed to bring the outsiders inside: Parents’ Day, February 23, when the parents of sophomore students spent a day on the scene, sharpening their image of Jefferson Medical College. Guests of the Alumni Association, the College administration, and the faculty, the parents toured, lunched, and listened, catching what Dr. Gonzalo Aponte termed, “glimpses of what this thing, medical education, is all about. Barely enough, of course, but at least an experience to remember fondly, for your blood is here.” Spokesman for the faculty, Dr. Aponte gave some insights into the making of a physician at Jefferson. “Unlike many of the young gifted minds of today they (class of 1969) do not proclaim their native gifts with habitually countless words of protest but simply go about proving it by their action...as the pressures climbed, they never winced or cried aloud but readily went on to meet the greater demands with greater efforts. They have stood firmly, proud and completely devoted; a remarkable combination of talent and courage. Who said that there is little hope for today’s youth?”
President of the sophomore class, William J. Snape, Jr., left, with his father, Dr. Snape, '40, at luncheon in McClellan Hall. Dr. Snape was one of 12 alumni among the 96 fathers who attended. Thirty-five fathers were physicians.

Dr. William T. Lane, center, tours the College with his son, Thomas, and daughter, Linda, both sophomores.

From the well-known Jefferson window, sophomore James Cooper, left, points out the changing look of the campus to his father, Frederic P. Cooper.

 Speakers at the Parents' Day Luncheon were, from left, Dr. Vincent T. McDermott, '26, President of the Alumni Association, Dr. Samuel S. Conly, Jr., '44S, Dr. Gonzalo E. Aponte, '52, and Dr. Abraham E. Rakoff, '37, Chairman of the Parents' Day Committee.

One of ten senior student guides, Tony Chiurco, gives a group of fathers a brief itinerary before taking them on a tour of the College.

Final event in the day's schedule was a lecture by Dr. Franz X. Hausberger at the Daniel Baugh Institute of Anatomy.
DEAN'S OFFICE

DR. WILLIAM A. SODEMAN, Dean and Vice President for Medical Affairs, spoke at the Congress on Medical Education in Chicago on “The Effect of Licensure Regulations on Experimentation in Medical Education” during February. At the meeting of the American College of Cardiology in Washington, D.C., February 15 to 18, he was appointed Chairman of the Long Range Planning Committee.

ANESTHESIOLOGY

DR. JAY J. JACOBY, Professor of Anesthesiology and Head of the Department, addressed the Maryland-D.C. Society of Anesthesiologists at Walter Reed Army Medical Center on February 2. His topic was “Excessive Concern about Carbon Dioxide.” Dr. Jacoby was Visiting Professor at Georgetown University School of Medicine on February 1, 2, and 3.

MEDICINE

DR. ROBERT J. WISE, The Magee Professor of Medicine and Head of the Department, was a delegate of the American Medical Association to the Third National Conference for Professional Nurses and Physicians in Coronado, California, February 23-25. Dr. Wise lectured on “The Rational Selection of Antibiotics in Clinical Practice” at the Infectious Disease Conference of the Albert Einstein Medical Center in Philadelphia on March 22.

DR. C. WILMER WIRTS, Professor of Clinical Medicine, spoke on “Liver Biopsies” at the Conemaugh Valley Hospital in Johnstown, Pennsylvania, on March 23. He participated in a one day postgraduate course at the Harper Hospital in Detroit, Michigan, on February 22, discussing “Sequela of Gastric Surgery.” At the Postgraduate Institute at the Philadelphia County Medical Society, held on April 11, he presented the subject of “The Management of Gastrointestinal Bleeding.”

A paper entitled “Acute Hemolytic Anemia Complicating Viral Hepatitis in Patients with Glucose-6-Phosphate Dehydrogenase Deficiency” was presented before the Annual Meeting of the American Gastroenterological Association in Chicago. Co-authors were Dr. C. Wilmer Wirts, Dr. Franz Goldstein, Associate Professor of Medicine, and Dr. Farid I. Haurani, Assistant Professor of Medicine.

DR. FRANZ GOLDFSTEIN participated in two postgraduate courses sponsored by the American College of Physicians and discussed “The Role of the Small-Intestinal Bacterial Flora in Malabsorption.” He recently gave a seminar at Rockefeller University, New York, on “Anaerobic Bacterial Flora of the Human Small Intestine.” This work had been done with Dr. C. Wilmer Wirts and Dr. Robert Mandle, Professor of Microbiology.

DR. JAMES E. CLARK, Assistant Professor of Medicine, discussed “Dialysis in the Management of Renal Failure” at the United States Naval Medical School in Bethesda, Maryland, on January 18.

DR. JOHN P. CAPELLI, NIH Fellow in Medicine, was one of the representatives from New Jersey at the 1967 Air National Guard Commander’s Call held in San Francisco, March 14-17. He participated in a seminar on aerospace medicine.

OBSTETRICS AND GYNECOLOGY

DR. JOHN D. CORBIT, JR., new Professor of Obstetrics and Gynecology at Jefferson and Chief of the Division of Obstetrics and Gynecology at Lankenau Hospital, will direct Jefferson’s teaching program in that field at Lankenau. Obstetrics and Gynecology was the first additional program established under the recent affiliation agreement between Jefferson and Lankenau Hospital.

DR. GEORGE A. HAHN, Professor of Obstetrics and Gynecology, has been elected a Director of the Philadelphia County Medical Society and was appointed to serve on the Cancer Control Committee, the Publication Committee and the
Sub-committee on Health Education. He is also Secretary of the College of Physicians of Philadelphia.

DR. WARREN R. LANG, Professor of Obstetrics and Gynecology, received an Award of Merit for voluntary service in Vietnam from the Philadelphia County Medical Society on April 4. Dr. Lang participated in the American College of Surgeons meeting in New York on March 1-2. He recently spoke at Portsmouth Naval Hospital, Portsmouth, Virginia, on “Pediatric-Adolescent Gynecology” and “Hormonal Cytology.”

DR. ALVIN F. GOLDFARB, Assistant Professor of Obstetrics and Gynecology, was a recent guest of the Nassau Obstetrical and Gynecological Society and delivered a paper on “The Polycystic Ovary—An Enigma.”

DR. MAMDOUH S. YOUNES, Assistant Professor of Obstetrics and Gynecology, has been awarded an American Cancer Society scientific research grant. He will receive $100,799 over a two year period to continue his study in the field of cervical cancer. The goal of his study, entitled “Borderline Lesions and Carcinoma in Situ of the Cervix,” is the detection of the earliest stages of cervical cancer.

ORTHOPEDIC SURGERY

DR. ANTHONY F. DEPALMA, The James Edwards Professor of Orthopedic Surgery and Head of the Department, was presented with an Award of Merit by the Philadelphia County Medical Society in April for his voluntary service in Vietnam.

DR. JOHN J. GARTLAND, Assistant Professor of Orthopedic Surgery, presented a paper at the annual meeting of the American Academy of Orthopaedic Surgeons held in San Francisco in January. His topic was “Traumatic Dislocation of the Hip Joint in Children.” At the conclusion of the meeting he was appointed to the Academy’s Sub-committee on Undergraduate Education.

DR. JAMES M. HUNTER, Associate in Orthopedic Surgery, attended the annual New York Orthopaedic Hospital Alumni Symposium, April 6-7, and presented a paper entitled “Staged Pollicization of the Index Ray for Congenital Thumb Deficiency.” In January he was elected to active membership in the American Society for Surgery of the Hand.

OTOLARYNGOLOGY

DR. FRED HARBERT, Professor of Otolaryngology and Head of the Department, was on the faculty of the Third Workshop in Otolaryngology sponsored by the University of Kingston, Jamaica, January 7-15. In New York on March 2, Dr. Harbert discussed “Acoustic Neuroma” on a panel at the American College of Surgeons meeting. He gave two talks, “Bekesy Audimetery” and “Discrete Vestibular Lesions,” at the Massachusetts Eye and Ear Infirmary of Harvard University on March 22.

DR. JOHN J. GARTLAND, Assistant Professor of Otolaryngology, was a panel member for the topic “The Role of Conservation of Function in Surgery of the Larynx” at the American College of Surgeons meeting in New York on March 1.

DR. JOSEPH SATALOFF, Professor of Otolaryngology, was Visiting Professor at the Massachusetts Eye and Ear Infirmary of Harvard University recently. One of his discussion subjects was “The Experimental Use of Laser in Otolaryngology.” He was a guest lecturer at the Third Workshop in Otolaryngology in Jamaica in January.

PEDIATRICS

DR. ROBERT L. BRENT, Professor of Pediatrics and Head of the Department, lectured on “Intra Uterine Growth Retardation” at the University of Pennsylvania on February 16. At the University’s Perinatal Biology Seminar on April 4, Dr. Brent spoke on “The Effects of Proteins and Antibodies on Embryonic Development.”

DR. KEITH HAMMOND has been appointed Assistant Professor of Pediatrics at Jefferson. He will be working with the Children and Youth Program. Dr. Hammond comes to Philadelphia from Baby’s Unit Hospital in Newark, New Jersey. Prior to that time, he had been a member of Jefferson’s pediatric staff.

DR. NANCY MARIE SESSO has been appointed Assistant in the Department of Pediatrics. She will be working with the third year students as well as with the Children and Youth Program.

PREVENTIVE MEDICINE

DR. E. HAROLD HINMAN, Professor of Preventive Medicine and Head of the Department, attended a Multidisciplinary Home Care Institute held at the University of Kansas School of Medicine
in Kansas City during January. He was a participant in a conference on “The Health Status of the Negro Today and in the Future,” which was a part of the Centennial Celebration of the Howard University College of Medicine. Dr. Hinman delivered a lecture on “Water Resource Development and Tropical Public Health” before the New York Society of Tropical Medicine on March 16.

**DR. C. EARL ALBRECHT**, Professor of Preventive Medicine, is Chairman of the steering committee of an international scientific symposium to be held in Alaska in July. The five day “Symposium on Circumpolar Health-Related Problems” is being conducted by the Arctic Institute of North America and the University of Alaska. Dr. Albrecht is a member of the Board of Governors of the Arctic Institute and is a former Commissioner of Health for the Territory of Alaska.

**DR. ABRAM S. BENENSON**, Professor of Preventive Medicine, took part in the Forum on Infectious Diseases at Womans Medical College on March 11, and lectured on “Certain Important Infectious Diseases in Countries other than the United States.” He attended the Conference on Immunology and Bacteriology of Cholera at the National Institutes of Health in January.

**PSYCHIATRY**

**DR. BALDWIN L. KEYES**, Professor of Psychiatry, Emeritus, addressed the Eastern Regional Meeting of the National Association of Railroad Trial Counsel in New York on “Claims of Post-traumatic Functional Impotence,” in February.

**DR. PAUL J. POINSARD**, Clinical Professor of Psychiatry, was elected President of the Philadelphia Psychiatric Society on February 8.

**DR. LAWRENCE S. KUBIE**, Visiting Professor of Psychiatry, received an honorary Doctor of Science degree at the 317th convocation of the University of Chicago in March.

**DR. ROBERT WAELDER**, Professor of Psychiatry, served as moderator at a meeting of the Center for Advanced Psychoanalytic Studies held in Princeton, New Jersey, March 10-12. Dr. Waelder delivered a paper on “Conflicting Values and Moral Dilemmas” before the Pennsylvania Bar Association meeting on January 19.

**DR. CLAUS B. BAHNSON**, Associate Professor of Psychiatry, attended the seventy-third convention of the German Society for Internal Medicine held in Wiesbaden, Germany, April 3-6. The meeting was held in cooperation with The German Society for Psychotherapy and Metapsychology. Dr. Bahnsen delivered a paper on “Psychological and Psychiatric Aspects of Cancer” and participated in discussions on “Psychotherapy with Cancer Patients.” Recent lectures given by Dr. Bahnsen have been at the University of Glasgow Medical School, the Psychosomatic Research Unit in Glasgow, Scotland, the University of Hamburg in Germany, the University of Copenhagen in Denmark, and the University of Oklahoma Medical Center in Oklahoma City.

**DR. WALTER W. BAKER**, Associate Professor of Psychiatry, was Visiting Professor at New York School of Psychiatry on February 27. His presentations included a research film, “Neuropharmacological Analysis of Local Brain Mechanisms” and a lecture on “Central Regulatory Mechanisms and their Implications in Emotional Behavior.”

**DR. IVAN BOSZORMENYI-NAGY**, Associate Professor of Psychiatry, is co-editor of the book, Family Therapy and Disturbed Families, published in February by Science and Behavior Books. The chapter on “Relational Modes and Meaning” was written by Dr. Nagy. A publishing house in Turin, Italy, is in the process of translating and publishing in Italy Intensive Family Therapy, edited by Dr. Nagy and Dr. James L. Framo, Research Associate in Psychiatry. Dr. Framo and Dr. Nagy were co-organizers of the first national conference on “Systematic Research on Family Interaction” held at Eastern Pennsylvania Psychiatric Institute on March 17-18.

**DR. FRANZ X. HASSELBACHER**, Associate in Psychiatry, spoke to a group of general practitioners at Wilmington General Hospital Wilmington, Delaware, on “Drugs in Depression” on February 1.

**DR. MARJORIE B. BAHNSON**, Research Associate in Psychiatry, delivered a paper on “Ego Defensive Functioning in Cancer Patients: The Utilization of Denial and Projection as Measured by Self-Described Mood and Emotion” at the Eastern Psychological Association's annual meeting in Boston on April 7. Dr. Claus B. Bahnsen was co-author of the work.

**DR. THEODORE N. TAUSIG**, Instructor in Psychology, served as Consultant to the Alcoholism Program at Sandilands Hospital in New Providence, Bahamas, for a month recently.
OPHTHALMOLOGY

Dr. Thomas D. Duane, Professor of Ophthalmology and Head of the Department, was Guest Professor at the School of Aerospace Medicine, Brooks Field, San Antonio, Texas, in January. In February at Houston, Texas, he attended the Gemini Summary Conference at the Manned Spacecraft Center.

Dr. William C. Frayer, Professor of Ophthalmology, has been appointed Chairman of the Pathology Section of the Lancaster Course in Ophthalmology, a graduate course given each summer at Colby College in Waterville, Maine. He has been elected to the Verhoeff Society, a society consisting of thirty prominent ophthalmic pathologists in the United States.

Dr. P. Robb McDonald has been appointed Professor of Ophthalmology. Dr. McDonald, who was born in China and received his medical education at McGill University in Canada, was formerly Professor of Ophthalmology at the Graduate School of the University of Pennsylvania. He is presently an attending surgeon at the Wills Eye Hospital and Ophthalmologist-in-Chief at Lankenau Hospital.

Dr. Thomas Behrendt, Assistant Professor of Ophthalmology, spoke to the Eastern Section of the Association for Research in Ophthalmology in Washington, D.C., recently on "Evaluation of Microlesions in Diabetic Retinopathy."

Dr. Louis A. Wilson, Associate in Ophthalmology, lectured on "External Ocular Disease" before the resident staff of the Medical School of the University of Georgia.

Dr. Thomas Behrendt, Assistant Professor of Ophthalmology, spoke to the Eastern Section of the Association for Research in Ophthalmology in Washington, D.C., recently on "Evaluation of Microlesions in Diabetic Retinopathy."

RADIOLOGY

Dr. Philip J. Hodes, Professor of Radiology and Head of the Department, was Visiting Professor of Radiology at the Mount Zion Medical Center in San Francisco from February 6 to 13. On February 3 and 4, he attended the American College of Radiology Teachers' Conference in Los Angeles.

Dr. Roy R. Greening, Professor of Radiology, participated on the panel of the Philadelphia Roentgen Ray Society discussing "Techniques for Doing Special Vascular Studies" on February 2.

Dr. Simon Kramer, Professor of Radiotherapy, delivered a lecture on "The Value of Combined Chemotherapy and Radiotherapy in Malignancy" before the Chicago Roentgen Ray Society on February 9.

Dr. Jack Edeiken, Associate Professor of Radiology, has served as Visiting Professor at the University of Texas at Dallas, December 2-3, the University of Texas in Houston, December 4-7, and Montefiore Hospital in New York, March 8. He recently has published a book on The Roentgen Diagnosis of Diseases of Bone.

SURGERY

Dr. John H. Gibbon, Jr., The Samuel D. Gross Professor of Surgery and Head of the Department, gave a Presidential Address to the College of Physicians of Philadelphia on January 4, ending his three years as President. He will continue as a member of the Council and the Finance Committee and he has just been elected a Censor of the College. Dr. Gibbon was Visiting Professor of Surgery at Johns Hopkins University from April 5 to 7. He was the sixth Guest Lecturer of the American Society for Artificial Internal Organs meeting in Chicago on April 15. His topic was "Historical Survey of Extracorporeal Heart-Lung Machines and Implantable Mechanical Hearts."

UROLOGY

Dr. Walter W. Baker, Associate Professor of Urology, was appointed Acting Head of the Department of Urology on January 26. He will function in both Hospital Staff operations and college activities in his new capacity.

Dr. Jules H. Bogaev, Associate Professor of Clinical Urology, has been elected to the Executive Committee of the Philadelphia Urological Society.

Dr. Paul D. Zimskind, Assistant Professor of Urology, presented a paper and participated in a panel discussion on "Diagnosis of Renal Hypertension" at the Postgraduate Institute of the Philadelphia County Medical Society on April 12.
Alumni Corner

alumnus named dean

In the news for April were appointments of two members of the class of 1941 to major positions in the nation's medical schools. At Tulane University it was announced that Dr. Oscar Creech would become Dean of the School of Medicine on July 1. At Jefferson, Dr. John Y. Templeton III, was making news. (See page 37)

Dr. Creech has been the William Henderson Professor of Surgery and Chairman of the Department of Surgery at Tulane since 1956. A surgeon, researcher and educator, he has made notable contributions in each of these fields. He is an authority on cardiovascular problems and has made significant advances in the development of the regional perfusion technique for cancer treatment. Dr. Creech’s strong interest in the course of medical education prompted him to accept academic appointments while continuing his work in research and surgery. Before coming to Tulane in 1956 he had been an associate of Dr. Michael E. DeBakey on the surgical staff at Baylor University College of Medicine for seven years. He served his residency in surgery at Tulane.

*Modern Medicine* cited Dr. Creech in 1965 with a Distinguished Achievement Award for his superior contributions to medical science. Particularly noted at this time was the interdisciplinary approach to major medical problems which he advocates. Among his other honors are two gold medals from the American Medical Association and a special citation from the American Heart Association for his valuable research. Dr. Creech is a past President of the American Surgical Association and Vice President of the Society of Clinical Surgery. He is now President of the International Cardiovascular Society.

The Creech appointment stirs some roots of history at Tulane. One of the founders and the first Professor of Surgery at the Medical College of Louisiana, which later became Tulane University School of Medicine, was Dr. Charles A. Luzenberg, Jefferson class of 1827. Dr. Luzenberg became the second Dean of the school in 1835 and in 1836 conferred the first medical degrees in Louisiana and, in fact, the entire Southwest.

gifted teacher award

Dr. George C. Griffith, '26, has received the American College of Cardiology’s Gifted Teacher Award. This is the organization’s highest academic achievement honor, which in the past has gone to Dr. Paul Dudley White and Dr. Samuel A. Levine. Dr. Griffith is a past President of the College, which has 3,000 members.

The award takes its place among the numerous other citations which Dr. Griffith has received. An internationally known expert in the field of cardiology, he is Professor of Medicine, Emeritus, at the University of Southern California School of Medicine. He joined the University’s faculty in 1946 and later became head of its Cardiology Department. In 1961 he was awarded an honorary Doctor of Science degree from the institution. The American Heart Association’s Award of Merit was given to Dr. Griffith in 1959 and in the past he has been designated Humanitarian of the Year by the AID-United Givers of the West.

The offices that Dr. Griffith has held include President of the American Therapeutic Society, the California Heart Association and the Los Angeles County Heart Association.

He attended Harvard School of Medicine for postgraduate work. Dr. Griffith practiced in Philadelphia until 1946 when he moved to Los Angeles. He is now on the staffs of five California hospitals.
The President of the Medical Society of New Jersey is a member of the class of 1934. Dr. Louis K. Collins was installed in his new post on May 14. He previously had served on the Board of Trustees of the Medical Society of New Jersey and is a former Second Vice President of the organization.

After a two year internship at Jefferson, Dr. Collins began practice in Glassboro, New Jersey, in 1937. In World War II he was an Air Force Flight Surgeon in Asia, and earned an Air Medal, Purple Heart and Distinguished Flying Cross.

During his career he has been ship’s physician on a private schooner for a year and Assistant in Surgery at Jefferson for twenty years. His active participation in community affairs is evidenced by the positions he has held on the Glassboro Board of Education and the Board of Health. He is a past Gloucester County, New Jersey, Coroner.

On the extracurricular side, Dr. Collins enjoys traveling. He and Mrs. Collins have two daughters (“Both Penn Staters married to Penn Staters”) and three grandchildren.

Dr. George C. Griffith, standing second from right, at a White House conference following the presentation of his award. Seated left to right are Dr. E. Grey Dimond, Dr. William Likoff, Dr. C. Walton Lillehei, President Johnson and Dr. George E. Burch. Standing in the same order, Dr. William H. Stewart, Dr. Archie Arthur Hoffman, Dr. Donald Fredrickson, Dr. Eliot Corday, Dr. Dwight E. Harken, Dr. Michael E. DeBakey, Dr. Alfred Soffer, Dr. Griffith and William D. Nelligan.
receptions, east and west

Both San Francisco and Los Angeles were the scenes for Jefferson festivities during April, the first being held at the Fairmont Hotel on April 12, the second at the Biltmore Hotel on April 17.

Occasion for the San Francisco reception was the meeting of the American College of Physicians with over 125 guests taking advantage of Jefferson hospitality. Local host and hostess that evening were Dr. John T. Douglas, ’51, and Mrs. Douglas. On hand from the faculty were Dr. Robert I. Wise, Dr. John H. Hodges and Dr. William F. Kellow, the new Dean. Dr. W. Lawrence Cahall, ’20, had seniority that night. The following Monday Dr. and Mrs. George C. Griffith served as host and hostess to Jefferson alumni who were participating in the meetings of the California State Medical Society. Nearly sixty guests attended. Senior alumnus at the Biltmore party was Dr. Floyd L. R. Burks, ’08, who drove from Fresno to see his colleagues.

The East coast also is receiving its share of Jefferson hospitality. On May 15 there was a successful Open House at Chalfont Haddon Hall in Atlantic City scheduled in conjunction with the meetings of the New Jersey State Medical Society. Special guests were Dr. Louis K. Collins who was inaugurated as Society President the following evening, Dr. Vincent T. McDermott, President of the Alumni Association and Dean William A. Sodeman.

Atlantic City will be the host city once again when the Association will give two Open Houses on the 19th and 20th of June for alumni and guests at the American Medical Association.

chapter note, northern new jersey

The Northern New Jersey Chapter of the Jefferson Alumni Association held its annual meeting at the Essex Club, Newark, on March 1. Cocktails, dinner and camaraderie were the order of the evening. Among the excellent turnout were three members of the class of 1917: Dr. Joseph H. Wyatt, Dr. Francis C. Weber and Dr. William H. Hauck.

New officers were elected: Dr. James F. Flanagan, ’41, President, Dr. Fred W. Wachtel, ’51, Vice President, and Dr. Frederick C. DeTroia, ’35, Secretary-Treasurer. A special vote of thanks went to Dr. DeTroia for his efforts in the organization since 1938.

Dr. John Lindquist, ’43, Associate Professor of Clinical Medicine at Jefferson, was guest speaker. Members report that his talk was excellent and covered a multiplicity of subjects pertinent to Jefferson. The lively meeting stimulated plans for an even bigger annual meeting next year.

OPEN HOUSE

June 19 and 20
5:30 to 7:30
Chalfont Haddon Hall
Atlantic City, New Jersey
in conjunction with the meetings of the AMERICAN MEDICAL ASSOCIATION
Alumni and Guests invited

Dr. Joseph Wyatt, left, Dr. William Hauck, center, and Dr. Frank Weber talk 50th reunion.

Dr. John Lindquist, guest speaker
Class Notes

1892

Dr. J. How ard Cl oud, Alden Park Manor, Sec. 23, Wissahickon Ave. & School House Lane, Phila., celebrated his 95th birthday on May 1.

1905

The daughter of the late Dr. Sidney A. Cooney, Mrs. Victoria C. Sterling, writes that Dr. Cooney practiced until the very end, making his rounds on Monday and Tuesday. "Wednesday morning he finally consented to stay in bed and to call his doctor. He died the following morning." Dr. Cooney served the Helena, Montana, community for 62 years. He died March 2.

1909

Dr. George F. Lull, Apt. 1230, 400 E. Randolph St., Chicago, Ill., has become Executive Administrator of the Illinois State Medical Society. He has been Medical Director of the Cook County Public Aid Department since 1960.

1912

Dr. James R. St. Clair, 256 20th Ave., N.E., St. Peters burg, Fla., writes: Dr. Harvey Kline and I were luncheon guests of Dr. Louis H. Clerf recently. "Nice visit together. Kline at 87 the best preserved man for his age I ever saw."

1913

Dr. Frank S. Bonnel, Box #318, Fairfield, Iowa, was the first doctor from Iowa to register for a license to practice medicine in California on his own credentials during 1919.

This led to a reciprocity law between the two states in 1921.

1914

Dr. Jack H. Harris, 1536 Leaview Ave., Willoughby, Norfolk 3, Va., "living quietly in retirement" after 30 years in the U.S. Navy Medical Corps.

Dr. Van S. Laughlin, 56 S. Portage St., Westfield, N.Y., writes: "Still practicing but in a limited fashion and enjoying good health."

Dr. Holbert J. Nixon, 2 W. Main St., Uniontown, Pa., limits his practice to obstetrics after thirty years of general practice. "Have a wife, three daughters, eight grandchildren and excellent health."

1915

A new community hospital will be built by the family of Dr. Samuel O. Black, 392 E. Main St., Spartanburg, S.C., in conjunction with the community. Dr. Edward I. Salisbury recalls the visits that Dr. Black's father, a surgeon, made to Jeff when his son was a student. "He became a familiar guest of Jack DaCosta, who always honored Dr. Black with a seat in the Pit during his clinic."

Dr. Philip F. Martzolf, 700 3rd Ave., New Brighton, Pa., has a grandson in the freshman class at Jefferson, making three Jeffersonians in the family.

1917

Dr. Horace N. Anderson, 218 Franklin St., Johnstown, Pa., planned to spend spring in Florida at his last writing. "When I get back will likely have to go to work for a while." Dr. Anderson hopes to make the fiftieth reunion in June.

Dr. Edgar W. Kemner, 14 Treasure La., St. Petersburg, Fla., is enjoying the Sunshine State. "Flowers, fishing and swimming fine. Hope to see you all in the spring."

Dr. Albert N. Redelin, 22 W. Catawissa St., Nesquehoning, Pa., is still doing general practice in Nesquehoning. "I will certainly be at our reunion in June, along with Bill Coyle of Hazleton, Pa., and Harry Baily of Tamaqua, Pa., if my legs will get me there."

1918

Dr. William T. Leach, 101 S. White St., Shenandoah, Pa., writes: "Had two wonderful days on a visit to Bud Fisher at Youngstown. Also saw Charles Fox at Northampton, Pa. All are waiting for the 1968 reunion."

Dr. Robert S. Milligan, 42 Elm St., Summit, N.J., has some difficulty getting around since his auto accident. "I'm saving my strength for
June 1968, when Mrs. Milligan and I plan to go to my 50th reunion.”

1919

DR. CLARENCE H. BAUMGART, 5001 W. Colonial Ct., Milwaukee, Wis., writes: “Having retired in June 1966, I have been surprised that the days are too short.” Probable reasons are golf, bowling and the applicant examinations he does for two life insurance companies.

1920

DR. MILLARD CRYDER, Cape May Court House, N.J., was honored at a recent dinner party by the officers, directors and employees of the First National Bank of Cape May Court House. Dr. Cryder is Chairman of the Board of that institution and has served as an officer and director for 38 years. He was presented with a plaque.

1921

DR. EDWARD P. BRUNSON, 120 W. North St., Albemarle, N.C., is in active practice, doing some surgery and general medicine. “Playing golf poorly and doing some quail hunting and fishing.”

DR. LAWRENCE G. HEINS, 3rd & Buckeye, Abilene, Kan., retired from practice in 1963. He is looking to 1971 for the fiftieth class reunion.

1924

DR. ABRAHAM CANTAROW, 4301 Massachusetts Ave., N.W., Washington, D.C., has been elected a member of the Board of Directors of the American Association for Cancer Research for the term 1967-1970. He had served previously on this Board from 1958-1961.

1926

DR. WILLIAM C. SCHULTZ, Jr., 14 E. Main St., Waynesboro, Pa., still keeps a practice, but manages to spend four months each year in Florida.

1927

DR. BENJAMIN T. BELL, 1941 Woodland Rd., Abington, Pa., is Chief of Orthopaedics at Abington Memorial Hospital.

DR. ALLISON J. BERLIN is “happily retired.” He divides his time between Florida, Northern Ohio on Lake Erie and just “traveling about.”

DR. W. GIFFORD CROTHERS, Knowlton Rd., R.D. #2, Media, Pa., had a coronary attack in October. He has made a satisfactory recovery and has resumed practice on a limited basis.

1928

DR. JOSEPH W. ESCHBACH, 935 Military St., Dearborn, Mich., spent November in Iran and Egypt making a survey on Presbyterian Mission Hospitals.

1930

DR. JOSEPH G. COCKE, 422 Laramie Dr., San Antonio, Tex., has retired as a Colonel after a full career in the army. He is now practicing psychiatry in San Antonio. Spare time goes to dove, quail and deer hunting. Dr. Cocke’s oldest son received his M.D. degree in 1961, and is a Board certified pediatrician now serving in the army.

1931

DR. WILLIAM K. McDOWELL, Tarboro, P. O. Box 826, N.C.: Doing
1932

Dr. Maurice I. Bakunin, 105 Brooklawn Ave., Bridgeport, Conn., has been appointed Chief of the Department of Obstetrics and Gynecology at Bridgeport Hospital.

Dr. William L. Hughes, 230 Market St., Johnstown, Pa., is the new full-time Medical Director of the American Red Cross Johnstown Regional Blood Center. His area of supervision covers 40 hospitals in three states.

1933

Dr. Karl Habel, 9426 Locust Hill Rd., Bethesda, Md., received the Distinguished Service medal from the U. S. Public Health Service during 1966. He gave the R. E. Dyer Lecture at the National Institutes of Health last year.

1934

Dr. Joseph Lerner has assumed the position of Medical Director of the Hawaii State Hospital, Kaneohe.

1935

Dr. Charles P. Snyder, Jr., Manor, Pa., writes that he has retired from the practice of medicine. "This move was not because of ill health but because I thought I had reached that point in life where I wanted to do some of the things I have never been able to do with a very heavy practice." The retirement was of short duration, however, since Dr. Snyder has accepted a position as Medical Director with one of the two hospitals with which he has been associated—The Jeannette District Memorial Hospital in Jeannette, Pa. One of Dr. Snyder's sons is a junior at Jeff.

1938

Dr. Paul H. Morton, 1117 10th St., Coronado, Calif., studied the government controlled health plans in the democratic countries of northern Europe on a recent tour. "Came away with the distinct feeling that doctors and patients are not faring so badly as we had been led to believe."

1939

Dr. Victor P. Satinsky, Research Associate Professor of Thoracic Surgery at Hahnemann Medical College and Hospital, 230 N. Broad St., Phila., has developed educational programs for high ability high school, college and medical college students as well as for high school and college science teachers. The programs involve more than 100 participants. Dr. Satinsky also conducts a program for high ability college drop-out students.

1942

Dr. Edmund T. Hackman, 1370 Warwick Ave., Warwick, R.I., is still doing a "hard but rewarding" general practice. His oldest daughter was married last November—"Six more to go."

1943

Dr. Alvin P. Wenger, Jr., 805 Boyce Ave., Baltimore, Md., is Assistant Professor in the Department of Otolaryngology at Johns Hopkins University School of Medicine. He is also Chief of the Department of Otolaryngology at a new hospital called the Greater Baltimore Medi-
The Greater Baltimore ENT Department is affiliated with that of Johns Hopkins and Dr. Wenger is responsible for teaching residents there.

1944

DR. ROBERT L. BRECKENRIDGE opened a medical laboratory at 414 Haddon Ave., Collingswood, N. J., in January.

DR. PAUL CUTLER, Box 148, Care-Medico, Kabul, Afghanistan, writes: "We're well into our second year here. It's been a great experience for the whole family. Will return to the States in September 1967."

1945

DR. FRANCIS L. MCNELIS, 350 Wayland Ave., Providence, R.I., is the new Surgeon-in-Chief, Department of Otolaryngology, at Rhode Island Hospital.

DR. HAROLD W. STEWART, Alexandria, Pa., has a busy general practice. Dr. Stewart's oldest son is a junior pre-med and has his sights set on Jefferson.

1946

DR. JOSEPH L. MELNICK, 1152 N. 63rd St., Phila., Pa., was appointed to the ob-gyn staff of Delaware County Hospital in Drexel Hill, Pa., recently.

DR. FREDERICK URBACH, 3322 N. Broad St., Phila., has been appointed Chairman of the Department of Dermatology at Temple University School of Medicine and Medical Director of Skin and Cancer Hospital. Dr. Urbach has been on the Temple faculty since 1958 and was made Professor of Research Dermatology at the Medical School in 1960. His other teaching posts were at the University of Pennsylvania School of Medicine and the University of Buffalo.

1947

DR. LUTHER F. CORLEY is in general practice in his home town of Boaz, Alabama. He is President of the Marshall County Medical Society.

DR. WILLIAM F. COX, III, 5508 Kemper Rd., Baltimore, Md., is now Medical Director of the American Health and Life Insurance Company.

DR. JOHN R. HELPF, Middle Brook Rd., Bound Brook, N.J., is Director of the Department of Radiology at Middlesex General Hospital in New Brunswick, N.J.

DR. DAVID J. LAFIA, 550 N.E. 56th St., Miami, Fla., has resigned as Medical Director of the National Parkinson Foundation and has opened a private practice in neurosurgery and neurology.

1948

DR. PAUL LANE, 10245 Collins Ave., Bal Harbour, Fla., updates the files on activities of his classmates. "DR. ALEXANDER GOULARD, JR., was President of his county medical society and is doing radiology. DR. GEORGE J. NASSER is in West Palm Beach doing gynecology. DR. THOMAS F. BLAKE does ob-gyn in North Miami." Dr. Lane's first grandchild arrived last June.

DR. ROBERT C. LANING describes his job as Chief of Surgery at the U. S. Naval Hospital in Chelsea, Mass, as "terrific!"

DR. ALAN L. MICHELSON, 139 Broad St., Lynn, Mass., invites all skiers to visit him in his new house in North Conway, N.H. (at the base of Cranmore Mt.). "Easily accessible to three other ski areas too." Group practice is going well, reports Dr. Michelson. His son has been accepted at Bowdoin for September 1967.

DR. DANIEL S. ROWE, 20 Horseshoe La., Madison, Conn., was appointed Director of the Pediatric Ambulatory Service at Yale University School of Medicine in October.
1949

DR. EDWARD A. SCHAUER, 53 Main St., Farmingdale, N.J., is President of the New Jersey Academy of General Practice.

DR. JUAN EDUARDO VEVE, P.O. Box 373, Fajardo, P. R., is now semi­retired. His daughter is married and living in Playa del Rey.

1950

DR. ROBERT COLCHE, 2123 Pine St., Phila., has been named Medical Director of the Valley Forge Medical Center and Heart Hospital in Norristown, Pa. He has been Chief of Surgery at the institution since 1958.

DR. DAVID J. LIEBERMAN, 341 E. Crestwood, Camp Hill, Pa., has been appointed Director of Pennsylvania's medical assistance program. In his new job Dr. Lieberman will be administering “Pennscare” to the medically indigent of all ages. He was previously Assistant District Health Director for the Philadelphia Public Health Department. From 1960 to 1964 he was Chief of Surgery at Warren State Hospital. In 1966 Dr. Lieberman received a Master of Public Health degree from Harvard University. Also in his background: Dr. Lieberman was team physician for the Harlem Globetrotters on their world tour in 1956.

1951

DR. JOHN C. CWIK, 1024 Susquehanna St., Johnstown, Pa., served as a Visiting Professor at the Department of Anesthesiology at the University of Maryland School of Medicine in Baltimore on January 5. Dr. Cwik, who is an expert in epidural anesthesia, demonstrated this technique in the operating rooms at University Hospital and also lectured. Dr. Cwik is Associate Director of Anesthesiology at Conemaugh Valley Hospital in Johnstown and came to University Hospital at the invitation of DR. CALBERT T. SEEBERT, Assistant Professor of Anesthesiology at the University of Maryland.

DR. LARRY J. STARER, 407 N. Swarthmore Ave., Swarthmore, Pa., is nearing completion of his ophthalmology residency and “looking forward to being employed again.”

1952

DR. ROBERT T. CARROLL, 1015 Chestnut St., Phila., has been appointed Medical Director of the Philadelphia Regional Red Cross Blood Program. Prior to this he had been Director of the Blood Bank at Jefferson Hospital.

DR. JAMES J. FITZPATRICK, JR., 49 Bayberry Rd., Trenton, N.J., is now Director of Medical Education at St. Francis Hospital. He completed training in internal medicine at Philadelphia General Hospital.

DR. LEO C. PARTYKA, 392nd Aero­Space Medical Group, Vandenberg A.F.B., Calif., is Lieutenant Colonel, Chief of Surgical Services, Chief of Professional Services, Flight Surgeon on the recently completed Gemini Program, and Consultant to the A.F. Surgeon General for Southwest U.S.A. A.F. hospitals. “Have­n’t been in Vietnam since 1962 so expect to get there again soon.”

DR. LOUIS J. WAGNER, 345 N. Main St., New City, N.Y., has been appointed Director of the Department of Surgery at Good Samaritan Hospital, Suffern, N.Y.

1953

DR. JEROME ABRAMS, 323 W. 9th St., Plainfield, N.J., was invited to lead two breakfast conferences at the Fifteenth Annual Clinical Meeting of the American College of Obstetricians and Gynecologists in April.

DR. LEONARD BRODSKY, 10725 S.W. 72nd Ave., Miami, Fla., was appointed Assistant Professor of Medicine on the voluntary faculty of Miami Medical College recently.

DR. CHARLES W. FOLKER, The Nogales Bldg., Suite 107, 2320 Bath St., Santa Barbara, Calif., was certified by the American Board of Orthopaedic Surgery in 1965. He is practicing in Santa Barbara. “We have four children—two boys and two girls.”

DR. WILLARD S. KRAHILL, 543 A N. Central Ave., Chicago, Ill., is taking a postgraduate course in ob-gyn at West Suburban Hospital in Oak Park, Ill.

DR. MICHAEL J. MURPHY, 716 Redwood La., Vestal, N.Y., is practicing surgery in Endicott, N.Y. Dr. and Mrs. Murphy have four children.

DR. RICHARD O. STADER, 167 Hawest La., Chambersburg, Pa., moved to his present address from South Carolina in 1965. “Jeff visitors welcome!”

DR. EARL M. STOCKDALE, 2150 29th St., Rock Island, Ill., reports an active pediatric practice and would like to have the help of “some new blood.” The three children are “busy growing up and doing well in school.”

DR. ORLANDO P. TEDESCO, 400 Pax­son Hollow Rd., R.D. #20, Media, Pa., practices ob-gyn in suburban Philadelphia. The Tedescos have seven children.

DR. JAMES H. THOMAS, 27 North­mont St., Greensburg, Pa., is doing general practice in Greensburg. “Children still number five.”

DR. THOMAS M. ULLMANN, 325 Herrick Ave., Teaneck, N.J., has approximately a year to go before he is Board eligible in pathology.

DR. ROBERT R. WERTZ, 2124 Timson Dr., Johnstown, Pa., is a Diplomate of the American Board of Radiology as of June 1965 and presently at Conemaugh Valley Memorial Hospital in Johnstown. Dr. Wertz has three daughters and a son, ages two to ten.

DR. LOUIS J. WILKIE, 2214 S. 91st St., Omaha, Neb., writes that the
past year has been eventful. He was promoted to Assistant Professor of Radiology at Creighton University, was elected President of the Nebraska Chapter of the American College of Radiology, and became father of a baby girl.

Dr. Frank A. Wolf, Jr., 131 S. Main St., Phillipsburg, N.J., completed a residency in orthopedic surgery at Monmouth Medical Center in December and is now in private practice of orthopedics in Phillipsburg.

1954

Dr. Robert B. Cahan, 125 Lunado Way, San Francisco, Calif., occupies most of his professional time with teaching, private practice, psychoanalytic training and some consultations in community psychiatry. He has been appointed Assistant Clinical Professor at the University of California.

Dr. Charles T. B. Coyne, 725 Butler Pike, Ambler, Pa., is Associate Director of Professional Education for Merck Sharp and Dohme in West Point, Pa.

Dr. Jack W. Fink, Holly Dr., Lansdale, Pa., has been practicing ob-gyn in Lansdale for seven years. "Happy to report that as Chairman of the building fund at North Penn Hospital, we recently completed a successful campaign." Dr. Fink is President of the Medical Staff there.

Dr. Newton E. Kendig, 62 E. Main St., Mount Joy, Pa., spent the night of the Pennsylvania gubernatorial election in Pittsburgh with Governor Shaffer. Dr. Kendig has known the Governor for several years. "We all certainly had an experience at election headquarters that we shall never forget."

Dr. David H. Schonholz, 1212 Fifth Ave., N.Y., has been appointed Assistant Clinical Professor of Obstetrics and Gynecology at the new Mt. Sinai Hospital School of Medicine and chief of the adolescent obstetric service of the Mt. Sinai Hospital. "My wife is graduating from Columbia University School of Public Health with her M.S. in Hospital Administration in the spring of 1967."

Dr. Gerald Tannenbaum, 185 E. 85th St., N.Y., has been awarded a $1.6 million grant by the N.I.M.H. to study a rapid treatment and turnover psychiatric ward combined with visiting nurse follow-up.

1955

Dr. Burton S. Benovitz, 272 Pierce St., Kingston, Pa., plans to combine his ob-gyn practice with that of Dr. Paul Griesmer, '54, in April 1967.

Dr. William T. Brandfass, 1410 Russell Rd., Paoli, Pa., is in orthopedic surgery at the Media Clinic and in Paoli.

Dr. S. Paul Coccia, 35 W. Union Ave., Bound Brook, N.J., sends this thought: "We need some men to come into general practice! The few GP's left are being 'killed' (overworked) due to no help. Working very hard here in Bound Brook."

Dr. Joseph S Harun, 7941 Park Ave., Phila., has been named Associate Medical Director of CIBA Pharmaceutical Company. He will be concerned primarily with the research efforts of Madison Laboratories, the proprietary drug affiliate of CIBA.

Dr. Joseph A. Miller, 2801 Tilghman St., Allentown, Pa., is a member of the senior staff at Allentown Hospital.

Dr. Robert Pathroff, 457 Easton Rd., Horsham, Pa., enjoys general practice with an associate tremendously. "Suffered a pretty serious fracture of the right leg while skiing and have been incapacitated for the past two months." Dr. Pathroff has hopes of returning to the slopes next winter.

Dr. Leon A. Peris, 1421 Autumn Rd., Jenkintown, Pa., has been appointed to the Medical Advisory Board of the Philadelphia Chapter of the March of Dimes.

Dr. Raymond J. Wiss, 800 Belvedere St., Carlisle, Pa., has been doing ENT specialty work in Carlisle for the past five years. "Will be getting an associate this July."

1956

Dr. Thomas G. Doneker, 1646 Turner St., Allentown, Pa., left the Navy in October after ten years. He is currently in group practice of anesthesia at Sacred Heart Hospital in Allentown.

Dr. Sheldon Gilgore has been named Director of Clinical Research at the Charles Pfizer & Co. Medical Research Laboratory in Groton,
Conn. Dr. Gilgore joined Pfizer as Associate Director of Clinical Research in 1963 and was named Director of Clinical Pharmacology in 1965.

Dr. Gilgore

Dr. J. Harold Housman, Shirati Hospital, Tarime, Tanzania, East Africa, sends greeting to friends from Jefferson. On his tenth year in Shirati Dr. Housman is seeing the smooth operation of a new leprosary ward and a school and dorm block that accommodates thirty children. A new assembly hall has been built and the next step is a physiotherapy building. The Nursing School graduated eight girls in January. Out of 600 applications, seventeen freshmen were accepted for the school session which began in April. Midwifery is still included in the three year syllabus. The sights of East Africa still fascinate the Housman family.

Dr. Richard T. Price, 1231 N. Ridge Rd., M.R. #1, Perkasie, Pa., has a new associate in general practice, Dr. James L. Conrad, '65.

1958

Dr. Vernon F. Bradley, 1214 13th Ave., Altoona, Pa., is Chairman of the Department of Obstetrics and Gynecology at Mercy Hospital of Altoona. Dr. Bradley has four children, including a set of twins.

Dr. Edwin R. Concors, 1135 Layton Rd., Phila., reports that the newest excitement was attending the delivery of the Eife quadruplets and caring for them during their stay in the premature nursery.

Dr. Herbert G. Hopwood, Jr., currently a Staff Obstetrician and Gynecologist at the National Naval Medical Center in Bethesda, Md., is also a Teaching Fellow in Obstetrics and Gynecology at Baltimore City Hospital and Clinical Instructor in Obstetrics and Gynecology at Georgetown University College of Medicine.

Dr. James L. Labraico, 300 Main St., Bristol, Conn., writes: "I recently saw a patient from a local prep school who was from New Jersey. According to the patient, his family doctor (a Jeff man) would not allow him to see me until he found out I had graduated from Jeff. Talk about school loyalty."

Dr. Dean D. Monaco, P.O. Box 189, Jackson Heights 72, N.Y., reports that Dean Davis Monaco, Jr., was born in October 1966 and is already "king of the house!" Dr. Monaco is teaching one day a week at New York Medical College and enjoying his fifth year of internal medicine practice in Jackson Heights.

Dr. John T. Rightor, 204 Central Ave., Oil City, Pa., is still in general practice. "Helen and I have five children now."

Dr. Jerome S. Sandler, 7933 Robinson Rd., Bethesda, Md., is serving in the army at Ft. Belvoir, Va. He hopes to resume practice in general surgery in March of 1968, in Washington, D.C.

Dr. Robert G. Sorens, 3229 Burn Brae Dr., Dresher, Pa., passed his Boards in 1966 and is doing general surgery at Einstein Medical Center in Philadelphia.

Dr. William A. Stetler, 1316 Downs Dr., Silver Spring, Md., has been with the Radiology Dept of Prince George's General Hospital in Cheverly, Md., since January 1965. "Was married in February 1966 in Augsburg, Germany, to Elke Wauer whom I met skiing in St. Anton, Austria."

Dr. William J. Warren, R.R. #1, Box 148-A, Furlong, Pa., will resign his position as Assistant Director of Clinical Laboratories at Jefferson in September to become Director of Laboratories at North Penn Hospital in Lansdale, Pa.

1959

Dr. Aloysius W. Farrell began a practice in internal medicine on
March 1 in Milford, Mass. (Prof. Bldg., 114 Water St.).

DR. MILTON L. KOLCHINS, 5353 Balboa Blvd., Encino, Calif., passed his pediatric Boards and is practicing in Los Angeles. He was married during 1966.

DR. ALBERT Y. T. KONG, JR., 2406 Makiki Round Top Dr., Honolulu, Hawaii, is practicing orthopedic surgery at the Straub Clinic. "Quite an outfit! It encompasses some 55 doctors in all specialties—the Mayo of the Pacific! There's been a population explosion in the Kong household. We now have four."

1960

DR. JOHN P. BRENAN is currently in the third year of an internal medicine residency at Philadelphia V.A. Hospital. Newest addition to the family is a boy, Thomas, born in November.

DR. HAROLD J. KOB, 22 Alexander Ave., Freehold, N.J., opened an office for internal medicine practice recently. At his last writing he was studying furiously for Part II of the Boards.

Maj. Edward B. Lipp, Jr., sends this note: "After leaving sunny Hawaii, we spent two months in Washington, D.C., at the A.F.I.P. taking orthopedic pathology under Dr. Lent Johnson. Am presently Chief of Orthopedics at U.S.A.H. Ft. Jackson, Columbia, S.C. We see 4,000 clinic patients a month."

DR. TERENCE L. O'ROURKE, 503 Shamokin St., Trevorton, Pa., finishes his residency in radiology at Geisinger Medical Center in November and will remain on the staff there.

DR. SEYMOUR SHLOMCHIK, 1214 Sandringham Rd., Bala-Cynwyd, Pa., is with the Navy (Lieutenant Commander) and presently at Philadelphia Naval Hospital serving on the orthopedic staff.

DR. ARNOLD H. WEINSTEIN, 7250 Franklin Ave., Hollywood, Calif., has a very active urology practice in Los Angeles with two associates.

1962

DR. EDWARD L. CAHN, 227 Rollins Ave., Rockville, Md., has been in the Public Health Service since March 1966 and is assigned to the Office of the Scientific Director for Chemotherapy of the National Cancer Institute. He is Executive Secretary for the Chronic Leukemia-Myeloma Task Force and the Lymphoma Task Forces.

DR. WILLIAM L. DENNISON, JR., began a dermatology residency at Mary Hitchcock Hospital in Hanover, N.H., in January after five years in the Navy.

DR. NORMAN A. GOLSTEIN, 6520 N. Camac St., Phila., left the Navy in October to begin an ENT residency at Temple University.

DR. JOSEPH HONIGMAN, 3210 Denveld Place, Phila., will finish a dermatology residency at the U.S. Naval Hospital in Philadelphia in August.

DR. RICHARD M. LEAVITT, c/o 654 Meetinghouse Rd., Elkins Park, Pa., began a year tour in Vietnam in February as an ophthalmologist. He completed a fellowship in corneal surgery in December.

DR. RAPHAEL L. M. PRICE, 705 W. Carpenter Ln., Phila., writes: "At present have a one year cancer fellowship. Will finish residency in general surgery at Womans Medical College Hospital in June 1968. Then it's off to Columbia-Presbyterian in N.Y. for a two year plastic surgery residency."

1963

DR. FREDERIC B. BAUER, 14009 Cove La., Rockville, Md., now belongs to a large private group practice called Group Health. Sixty men are involved and the practice is excellent.


DR. FRANCIS T. FITZPATRICK, 3600 School House Ln., Philadelphia, is Assistant Chief Resident in Pediatrics at Children's Hospital.

DR. DAVID L. FORDE, Apt. 105, Bradford House, 8801 Manchester Rd., Silver Spring, Md., is currently a resident in pulmonary diseases at the V. A. Hospital in Washington, D.C. He will start active duty with the Navy this summer. Also from Dr. Forde: "Married on April 8, 1967 to Miss Barbara A. Myers of Philadelphia."

DR. ROBERT M. GLAD, 4th Bn. 35th Armor, APO, N.Y., is stationed in Germany where he is Commanding Officer of two dispensaries.

DR. ELLIOTT M. HEIMAN received the Kenneth Appel Prize for his study, "The Therapeutic Experience of Mr. Henry Smith," at a joint meeting of the Philadelphia County Medical Society and the Philadelphia College of Physicians. Dr. Heiman, a resident in psychiatry at the Institute of Pennsylvania Hospital, 4401 Market St., Phila., is scheduled for the army in July.

DR. JOHN P. HENTOSH, 7303 Gerris Ave. S. E., Fia Park, Albuquerque, N. M., moved into this sunny clime after completing a pediatric residency at Children's Hospital of Pittsburgh. Dr. Hentosh is Pediatrician at Kirkland Air Force Base. The children are now ages four and three.

DR. WILLIAM H. LESCHEY, JR., 652 W. 163 St., Apt. 65, N.Y., is a resident in neurology at the Neurological Institute of New York.

DR. ROBERT S. LEVITT, 401 W. 56th St., N.Y., is Chief Resident in ob-gyn at Roosevelt Hospital in N.Y.

DR. MURRAY H. MOLIKEN, 900 Abington Rd., Kingston Estates, Cherry Hill, N.J., practices in Cherry
Hill and is affiliated with Cooper Hospital.

**DR. STEVEN J. MUNZER**, 8220 Forest Hills Dr., Elkins Park, Pa., is a resident in radiology at Jefferson Hospital.

**DR. FERNANDO SANTIAGO-RIVERA** is a first year resident in general surgery at Gorgas Hospital, Balboa Heights, in the Canal Zone.

**DR. JOHN CASHMAN** describes his tour as “rewarding and interesting . . . it has enabled me to help with traumatic military surgery, see many tropical diseases, much of the country and the war from many viewpoints . . . As I write this letter my hut shakes from the bombs of the B-52’s which evidently are striking somewhere in the D.M.Z.”

**DR. ANDREW KOSTREBA**, 8220 Forest Ave., Bronx, N.Y., sends word that he is enjoying his NIH postdoctoral fellowship in vascular disease and renology at Hahnemann Hospital in Philadelphia. “Will enter active duty in the Navy in July 1967.”

**DR. ROBERT ZAVOD**, 3563 Bainbridge Ave., Bronx, N.Y., is presently a first year medical resident at Montefiore Hospital and will begin a radiology residency there in July.

1964

**DR. GEORGE E. FLEMING** has accepted a position as Assistant Naval Attache to Indonesia for two years beginning in June 1967. New address: American Embassy, APO San Francisco 96356. “My wife and three children will accompany me to this duty station. My primary duties will be those of a Naval Attache, but I expect to do much interesting work in tropical medicine.”

**DR. WILLIAM A. FREEMAN**, P.H.S. Indian Health Center, Poplar, Mont., finishes his tour of duty with the Public Health Service in June 1967. “Will return to Shippensburg, Pa., and enter general practice with my dad, DR. ALBERT W. FREEMAN (Jeff ’98).”

**DR. LAWRENCE GREEN** is in his second year of a neurology residency at Jeff.

**DR. JAMES J. HOUSER**, 1115 N. New St., Bethlehem, Pa., was selected to attend the Naval Nuclear Power Training Unit at West Milton, N.Y., for training as Radiation Protection and Safety Officer aboard the U.S.S. Enterprise.

**Latest news from DR. AND MRS. J. E. KOSEY:** currently a first year resident in ob-gyn at Lankenau Hospital, Lancaster & City Line Aves., Phila. Got the Berry Plan for the Air Force.”

**DR. ROBERT A. BEGGS**, Akron, Ohio, is in his first year of an internal medicine residency.

**DR. ELMER C. BIGLEY, JR.**, Apt. 140, 5442 Sanger Ave., Alexandria, Va., is a first year resident in orthopedic surgery at National Orthopaedic & Rehabilitation Hospital.

**DR. ROBERT W. ELKINS, JR.** is currently at Friends Hospital, Adams Ave. & Roosevelt Blvd., Phila., as part of Jefferson’s psychiatry residency. Son Eric is a year old now.

**DR. PHILIP ROSENBERG**, 2627 W. Girard Ave., Phila., will be Chief Resident in Dermatology at Graduate Hospital in Philadelphia starting July 1967.

1965

**DR. JON S. ADLER**, 332 W. Garland Ave., Apt. 1-B, Fairborn, Ohio, serves as General Medical Officer at U.S.A.F. Hospital, Wright Patterson AFB, Ohio.

**DR. ROBERT A. BEGGS**, Akron General Hospital, 400 Wabash Ave., Akron, Ohio, is in his first year of an internal medicine residency.

**DR. ELMER C. BIGLEY, JR.**, Apt. 140, 5442 Sanger Ave., Alexandria, Va., is a first year resident in orthopedic surgery at National Orthopaedic & Rehabilitation Hospital.

**DR. ROBERT C. BUBEC** serves as a General Medical Officer with the Air Force. Address: Box 3235, Norton AFB, San Bernardino, Calif.

**DR. JOHN CASHMAN**, 220 Loraine Ave., Cincinnati, Ohio, plans to stay at the University of Cincinnati Medical Center for urology after he completes his residency in general surgery there.

**DR. JAMES E. COPELAND, JR.**, 7940 Provident St., Phila., is serving the first year of a residency at Wills Eye Hospital in Philadelphia.
DR. RICHARD C. WILSON from a point 30 miles northwest of Saigon: "I never thought that I would appreciate some of the courses that Dr. Goodner taught us second year in Medical school." Dr. Wilson and three other doctors run a small hospital where casualties are treated. Address: 05242447, Co. B 1st Med. Bn., 1st Infantry Division, APO San Francisco 96345.

DR. CARTER M. BECKER, Yale-New Haven Medical Center, 789 Howard Ave., New Haven, Conn., will be a postdoctorate fellow in biophysics at M.I.T. next year.

DR. BARTON J. FRIEDMAN will begin a pediatrics residency at St. Christopher's Hospital for Children in July.

DR. ROBERT GIBSON, JR., has decided on a psychiatry residency at Pennsylvania Hospital, 49th St., in Philadelphia.

DR. JAMES N. JUDSON finds the internship at Jefferson "excellent" and has decided to stay on for a four year orthopedics residency.

DR. IRA LABLE has been assigned to Itazuke, Japan, with the Air Force for two years. He'd like to hear from any Jeffersonians on similar assignment.

DR. ARTHUR B. LINTGEN, plans to take a residency in internal medicine at Abington Memorial Hospital, 1200 York Rd., Abington, Pa., where he is now interning.

From DR. EDWARD N. PELL, Southern Pacific Memorial Hospital, 1400 Fell St.: "Enjoying San Francisco . . . Southern Pacific is a terrific internship. We've dined with HARRY LOVE and he likes it at San Francisco General."

DR. MARVIN S. WETTER will continue at Newark Beth Israel Hospital, 201 Lyons Ave., Newark, N.J., for a year of general surgery residency before entering the Navy in 1968.

Engagements
1963
DR. ROBERT ZAVOD to Miss Heather Ide

1964
DR. JOSEPH O. BEAUCHAMP to Miss Jean Eccleston

1966
DR. EDWARD R. NOWICKI to Miss Kathleen Holmes

A Board certified obstetrician-gynecologist is in urgent need of an assistant in Dallas, Texas. He is interested in a Board eligible or certified physician. Salary starts at $20,000 with consideration of partnership after one year.

Mercersburg Academy, Mercersburg, Pennsylvania, has an opening for a school physician. The school will house and maintain the doctor, educate his sons at Mercersburg and subsidize the education of his daughters, as well as provide a retirement plan. The infirmary has been modernized recently and has a new x-ray machine. Salary is in line with that of comparable schools.

A community of about 10,000 in southwestern Ohio is seeking a general practitioner to serve their area, about 40 miles from Cincinnati. This is a rural community with cultural advantages and a friendly populace.

There is an excellent opportunity for a general practitioner or internist to take over an active practice eight miles west of Princeton, New Jersey. A member of the class of 1959 is leaving on July 1 for a residency. Seven room, modern, fully equipped and air conditioned offices, with good nearby hospitals and an excellent gross are offered. Terms are negotiable.

Weddings
1945
DR. JOSEPH A. LOFTUS to Miss Laura B. Heck, February 2, 1967

1963
DR. EUGENE RUDOLPH to Miss Barbara D. Brockway

1966
DR. GEORGE L. ADAMS to Miss Donna Lee Fletcher, April 1, 1967

DR. JANE SCHILLING to Mr. James L. Hughes III

Births
1951
A daughter, SUSAN ANN, on January 10, 1967, to DR. AND MRS. SIMON C. BRUMBAUGH

1960
A son, FRANCIS ALFRED, to DR. AND MRS. ALFRED J. FINN, JR.

1965
A son, DOUGLAS BRIAN, on December 5, 1966, to DR. AND MRS. ROBERT A. BEGGS

positions available

A Board certified obstetrician-gynecologist is in urgent need of an assistant in Dallas, Texas. He is interested in a Board eligible or certified physician. Salary starts at $20,000 with consideration of partnership after one year.
Some Interesting Jefferson Alumni

The following is the seventeenth in a series of portraits of "Some Interesting Jefferson Alumni" which was introduced in the August 1963, issue. This material was compiled and written by Dr. Edward C. Britt, Class of 1933, and appeared in the 1940 CLINIC. That same year it was also published in "The Medical Searchlight." We are deeply indebted to Dr. Britt for his keen interest in Jefferson's historical heritage and for bringing this material to our attention. This month's portrait is of Dr. Victor H. Coffman.

VICTOR H. COFFMAN, M.D.

In 1867, exactly one hundred years ago, Nebraska achieved statehood. In that same year a young man arrived in the Cornhusker state, bearing a distinguished record as a Civil War surgeon and destined to make "an imprint on the record of Omaha medical annals that time cannot erase."** A leading Nebraska surgeon for forty years, Victor H. Coffman (1839-1908) M.D., 1866, performed the first ovariotomy in this state. Prior to the advent of aseptic techniques, he operated while wearing flannel sleevelets over his own shirtsleeves to keep them from getting soiled.

Doctor Coffman was born in Ohio. His family later moved to Iowa where he was educated at Wesleyan College. After graduation in 1859, he studied medicine in the office of Doctor C. W. Davis. Joining the Union forces at the outbreak of hostilities in the war between the States, he served for the duration and led a charmed life in action. An incident that occurred in a field hospital gave Doctor Coffman his upward rise in the Medical Corps. Surgeon Burke ("War is hell" Sherman's Medical Director) and Coffman watched as a third surgeon attempted to remove a wounded soldier's arm at the shoulder joint. Uncontrollable hemorrhage ensued. Coffman pressed his thumb over the sub-clavian artery and, compressing it, instructed the surgeon to remove the tourniquet and amputate. Burke was so impressed that he promoted Coffman on the spot to Chief of the Operating Staff. In another field hospital incident a shell ricocheted, passing under the table upon which Coffman was operating. Never a man to waste words, he operated forty-eight hours without rest at the siege of Mobile in a camp where the soldiers were stricken with dysentery. A colleague inquired what Coffman was giving the patients. He replied briefly, "Wooden overcoats." In 1863 he was promoted to surgeon of the regiment (34th Iowa) and in 1865 he was brevetted Lieutenant Colonel. He went immediately to Philadelphia where he received his medical degree from Jefferson. For those bemused that a medical officer acquired a degree after his military service, recall that in a previous article it was pointed out that not until 1877 did formal medical school graduation become a requisite for Pennsylvania state licensure. As late as 1871 Harvard found it impossible to institute written examinations because of the illiteracy of most medical students.

In 1869 Coffman became one of the founders and the first Professor of Obstetrics in the Omaha Medical College, which in 1913 merged with the University of Nebraska as its medical school.

In the early 1890's Coffman removed a tumor from the thyroid gland. This had been done only four times before but never in the United States. At the time it was considered one of the most brilliant operations ever performed in this country and it gave him a reputation from coast to coast.

*From History of Medicine in Nebraska, by Albert T. Tyler, M.D.
By the time you receive this BULLETIN the 19th Annual Giving Fund Drive will be history—almost. Books for this year’s effort close on June 30, 1967.

The final months of the Campaign, always the most hectic, have brought in a tremendous dollar amount. Although our goal of $250,000 may not be realized this year (we knew it would take several years to attain such an increase) our final results should better those of 1966. For those of you who have given all we can do is say “thank you.” For those of you who have neglected the nineteenth appeal all we can do is say, “there’s still time.”

During the past years you have heard again and again of the growth, both physical and academic, at your Medical College. It goes without saying that the financial burden must keep pace with such growth.

Our annual contribution to Jefferson helps lessen this burden and holds a twofold significance for our administrators: first, of course, is the dollar value of the gift, and second, the significance of this gift to corporations and foundations who hold the purse strings for large grants. Alumni participation and interest is of prime importance.

So on behalf of the administrators at Jefferson and the members of the Annual Giving Committee may I extend to each of you who has contributed to this year’s Annual Drive our most sincere thanks.

A thorough analysis of the figures will be published in a final report this summer.

J. Wallace Davis, M.D.
Chairman, Annual Giving
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