Fall 1967

Jefferson Alumni Bulletin – Volume XVII, Number 1 Fall 1967

Let us know how access to this document benefits you
Follow this and additional works at: https://jdc.jefferson.edu/alumni_bulletin
Part of the History of Science, Technology, and Medicine Commons, and the Medical Education Commons

Recommended Citation
https://jdc.jefferson.edu/alumni_bulletin/125

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's Center for Teaching and Learning (CTL). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Jefferson Medical College Alumni Bulletin by an authorized administrator of the Jefferson Digital Commons. For more information, please contact JeffersonDigitalCommons@jefferson.edu.
Freshman Student
Class of 1971

Dear Freshman:

On behalf of the members of the faculty and administration I wish to extend to you a most cordial welcome to the Jefferson Medical College. We wish you success in the study of medicine, and we look forward to having you here.

Jefferson is among a number of American medical schools which have been doing much in the past few years to expand and advance their educational and research programs and to improve their physical facilities. You will be glad to know, however, that in spite of all that has been attained by this school in past years, our people are not satisfied with former accomplishments and so their efforts continue to improve our programs more and more.

The educational program for our medical students is under the general supervision of a committee of the faculty on curriculum, and on recommendation of this committee our Executive Faculty approved major changes in the curriculum which you will experience during your years at Jefferson. These changes are a part of the ever-evolving, modern medical curriculum and demonstrate that Jefferson is a dynamic medical school as well as an institution rich in tradition and medical history.

We look forward to the opening of Jefferson Hall in early 1968, and this will provide a magnificent new physical facility for teaching our students and also for meeting our long need of a Student and Faculty Union. Now under construction is a building to provide excellent housing facilities for our students, and during your first year at Jefferson we shall break ground on a new library and administration building.

I refer to these matters in order to assure you that Jefferson is making every effort to offer you and those who will follow you the finest educational opportunity available anywhere. Let me take this occasion to urge you to make an equal effort to rise and meet these opportunities.

During these important preparatory years I hope you will dedicate yourself to learning all there is to know about the subject matter at hand. Learn not only to meet the evaluation procedures of your teachers. Learn moreover that someday you may partake of the deep satisfactions which the practice of medicine can bring to a person who is capable of diagnosing problem illnesses skillfully and prescribing accurately for the relief of sickness.

May I wish you every success in your years at Jefferson.

Sincerely,

William F. Kellow, M. D.
Dean and Vice President
IN THIS ISSUE
Immersed in anatomy, cover subject John Ferguson is at a typically freshman task. The current issue focuses on today's students, in particular the Jefferson class of 1971—what they are thinking and what others are thinking about them. The Dean starts it all off on the opposite page.

Credits:
Photography: cover and pages 2-16, by James Purring.

Ed. Note:
To answer the many inquiries about the cover of the summer ALUMNI BULLETIN, this abstract of The Gross Clinic was designed by artist Lou Day.

PUBLICATION COMMITTEE
ELMER H. FUNK, Jr., M.D.
Chairman
GONZALO E. APONTE, M.D.
Alternate
ROBT. L. BRECKENRIDGE, M.D.
JOHN J. DOWLING, M.D.
JOHN J. GARTLAND, M.D.
WARREN P. GOLDBURGH, M.D.
LEIB GOLUB, M.D.
JAMES H. LEE, Jr., M.D.
JOSEPH F. RODGERS, M.D.
BURTON L. WELLENBACH, M.D.

Second Class Postage Paid

Published four times a year,
Fall, Winter, Spring and Summer

Page
3 BEGINNING AGAIN
5 MEET THE FRESHMEN
17 A QUARTER OF A CENTURY: THEN AND NOW
20 THE PRIVILEGE OF HUMAN DISSECTION
   Andrew J. Ramsay, Ph.D.
25 THE REQUIREMENT OF INFORMED CONSENT:
   BANE OR BOON?
   Donald J. Farage, Esq.
32 THE JEFFERSON SCENE
34 FACULTY NOTES
41 CLASS NOTES
51 LETTERS TO THE EDITOR

NANCY S. GROSECLOSE, Editor
ELINOR DONAHUE, Assistant Editor

The Alumni Association of Jefferson Medical College
1025 Walnut Street, Philadelphia, Pennsylvania 19107
The line forms in McClellan Hall for the formalities of registration (top). Two freshman, intent on forms and facts (bottom).

Dr. James E. Clark, '52, does some early Alumni recruiting.

Making his way to station 5, the freshman completes the morning's business. By this time he has picked up an ALUMNI BULLETIN.
beginning again . . . . .

It was a Tuesday, September 5, and at Jefferson 186 members of the class of 1971 were beginning a new way of life. Last year’s confident college senior became the confused medical school freshman as he contended with the inevitable pains of the uninitiated. Queues, forms, fees, books, lectures and lab coats; behind it all, life as a medical student at Jefferson. Just what that would be like was the subject of a week-long orientation program sponsored by the Student Council. Speakers offered insights into almost every phase of the medical college commitment. With talks by several members of the administration and faculty, freshmen had some of their questions answered and felt some of their apprehensions disappear.

As he became more comfortable in his new situation, the student took in more of the surrounding scene. He was one of 186, or she was one of 16 women in that number. While 116 members of the class are Pennsylvania residents, others came from as far as the Philippines, the Virgin Islands and California.

The most heavily represented college was Pennsylvania State University with 36 students. Rounding out the orientation on the informal side was a social or two.

Opening Exercises were the formal start of the 144th academic session. President Peter A. Herbut reviewed some of the past year’s changes and commented on prospects for the current year. Freshmen found that they were not the only newcomers as Jefferson’s new Dean and Vice President for Medical Affairs, Dr. William F. Kellow, was introduced on the occasion. The speaker of the evening, Dr. Andrew J. Ramsay, Professor of Anatomy, Head of the Department and Director of the Daniel Baugh Institute of Anatomy, placed in perspective one of the lessons in the freshman curriculum. His address, “The Privilege of Human Dissection,” completed the official orientation of what he termed Jefferson’s newest “colleagues in medicine.” (See page 20 for Dr. Ramsay’s Address.)
The feminine face in the coffee break crowd is Virginia Brodhead, one of ten freshmen featured on the following pages.

A line of listeners, with Virginia at right, during an orientation lecture.

Dr. Andrew J. Ramsay

Dr. William F. Kellow, Dean

Dr. Peter A. Herbut, President

Four speakers during orientation week at Jefferson
meet the freshmen.....

In an era when students everywhere are making themselves seen, heard and heeded, it seems appropriate that the Jefferson student come to the podium. Who are the new freshmen? Why did they come to Jefferson and what do they expect of their four years here? To learn what is on the student mind, the ALUMNI BULLETIN interviewed ten members of the class of 1971 in the first few days of their medical college career.

John Ferguson

Jay Ferguson is used to the kind of learning experience that goes with a small liberal arts college environment. A biology major from Dickinson College in Carlisle, Pennsylvania, he's found that discussions with faculty members are sometimes more valuable to the student than the facts in a textbook. "It's one of the best ways of teaching," Jay says, "and I'd be very disappointed if the professors here didn't take an interest in each student." One of the best ways of learning, on the other hand, is for the student to extract from his educational experience as much as is "relevant and important" to him individually and to his future. At Jefferson he hopes to avoid the worrying over "getting a grade" and stress the essential significance of his courses. "Of course I realize that this would be a very ideal situation, but with all of the advances in curriculum which Jefferson is making, I hope that this situation will at least be approached." What he's especially looking forward to at Jefferson is working with patients. "I chose Jefferson not only because if its reputation as a medical school, but also because I heard that it is clinically oriented rather than research oriented." His interests now lean toward pediatrics, physical medicine and rehabilitation rather than academic medicine or research. He'd like to use his electives to gain clinical experience.

What started it for Jay Ferguson was a summer as a medical volunteer at Abington Hospital. The experience offered a close-up of the medical profession and Jay liked what he saw, "After working in the accident ward, observing in the operating room, listening to lectures and talking with the interns, residents and other Abington staff, I went back to my junior year at Dickinson eager to start the pre-med curriculum."

There will be a place for athletics and social life in the free time that he is able to "squeeze out of every week." (At Dickinson he was on the soccer team and the swim team.) His main occupation will be studying, of course. "Some guys can pick up what they're taught right away, but I really have to hit the books. Seven straight days of concentrated studying would make me 'go stale' (if not crazy), though, and bring me diminishing returns."
Virginia Brodhead on location—"where the action is."

Before Jefferson Virginia worked at the Institute of the Pennsylvania Hospital.
Virginia Brodhead

"I've come to the formal study of medicine by way of the liberal arts." An English literature major at Bryn Mawr College, Virginia Brodhead feels that her encounters with poetry, aromatic compounds and computers give meaning to each other. "I've chosen to study medicine out of curiosity about life and a desire to acquire useful knowledge. If I had gone to graduate school in English, I might now be planning a master's thesis on 'Seed, Flower, and Fruit in the Novels of D. H. Lawrence.' This would be interesting to me, but how useful would it be to society?" This is not a knock at academics or literature at all; in fact, Virginia expects her background to serve her in medical school and long after. "It's somewhere your mind can go when it isn't enslaved by a lecture." She doesn't intend to go into hibernation for the next four years. "I saw it happen at Bryn Mawr. Some people became submerged right away and sometime four years later they surfaced." With free time at a minimum, she keeps on top of events by reading The New York Times every day. "I don't think that doctors should go into politics, but they should be informed."

As for the demands on the medical student's and the doctor's time, Virginia neither resents it nor feels that it removes her from the mainstream of life. "By this age I'm ready to settle down." Part of the attraction to medicine is that it is a profession that moves one closer to the core of society rather than removes one from it. "I have a definite sense of direction. I feel that I have identified myself with a field in which I can both satisfy my own interests and help to fulfill the needs of other people. Perhaps this feeling is what some of the 'lost' members of the 'Now Generation' lack. Science is real and challenging and immediate. Alongside the problems it poses, miniskirts, drug trips and hippie romps seem silly and inconsequential, and 'flower power,' frail."

Virginia has high expectations of Jefferson. She finds the new curriculum, with its large group of electives, exciting, and the relatively large size of the school, ideal, since this allows the individual privacy which she believes learning requires. She is also looking forward to having professors with a vocation for teaching as well as for research or medical practice, "having discovered in college that the teaching of science, above all subjects, requires an articulate spokesman." Most of all Jefferson offers the "endless opportunity to satisfy my desire to know." Another Jeff advantage is its location. "I wanted to be right in the center of the city—where the action is."

A few years ago, Virginia would have been one of only a few, but this year sixteen women entered Jefferson. She admits she's glad to have a few girls around. If there is marriage in the future, she does not see this as incompatible with medicine. "A doctor may not have quite as much time to spend with her children as other mothers have, but if her children sense in her a deep satisfaction with life, this may be more valuable to them."

Virginia has spent the past year studying organic chemistry and comparative anatomy at Swarthmore College and working in the Unit for Experimental Psychiatry at the Institute of the Pennsylvania Hospital. Temporary jobs in a child guidance clinic, a home for disturbed children and an experimental psychiatry project have aroused her interest in psychiatry as a specialty. "But I am disquieted by the amount of guesswork which seems to go into solving many of its problems. Strengthening the ego seems so much more perplexing a problem than strengthening the trapezius. But after the muscles are named and located, and I have learned a great deal more about medicine, it would be exciting to participate in the development of psychiatry from where it presently is—to wherever it is going."
Unwinding at the fraternity house (Larry Guzzardi, center)

Lawrence Guzzardi

At Jefferson on a scholarship, Larry Guzzardi made only three years' work out of Boston College. It didn't require an excess of study hours, either. But medical school—now that's a different story.

Jefferson isn't exactly new to Larry; he is a Philadelphian and has spent the past two summers doing research in Jefferson's Department of Anatomy. The work involved the investigation of the chemical properties of TNBT, used to stain mitochondria for electron microscopy. Larry expanded this research into the senior thesis which was required of chemistry majors at Boston.

Thomas Borthwick

It's a familiar question to the new medical student. But the response that comes from Tom Borthwick is somewhat more emphatic than that of his classmates. "When people ask me why I decided to study medicine they want to know if the fact that my father is a physician influenced me. My father's influence has been to strengthen my own interest in becoming a doctor. But a doctor, if he is to succeed at his profession, must draw on an inner reserve of desire to practice medicine." It's more likely that Tom's father influenced the choice of a college rather than the choice of a career. Dr. Malcolm J. Borthwick is a 1933 graduate of Jefferson. And at that, says Tom, it was not only his father but also the other Jefferson men whom he has met that have impressed him as "very good practicing physicians."

Coming to Jefferson from the Penn State campus, the city environment is a change of scene for Tom and he's easing into the situation by commuting from Collingswood, New Jersey. You can't say that Philadelphia offers much competition in the line of leisure he's accustomed to: training pacers and riding the family horse. Tom did quite a bit of this during the summer months and, on the less leisurely side, he worked in a hospital laboratory. This hospital experience, as well as his medical family background, firmed some of his thoughts on the profession and its personnel. "I want to become vitally involved in helping people; this is my major career motivation. Secondly, the doctors I have known have introduced me to a profession whose values and traditions I very much admire." The glory of medicine is as real as
College. The satisfaction he derived from medical research directed Larry toward medical school. It was the good impression he received of the faculty and student body here that made him select Jefferson over Stanford and the University of Chicago. "There seems to be a willingness to help the student and a definite spirit of cooperation among the members of the faculty and the student body." Another factor in his decision was Jefferson's proximity. "I went to high school (Saint Joseph's Preparatory School) in Philadelphia and live only a few blocks from Jefferson. I'm able to be near my family and yet I have a degree of independence."

Larry sees a medical student's aims as very much in line with the philosophical outlook of so many members of his generation, but the personality type as another issue. "The pre-meds I knew at college were more dedicated and introverted than other majors. They were often not really aware of their surroundings. They were very intelligent and therefore had a good grasp of world affairs, but I'd hardly call them down-to-earth types. Years ago they would have become engineers or chemists, but now, maybe because of social prestige, they're becoming doctors."

He has formed definite opinions, but only on subjects on which he feels qualified to judge. He "doesn't trust newspapers" and will venture no point of view on the war in Vietnam. "What bothers me is not the idea of getting killed but going over there and killing others." He does feel that the modern world requires a different living pattern than previous generations knew. "When you might move to California tomorrow, you can't be as family oriented, for one thing. Although I'm becoming more and more in favor of my parents—the old story," he adds. "Freer" is the word he uses to describe his generation. Trust anyone over thirty? A simple, unhesitating, "Oh, yea."

the sacrifices, he believes. Just how he is going to carry out his ambitions, whether as a general practitioner or as a specialist, he is not yet sure. He plans on keeping an open mind about it while exposed to all aspects of medicine at Jefferson. "My future as a medical student, therefore, promises to be a pivotal phase in my life."

Tom Borthwick: trainer . . .

getting to know the new scene . . .

as medical student
"It's like the anticipation you feel when you're starting your first nationally televised college football game. All the pressure seems to rest upon your shoulders because you're the quarterback. You're scared, nervous, and you feel your stomach jump up and down—but you wouldn't change place with anyone else in the world." Todd Orvald ought to know, after playing quarterback for the Duke University football team for a year. The medical school-football game analogy doesn't carry through to the finish line, however. Todd's anticipation of medical school comes from disquieting thoughts of a different kind of pressure. Thoughts like, "Can I consume all the material? Will the fact that I majored in English affect my foundation for medical sciences? Will I have the opportunity to continue a physically active life during my medical school career?" Actually, Todd has come to terms with all these questions. He feels he is as capable as most medical students of absorbing the vast amount of knowledge required of a physician. And as for his liberal arts background, he considers this an advantage in that he is able to speak and write with some aplomb. "I knew there wouldn't be much chance to get liberal arts courses once I finished college, and I wouldn't want to have a scientized mind. Besides, you need a little release sometimes." And after lifeguarding for six summers, devoting much time to football and "playing around with track a little," Todd doesn't intend to let himself "dissipate" at Jefferson. Rugby is a possibility, though crew holds strong appeal too.

Todd considered Duke University Medical School in Durham but chose Jefferson because he "wanted to get back to a big city in the East," and he'd "heard a lot about Jefferson." What Jefferson uniquely holds for him, he feels, is "the direction it offers its students, through its programs, its facilities, and its faculty. The physician always carries something of that direction he first encountered at medical school."

He was ingrained early with the idea of being the best in whatever he became. "I'm sure my idealistic viewpoint will be modified somewhat in the next four years, but I hope that I will never lose sight of this one ideal—becoming a good physician." An experience during the past summer brought Todd into contact with the real reasons he wants to become a doctor. He participated in a Duke-sponsored project which sent small groups of students to Nicaragua to live in Indian villages and assist in teaching, construction projects and medical instruction. Focal point for these efforts was the local schools. "Seeing how the other half lives makes one aware of the tremendous need for physicians, and not merely a physician, but a good physician who possesses and respects a professional and private ethic."
“Wife, mother and medical student? How are you going to do it all?” Carolyn Crawford’s answer is that she’s not going to do it all. At least, not the cleaning, laundry, cooking and ironing. “And beyond that,” she says, “I’m not going to think much about it because I might decide that I couldn’t do it.” Carolyn graduated from Dickinson College as a chemistry major five years ago. “Since that time I’ve been trying (successfully) to convince my husband (Dr. Ralph W. Crawford, Jr.’65) that I could be both a medical student and a wife—mother, and trying (unsuccessfully) to convince myself that I didn’t really want to become a doctor.” That isn’t to say that it’s been a five year debate tournament. During these years she has earned a master’s degree, done pharmaceutical research, worked as a hospital chemist and taught undergraduates and student nurses for Penn State. “I thought that one of these jobs would turn out to be a comfortable substitute for becoming a doctor.” That job never turned up.

Carolyn has been interested in medicine “forever” and began hospital work while in her teens. She even did some independent amateur research on the frogs she managed to slip out of the hospital research labs. The fact that she has delayed the start of her formal medical study means a little added book pounding for Carolyn, but it has had its rewards too. “I think it’s better that I enter medicine now rather than five years ago. We wouldn’t have Ayn (almost two years old now), who is a real source of joy. And at this point in life I have a much better idea of what I’m getting into—a better idea of what medicine holds for me.” What does Jefferson in particular hold for her? “I want to be a good clinical doctor and Jeff has a tradition of turning out good clinicians.” Carolyn applied only to Jefferson. “I played a rather risky game, but I never considered going anywhere else.” It was the school of her husband as well as that of her husband’s grandfather (Dr. Charles J. Styber ’00). At the finish of it all, she plans to set up a modest practice, possibly in pediatrics, or join her husband (now a second year resident) . . . in obstetrics and gynecology practice.

“Fortunately, the new curriculum allows sufficient ‘free time’ so that studying can be done during the day, allowing me more time to spend with my family.” Carolyn realizes that she will have to make up in quality “what I cannot give my family in quantity of time. But mere physical presence does not make you a good mother.” And as for her husband’s reaction, Carolyn says, “Medicine is our life—our source of togetherness.”

With this kind of schedule how will Dr. and Mrs. Crawford find time to make use of those season tickets to the Academy of Music? Her answer: “Somehow!”
You might say that *The Gross Clinic* brought Terrence Carden to Jefferson. Of course it takes more than a painting to bring a professional journalist into the field of medicine; but, says Terry, "It was through my interest in Eakins and his work that I had my first contact with the Medical College." On an assignment for *The Philadelphia Inquirer*, he researched the background of *The Gross Clinic* for an article which appeared in the Inquirer’s Sunday magazine. The Eakins canvas symbolizes "everything that is Jefferson" and more to Terry. For him it is also a "symbol of personal challenge." He explains, "Eakins demanded realism in his work. He was dissatisfied with the superficial knowledge of the human form he had gained at the Pennsylvania Academy of Fine Arts. Though it was not fashionable at the time to study anatomy, he turned to Jefferson, where he formally enrolled for courses in anatomy and surgery. It took courage for Eakins to reject the principles of his contemporary art world, but he met the challenge." Terry expects that the next four years will hold as many challenges for him.

While the Eakins study stirred a vague interest in a medical career, it wasn’t until a few years later that Terry began to seriously consider seeking admission to medical school. "I knew I would apply first to Jefferson. I felt a familiarity with the institution—because my brother (Dr. Edward Carden '66) had attended Jefferson and through my experience for the *Inquirer*.”

Terry had decided where he would apply to medical school, the question was *whether* to apply. "The most difficult decision of my life," he recalls. It’s easy to see why. Terry had spent the past ten years in the communications field, working in both printed and broadcast media. A graduate of Columbia University School of Journalism, he had earned a B.S. in English from the University of Scranton. Prior to entering Jefferson he was night telegraph editor for *The Scranton Times* and telegraph editor and columnist for *The Sunday Times*. Before this he held positions with *The Philadelphia Inquirer*, *National Geographic* magazine, other Scranton publications, and a Scranton radio and television station. He was Personnel and Public Relations Director for Scranton Mercy Hospital and is a founding partner in a public relations and advertising agency. His inclina-
tion toward medicine took root during his tenure as a hospital executive. "I realized how scarce all professional medical personnel are. There is such a great need; yet there is no substitute, no second best 'solution.' Secondly, I believe a physician is hampered by far fewer artificial restraints on his excellence than any other professional; he can be as good as his talent and training will allow. This was most appealing to me after years of experience with committee-ruled and bureaucratically oriented organizations."

Having decided that his motivation was sound, Terry had the matter of a wife and children to consider. "We had a comfortable life—and things were continually getting better. A decision to seek a new career would mean years of sacrifice for them and liquidation of all our 'luxury' assets. The children were too young to voice a preference, so we had to cast their votes for them." Mrs. Carden was both understanding and encouraging.

What remained for analysis then were the chances for success. For an indication of these prospects Terry returned to the classroom for some "preliminary sweating and straining" with the books. "Youths ten years my junior were studying the basic science courses I needed to fulfill admission requirements. The subject matter was scintillating, however, and academic success was more pronounced than in my undergraduate days. Maybe I was just paying attention this time around." The once-remote goal seemed within reach.

He found the techniques he had practiced as a journalist—objectivity, accuracy, thoroughness and determination—were especially valuable in the study of science. His journalistic talents are at work for him in more ways than one; in his weekend "spare time" he does copy editing for The Evening Bulletin. "As a physician I expect to call on these skills again to help close the 'communications gap' that afflicts medicine as seriously as any other profession." And beyond medical school? "Perhaps a judicious blend of these two disciplines will be the most effective and enjoyable path for me to follow."
Daniel Gould

Dan Gould isn't naive enough to think that his generation will form an "extraordinarily new and different breed" of physicians, but he is idealistic enough to hope that his class will be marked by revolutionary medical advances. "Our entire generation seems to be endowed with this kind of ambition. Maybe we possess a greater social awareness than our predecessors had at this stage. This may enhance our performance as students and practitioners, but in the essential spirit of physicians, their interest in both the issues of medicine and its ultimate beneficiaries, we will be no iconoclasts."

"Liberating yet disciplined" is how he describes the undergraduate experience at Dartmouth College. "With the elan of an amateur," he gave a considerable amount of time to readings of Beowulf on through Joyce. He also held the post of Art Editor of Jackolatern, Dartmouth's humor magazine. Jefferson means a different kind of study, with the focus now on the elements of organic life rather than on the explicit humanities. As his textbooks change emphasis from the literary to the scientific, Dan still approaches them as an "amateur." He explains, "The Latin root of the term is 'amo', and with that sense of love for both the medical sciences and for the patients I'm looking forward to my years at Jefferson."

Dan's first thoughts of a medical career came from a childhood wish to emulate his pediatrician. "Now I appreciate the career as an intellectually stimulating and constantly challenging one. Moreover, it brings tangible benefits to people." Two summers as an Emergency Room attendant at a large New Jersey hospital...
gave Dan a preview of his future and "heightened my commitment and enthusiasm for medicine." More immediate than the hospital drama appeal of the career, however, is his concern for the "mass of scientific material" to be consumed in the next four years. "I can only expect excellent guidance to be given freely by the faculty." His current interests gravitate toward surgery and he hopes to qualify for the elective "Techniques in Surgical Research" next summer. He'd like to use the new program of electives to do as much research as possible.

After being "sequestered in the hills of New Hampshire," Dan is taking advantage of the cultural offerings of the city. Academy of Music programs, tennis and skiing fill in the few leisure hours. In September he started reading *Finnegan's Wake* and he aims to finish it before graduation. "And, of course, I'll be thankful for the free Saturdays in the fall schedule when I'll be able to cheer as I watch the Dartmouth eleven beat Princeton, and certainly, Pennsylvania."

**Cora Christian**

Cora Christian stepped into American life four years ago. That was when she left the Virgin Islands to become a freshman biology major at Marquette University in Milwaukee, Wisconsin. To say she has assimilated quite smoothly would be to understate the case. For example, a look at her college record makes one wonder if she majored in biology or in extracurricular activities and honor societies. An award winning debater, she participated in the International Students Club, the Foreign Affairs Forum, a cultural sorority and a debate fraternity, the Pre-Med Club, the Women's Interresident Hall Council and was President of one of the campus dorms during her senior year. Marquette selected her for its highest honor, membership in Gamma Pi Epsilon Society, and she was elected to Who's Who.

Despite the good years at Marquette, Cora wasn't sorry to leave Milwaukee ("a hick town in relation to Philadelphia," she says). She likes Philadelphia and is finding Jefferson quite friendly. It isn't entirely new to her since she had heard stories about Jeff from her cousin, Dr. Alfred O. Heath '57, who is now practicing surgery.
in the Virgin Islands. On his recommendation and on the "general reputation" of the school she applied for admission. She knows what she has to put into Jefferson and what she wants out of it. On the question of capacity to absorb the mountains of medical knowledge, Cora sees a parallel with an earlier experience in her life. "The idea of writing essays was rather frightening to me as a grammar school child, but with more exposure to it, I realized that it's both talent and hard work that can produce a result. If talent wasn't there, the more practice, the better the essays." Cora comes to the study of medicine with the same philosophy—though she's obviously armed with ability as well. It isn't surprising to hear her say that she feels the medical field needs persons who can offer more than a brilliant mind—"those who can give understanding and just plain interest in their patients." Cora sees medicine in the context of a larger scheme. "We have to make our public aware that physical ailments are not so separate from the rest of man's existence. We have to make them aware that we are here to treat them, not just living material that has been hurt." One of the thoughts she intends to keep foremost in her mind during her medical education is that, "I'm studying the vast amount of material presented because it is to be applied to a human being."

J. Stanley Smith

"The time saved is what attracted me most," says J. Stanley Smith, Jr. Jay is one of the twenty-three freshman students who entered Jefferson under the accelerated program with Penn State. "When I began my college studies at Penn State a year ago, I never felt the excitement I feel now. Only one year has passed since high school, yet I'm a medical student at Jefferson." He feels very fortunate in being able to take advantage of the new cooperative program. "It's a great boon to those who are sure they want medicine first and foremost." One might add fast to that, in light of the three year time saving.

Jay doesn't expect easy going during the next four years. "The curriculum can only offer me what I'm willing to take out of it—and I plan to reap everything possible of it. The same goes for developing a good faculty-student relationship. A teacher is there for the student, but again it's the student who must act on his own initiative." Though he is a few years younger than his classmates, he hasn't found this a disadvantage yet. "At this stage I'm not any more apprehensive than the others."

But it can't be all work. "Free time doesn't constitute a large part of a medical student's schedule—but I plan to enjoy Philadelphia and Jefferson as well as learn here." Arts, sports, and socials, and, of course, the "jaunt home to see the folks once in a while, along with a big weekend or two back at State" are the things that will provide a change of pace. A fraternity is in the picture, too, with "rush" a welcome break ("after a dead summer in State College").

It may sound as if Jay is thinking ahead quite a lot; actually his thoughts are very much here in the present. His philosophy is not out of step with the youth of his generation, descriptively labeled the "Now Generation" by Time magazine. In Jay's words, "Now is the time for better things." Likewise, medicine is the profession for better things. "Medicine is a 'now' profession because, even as far as it has come, much more lies ahead—there will always be something new." After all, whatever is new is also "now."

Jay Smith: Across the street for lunch at one of the local spots.
Twenty-five years may seem a long time to many of us; actually, it is a mere speck in history. From either point of view, personal or historical, time has measured striking changes in American life since 1942. Not less in the life of the medical student. As the late "Soaring Sixties" roll on, the image of the medical student, his character and milieu, become further and further removed from that of the medical student in the "Fighting Forties."

The world then was a different world. Dominating our concerns was World War II. Today's complexity is evidenced by the fact that another war now shares the headlines with problems of civil rights, urban living and poverty. This is the age of the missile and the computer, the time of the hippies and sexual freedom. The medical student that emerges from these elements is generally more knowledgeable, it is said, than his predecessor of twenty-five years ago. Unless he enters medical school from an extremely underprivileged family, he is much more informed on the world around him. He is aggressive and assertive, though we have not yet witnessed in medical schools the degree of "student power" found on the West Coast. Perhaps the most obvious difference between the medical student of 1942 and 1967 is that he is not necessarily a he, but can be a she.

Is the Jefferson student of the sixties really different from his predecessor? One way to approach the question is to look at the institution that makes him a physician. Jefferson has not gone untouched by twenty-five years' time. It has enlarged and redefined its position as a medical school, as one which recognizes and challenges current issues. The advances Jefferson has made have meant not only an increase in size but an expansion into relatively new areas of concern, such as postdoctoral and community education. To supplement teaching and research facilities, varying degrees of association with other institutions have been established. Hospital affiliations have increased from three in 1942 to ten in 1967. Physical facilities have expanded almost beyond what the graduate of a quarter century ago can recognize.

Now that I am a senior I can look back at my earlier year at Jefferson with a smile or two. Really it is not a backward look but a sideways glance, as I am still in the midst of all the work and fun. Why do I say work and fun? Because that's what occurs to me first. One axiom I have heard repeated here often is, "your first answer is usually the best one." A little more thought makes me realize that "work and fun" very much sum up life at Jefferson.

When I came as a freshman I was apprehensive, to say the least. I had a room to find, books to buy, lab partners to meet; and the thought of my first look at that cadaver kept going through my mind. In several weeks I was well at home in DBI, and Clinton Street was having its annual lunch time football games with the "Shirts and Ties" against the "White Coats." I remember the upperclassmen asking me if I had washed my hands before coming to the house for lunch. I certainly could not detect any linger of the lab.

Another big thing was Rush Week. To me it was all rather unusual, having gone to a non-fraternity college; to others it was a way of life. Many of the men joined, as I did. The various houses fill a very important need on the campus and only later did I realize how much help they are. Unfortunately several of the houses have fallen by the wayside but Phi Alpha Sigma, Alpha Kappa Kappa, Nu Sigma Nu, Phi Delta Epsilon, Phi Rho Sigma, Theta Kappa Psi, Phi Chi and Phi Lambda Kappa will be working diligently with parties, refreshments and lots of talk to woo freshmen for years to come.

The final academic blast of the DBI stay was Dr. Brown's cram course in neuroanatomy. That course was especially interesting but an ordeal worthy of any set of speed writing fingers you might possess. This year's freshmen have the unique privilege of being the last to tread the "1,000 stairs" of DBI each morning to pack themselves at all angles into the amphitheaters. The move to the "Big House" up on Walnut Street for the remainder of my freshman year was an unforgettable experience. Until then I had not been above the first floor; after that it was home. Bio-

continued next page
then

In the College departments cooperative efforts are now common. There are 827 faculty members staffing these departments. In this number there is a rising percentage of salaried full-time teachers, men and women oriented to teaching, research with practice limited to Jefferson. Research efforts, both basic and clinical, grow apace.

When it comes to statistics, the one which concerns the student most is the tuition cost. In 1942-43 a year of medical education cost the freshman $450 at Jefferson. In 1967 tuition is $1,500 per year. The actual cost to the school for educating each student for a year is $9,640. The burden has increased on both sides. Alleviating the problem is the $567,050 given in student financial aid (1967-68). Twenty-five years ago funds did not flow so freely. Only three scholarships were available given by private sources. Concomitant with the rise in financial assistance to the student has been an increase in the percentage of Jefferson students from the Commonwealth of Pennsylvania from 50% in 1942 to 60% in 1967, reflecting the large portion of state support which Jefferson receives.

Another of the increased resources available to the student now are 58,888 library volumes as opposed to 21,600 in the Jefferson library in 1942. We currently receive more than 1,000 journals, triple the number received twenty-five years ago. This makes for a more informed student, but, of course, there is much more to be informed about in 1967. There is an information explosion in medicine as well as in all other areas of learning. Youth are reaching for knowledge in all forms and the 2,307 applications made to Jefferson this year indicate that the reach includes Jefferson. One hundred eighty-six of these applicants are now in the freshman class. The entering class in 1942 numbered 153. (Jefferson had increased its enrollment to meet the needs of wartime and never reduced the class size after the emergency.)

Medical education is a somewhat different process than we remember. In the “old days” it was long lecture periods. The teachers, some of them excellent, many well known, some boring, poured out their facts and prejudices interminably. Now teaching is less structured, to use one word in our new jargon, and the small class is considered the ideal. The use of programmed teaching is minimal but its day seems to be coming. Attempts are being made now to reduce the length of medical training. Advances in this direction

continued next page

now

chemistry left its impression with me as one giant Warberg apparatus. Physiology? Frogs and dogs.

I think that from the time I began my sophomore year until the next June 22nd the only thing I could think of was National Boards Examinations. Our professors prepared us well and now all the work of the second year seems worth it. As I read Robbins' Pathology and Goodman and Gilman's Pharmacology, I was told that most of what we were learning was not even known thirty years ago. If it keeps at that rate, the medical students of 1990 are going to need reading podiums just to hold the books. It seems like an impossible task, yet they will find a way and still have fun in the doing.

As a junior I went to several affiliated hospitals while on various blocks and was introduced to the fact that even medicine has its numerous ways of getting the same job done. The physical diagnosis that I had learned as a sophomore was well tested and I learned that “the laying on of the hands” is no easy chore. The day seemed to be made of morning clinics, lunch break at the fraternity, Kessel's (now the G & K), Eddie's, the Walnut Grill or around a card table in the student lounge, afternoon lectures, conferences, and the weekly CPC that I never finished till the last minute.

Now, as a senior, I feel like a part of Jeff. Three-fourths of it is under my belt (and a lifetime to go). I hope that my senior year will enable me to put just a little more confidence somewhere in, on, around or behind myself. Internships! This is the prime concern of the members of my class presently. What kind of hospital? Where? Just what to look for or beware of? I have decided that I would like to go to the northwest so I began by spending the past summer in eastern Oregon, Washington, and Idaho. At several of the hospitals I visited I was lucky enough to meet a Jefferson graduate. I especially remember the kindness of Dr. Marion Kalez '28, and his wife of Spokane, Washington. We spent an evening talking about Jeff, the professors, the recent changes. The men we spoke of he knew as classmates and colleagues and I knew as professors and teachers. My class was among the last to hear Dr. Nicholas A. Michels, Dr. John B. Montgomery, Dr. Bernard J. Alpers, Dr. Abraham Cantarow, Dr. Kenneth Goodner, Dr. John H. Gibbon, Jr., Dr. David Morgan and Dr. Theodore Fetter.

continued next page
then

have been mainly through the consolidation of the undergraduate and medical school years for the superior student. Jefferson has done this with its combined B.S. and M.D. program through an affiliation with Pennsylvania State University. On the postgraduate level a few decades ago, training was oriented toward lengthening the internship. With the war years medical education was accelerated and many students were under various government programs; the internship then was shortened to nine months. Now under discussion is the elimination of the internship altogether. As the division of medical education into preclinical and clinical years becomes obsolete, specialists will actually begin their training through electives early in the medical college career.

Medicine itself has a different character. The ratio of general practitioners to the population has declined. There is a higher percentage of Board specialists and a greater variety of specialties. As people demand more comprehensive and less expensive medical care, the government has entered the picture on a major scale. Social security, which began in 1935, extended its coverage in 1966 with the passage of the Medicare law. Government aid to medical research, with accompanying power strings, has burgeoned in the last twenty-five years.

What about the everyday practicing physician? Here again the physician has different techniques to learn and different diseases to treat. Infectious diseases, especially the epidemic ones, are disappearing. The emphasis is now on degenerative diseases, cancer and psychiatric problems. We have a larger percentage of younger people in our population and at the same time more people living longer. Surgery is more dramatic now, anti-infectives are more effective, and blood transfusions, once given only in the operating room, are commonplace. In the early forties the words “contraception,” “sterilization,” and “therapeutic abortion” were whispered or spoken apologetically. Today the lay journals discuss these matters more extensively that do the medical publications.

These are some of the changes which confront the medical student today. With such a background, in such an environment, he must be a different breed from the generation that preceded him. What time has brought in 1967 was unimaginied in 1942. Who can predict what our descendants will look back upon after two centuries of Jefferson?

now

This year there are some rather great changes occurring in the curriculum; in fact it is new from bottom up. The new core curriculum will be a matter of the normal for the freshmen, a minor change for the sophomores, a brief experiment for the juniors, and a complete unknown for the seniors. The faculty and student body alike await it with varied feelings, hoping it will prove a wise beginning for the shaping of the medical school curriculum of tomorrow.

There are other changes going on in our great concrete campus here in center city. The new Jefferson Hall occupies the half block area between Tenth and Eleventh Streets and Jefferson Village and Locust Streets. This was only an empty lot when I came in the fall of 1964. On the block between the College and Jefferson Hall were a bank, various offices and shops. Macar's Men's Wear, and a Horn and Hardart bakery. Now it's level awaiting the expanding Jefferson University of the 1970's, already begun as the Orlowitz Residence Hall rapidly nears completion.

Things beyond the academic are also a part of Jeff. We are fast becoming an interscholastic rugby power in the East. We have a top-notch team (with no athletic scholarships) that receives both student and faculty support. It was started in 1964 and has grown rapidly. Before long you will be able to “letter” at Jeff and a big black and blue “J” just might appear on student nurses' blue sweaters. Also in the athletic vein there are seasonal interfraternity sports of football, basketball, and softball which keep some of us in shape and all fraternity men aware of their “loyalty to the house.” Jefferson is also in the social spotlight with the annual Black and Blue Ball. With thirty-seven years of tradition behind it, this rates as a major social event for the students, faculty and Philadelphia itself.

Finally, the idea of our future in medicine. What direction will we take from here? A specialty? General practice? Now or after the service? Vietnam looms big in our future and has to be considered. Many have already decided on their future. I have eliminated many alternatives, but a decision is still forthcoming, although pediatrics is attractive. To realize that my years at Jeff are coming to a close is difficult because it is so close to me now. But I look around and that sideways glance helps me to understand why it is such a part of me.

“Time goes, you say? Ah no! Alas, Time stays, we go.”

Henry Austin Dobson
The Privilege of Human Dissection

Opening Exercises Address
ANDREW J. RAMSAY, PH.D.
Professor of Anatomy and
Head of the Department

This morning, at the Department of Anatomy, our new students engaged in a procedure that is as old as progress in medicine, itself, that of dissection of the human body. Lest we treat this opportunity lightly, or take it for granted, let me say that this is indeed a privilege, not a right, that it was won incredibly slowly, by dedicated and courageous men who struggled against the inertia of uninformed public opinion, against religious beliefs, against persecution, mysticism, fear, and in addition and more recently, against public indifference, apathy of the medical profession, apathy of legislators, and the power of money. But be aware that this privilege is not yet firmly won, as you shall see. Kevorkian observes that “the history of tolerance and popularity of human dissection closely parallels the history of evolution of human values, the history of the conquest of stultified superstition by enlightened reason, the history of philosophy in the various social and cultural settings of its tortuous, complex, but progressive course toward absolute perfection and truth.”

I wish to trace only some of the highlights of the evolution of this privilege, and of present day dangers, addressing these remarks especially to our new students.

Medical knowledge of ancient times was so primitive that it was not considered necessary for physicians to be familiar with human structure. The philosophy of Hippocrates, that all diseases were due to the vagaries and alterations in the four basic humors of the body, actually deterred study of human structure, because the answers seemed already available. Surgery and anatomy were deemed unimportant and actual human dissection was not done for medical educational purposes prior to about 380 B.C.

Probably the first dissectors were the Pre-Christian Egyptians who dared to open the dead body, even though it was for the religious purpose of mumification so that the spirit could re-enter and revitalize the body at a later date. Obviously the dead body had to be kept intact or the spirit would have no place to which to return and would be lost. The process took 70 days but it was ritualistic, not medical. The ancient Egyptian embalmer refused to make the incision to open the abdomen, fearing retribution from the gods. Usually some disreputable person, of low status, was hired for this purpose and, after making the incision, with a sharp stone, he was run off so that the gods (who would of course be watching) would surely know that such mutilation was not condoned by the embalmer-priest.

Until the time of Aristotle (384-322 B.C.) human structure was observed only from open wounds, from torn and unburied bodies, and those that were decomposed so as to show some of the inner structures. That we find scant records of human structure from this period was probably due to the secret and hereditary nature of medicine as practiced by the priests of Asklepios who, as you know, were followers of the Greek mythological god of medicine. Information was kept within the cult and was passed from father to son, from teacher to student.

Hippocrates was one of the first to challenge the methods of these priests but the Greeks held human dissection illegal and sacrilegious, and prohibited dissection even for the purpose of gaining essential knowledge. Philosophy had become authoritative and was used to supply all informational voids.

The early Hindus refused to “molest” the dead body, and it seemed to them unnecessary to seek more information since it had already been recorded in their medical treatises that the human body was made of “300 bones, 90 tendons, 7 skins, 210 joints, 500 muscles, 70 blood vessels, 3 humors, 3 secretions, and 9 sense organs.” Apparently it was more important to know the numbers of the items than to know their true structure and function. They did make some observations but this necessitated first decomposing the body, in a bag, since the use of a knife was forbidden by religious law. After sufficient decomposition, the skin and all outer structures could fall away easily without needing to be removed mechanically, through dissection.

The advance of medical science gained its first real impetus at Alexandria, which had become a significant center of learning. Certain older philosophies were dying; belief in one god was gaining favor, permitting the concept that the body was merely the house or prison for the soul, which alone was eternal, and thus it was not necessary to retain and preserve.
the body to which the soul would eventually return. Thus it became possible actually to sanction dissection. Scholars from all over the world were attracted to Alexandria, with the study of medicine especially popular. Here, anatomy as a science was born, and there developed a school of medicine whose influence lasted over ten centuries. Royal permission to dissect was given, and this provided medicine its greatest thrust, for knowledge of human structure immediately gave rise to logical explanation and reason for disease, displacing mysticism, magic, and imagination in both diagnosis and in treatment. The practice of dissection was considered at that time to be of great educational and cultural significance.

But soon, due largely to the Roman invasion and the force of their religious beliefs, dissection of the dead was again prohibited. But, it apparently was acceptable to cause the living body to be brutally and cruelly mutilated in the gladiator combat arenas, to torture the conquered, and to slash to bits the body of an enemy, once he was overcome in battle.

During the Dark and Middle Ages anatomy was considered a pagan science and its pursuit to be sacrilegious and unnecessary. Progress was virtually arrested until the 13th century when Frederick II ruled that a year's study of anatomy at Salerno or Naples was a prerequisite to becoming a surgeon. Even so, only one human dissection was allowed each five years, and all candidates had to stand a demanding examination.

It is thought that the first human body to be dissected with scholarly intent in over a thousand years was done at Bologna early in the 14th century (about 1315) by Mondino, the subject being an executed criminal. The actual cutting or "anatomizing" was done by a barber, with the physician-anatomist reading, from an elevated position, descriptions of the structures as exposed by the barber and as identified by the physician's assistant who stood by with a pointer. Four successive days were usually spent in an "anatomy," the first for the digestive organs since they disintegrated most rapidly, followed by the respiratory, the circulatory, and the musculo-skeletal systems. France, being realistic, legalized human dissection in 1340, to be carried out at least once every five years.

The European Renaissance was a most important period for medicine since men were beginning to dare to resist thedictates of uninformed opinion, of dogma without reason, and even open hostility against acquisition of new knowledge. But enlightenment came slowly, and superstition and mysticism were at every hand... It is noteworthy that well-known artists (for example Leonardo Da Vinci, Michelangelo, Titian, and others) were unusually influential in promoting anatomy, and therefore medicine, through their own need to know the human body. It is said that more

"anatomies" were done by artists in the 15th and early 16th centuries than were done by anatomist-physicians...

Andreas Vesalius, who lived in the 16th century, was one of the first physicians actually to touch the body during dissection. He attended the Universities of Louvain and Paris. At Paris he discovered that his boyhood interest in anatomy had prepared him even better than his teachers. For there, while still a student, noting that the teacher was demonstrating (through the barber-surgeon) only the anterior abdominal wall and certain of the viscera, Vesalius stepped in, pushed the barber-surgeon aside, picked up the knife and proceeded to dissect the entire body with great skill. Thus the teacher could not only see but could show his class, for the first time, the total structure of the body... Vesalius became Professor of Surgery at Padua at 23 years of age, with the charge of teaching anatomy separately, probably the first appointment to a chair of anatomy in medical history. He instituted a pattern of anatomy instruction that spread throughout the world, not unlike that of present day courses. His book on the structure of the human body, written before he was 30, is one of the great masterpieces of literature, and surely in the history of medicine...

With the major barriers broken by Vesalius, and dissection legalized in France and in other European countries (excluding England, Scotland and Ireland), medicine began to advance anew. One should note that the greatest non-religious stigma related to dissection of the human had for centuries been that of being permitted only on executed criminals, and other major enemies of society. France took the lead in changing this stigma in 1790, passing a law that extended the legal source of cadavera to include all unclaimed bodies from prisons and charity hospitals. Shortly as many as 2,000 bodies were being made available annually for anatomy and pathology students at the University of Paris...

The British Isles lagged sadly behind the other European countries in providing proper legislation. Although by 1826 their medical students were required to learn human structure through their own dissections, cadavers were not legally made available to accomplish this... The need for physicians and medical students to acquire cadavers necessarily led to the gruesome practice of robbing graves, to the bribing of undertakers and watchmen of cemeteries, to the development of highly organized gangs for procurement of bodies through illegal means, and even to the development of rivalry between such gangs.

Legalization came slowly in the British Isles but, finally, increased incidence of grave robbing and murder spurred formulation of an acceptable bill in 1832, known as Warburton's Anatomy Act. This act
repealed the law making it compulsory to dissect the body of executed murderers; it created a supervisory board of inspectors; made any body unclaimed 48 hours after death available, under certain conditions, for anatomizing; it allowed persons to will their bodies if their nearest of kin did not object, and it made obligatory the burial of the dissected remains with religious services.

In America, the pattern followed closely that of the British Isles, that is, the establishment of medical education followed by an unbelievable reluctance in providing legally for dissection and sources of cadavers. When Dartmouth College anticipated medical education the New Hampshire Legislature immediately passed a law against “body-snatching,” this in 1796, but they did not for many years supply a legal source for the cadavers required by the new medical school. Obviously, grave robbing had to be practiced, and occasionally someone was caught. The history of grave robbing illustrates the result of an uninformed and apathetic public reflected by their representatives in government, also the result of religious and philosophic resistance to progress, and it illustrates human frailty, including that of dedicated physicians and medical students when faced on the one hand with the gravity and the responsibility of curing disease and the saving of human life but, on the other, being denied the necessary avenues of learning.

There are records of student activity as well as that of professional “resurrectionists.” How fortunate you young people are these days and how grateful you should be, that you can study without the many nocturnal ventures, usually not successful but always most dangerous, in which your counterparts of not too many years ago had to engage!

The Massachusetts Anatomy Act of 1831 was the first in America. This was brought about by an enlightened state medical society who found it necessary first to educate the public, who apparently found it necessary to educate their legislators, since they had previously refused to act. Although not too satisfactory, this bill was important in the evolution of others. In 1867 Pennsylvania passed an Anatomic Law which was not yet ample, so some grave robbing continued. Dr. William S. Forbes, Professor of Anatomy at Jefferson, whose portrait by the famous Eakins hangs on the wall of the landing of the stairs you ascended on your way to this floor, was instrumental in achieving the Anatomy Act of 1867 and of its revision in 1882. So, with a satisfactory source of cadavers, grave robbing in Pennsylvania subsided.

The story is much the same in many of our United States. First a rise in medical educational activity but because of no proper legislation, body-snatching, grave-robbing, and the like, had to occur. Following arousal of the public and the overcoming of the apathy of the legislators, reasonable laws have been passed.

With the privilege fairly well won, where are we today, in Pennsylvania, even with proper legislation? We have a good law and a State Anatomical Board to oversee the delivery of unclaimed and willed bodies to our medical and dental schools, each receiving its share of the total number available, determined by a quota based on the number of first year students. But since 1936, my first year at Jefferson, we have never received our full quota, and it gets worse each year.

In 1936, 734 cadavers were dissected in Pennsylvania by 2,668 students; in 1967 the total available, including those willed, had dropped to 409, while students had increased to 4,333. Of these, in 1936 none were willed, in 1950 eight were willed, in 1966 sixty were willed. Although heartening, this increase in willed bodies is not keeping pace with the reduction in the unclaimed. Unless the number from both sources is increased the result is obvious. A few years ago we had to suspend indefinitely our course in Applied Anatomy and Operative Surgery on the Cadaver for the Third Year Class. And now we are trying desperately to supply a few cadavers for our new elective program.

The same old inroads and some new ones are still progressively reducing the number of unclaimed bodies available to you. Among these inroads are burial insurance, public assistance programs, religious philosophies that deny dissection of their own members but who expect their members to dissect the bodies of others, the lobbying influence of undertakers who want to bury all dead bodies, the Government’s program of burying all Veterans at public expense, the failure of officials to obey the law and surrender unclaimed bodies, the apathy of the medical profession, an uninformed public, and the apathy of legislators. In illustration of the latter, a recent attempt was made in the Pennsylvania Senate to render it easier for one to will his body for use in medical education, and the result was reported in the Philadelphia Evening Bulletin of July 26, 1967; the bill was defeated. Clearly if it were not for the unbiased, deeply dedicated, educated people who are now willing their bodies, the situation in Pennsylvania would be impossible, and soon incredible.

We have seen that the privilege of studying human anatomy has had enemies through the ages, and they still are with us, and some new ones, here in America and in this State. Every individual who is privileged to engage in human dissection should be fully aware of his privilege, of how dearly it was won, of how tenuous and fragile the thread by which this privilege still hangs, and of his own responsibility to help protect it for those who will come after him. The continuation of this privilege—and make no mistake, it is a privilege—now must largely be up to you.
On The Social Side

At the start of the summer Jefferson got into the party-giving mood and has been carrying on in the same groove since. The first event was a cocktail party for alumni, faculty and wives attending the annual convention of the American Medical Association in Atlantic City. A suite in Haddon Hall held 80 guests of the Alumni Association on June 19; it was a success from the word go, and go did seem to be the word so a reception was run the following night as well with an equally enthusiastic turnout. On hand were Dr. William F. Kellow, Dean of the Medical College, and Dr. William A. Sodeman, Dean, Emeritus. Other guests included three presidents of state medical societies, Dr. Richard D. Bauer '45, President of the Medical and Chirurgical Faculty of the State of Maryland, Dr. Louis K. Collins '34, President of the Medical Society of New Jersey, and Dr. Richard E. Flood '41, President of the West Virginia State Medical Association. Dr. Vincent T. McDermott, President of the Alumni Association, with Mrs. McDermott hosted the event.

Philadelphia was the setting for the next alumni happening, the occasion being the meetings of the Pennsylvania Medical Society. Alumni of the state were invited to attend a dinner at the Warwick Hotel on September 28. Speakers Dr. Peter A. Herbut, President of the Medical Center, and Dr. Kellow talked Jefferson to the more than 100 alumni and wives present. After that it was off to Chicago for a reception at the American College of Surgeons sessions. October 3 and 4 were the evenings for cocktails and informal reunion on an eighteenth floor suite at the Conrad Hilton overlooking Lake Michigan. Hosting again, with some 60 guests each night, were Dr. and Mrs. McDermott. Jefferson’s new Samuel D. Gross Professor of Surgery and Head of the Department, Dr. John Y. Templeton '41, stopped in on this one. California was part of the social scene too, with a dinner for alumni at the home of Dr. George C. Griffith '26, in Los Angeles on October 19. North a little to San Francisco then, for a dinner at the St. Francis Hotel with Dr. Clyde C. Greene '41, in charge of arrangements.

More coming! See the calendar for events in your locale.

ALUMNI CALENDAR

November 14
Open House, Hotel Fontainebleau, Miami Beach, in conjunction with the meeting of the Southern Medical Association.

November 15
Dinner meeting at Hunt Memorial Building in Hartford, Connecticut, for alumni.

November 16
Dinner meeting for alumni in Puerto Rico held in conjunction with the annual convention of the Puerto Rican Medical Association.

November 18
Dinner meeting at Hotel Hershey for alumni in Central Pennsylvania.

February 13
Open House, Hotel Dorset, New York, in conjunction with State Medical Society of New York.

February 29
Annual Business Meeting for Jefferson alumni.

February 29
Parents’ Day Program for parents of Sophomore class.
The Requirement of Informed Consent: Bane or Boon?

by DONALD J. FARACE, ESQ.
Visiting Professor of Legal Medicine

"... it will be no defense for a surgeon to prove that the patient had given his consent, if that consent was not given with a true understanding of the nature of the operation to be performed, the seriousness of it, the organs of body involved, the disease or incapacity sought to be cured, and the possible results."

Thus is expressed the growing consensus of courts in holding physicians liable to patients upon whom surgical or other procedures have been carried out without explanation by the physician sufficient to permit the patient to understand the nature of the procedure and its probable consequences, and to make a choice between the alternatives presented. Recent cases, in short, impose what is called a requirement of "informed" consent. Under these cases the catch-all consent routinely signed by patients upon admission to hospitals is of dubious value to any surgeon or treating physician, absent proof that the patient was adequately informed when he signed the consent.

In thus seemingly expanding the area of the doctor's responsibility to his patient, are the courts acting fairly and justly, or is the doctor being hedged about with burdensome restrictions? Will the poor fellow have to defend himself in court every time he so much as prescribes an aspirin, unless he lectures his patient on its possible side effects?

The law pertaining to "informed" consent is, of course, still in a development stage. The likelihood, however, is that courts dealing with this matter will show moderation, good judgement, and a concern for the practical realities which face physicians.

Just what is the nature of this beast, "informed consent"? The idea of requiring a patient's consent before a physician may treat or operate upon him is, of course, neither new or shocking. Many years ago, Judge Benjamin Cardozo stated the principle clearly, simply and unassailably:

Every human being of adult years and sound mind has the right to determine what should be done with his own body; and a surgeon who performs an operation without his patient's consent commits an assault, for which he is liable in damages.

Except in a socialistic state which denies to the individual the authority to determine for himself whether and to what extent he will submit to medical
treatment, it seems clear that a patient's right to self-determination should be unlimited, no matter how beneficent the proposed treatment or how well-meaning the physician. There is no room in this area for benevolent despots. Thus, the best-motivated doctor who, glancing up from his lunch, is horrified to observe an unmistakable malignant melanoma on his wailer's cheek cannot drag the man, kicking and screaming, to the nearest operating table and get to work. Except in cases of "emergency," consent is all that stands between the doctor and a charge of assault and battery.

Nor is there anything new or shocking in the idea that the surgeon whose patient has consented to an appendectomy may not snip out his gall bladder while the man is conveniently on the table, simply because conditions observed during the appendectomy convince the surgeon that the patient would be much better off without it. Again absent "emergency," the gall bladder is, after all, the property of the patient and not of the doctor, and the patient has not so far agreed to part with it. Unless there be an emergency, such that the doctor is firmly convinced that it would be fatal to wait until the patient regains consciousness and can be told what the situation is, specific consent is necessary. No one would contend that the mere fact that a doctor believes that smoking or drinking will badly injure the patient's health entitles him to break into the patient's home and remove his cigarettes or his liquor. A fortiori, then, this is true when we deal with the patient's body, which aside from any other consideration, is in all its parts irreplaceable.

What are the consequences to the physician if he proceeds to treat a patient without his consent? It is elementary that the physician in such case is liable for assault and battery.

If the consent given to the operation in question was ineffectual, every phase of this operation, from initial anesthesia to final suture, was a continuing battery for which recovery should be allowed, even if the operation has been successful. The operation itself, under such circumstance, is the wrong.5

(Emphasis the Court's.)

In this situation, the patient need not show the slightest degree of negligence on the part of the doctor. Even if the doctor produced a perfect result, all that is required to permit recovery is a showing by the plaintiff that he had not consented or that his consent was not an "informed," or valid, one. Even proof that the patient would have died without the particular operation is no defense to an action for battery where no consent to the operation was obtained.6 It must follow that, unless the patient clearly understands what the operation in question involves, he cannot be said to have consented to its performance.

But just what is "informed" consent? Television viewers may recall the cartoon commercial in which an exotically-garbed figure, sporting a flower-printed shirt and bearing a giant can of the sponsor's fruit drink with the name Hawaiian Punch prominently displayed, swaggers up to a meek little soul and asks, "How would you like a nice Hawaiian Punch?" The little soul nods delightedly—and is promptly laid flat by a whoink in the kissel! This is what an "informed" consent is NOT.

In short, it does not take the judicial erudition of an Oliver Wendell Holmes to understand that a man cannot properly be said to have agreed to something when he has not the faintest idea what that something is, or, as in the Hawaiian Punch commercial, when he thinks it is a different thing entirely from what is actually proposed.

"Do you mean," you say, with rising alarm, "that, unless I practically diagram every step of an operation for the patient, and tell him every little detail about what I think is wrong, and why I think it, and exactly what will happen, and every conceivable thing that can possibly work out badly, like maybe they just waxed the hospital floors and he could slip and break a leg, or maybe the fellow in the pharmacy forgot to clean his glasses and will give him the wrong type of blood—unless I go through all the wildly unlikely contingencies, and give the patient what amounts to a course in 'instant medicine,' he can sue me for battery? In the first place, no doctor can possibly know in advance every single possibility which may arise in the course of a particular operation or treatment. All sorts of unforeseen things, some of them very serious, can come up, and all you can do is deal with them as best you can when they arise. And if I took the time to try to explain everything to my patient, down to the remotest thousand-to-one shots, he'd be dead of old age and so would I before we got
to the hospital. And that's assuming that the patient, who hasn't had any medical training, would even be able to understand if I did give that sort of explanation. The whole thing is ridiculous!"

Quite right. It would be ridiculous—if it were true. Fortunately, this is not what the courts, or, for that matter, the patients, are likely to require.

Perhaps a recital of some of the specific circumstances under which the requirement of "informed consent" has been imposed would best indicate the scope of the rule. In Bang v. Charles T. Miller Hospital,7 the patient, after some years of urinary complaints, was referred by his family physician to a specialist. The specialist recommended a prostate operation, to which the patient consented, and, in the course of the operation, severed the patient's spermatic cords, rendering him sterile. In the ensuing litigation, the doctor admitted that, although the severing of the spermatic cords is routine when this operation is performed on one of plaintiff's age, he had not told plaintiff that the operation would render him sterile nor even that the spermatic cords would be involved at all in the operation. Said the Court:

... a reasonable rule is that, where a physician or surgeon can ascertain in advance of an operation alternative situations and no immediate emergency exists, a patient should be informed of the alternative possibilities and given a chance to decide before the doctor proceeds with the operation. By that we mean that, in a situation such as the case before us where no immediate emergency exists, a patient should be informed before the operation that if his spermatic cords were severed it would result in his sterilization, but on the other hand if this were not done there would be a possibility of an infection which could result in serious consequences. Under such conditions the patient would at least have the opportunity of deciding whether he wanted to take the chance of a possible infection if the operation was performed in one manner or to become sterile if performed in another.

In other words, where a choice exists, be it whether or not to undergo the recommended procedure, or to prefer one risk over another, that choice is the patient's, and not the physician's, to make, and one of the physician's duties is to make adequately clear to the patient just what the choices involve. It is then up to the patient to decide whether the game is worth the candle. Since, in the long run, both game and candle are the patient's to endure for the rest of his life, this proviso can hardly be deemed unreasonable.

Liability has also been imposed for failure to warn a patient in possession of his faculties of the risk of unintended convulsions and resultant fractures in insulin and electroshock therapy for emotional illness, particularly since it is known that a "rather high incidence" of such fractures occurs.8 In Mitchell v. Robinson, the patient had admittedly consented to a combination of electro- and insulin shock therapy. There was no suggestion that anyone involved in the administration of the treatment had been negligent in any respect. The patient's sole complaint was that no one had warned him that he might sustain fractures, which, in fact, he did. The Court agreed that, if he had consented without being accorded this essential knowledge, the treatment could be considered a battery.

In Gray v. Grunnagle,9 a patient had had trouble with his left leg since 1941. By early 1960, the condition had progressed, and he had muscular atrophy and suffered occasional inversion of his foot. The specialist to whom he was referred performed various tests, including myelography, and recommended hospitalization for surgery which, the patient understood, was to be solely exploratory in nature. As the Court reported his testimony:

... [he] was apparently of the opinion that if the cause of his discomfort could be ascertained, that he would then be sewn up and, in due course, advised of the nature of his malady and could then determine if he wished to undergo corrective surgery. (At p. 154.)

What actually happened was that, during the supposedly "exploratory" surgery, the surgeon discovered a bulging disc which he had suspected from the outset, and, inter alia, cut various ligaments to relieve its pressure upon the spinal cord. This resulted in complete paralysis of both plaintiff's legs. The hospital record disclosed that plaintiff had frequently asked what the nature of the surgery was supposed to be,
and, in view of his testimony as to the exploratory nature of the proposed operation, and of the doctor's admission that "... it was the accepted standard of care prevailing in this ... area ... to advise the client of these potential risks and hazards," that there are risks of paralysis, and that he could not recall having discussed these matters with plaintiff, the Court held that the issue of whether or not the plaintiff had given a valid consent to the operation performed was properly for the jury, and quoted approvingly and at length from the Powell article excerpted at the beginning of this discussion. This case, in which the plaintiff had signed a consent to operation identical to the one footnoted above, also emphasizes the invalidity of such broad consents in the absence of adequate information from the doctor.

Likewise, in *Scott v. Wilson*, a patient underwent a stapedectomy on the left ear, in which some impairment of hearing had been improved by the use of a hearing aid. His apparently uncontradicted testimony was that the doctor had told him that "we" have ninety per cent success and ten per cent in which hearing is neither improved nor made worse. Aside from the fact that it developed that the surgeon in question had never before performed a stapedectomy on a live patient, it further appeared that he had never mentioned the risk of total loss of hearing, which resulted in this case. The Court held that the doctor had a duty fully to inform the patient of the nature of the operation, the processes contemplated, and the dangers and hazards of the operation together with the chances for restored hearing, so that the patient might choose between having the operation or living with impaired hearing.

It appears that the duty of the doctor to disclose and define risks extends not only to the risks inherent in the actual operation or treatment (as aplastic anemia is a risk inherent in the administration of a certain amount of chloramphenicol), but to those risks which are reasonably known to be collateral to it. It is necessary, for example, when prescribing drugs which incidentally produce drowsiness, to warn the patient not to drive his car or operate dangerous machinery while taking these drugs. So, too, in prescribing certain so-called "birth control" medications, which are often used to enhance fertility, warning should be given patients that, in a significant percentage of cases, multiple births result, sometimes so premature that none of the children survives.

How specific must the consent given to the doctor by the patient be? As already indicated, consent to an appendectomy does not necessarily imply a consent to a cholecystectomy. In *Mohr v. Williams*, the patient consented to an operation on her right ear. After she was anesthetized, the surgeon examined her left ear and discovered it to be in far worse condition than the right and in greater need of surgery. The patient being under anesthesia, he discussed the situation with her family doctor, who was in attendance (but who obviously had no more legal authority to give consent for the patient than the surgeon had to proceed without it), and they concluded to operate on the left ear instead of the right. The patient had had no prior difficulty with her left ear, but, following the operation, she became totally deaf in that ear. The Court there held that the consent to surgery on the right ear did not necessarily imply consent to surgery on the left, and that the doctor had no authority to perform such operation without her express consent. Again, this case involved no allegation of negligence in the actual performance of the surgery.

In short, generally it appears that the patient is entitled to some enlightened power of choice over what is to be done with his body, and the courts understandably take for granted that a person who has successfully mastered the difficulties and demands of medical training is sufficiently articulate to make clear, in terms comprehensive to the layman, enough of the facts involved in the particular case to enable the patient to make a valid choice.

If we may elucidate by analogy, the problem may be likened to that of the restaurant diner to whom the waiter says, "Would you care for dessert?" The natural response is, "May I see the menu, please?" The diner has no way of knowing whether or not he will want dessert until he sees what is offered. And he can hardly be expected to trust a stranger to know what he loves, what he loathes, what gives him hives, what will not put his daily calorie allowance over the hill, what he can afford, or, quite simply, what strikes his fancy. By the same token, presumably the waiter would be more burdened than flattered to have the responsibility for this choice dumped in his lap, clairvoyance being a bit outside the capabilities of even the most intelligent of human beings.

It is probably fair to say that the growing legal
trend is to require that more and more information, more and more specific in nature, be given in advance by the doctor to the patient. The movement in this direction is unmistakable and inevitable, and there are many obvious and excellent reasons why this is so.

First of all, consider the wording of the usual consent form signed by the patient before he is ushered up to his hospital room. It is, quite bluntly, so broad as to be meaningless. Strictly construed it turns the patient's body into a sort of anatomical cafeteria, where the doctor may help himself to anything he pleases. Under such consents, the doctor has carte blanche to amputate the patient's head, if in his opinion this would be a good idea. But the law must deal with realities, and the reality is that no patient would ever allow himself to be dragged within miles of a hospital if he thought it possible that the doctor, once having gotten him on the table for the avowed purpose of removing his tonsils, could safely snick and snatch away at anything and everything within reach.

When your car starts saying, "bzzzlrurpety-glunk" instead of "mmmmmmmmrrRRRRRR," you are reasonably entitled, even though you may not know a carburetor from a carbuncle, to be told by your friendly maintenance guardian what is wrong with it, what are the chances of putting it right by doing this or that, whether it would be better to repair or trade in on a new one, and how much the whole thing will probably cost. So, too, the patient is reasonably entitled to be told what is wrong with his inside, what can be done about it, and what the probable consequences of the various possible courses of action will be.

For another thing, each year more and more education is available to greater numbers of people. As a consequence, the average patient today comes into his doctor's office perfectly well able to distinguish between his anus and his olecranon. The medical profession itself contributes to his sophistication, and goes to considerable effort and expense to see that as many people as possible learn some basic medical facts, such as the warning signals of cancer, or diabetes; the need for periodic chest x-ray, and so on. These campaigns to disseminate knowledge arise, admittedly, out of the growing awareness in the medical profession of the need for real communication with an informed public. The need is genuine, and, apart from the resentment felt by most patients at the implication that it would be impossible to give an explanation simple enough to comprehend, certainly an informed public is more desirable, from the point of view of both doctor and laymen, than an ignorant one.

Education tends to replace blind faith with question and curiosity, and, if this means that better-informed patients will ask more questions and demand better answers, it also means that the doctor will find it easier to answer because he need no longer simplify to the point of absurdity. A mutually rewarding corollary is the probability that the patient who has a pretty good idea of what is going on in his inside will be much more inclined to follow medical advice, and much more likely to do so intelligently and constructively, than his uninformed counterpart.

It is also true that, in a special and unique way, a certain amount of blind faith on the part of the patient must always enter into the delicate relationship which exists between him and his doctor. Somewhere in his inmost self, even the most medically sophisticated patient must feel confident that the doctor "knows exactly what he's doing." To the patient who feels that confidence, the mere sound of the doctor's footsteps in the hall is so reassuring as to "perk him up" even when he is feeling totally ghastly. Surely, a relationship so founded upon trust which must be one-sided demands reasonable honesty and sincerity as a return for that trust.

And, regardless of their degree of sophistication, most patients have not quite got over the idea that "The Doctor" is a bit superhuman, able to restore perfect health in the face of the most advanced disease if Providence sees fit. Of course the doctor cannot perform miracles, but how greatly the foundation of trust is reinforced if he states the case clearly and adequately, rather than let the patient expect the miracle and wake to the disability.

Finally, the physician who makes it a point to "inform" his patient in advance of treatment of potential risks not only enhances his standing with his patient, but performs the therapeutic function of warding off possible unfounded malpractice actions by patients who confuse a poor result with carelessness on the part of the physician, simply because the physician did not prepare the patient in advance to weigh the pros and cons of the proposed treatment.

There are, of course, instances where the physician feels that, in all conscience, it would be medically inadvisable to make disclosures to a patient as to his
condition. Doctors have, in certain cases, the right to "tailor" the information which they give to fit the patient to whom they give it. Some patients will not be harmed, and, indeed, will be deeply appreciative if the hopeless facts of their case are presented straightforwardly. Others may be too unstable to hear the truth. It would hardly be therapeutic for Dr. A, who knows that Mrs. X is a hypochondriac, severely depressed, and terrified to phobia of the mere mention of the word "cancer," to tell her flatly that she has cancer of the breast and must have it removed. That is not to say, however, that it is fair to her to lead her to expect a tiny scar and retention of all her members when what the doctor contemplates is a radical mastectomy. As suggested, the courts will reasonably require of the doctor only that he find a "golden mean" by which he can adequately prepare his patient for what must be done, while avoiding the possibility of driving the patient to suicide because he has, quite frankly, scared the bejabers out of him. He is not required to turn his office into a medical school, nor to include, when discussing probable consequences of a procedure with the patient, possibilities which are highly unlikely.

The extent of the duty to inform is, of course, commensurate with (a), the seriousness of the risk, and (b), the degree of probability of harm. Thus, if the failure to give information to a patient concerning a prescribed drug entails only a possibility of a slight rash or mild headache which may last for a few hours and then disappear, no one is going to be terribly concerned about blaming the physician for failing to give that warning. On the other hand, if the risk involves death or serious bodily harm, as in the case of halothane, even though the probability of risk be slight, it is clear that the patient should be entitled to a warning so that he may make his own choice.

To the best of the writer's information, there have been no cases dealing with a doctor's failure to inform in a situation where the patient comes to him in the last stages of some incurable disease, and it is hardly conceivable that any court would dream of requiring a doctor to give information which would serve absolutely no purpose but to becloud the patient's last days. In such cases, too, the problem of "informed" consent is unlikely to arise, if only for the reason that, in all probability, no procedure requiring such consent would be contemplated.

What, then, putting aside all of the citations and legal language and complex theories of liability, is actually required of the doctor in the way of obtaining an "informed" consent? As a practical matter, perhaps no more than the old maxim, "Do unto others..." would command. (We have it on good authority from a doctor/friend that no more frustrated human being exists than the doctor who, when himself a hospital patient, is refused even such modest information as what his current blood pressure reading may be!)

In the last analysis, these recent cases make good sense even to doctors, most of whom, on reflection, will agree that what is now expressly required of them is, in fact, no more than most competent and conscientious physicians have been doing all along.

2. For example: "Whereas, I, ____________ Hospital, and of full age, now in the ____________ Hospital, and of full age, have been informed by the physicians of said hospital that in their opinion an operation on me is necessary for the proper treatment of my illness, I hereby consent to the same and said physicians are hereby authorized to employ whatever operative procedure they deem necessary, using their best skill and judgment." Gray v. Grunnagle, 423 Pa. 144, 147, 148 (1966).
4. For more detailed discussion of the definition of emergency, see Restatement of Torts 2d, §62. What constitutes an "emergency" is outside the scope of this discussion; suffice it to say, for our present purposes, that the terms refers to a situation in which, inter alia, the patient is mentally or physically incapable of giving any consent at the time, but immediate action is required to prevent imminent serious harm to the patient.
5. Shetter v. Rochelle, 409 P. 2d 74, 82, 83 (1965); citing Restatement of Torts 2d, §§13, 15.
10. Scott v. Wilson, 396 S. W. 2d 532 (1965)
13. See, for example, Gray v. Grunnagle, supra, where the defendant doctor testified that it was the "accepted standard" of care to inform the patient as to the risks and hazards of proposed treatment.
Francis J. Sweeney, Jr.
Heads Hospital

Dr. Francis J. Sweeney, Jr., assumed the post of Director of Jefferson Medical College Hospital on September 1. It was a familiar scene for Dr. Sweeney, who graduated from the Medical College in 1951. Both his internship and residency years were spent at Jefferson and he was Chief Resident in Medicine in 1957-58. Dr. Sweeney was appointed to the faculty immediately upon completion of his residency in 1958. Since then he has risen from Instructor in Medicine to Associate Professor of Medicine and fulfilled these assignments with such proficiency that he earned a Lindback Award for Distinguished Teaching in 1963. Along with his faculty position Dr. Sweeney has been Coordinator and Chief of Service of the Jefferson Medical College Division of Philadelphia General Hospital.

Dr. Sweeney is well known in his specialty of infectious diseases. He has published widely in this field and directed several community health programs, including the highly successful 1963 Victory Over Polio Campaign in Philadelphia. Dr. Lewis D. Polk, Philadelphia's Deputy Commissioner of Public Health served as Co-Director. In 1966 Dr. Sweeney was program Chairman of the Jefferson-Penn State symposium on infectious diseases which attracted international speakers. Presently Dr. Sweeney is Chairman of the Committee of Communicable Diseases of the Philadelphia County Medical Society and a trustee of the Foundation for Community Health. While serving on the attending staff of Jefferson Hospital, he is also a consultant in infectious diseases at Chestnut Hill Hospital, and until recently, served in the same capacity at Eagleville Sanatorium for Consumptives and Magee Memorial Hospital for Rehabilitation.

After enlisting in the Navy in World War II, Dr. Sweeney spent two years as a Medical Officer during the Korean Conflict. A year at sea was followed by his assignment to head the mobile x-ray unit at U. S. Naval Hospital in Philadelphia.

His professional memberships include the Professional Advisory Committee of the City of Philadelphia Department of Public Health, the Infectious Disease Society of America and Sigma Xi. He is a Diplomat of the American Board of Internal Medicine and a Fellow of the American College of Physicians.

Dr. Sweeney

Undergraduate work for Dr. Sweeney was at the University of Virginia and prior to that he attended St. Joseph's Preparatory School in Philadelphia. As a student at Jefferson Dr. Sweeney was active in student affairs and has continued his participation in Jefferson life through the Alumni Association as Class Agent, Chairman of the Archives Committee and member of the Executive Committee. As reunion chairman in 1961 Dr. Sweeney brought his class to a record-breaking 80 percent participation in annual giving.

Dr. Sweeney takes over the administration of one of the largest hospitals in the East. His predecessor, Maurice P. Coffee, Jr., resigned to accept a position with a national planning concern as the consultant on hospitals.

Dr. Sweeney is married to the former Helen Drueding. They have five children.
A new Assistant Dean has been appointed to the College's administrative staff. Dr. Joseph S. Gonnella, a Harvard Medical School graduate, has spent the past year as Assistant Dean and Assistant Professor of Medicine at Hahnemann Medical College in Philadelphia. His strong interest in medical education is reflected by the year he spent as an American Heart Association Research Associate at the Office of Research in Medical Education, University of Illinois College of Medicine. Dr. Gonnella was an Instructor on the faculty of the Medical College there also.

Dr. Gonnella graduated Phi Beta Kappa and summa cum laude from Dartmouth College in 1956 and the following year he earned the degree of Bachelor of Medical Sciences at Dartmouth Medical School. In 1959 he was awarded his M.D. degree at Harvard. After a rotating internship and a year of residency in internal medicine at the University of Illinois Research and Educational Hospitals, Dr. Gonnella interrupted his training to enter military service. He returned to the University of Illinois Hospitals in 1963 and completed his residency in 1965 as Chief Resident. He is licensed to practice medicine in five states.

Dr. Gonnella becomes Assistant Professor as well as Assistant Dean.

The pace of progress! Less than six months ago the southwest corner of Tenth and Walnut Streets was an empty plot of urban renewal ground; now the location is home for 15 stories of the Orlowitz Residence Hall. The housing facility for students and house staff is scheduled for completion in the fall of 1968.

Reports for the 1967 Symposium on Circumpolar Health Related Problems indicate a highly successful first in the Arctic health field. Chaired by Dr. C. Earl Albrecht, Professor of Preventive Medicine at Jefferson, the program brought together approximately 100 scientists from Norway, Sweden, Finland, Denmark, Canada, the Soviet Union, Greenland and the United States for lectures and discussions during the week of July 23. The agenda stressed the impact of development of northern lands on the health and welfare of the inhabitants and the effects of various diseases due to the polar environment. Topics included: The Land and the People; Pulmonary Diseases; Virus Diseases; Environmental Stresses on Human Behavior; Current and Potential Hazardous Contamination of the Environment; and A Look at the Future.

The symposium took place at the University of Alaska by arrangement of the Arctic Institute of North America under a grant from the Department of Health, Education and Welfare. Coinciding with the symposium was the dedication of a new building for the Arctic Health Research Laboratory at the University of Alaska. Principal speaker at the event was Dr. William H. Stewart, Surgeon General of the Public Health Service.

Dr. Albrecht, who served as Commissioner of Health for the Territory of Alaska from 1945 to 1956, is a member of the Arctic Institute's board of governors. Lecturing at one of the sessions was Dr. M. H. F. Friedman, Professor of Physiology and Head of the Department at Jefferson.

The latest news in Continuing Education is the symposium "Genetics in Medical Practice," held in Jefferson's McClellan Hall November 3 and 4. The program was designed to provide the clinician with information on clinical application of basic investigational studies in genetics. An interdisciplinary faculty was on hand for the sessions. Program co-chairmen were Dr. Alvin F. Goldfarb, Assistant Professor of Obstetrics and Gynecology, and Dr. Leon A. Peris, Associate in Obstetrics and Gynecology. Coordinating the Jefferson continuing education series is Dr. John H. Killough, Assistant Dean.
Dr. Russell Schaedler takes over as Professor of Microbiology and Head of the Department at Jefferson on January 1. Dr. Schaedler is a 1953 graduate of the College and also served his internship at Jefferson.

It was his predecessor, Dr. Kenneth Goodner, who influenced Dr. Schaedler toward a career in microbiology. For the past thirteen years Dr. Schaedler has been on the staff of The Rockefeller University in New York. His first association there was as Assistant at the then Rockefeller Institute for Medical Research and Assistant Physician to the Hospital. His current position is Associate Professor and Physician at The Rockefeller University.

A native Pennsylvanian, Dr. Schaedler received his undergraduate degree with honors from Ursinus College in Collegeville, Pennsylvania in 1949. At medical school Dr. Schaedler was elected to Alpha Omega Alpha and worked on the 1953 Clinic as Associate Editor.

His research has focused mainly on the mechanisms of natural susceptibility and resistance to infections with special emphasis on the gastrointestinal flora. This work has been reported in numerous publications in scientific journals.

His present activities include membership in various scientific societies, such as the American Society for Microbiology, the American Association of Immunologists, the American Association for the Advancement of Science, Sigma Xi, and the Harvey Society. He serves on the Editorial Board of the Journal of Bacteriology, on the Board of Directors and the Scientific Advisory Board of the New York Tuberculosis and Health Association, and as an Associate Member of the Armed Forces Epidemiological Board.
faculty

notes

dean’s office

Dr. William F. Kellow, Dean and Vice President for Medical Affairs, received an honorary Doctor of Science degree at the fall commencement exercises at St. Joseph’s College in Philadelphia. He was principal speaker on the occasion. On July 12, Dr. Kellow appeared with a panel of physicians and hospital administrators on the radio program “Night Talk” to discuss the first year of Medicare.

biochemistry

Dr. Paul H. Maurer, Professor of Biochemistry and Head of the Department, has been awarded a National Institutes of Health training grant in allergy and immunology for five years. The first year’s award is for more than $110,000.

Dr. R. H. DeMeio, Professor of Biochemistry, attended the Seventh International Congress of Biochemistry in Tokyo during August and presented his work on the synthesis of mactin by clam tissues at one of the symposia.

Dr. George F. Kalf, Professor of Biochemistry, received a $23,000 grant from the American Heart Association for his research on protein biosynthesis in heart mitochondria.

medicine

Dr. Robert I. Wise, the Magee Professor of Medicine and Head of the Department, served as Vice Chairman of the Section on Internal Medicine of the American Medical Association for 1966-67 and has been elected as representative to the Scientific Exhibit of the AMA for 1967-68. He recently received membership in the Association of American Physicians.

Dr. Richard A. Field, Associate Professor of Medicine, chaired a panel presentation and discussion of “Pituitary Ablation in the Treatment of Diabetic Retinopathy” at the annual meeting of the American Diabetes Association held in Atlantic City in June. Dr. Field reported favorable results obtained at Jefferson with stereotactic trans-sphenoidal radiofrequency pituitary coagulation developed in the Department of Neurosurgery by Dr. Nichalos T. Zervas and Dr. Philip D. Gordy. At the Sixth Congress of the International Diabetes Federation in Stockholm, Sweden. Dr. Field reviewed his research on altered metabolism in nerves of animals with experimental diabetes as a member of the panel on diabetic neuropathy. He also read to the Congress a paper by Dr. Franz Goldstein, Associate Professor of Medicine, and Dr. C. Wilmer Wirts, Professor of Clinical Medicine.

Dr. Ruth K. Silver, Research Associate in Medicine, attended the Fourth Annual Meeting of the Society for Cryobiology at the Shoreham Hotel in Washington, D. C., during August, and presented a paper which she co-authored titled “Effect of Concentration of Calcium Ions in the Growth Medium on Viability of Frozen Hela Cells Following Slow Thawing.”

microbiology

Dr. Eileen L. Randall, Assistant Professor of Microbiology, presented a paper on “A Comparison of Culture and Fluorescent Antibody Techniques in the Diagnosis of Neisseria Gonorrhoeae” at an American Society for Microbiology meeting held in New York in May.

ophthalmology

Dr. Thomas D. Duane, Professor of Ophthalmology and Head of the Department, attended the Seventh International Conference on Medical and Biological Engineering in Stockholm, Sweden, during August, with Dr. Thomas Behrendt, Assistant Professor of Ophthalmology. Dr. Duane presented the paper, “Bio-engineering Approaches to Retinal Ischemia,” at the Conference and Dr. Behrendt spoke on “Real Time Pattern and Coincidence Analyzer of EEG.” Dr. Behrendt also presented a paper titled “Mechanisms of Fluorescence in Fundus Photography” at the 1967 Oxford Ophthalmological Conference held at Oxford University from July 10-12.

otolaryngology

Dr. John B. Reddy, Professor of Otolaryngology, has been assigned Chief of Otolaryngology at Philadelphia General Hospital.

pathology

Dr. Gonzalo E. Aponte, Professor of Pathology and Head of the Department, spoke on the importance of the laboratory in cancer diagnosis at the 15th Annual State Convention of the New Jersey Society for Medical Technologists at Cherry Hill, New Jersey, in August. In May Dr. Aponte spoke to Jefferson’s Alpha Omega Alpha Chapter on “Diseases of Famous People.” He addressed the “TOP” Club of San Juan, Puerto Rico, on the same topic in August.
Dr. Robert Love, Professor of Pathology, was Visiting Professor of Pathology at the University of Colorado School of Medicine in October. He delivered a series of conferences on nuclear injury.

Dr. Jasper G. Chen See, Assistant Professor of Pathology, recently completed a book co-authored with Dr. Thomas Butterworth on the laboratory medicine of dermatology.

**pediatrics**

Dr. John F. Bayley, new Associate Professor of Pediatrics, will serve as Director of the Outpatient Department and Assistant Director of the Children and Youth Program. Before coming to Jefferson Dr. Bayley was Director of the Pediatric Outpatient Department of the Medical College of Virginia. From 1961-1965 Dr. Bayley was a fellow in Psychological Pediatrics at Children's Hospital in Philadelphia. He received his doctoral degree from the University of Tennessee Medical School.

**preventive medicine**

Dr. E. Harold Hinman, Professor of Preventive Medicine and Head of the Department, presided as Chairman of the Section on Preventive Medicine at the American Medical Association sessions during June and presented an address on “Teaching of Preventive Medicine.” On June 28 he presided at an organization meeting of the new Health Agency of the United Fund-United Health Services.

Dr. Abram S. Benenson, Professor of Preventive Medicine, has been appointed a member of the Board of Scientific Counselors of the Division of Biologics Standards of the National Institutes of Health. He was appointed Editor of the forthcoming 1970 edition of “The Control of Communicable Diseases in Man” by the American Public Health Association. Dr. Benenson attended a Cholera Symposium sponsored by the United States-Japan Cooperative Medical Science Program at Palo Alto, California, recently, and he spent a part of August in Geneva, Switzerland, as a Consultant to the World Health Organization Smallpox Eradication Program.

Dr. Paul Kanofsky, Assistant Professor of Preventive Medicine, gave a paper titled “The Normal Range and Variance Components” at the Working Conference on Normal Laboratory Test Profiles at the National Institutes of Health, Bethesda, Maryland, during June.

**psychiatry**

Dr. Samuel A. Guttman, Professor of Clinical Psychiatry, was an invited participant in the Second International Psychoanalytic Conference on Training, held July 20-22 in Copenhagen. At the 25th International Psychoanalytic Congress, also held in Copenhagen in July, Dr. Guttman chaired the symposium on “Indications and Contra-Indications for Psychoanalytic Treatment.”

Dr. Lawrence S. Kubie, Visiting Professor of Psychiatry, presented the paper, “Unsolved Problems of the Resolution of the Transference,” at the American Psychiatric Association meetings held in Detroit in May.

Dr. Claus B. Bahnsen, Associate Professor of Psychiatry, attended the International Congress for Psychosomatic Medicine and Hypnosis, held in Kyoto, Japan, during July. He chaired the opening session, presented a film, and gave two papers, “Psychological Aspects of Cancer,” and “Self Concept in Somatic Diseases: Hemophilia, Myocardial Infarction, and Cancer,” the latter co-authored by Dr. Marjorie Bahnsen, Research Associate in Psychiatry.

Dr. Daniel Lieberman, Associate Professor of Clinical Psychiatry, co-chaired the session on “Sex and Sexual Identity” at the American Psychiatric Association annual meeting held in Detroit in May. Dr. Lieberman discussed “Expanding the Use of Sub-Professionals,” as a participant in the National Committee on Employment of Youth, which met in New York in June.

Dr. Ivan Boszormenyi-Nagy, Associate Professor of Psychiatry, spoke on “Assumptions of a Theory of Family Relationships” at the Symposium on Family Research and Family Therapy with Psychoses at the Seventh International Congress of Psychotherapy in Wiesbaden in August. In May Dr. Nagy was a panel member discussing “Applications of Family Therapy” at the Annual Convention of the American Psychiatric Association in Detroit.

Dr. Robert A. Clark, Assistant Professor of Psychiatry, gave a paper titled, “The Sociodynamics of the American Peace Movement,” at the meeting of the Association of Pennsylvania State Hospital Superintendents at Harrisburg State Hospital in June.

Dr. Franz X. Hasselbacher, Assistant Professor of Clinical Psychiatry, was appointed Chairman of the State Mental Health Program Committee of the Pennsylvania Psychiatric Society.

Dr. James L. Framo, Associate in Psychiatry, participated in and chaired a workshop on “Family Therapy” at the Pennsylvania Psychological Association meetings on June 2-3, in the Poconos, Pennsylvania.

Dr. Robert J. Joseph, Instructor in Psychiatry, attended meetings of the British Psychoanalytic Society in London during July.

Dr. Richard Winkelmayer, Instructor in Psychiatry, was appointed Chairman of the Research Committee of the Delaware Department of Mental Health recently.
radiology

Dr. Robert L. Brent, Professor of Radiology, attended a meeting of the Federal Drug Administration in Washington, D. C., to discuss drugs and congenital malformations. Dr. Brent made two presentations at the Teratology Society meeting in Estes Park, Colorado, May 24-26.

Robert O. Gorson, Professor of Radiology, represented the American College of Radiology in August at conferences with the Atomic Energy Commission and Joint Committee on Atomic Energy concerning proposed legislation requiring the establishment of a federal repository of radiation personnel monitoring records. Mr. Gorson was appointed as representative of the American College of Radiology to the U. S. Advisory Group of the International Electro-technical Commission to prepare international recommendations regarding medical equipment in diagnostic and therapeutic x-ray systems.

Dr. Roy R. Greening, Professor of Radiology, was installed as President of the American Registry of Radiologic Technologists at the June meeting of the American Society of Radiologic technologists in St. Louis, Missouri, on June 19.

Dorothy H. Driscoll, Assistant Professor of Radiology, presented a paper on “Electron Spin Resonance of Mammalian Tissues Immediately Following Irradiation” at the Radiation Research Society annual meeting in San Juan, Puerto Rico, in May.

John D. Wallace, Assistant Professor of Radiology, delivered the commencement address to the graduating class of Brown University in Providence, Rhode Island.

surgery

Dr. John Y. Templeton, The Samuel D. Gross Professor of Surgery and Head of the Department, discussed a presentation of “Embolectomy for Active Massive Pulmonary Embolism” at the American College of Surgeons annual meeting, held in Chicago during October.

Dr. Thomas F. Nealon, Jr., Professor of Surgery, attended the meeting of the Societe Internationale de Chirurgie in Vienna, September 2-9, and presented a paper prepared with Dr. Joseph Prorock, resident in surgery, on “The Treatment of Malignant Effusion with Talc Poudrage.” Dr. Nealon was also on the faculty of the Postgraduate Course in Thoracic Surgery at the annual meeting of the American College of Surgeons in Chicago.

in memoriam

KENNETH GOODNER
Professor of Microbiology
18 January 1902 — 30 August 1967

KG evoked only the extremes of emotion in anyone who knew him. All admired his dedication to Jefferson and to his students. Dr. Goodner believed in each man and attempted to stimulate all to reach the maximum of his potential for the benefit of mankind. That he personally knew every student who took his course gave him greater satisfaction that his worldwide reputation in various fields of research.

“In the Spring and in the Fall the wind comes from a new direction. On it there is a breath of wilderness and excitement.”

KG used these words to open and close the course in Microbiology. His course in life has ended, but the breath of wilderness and excitement he gave to us will remain.

ROBERT WAELDER, Ph.D.
Professor of Psychiatry (Psychoanalysis)
20 February 1900 — 28 September 1967

Robert Waelder left us Thursday evening. Around the world he has been known and respected as an outstanding contributor to psychoanalysis, beginning as a student of Sigmund Freud and later becoming the knowledgeable scholar and wise spokesman for the science and clinical application for psychoanalytic concepts.

For his family, his colleagues, his students and his many friends the loss is irreparable. He will be missed and remembered.
## Promotions, Appointments and Resignations for 1966-1967

### Promotions

**Head of Department**

- GONZALO E. APONTE, B.S., M.D.
- PAUL D. ZIMSKIND, A.B., M.D., PH.D.
- JACQUELINE, B.S., M.D.
- EUGENE ASERINSKY, PH.D.
- RUDOLPH C. CALIFORNIA, B.S., M.D.
- NEWTON C. BIRKHEAD, M.D., M.S., PH.D.
- SAMUEL LARSON GUTFMAN
- JOHNNY REDDY, A.B., M.D.
- BERNARD A. TUCK, JR., M.D.
- ALBERT E. O’HARA, B.S., M.D.
- PAUL J. POINESARD, A.B., M.D.
- ALBERT W. SEDER, A.B., S.C.M., PH.D.

- **Associate Professors**

  - HOWARD L. FIELD, A.B., M.D.
    - from Assistant Professor of Clinical Psychiatry
    - to Associate Professor of Clinical Psychiatry
  - THOMAS G. GABUZDA, B.A., M.D.
    - from Assistant Professor of Medicine
    - to Associate Professor of Medicine
  - HOWARD C. LEOPOLD, M.D.
    - from Assistant Professor of Medicine
    - to Associate Professor of Clinical Medicine
  - DANIEL LIEBERMAN, A.B., M.D.
    - from Assistant Professor of Clinical Psychiatry
    - to Associate Professor of Psychiatry (Community Mental Health)
  - NORMAN MOSKOWITZ, B.S., M.S., PH.D.
    - from Assistant Professor of Anatomy
    - to Associate Professor of Anatomy
  - JAMES CLIFFORD SCOTT, B.S., M.D.
    - from Assistant Professor of Clinical Psychiatry
    - to Associate Professor of Clinical Psychiatry
  - FRANCIS J. SWEENY, JR., B.A., M.D.
    - from Assistant Professor of Medicine
    - to Associate Professor of Medicine

- **Assistant Professors**

  - RONALD M. BERNARDIN, B.S., M.D.
    - from Instructor in Pediatrics
    - to Assistant Professor of Pediatrics
  - HARVEY S. BRODOVSKY, M.D.
    - from Associate in Clinical Medicine
    - to Assistant Professor of Medicine
  - ISADORE S. COHEN, B.A., M.D.
    - from Associate in Clinical Medicine
    - to Assistant Professor of Clinical Medicine
  - J. WALLACE DAVIS, B.A., M.D.
    - from Associate in Surgery
    - to Assistant Professor of Clinical Surgery (Plastic)
  - DOROTHY H. DRASCICK, B.S., M.A.
    - from Research Associate in Radiology
    - to Assistant Professor of Radiology (Biophysics)
  - ANGELO M. FABBRI, PH.D.
    - from Research Associate in Pathology
    - to Assistant Professor of Pathology (Microbiology)
  - AARON FINKELMAN, D.D.S.
    - from Associate in Surgery (Oral Surgery)
    - to Assistant Professor of Clinical Surgery (Oral Surgery)
  - EDWIN D. HARRINGTON, JR., A.B., M.A., M.D.
    - from Associate in Psychiatry
    - to Assistant Professor of Physiology; from Associate in Pediatrics

- **Assistant Professor of Pediatrics**

  - to Assistant Professor of Pediatrics;
  - from Associate in Preventive Medicine
  - to Assistant Professor of Preventive Medicine
  - FRANZ X. HASSELBACHER, A.B., M.D., M.S.
    - from Associate in Psychiatry
    - to Assistant Professor of Clinical Psychiatry
  - HENRY A. KANE, A.B., M.D.
    - from Associate in Clinical Pediatrics
    - to Assistant Professor of Clinical Pediatrics
  - HARRY J. KNOWLES, B.S., M.D.
    - from Associate in Clinical Surgery
    - to Assistant Professor of Clinical Surgery
  - MARGARET LOUIS LEWART, M.D., PH.D.
    - from Research Associate in Medicine
    - to Assistant Professor of Medicine
  - JUNG-CHING LIU, B.M.
    - from Associate in Otolaryngology
    - to Assistant Professor of Otolaryngology
  - ROBERT C. Mackowiak, A.B., M.D.
    - from Instructor in Physiology
    - to Assistant Professor of Physiology
  - CARL M. MANSFIELD, A.B., M.D.
    - from Associate in Radiology
    - to Assistant Professor of Radiology
  - SUNIL KUMAR NIYOGI, B.S., PH.D.
    - from Instructor in Pharmacology
    - to Assistant Professor of Pharmacology
  - WILLIAM ALBERT RUTTER, B.S., M.D.
    - from Associate in Clinical Psychiatry
    - to Assistant Professor of Clinical Psychiatry
  - MARY LOUISE SORNTGREN, B.A., M.A., M.D.
    - from Associate in Clinical Pediatrics
    - to Assistant Professor of Clinical Pediatrics
  - HELGA M. SULZ, PH.D.
    - from Research Associate in Pathology
    - to Assistant Professor of Pathology (Biochemistry)
  - ANTHONY J. TRUDEAU, B.S., M.S., PH.D.
    - from Instructor in Pharmacology
    - to Assistant Professor of Pharmacology
  - WERNER K. R. WERZ, M.D.
    - from Associate in Clinical Psychiatry
    - to Assistant Professor of Clinical Psychiatry
  - CHESTER R. WILFIEZEL, A.B., PH.D.
    - from Research Associate in Otolaryngology
    - to Assistant Professor of Otolaryngology (Bioacoustics)
  - EUGENE J. ZAWORSKI, A.B., M.A., M.D.
    - from Instructor in Physiology
    - to Assistant Professor of Physiology

---

37
Nicholas T. Zervas, A.B., M.D.
from Associate in Surgery
(Neurosurgery)
to Assistant Professor of Surgery
(Neurosurgery)

Jack B. Kremens, B.A., M.A., M.D.
from Instructor in Psychiatry
to Associate in Clinical Psychiatry

Howard Lorenz, B.S., M.D.
from Instructor in Medicine
to Associate in Clinical Medicine

John T. Magee, B.A., M.D.
from Instructor in Medicine
to Associate in Clinical Medicine

Gerald J. Marks, M.D.
from Instructor in Surgery
to Associate in Clinical Surgery

Richard N. Myers, A.B., M.D.
from Instructor in Surgery
to Associate in Surgery

Richard T. Padula, B.S., M.D.
from Instructor in Surgery
to Associate in Surgery

Richard H. Rothman,
B.A., M.D., Ph.D.
from Assistant in Orthopedic Surgery
to Associate in Orthopedic Surgery

Erwin R. Smark, M.D.
from Instructor in Psychiatry
to Associate in Clinical Psychiatry

Gaston G. Trigos, B.S., M.D.
from Instructor in Psychiatry
to Associate in Clinical Psychiatry

Norman D. Weiner, B.S., M.D.
from Instructor in Psychiatry
to Associate in Clinical Psychiatry

Frederick Wouter Wouters, B.S., M.D.
from Instructor in Psychiatry
to Associate in Clinical Psychiatry

Instructors

Divo A. Messori, B.S., M.D.
from Assistant in Medicine
to Instructor in Medicine

Charles L. Reese, III, A.B., M.D.
from Assistant in Neurology
to Instructor in Neurology

Nelson S. Scharadin, B.S., M.D.
from Assistant in Dermatology
to Instructor in Dermatology

Bill Dean Stout, M.D.
from Assistant in Medicine
to Instructor in Medicine

APPOINTMENTS
Head of Department

John Y. Templeton, III, B.S., M.D.
The Samuel D. Gross Professor of Surgery and Head of the Department

Professors

Abram S. Benenson, A.B., M.D.
Professor of Preventive Medicine
(Epidemiology) and Professor of Microbiology

John D. Corbett, Jr., A.B., M.D.
Professor of Obstetrics and Gynecology

Ralph Heimer, B.S., A.M., Ph.D.
Professor of Biochemistry

William F. Kellow, B.S., M.D.
Professor of Medicine

Herbert C. Mansmann, Jr., B.S., M.D.
Professor of Pediatrics
(effective 7/1/68)

Phillip R. McDonald, B.S., M.D.
Professor of Ophthalmology

Albert E. O'Hara, B.S., M.D.
Professor of Clinical Pediatrics

Louis E. Silcox, A.B., M.D.
Professor of Clinical Otolaryngology

Edward H. Vick, A.B., M.D.
Professor of Clinical Pediatrics

NORMAN WILLIAMS, M.D., B.S., M.B.
Professor of Preventive Medicine

Visiting Professor

Lewis D. Polk, A.B., M.D., M.P.H.
Visiting Professor of Preventive Medicine

Associate Professors

George J. Andros, M.D.
Associate Professor of Obstetrics and Gynecology

John F. Bayley, Jr., B.A., M.D.
Associate Professor of Clinical Pediatrics

Gary Grant Carpenter, A.B., M.D.
Associate Professor of Pediatrics
(effective 6/1/68)

Thomas R. Koszalka, A.B., Ph.D.
Associate Professor of Biochemistry

Herbert C. Mansmann, Jr., B.S., M.D.
Associate Professor of Medicine
(effective 7/1/68)

Irving Joel Olshin, B.A., M.D.
Associate Professor of Pediatrics

Wolfgang Vogel, B.S., M.S., Ph.D.
Associate Professor of Pharmacology

Kurt J. Wolff, B.S., M.D.
Associate Professor of Psychiatry

Assistant Professors

John L. Abruzzo, B.S., M.D.
Assistant Professor of Medicine

Ernest N. Albert, B.S., M.S., Ph.D.
Assistant Professor of Anatomy

David S. Brashear, B.S., M.D.
Assistant Professor of Clinical Pediatrics (Child Psychiatry)

Henry S. Brennan, B.S., M.S., D.D.S.
Assistant Professor of Physiology

Stanley Burrows, B.A., M.D.
Assistant Professor of Pathology

Nelson H. Reavey Cantwell,
B.S., M.S., Ph.D., M.D.
Assistant Professor of Clinical Medicine

Angelina M. Fabbriaz, Ph.D.
Assistant Professor of Microbiology
(Pathology)

Joseph S. Gonnella, A.B., M.D.
Assistant Professor of Medicine

Charles K. Gobry,
B.S., M.S., Ph.D., M.D.
Assistant Professor of Clinical Medicine

Keith Hammond, A.B., M.D.
Assistant Professor of Pediatrics
# Faculty Listings

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>John W. Lentz, A.B., M.D.</td>
<td>Assistant Professor of Pediatrics</td>
</tr>
<tr>
<td>Mary W. Herman, A.B., M.A., Ph.D.</td>
<td>Assistant Professor of Preventive Medicine (Social Sciences)</td>
</tr>
<tr>
<td>Paul Kanofsky, B.A., M.A., Ph.D.</td>
<td>Assistant Professor of Preventive Medicine (Biostatistics)</td>
</tr>
<tr>
<td>John W. Lentz, A.B., M.D.</td>
<td>Assistant Professor of Dermatology</td>
</tr>
<tr>
<td>Khalil Maghen, M.D.</td>
<td>Assistant Professor of Clinical Pediatrics</td>
</tr>
<tr>
<td>Arlene P. Martin, A.B., M.S., Ph.D.</td>
<td>Assistant Professor of Biochemistry</td>
</tr>
<tr>
<td>Dino E. P. McCurdy, A.B., M.D.</td>
<td>Assistant Professor of Clinical Medicine</td>
</tr>
<tr>
<td>J. Wayne McFarland, M.D.</td>
<td>Assistant Professor of Medicine (Physical Medicine and Rehabilitation)</td>
</tr>
<tr>
<td>Robert Tuttle McSherry, A.B., M.D.</td>
<td>Assistant Professor of Anesthesiology</td>
</tr>
<tr>
<td>Robert M. Metrione, B.S., M.S., Ph.D.</td>
<td>Assistant Professor of Biochemistry</td>
</tr>
<tr>
<td>Harvey I. Miller, B.S., M.S.</td>
<td>Assistant Professor of Physiology</td>
</tr>
<tr>
<td>Edward K. Pye, B.S., Ph.D.</td>
<td>Assistant Professor of Physiology</td>
</tr>
<tr>
<td>Isidore Rigo, M.D.</td>
<td>Assistant Professor of Clinical Pediatrics (Child Psychiatry) and Assistant Professor of Psychiatry (Child Psychiatry)</td>
</tr>
<tr>
<td>Marcus Philip Rosenblum, B.S., M.D.</td>
<td>Assistant Professor of Psychiatry</td>
</tr>
<tr>
<td>Elias Schwartz, A.B., M.D.</td>
<td>Assistant Professor of Pediatrics</td>
</tr>
<tr>
<td>P. Madanabhan Siddharth, M.B.B.S., M.S., Ph.D.</td>
<td>Assistant Professor of Anatomy</td>
</tr>
<tr>
<td>Ora R. Smith, M.D.C.M.</td>
<td>Assistant Professor of Clinical Pediatrics and Assistant Professor of Clinical Psychiatry</td>
</tr>
<tr>
<td>Marie L. Vorbeck, B.S., M.S., Ph.D.</td>
<td>Assistant Professor of Biochemistry</td>
</tr>
<tr>
<td>Chester R. Wilfiezeski, A.B., Ph.D.</td>
<td>Assistant Professor of Physiology (Bioacoustics)</td>
</tr>
<tr>
<td>Thomas A. Kelley, Jr., B.A., M.D.</td>
<td>Associate in Medicine (Physical Medicine and Rehabilitation)</td>
</tr>
<tr>
<td>John K. Knoke, III, A.B., M.D.</td>
<td>Associate in Clinical Obstetrics and Gynecology</td>
</tr>
<tr>
<td>Frank F. Merker, B.Eng., M.D.</td>
<td>Associate in Psychiatry</td>
</tr>
<tr>
<td>Morton C. Murdock, B.A., M.D.</td>
<td>Associate in Radiology</td>
</tr>
<tr>
<td>Walter E. Omnus, B.S., M.D.</td>
<td>Associate in Pediatrics</td>
</tr>
<tr>
<td>John R. Peechatney, B.S., M.D.</td>
<td>Associate in Surgery</td>
</tr>
<tr>
<td>Theodore P. Reed, M.D.</td>
<td>Associate in Clinical Obstetrics and Gynecology</td>
</tr>
<tr>
<td>Eugene B. Rex, M.D.</td>
<td>Associate in Clinical Otalaryngology</td>
</tr>
<tr>
<td>Elias Schwartz, A.B., M.D.</td>
<td>Associate in Medicine</td>
</tr>
<tr>
<td>William C. Sherwood, B.A., M.D.</td>
<td>Associate in Medicine</td>
</tr>
<tr>
<td>Richard D. Sweeney, B.S., M.D.</td>
<td>Associate in Clinical Surgery</td>
</tr>
<tr>
<td>Herbert Warm, B.S., B.M., M.D.</td>
<td>Associate in Clinical Obstetrics and Gynecology</td>
</tr>
<tr>
<td>Research Associates</td>
<td></td>
</tr>
<tr>
<td>James D. Boston, B.S., M.A., Ph.D.</td>
<td>Research Associate in Medicine</td>
</tr>
<tr>
<td>Maria del Carmen Santoya Olivera</td>
<td>Research Associate in Pharmacology</td>
</tr>
<tr>
<td>Edith P. Villasenor, D.D.S.</td>
<td>Research Associate in Medicine</td>
</tr>
<tr>
<td>Instructors</td>
<td></td>
</tr>
<tr>
<td>Panayotis Apostolidis, M.B., M.D.</td>
<td>Instructor in Obstetrics and Gynecology</td>
</tr>
<tr>
<td>Benjamin Bacharach, B.S., M.D.</td>
<td>Instructor in Surgery</td>
</tr>
<tr>
<td>James K. Bouroukis, A.B., M.D.</td>
<td>Instructor in Surgery</td>
</tr>
<tr>
<td>Thales Bowen, Jr., A.B., M.D.</td>
<td>Instructor in Anesthesiology</td>
</tr>
<tr>
<td>William T. Brandfass, A.B., M.D.</td>
<td>Instructor in Orthopedic Surgery</td>
</tr>
<tr>
<td>David S. Brashhear, B.S., M.D.</td>
<td>Instructor in Psychiatry (Child Psychiatry)</td>
</tr>
<tr>
<td>Theodore E. Braun, Jr., A.B., M.D.</td>
<td>Instructor in Obstetrics and Gynecology</td>
</tr>
<tr>
<td>John F. Capelli, B.S., M.D.</td>
<td>Instructor in Medicine</td>
</tr>
<tr>
<td>Kwan S. Chang, M.D.</td>
<td>Instructor in Pathology</td>
</tr>
<tr>
<td>Harold F. Chase, B.S., M.D.</td>
<td>Instructor in Anesthesiology</td>
</tr>
<tr>
<td>Edward A. Chasteney, III, B.A., M.D.</td>
<td>Instructor in Obstetrics and Gynecology</td>
</tr>
<tr>
<td>Leslie G. Clark, B.S., M.S., Ph.D.</td>
<td>Instructor in Biochemistry</td>
</tr>
<tr>
<td>Philip L. DeLong, A.B., M.D.</td>
<td>Instructor in Anesthesiology</td>
</tr>
<tr>
<td>Orazio J. DeSantis, B.S., M.D.</td>
<td>Instructor in Surgery</td>
</tr>
<tr>
<td>Henry J. Doherty, Jr., A.B., M.D.</td>
<td>Instructor in Anesthesiology</td>
</tr>
<tr>
<td>Edward M. Dwyer, Jr., A.B., M.D.</td>
<td>Instructor in Medicine</td>
</tr>
<tr>
<td>Howard H. Freedman, A.B., M.D.</td>
<td>Instructor in Pathology</td>
</tr>
<tr>
<td>Thomas N. Gates, B.S., M.D.</td>
<td>Instructor in Obstetrics and Gynecology</td>
</tr>
<tr>
<td>John B. Geissinger, B.S., M.D.</td>
<td>Instructor in Medicine</td>
</tr>
<tr>
<td>Stephen Gossen, M.D.</td>
<td>Instructor in Surgery (Proctology)</td>
</tr>
<tr>
<td>Walter M. Herman, B.A., M.D.</td>
<td>Instructor in Medicine</td>
</tr>
<tr>
<td>Marvin R. Hyett, B.S., M.D.</td>
<td>Instructor in Obstetrics and Gynecology</td>
</tr>
<tr>
<td>Warren Mead Jones, B.A., L.L.B., M.D.</td>
<td>Instructor in Ophthalmology</td>
</tr>
<tr>
<td>Louis L. Keefer, B.S., M.D.</td>
<td>Instructor in Urology</td>
</tr>
<tr>
<td>K. Ting King, B.S., M.D.</td>
<td>Instructor in Anesthesiology</td>
</tr>
<tr>
<td>Mortimer V. Kleinmann, B.A., M.D.</td>
<td>Instructor in Psychiatry</td>
</tr>
<tr>
<td>Raymond Krain, M.D.</td>
<td>Instructor in Dermatology</td>
</tr>
<tr>
<td>Charles W. Kuhn, B.S., M.D.</td>
<td>Instructor in Psychiatry</td>
</tr>
<tr>
<td>Rene P. LeFevere, M.D.</td>
<td>Instructor in Pathology</td>
</tr>
<tr>
<td>Paul A. Libert, A.B., M.S., Ph.D.</td>
<td>Instructor in Biochemistry</td>
</tr>
<tr>
<td>Margaret G. Mahoney, A.B., M.D.</td>
<td>Instructor in Dermatology</td>
</tr>
<tr>
<td>Constantine H. Makris, M.D.</td>
<td>Instructor in Pathology</td>
</tr>
<tr>
<td>Courtney Malcolm Malcarney, B.S., M.D.</td>
<td>Instructor in Obstetrics and Gynecology</td>
</tr>
<tr>
<td>DeForrest W. Marchant, A.B., M.D.</td>
<td>Instructor in Clinical Obstetrics and Gynecology</td>
</tr>
<tr>
<td>Edward S. Marks, B.A., M.A., Ph.D.</td>
<td>Instructor in Psychiatry (Psychology)</td>
</tr>
<tr>
<td>Francesco B. Mazzanti, M.D.</td>
<td>Instructor in Anesthesiology</td>
</tr>
<tr>
<td>Bruce B. Montgomery, B.S., M.D.</td>
<td>Instructor in Obstetrics and Gynecology</td>
</tr>
<tr>
<td>Richard C. Park, B.A., M.D.</td>
<td>Instructor in Obstetrics and Gynecology</td>
</tr>
<tr>
<td>Randy E. Posey, B.S., M.D.</td>
<td>Instructor in Dermatology</td>
</tr>
<tr>
<td>Ilona Raditz Ring, M.D.</td>
<td>Instructor in Pathology</td>
</tr>
<tr>
<td>Ross Roby, B.A., M.D.</td>
<td>Instructor in Psychiatry</td>
</tr>
<tr>
<td>Laurian R. Roman, M.D.</td>
<td>Instructor in Medicine</td>
</tr>
<tr>
<td>Anthony J. Sattilarto, B.S., M.D.</td>
<td>Instructor in Anesthesiology</td>
</tr>
</tbody>
</table>
### Assistants

**Tak-Sek Chan, M.D.**
Assistant in Pediatrics

**Robert A. Cohen, B.S.**
Assistant in Preventive Medicine (Computer Science)

**James M. Delaplane, B.S., M.D.**
Assistant in Psychiatry

**Harold S. Freedman, B.S., M.D.**
Assistant in Orthopedic Surgery

**Hugh S. Gallagher, B.S., M.D.**
Assistant in Medicine

**Ray Fillmore Garman, A.B., M.D.**
Assistant in Medicine

**Alice Patricia Gepp, B.A., M.S.S.**
Assistant in Medicine (Social Service)

**Marvin E. Jaffee, B.A., M.D.**
Assistant in Neurology

**William T. Lemmon, Jr., A.B., M.D.**
Assistant in Surgery

**Edward C. Leonard, Jr., B.S., M.D.**
Assistant in Psychiatry

**Joan W. Nichols, B.S., M.D.**
Assistant in Psychiatry

**George H. Nutt, M.D.**
Assistant in Psychiatry

**Kishan Battu Rao, M.B.B.S.**
Assistant in Pediatrics

**Richard H. Rothman, B.A., M.D., Ph.D.**
Assistant in Orthopedic Surgery

**Anna Marie Sesso, B.A., M.D.**
Assistant in Pediatrics

**H. Kay Silverman**
Assistant in Pediatrics (Social Service)

**Praputt Siripoonya, M.D.**
Assistant in Pediatrics

**Zalmon Pober, B.S.**
9/15/66 Teaching Fellow in Physiology

### F. Johnson Putney, B.S., M.D.

7/1/67 Clinical Professor of Otolaryngology
Edward K. Pye, B.S., Ph.D.
9/15/67 Assistant Professor of Physiology
Sheldon R. Rappaport, A.B., A.M., Ph.D.
11/17/66 Research Associate in Psychiatry (Psychology)

**James R. Regan, B.S., M.D.**
2/21/67 Instructor in Medicine

**Theodore Rodman, A.B., M.D.**
10/10/66 Assistant Professor of Medicine

**Daniel Rowe, M.D.**
9/30/66 Associate in Pediatrics

**Leonard Sattel, M.D.**
6/13/66 Instructor in Psychiatry

**Harold C. Smith, M.D.**
7/22/67 Instructor in Surgery

**Maurice Sones, A.B., B.S., M.D.**
10/11/66 Assistant in Medicine

**Helmut F. K. Sorensen, M.D.**
7/31/67 Assistant in Medicine

**Richard D. Sweeney, B.S., M.D.**
4/28/67 Associate in Clinical Surgery

**Karen Thorling, M.D.**
10/1/66 Research Fellow in Medicine

**Marius P. Valsamis, A.B., M.D.**
7/31/67 Assistant in Neurology

**Seymour J. Wiener, B.A., M.D.**
9/1/67 Instructor in Psychiatry

**Seymour Wagner, M.D.**
1/31/67 Instructor in Otolaryngology

**Peter J. L. Welt, M.D.**
9/22/66 Associate Professor of Psychiatry (Behavioral Research)

**James T. Weston, M.D.**
6/30/67 Visiting Lecturer in Preventive Medicine

**Donald Z. Sokol, A.B., M.D.**
Assistant in Otolaryngology

**Joseph C. Tolan, O.D., M.D.**
Assistant in Ophthalmology

**John G. Valeri, B.S., M.D.**
Assistant in Medicine

### CHANGE IN TITLE

**Guy J. Carnabuci, B.S., M.D.**
from Research Associate in Dermatology to Associate in Dermatology

**Robert T. Lentz, B.S., M.S. (L.S.)**
from Professor of Medical

### Bibliography

to Professor of Medical Bibliography and Library Science

**Joseph Waldman, M.D.**
from Clinical Professor of Ophthalmology to Professor of Ophthalmology

### DEATHS

**John H. Caputi, M.D.**
4/29/67 Instructor in Surgery

**James F. Carroll, M.D.**
8/30/67 Associate in Obstetrics and Gynecology

**Theodore R. Fetter, M.D.**
1/19/67 Professor and Head of the Department of Urology

**Kenneth Goodner, A.B., M.A., Ph.D.**
8/30/67 Professor of Microbiology, Emeritus

**Gilbert W. Heublein, M.D., D.Sc.**
5/28/67 Visiting Professor of Radiology

**Robert Bruce Nye, B.S., M.D.**
10/23/66 Assistant Professor of Medicine and Associate Dean

**Harold F. Robertson, M.D.**
12/30/66 Associate Professor of Clinical Medicine

**Eli R. Saleeby, M.D.**
1/10/67 Instructor in Anatomy and Surgery (Honorary Member)

**S. Dana Weeder, M.D.**
10/7/66 Clinical Professor of Surgery (Honorary Member)

### RESIGNATIONS

**Robert P. Bishop, B.S., M.D.**
7/19/67 Assistant in Medicine

**Dominick L. Cinti, B.S.**
9/15/67 Teaching Fellow in Physiology

**Gerald R. Clark, M.D.**
3/31/67 Associate Professor of Psychiatry

**Donald Dorencamp, B.S., M.D.**
6/30/67 Instructor in Neurology

**Luis Garcia-Bunuel, B.S., M.D.**
7/31/67 Assistant Professor of Neurology

**Hugh S. Gallagher, B.S., M.D.**
8/1/67 Assistant in Medicine

**John B. Geissinger, M.D.**
4/1/67 Instructor in Obstetrics and Gynecology
class notes

1909
Dr. Harold L. Foss, who died on August 11, leaves his mark in several important ways. Dr. Foss was a founder and the first President of the Alumni Association of the Mayo Graduate School of Medicine. Dr. Foss left the Mayo Clinic in 1915 to become surgeon-in-charge of the newly-erected Geisinger Memorial Hospital in Danville, Pa. In 1950 a new five-story building at Geisinger was named the Foss Clinic in his honor.

1912
Dr. Albion E. Brant, Chestnut Ridge Rd., R. D. #1, Hubbard, Ohio, reports some good trout fishing out that way.

1915
Dr. Edmund H. Smith, 3434 Cascadia Ave., Seattle, Wash., has made quite a name for himself as an artist. Since physical disabilities forced him to retire from his surgical career in 1954, he has become an oil painter and a highly creative jewelry craftsman. He has had several one man shows in California and in Seattle and has won top prizes, including some at American Physicians Art Association exhibitions.

1917
Dr. Joseph F. Comerford, c/o Farview State Hospital, Waymart, Pa., was honored by the Lackawanna County Medical Society for his fifty years of “medical service faithfully performed in the traditional ideals of the medical profession.” Dr. Comerford, a past President of the Society, was for many years engaged in the practice of surgery.

1919
Dr. James S. Brewer, P. O. Box 397, Roseboro, N. C., writes, “I have been too busy for a man of my age... but am looking forward to our fiftieth reunion in 1969.” Dr. Brewer is a member of The North Carolina Medical Care Commission and a member of the Board of Directors, Hospital Care Association.

1920
Dr. Jaime de la Guardia, Apartado 639, Clínica San Fernado, Panama, the former rector of the University of Panama, was honored by the Faculty of Medicine there on the occasion of his retirement on May 12.

1921
Dr. William B. Atkinson has been involved in public health work as a Health Officer in Campbellsville, Ky., for the past four years.

1925
Dr. James A. Mitchell, 1238 W. Church St., Elmira, N.Y., presently is serving as pathologist at St. Josephs’ Hospital in Elmira.

1926
Dr. Francis S. Mainzer, Country Acres, R.D. #1, Huntingdon, Pa., has been cited by a resolution of City Council of Erie for his services donated throughout the years to orphans and charitable institutions. The resolution noted that “He never was too tired or busy to aid the needy and did so without fanfare and without publicity.”

1927
Dr. Samuel M. Dodek, 1730 Eye St., N. W., Washington, D. C., presented to Jefferson Medical College the christening bottle which was used to christen the SS William Osler in 1943. The Osler was a Liberty ship used during World War II. The occasion of the presentation was the class of 1927 Reunion this past June. Dr. Dodek practices obstetrics and gynecology in Washington, D. C., and is Clinical Professor of Obstetrics and Gynecology at the George Washington University School of Medicine.

1928
Dr. Theodore H. Grundfast, 455 Ocean Ave., Brooklyn, N. Y., is Associate Clinical Professor of Obstetrics and Gynecology at State University of New York Downstate Medical Center.

Dr. Benjamin E. Pulliam, 4 Robin Hood Rd., Winston-Salem, N. C., reports that he and Mrs. Pulliam now own a trailer and enjoy it immensely.

1931
Dr. Harold J. Cokely, Rear Admiral, USN MC USN Hospital, Oakland, Calif., writes that he will retire at the end of the year and will probably settle in the San Diego area.

Dr. Kenneth E. Fry, 1719 Rittenhouse Square, Philadelphia, was awarded the Army’s Outstanding Civilian Service Medal and Certificate for twenty years’ service as consultant to Valley Forge General Hospital. The presentation was made at a special Honors and Retreat Ceremony at the Hospital on June 30.

Dr. Peter A. Justin, 4 W. 6th St., Mount Carmel, Pa., sent news via a four column article in the Williamsport Sun-Gazette with a feature on his daughter, Dr. Louise Justin Sabol. She graduated from Woman’s Medical College in Philadelphia and later met and married John Sabol, a Jefferson Alumnus from class of 1957. The young Sambols now are the parents of two girls and Mrs. Sabol is temporarily wife and mother only.

Dr. Thomas F. O’Leary writes: “Have been transferred to Ebensburg State
School and Hospital, Ebensburg, Pa. I usually make a change every 20 years —I think for the better. Next one at 80 years. If I keep getting my check-ups at Jeff I might make it."

1933
Dr. William P. McKnight, 1 Easy St., Winfield, Kans., has been appointed Clinical Director of Winfield State Hospital and Training Center. Since 1965 he had been chief of the acute and chronic wards there. Prior to his appointment at Winfield he practiced ear, nose and throat in Wichita, Kansas, for 18 years.

1934
Dr. John F. McMullin, Riverside County General Hospital, 9851 Magnolia Ave., Riverside, Calif., is Chief of Psychiatry at Riverside and Associate Clinical Professor of Psychiatry at Loma Linda School of Medicine.

1935
Dr. Thomas T. Kochenderfer, 1451 DeKalb St., Norristown, Pa., writes that he still is practicing pediatrics in the Norristown area, now with three younger men (one Dr. Norman Quinn '48). He has three children, one a seminarian at the Lutheran Seminary in Philadelphia, one a daughter who just presented them with a "beautiful granddaughter," and the youngest, a junior in high school.

Dr. J. Edward Lynch, 23 E. Wynnewood Rd., Wynnewood, Pa., Director of the Department of Obstetrics and Gynecology at Misericordia Hospital in Philadelphia, is heading a new cervical cancer detection program at Misericordia. Free Pap tests are made available to every woman upon the request of her physician. The five-year program was made possible through a grant from the Cancer Control Division of the Department of Health, Education and Welfare.

Dr. Donald G. McHale has moved from Delaware to Illinois to head the surgical department at Danville Veterans Administration Hospital. Dr. McHale has approximately 28 years in government service.

Dr. Joseph S. Mansker, 133 E. 58th St., New York, was presented with a plaque citing him for outstanding service on the occasion of his retirement from the Army after thirty-two years. His last post was at the 320th General Hospital where he was Urologist, Chief of Surgical Services, Deputy Hospital Commander and Chief of Professional Services. He writes that in 1966 he met classmate Colonel Blair for a happy reunion. Dr. Mansker retired as Lieutenant Colonel.

Dr. Asher Randell, 402 Mahoning Bank Bldg., Youngstown, Ohio, has a son more son, David, at Jefferson.

Dr. William Winick, Hospital Director, Veterans Administration Hospital, Brockton, Mass., received the Physician of the Year Award, given jointly by the President's Committee on Employment of the Handicapped and the American Medical Association. Dr. Winick was selected for the honor because of his outstanding contribution to the employment of handicapped workers. The presentation was made on September 25, by Dr. Milford O. Rouse, President of the AMA, and Harold Russell, Chairman of the President's Committee. Dr. Winick has devoted his entire professional career to government medical service. On August 27 he was cited again, this time as the Massachusetts Physician of the Year, and received the award from the Governor.

Dr. Winick

1936
Dr. George L. Erdman, 50 Cedar St., Millburn, N. J., who is entering his 19th year as Director of Laboratories at the 450 bed Overlook Hospital in Summit, writes that his youngest of four sons graduated from Princeton in June and the oldest son is Jeff '66. "Personally keep young and fit by cruising and racing a blue water sloop, The Salty."

"Dr. John L. Gompertz, 3232 Elm St., Oakland, Calif., has been named President-Elect of the National Tuberculosis Association. Dr. Gompertz, who will as-

sume office in May, 1968, at the national meeting in Houston, has been on the Board of Directors of NTA since 1952.

1938
Dr. Kenneth S. Brickley, 35 W. Main St., Lock Haven, Pa., writes that his daughter, Suzanne, is a medical secretary and technician at the University of Pennsylvania Hospital and his son, Bill, is studying industrial engineering at Lehigh. Dr. Brickley is in general practice.

Dr. Paul E. Chodoff, 4820 Dorset Ave., Chevy Chase, Md., was invited to address the International Conference of Psychotherapy last summer. He is Clinical Professor of Psychiatry at George Washington University Medical School and past President of the Washington Psychiatric Society.

Dr. Earl E. Houck, 633 Maple Ave., DuBois, Pa., is doing general surgery at DuBois and Maple Avenue Hospitals in DuBois.

1939
Dr. R. Edward Steele, 1926 N. 2nd St., Harrisburg, Pa., is heading a $500,000 fundraising campaign for Dickinson College, his undergraduate school, class of 1935.

1940
Dr. Stephen E. Matsko, 615 Hazleton National Bank Bldg., Hazleton, Pa., has been elected Chief of Staff at Hazleton General Hospital. With this he relinquished his position as Chief of Surgery. He is also Co-chief of Surgery at St. Joseph Hospital in Hazleton and runs two offices—one in association with his nephew, Dr. George E. Lenyo '55. "Any of the old '40's who are swinging by on trips are certainly more than welcome to stop in for a bite, a drink, and a chat."

1941
Dr. Clyde C. Greene, Jr., 490 Post St., San Francisco, Calif., serves as Secretary-Treasurer of the American Society of Internal Medicine. Dr. Greene is an Assistant Clinical Professor of Medicine at Stanford University School of Medicine and is General Medical Director of Pacific Telephone Company in San Francisco.

1942
Dr. Raymond E. Deily, 227 W. Broad St., Bethlehem, Pa., is employed by Bethlehem Steel Corporation Medical Department.

Dr. George N. Stein, 544 Howe Rd., Merion Station, Pa., is doing radiology at the Graduate Hospital and Presby-
tarian-University of Pennsylvania Medical Center and is Professor of Clinical Radiology, Division of Graduate Medicine there.

1943

DR. GERALD H. CESSNA, 510 Century Blvd., Pittsburgh, Pa., is the new President of Professional Staff at Passavant Hospital in Pittsburgh. He is Chief of Obstetrics and Gynecology at North Hills Passavant, and has served there since his residency in 1947.

DR. STANLEY C. CLADER, 825 Glenbrook Rd., Bryn Mawr, Pa., has been re-elected President of the staff at Bryn Mawr Hospital. He has been associated with the hospital for twenty years.

DR. JOHN N. LINQUIST, Assistant Professor of Clinical Medicine at Jefferson, was selected to receive the Distinguished Service Award of Washington and Jefferson College this year. The presentation was made by President Boyd C. Patterson at an Alumni Luncheon on October 14.

DR. ANDREW C. RUOFF has sent word of his "rather drastic change in activities." After leaving his private practice in orthopedic surgery in New Jersey, he accepted a position as Assistant Professor of Surgery at the University of Utah College of Medicine in Salt Lake City and Chief of Orthopedic Surgery at the Veterans Administration Hospital there. "I have been toying with the idea of academic life for quite a while and with my youngsters fairly grown, Evie and I decided on a drastic change." Dr. Ruoff also has been elected to the Fellowship in the American Association of Surgery and Trauma and the National Committee on Trauma in the American College of Surgeons.

1944

DR. JOHN L. GAINES, 221 S. 6th St., Camden, N. J., is with Cooper Hospital in Camden as Attending Obstetrician and Gynecologist.

DR. ROBERT D. HEATH has been appointed Director of the Department of Orthopedics at Geisinger Medical Center in Danville, Pa. Previously he was an Associate in Orthopedics at Lancaster Hospital and an Instructor at the University of Pennsylvania Graduate School of Medicine in Philadelphia.

1944S

DR. AGUSTIN M. DEANDINO, JR., Avenue Hipodromo #800, Santurce, P. R., presented the paper "Hyperglycemic Hyperosmolar Coma" at the meetings in Stockholm of the International Diabetes Federation, July 30. Following the Congress he and Mrs. DeAndino traveled through Russia, Poland and Czechoslovakia.

1945

DR. JAMES H. LEE, JR., 336 Crum Creek Lane, Newtown Square, Pa., retired from the Navy on January 1 after twenty years of service. His last five years were spent at the Philadelphia Naval Hospital where he was Chief of Dependants Service and Chief of Obstetrics and Gynecology Service. On his retirement he was presented with the Certificate of Merit of the Bureau of Medicine and Surgery. Dr. Lee is presently associated with Hahnemann Medical College and Hospital as Professor of OB-GYN.

1946

DR. THOMAS W. DALY, 476 Manheim St., Philadelphia, has completed his neurosurgery residency at the University of Pennsylvania and has begun practice in this specialty.

DR. JOHN P. DECKER spent two months on volunteer service with Project HOPE, the teaching treatment mission, in Cartagena, Columbia. He now has returned to his position of Associate Director of Ayer Laboratory at Pennsylvania Hospital in Philadelphia. Dr. Decker previously served with the mission in Guinea.

DR. JOHN R. JENKINS, JR., 1977 Grasse Ave., Santa Rosa, Calif., is in solo anesthesiology practice, a Diplomat of the American Board of Anesthesiology and a Fellow of the American College of Anesthesiology.

DR. MARVIN O. LEWIS, S. Leather Lane, Muskogee, Okla., has retired as hospital administrator of the Public Health Service Indian Hospital in Tahlequah, due to a "growing administrative load and insufficient time for surgery, reading and meetings." He has joined a surgical group in the VA hospital in Muskogee. Dr. Lewis writes that he's sorry to have missed the 20th reunion but is hoping to attend the 25th, when he'd like "to bring along the 8mm movies taken in our senior year—agree not to blackmail anyone."

DR. FORREST E. LUMPKIN, JR., 3707 Gaston Rd., Dallas, Tex., completed a year of fellowship in vascular surgery at Baylor University College of Medicine under Dr. Michael DeBakery and has opened a practice in surgery in Dallas. His wife had twin girls in December of 1966.

DR. DAVID G. SIMONS, 11011 Hunters Park Dr., Houston, Tex., writes that his wife, Vera, had a very well received exhibit at the Louise Ferrari Gallery of Houston in the spring. "Her paintings were a sensation!"

DR. HERBERT L. WALKER, 21 Bridle Brook Lane, Covered Bridge Farms, Newark, Del., has retired from the U. S. Navy after twenty plus years of service. Rank: Captain. He is now associated with the University of Delaware Residence.

1947

DR. ROBERT F. BARKIE, 246 E. Washington St., Nanticoke, Pa., finished a psychiatric residency at the Danville State Hospital in Danville, Pa., and presently is at Eastern Pennsylvania Psychiatric Institute. "Sorry to miss the reunion but my army reserve unit was at summer camp at that time. It wouldn't look good if the C.O. didn't go!"

DR. LEONARD C. FELDSTEIN, 11 E. 88th St., New York, who has been practicing psychoanalysis in New York, is an Associate Professor of Philosophy at Fordham University. He received his doctorate in philosophy from Columbia University.

DR. MARTIN M. MANDEL, Benson Manor, Suite 110, Township Line and Washington Lane, Jenkintown, Pa., recently was appointed Director of Neurology and Psychiatry at Germantown Hospital. He is currently serving as Treasurer of the Philadelphia Neurological Society.

1948

DR. ALBERT J. FINGO, 1814 Spera Lane, Norristown, Pa., has completed a term of office as President of the American Medical Golfers Association. The annual tournament of the association was held at Seaview Country Club outside Atlantic City during the meetings of the AMA.

DR. JOHN B. GEARREN, 100 Farnsworth Ave., Bordentown, N. J. and his family have moved into a new home. Children are now 16, 14 and 13. Dr. Gearren is in general practice.

DR. JAMES J. HUMES, St. John's Hospital, 22101 Moross Rd., Detroit, Mich, received the nation's fifth highest military decoration, the Legion of Merit, on the occasion of his retirement from the Navy in July. His citation read in part: "for exceptionally meritorious service . . . as Director of Laboratories, Naval Medical School, National Naval Medical Center, Bethesda, Md., and as consultant to the Surgeon General of the Navy on laboratory medicine and blood programs. Displaying competent, resourceful, and energetic leadership,
preview of the 20th for the class of '48

The tribal drums sounded over the Jersey swamps, meadows and sands and 41 of the faithful of the class of 1948 gathered at Seaview Country Club for the annual reunion.

On Friday evening, June 23, 1967, classmates arrived from near and far. Bob McCoy and his wife drove all the way from the hills of West Virginia. Eileen helped big Jim Daly out of the kids' sand box (he was practicing his bunker shots) and they arrived with Pat and George Haupt. Rudolph De Persia and his wife, Marie, had an informal gathering in their spacious quarters Friday evening. Breakfast at 7:30 was available for those who could make it as well as those who needed it. One of the highlights of the annual meeting was the onset of the academic program at 9 A.M. The introduction of the distinguished panel was done by our 1966 golf champion, Dr. Donald "Palmer" Birrell. It was necessary to get him out of his room so that the Committee could remove the annual golf trophy which Don had chained to the bed. The first speaker was Dr. Charles Steinmetz (of the now famous Steinmetz System). Dr. Steinmetz gave an excellent discussion on the "Common Eye Problems in the Aged." "New Concepts in Cardiovascular Disease" was presented by those distinguished physicians and surgeons, Dr. James "3 putt" Daly and Dr. George "Two Mulligans" Haupt. Both papers were excellent and well received by all.

A brief business meeting followed with the selection of the site for the TWENTIETH REUNION. Considerations were world cruises, a trip to the Middle East (by tank) and the Bahamas. With many cheers and outbreaks of applause, BERMUDA was chosen. Thus with high spirits, much talk and little apparent skill the group adjourned to the field of battle for the onset of the ANNUAL CLASS OF '48 GOLF TOURNAMENT. The Bay course was selected and Eve Atkinson helped John adjust his skin diving equipment (John hates to loose golf balls even more than Jim Kessel does). Bill Peterson's magnificent drive from the first tee gradually settled to the bottom of the swimming pool (this was particularly impressive since Seaview has an indoor pool). Paul Brenneman enjoyed his trip to the seashore and the opportunity to study the affinity of golf balls and sand. Jim O'Connor currently has this subject under investigation in his laboratories.

The true champions could not be denied, however. This year our true professional, Al Fingo, had the low gross for the day and Dr. William E. Peterson was the "Special System" champion.

A cocktail party after a swim in the pool helped to heal many wounds. Pat Frank and his wife spent the afternoon shopping on the boardwalk in Atlantic City. A wonderful dinner in the excellent custom of Seaview followed with Nelson Schimmel and John Rushton arriving just in time to add to the good fellowship of the evening. Highlight of the week-end was the introduction by the Reunion Committee of the guest of honor and our Professor of Medicine, Dr. Hobart A. Reimann. Spellbound, we heard Dr. Reimann unfold a story of his recent experiences while on a special mission to South Vietnam. He assisted in the organization of the Medical School of Saigon, upon which the medical future of the entire country will certainly depend. Days at Jefferson were also reviewed with some fond memories of the medical clinics in the "pit" with Dr. Reimann. Gilbert Hoffman, Ed Lancaster and Bill Annesley, encouraged by Dr. James Daly, all volunteered to "pass up" Scotty Boyle, but fortunately the swimming pool was closed. Mrs. Reimann added to the spirit of the occasion by accepting for her husband a silver bowl engraved for Dr. Reimann and presented as a token of appreciation to the man whose fine teaching and academic honesty we have learned to truly appreciate.

There was true sadness on Sunday when the Jefferson flag was lowered to be packed away for another year; but the good fellowship which grows stronger each year together with our active support of Jefferson makes each reunion a special occasion. To our classmates who were unable to come best wishes are sent and especially to those who sent letters and telegrams. We all sincerely hope that the TWENTIETH REUNION OF THE CLASS OF '48 will see us all together again. Remember the time and place . . .

JUNE 1968 . . . BERMUDA . . .

Norman J. Quinn, M. D.
Chairman

Dr. John B. Atkinson (left), and guest Dr. Hobart A. Reimann
Dr. Rudolph T. DePersia

Dr. Birrell congratulates the 1967 golf champs, Dr. Albert J. Fingo (right) and Dr. Denis A. Boyle (center).
Being NEL SCHIMMEL. Give my very regards as a public health physician by the

Dr. William E. Peterson, 21 Buchanan Rd., Baltimore, Md., has been elected President of the Maryland Crime Investigating Commission. He has served as a Director and Vice President since 1962.

DR. WILLIAM E. POTTER, 21 Buchanan Rd., Baltimore, Md., was Deputy County Health Officer for Baltimore County, Md., before accepting his present position.

DR. Emanual G. TULSKY, 8331 High School Rd., Elkins Park, Pa., is Director of Radiation Therapy and Nuclear Medicine at Abington Memorial Hospital and continues as Assistant Professor of Radiology at Woman's Medical College.

1949

DR. Howard Joselson, 276 High St., Perth Amboy, N. J., "still practicing internal medicine and neurology locally."

DR. Russell H. Keselman, Apt. 3C, The Boylston, 780 Boylston St., Boston, Mass., has been appointed Lecturer on Mathematical Biology in the Department of Medicine of Harvard Medical School. He also has been appointed Associate in Medicine at the Peter Bent Brigham Hospital of Boston. Dr. Keselman is associated with the Biomathematics Laboratory, Division of Mathematical Biology, Department of Medicine at Harvard Medical School and Peter Bent Brigham Hospital. Drexel Institute of Technology awarded him a master's degree in biomedical engineering in June.

DR. Milton H. Lincoff, 152 Old Ranch Rd., Chula Vista, Calif., is President of the San Diego County Ophthalmic Society. He met John Mills '49, who is a resident in Ophthalmology in Los Angeles, at a recent meeting there.

DR. Henry J. Teufen, 732 Mott, San Fernando, Calif., is practicing hospital radiology in the San Fernando Valley. "See Bob Sturr '46, occasionally and also Don Frey."

DR. John L. Weaver, 1825 Grand, Pueblo, Colo., at last writing planned to serve a two-month volunteer medical tour in Vietnam. The program is sponsored by the American Medical Association and the U.S. Agency for International Development. No military personnel are involved; doctors serving in the program receive only their expenses while providing medical assistance to Vietnamese civilians.

1951

DR. Leonard S. Girsh, 113 E. Church Rd., Philadelphia, Pa., is Clinical Professor of Internal Medicine (Allergy), at Temple University Medical Center and Pediatric Allergist at St. Christopher's Hospital for Children, and is doing extensive lecturing in his field.

Dr. Maerz

Dr. John C. Maerz has been appointed Assistant Director of Clinical Investigation in the medical division of McNeil Laboratories at Fort Washington, Pa. His prior affiliation was with Florida State University Health Center. For 15 years Dr. Maerz was engaged in general and industrial practice at the Oaks (Pa.) Medical Clinic.

Dr. David J. Reinhardt, 1303 Delaware Ave., Wilmington, Del., has marked his eleventh anniversary at the above address where he is in the solo practice of Internal medicine and cardiology. Dr. Reinhardt served as President of the Delaware Heart Association for two years and is the "governor" of the state for the American College of Cardiology.

1952

DR. Robert T. Carroll, 2500 Panama St., Philadelphia, is the new Medical Director of the Philadelphia Regional Red Cross Blood Program. Prior to this Dr. Carroll was Director of the blood bank at Jefferson.

DR. William J. Jaffers, 5811 Riggs Rd., Gaithersburg, Md., is Director of the Department of Pathology at Columbia Hospital for Women and also is serving as Assistant Clinical Professor of Pathology at George Washington University School of Medicine. He and his wife are the parents of three boys, Chip, 14, Dave, 12, and Craig, 10.

DR. Robert E. Stout, Hampton Medical Arts Bldg., 3116 Victoria Blvd., Hampton, Va., is practicing internal medicine. Two boys and two girls in the family now, ages 2, 4, 6, and 10.
1953

DR. CHARLES V. R. DAUERTY, Box 288, Central Square, N. Y., sends notes on the past three years. "Children—plateau of five; three boys and two girls with no immediate prospects of more. Wife Henriette in second year as member of AAGP. Me: passed first part of anesthesiology boards in 1964, taught for two years at Upstate Medical Center in Syracuse as Assistant Professor, presently on staff of Crouse Irving Hospital. Do some work with MIKE LILEN '49 who is making the Jefferson name outstanding with urologic contributions here. See you in '68 at the 15th reunion.”

DR. NORMAN GLADSDEN, 1654 S. W. 8th St., Miami, Fla., writes of the good life in Florida—"swimming pool, sports car, tennis several times a week, the usual Florida picture. Looking forward to seeing the boys at our 15th reunion.” Dr. Gladsden is doing GP—Geriatrics.

DR. HARMON E. HOLVERSON, 107 W. 2nd St., Emmett, Idaho, reports an active general practice in Emmett. "Jeff is eleven and Holly Fay is four. My spare time is spent with sports cars and modified sportsman racing cars.”

DR. CALEB L. KILLIAN III, 125 W. Main St., Fleetwood, Pa., with Mrs. Killian toured the Orient recently with a University of Southern California medical group. Among the stopping points were Singapore, Bangkok, Hong Kong and China. Dr. Killian observed local physicians to be overworked and underpaid and, consequently, sometimes indifferent. Dr. and Mrs. Killian were with the Jefferson tour in 1965.

DR. EDMUND K. LINDEMUTH recently was appointed Director of the Bucks County Department of Health in Doylestown, Pa. Dr. Lindemuth has been with that Department since 1965, when he was assigned there as a public health resident physician. He was named Deputy Director in July of 1966, and since January of this year he has been Acting Director. He received his master’s degree in public health from the University of California in Berkeley.

DR. JAMES A. MCFADDEN, 1710 Woodward Dr., Santa Rosa, Calif., resigned from the Navy two years ago and moved to Illinois. "Pat and I couldn’t stand the cold so decided to move to California. Both happy here and after one more move maybe we can unpack completely.”

DR. CARL B. MYERS, 182 Blueberry Rd., Libertyville, Ill., has been promoted to manager of employee health services at Abbott Laboratories in Chicago. He joined Abbott in 1964.

DR. STANLEY S. SCHNEIDER, 17130 Ventura Blvd., Encino, Calif., writes that he is very much enjoying his specialty in anesthesiology. He is associated with a hospital in the San Fernando Valley, is President of the Los Angeles Society of Anesthesiologists and is on the staff at U. C. L. A. "We had a great reunion out here with BOB and SANDE RUBIN. (He’s a better surgeon than a horse race handicapper.) That 15th anniversary sounds inviting. I hope I can make it.”

1954

DR. THEODORE A. GARCIA sends word that he is happily established in historic King of Prussia, Pa. (468 S. Gulph Rd.) and has been practicing ophthalmology for nearly three years.

DR. C. WALTER HASSEL, JR., 439 North Duke St., Lancaster, Pa., has been Chief of Dermatology at the Lancaster General Hospital for the past two years.

DR. JOHN R. LOUGHEAD, JR., has accepted a clinical appointment in gynecology at the University of Arizona in Tucson after eight years of private practice in Lewisburg, Pa. He is a diplomat of the American Board of Obstetrics and Gynecology and Fellow of both the American College of Obstetricians and Gynecologists and the American College of Surgeons.

DR. FRANCIS J. NASH, 75 Hinckley Rd., Milton, Mass., was chairman of the section on ob-gyn of the Massachusetts Medical Society last year. “Six boys, ranging from ages 9 to 2.”

DR. MARTIN D. SHICKMAN, 9400 Brighton Way, Suite 201, Beverly Hills, Calif., writes that since leaving Philadelphia he took a residency in internal medicine and cardiology and then went into the private practice of same in Los Angeles. Among his current professional activities: Attending Specialist in internal medicine at Cedars-Sinai Medical Center, V. A. Hospital, West Los Angeles, Clinical Instructor in Internal Medicine at the U. C. L. A. Medical School and member of the Board of L. A. County Heart Association and Chairman of its Public Education Committee.

DR. E. FRANKLIN STONE, JR., 2321 Yale Ave., East, Seattle, Wash., is Director of Retarded Children’s Clinic at Children’s Orthopedic Hospital and Medical Center in Seattle. It is the main teaching hospital for the University of Washington School of Medicine.

DR. JOHN F. WHITCOMB practices internal medicine in Framingham, Mass., and is on the staff of the Framingham Union Hospital.

1955

DR. RICHARD F. BRAMS, 5 Mason Ct., Grendon Farms, Wilmington, Del., has limited his practice to allergy as of June, 1967.

DR. THOMAS W. GEORGES, JR., 660 Boas St., Harrisburg, Pa., moved from Secretary of Health to Secretary of Welfare of the Commonwealth of Pennsylvania in July. Dr. Georges now directs the largest division in state government. The department employs 32,500 men and women to staff the state’s mental and relief institutions, youth...
development centers, general hospitals and geriatric centers. One-third of the entire state general fund amounting to $600 million is channeled into the Welfare Department. If the merger of the Health Department with the Department of Welfare is voted by the General Assembly, as recommended by Governor Raymond Shafer, Dr. Georges will add another 3,200 employees to his jurisdiction.

Dr. Georges was Assistant Professor of Community Medicine at Temple University prior to his state affiliations. He has also served as a public health physician in the Philadelphia Department of Public Health Community Health Services. Dr. Georges earned a master's degree in public health from Yale University in 1959.

DR. HARRY G. LIGHT, 905 Prospect Ave., Bethlehem, Pa., who was named as Assistant in the division of general surgery at Easton Hospital in June, has opened a new office at 2003 Fairview Ave., Easton.

1956

DR. JAMES H. LOUCKS, 301 Hawthorne Ave., Haddonfield, N. J., is the new Director of Medical Education at Crozer-Chester Medical Center in Pennsylvania. Dr. Loucks served in a similar capacity at St. Agnes Hospital in Philadelphia prior to his new appointment. He is a member of the Jefferson faculty, an Instructor in medicine.

DR. ANTHONY F. MERLINO, 328 Hemlock Lane, Springfield, Pa., has been elected a Diplomat of the American Board of Orthopaedic Surgery and became a Fellow of the American College of Surgeons at their convocations exercises in Chicago on Oct. 5.

DR. THEODORE B. WOUTERSZ, 1511 Chat ham Rd., Camp Hill, Pa., sends news of the birth of a son, Robert James, and writes: "Completed first year in private practice of ob-gyn in Harrisburg."

1957

DR. RALPH W. HASSLER, 1522 Snyder St., Reading, Pa., is in general practice there and is President of the Hassler Home, a ninety-six bed nursing home built in 1964. The Hasslers have three children.

DR. JOHN F. KENNARD, R. D. #1 Country Club Hills, Clearfield, Pa., made page one of The Progress there when he was named President of the Clearfield County Unit of the American Cancer Society. He is a pathologist at the Clearfield Hospital.

DR. GERALD LABRIOLA, 577 N. Church St., Naugatuck, Conn., planned to take on an associate in his pediatrics practice last summer.

DR. JOHN P. MURRAY, 316 W. Johnson Hwy., Norristown, Pa., is associated in general practice with Dr. JOHN C. McLOONE ’52 in a Norristown office.

DR. JAMES R. STULL, 1910 Coventry Rd., Upper Arlington, Ohio, is at Ohio State University Hospital serving a general surgery residency.

1958

DR. BARRY L. ALTMAN is in the process of expanding his urology practice to include an associate. New office address: 330 Ratzer Rd., Wayne, N. J., with a subsidiary office in Paterson.

DR. CHRISTOPHER J. BEETEL, 6130 Fairdel Ave., Baltimore, Md., is more than half way through a two-year program in thoracic surgery at the University Hospital in Baltimore.

DR. MATTHEW I. BUCKO, Jr., 21 Early Dr., Portsmouth, Va., is head of the E.N.T. Department at Naval Hospital in Portsmouth and became a diplomat of the American Board of Otolaryngology last June.

DR. ROBERT F. CONIFF, Kaseville Rd., R. D. # 4 Danville, Pa., has joined the staff of Geisinger Medical Center's Department of Internal Medicine. Prior to his new appointment Dr. Coniff spent several years in the U. S. Navy. He and his wife have two children.

DR. MELVIN HANKIN, 2601 New Jersey Ave., Wildwood, N. J. is in solo practice of ob-gyn in Wildwood. Sons Robert and Andrew are ages 7 and 5.

DR. HILBERT E. OSKIN, 106 Laurie St., Jefferson Highlands, Pittsburgh, Pa., has completed a residency in psychiatry at Western Psychiatric Institute, University of Pittsburgh, and at the present time has a part-time practice and is on the staff at St. Francis General Hospital.

DR. CHARLES D. SCHLOSS, 1776 Kings Center Court, Columbus, Ohio, is at Ohio State University College of Medicine as Assistant Professor in the Division of Radiation Therapy. "Hope to see my friends at reunion next year."

DR. DONALD L. SMITH has accepted a residency in opthalmology at the University of Florida in Gainesville and began study there this fall. Prior to this recent change of address Dr. Smith and his wife and five children were residents of Franklin, Pa.

1959

DR. HAROLD L. BLUMENTHAL, 24096 Greenlawn, Beachwood, Ohio, practices dermatology in Cleveland.

DR. ALOYSIUS W. FARRELL, who moved to Hoodedale, Mass., last February, has been appointed to the medical staff of Milford Hospital. Dr. Farrell is a specialist in internal medicine.

DR. PASQUALINO IOFFREDA, 126 Amherst St., Highland Park, N.J., recently opened a urology practice in New Jersey. Dr. Ioffreda served a general surgery residency at St. Peter's Hospital in New Brunswick, N.J., and a three-year residency in urology at Jersey City Medical Center.

Dr. Rubel

DR. MARTIN RUBEL, 1123 Penhurst Lane, Narberth, Pa., recently became Clinical Director of the Philadelphia Psychiatric Center. He has been associated with the Center since 1964, and for the past year he has served as Director of the In-Patient Service.

DR. WILLIAM A. STEINBACH III, 8505 Elliston Drive, Wyndmoor, Pa., has been appointed to Chestnut Hill Hospital's staff as Attending Surgeon on the Orthopedic Service. Dr. and Mrs. Steinbach have five children.
Dr. Louis B. Swisher, Jr., 34 Glenwood Rd., Roslyn Harbor, L. I., N. Y. has been named Chief of Obstetrical Anesthesiology at Brooklyn Jewish Hospital in New York. He is Associate Professor of Anesthesiology at State University of New York Downstate Medical Center.

1960

Dr. Richard H. Dunkelberger is spending this year as Chief Resident in Medicine at the University of Illinois Cook County Hospital, Chicago. "Sons Willy, 3, and Dicky, 1, keeping their mother busy and happy." Dr. Dunkelberger plans to return to Pennsylvania in 1968.

Dr. David A. Ginns, 4627 Atom, Lawton, Okla., writes: "What could be new! Army life is not very exciting. Only consolation is that I'll be back in practice in Long Beach, Calif., shortly."

Dr. Harvey M. Levin, 7754 Clements Rd., Wyncote, Pa., passed the American Board of Obstetrics and Gynecology recently and is in practice with another Jefferson alumnus at Methodist Hospital and in Cherry Hill, N. J.

Dr. William Mancoll, 285 N. Quaker Lane, W. Hartford, Conn., returned from a tour of duty in the U. S. Army recently and is in practice with his father, Dr. Morris Mancoll '28, in Hartford.

Dr. Charles J. Morosini, 50 Popham Rd., Scarsdale, N. Y., was board certified recently in internal medicine and is in practice with two internists in Scarsdale.

Dr. Robert A. Nichols was at Jefferson last May to attend the presentation of the portrait of his stepfather, Dr. Franz X. Hausberger. (See summer 1967 BULLETIN). Dr. Senft

Dr. Robert A. Senft, 1133 Avalon Rd., Fairmont, W. Va., is the new Medical Director of the Fairmont Clinic. Prior to his association with the Clinic Dr. Senft was Hospital Commander at Mountain Home Air Force Base in Idaho. He is certified by the American Board of Internal Medicine and serves as Clinical Instructor in medicine at the West Virginia University School of Medicine.

Dr. Robert A. Weiss sent word of his marriage on March 19, 1967, with the announcement of the opening of his new office for the practice of internal medicine and cardiology at Medical Professional Building, Suite 3C, San Antonio, Tex. (Home address: 1045 Shook Ave., San Antonio). His bride is the former Dorothy Jo Amola.

Dr. Walter K. W. Young finishes his service obligation at Chanute Air Force Hospital in Rantoul, Ill., this year. He plans to enter private practice.

1961

Dr. Allen L. Davies completed a year as clinical and research fellow in surgery at Harvard University Medical School and Massachusetts General Hospital and is now at Hawkmoor Chest Hospital in South Devon, England, as a resident in thoracic surgery. Dr. Davies spent four years at Jefferson as a surgical resident.

Dr. Martin G. Durkin has been appointed Executive Officer in the Department of Medicine at Georgetown University School of Medicine. Dr. Durkin also serves on the faculty of the Division of Gastroenterology. Prior to his appointment he was Chief Resident at Georgetown Hospital.

Dr. Richard L. Eddy has moved to 3941 Loop Dr., Temple, Tex., where he is associated with The Scott and White Clinic and Research Foundation in the section of endocrinology-metabolism. Dr. Eddy also is on the faculty of the University of Texas Southwestern Medical School, Department of Endocrinology.

Dr. Warren A. Katz is Assistant Professor of Medicine at Temple University Medical School in Philadelphia and also engages in internal medicine (rheumatology) practice.

Dr. Jerome J. Klinman, who has opened an office at 525 Park Ave., New York, for the practice of psychiatry, writes that he received his training at the Institute of Living in Hartford, Conn., and recently completed a two-year tour of duty at the Valley Forge General Hospital as Chief of the Psychiatric Outpatient Clinic and Psychiatric Consultation Service.

Dr. Arthur N. Meyer, 477 River St., Forty Fort, Pa., has been appointed to the staff of Wyoming Valley Hospital in Wilkes Barre, Pa. Prior to this Dr. Meyer was an Instructor in the Department of Medicine at Hahnemann Hospital in Philadelphia.

Dr. Raymond L. Sphar, Jr., Lieutenant-Commander in the U. S. Navy Medical Corps, has reported for duty on the staff of Flag Officer Submarines, Royal Navy, and the staff of the Royal Naval Medical School at Gosport, Hampshire, England, as an exchange officer in submarine medicine. Dr. Sphar is the first American naval officer to be appointed to this post, in which he will be associated with the Royal Navy in the establishment of a program in submarine medicine. Dr. and Mrs. Sphar and their daughter are residing at "Vicar's Hill," 47 High St., Fareham, Hampshire, England.

Dr. Sphar

1962

Dr. Stanley Bernstein, 205 Irving Ave., Bridgeton, N. J., sends word that he is in general practice in Bridgeton with Jeffersonian Ronald M. Fisher '59.

Dr. Alan R. Freedman has opened an office for pediatrics practice at 1726 Pine St., Philadelphia. He is associated with Children's Hospital.

Dr. G. Edward Kienzle and Dr. Norman Lindenheim, Jr., are first year pediatric residents at St. Christopher's Hospital in Philadelphia.

Dr. Louis E. Levinson sends his new address at 919 Elkhorn Dr., in San Antonio, Tex., and a note: "Finishing my second year ob-gyn residency at Brooke Army Hospital. Dick Hammer also is at Brooke with the surgical research unit. Any fellow classmates passing through here can contact me at the hospital. Sorry to have missed the fifth reunion."

Dr. Hugo Mori, who has recently completed a four-year residency in urology in Philadelphia, will join his brother, Dr. Gino Mori '58, in offices at the
Scrant on Life Building, 538 Spruce St. in Scrant on. Dr. Gino Mori is a sur geon in that city.

Dr. Harold T. Oesau, Jr., 2340 North Ave., Bridgeport, Conn., recently opened an office for the practice of general surgery in Bridgeport. Dr. Oesau had residencies in surgery at Bridgeport Hospital and the Memorial Hospital for Cancer and Allied Diseases in New York City.

Dr. Joseph J. Pittelli, who had been associated with University Hospital in Ann Arbor, Mich., has moved his family to Monticello, N. Y., where he has joined three physicians in practice at the Monticello Medical Group. His new address is 1141 Nelshore Dr.

Dr. Rodney L. Sponsler has become a Diplomat of the American Board of Pediatrics. Dr. Sponsler completed a two-year residency at Children's Hospital in Pittsburgh in 1965 and is presently practicing pediatrics with an associate at the Blair Medical Center. His new address is 3109 4th St., Altoona, Pa.

1963

Dr. James F. Butcofski, 1734 Wyoming Ave., Forty Fort, Pa., has joined the staff of Wyoming Valley Hospital in Wilkes Barre, Pa. Dr. Butcofski practices with two associates.

Dr. Frederick L. DankaMyer, 4037 7th Place, Rochester, Minn., has begun a residency in ophthalmology at the Mayo Graduate School of Medicine. He is agent for the class of '63.

Dr. Bruce K. Leinweder, 925 Huntington Pike, Huntington Valley, Pa., completed an ob-gyn residency in June at Albert Einstein Medical Center in Philadelphia.

Dr. Manfred W. Lichtmann, a resident in anesthesia at Walter Reed General Hospital in Washington, D. C., has been promoted from captain to major in the U. S. Army Medical Corps.

Dr. Arthur D. Magilner, 1560-A White Dr., Chanute AFB, Rantoul, Ill., is a radiologist with the Air Training Command at Chanute.

Dr. Thomas E. McMicken, who completed his surgical residency at Mound Park Hospital, St. Petersburg, Fla., is presently serving with the army in Vietnam. He is the recipient of the Combat Medical Badge and the Vietnam Service Medal and was chosen in 1967 an Outstanding Young Man of America.

Dr. James R. McNutt, 1405 Kings Highway, Cherry Hill, N. J., has been named to the Department of Obstetrics and Gynecology at John F. Kennedy Memorial Hospital in N. J. Dr. McNutt completed both internship and residency programs at Methodist Hospital in Philadelphia.

Dr. Edward Teitelman, resident in psychiatry at Jefferson, lectured on the Philadelphia architectural scene at the third annual Penns bury Manor American Forum in September. Dr. Teitelman was the only M. D. on the program.

Dr. Ted Verbinski, 1414 Old Mill Rd., Wyomissing, Pa., has joined an associate in ob-gyn practice in Wyomissing.

1964

In the second year of pediatric residencies at St. Christopher's Hospital in Philadelphia are four class of '64 men: Dr. Robert P. Barroway, Dr. Raymond J. Mcgroarty, Dr. Eli O. Meltzer, and Dr. George Segal.

Dr. Vincent R. Ascolese and his wife were at the last report starting on a VW camping tour through Scandinavia while Dr. Ascolese was on leave from military duty in Germany.

Dr. James C. Barton has joined the partnership of two physicians in Chambersburg, Pa., at 634 Lincoln Way East. Dr. Barton recently returned from Vietnam where he spent six months with the U. S. Army Medical Corps. He and Mrs. Barton are the parents of a daughter.

Dr. William A. Freeman has joined his father, Dr. Albert Freeman, in medical practice at 76 West King St., Shippensburg, Pa. Prior to this association Dr. Freeman spent two years with the U. S. Public Health Service, Division of Indian Health at Poplar, Mont., giving medical care to 3,500 Indians of the Sioux, Assiniboine and Chippewa tribes. Dr. Freeman and his wife are the parents of two children.

Dr. Alan B. Levy recently was appointed a Fellow in Adult Psychiatry at the University of Cincinnati Department of Psychiatry. His work will enter conducting group therapy, teaching residents and supervising medical students.

Dr. Joseph A. Lieberman III, 821 S. Ott St., Allentown, Pa., has entered practice with his father in Allentown.

Dr. Milton J. Sands, Jr., 522 Juniper St., Philadelphia, recently received his second award of the air medal for combat aerial support of ground operations in Vietnam.

Dr. John W. Yunginger took second prize for his essay "The Use of Tympanostomy Tubes in the Treatment of Middle Ear Effusions in Childhood" in a competition sponsored by the Montour County Medical Society. He has completed his second year as a resident in pediatrics at the Geisinger Medical Center, Danville, Pa.

1965

Dr. William F. Renzulli has completed his first year of residency in Internal Medicine at Akron City Hospital and presently is serving in the U. S. Navy, Cherry Point, N. C.

Dr. Robert S. Schall, 8 Hackensack Terr., Chestnut Hill, Mass., is a first year resident in radiology at Boston City Hospital.

Dr. Thomas J. Schneider sends his new address and writes: "I'd certainly appreciate hearing from classmates while on a year's duty in Vietnam." He is stationed with the 14th Air Commando Wing at Nha Trang and his address is 14th Tactical Dispensary, APO San Francisco, 96240.

Dr. George W. Smith, The Deauville Apts., 6725 Ridge Ave., Philadelphia, is a psychiatric resident at the Eastern Pennsylvania Institute in Philadelphia.

Dr. Kent K. Smith is serving as an aerospace medical officer with the U. S. Air Forces Southern Command at Howard AFB in the Canal Zone.

Dr. Lottie A. Varano is a U. S. Air Force physician. Address: Portsmouth Ave., Stratham, N. H.

1966

Dr. Louis J. Centrella, P. O. Box 199, New Laguna, N. Mex., is serving with the United States Public Health Service on an Indian reservation west of Albuquerque. "Another M.D. and I are the physicians for 10,000 Indians. The clinic is brand new with excellent lab facilities. I would like to have any fellow Jeffersonians stop here on their way West."

Dr. Nicholas J. Ruggiero recently opened an office for general medicine practice at 341 Wyoming Ave., West Pittston, Pa.

1967

Dr. Charles Meyer made headlines within months of his June graduation from Jefferson. Dr. Meyer was the subject for a feature story by Marian Mireles in the Los Angeles Herald Examiner. The article dealt with the life of an intern at the Los Angeles County General Hospital where Dr. Meyer is taking his internship. He is one of 241 young physicians who began new duties on June 24.
engagements

1965
Dr. Earl J. Fleegler to Miss Kathy Gaylord

1967
Dr. William W. Dellevigne to Miss Marie Palestini
Dr. Richard D. Fox to Miss Marcia Ann Leeds

weddings

1957
Dr. John C. Powers to Miss Carol Poole Dougherty

1961
Dr. George J. Racio to Miss Maureen Loftus, July 8, 1967

1963
Dr. David L. Forde to Miss Barbara Anne Myers
Dr. Gerald A. Gryczko to Miss Rebecca Jane Tebbetts, July, 1967

1964
Dr. John W. Yunginger to Miss Jane Ann Zabler, August 12, 1967

1965
Dr. Robert C. Bubeck to Miss Claudia Marie Lottman, September 17, 1967
Dr. Robert L. Fronduti to Miss Ann Elizabeth Williams, July 1, 1967
Dr. Edward D. Nowicki to Miss Kathleen Elfriede Holmes, August 5, 1967
Dr. Michael C. Snyder to Miss Kathleen Elizabeth Curran, July 22, 1967

1966
Dr. Robert P. Crutchlow to Miss Mary Ann Scherer, June 24, 1967
Dr. Robert R. Madigan to Miss Brenda Lee Neale, June 24, 1967
Dr. Franklin J. Rothermel to Miss Essie Jane Miller

births

1956
A daughter, Karen Ann, on June 28, 1967, to Dr. and Mrs. Joseph P. Ravin

1957
A daughter, Robin Gayle, on August 9, 1967, to Dr. and Mrs. Harold S. Orchow

1960
A daughter, Kathleen Diane, on July 28, 1967, to Dr. and Mrs. Samuel G. Morosco

letters to the editor

reflections

Many friends at Jefferson will be deeply grieved on learning of Dr. Kenneth Goodner’s sudden and unexpected death. An inspiration to many, he emphasized the well rounded physician. In that sense he was both philosopher and teacher, gifted with a poetic language. Below is an excerpt from a letter to me dated 2 August 1967 from Dr. Goodner. He had been invited to work this fall with Captain Robert A. Phillips, USN Ret., at the SEATO Cholera Research Laboratory in Dacca, East Pakistan. I had planned to meet Dr. Goodner en route to Dacca where I will spend three months working under Captain Phillips.

"Am glad that there are still eight weeks. I had not realized the amount of fatigue which could be stored up during 21 years. Things are going better now although June projects have become September projects. Weeds cover the garden, the trees are barely alive, the dog has sharp teeth, the roses are gorgeous and there are many splashes of color. Details unfortunate, over-all effect entirely charming. Every weekend there are ever so many slow moving cars. It’s a relaxed atmosphere. Sunrise is greeted. Sunset is admired. The birdsong in the early night is pure delight. Best of all I am at peace.

Of course I am looking forward to this fall adventure.”

Richard P. Wenzel, M.D. Class Agent, 1965 Resident in Medicine Univ. of Maryland Hospital, Baltimore

oops!

This item appeared in your “Class Notes-1918” in the Summer edition of the ALUMNI BULLETIN.

Dr. Sidney Rosenblatt, 1904 Pacific Ave., Atlantic City, N.J., is just one of four Jeff men in the family. Two sons are Jeff graduates and a third son enters the Jefferson-Penn State program this fall.

Would you kindly enter a correction to read: “Two sons are Jeff graduates and a grandson entered the Jefferson-Penn State program this past summer.”

Thank you so much for your trouble.

Sidney Rosenblatt, M.D. Atlantic City, N.J.

the art issue

I was delighted to receive the copy of the summer issue of Jefferson’s ALUMNI BULLETIN. I found it a fascinating publication. Is it, in fact, possible to get two more copies, one of them to be put in our Library. I consider the issue of the Bulletin a considerable contribution.

With many thanks to Mr. Large for suggesting that it be sent and with best wishes—

Evan H. Turner Director, Philadelphia Museum of Art
Leveled land awaiting the Scott Library provides the first full distance view of Jefferson. Below right, the Orlowitz Residence Hall is on the rise.