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The Thomas Jefferson University

The Thomas Jefferson University came into being with the granting of a charter effective July 1, 1969. The keystone of its structure, The Jefferson Medical College, had developed from more humble origins one hundred forty-five years before, as the medical department of Jefferson College in Canonsburg, Pennsylvania. "The reason for its founding was, basically, just one: because it was needed," said Chairman of the Board of Trustees James M. Large. "Thomas Jefferson University came into existence for the same reason as its forebear—because it is needed. A medically-oriented university, prepared to train all of the technical and professional people, including physicians, needed to provide health services in these modern times, is precisely what Thomas Jefferson University will be." He emphasized, "there is no intention to develop a large broad scale and diverse university to compete with or overlap other institutions in the city."

The components of the University are The Jefferson Medical College, the College of Allied Health Sciences, The College of Graduate Studies, The Hospital, and such affiliated hospitals and other teaching institutions as may be appropriate to the various colleges. Jefferson has granted graduate degrees in the basic medical sciences for the last twenty years. The College of Allied Health Sciences has been developed during Dr. Peter A. Herbut's administration, and will soon offer a baccalaureate program in paramedical fields. "The health team is not just the physician and nurse," Dr. Herbut stressed. "Today it may include twelve people and five years from now it may be twenty. At Thomas Jefferson University, in the midst of a great medical teaching center, we believe we can work out an effective educational program that will prove to be a model for those who educate and train health personnel."
IN THIS ISSUE
The summer issue contains a special section on student unrest. Heading the feature is an article in which Dr. Zygmunt Piotrowski explores the causes of the discontent among youth. The students’ view is heard through interviews with a sampling of Jefferson students, and a faculty member’s thoughts on the subject follow. The issue also contains another installment of the series on the physician in various roles, this one on “The Physician as General Practitioner,” by Dr. Jack Gelb. Commencement and reunion week festivities are covered as are alumni and Jefferson news in the regular columns.


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TROUBLE on the NATION'S CAMPUSES

The unrest on campus has caught the nation's interest and to a large extent, aroused its concern. The concern is deepened because the roots of the unrest are somewhat ambiguous and the manifestations, vociferous and often violent. Dr. Zygmunt Piotrowski probes the issue from the viewpoint of a Professor of Psychiatry in his article "Student Unrest in a World of New Opportunities." To find out where Jefferson students stand in the midst of the turmoil, the Alumni Bulletin interviewed a sampling of freshman and senior students during the spring term. Some generalizations can be gleaned from these interviews. First, the three years difference between the two classes is virtually the difference between two generations. The seniors felt that their college experience belonged to the era preceding the "awakening" of today's college students. Extracurricular activity during their college years meant relaxed interaction, not involvement in social problems. Social concerns were peripheral to the interests of education and their prime interest in education was in acquiring it, not in modifying the manner in which it was acquired. The seniors did, however, understand and sympathize with the humanitarian attitudes characteristic of college students today and they recognized the pressures of contemporary society in a changing world. They did question the validity of the students' manner of protest and rejected violence unanimously. While close enough to the generation of college activists to in some measure empathize, these graduating students felt no identity with them.

While freshmen reflected their greater proximity to the college years, for the most part they did not identify with the students in protest either. They share these students' interest in shaping their own education and their lives, which they feel have become dominated by outside forces. The Jefferson students' attitude is not an overly assertive one, however, and freshmen were prone to precede their comments with, "I don't know, but . . ." They seemed to imply not so much their ignorance as their knowledge of the fact that they don't have all the answers. Some of the ones that both they and the seniors offered follow. What teachers say about students is heard too, and the teacher in this case is Dr. Joseph Medoff, Associate Professor of Clinical Medicine, a graduate of the class of 1939 and the subject of this issue's "Profiles."
STUDENT UNREST in a World of New Opportunities

by Zygmunt A. Piotrowski, Ph.D.

World wide sociological events, such as the current student unrest, have complex and manifold causes about which it is difficult to make sensible generalizations. Moreover, the underlying causes vary from occurrence to occurrence and from place to place. It is possible to state, however, that resorting to violence in an attempt to solve social problems is nothing new. Indeed, the National Commission on the Causes and Prevention of Violence recently concluded that violence is deeply ingrained in the American tradition and that it has been used in self-defense, or to gain an end, by virtually every segment of the population. What seems new about the student unrest of today is the demand of some students for social and political changes and for some reorganization of the universities, which is in sharp contrast to such time-honored student practices as swallowing goldfish, crowding into telephone booths, and panty raids. Sporadic student violence has been known in Europe since the founding of universities in the thirteenth century.

Another valid generalization about the world-wide student unrest is the universality of the anti-war attitude in general and of the opposition to the war in Vietnam in particular. The brotherhood of man is advocated instead. A demand for the improvement of graduate training also figures prominently as an avowed aim of the student demonstrators. And finally one tactical common element: Most of the protesting students claim that their demands would not be heard and considered unless they demonstrated and, at times, threatened or even committed violent acts. There is no doubt that this tactic has often brought results. The squeaking wheel has gotten the attention in many a top university, the black students having been particularly successful in advancing their interests and sometimes even obtaining privileges denied other students.

New ideas and directions always originate with individuals and small groups. The majority is usually passive, if not downright indifferent to social changes. The active student protests, too, were organized by small minorities, which is, of course, not a reason to consider them unimportant. History abounds in examples of states conceived and created by small groups, with the tacit support, or even despite the actual opposition, of the majority.

There are always some who like to fish in troubled waters. The rhythmical and simultaneous raising of fists, the chanting in unison and the orderly marching of some of the demonstrators are hardly possible without pre-arranged signals and an earlier meeting of minds. Spokesmen for this group openly declared their solidarity with an international movement aiming at the destruction of democratic societies. But with the exception of this small albeit determined group, the protesters and, of course, the quiet majority of students do not desire the destruction of our society. Many of them, however, do want a fuller realization of professed ideals, less hypocrisy in public and private life, more consideration for the individual. They are opposed to what they feel is a tendency to turn people into cogs of dehumanized machines. They fight alienation and routine. At a loss as to how to achieve their stated goals, they want the universities to help them make life more meaningful. Ambition to lead “a full life” is not likely to be universal. A placard carried in one of the student demonstrations read “long live the passion of creative intelligence,” which cannot be considered out of place on a university campus. The craving for “creative self-expression” is rare. Most students have more modest goals in life. Far from wishing to revolutionize the world, they prefer to find a place in the world as they know it.

The violence which erupted on so many campuses may have been the result of a combination of unexpected factors which took the university authorities by surprise. In a number of instances, the protesting students refused to leave the buildings they had occupied. The confusion and the initial success of violent action seemed to cloud the serious issues and brought violence to the surface. The racial conflict which had originated outside the schools and is not limited to education policies added fuel to the protests.

The problem of the criticized authorities was compounded by the sympathy which a number of them openly expressed with the students’ demands. It is hard to deal with an attacker when one concludes that he is right. It stands to reason that the violent methods used by the students were resented, aroused natural opposition and made a calm and reasonable exchange of views impossible. Furthermore, the trouble-mongers saw their opportunity and inflamed the situation to serve their destructive purposes. The over-reaction of the police no
doubt aggravated the situation by embittering many stu-
dents who otherwise would never have joined the origi-
nal demonstrators. We still do not have a fully satsis-
tfactory diagnosis and etiology of, and cure for, the
student unrest. The danger of large social and political
demonstrations is that they may easily and suddenly
change in mood and direction.

The mass media of communication, particularly tele-
vision, have exerted an indirect influence on campus
developments. The like-minded are primed for action
by the example of others. The stimulating effect of the
mass media can discourage as well as encourage action,
and is not limited to student behavior. The eye is an
important sense. Without television coverage of the
effect of hostilities upon children and women, the aver-
sion to the Vietnamese war probably would not have
developed. People tend to be indifferent to what they
barely know or do not know at all. Let them witness what
is happening and definite emotional attitudes arise.

The characteristic optimistic American attitude that
all problems are solvable also influenced the tension.
The engineering approach is evident also in the contem-
plation and handling of social and even psychological
problems. People get impatient when a solution to a
recognized problem is not forthcoming. If one is con-
fident that a solution can always be found, one does not
hesitate to criticize, to seek out weaknesses and demand
that they be corrected. To over-react to demands for
change and improvement, even when these demands are
ill-conceived, is a sign of social ill health. However, obje-
tions to methods which do not respect the rights of others
or which insist on special privileges, are fully justified.

An industrial-scientific society cannot survive in a
competitive world unless it is continually progressing.
To achieve a state of perpetual and gradual growth, it is
imperative that everything be scrutinized, re-evaluated
and made better. Our young people are trained in scien-
tific thinking, which sharpens their perception and makes
them aware of inadequacies and inconsistencies as well
as of opportunities for new achievements. One can
hardly blame them for using their critical faculties when
they have been told to do so. Students are weak in offer-
ing positive suggestions and rarely come up with ideas
for adequate solutions. Being young, inexperienced, im-
patient and not feeling responsible for the conditions
they criticize, they do not grasp the great complexities
of social problems. They underestimate the impending
weight of human inertia and the limitations of human
imagination. Moreover they sometimes make their dem-
ands sound so preemptory that they evoke irritation,
shattering the chances for an amicable settlement with
the university authorities. When they persist, the mutual
resentment and dislike gradually develop a suspicion in
each side that the other is motivated by ill will.

There are indeed new things under the sun and so
frightful in their potential destructiveness that they are
likely to make a thoughtful and young person feel un-
certain about his future, adding to his unrest. For the first
time in its history, humanity is capable of committing
suicide. We have been told repeatedly that the nuclear
and biochemical weapons which have been produced
and are ready for instant use can kill mankind several
times over. And yet this lethal arsenal is steadily being
enlarged. The danger which these weapons represent is
increased by the fact that, for obvious military and tech-
nical reasons, only a few men will make the final decision
whether and when to start the war. It is a chilling thought
that if governments and generals behave in the future
as they have in the past, total destruction is certain. In
the past an accumulation of weapons by powerful states
has generally led to a bloody war. Weaker states could
sometimes be prevented by the great powers from at-
tacking one another but there is nothing to stop the
superpowers. Statesmen must therefore learn new tech-
niques of diplomacy to avert military solutions which
under modern conditions would be a combination of
murder and suicide. How can this be accomplished?
What ironclad guarantees can we have that no country
will start a sudden war in the futile hope that it will suffer
only “acceptable damage”? Is the present balance of ter-
ror an adequate deterrent? Apparently not, since the
superpowers are constantly seeking to invent new
weapons and stockpile vast quantities of old ones. The
physicists assure us that it will always be easier and
cheaper to build new offensive rather than defensive
weapons. If this be true, then the continued increase in
existing armaments is futile because it cannot afford us
adequate protection in the event of war. Research in
new weapons, on the other hand, is indispensable for
the security of the country.
Although one rarely hears such matters discussed by young people or adults, there is no doubt that most of us think in private about these life and death issues. Human beings living under a growing threat of personal destruction, about which they themselves can do nothing, gradually become resigned or restless. Historical precedents indicate that societies living under prolonged overwhelming threats tend to disintegrate. The feelings and thoughts of graduate students, the future leaders of the country, must be affected by the appalling threats to their personal survival. The hitherto powerful incentive for working hard and making sacrifices in one's early years in order to be able to enjoy a calm and happy future may gradually become less effective than in the past. The economy's increasing capacity to produce material goods seems to be having a similar corroding effect upon the traditional virtues of hard work, planning and saving for old age.

Yet, doing nothing about an all-out war only aggravates the danger by leaving the matter of human survival in the hands of those who vainly seek a foolproof defense against any conceivable present or future offensive weapons and thus increase the risk of an "accidental" or a deliberate war. It was an awesome spectacle to see hundreds of millions of people quietly and passively waiting, during the Cuban missile crisis, for a handful of men to decide whether millions are to live or die. While it is difficult to measure gradual changes in attitude toward life and society, it is certain that the permanent serious threat affecting us all will ultimately cause modifications in attitude. In fact, it can be argued that it already has contributed to the strengthening of pacifism, to open criticism of the military establishment, and to a clamor for an end of the Vietnamese war. The desire for peace in Vietnam is shared by the most varied groups in other countries as well as this one. Militarism, however, has also increased as a reaction to the dangers of a modern war.

No one has a sure constructive solution. If peace remains uncertain and preparation for war uncontrolled, the conviction must eventually spread that there is no future. In a future war there will be no place to hide and no way of buying off the attacker. The survivors, if any, will have no place to go when they emerge from their caves. When rational planning and decisions concerning the future become impossible, individuals will make non-rational decisions. Very few people have the strength to live under an uncontrolled and powerful threat without doing something about it to alleviate their anxieties. Any decision, even a non-rational one, a new emotional attitude helps to relieve tension. Antisocial, even violent behavior, is likely to increase because anger and violence are proven means of alleviating the stress of frustration and the feeling of depression.

If the past offers a guide (e.g., the 13th Century in Europe), then we might expect some of the passive pessimists to intensify their religious spirit as an initiation to the after-life. Religion will be taken very seriously by them and they will demand more of the church than rituals or social entertainment. Contemplation of death is likely to attract deep interest. The pessimists probably will stress the preparation for sudden death; those trying to escape depression, the glories of after-life.

Another large portion of humanity will want to make the most of life while there is still time. The passive optimists, who believe in the possibility of heaven on earth, are likely to renounce their ambitions and withdraw from competitive striving, forming quiet groups outside of the established social order satisfied with the minimum needed for physical survival. Hippies and flower girls

Zygmunt A.Piotrowski, Ph.D., came to Jefferson in 1957 as Associate Professor of Clinical Psychiatry (Psychology) and was promoted to Professor the following year. He studied at the University of Poznan in Poland, where he received his doctorate.

Dr. Piotrowski is the author of many publications including "If All Sin, No One Sins" which appeared in the Psychiatric Quarterly in October 1968.
belong into the latter category.

The hippies' way of fighting automation, alienation and dehumanization is to preach love, tolerance, sincerity, and mutual help. They reject aggressiveness and violence. Many of them have even cooperated spontaneously with the police who came to arrest them on the neighbors' complaints. They have no desire to reform society and do not even criticize the social order. Proselytism is foreign to them. They work when they have to and only for necessities. They reject all official teachings and doctrines. They emphasize individual morality and try to achieve complete trust and intimacy with one another in order to enjoy full involvement with others. They disregard social sanctions and taboos, and do not care about wealth and social status. They live for the moment in a pursuit of immediate happiness. They feel they can escape evil, that is, hatred, seclusiveness, suspiciousness, indifference and the sacrificing of deep intimacy with others for aggressive competition for material goods. Such a group can not survive in a modern urban society.

A monograph by Auguste Jundt, published in Paris, in 1875, discloses that such movements have been occurring throughout the centuries. The word "hippie" is new, but not the concept; "flower girl," on the other hand, is an ancient term. The title of the monograph is "History of Popular Pantheism from the 13th to the 16th Century." A theoretical and dogmatic foundation of popular pantheism was provided by a professor of the Sorbonne, Amaury de Bene, who died in 1206. The outstanding and common characteristics of the pantheistic movements have been the denial or absence of the concept of evil, the negation of the personal existence of the soul after death (the soul conceived as a divine element was believed to merge with the Divine Spirit after the individual's death), rejection and even contempt for revelations and the teachings of the church, and a belief that genuine impulses and actions are a manifestation of the Holy Spirit which can do no wrong; thus, acting genuinely, the human being could do no wrong. There was a strong belief in the healing power of love. Men and women lived together without observing any specified rules, sharing all of their possessions, a state of affairs offensive to others. Apparently they were unafraid and feared no persecution. They believed that they could experience and enjoy during their life on earth the plentitude of happiness which they expected after death, and that every individual possesses in himself the capacity for perfect happiness by virtue of his very nature. They claimed to serve God by having liberty of spirit and practicing freedom of the mind. The clothing worn by these groups was always unusual. A bishop called them, "a pestilence which seeks the appearance of freedom."

Our hippies and flower girls perplex and irritate many people for very similar reasons. Hippies do not claim to be motivated by the Holy Spirit but by what is good in human nature. Otherwise there is a remarkable similarity between them and their predecessors. Since this popular pantheism has existed off and on for about 800 years, one can expect it to keep recurring. It is, after all, a possible style of life for those who find aggressive competition and lack of warm affection for others intolerable. In the past, each group of popular pantheists ended up in hiding or being destroyed by the authorities with the support of the majority of the population. Most people found the pantheists highly disturbing to their own peace of mind. Jundt pointed out that all this popular pantheism down the ages can be described as a persistent survival of antique attitudes and ways of living in the midst of Christian or modern society.

A large percentage of the population seems to consist of active pessimists, that is, of people who do not believe in the possibility of avoiding a war but who want to make active preparations for the emergency. Arming of one country prompts potential antagonists to rearm also, leading to a continuous production of weapons. The professional military staffs refuse to admit that there is no decisive defense against increasingly more ingenious and powerful offensive weapons by comparison with which the defensive weapons get less adequate invention by invention. In a modern war in which decisions of defense and offense must be made within minutes to be effective, the decision of war and peace inevitably will rest with one center, or one man. A nation under arms will change into an armed camp, leading a regimented life under the close control of an all-supervising authority which will restrict personal liberty. The advocates of permanent military alertness have the lessons of history on their side. Stronger countries have always been taking advantage of weaker ones—a practice which persists to
the present day. Actually we seem to have peace only because of the balance of terror. The past makes one despair of the possibility of peace.

International relations must break with traditional methods and create something new to assure peace. The active optimists believe this can be done. They emphasize the tremendous opportunities which modern technology offers. If resources and activities were harmonized and organized, there would be enough for everyone. Some of the restless students ask why things are so bad when they could be so good. They are inclined to put the blame on ill will and on a deliberate effort to delay the creation of heaven on earth. If modern techniques were used to the best advantage, material progress would be so great and basic needs so well met that tension and dissatisfaction would decrease, bringing about a marked lowering in aggressiveness and fear of being attacked. The terrible damage of war would then become so disproportionately greater than any possible war gains that the desire for war would probably decrease to manageable or controllable proportions.

Technology, physics and chemistry are so advanced that we can count on continued improvements in the techniques which supply our needs of food and shelter. The problem is not inadequate physical techniques or human skills needed to employ them. The problem is psychological and political, namely, what should be the goals for the achievement of which the techniques would be utilized. The question is to make the key people agree on a common purpose and plan of action for the good of all. The basic unresolved problems of the future are psychological and sociological. To have peace and reduce unrest we must take greater advantage of our new opportunities, which is a matter of psychology and education.

It would seem that to convince others of the possibility of a productive and permanent peace, we must accustom them to a life of continued change. Traditionally education has consisted of acquiring certain limited skills with the idea of applying them for the rest of one's life in a settled society. Most of our education, even on the highest level, still consists of training people for definite tasks which are assumed to remain essentially unchanged during the lifetime of the student. Many students demand education which is relevant to present day needs. What they should ask is education for continued change and not for the present since this will soon change. Such a system of education would aim at developing capacities, emotional as well as intellectual, for the recognition of what is new, for the detection of arising problems, and for devising new methods to deal with new problems and new needs. Skills should be taught to make possible a utilization of new technical possibilities in such a way that it will lead to a deeper emotional and aesthetic mode of living. Nobody knows what the future will be like. We badly need new ideas and fresh thinking about education for the future, especially on the highest educational level.

The students' demand for a relevant education is a positive and encouraging development. It will not be easy to construct a good program of education for continued change. To start with, burdening the mind with facts should be curtailed. Reference books are much more practical and dependable sources of information than human memory. On the other hand, there should be much more training in independent thinking and in the personal and independent application of the mental skills acquired. The emphasis should be on the development of mental flexibility, and mental curiosity. There seems to be no doubt that educational reform must make the future generations mentally more flexible and emotionally less rigid for otherwise humanity faces a calamity.

Reforming our educational methods, we should keep in mind that the emotional and intellectual capacities of human personality have not changed significantly in the last thousands of years, but the physical and social conditions of human existence have changed tremendously. Man has changed his physical and social environment with the aid of his science and technology. He has now begun working on methods of changing himself biologically but he is still his old self. Education therefore should concern itself primarily with the teaching of procedures of creative investigation and with training the eyes and emotions to become more keenly aware of the world in which youth lives.

In conclusion, student unrest is not just a result of immaturity or ill will (although some of the students have manifested both), but seems to have roots in new and fundamental problems of the modern world which affect our very existence.
The Students Speak Out

JOHN KEVENEY

"These students are caught in a world that is changing much more rapidly than the one I was in in college." John Keveney '69, feels that this generation is experiencing such profound social changes as the meaning of war, peace, education and freedom. "The majority of the rebellious students I think are caught in this situation of change—but there is a lot of irresponsibility to the student unrest. I don't think it is a movement motivated entirely toward good. There are some adventurers who are trying to take advantage of the turmoil—a minority that is trying to manipulate the majority. Unfortunately the majority is in a very susceptible state."

Keveney has no argument with the students' right to express themselves, nor with the merit of the student voice. With some of their methods, though, he does. "There is a right way and a wrong way to achieve an end.

Responsible students who are concerned about a problem situation should have the opportunity to talk to the parties who are in control of it. If this method fails to achieve some kind of understanding, there is something wrong with at least one of the parties involved. Then the students could peacefully demonstrate, in my opinion. But they should take every civilized means to achieve their goal first."

Keveney sees the students' demands for participation in administrative matters that affect them as justifiable. For medical students he would have a particularly active voice in the affairs of the college. "Medical students are supposed to be a little more mature than college students—and older. When you get to be this age you have to start exercising more judgment. We have to be put in situations where our judgment can be tested, because in a few years it is going to be tested severely."

SUSAN EDWARDS

"Everything seems wrong to the young person, but nobody seems to be doing anything about it. They feel that they are the only recourse."

Susan Edwards '72, sees today's generation of students as more aware and more intelligent, "but the world is different today," she adds. "The history of a student is different. Our parents were brought up in a more

strict religious, social and economic environment. Even war was different for them. Wars previously have been matters of survival. Today war is a matter of semantics. Do you mean long term or short term prospects for survival?" Add to these social changes an unpopular war and a civil rights struggle, and you've got a situation ripe for revolt, Miss Edwards says. "Vietnam is a very big concern of students because they have to go over and fight. It is a matter of life and death to them. Even the methods of selection seem unfair, but nobody is doing anything about it.

Before she can condone violent revolution as the solution to any social problem, she is "waiting to hear more alternatives." She says, "I believe fully in the idea of peaceful demonstration. So often it is the only way students can make themselves heard. But violent demonstration is a form of anarchy. It is a violation of other people's rights."

She sees two distinct elements involved in the campus turmoil. "There are the fanatics whose cause is revolution and there are the students who are interested in the issue at hand." The administration is often at fault in a demonstration too, she feels. "Students are allowed to get away with their protests—and they achieve results. How can adults expect students not to protest? The news medium doesn't help either. It does what the readers want it to—and readers find violent demonstration a lot more interesting."

The students' desire for a voice in the shaping of their education is legitimate, Miss Edwards believes. "It's their education. Of course teachers have a better idea of what should be taught, but the students have something to say too. Older people have a resistance to change and a lot of teachers are from the old school. Well, things just aren't that way any more. There's been a kind of disillusionment that teachers don't know everything. I hate to see a teacher fall back in his field and give wrong information—and I've seen this happen. It creates an independence from teachers."

After graduation from Bucknell, Miss Edwards worked at CIBA pharmaceuticals for a year. "To be here a woman has to be highly motivated—more so than a man, I think. That's why I took a year off—to think it all through. A lot of the men students feel that you have to be either a medical student or a woman. It's very frustrating. The attitude here is a traditional U.S. attitude and it has to be changed. For one thing we need doctors badly and women are an untapped resource. In some areas, such as pediatrics, they are even more capable than men." She adds lightly, "It isn't a field that every woman should go into, however."
that is prompting the student rebellion. The students seem to be interested in the immediate problems of their own campus."

The impetus for the student protests, Henderson feels, came from civil rights workers. "It's ironic that, in effect, the leaders of college protests had their inspiration in the uneducated Negroes in the South. These students saw that the Negroes could demonstrate, protest and sometimes be violent—and not incur serious consequences."

Henderson offered another paradox: "You can't justify destruction of property: but without aggressive behavior, the civil rights progress that we have seen might never have been made. If they had waited around talking and pleading for change, I am sure it would be another fifty, a hundred or five hundred years away. If the underprivileged don't assert their rights, they won't get them."

Still, Henderson does not justify violent demonstration. "Demonstration is legitimate, certainly. But when other students' rights are infringed upon—when they can't have the education they paid for or when the demonstration involves destruction of property, it is not justifiable. Student rebels are

David Henderson '69, isn't convinced that there is a difference between his own generation of college students and the students of today. "I don't believe there is a difference in people. There have always been controversial and important social issues. And anyway, as far as I can see, it is not any great interest in the world situation

DAVID HENDERSON

David Henderson '69, isn't convinced that there is a difference between his own generation of college students and the students of today. "I don't believe there is a difference in people. There have always been controversial and important social issues. And anyway, as far as I can see, it is not any great interest in the world situation

medical students graduating in 1969 might as well be over thirty as far as this movement goes."

The movement that Peter Farmer '69, is talking about is the student rebellion, and though he doesn't feel part of it, he empathizes with it. "Students today are different from when I was in college. Events have precipitated a feeling of dissatisfaction with quality of American life. In a lot of ways the students are reacting unconsciously against materialism, the accelerated availability of material goods and the rather crass luxuries."

Farmer has a cautious confidence in the students. "I like to think that young people will be able to handle the freedom they are asking for. Where they have been given responsibility along with the freedom, it has worked out very well. Previous generations have taken authority, law and order for granted—and young people aren't doing this any more."

As for the reaction of the university authorities and the public to the disturbances, Farmer says, "I have a feeling that older people's defense of the status quo is based on a feeling of inadequacy, a fear of the consequences. And they may be afraid because of their own lack of freedom. People are limited by all kinds of psychological forces."

Farmer tries to see the unrest on campus from all angles. "But remember we are looking in from the outside," he emphasizes. "I have never seen a demonstration. I do think it is an expression of our right to speak, but I can't condone violence under any conditions. It's too early to say what the best way of handling these situations is. Right now there is a reaction against student demonstrations and people who get rough with students are going to gain a lot of prestige."

Farmer recalls that until recently "cops never got on campus." The price stu
ELIZABETH BUSSARD

Elizabeth Schroeder Bussard '69, proved for herself a number of years ago the effectiveness of demonstration as a means of expressing a grievance. "It was near my home in East Orange, New Jersey. There were a number of colleges with heavy Negro populations in the vicinity—and the Negroes couldn't get their hair cut in East Orange. It was the first time I had come in contact to any degree with the problems that Negroes face. Enough of us got together to demonstrate in front of the barber shops—and we kept it up until Negroes could get their hair cut in East Orange." Demonstrations obviously call attention to problems that exist, Dr. Bussard says, "but when they infringe too greatly upon the rights of others, I don't think they are valid."

She has mixed feelings about how to handle conflict situations. "It sort of enrages me to see rock throwing and seizure of buildings. But I think sympathetic administrators are better. They're willing to listen and try to help. But I think the demonstration at Harvard was handled well. It's very hard to know where to draw the line." A possible motivation for the unrest she thinks is the need of students to "belong." "They need to identify and to belong to some type of movement." Herself in a predominately male environment and profession, Dr. Bussard has experienced no lack of identity or belonging during her medical college years. "I've never felt persecuted at Jefferson," she says with a laugh. "It seemed that people almost went out of their way to make me feel welcome. And I don't feel that there were any fewer opportunities for me either."

As for her participation in activities outside medicine, "there is time for it in medical school," she says. "Lots of students do it. I got so engrossed in studying I didn't get involved in outside activities myself. But with the larger amounts of elective time now, there is time if you choose." The elective program was one thing that she found confusing. "I always felt the administration knew better than I what I should be prepared for. I didn't know what electives I should have. But as you get into it, it is fairly enjoyable. One thing I think they could have guided us more about at Jefferson is the mechanics of setting up a practice. My husband and I (he's John R. Bussard, also Jeff '69) are both interested in anesthesiology and we just don't know how to begin." They're making their start as interns at Lancaster General Hospital in Lancaster, Pa.

STEPHEN FLYNN

"The turmoil on campus is being blown way out of proportion." Stephen Flynn '72, has been in a demonstration or two ("more or less to see what was going on") and came away feeling that these were attempts by students to act out the things they are worried about. "Some of the politicians are taking these demonstrations too seriously. There is no threat to security."

Flynn feels that students are frustrated by the loss of individuality in American society. "They are concerned with regaining a little personal dignity—with getting away from the IBM way of life." The roots of the trouble extend into the educational structure, social attitudes toward education and the components of the college community itself. "College is not an effective means of education. Some students expect it to prepare them for a career. It doesn't. It's a time of questioning and feeling out the value of things. Another problem is that people think they have to get a degree these days. For what reason? I don't think being a doctor is any more important than being a good plumber. Lots of kids who are in college shouldn't be there. They might be happier doing construction work." Flynn sees conflicting elements within the college community which also give rise to discontent. "You have second generation college students coming into conflict with first generation college students. The first generation students, whose parents never went to college, are striving for things the second generation students have rejected. Students of the second generation, for instance, are not that interested in making the grade financially."

There is something to be said for the form that the protests take, Flynn says. "I don't think there is any place for violent demonstration. But a feeling of united spirit arises in a demonstration. It is disappointing to see it collapse, as it did with McCarthy—to see it squashed by the political machinery." Flynn believes the use of the demonstration technique has been prompted by the technological advances of the age. "People won't wait—they're not used to it anymore. Society is becoming instantaneous. Information is exploding. Everything now is made public and available."

Flynn feels that Jefferson needs some effective student organization (and as Vice President of the Sophomore Class he'll be able to do something about that). "The student council is not responsive to student opinion; but I think the students are forgetting some of their responsibility here too. There is an attitude among students at Jeff to more or less pick up an education. They should take an interest—question some of the policies here. The faculty is very willing to help." Student participation on faculty committees should be more than advisory, he thinks. "Students have a responsibility for their own education." One thing he intends to bring before the faculty and administration is taking electives in freshman year. "We can pretty well assess our capabilities by this age. I think we need to be taught to think on our own more. For instance, the majority of the class won't go to the library to research anything—they'll just read their notes because that is all that is going to be on the test. It's not their fault; it's the system. Medicine would be attractive to a lot more people if the format weren't so rigid. All of us are serious about our education—and I think it's possible to use a more creative approach in medicine."
Weinstein '69, "and a lot of the idealism of youth has been sparked into activity with this realization." Pointing to specifics, Weinstein feels that Vietnam is the greatest single catalyst to start people thinking. He emphasizes the word "catalyst," however. "The potential for the disturbances always has been there with the injustices of many facets of our system. But our global adventures and civil rights problems probably catalyzed the awareness of these injustices."

The unrest on campus, Weinstein feels, is a manifestation of underlying discontent. "There is a certain disappointment prevalent that things aren't like they really could be. Young people today not only have more of a social conscience, but they also realize that they can be a force for change. It's hard to see through a lot of the protest activity. The students' real concerns are obscured by these manifestations. For example, notice that in a demonstration you will see signs for various causes. These were once distinct groups that have joined forces because of a basic common cause. The demonstrations are something that these people can grab onto. They probably do more for the people who are demonstrating than the people for whom the demonstration is staged. A demonstration is like a religious ritual. It has the same effect on its participants." As much as he understands the problems motivating the student protest, Weinstein cannot condone violence as a part of it. "For instance, there is never any justification for armed takeover of a building." Weinstein views the violent demonstrations as an overreaction. "We must consider these demonstrations separately and not generalize and say they are part of a vast movement. And there are hints of this thinking."

When it comes to specifics of the situation at Jefferson, Weinstein says "some conservative thoughts have been creeping into my orientation in the past few months—and it makes me feel old. For instance, I can't feel that medical students who take time off from their studies for political-social participation are really benefiting. Our primary purpose is not to get involved with the social inequities of medicine, but to learn medicine. I feel it will harm one's function as a competent physician. And I may have a strange way of looking at this, but I don't think medical students are qualified to decide what courses are going to benefit them. Though I do believe there has to be an opportunity for student feedback to faculty and administration. People who have done something know more about it than someone who is going to do it."

MITCHELL WEINSTEIN

"This is not the land of the free and the home of the brave," says Mitchell Weinstein '69, "and a lot of the idealism of youth has been sparked into activity with this realization." Pointing to specifics, Weinstein feels that Vietnam is the greatest single catalyst to start people thinking. He emphasizes the word "catalyst," however. "The potential for the disturbances always has been there with the injustices of many facets of our system. But our global adventures and civil rights problems probably catalyzed the awareness of these injustices."

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JAY SKYLER

Jay Skylan '69, sees the campus unrest as the students' attempt to direct their own destinies. "They see elements of society that are not responsive to people but to self-interest. Even the universities, they feel, are overly interested in perpetuating themselves. The students, Skylan maintains, aren't recognizing authority on the campus "because it has not demonstrated that it is responsible authority. Now the students want a piece of the action."

The problem with the university administrations is that they act on a lack of understanding of what the students want, Skylan feels. "I think the students feel that the university ignores the society which gives it the right to function. Of course the primary obligation of any institution of learning is teaching, but it has an obligation to society as well." How could the university be more responsive to society? "For one thing the university shouldn't ignore the society it displaces in its expansion programs," Skylan says. "And the university should prepare students to meet the needs of society. This means if society needs teachers and doctors, the universities should try to attract people into these professions. They could do this by creating an environment that would enable the discipline to flourish."

Skylan is more interested in what students want than why they want them, but he is even more interested in how the goals can be achieved. "Sure a peaceful demonstration can be an effective tool; but the techniques of demonstration can lead to disorder often." He thinks the logical first step in solving a problem is discussion by all concerned elements. "A voice in policy making would be an achievement, but an advisory capacity would be a good approach, too—if the opinion was always present and always sought. The voice of society should be heard, too. Society should make the university aware of its needs. The alumni influence is rather conservative, I feel, because they like to envision the school as it was when they were students—and it isn't the same. Times have changed drastically. We can't lose sight of what ideals are valuable, sure, but we can't ignore the frontiers of knowledge either."

Skylan finds the Jefferson administration responsive to ideas. "The only problem here is that the governing power lies in a small number of people—the executive faculty. Many of them are out to promote the interests of their own departments. Often they don't have access to the opinions of students or even the members of their own department. Efforts so far at including students on committees have been token. Some people are talking now about a faculty-student senate, which might be a good idea."

A graduate of the Penn-State Jefferson Accelerated Program, Skylan says that the program has achieved its goals (which include a career in academic medicine). "The only complaint I have is that at Jeff there is too much emphasis on acquiring education for a short term goal. If medical knowledge is constantly changing, we need to develop an internal stimulus to acquire education on our own. He feels he is as educationally and emotionally prepared as any of his classmates who have four years of undergraduate school. Skylan had no problems with the course. "As a matter of fact, I think it could be reduced to three years," he says and adds, "I'm being facetious, of course."
have peace: Students are no longer willing to go to Princeton, enter the law firm and work their way up like the previous generation. They're not sure about a lot of things, but they figure this is the time to experiment—while they are young."

Josephs thinks the brunt of the protest has been aimed at the wrong institutions, however. By concentrating on the universities, he thinks the liberals are cutting their own throats. "The university is where the whole liberal movement was sparked into being. The protest would be better directed toward more conservative institutions," he says. The universities cannot escape their responsibility for the student discontent, however. "The university is an unreal world—an ivory tower. Professors don't feel the world. A lot of their ideas look good on paper but don't work out in reality. Students are instilled with the professor's ideas and they want to experiment with them. Take the SDS, for example. They want a world that can't be—because people can't be that way. People aren't all nice. The world has never been pretty. Of course society could be improved. A lot of poverty exists that doesn't need to, and a lot of internal corruption. But you are never going to come up with a perfect society because people aren't perfect."

Josephs feels that the universities have on their hands a generation particularly susceptible to radical ideas. "Affluence gives them time to think about what's wrong. Boredom is a motive too. Stirring up trouble is exciting." When I was at Penn State I wouldn't have minded seeing a little demonstrating. Even fires created interest."

Though they can get "out of hand," Josephs thinks that "protests are the only way to get anything done. The democratic process is very slow. And in the universities there has never been any democratic process anyway. Violence gets attention. I may think the race riots were a disgrace—but the Negroes got something for them." Still, Josephs feels the black students in universities who protest violently should be working constructively, not destructively. "The university takes them in and they work against it. They're planning their own destruction."

And the student voice at Jefferson? He believes it deserves expression but not any great control. "For instance, classes this year will begin at nine o'clock rather than eight, because of the students' protests. I think this is the greatest."

As a student in the Penn State-Jefferson Accelerated Program, Mark Josephs '72, is a few years shy of his colleagues in the freshman class. His perspective on the student scene is no less perceptive, however. "Students are not accepting what has gone before. They're not accepting what their parents have done. They're saying, 'Okay, you have made great technological advances, but it has just led to warfare. With all these advances we still don't have peace.' Students are no longer willing to go to Princeton, enter the law firm and work their way up like the previous generation. They're not sure about a lot of things, but they figure this is the time to experiment—while they are young."

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Despite his "establishment" ties, Ager looks to the student protesters with empathy. "You have a generation of students who have been taught to question. And they've been questioning things that people feel uncomfortable about. One of these is the superficial and materialistic value system of the previous generation. These kids are more interested in social action." The traditional concept of the American way of life is in question, Ager says. "The younger generation is finding that the values they were taught are not being put into practice by the generation who taught them. For instance, a lot of people were taught to say, 'Negroes are nice people.' But when it came to social interaction with the Negroes, the older generation's attitude was condescending at best."

Ager affirms the value of the student protests. "All aspects of society have an obligation to assess and criticize their society where appropriate. And if one examines the cases where confrontations occurred on campus, in the vast majority of cases there were legitimate grievances. The administrations seemed to think these would just go away. I don't think they listened as much as they should have. And the machinery for petitions and grievances was not sufficient."

Ager doesn't think that much would have been accomplished by the students if some radicals hadn't adopted popular causes to gain power. "These radicals aren't necessarily interested in the cause, but they crystallized the grievances of the students who were interested. This minority of radicals performed a very valuable service to society by crystallizing opinion. In many instances the causes wouldn't have been fought if it weren't for the rabble-rousers."

"As for the tactics of protesters, Ager believes that sit-ins and demonstrations are a resort after all normal channels have been investigated. "Most times I think they really are."

Empathetic as he is, and as many causes as he was in during college, Ager now views the campus unrest somewhat more dispassionately. "I have a certain perspective on life now. You start to realize that the most rewarding things you can do are with people on a one-to-one basis. You are still interested in social causes, but you can't run out spending your valuable time on projects that could be done by high school students." But Ager acts when the need presents itself. Like last year when he circulated and sent to Student Council a petition to keep the Anatomy Department lab open after hours—and met with success. "If something has to be done, I'll do it."
Allen Sonstein '72, isn't sure of what the goals of the students in protest are, but neither does he feel that the students themselves are sure. "They just don't know what they want. I saw an example of it at my undergraduate school (Temple University). The students demanded representation on faculty committees—and they got it. But they came up with more demands afterwards. They don't know what they're fighting for." Whatever their goals are, Sonstein thinks the students are moving too rapidly. "Some of their points are good. For instance, I think the Columbia students were right in protesting in the spring of '68. The university has an obligation to the residents of the area in which it is located. It should find housing for residents it displaces through an expansion program, for instance. And I don't mean just paying the landlord a fair sum, either. The tenants don't benefit by this."

The protests have been spurred, but not caused, by Vietnam, Sonstein feels. "Disillusionment is a definite factor too. We are taught that all men are created equal, that there will be no prejudice. Well you can see that this isn't so. The protests are definitely a reaction to these teachings." Sonstein compares the whole scene of campus turmoil to the problem of the Negroes. "The leader of the Negroes is the leader of the radicals. The others are too apathetic. I'm against the militants, and most of the Negroes don't agree with them either, from what I can see." He sees a very right that the top job or honor goes to the man with the grade of 96 rather than the man with a 94." Students today are more interested in education as a means to an end, Tyler feels. "They are looking for training, and the liberal arts education doesn't provide that."

Another reason for the protests Tyler attributes to the fact that this generation is willing to admit more social injustices than previous generations have been. "This generation in a sense feels guilty about some of our problems and wants to rectify them." He thinks, too, that the family breakdown is partially responsible. "If a person can't identify with his own family, he looks for other sources to satisfy this need. These students don't like a self-centered society where people have to fend for themselves. Some of them have to jump behind a bandwagon—they have to be for something."

The greatest source of encouragement for the demonstrators is the university itself, Tyler feels. "Students can get away with it. It's too easy to push administration and faculty too far. This only adds to the problems." Tyler pointed to Jefferson to illustrate the "wheel that squeaks gets the most grease" theory. "Medical schools do not have representation by several minority groups. But at Jefferson a Committee for Black Admissions was formed. Blacks are not the only minority, but this wheel squeaked."

"It's been proven that demonstrations achieve their goals. If they are violent, they attract more publicity and more interest. Violent demonstrations can conceivably be more effective than peaceful ones."

Tyler served as President of the Freshman Class last year. The class officers accomplished most of their work by working directly with faculty and administration, he says. "We found in the first month of school that Student Council was an inadequate means of solving anything." Tyler says that direct communication with faculty and administration has proved very effective. "Faculty especially have been very responsive. One thing we've done is to establish a note taking project. Some of the students are paid to take notes and transcribe and mimeo them. The purposes are to focus attention on the lecturer and to create a channel through which a student can express dissatisfaction with certain lecturers by not attending class." Tyler believes that medical students should be involved in extracurricular activities. "There is more to the education of a doctor than studying biochemistry and biology. He should get involved. A doctor is a respected member of society to whom people look for leadership. He ought to be prepared for the role. And at Jefferson he has every opportunity—with the new curriculum."
profiles:

What students say about teachers is more often in the form of complaint than compliment. Joseph Medoff is a teacher—but what students say about him is unanimously complimentary. "He's very logical. When he sees a problem he has a systematic way of attacking it," says a former student. There is a hint of this in the man's purposeful stride and a complementary warmth in his quick smile. Joseph Medoff has more than logic going for him, though. Associate Professor of Clinical Medicine and a volunteer teacher, he apparently finds copious rewards in teaching his work, because he assumes the responsibility round the calendar. (One of these rewards is the association with students, says Dr. Medoff, who is Faculty Adviser to the Hare Society. "It keeps me young.")

The bulk of his teaching is done through preceptorships in internal medicine, though he does a great deal of teaching in the wards (he is Ward Chief) and on the private side, as well as giving the sophomore and junior lectures in liver disease and introduction to clinical medicine to sophomores. "These were some of the most clear and distinct lectures that we've had," a student comments. "He has the valuable combination of a wealth of clinical knowledge and a strong interest in teaching," says a preceptee. "It seemed like he had a book of differential diagnosis in his head." "From start to finish Dr. Medoff provided the proper mixture of independence and guidance," another describes the preceptorship. "This elective block was the best educational experience in my four years at Jeff."

That's just what Dr. Medoff thinks a preceptorship should be. In this one-to-one relationship with a physician a student can feel what the role of physician entails. "The student participates in the total care of the patient in complete association with me," says Dr. Medoff. "This is the ideal way of handling the clinical years, in my opinion—on a one-to-one basis with a faculty member in each of the clinical entities. Of course, for various good reasons many clinical faculty members can't be involved in such a program. Ideally,
a lot more would participate." In the students' evaluation, Dr. Medoff is eminently well suited for teaching. They aren't the only ones who think so, either, as Dr. Medoff was a recipient of the Christian R. and Mary F. Lindback Award for Distinguished Teaching in 1967. He explains his approach. "I treat the students as equals. They have the right to think. They have the right to criticize—but this right should lead to constructive outcomes. I also allow them freedom to make mistakes if there is no harm to the patient. For instance, suppose a student wants to order a test that I feel is unnecessary. If I feel it will teach him something, and if I'm sure it won't harm the patient, I let him. Because it will be a learning experience and he won't feel let down." One preceptee reports that the feeling of being an important and integral part of the medical team was so strong that the patients seemed like his patients. "I often found myself returning at night just to see how a particular patient was coming along."

Dr. Medoff feels that the students have something to offer both him and the patient. "They are in the hospital night and day and keep me informed
on the latest clinical and lab findings. The benefits go three ways. Today’s medical student is particularly valuable, he feels, “I think today’s medical students are better than those of twenty years ago. They think better. Today’s students have a mind of their own. They feel free to ask questions. They make suggestions. And best of all, they don’t take the word of a teacher as dogma.” Though medical students are more liberal in their thinking today, they can’t be identified with the rebellious discontents of their generation, Dr. Medoff says. “These students aren’t the type who are going to burn books and raid the Dean’s Office. They’ll walk in and ask for an appointment to discuss the situation. And some of the things they come up with are pretty sharp.” Though he does believe that students should be allowed to sit on faculty committees, Dr. Medoff isn’t yet convinced that they should be allowed to vote. “This may come in time. But even now through discussion they will bring some bearing on how faculty members vote.”

He feels that the teaching function would be accomplished best by combining clinical medicine and basic science during all four years, rather than separating them into two distinct areas. “Ideally the student would have a preceptor from the day he starts in clinical medicine.” He thinks a closer relationship between non-clinicians and clinicians is necessary. “If the gap spreads, making the medical institutions non-clinically oriented, patient care will suffer. In that case I think people will clamor to their legislators and bring weight to bear for improvement, thereby increasing clinical teaching. The non-clinician has a definite role and function, but he should be complemented by clinicians, together making a complete medical team. If the basic purpose of a medical school is to educate physicians who can later choose one of these roles, the students should be given background in both.” Dr. Medoff finds a good balance at Jeff. “I think they are making an effort to bring the roles of each together and to stress the clinician’s role as well as that of the non-clinician. There is a need for both.” With full-time basic science and non-clinical faculty, there has to be volunteer clinical faculty, or the result will be poor patient care and poor teaching, Dr. Medoff believes. “A good clinical preceptorship should involve the student with a physician who is active in day-to-day patient care.”

Dr. Medoff started teaching as a student—during his senior year at Villanova University. “The smartest thing I did to prepare myself for medical school was to go to Villanova. I felt they instilled in me a direction and an objective—and a respect for other people.” Though he didn’t share the school’s religious convictions, Dr. Medoff walked off with the religion, the ethics and the philosophy prizes in his senior year there. “The most important quality that a student can graduate from a medical school with is a respect for people. If a medical student learns this, if he approaches his patient on an equal basis, the patient will be more willing to follow his physician’s approach to his medical problem. If you can’t be kind to people, you shouldn’t go into clinical medicine.”
Dr. Jack Gelb in his office
The Physician as General Practitioner

by Jack Gelb, M.D. '46

I have been asked to present an interpretation of the role of the general practitioner, alias the family physician, today. To discuss this topic is like discussing the characteristics of quicksand and brings to mind the remarks of Marcus Aurelius that “Time is a sort of river of passing events, and strong is its current.”

Reflections on the environment and problems facing my classmates and I in 1946 serve to make one aware of the sharp contrasts to the problems facing today's graduates. Our changing society has been effecting a profound influence upon the practice of medicine—and upon the general practitioner, perhaps more than any other group in the profession. Today's society, more knowledgeable, affluent and mobile than any time in our history, has made greater demands upon medical services and created a much heavier workload upon the family physician, a problem compounded by a dwindling supply of family physicians. To cope with these complex and profound forces, adaptation has become a way of life with him.

What is a general practitioner? He has been defined as “a physician who assumes comprehensive and continuing responsibility for the health care of the patient as an individual and for the family as the basic unit of society.” To fulfill this responsibility he must have a basic, broad knowledge of all aspects of medicine in order to treat when he can and refer to appropriate specialties when indicated. How does he qualify himself for this awesome responsibility?

The broad base of knowledge and skills that the family physician receives prior to graduation is largely common to all medical graduates. Inasmuch as today's pattern of undergraduate medical education does not provide adequate emphasis, it is through graduate education and largely through continuing education that the knowledge and skills required of the family physician are developed.

Continuing education may be formal or informal and may take place in hospitals, clinics, medical societies or in educational institutions; in self-education through journals, texts, correspondence courses and modern teaching aids. An important role in the education of over 30,000 of its member family physicians is played by the American Academy of General Practice which imposes minimum requirements in continuing education as a condition for membership—the only national association of physicians with this requirement. Through its state and local chapters, comprehensive educational programs are conducted through seminars, extended courses, radio seminars, etc., thereby striving to raise standards and achieve higher levels of excellence and professional proficiency. The knowledge and skills acquired through continuing education add inspiration and challenge and nurture the spirit of the family physician as he relates to his patient. And here we arrive at the heart of family practice—the physician-patient relationship.

Perhaps it is in the physician-patient relationship that basic differences exist between the family physician and the specialist, viz. totality vs. locality, continuity vs. intermittency, comprehensiveness vs. specificity.

Dr. Gelb presently is President of the Delaware Academy of General Practice. He practices in Wilmington where he is a member of the Wilmington Medical Center's Medical Council.
Whereas the specialist offers the patient intense concentration in a single clinical area, the general practitioner offers a broader scope in both clinical and sociological terms. Comprehensive medical care implies primary and continuing service over broad areas of medicine and to all patients of all ages. Although interruption of primary responsibility may become necessary for brief intervals while under care of a specialist, communication and flow of information bilaterally, provides a degree of continuity until primary responsibility resumes. Continuity additionally implies availability and herein lies a source of potential problems. Though dedicated, the physician has other responsibilities—to family and self—competing with his practice responsibilities. Consequently, availability demands an efficient arrangement for alternate coverage. This can be accomplished through mutual agreement with other practitioners, through partnership or group practice. I personally chose the partnership route fifteen years ago and have found it most satisfactory. Partnership or group practice permit closer affiliation and teamwork, allowing greater familiarity with each others' modus operandi, thus aiding continuity of care.

Another problem arising from continuity and availability, albeit ameliorated by partnership and group practice, is the modern day phenomenon of overexposure. Considering the long term interpersonal relationships, the hazard of exposure could well jeopardize this vital link between physician and patient. The family physician, perhaps more than any other practitioner except the psychiatrist, is repeatedly exposed to patient stress and involvement which tend to produce divisiveness. Patience, empathy, understanding of self and of human behavior are required and when successfully applied, strengthen the bond between the two.

They meet in office, home, hospital, emergency room and extended care facilities—involving service for trauma, surgery, orthopedics, obstetrics, gynecology, medicine, pediatrics, psychiatry, dermatology, etc., or preventive medicine.

Three basic types of physician-patient relationships have been described. The first of these, activity-passivity, relates to the physician's role as the active participant and the patient, a totally passive one. The patient in coma or under general anesthesia, or the infant, are examples; there is total dependence wherein the patient is unable to assist the physician. The second relationship, termed guidance-cooperation, involves less dependence. Here, the patient not only is aware of his environment, but can participate in his care, and exercise some judgment. The family physician is probably most often involved in this type of relationship—a sort of parent-child relationship. The patient is aware of the fact that his physician knows what is best for him, is willing, and at times anxious to follow instructions—the individual with acute cardiac decompensation or pneumonia; fractured extremity, infection or the obstetrical patient.

Mutual participation, the third type, can be compared to an adult-adult relationship, in which the physician helps the patient help himself. This is more apt to occur in management of chronic disorders, such as diabetes, or ulcer disease, etc. It often involves other members of the family and all the consequent social implications. For in these situations, the interplay of environmental and circumstantial factors often requires third party participation. It behooves the physician to delve into all of these factors that relate to the patient and his disease—the physical, emotional, psychological, familial, economic, cultural and ethnic factors. Each of us, I am sure, can call to mind many instances when consideration of these non-disease factors had significant bearing on the management and course of a particular patient's illness. Furthermore, each age group differs in its
psychologically oriented medical care requirement, which affects attitudes toward medical management. The child is concerned with security through environmental familiarity and parental presence; the adolescent, with maturation and independence; the productive adult, with family needs, job security and finances; the aged, with disability, dependence, loneliness and death. All in all, the physician must recognize his own emotional and psychological responses and limitations, while establishing himself as a person of emotional and psychological strength, in an effort to bolster the patient's confidence, thereby contributing to the impact of subsequent therapy.

Another vital link in continuing responsibility for the health care of the individual and his family is the general practitioner's relation to the community hospital, a matter presently steeped in controversy and still largely unsolved. Organized medicine has got to recognize its proper role and responsibilities in the hospital hierarchy. Is it to be purely administrative or clinical? Is he to have departmental assignment or will he be permitted autonomy? The adversary pleads in the name of education and prophesies loss of accreditation and house staff, a fear totally unfounded. How myopic are those concerned about education who fail to comprehend the importance of the participation of the general practitioner in and with the educational process in the entire community. He has been responsible for the major portion of the health education of the patient as an individual and of the family as a social unit in society and of the community. Why not include him in the curriculum of the hospital? The fact of the matter is, historically, he has been “The” specialist in ambulatory medicine. More than ninety-five percent of his practice is involved in comprehensive and continuing management of the health needs of the ambulatory patient; and, in most communities, he is responsible for the major portion of its ambulatory health care. There is much that he can impart to the intern and resident in preparing him for the harsh realities of private practice.

He has much to contribute to the educational process and he has much to gain. It is a paradox that the advocates of education, by denying participation to the general practitioner, thwart the educational process—that of continuing education. For, as discussed earlier, without this the practitioner quickly becomes obsolete. Participation and intercourse is vital to maintenance of high standards. He must continually assimilate new knowledge and learn new skills and techniques. In addition to added knowledge and skills, he must, from time to time, indulge in self-appraisal, and even more objectively, be reassessed by his colleagues. Where else but in a hospital environment can this be successfully accomplished?

The community hospital, if it is to successfully fulfill the health care responsibilities of the community, must encourage the presence of the family physician, or else lose contact with the community. Many institutions becoming embroiled in town versus gown controversies, have experienced this. The family physician is the predominant primary physician and is aware of the grass root needs and should participate in all deliberations of community health problems. As a corollary, the community hospital, through its affiliation with the family physician, becomes a more significant part of the community, and importantly, by involving him in the many review mechanisms, the hospital can constantly monitor and appraise the standard of medicine practiced in the community viz. departmental meetings, medical audits, tissue and surgical reviews, utilization, ward rounds, mortality conferences, staff instruction, clinic participation, etc.

The general practitioner should be given full privileges in all clinical areas for which he has training, experience, and demonstrated competence.
the same prerequisite as for all other members of the staff. Generally, such privileges will be in the departments of medicine, pediatrics, obstetrics, and gynecology, and confined to outpatient treatment in surgery. Restriction of clinical privileges for lack of certification by itself should not be condoned anymore than should certification be a carte blanche for privileges. Privileges in special areas such as intensive care units, coronary care units, premature nurseries, requiring special and advanced knowledge and techniques should be granted to all, as previously stated, with training, experience and demonstrated competence.

The family physician must have a basic and broad knowledge of all aspects of medicine, thereby being able to recognize his limitations, need for consultation and proper specialty referral. These are usually made for technical reasons, e.g., surgery, x-ray, complicated orthopedics and obstetrics, endoscopy, etc; and much less frequently for unknown diagnosis, for patient assurance or for management. A close liaison should exist between the primary physician and specialist so that continuity of care can be maintained. Frequently, a personal relationship develops between the physicians facilitating referrals and communication. Desirable as this may be, the best interest of the patient should be always the primary factor in deciding the specialist.

Within the past ten to fifteen years, there has been a tremendous increase in numbers and kinds of highly trained specialists in allied and paramedical areas that the family physician has been able to call upon. They perform numerous functions, thus broadening the scope and increasing the efficiency in patient care—the psychologist, speech therapist, nutritionist, social service worker, physiotherapist, child guidance counselor, clergy, marriage counselor, etc. The many supporting services which assist in serving the patients of all ages, under different family and social circumstances, should be understood and utilized whenever possible.

In the past, the physician in his training received no preparation in the administrative and economic aspects of the practice of medicine. It is true that one or two decades ago, establishing a practice was relatively simple in administrative or economic terms for a one-to-one relationship existed between doctor and patient. Today, however, it is infinitely more complex because of the many and varied third party participants. The phenomenal rise of prepayment plans, both private and governmental, has exerted a tremendous influence on the scope and direction of all medicine. Because of the demands, and at times interposition of the third party, conflicts which threaten the physician-patient relationship have arisen. Some of these conflicts in legislative form threaten the very basic structure of the practice of medicine in the United States and must be opposed. But opposition merely for the sake of opposing is fruitless, and status quo cannot be maintained. Positive counter proposals directed toward the improvement of the health care system in this country are necessary in order to cope with the social and economic revolution taking place. Yet, by the same token, abandonment of that which time and experience has proven good and sound, merely for the sake of change, is illogical and unreasonable. The family physician must play an active role and give of his valuable experience as a primary physician in formulating and carrying out the decisions which are destined to shape the future of medicine in America. He must maintain an interest, comprehend the problems, and commit himself at the local, regional and national levels; in the hospital, at county, state and national society levels and in organized general practice societies. He must concern himself with all legislative matters pertaining to health care. He must seek recognition as a physician and as a general
practitioner. In order to succeed in this, he must "do his homework" and become involved in areas relating to health services.

Such an area of current importance lies in our urban population. Much work is needed in improving health care for the "medically indigent" in the ghettos of our cities. Recognition of this problem has led to the establishment of community health centers in many cities. Some of these facilities are federally sponsored through O.E.O. and some affiliated with medical school teaching programs. However, the responsibility for providing the best possible health care lies with the private practice of medicine in the traditional physician-patient relationship. Currently, the Delaware Academy of General Practice, in cooperation with the Greater Wilmington Development Council, recognizing the need, is sponsoring such a health facility in one of the medically deprived areas of Wilmington. It is this kind of involvement, by the medical community, and particularly the family physicians, that is sorely needed.

What of the responsibilities of the general practitioner to himself? As with all physicians, this is a very personal and individual matter of vital importance to his emotional welfare and cultural development—that which nurtures his soul. Periodic self-examination and reflections on goals in life and means of attaining them, help greatly in assessing those values we cherish, and in knowing oneself. As The Prophet said, "The hidden well-spring of your soul must needs rise and run murmuring to the sea, And the treasure of your infinite depths would be revealed to your eye."3

The role of the family physician of today has emerged from the relatively uncomplicated provider of medical care in years gone by, to that of a complex purveyor of a comprehensive and continuing system of health care for the individual of all ages, as well as for the family as the basic unit of society. His preparation for this responsibility is, to date, largely undefined and is dependent upon his own initiative and motivation to provide a higher standard of medical care. He is beset by strong forces, from both within and outside the profession, which tend to divert him from his responsibilities—such factors that relate to hospital privileges, teaching assignments, competition from specialty groups, availability, third party or fiscal intermediaries, and state and federal legislation. Despite this, he remains as the principal provider of ambulatory care involving preventive, therapeutic and rehabilitative services, consistent with the democratic values of our society. As an individual, he owes responsibility to himself and to his family, but is subject to patient overexposure, to emotional and physical stress and to family neglect. He must "keep his cool" and learn to adapt if he is to succeed in his profession and survive in today's society.

However, new and foresighted planning is required to meet the ever increasing demands for primary and comprehensive care, and this is in the qualitative and quantitative training of physicians for what is truly a specialized field. The recommendations of the Millis report are very articulate in setting forth such a program as serving in the best interest of the profession and the public welfare.

To this end, the American Academy of General Practice, in cooperation with the Council on Medical Education of the A.M.A. and the Advisory Board of Medical Specialties, is attempting to establish a certifying board in family medicine. If approved, a significant step will have been taken toward meeting the goals of tomorrow.

Rethinking the Mission

commencement

At its one hundred forty-fifth commencement on June 6 in the traditional Academy of Music, Jefferson graduated one hundred sixty-six new Doctors of Medicine. The new graduates brought the total number of medical degrees awarded by the school to 21,320, and the thirteen graduate degrees awarded in the basic medical sciences brought that total to one hundred seventy-six. Three honorary degrees were granted for outstanding contributions in the fields of medicine, community relations and education. Jefferson alumnus Dr. John H. Gibbon, Jr., '27, was cited for revolutionizing modern cardiac surgery with the invention of the heart-lung machine, and William Potter Wear, for his civic leadership and his distinguished service on the Jefferson Board of Trustees since 1941. The third recipient of an honorary degree, Dr. Frederic K. Miller, Commissioner of Higher Education for the Commonwealth of Pennsylvania, was honored for the "knowledge, insight and vigor" he has applied in meeting Pennsylvania's educational needs. Dr. Miller's address follows.

Many recent articles in the press, in the journals of learned societies, many editorials, and hearings before legislative bodies all call attention to the need for those of us who are involved in higher education to recognize the fact that medical education and the medical profession are under pressure to rethink their mission, to reassess their aims and objectives, and more vigorously to attempt to fill the demonstrated needs of society for better medical care, covering more people. Two years ago, the Joint State Government Commission in Pennsylvania undertook a study on existing medical training facilities and medical practice in Pennsylvania. A review of the findings and recommendations of this Commission are as valid today as they were two years ago and deserve far more attention on the part of the medical profession and the people of this state than they have thus far been given. For example, in the years between 1955 and 1967, the legislature of Pennsylvania doubled the appropriations to the medical schools of this state and those appropriations were almost twice the average appropriations for medical schools in other states in our country. Notwithstanding, the number of graduates from Pennsylvania medical schools each year did not increase during that same length of time. Likewise, many of the objections raised in the entire area of admissions have not yet been satisfactorily answered. The plea for more cooperative efforts on the part of our medical schools to improve curricula, et cetera, are only recently being considered. A final example was the call for rapidly increasing the suggested experiments of making medical services more readily available to rural areas by way of team efforts, the increased use of nursing personnel who would be given additional training, and the increased use of such innovations as mobile clinics.

This report, with all of its admitted inadequacies and perhaps unfounded allegations, calls attention to some failures on our part, some insufficiencies that need to be seriously considered and considered immediately.

For the past three years, I have sat in appropriation hearings in both the House and the Senate and have listened with keen interest to the general nature of the questioning to which the Presidents and Deans of our medical colleges have been subjected. In each year, it is interesting to note that the line of question-
ing is identical to that of the preceding year. Permit me to indicate the general type of questions that have been raised with some insistency and at times accompanied by deep emotion:

Why has there been no more expansion of medical college enrollments so that the number of medical college graduates will increase at least as rapidly as our growth of population would deem desirable?

Why are so many rural areas not covered by the medical profession, particularly by general practitioners?

What are some reasonable explanations of the skyrocketing costs of medical education and medical services?

Why have the medical schools not pursued more diligently the experimental methods in the training of physicians as have been evidenced in the recent study of the Association of American Medical Colleges?

Why is it that the organized medical associations have been relatively inactive in pursuing some of these objectives on a broad front?

Is there any truth to the frequent allegations of discriminatory admission practices?

I recognize and acknowledge that many of these statements, questions, and charges may be unfair, they may be biased, they may be asked in an entirely erroneous context, and some of them may be completely without foundation. Nevertheless, they are rather widely believed, and rather widely accepted as correct and certainly we cannot entirely deny the accuracy and truthfulness of several of them.

Correct or incorrect, accurate or inaccurate, these statements are being heard and we in higher education and especially in medical education can no longer ignore them or push them aside with impunity.

With some specificity, what can Jefferson do to help develop and then implement a master plan for higher education in Pennsylvania which will properly recognize and advocate a suitable role for Jefferson and the other medical colleges? How, and with a minimum of time lag, can that segment of higher education in which all of you are vitally interested, make a demonstrated and real contribution to the solution of these vexing questions, and make this contribution within the overall framework of functions of higher education? No one segment of higher education in Pennsylvania, in my judgment at least, faces a more serious challenge, and none has a greater opportunity to make real gains as we face the 1970's.

I am happy to tell you that your President, Doctor Herbut, is a valued member of the Advisory Committee of the State Board of Education in the whole question of revising the Master Plan.

Consequently what can the medical schools themselves begin to do to suggest solutions to some of these problems? What can be done by your colleagues in higher education in general both to assist and to stimulate? What, if anything can the Department of Public Instruction do? And what can society at large help you to accomplish?

A number of answers suggest themselves.

First of all, it seems to me that each of us and all of us as individuals and as institutions must face up to these allegations and the charges openly, honestly, frankly, and fearlessly. We should be prepared to examine each of them with care, with courage and with an open mind, so that they can be admitted if true and denied if false. We should then be ready to respond to these statements, and in language that is plain and clear. Secondly, individually and collectively, the medical schools of our Commonwealth should determine to do something about this situation now. Time seems to be growing short to permit the continued luxury of leisurely debate and protracted discussion. In the third place, while much has been
said and written concerning the need for and the acceptance of the benefits of real cooperation in solving the problems of medical education, I am afraid it is all too true that up to the present time we have been merely paying lip service to the ideal of cooperation. I was delighted to read last November an editorial in one of the local newspapers which called attention to the action taken by the deans of the medical schools in this city. This action had to do primarily with the question of admissions and enrollment. It further called attention to the need for action following careful study on some additional sensitive and potentially emotional problems with which you are surely familiar. What has happened since last November in this regard? Have any of these medical schools responded positively and with any enthusiasm? What more have you done here at Jefferson in this regard? Are you willing to accept the admitted disadvantages, speaking selfishly, which sometimes follow interinstitutional cooperation in order to secure the far more numerous advantages which such cooperation surely brings to those who can put aside self-interest in an effort better to serve society as a whole?

A partial response to these questions, insofar as Jefferson is concerned, at least, is to be found in the report of an interview given by Dean Kellow and published in “The Jefferson Report” in the Fall of 1968. In this “Report,” the Dean courageously responds to some of the questions I have raised. A reading or re-reading of this discussion will be useful to each of you. The Board of Trustees and the administration are to be commended for thus acknowledging some of the existing problems in medical education.

As you know, right here in Philadelphia, we have four private medical schools and one state-related medical school and a whole host of hospitals. Is there real evidence of an urgent drive for self-effacing cooperation among these institutions so that the medical profession, our medical students, our medical faculties, and society as a whole may benefit? Perhaps you think the time is late. Perhaps you feel that the status quo can be maintained for a while, then the next generation can approach these most urgent solutions. To the contrary, there is not much possibility for further delay as we see it in higher education. How can we meet the need promptly for more adequately trained medical and health personnel, for I am speaking here not only of the physicians and surgeons but also for all of the paramedical personnel as well. This is a question which is being asked with increasing insistence. We should begin to supply workable answers soon, or others, far less qualified, will attempt to supply answers for us.

The opportunity which these institutions and particularly Jefferson now confront begins in some way at least with the willingness to assume leadership—leadership which will be active, articulate, aggressive, and imaginative. Your distinguished President has spoken to me about plans which can be activated promptly by the University. Some of these are perhaps revolutionary; some, evolutionary. Some call for a complete reconstruction of organizational structure, a complete reconstruction of the curriculum, a rethinking of the programs to be followed by your medical students.

As you discuss these problems with your colleagues in formal faculty sessions, in formal or informal discussions with students, in the quiet of the trustees’ meetings, how willing are you to accept the challenge presented by these proposals and by these plans? This leadership which I talk about should be displayed with utmost professional responsibility and concern for the faculty. Deliberately, I mention faculty first, because in any university of whatever kind, the faculty must be of fundamental concern. But beyond that, this leadership must be demonstrated with re-
the people of our Commonwealth must be adequately informed and must face this fact. They must be prepared to accept the responsibilities of the financial obligations necessary to achieve these advances. But they need assistance from each of us, a kind of leadership assistance which includes planning and communication—far more planning than has been evidenced in the past. A willingness on the part of all to have another look at old entrenched regulations, fiscal and professional, which tend to discourage innovation. Wherever found, these traditional things should be removed so that the institutions themselves can be sufficiently free to begin to process of reform and thus recognize the challenge and seize upon the opportunity to provide more and better health services to the people of our state.

These, as I see them, are the challenges and opportunities now confronting medical educators, students, and all those who have a concern for the health and welfare of our citizens. How well will this fine, historic, medical school, now our youngest university, measure up to old and new responsibilities? I have every confidence that you will be worthy of every confidence placed in you.
reunion activities

Reunion Week 1969 offered a new look to some traditional fare. The program featured clinic sessions, the Dean's Luncheon, a panel discussion with administration, faculty and students represented, class parties and the Alumni Banquet. The Dean's Luncheon was highlighted by a special presentation, and Dr. John H. Gibbon, Jr., '27, was the honored. On the occasion Dr. Abraham E. Rakoff, Alumni President, unveiled a bronze plaque, a gift of the Alumni and the Board of Trustees, that will hang in Thomas Jefferson University Hospital to permanently commemorate the achievement of the Emeritus Gross Professor of Surgery in the development and use of the heart-lung machine.

The "new look" of the week's program was in the setting. For the scientific program and the Dean's Luncheon it was Jefferson Hall. This was the first look that returning alumni had at the completed structure. The BIG switch, though, was in the look of the Alumni Banquet. The Banquet moved out to Fairmount Park and into the historic and newly restored Memorial Hall this year. Music under a canopy overlooking the river set the mood for cocktail hour for the seven hundred guests. Among them this year was the added glamor of femininity. With the setting providing ample accommodations, invitations were extended to the wives for the first time in Alumni Banquet history. The alumni reaction to all this novelty? "The best Banquet ever!"
Cocktails under a tent overlooking the Schuylkill River begin Annual Alumni banquet, June 5.

Arriving guests are greeted by alumni officers. From left, Vice President Herbert A. Luscombe and Mrs. Luscombe, Mrs. William A. Sodeman, President Abraham E. Rakoff, Dr. and Mrs. Peter A. Herbut.

Members of the Old Guard and their wives. From left, Mrs. George F. Lull, Dr. Lull '09, Dr. Reynolds S. Griffith '18, and Mrs. Griffith and Mrs. Clifford Lull, widow of a 1915 graduate.
Senior students and their wives (or husbands) traditionally are guests at the annual affair. Memorial Hall, site for the dinner, is in background.

Dean and Mrs. William F. Kellow head line of guests as they leave cocktail tent for dinner in rotunda (below). Over seven hundred were present.
George Griffith is used to being an award winner. And he's used to achieving enormous success in his undertakings.

The winner of the Alumni Achievement Award can be identified in one of those classic success stories as the protagonist whose early efforts are in a field other than the one where he makes his mark. For George Griffith it was the ministry. The diversionary influence was a former Pennsylvania Governor, Dr. Martin G. Brumbaugh. After listening to one of Dr. Griffith's Sunday sermons, Dr. Brumbaugh approached the young minister to tell him that he would make a better physician than minister, "because of the greater opportunities which will be afforded a teacher and a healer."

And it was medicine rather than ministry, and it was international renown in education and in cardiology. In his work Dr. Griffith has concentrated on the rheumatic and degenerative forms of heart disease. His role as physician encompasses more than this, however, as Dr. Griffith believes that the complete physician is a scholar and an educator as well as a healer. That Dr. Griffith has been exceptional in each of these roles is unquestionable. It is attested to by the acclaim of students, colleagues and patients. The University of Southern California concurred too, when in 1961 it presented an honorary Doctor of Science degree to its Professor of Medicine, now Emeritus. A former student calls him "a brilliant teacher—one who through his counseling has guided many young physicians into their life's work." The opinion is widely held, and the American College of Cardiology confirmed it in 1967 by presenting to him its Gifted Teacher Award.

Dr. Griffith believes in teaching by doing, not by lecturing, and so did the teachers he most admires and remembers. Often the scene of a gathering of undergraduates, interns and residents is the Griffith home in La Canada, north of Los Angeles. Dr. Griffith's own mastery in the field of cardiology encompasses clinical research as well as teaching. He was one of the first to attribute rheumatic heart disease to betahemolytic streptococcal infection. He has long been an advocate of anticoagulants in the prevention of thromboembolic disease and occlusions. He was one of the first investigators to show clinically the importance of estrogen as a preventive of heart disease. Dr. Griffith's work also has extended into the selection of persons prone to heart attack.

Dr. Griffith has devoted the same measure of energy and interest to the professional community that he has to his work. The proof of his success here is in the long list of offices he has held. He has been President of the American College of Cardiology, President of the American Therapeutic Society and Director of the American Heart Association. He is a member of the Board of Regents of the American College of Physicians and a former General Chairman. He is Chairman of the American College of Chest Physicians' Committee on Rheumatic Fever and Chairman of the California Medical Association's Committee on Continuing Education. He has served the California Heart Association and the Los Angeles County Heart Association as President and is now a Director of both. Dr. Griffith has given training programs and lectures along a wide travel circuit for the Foreign Training Program of the American College of Cardiology. Last year the Los Angeles County Heart Association established a scientific lectureship in his name. Eight hundred people attended the testimonial dinner given for him on the occasion, indicating the esteem the community holds for its accomplished and devoted physician-teacher.

His awards are numerous: the World Citizen Award of Hadassah, the Cummings Humanitarian Award for Dedicated Teaching Across the World, Awards of Merit from the American Heart Association and the Los Angeles County Heart Association, Awards of Distinguished Service from the California Heart Association and the Los Angeles County Heart Association, and a Certificate of Honor from the University of Southern California Alumni Association are among these. In November of this year he is to be presented the American Heart Association's Gold Heart Award, the organization's highest honor.

Dr. Griffith's vigorous pace is slowed for the present, as he is confined to Good Samaritan Hospital as a coronary patient. Since he was unable to attend the Alumni Banquet to receive the Alumni Achievement Award, the silver tray was presented to him in the hospital on June 14 by Dr. Edward E. Harnagel '43, Dr. J. Edward Berk '36, and Dr. Seymour L. Cole '38, attended the presentation. Dr. Griffith's contributions are in the tradition of the great men of medicine previously honored with the Award; he is the tenth recipient.
Dr. George C. Griffith '26, recipient of the Alumni Achievement Award.
Honors received that evening. From top left, the Alumni Achievement Award, plaques for classes with highest records for alumni annual giving, inscribed clock for retiring department head, certificates and lapel buttons for members of the fifty year class of 1919.

Dr. Abraham E. Rakoff, Alumni President, presents plaque to Dr. John H. Gibbon, Jr., on behalf of the Board of Trustees and Association at the Dean's Luncheon.

Dr. Rakoff congratulates Dr. Milton B. Emanuel on fifty years in medicine. Dr. Emanuel served as reunion chairman for his class of 1919.

Dr. Rakoff presents an engraved clock to retiring Professor of Preventive Medicine, Doctor E. Harold Hinman.

Dr. John H. Gibbon, Jr. (at podium) gives history of his heart lung machine invented in 1953 as he accepts award honoring that occasion on June 4 in Jefferson Hall.
the jefferson scene
reorganization

Three new departments have been established at Jefferson Medical College as of July 1, 1969. The Department of Radiation Therapy, formerly a division of the Department of Radiology, is headed by Dr. Simon Kramer, who has been with Jefferson since 1956 as Professor of Radiology and Chief of the Division of Radiation Therapy. The Department of Neurosurgery, formerly a division of the Department of Surgery, is headed by Dr. Philip D. Gordy, who came to Jefferson in 1965 as Professor of Surgery. The third department will be the Department of Rehabilitation Medicine, formerly a division of the Department of Medicine. Dr. John F. Ditunno, Jr., has joined the Jefferson faculty to act as Head of the Department. He comes to the College from Temple University School of Medicine where he was Associate Professor of Physical Medicine and Rehabilitation and Director, Clinical Management Division of Physical Medicine and Rehabilitation. Dr. Ditunno, a graduate of Hahnemann Medical College, did postgraduate work at Albert Einstein Medical School, New York, University of Pennsylvania and New York University.

Dr. Kramer is a graduate of the University of London, Kings College Hospital Medical School, where he also received a Bachelor of Surgery degree. Following appointments at Middlesex Hospital and the Royal Cancer Hospital in London, Dr. Kramer headed the Radiotherapy Department at St. Boniface Hospital, Winnipeg, Canada, and was Lecturer in Radiotherapy at the University of Manitoba.

Dr. Gordy is a graduate of the University of Michigan Medical School. Prior to his Jefferson appointment he was Professor of Neurological Surgery at the University of Oregon. Dr. Gordy has served as chief of neurosurgical services at Wilmington General Hospital, Delaware Hospital, and Memorial and St. Francis Hospitals in Delaware. Dr. Gordy is a founding member and a past President of the Congress of Neurological Surgeons.

third alumni trustee

Dr. Harold L. Stewart, class of 1926, will assume his duties as a member of Jefferson's Board of Trustees when the Board meets the second week of September. His three year appointment increases alumni representation to three members. He serves with Dr. David B. Allman '14 and Dr. George J. Willauer '23. The approval of the third alumni trustee was announced by Chairman James M. Large during the spring months.

Dr. Stewart has been Chief of the Laboratory of Pathology at the National Cancer Institute since 1939. In 1954 he assumed an additional position as Chief of the Department of Pathologic Anatomy of the Clinical Center of the National Institutes of Health. Dr. Stewart, an internationally known pathologist, has received numerous awards and has held many administrative and elected positions. Among these are the presidency of the American Association for Cancer Research, the American Society for Experimental Pathology, the International Academy of Pathology and the International Council of Societies of Pathology.

He has been honored twice by Jefferson, once in 1964 when he received an honorary degree, and again in 1966 when he was presented the Alumni Achievement Award.

cardiology head

Dr. Albert Brest has been appointed Professor of Medicine and Director of the Division of Cardiology at Jefferson effective July 1, 1969. Dr. Brest comes to Jefferson from Hahnemann Medical College and Hospital where he was Associate Professor of Medicine, and Head, Section of Vascular Diseases and Renology since 1963, and Head, Section of Cardiology since July 1968. Joining Dr. Brest in the Division of Cardiology are Dr. Hatch Kasparian, Associate Professor, and Dr. Leslie Wiener, Assistant Professor.

eakins revisited

The house where Thomas Eakins painted Jefferson's magnificent masterpiece "The Gross Clinic" has been purchased by an anonymous donor and given to the city of Philadelphia on the condition that it be converted into an historical museum on the artist. When restoration of the home at 1720 Mt. Vernon Street is completed the Philadelphia Museum of Art will be responsible for staffing the new site and administering the programs. Work is well under way and there is optimism that the museum will open on schedule in December.

Eakins entered the grand old Victorian home at the age of twelve and remained there until
his death at the age of sixty. It was in his fourth-floor studio that the artist not only painted "The Gross Clinic," recognized today as America's finest canvas, but other great works such as "The Fairman Rogers Four in Hand," "The Pathetic Song," "The Swimming Hole," "William Rush in his Studio" and the entire group of rowing scenes.

It is now almost universally agreed that Thomas Eakins is America's greatest artist. And it is known by every Jefferson graduate that the famous man also was a student at Jefferson Medical College where he studied anatomy under Professor Joseph Pancoast and surgery under Professor Samuel D. Gross. In addition to the Gross portrait the College also owns paintings of Dr. Benjamin H. Rand and Dr. William S. Forbes by Eakins. (Of special interest is the letter on the back inside cover of this issue.)

The restoration is conceived on three levels. First as an art teaching center for children and adults. Secondly as a repository for Eakins personal memorabilia, a permanent display just minutes away from the Philadelphia Museum of Art where his great collection is on display. And finally as a great national shrine for everyone interested in American art.

The estimated cost of restoration is approximately $120,000.

Through the interest of Philadelphia foundations and business firms only $70,000 of this figure has been realized. It was thought that many of Jefferson's graduates might wish to participate in the work of raising the $50,000 balance for the restoration. Donations may be sent with this form to the Alumni Office.

**lindback awards**

The coveted Christian R. and Mary F. Lindback Awards were presented to two faculty members at Class Day ceremonies June 5 in McClellan Hall. For the second successive year the senior class selected a member of the Department of Pediatrics; this year Dr. Irving J. Olshin, Professor and Associated Head. Dr. Olshin, a 1954 graduate of the University of Pennsylvania School of Medicine, received his Jefferson appointment in 1961. Dr. Robert L. Brent, Professor and Head of the Department, was last year's recipient.

The sophomore class honored Dr. Savino D'Angelo, Professor of Anatomy (Histology and Embryology). Dr. D'Angelo has been teaching Jefferson students since 1949. He has a career award from NIH and is renowned for his research in neuroendocrinology.

**retirees**

Jefferson lost three good friends last spring. Dr. Robert Cranford Hutchinson, Professor of Anatomy, decided against the department's invitation to stay on and moved to the pastoral setting of Tennessee. Harry Storm, Business Manager and friend of hundreds of Jefferson alumni, also made plans for retirement, but active ones with travel taking a priority. The third good friend is Leo Riordan, former Public Relations Officer and more recently Assistant to the Vice President for Development. (See page 32 for news of the retirement of Dr. E. Harold Hinchman, Professor and Head of the Department of Preventive Medicine.)

Jefferson noted all three retirements with activities. A coffee hour on Thursday, May 21, gave the students an opportunity to bid the Anatomy Professor farewell. In his final year at Jefferson (he's been on the faculty since 1943) the senior class chose to honor him by dedicating its yearbook to him. The freshman class presented Dr. Hutchinson with a scroll.

Harry Storm was honored at a reception on Wednesday, May 20. For twenty-eight years Mr. Storm handled a variety of tasks from registration of students to sale of microscopes to distribution of alcohol to processing of invoices. Dr. Abraham E. Rakoff, Alumni President, was among those on hand to wish him well. He presented Mr. Storm with a piece of luggage on behalf of the Association.

Mr. Riordan came to Jefferson in 1959 from the Philadelphia Inquirer where he was Sports Editor. He was honored on Friday afternoon, June 20. In addition to his duties as Public Relations Officer Mr. Riordan has become one of Jefferson's most knowledgeable historians. His past months have been spent researching and compiling notes on the College's bright history.

**happenings**

During the spring months the Alumni Association sponsored
dinner and receptions that included over one thousand alumni. In addition to the regularly scheduled receptions for the American College of Physicians, the New Jersey State Medical Society and the American Medical Association, the Association also sponsored parties during the meetings of the American College of Obstetricians and Gynecologists, the American Psychiatric Association and the Ohio State Medical Society.

Dr. Abraham E. Rakoff, President of the Association, was host at the OB-gyn meeting in Bal Harbour, Florida, at the end of April, again at the New Jersey meeting in Atlantic City a week later and at the AMA reception in New York in July.

Dr. John H. Hodges was host at the College of Physicians party in Chicago, Dr. Paul J. Poinsard at the psychiatric meetings also in Bal Harbour, and Dr. Anthony Ruppersberg for the party in Columbus, Ohio.

In Scranton Dr. Walter Bloes arranged for a dinner at the end of May for area alumni. Dr. Rakoff and Dr. Joseph Rupp '42, were the speakers. Dr. Gonzalo E. Aponte, Professor and Head of the Department of Pathology, spoke at a dinner meeting in Bal Harbour, Florida, for area alumni.

board notes

Four members of the Board of Trustees have made Philadelphia headlines during the past months. Chairman of the Board James M. Large has officially retired as Chairman of Provident National Bank. He will remain a director and member of the executive committee of the Board at Provident.

United States District Court Judge A. Leon Higginbotham, Jr., was speaker at commencement exercises for Villanova University on May 12 at the Civic Center in Philadelphia. He received the honorary degree of Doctor of Juridical Science. Another trustee, Dr. William W. Hagerty, President of Drexel Institute of Technology, gave the address on June 13 at commencement exercises for Camden County College.

The last item concerns the retirement of Richard C. Bond as Chairman of the John Wanamaker Board of Directors and as Chief Executive Officer. Mr. Bond now is President of the Wanamaker Board of Trustees.

rehfuss lecture

Nobel prize winner Dr. Arthur G. Kornberg delivered the 1968-1969 Martin E. Rehfuss Lecture of Internal Medicine on Thursday, May 1, at the College. Dr. Kornberg, Professor and Head of the Department of Biochemistry at Stanford University School of Medicine in Palo Alto, Calif., discussed “Recent Studies of the Active Center of DNA Polymerase.”

The Rehfuss Lecture was established by Percival E. and Ethel Brown Foerderer Foundation in honor of the late Professor of Clinical Medicine, Emeritus.

the distaff side

Dr. Eileen L. Randall made Alumni Association history May 22 when she was elected to membership on the Executive Committee. Not only does she give the distaff side a voice in the happenings she also gives representation to alumni of the School of Graduate Studies. Dr. Randall, who received her Ph.D. at Jefferson, is Assistant Professor of Microbiology.

Others elected to membership on the Association’s Executive Committee are Doctors Peter A. Amadio, Jr. ’58, John P. Capelli ’62, Stewart E. First ’56, Thomas N. Gates ’55, William V. Harrer ’62, Richard T. Padula ’61, and Richard R. Soricelli ’60.

strittmatter award

The Strittmatter Award is both Jefferson and Philadelphia. Established in 1923 by Dr. Isadore Paul Strittmatter, class of 1881, the award is presented annually by the Philadelphia County Medical Society to an outstanding area physician.

This year tradition was broken. For the first time the Society chose to award the honor to a non-physician. The recipient is William F. Irwin, for the past thirty-one years Executive Secretary of the Philadelphia County Medical Society. He will retire at the end of this year.

In a message from the Society’s president, Dr. Theodore H. Mendell wrote: “During these faithful years of dedicated service he has befriended and favored every physician (and hundreds who have gone before us) either directly or indirectly at one time or another. I know of none who has achieved the high measure of affection which is borne him by our members. It is hard to conceive of a finer recipient of the award.”

Mr. Irwin comes from a Jefferson family. Both his father and uncle were graduates of the College.


faculty notes

administration
Dr. Peter A. Herbut, President of the new Thomas Jefferson University, attended the inauguration in April of Dr. Frederick Palmer Sample, the thirteenth president of Lebanon Valley College.

Dr. William A. Sodeman, Dean Emeritus and Professor of Medicine Emeritus, and Dr. William F. Kellow, Dean and Vice President, were elected to the Board of Regents of the American College of Physicians at the annual meeting in Chicago in April. Dr. Kellow also has been elected Treasurer of the College replacing Dr. Sodeman who has served in that position for the past six years. Another honor for Dr. Sodeman was his being named President Elect of the American College of Cardiology.

biochemistry
Mr. Hugh J. Callahan, graduate student, won third place in the Mead Johnson Excellence of Research Award Competition in the Graduate Student Category at the 1969 SAMA-UTMB National Student Research Forum in Galveston, Tex., in April. The title of his presentation was “A Study of the Infectious Mononucleosis Receptors of Cattle and Sheep Erythrocytes.”

medicine
Dr. Robert I. Wise, The Magee Professor of Medicine and Head of the Department, received the Ashbel Smith Distinguished Alumni Award of the University of Texas School of Medicine at ceremonies in Galveston in June. Prior to that Dr. Wise was Visiting Professor at the University of Santiago in Chile. While there he participated in a postgraduate course sponsored by the American College of Physicians held by the Sociedad Medica. His presentations were “Selection of Antibiotic in Bacterial Diseases” and “Hospital Acquired Infections.”

Dr. Harold L. Israel, Clinical Professor of Medicine, delivered the Gerald Beatty Memorial Lecture at the 6th Annual Infectious Disease Symposium at the Delaware Academy of Medicine on May 1. The lecture was established by the Delaware Tuberculosis and Health Society in memory of Dr. Beatty, an alumnus of the class of 1930.

Dr. Edward R. Burka, Associate Professor and Chief of the Hematology Clinic, recently was appointed Director of the Blood Bank. Dr. Burka, who has been associated with Jefferson and the Cardeza Foundation since 1966, has been awarded a grant of $217,000 from the United States Public Health Service to continue his research on factors controlling the rate of protein synthesis and nucleic acid metabolism of these cells. At the 61st meeting of American Society for Clinical Investigation in May at Atlantic City he presented a paper “Regulation of Gene Expression in Reticulocytes by Changes in Ribonuclease Activity.”

Dr. Louis A. Kazal, Associate Professor and Associate Director of the Cardeza Foundation, was chairman of Coagulation Session I at the meetings of the Federation of the American Societies for Experimental Biology in Atlantic City in April. At the same meeting he presented a paper “Esterase Activation in Normal Human Plasma Depleted of Fibrinogen and Factor VIII by Precipitation with Glycine.”

Dr. Howard C. Leopold, Associate Professor, gave a paper “Autoimmune Antibodies to Human Lung in Bronchial Asthma” at the Annual Congress of the American College of Allergists in Washington.

Dr. Josephine A. W. Richardson, Assistant Professor and Clinical Director of the Department of Physical Medicine and Rehabilitation, has been installed as President of the Philadelphia Club of Zonta International.

Dr. Sheldon Schlaff has been appointed Assistant Professor of both Medicine (Endocrinology and Metabolism) and Obstetrics and Gynecology. He comes to Jefferson from the National Institutes of Health where he worked in the development of a radioimmunoassay for Follicle Stimulation Hormone.

obstetrics and gynecology
Dr. Roy G. Holly, Professor and Head of the Department, served as chairman of the annual meetings of the American College of Obstetricians and Gynecologists in Bal Harbour, Fla., in May.

ophthalmology
Dr. Thomas D. Duane, Professor and Head of the Department, has accepted the invitation of Tulane University School of Medicine in New Orleans to be their fourth O'Brien Visiting Professor. Dr. Duane discussed “Vascular Lesions of the Visual System” at a Continuing Education Program in York, Pa., during the spring.

Dr. William C. Frayer, Professor of Ophthalmology, represented Jefferson at the annual meeting of the Verhoff Society in Washington with the paper “A Granulomatous Panophthalmitis.” At the Eastern Ophthalmic Pathology Society in New York he presented “Mongolism (Down's Syndrome).” With Dr. Edward A. Jaeger, Assistant Professor, he presented the paper “Treatment of Metastatic Tumors of the Eye” at the University of Pennsylvania.

Dr. P. Robb McDonald, Professor of Ophthalmology, spoke on “Some Complications of Intraocular Surgery” and “The Differential Diagnosis of Elevated Lesions of the Posterior Pole” at the meeting of the Georgia Society of Ophthalmology and Otolaryngology in Savannah, Ga.

Dr. Thomas Behrendt, Associate Professor, presented “Reconstruction of Retinal Artery Pulse Wave”
and participated in a workshop on fluorescein at the meeting of the Association for Research in Ophthalmology in Sarasota, Fla. At the same meeting Dr. Jaeger gave a paper on “The Effect of Morphine on the Pupil.”

**Pathology**

Dr. Gonzalo E. Aponte, Professor and Head of the Department, Dr. Paul L. Lewis, Associate Professor, and Dr. Robert L. Breckenridge, Associate Professor, participated in the symposium on cancer of the intestinal tract sponsored by the Clinical Cancer Training Program at Jefferson in May. Dr. Aponte spoke on “Pathology of Pancreatic and Extrahepatic Biliary Tree Malignancy.” Dr. Lewis' topic was “Pathology of Gastric and Esophageal Lesions.” Dr. Breckenridge's talk: “Pathology of Small and Large Bowel Tumors.”

Dr. George P. Studzinski, Associate Professor, presented the paper “Duration of the G2 Phase in HeLa Cells Treated with Vinblastine” at the 60th meeting of the American Association for Cancer Research.

Dr. William V. McDonnell has been named Professor of Pathology. He is Chief of Staff, Chief Pathologist and Director of Clinical Laboratories at West Jersey Hospital.

**Pediatrics**

Dr. Robert L. Brent, Professor and Head of the Department, presented “Smoking and Children: A Pediatric Viewpoint” at the American Academy of Pediatrics Committee on Environmental Hazards Meeting in the spring. He also attended the Federation Meetings in April in Atlantic City and spoke on “The Effect of Teratogenic Antiserum on the Rats Fetus During the Latter Half of Gestation.”

Dr. Herbert C. Mansmann, Jr., Professor of Pediatrics, lectured on “New Developments in the Pathophysiology of Asthma” at the Congress of the American College of Allergists in Washington in April. He served as moderator on a panel discussion “Status Asthmaticus” at the Pennsylvania Allergy Association’s annual meeting.

Dr. Gary G. Carpenter, Associate Professor, spoke on “Early Identification of Inborn Errors of Metabolism” at the Pennsylvania Medical Society meeting.

Dr. Laird G. Jackson, Associate Professor, presented a paper at the American Association for Cancer Research meeting in San Francisco in April titled “Inhibition of Nucleic Acid Synthesis by L-asparaginase.” It was co-authored by Dr. Kay O. Ellem, Professor of Pathology, and Dr. Angelina M. Fabrizio, Assistant Professor of Pathology.

Dr. Irving Olshin, Associate Professor, and Dr. Isobel Rigg, Assistant Professor, appeared on Channel 6 in Philadelphia on March 25 to participate in a panel discussion “Child Beating.”

**Pharmacology**

Dr. Julius M. Coon, Professor and Head of the Department, and Dr. Anthony J. Triolo, Assistant Professor, had their paper reported at the annual meeting of the Society of Toxicology. The title was “Binding of Paraoxon by Plasma of Aldrin Treated Mice.” At the meeting of the American Societies for Experimental Biology in Atlantic City in April two papers were reported. One, titled “Influence of Dietary Protein on Nitro Reduction in the Liver of Mice” was by Dr. Roland W. Manthei, Professor of Pharmacology, and graduate students, Mr. L. S. Grosso, Mr. M. A. Hospador and Mr. R. P. Lawther. The second by Wolfgang H. Vogel, Associate Professor and Dr. Henry McFarland, Resident, was “DOPA Decarboxylation in Human Liver Homogenates.”

**Preventive Medicine**

Dr. E. Harold Hinman, Emeritus Professor as of July 1, represented the American College of Preventive Medicine at a meeting in Chicago during May of the Council of Medical Specialty Societies. He has accepted a position as Commissioner of Health, Wyoming County, Warsaw, N.Y.

Dr. Abram Benenson was elected Chairman, Board of Scientific Counselors. Division of Biologies Standards, National Institutes of Health on May 2.

**Psychiatry**

Dr. Zygmunt A. Piotrowski, Professor of Psychiatry (Psychology), gave the introductory theoretical paper on developments in the fields at the 7th International Congress of Projective Techniques in London. During the week of May 26 he gave a course on test analyses of normal and abnormal personalities at the Universidad Ibero-Americana and the Universidad Nacional in Mexico City.

Dr. Paul J. Poinsard, Professor, has been named President Elect of the Pennsylvania Psychiatric Society and the Medical Club of Philadelphia.

Dr. Ivan B. Nagy, Associate Professor, presented a lecture on Family Therapy at the Hungarian Society for Neurology and Psychiatry and again at a meeting of the National Psychiatric Institute and the Attila Josef Hospital for Psychiatry all in Budapest.

Dr. Kurt J. Wolff, Associate Professor, gave a paper “Treatment of Emotional Disorders in the Elderly by Group Psychotherapy” at the Society for Group Psychotherapy and Psychodrama in New York in April.

**Urology**

Dr. David M. Davis, Professor of Urology, Emeritus, received the first annual Hugh Hampton Young Award at the American Urological Association meeting in San Francisco in May. Dr. Paul D. Zimskind, the Nathan Lewis Hatfield Professor of Urology and Head of the Department, accepted the award for him.
1905

Dr. Alexander J. Orenstein, P.O. Box 1032, Rand Club, Johannesburg, Africa, wrote to the Alumni Office a few months before his ninetieth birthday saying that he wished to put on record his "sincere gratitude for what Jefferson has done for me as a student, and as an alumnus. My alma mater has honored me beyond my deserts. May She grow and prosper in the service of man and in the spread of knowledge and wisdom." Dr. Orenstein has had an outstanding and widely recognized career in tropical medicine and hygiene.

1908

Dr. John B. Laughrey, 3rd St., Sutersville, Pa., was awarded the degree of Doctor of Science at the commencement exercises of Thiel College on June 8 in Greenville, Pa. Dr. Laughrey has delivered more than three thousand babies during his career. He was Burgess of Sutersville for twenty-seven years and is active in numerous professional, civic, fraternal and public service organizations.

1910

Dr. Fred P. Simpson, 3140 Ave. A, Riviera Beach, Fla., has retired after fifty-nine years of service in his profession.

1915

Dr. Samuel Orr Black, 410 E. Main St., Spartanburg, S.C., reports on the first year's operations at Mary Black Memorial Hospital: "The hospital has 110 beds and yesterday and the day before, we had 109 patients. During the first year 5,012 patients were admitted with 3,425 emergencies, 11,281 x-rays made, 2,302 operations performed, and total deaths were only 37. This gave us a mortality rate for the first year of operation of only .75, which I think is almost incomprehensible."

1916

Dr. Edwin G. Reade, P. O. Box 226, Watertown, Conn., has completed fifty years of membership in the Connecticut State Medical Society and was honored with a certificate and pin by the Society's president at the annual dinner on May 14.

Dr. Lynn J. Walker, 5260 N. Idlewild Ave., Milwaukee, Wisc., is "working everyday—but not as hard as I used to."

1919

Dr. Charles S. Holman, 617 N. Webster Ave., Scranton, Pa., received recognition from the Lackawanna County Medical Society recently on having served in the medical profession fifty years. Now retired from general practice, he is Vice President of the Robbins Door and Sash Company.

Dr. Ronald C. Moore, 13 W. Kinney Ave., Mt. Pocono, Pa., an ophthalmologist, was honored recently by the Pennsylvania Medical Society for fifty years of medical service. The honor was in the form of a plaque presented by the President of the Monroe County Medical Society.

Dr. Eugene R. Simpson, 620 Main St., Peckville, Pa., was honored by the Alumni Association of Keystone Junior College in May as Keystonean of the year. The occasion marked his fiftieth year in general practice. Dr. Simpson graduated from Keystone Academy in 1914.

1923

Dr. Louis Antupit, 242 Trumbull St., Hartford, Conn., relaxed and golfed in Palm Beach, Fla., this winter.

1924

Dr. Abraham Cantarow, Van Ness East Apt., 2393 Van Ness St., Washington, D.C., has been elected President of the American Association for Cancer Research.

1925

Dr. Marion W. Coleman, 1477 Ridge-way Rd., Dayton, Ohio, writes: "I retired from practice July 1, 1967 for no other reason than to be able to enjoy living a life of leisure in my remaining years, doing the things that we all plan to do but too often wait until it is too late. I am looking forward to attending the forty-fifth reunion in 1970 and trust my classmates are doing the same."

1926

Dr. Louis Rosenberg, 1616 Pacific Ave., Atlantic City, N. J., at last writing was packing for the Jefferson trip to Switzerland. He and his wife, Lenore, planned to include Vienna and Budapest in their itinerary.

1927

Dr. Samuel M. Dodek, 1730 Eye St., N.W., Washington, D. C., was awarded the "Gold Headed Cane" by the medical staff of the Washington Hospital Center at its annual dinner on May 9. Dr. Dodek is Clinical Professor of Obstetrics and Gynecology in the School of Medicine, The George Washington University, and Chairman of the Obstetrical Board of the District of Columbia.

Dr. Romualdo R. Scicchitano, Villa San Guilia, R. D. #1 Ashland, Pa., was the guest of honor at a testimonial dinner held in April that was attended by more than six hundred persons. The occasion was Dr. Scicchitano's departure from the Hospital, having served it as Surgeon-in-Chief and Chief of Staff. He resigned from the active staff to accept a position as a special reporter on state general hospitals for the Department of Public Welfare.
1928

DR. GARRETT C. MCCANDLESS, 1238 Elk St., Franklin, Pa., was the choice of the Franklin Area Chamber of Commerce for "Man of the Year." The award was given for "selfless involvement in community affairs." With his active community life, Dr. McCandless also has a busy career in general practice and surgery. His civic interests include the Society of Crippled Children and Adults, which he served as a Director, and the Polk State School and Hospital, where he is also on the Board of Directors. He is active in the Chamber of Commerce, and is on the Salvation Army Advisory Board, the Franklin District Nurse Board, and the Board of Health of the City of Franklin. He has also taken a role in fund raising campaigns for the causes in which he is interested, including the United Fund, Franklin Hospital Building Committee and the Y.M.C.A.

Dr. McCandless

DR. A. PAUL SHAUB, 156-58 S. Queen St., Lancaster, Pa., "keeps on working at a fast pace, drawing full social security with very little time to think of growing old and trying to stay young."

1929

DR. LEWIS A. SMITH, R.D. #2, Easton, Pa., retired in 1962 and now lives in the old family home. "Am kept busy looking after the estate and my gardens."

1931

DR. CLAUDE H. BUTLER, 309 Towne Place, Apt. A, Kingswood, King of Prussia, Pa., says he retired in December (on the third attempt) after more than thirty-two years in the Commonwealth's mental health program. "Presently resting on my oars except for some consultation work. A coronary attack in April 1968 accelerated my planned retirement."

DR. HAROLD J. COKELY, 3519 Emerson St., San Diego, Calif., has retired as a Rear Admiral after thirty-six years in the Navy. "Am presently employed on a part-time basis as a Medical Consultant to Ryan Aeronautical Company."

DR. ROCCO I. dePROHETIS, 2332 Chestnut St., Chester, Pa., still has the reputation of having delivered more babies than any other doctor in town, but reports that "the influx of twelve young obstetricians and the advent of the pill have relieved my practice. I enjoy working and do not expect to retire soon. I like to keep my hand in it!"

DR. NATHAN RALPH, 2047 Spruce St., Philadelphia, reports that his son has completed his freshman year at Haverford College.

1933

DR. LEWIS C. SHELENBERGER, 8125 Moonstone Dr., Tucson, Ariz., Medical Director of the Tucson Chapter of the American Red Cross, served as the International Red Cross Official Observer in Biafra recently. The job involved three weeks in this section of Nigeria, where he was accompanied by a blood technician. His job was to look into the needs for blood in Biafra, study the means they possess for using what they have now, and prepare reports on what medical support is needed.

1934

DR. ROSCOE P. KANDLE, New Jersey State Commissioner of Health, is the recipient of the Frank J. Osborne Memorial Award for Meritorious Achievement in Public Health. The award is given by the New Jersey Health Officers Association. Dr. Kandle has been Commissioner of Health since 1959. He has been credited with strengthening the authority of the State Health Department and enhancing and changing the scope of its activities to deal with a rapidly changing environment. Before coming to his current position he was First Deputy Commissioner of Health of the New York City Department of Health. His career has also included positions as Field Director of the American Public Health Association, Director of the Division of Preventable Diseases of the New Jersey State Department of Health and Director of Local Health Services in the Louisiana Department of Health. Active in health activities on the national level also, Dr. Kandle is a member of the National Commission on Community Health Services, the American Public Health Association (and is a member of the Health Officers Section Council). He has served on the faculties of Columbia, Yale and Michigan Universities.

Dr. Kandle

DR. JOHN F. KEITHAN, R. D. Box 425 B., State College, Pa., recently retired as a full Colonel in the U. S. Army Reserve after thirty-four years of service. He has a general surgery practice.

1936

DR. MICHAEL L. RACHUNIS, 5th & Riverside Aves., Roehling, N.J., was one of
ten Americans to receive a Horatio Alger Award last May. The awards are conferred by the American Schools and Colleges Association. This was the twenty-third year that the Association conferred the medals for individual initiative, hard work, honesty and adherence to traditional ideals. Dr. Rachonis was forced to quit school after eighth grade because his help was needed to support the family. He worked in the coal mines then, and later, at the age of 21, entered high school and was graduated with honors three years later. In another three years he graduated from Susquehanna University. After earning his M.D., Dr. Rachonis interned at Wilkes-Barre Hospital and then returned to his home town of Glen Lyon, Pa. to practice. He is the only staff President of Trenton General Hospital to be reelected three times.

Dr. Rachonis

1937

Dr. G. Frederick Hieber, 1401 Monticello Blvd., N., St. Petersburg, Fla., was made President-elect of the American College of Allergists at the Annual Congress of the American College of Allergists held in Washington, D.C., April 14-18. Dr. Hieber is a physician at Bay Pines Veterans Administration Center and resides with his family in St. Petersburg.

Dr. John R. Lenehan, 10 Dale St., West Hartford, Conn., has been elected President of the Hartford Medical Society. A specialist in cardiology and internal medicine, Dr. Lenehan is on the staff of St. Francis Hospital and is a physician for St. Joseph College. He is a Fellow of the American College of Cardiology and the College of Angiology.

1939

Dr. Norman J. Skversky, 6810 Castor Ave., Philadelphia, is Professor of Medicine, Peripheral Vascular Disease Section, at the Pennsylvania College of Podiatric Medicine.

1941

Dr. Louis C. Blaum, 244 Scott St., Wilkes-Barre, Pa., reports that his eldest son, Lou, Jr., just completed his first year at Jefferson. "He just recently met Henry Ratke's son, who also was a freshman."

Dr. Charles N. Burns, 23 N. River, Wilkes-Barre, Pa., has been elected to the Board of Directors of Mercy Hospital of Wilkes-Barre. He was chosen unanimously. Dr. Burns is Chief of Urology at the hospital and serves on the staffs of two others.

Dr. James A. Collins, Director, Department of Medicine, Geisinger Medical Center, Danville, Pa., was installed as President of the Pennsylvania Society of Internal Medicine during May. Dr. Collins, certified by the American Board of Internal Medicine, is a past President of the Montour County Medical Society and also Secretary-Treasurer of the Society's Board of Directors. He has served as Vice Chairman of the Pennsylvania Medical Society's Council on Scientific Advancement and is a member of the Society's house of delegates.

Dr. Clyde C. Greene, Jr., 490 Post St., San Francisco, Calif., was installed in April as President of the American Society of Internal Medicine. Dr. Greene has practiced internal medicine in San Francisco since 1948. In addition to his private practice, he is on the faculty of Stanford University Medical School and is General Medical Director of Pacific Telephone Company.

Dr. Thomas B. Patton, 909 S. 18th St., Birmingham, Ala., represented Jefferson at the inauguration of Kermit Alonso Johnson as President of Alabama College in Montevallo, Ala., on March 25.

1942

Dr. Francis A. Dietmaring, 7922 Hudson Blvd., N., Bergen, N. J., is the new President of the North Hospital Physicians Society.

Dr. Burton L. Williams, Orchard Lane, Wallingford, Pa., is associated with Dr. Richard Chamberlain at the Hospital of the University of Pennsylvania as a diagnostic radiologist.

1944S

Dr. Harold Wilf, 6905 Castor Ave., Philadelphia, has been appointed Chairman of the Department of Otolaryngology, Division of Surgery, at Albert Einstein Medical Center. He is also Clinical Associate Professor of Otorhinology at Temple University.

1947

Dr. Robert B. Funch has been appointed Director of the Department of Radiology at Germantown Hospital, E. Penn & Wister Sts., Phila. He has been associated with Germantown since his internship there. Dr. Funch also is Clinical Associate Professor of Radiology at Temple University Medical Center and Visiting Lecturer in Radiology at the Graduate School of Medicine of the University of Pennsylvania.

Dr. Lewis E. Jones, 1752 Morris Landers Dr., N.E., Atlanta, Ga., received the U. S. Air Force Commendation Medal at Robins AFB, Ga., for his service as commander of the dispensary at Dobbs AFB, Ga. He is now assigned to Robins as Command Surgeon with Headquarters Air Force Reserve.

1948

Dr. John D. Bealer, 3639 Emerson Circle, Bethlehem, Pa., has been elected to a three year term on the Board of Directors of the National Council on Alcoholism.

Dr. Thomas F. Blake, 9632 N. E. 5th Ave. Rd., Miami Shores, Fla., is President of the Miami Obstetrics and Gynecology Society.
Dr. Rudolph T. DePersia, Medical Arts Bldg., N. Broad St. & Red Bank Ave., Woodbury, N.J., has been elected President of the Medical and Dental Staff of Underwood Memorial Hospital in Woodbury.

Dr. Charles C. Goodman, 114 Valley View Rd., New Cumberland, Pa., is the new Acting Superintendent of Hollandsworth State Hospital and is also serving as Assistant State Commissioner for Mental Health at Harrisburg, Pa. Prior to this he had been Chief Clinical Psychiatrist for mental hygiene services at Providence, R. I., and served as Rhode Island's Administrator of the Division of Alcoholism. He is a Consultant to the National Institute of Mental Health. Dr. and Mrs. Goodman have seven children.

Dr. John E. Healey, Jr., has published a book, A Synopsis of Clinical Anatomy, in collaboration with Dr. William Seybold of Baylor University. Dr. Healey is Professor of Anatomy, University of Texas, M. D. Anderson Hospital, Texas Medical Center, Houston, Tex.

1949

Dr. Sanford M. Goodman, Easton Rd. & Kenderton Ave., Roslyn, Pa., reports that he has been "mousetrapped and elected to the presidency of the Montgomery County Chapter of the Pennsylvania Academy of General Practice."

Dr. Abraham Perlman, 7600 Brous Ave., Phila., writes that he, his wife and their two children "just weathered the storm of my change from pediatrics to psychiatry." All the Perlmans were at the APA meetings in Florida in May to hear Dr. Perlman's presentation. Mrs. Perlman keeps busy with courses at the Barnes Art Gallery.

Dr. Edward H. Robinson, R. D. #1, Box 351, Greenville, Pa., has had a general practice in Greenville since 1955. Currently he is practicing alone. "Have had recurrent thoughts of getting out of G.P., but can't think of anything I'd like better. The family consists of 'Jackie Robinson,' (my wife), a H.U.P. graduate nurse, John, who graduated from high school in June and is thinking about medicine, Peter, who is serious about flying, and Mike, a high school freshman and Carrie, age eight. For fun—sking, running against fat, and owning two pairs of handball gloves."

1950

Dr. Donald P. Franks, 15825 Woodvale Rd., Encino, Calif., writes that he is "still practicing anesthesia happily and looking forward to another exciting African safari—if I can ever again accumulate enough green!"

Dr. James M. Monaghan III, 85 Woodland Rd., Short Hills, N.J., has been named to the X-ray Technician Board in the State Department of Health in New Jersey and since then has been elected Vice Chairman of the Board. Dr. Monaghan is affiliated with the Hospital Center at Orange where he is Director of the Radiology Department. He has a private practice in Short Hills, N.J.

1951

Dr. John C. Maerz has been promoted to Associate Director, Clinical Research and Services at McNeil Laboratories, Inc., Ft. Washington, Pa. He joined McNeil in 1967 as Assistant Director of Clinical Investigation in the Medical Division.

Dr. David J. Reinhardt III, 400 Bay Ave., Lewes, Del., has joined the Beebe Clinic and Beebe Hospital as cardiologist, leaving the Wilmington, Del. area after thirteen years. He is in a group practice.

1952

Dr. Wesley W. Bare, 115 Tavistock Lane, Haddonfield, N.J., has been appointed Director of the Obstetrics and Gynecology Service at Methodist Hospital. He is Instructor of Obstetrics and Gynecology at Jefferson.

Dr. Leo C. Partyka, 2035 Calle Palo Fierro, Palm Springs, Calif., is in Taiwan until November 1969. "Here I'm Hospital Commandant at Ching Chuan Kang Air Force Base and Medical Advisor to the General, C.O. of the 327 Air Division, Taipei." Dr. Partyka has been promoted to full Colonel.

Dr. Milton M. Perloff, 7805 Louise Lane, Philadelphia, has been elected President of the Philadelphia Academy of General Practice. Dr. Perloff is also a member of the Board of Directors of the Academy and has served as Treasurer of the organization for the past four years. He is a member of the Board of Directors of the Pennsylvania Academy of General Practice also and of the Philadelphia Society of Clinical Hypnosis. Dr. Perloff is on the staff at Albert Einstein Medical Center.

Dr. Perloff

Dr. Herbert A. Saltzman has been promoted to Professor of Medicine at Duke University Medical Center, Durham, N.C. He is Director of the Hyperbaric Unit there.

1953

Dr. Willard S. Krabill, 120 Carter, Goshen, Ind., is serving as President and Chief-of-Staff of the Goshen General Hospital Medical Staff. The Krabills have four children.

Dr. David W. Kulp, 1518 Old Gulph Rd., Villanova, Pa., became certified in child psychiatry last year and recently resumed the private practice of child psychiatry in Devon, Pa., after five years in Lancaster, Pa.

Dr. Harold J. Reinhard was elected to head the Warren County (Pa.) Medical Society this year. Dr. Reinhard is
Director of Medical Education at Warren State Hospital and also serves as a Consultant for the Family Service in Warren. He is on the Warren General Hospital psychiatry and neurology staff.

1954

DR. JOHN E. RAWLS, 2315 N. Court St., Ottumwa, Iowa, is doing general practice with four associates. The children number four and are ages fourteen to one-and-a-half.

DR. MURRAY N. SILVERSTEIN, Mayo Foundation, Rochester, Minn., has been named Principal Investigator for the Mayo Clinic Clinical Cancer Center. He has been elected a member of the Central Society for Clinical Research, the Central Clinical Research Club, the American College of Physicians and the American Association for Cancer Research.

1955

DR. MICHAEL G. CHRISTY, 35 Gershom Pl., Kingston, Pa., has been elected Secretary of the Medical Staff of Wilkes-Barre General Hospital. He is on the surgical staff there.

DR. S. PAUL Coccia, 35 W. Union Ave., Bound Brook, N.J., has a busy general practice—and a busy home with five Coccias.

DR. JOSEPH S. HARUN, 47 Bockoven, Mendham, N.J., has been appointed Executive Director of Drug Regulatory Affairs at CIBA Pharmaceutical Company, Summit, N.J.

DR. WILBUR H. MILLER, JR., 1309 E. Court, Kankakee, Ill., has been chosen as President of the Medical Staff at St. Mary's Hospital. Dr. Miller is Board certified and has been in Kankakee since 1960.

DR. DONALD R. POHL, 353 Market St., Johnstown, Pa., has been serving as President of the Medical Staff of Lee Hospital in Johnstown this year. Dr. Pohl is certified by the American Board of Pediatrics and is a Fellow of the American Academy of Pediatrics.

1956

DR. J. MOSTYN DAVIS, 301 E. Sunbury St., Shamokin, Pa., has been appointed to the Advisory Group of the Susquehanna Valley Regional Medical Program. The program is being designed to bring together in cooperative arrangements the health resources of a twenty-seven county region of Central Pennsylvania. Dr. Davis has had a general practice in Shamokin since 1957. He is Secretary of the Pennsylvania Academy of General Practice, a member of the Board of the Pennsylvania Division of the American Cancer Society and Chairman of the Board of the Pennsylvania American Cancer Society.

DR. PAUL J. DUGAN, 1020 Charleston Cir., Roseville, Calif., has been appointed by Governor Ronald Reagan to the State Board of Medical Examiners. He will serve a four year term on the twelve-man Board.

DR. SHELDON G. GILGORE has been named Vice President and Medical Director of Charles Pfizer and Company Pharmaceuticals, Groton, Conn.

DR. PHILIP S. GREEN, 14 Chipolou Lane, Scotch Plains, N.J., is now practicing ob-gyn in partnership ("the only way to do it!"). "Looking forward to seeing all the new construction at school."

1957

DR. ABRAM M. HOSTETTER has been appointed full-time Medical Director at Philhaven Hospital, R.D. 5, Lebanon Pa. Dr. Hostetter had been in private psychiatric practice in Harrisburg, Pa., for the past eight years.

DR. JOHN F. KENNARD, R.D. #1, Country Club Hills, Clearfield, Pa., has a new part-time post as pathologist of the Adrian Hospital in Punxsutawney, Pa. Dr. Kennard is also on the staff of Clearfield Hospital. He did his residency at Geisinger Medical Center on an American Cancer Society fellowship. The Kennards have four sons.

1958

DR. DONALD N. DUBROW, 3740 Alta Vista Lane, Dallas, Tex., has been in the private practice of internal medicine for two and a half years now. "I care more for elderly people and note that if they weren't made of 'stuff' stronger than we mortals can comprehend, then they wouldn't be elderly."

Dr. Dubrow has been certified by the American Board of Internal Medicine.

DR. GEORGE A. JACK left his full time academic position at the University of California in July to go into private radiotherapy practice. He is now at Marin General Hospital in San Raphael, Calif. He will retain his post as Assistant Clinical Professor at the University part time.

1959

DR. CHARLES L. BRODHEAD, JR., 3rd Med. Btl., 3rd Marine Div., FPO, San Francisco, Calif., was presented with the South Vietnamese Cross of Gallantry with Silver Star for his work with the Vietnamese. "These have been very busy days here in Vietnam with our hospital only sixteen miles from the DMZ. We put more than 2,700 patients through the emergency room area in March—515 major cases. At least 1,500 minor cases were done in the Shock and Debridement Department. The last two months have seen a tremendous increase in casualties. The war is very real, very ugly and very hard over here."

DR. JOHN J. Coughlin, 4029 Timberland Dr., Portsmouth, Va., was recently made a Fellow of the American College of Obstetricians and Gynecologists.

DR. JOHN F. DANYO, 1317 Sleepy Hollow Rd., York, Pa., became a Diplomate of the American Board of Orthopedic Surgery recently. He is on the staff of York Hospital and is President of J. L. Posch Hand Society.

DR. ARNOLD J. HALPERN, 675 Ocean Ave., West End, N.J., was installed as a Fellow of the American College of Obstetricians and Gynecologists at the College's April meeting. He is Assistant Professor at Hahnemann Medical School and Hospital.

DR. CHARLES L. McDOWELL, 2222 Monument Ave., Richmond, Va., has a private orthopedics practice in Richmond, and is Acting Chief of Orthopedics at McGuire V.A. Hospital as well as Assistant Clinical Professor of Orthopedics at the Medical College of Virginia.

DR. GUY W. MCLAUGHLIN, JR., 2024 Pine Rd., Huntingdon Valley, Pa., is in
Continuing Education

Jefferson went to Switzerland this year for the Postgraduate Educational Seminar in Europe—and made a few side-trips to Rome, Budapest and Vienna too. Among the nearly three hundred alumni, faculty and friends of Jefferson who went along was Dr. Vincent T. McDermott '26, who put his camera to good use.

1. The view from the hotel window is a panorama of Geneva. 2. The group arrives in Geneva. In the background, the Alps. 3. Dr. John H. Killough is first on board for a bus tour. Dr. Killough, Associate Dean, heads Continuing Education program. 4. A short climb for a view from the top. 5. Dr. William F. Kellow, Dean, Dr. John J. Penta '29, Dr. Fred Harbert, Professor of Otolaryngology and Head of the Department, and Dr. Juan Eduardo Vene '49, (l to r) share a joke on their way into lunch. 6. Dr. E. Harold Hinman, Professor of Preventive Medicine, Emeritus, is on deck during a cruise on Lake Geneva.
the private practice of pediatrics in Northeast Philadelphia. He and his wife have three children.

Dr. Roger E. Maurer has assumed the post of radiologist at the Ashland State Hospital. Dr. Maurer was formerly with the General Hospital of Monroe County at East Stroudsburg. He served his residency at Geisinger Medical Center at Danville, Pa.

Dr. Samuel L. Stover has accepted a position as Assistant Professor in Pediatric Rehabilitation at the University of Alabama, 1919 Seventh Ave., S., Birmingham, Ala. “My last five years included a pediatric residency at Children’s Hospital in Philadelphia, a staff position at the Children’s Seashore House in Atlantic City, N.J., and a fellowship in physical medicine and rehabilitation at the University of Pennsylvania.”

1960

Dr. John M. Hess, 536 Spruce St., Riverside, Calif., writes: “Will be out of the USAF in November 1969. Plan to stay in California in practice of anesthesiology.”

Dr. John B. Nevara, 3434 4th Ave., San Diego, Calif., is practicing anesthesiology with thirty-eight associates. “The climate and working conditions are ideal. Three others from the class of ’60 are here also.”

1961

Dr. John P. Keefe and his associate have opened a second office for ob-gyn practice in the Chagrin Center Medical Bldg., 3461 Warrensville Center Rd., Shaker Heights, Ohio.

Dr. Gordon D. ViGario, 511 N. 1st St., Charlottesville, Va., is one of seventeen physicians in the United States to win an advanced clinical fellowship from the American Cancer Society. Cancer of the larynx will be Dr. ViGario’s major research interest. Dr. ViGario is a senior resident in radiology at the University of Virginia Medical School. Prior to that he was a resident at the University of Wisconsin.

Dr. James W. Webster, 508 E. South Temple, Salt Lake City, Utah, is in private practice in Salt Lake City after completing a residency in general, thoracic and cardiovascular surgery in Houston, Tex., under Dr. Michael E. DeBakey and Dr. Denton Cooley. He has his Board in general, thoracic and cardiovascular surgery. Dr. Webster spends a portion of his time as a Clinical Instructor at the University of Utah and some time in heart transplantation.

Dr. James L. Wilson, 25 Walnut St., Wellboro, Pa., is serving as President of the Soldiers and Sailors Memorial Hospital Medical and Dental Staff in Wellboro. Dr. and Mrs. Wilson have three sons.

1962

Dr. Edward L. Cahn, 281 E. Hamilton Ave., Suite 3, Campbell, Calif., is practicing internal medicine (hematology and oncology).

Dr. Robert H. Graham, 10244 Malaga Way, Rancho Cordova, Calif., was decorated with the Bronze Star Medal for his performance as a urologist with the 12th USAF Hospital at Cam Ranh Bay AB, Vietnam. He is now assigned to a unit of the Air Training Command at Mather AFB, Calif.

Dr. Richard J. Hamburger is an Assistant Professor of Medicine at Indiana University School of Medicine (1100 W. Michigan, Indianapolis) and “enjoying it,” he writes. The Hamburger’s have four children.

Dr. Arnold I. Hollander, 67th Evacuation Hosp., Qui Nhon, South Vietnam, APO San Francisco, Calif., participates in the MEDCAP II operation in South Vietnam. This program commits military resources to improving the health of Vietnamese citizens where operational conditions permit. On his day off, Dr. Hollander takes off with three other American medics by boat to villages and hamlets where he administers to the natives there. In his regular line of duty at the 67th Evacuation Hospital, Dr. Hollander treats American combat casualties. His wife and four children live in Salisbury, Md. (Dr. Hollander arrived home in July.)

Dr. Clark D. McKeever, Homestead AFB Hosp., Homestead Fla., expects to complete military duty in August 1970.

Dr. Grant R. McKeever, 4109 Montrose Blvd., Houston, Tex., completed his orthopedic residency at Jefferson under Dr. Anthony DePalma last November. He is now practicing in Houston.

Dr. George P. Moses, 116 S. Main St., Towers Bldg., Wilkes-Barre, Pa., limits his private practice to general, thoracic and vascular surgery. He also has offices in Nanticoke, Pa.

Dr. Robert J. Neviaser, 7396 W. 83rd St., Los Angeles, Calif., returned recently from a year in Vietnam with the 3rd Marine Division. In July he began a year’s fellowship in hand surgery at the Los Angeles Orthopaedic Hospital.

Dr. Joseph Snyder, The Helenwood, Apt. 205, 3333 University Blvd., West, Kensington, Md., is in his third year of residency in ophthalmology at George Washington University Hospital. “I plan to do private practice in Montgomery County, Maryland, after my residency.”

Dr. Willis W. Willard, III, 13 Granada, Briarcrest Gardens, Hershey, Pa., has been selected as one of the “Outstanding Young Men in America” for 1969. Dr. Willard is on the faculty of the Department of Family and Community Medicine at the Hershey Medical Center, Hershey, Pa. He also has a practice in Hershey. Prior to his Hershey appointment, Dr. Willard had a practice in Williamsport, Pa.

1963

Dr. Frederick H. Bauer, 792 College Parkway, Rockville, Md., recently was appointed Clinical Monitor in the Advanced Clinical Research Department for Merck Sharp & Dohme, West Point,
Dr. Robert M. Davis, 50 Paper Mill Lane, Newtown Square, Pa., has completed four years of general surgery residency and is currently with the U.S. Navy on the carrier Shangri-La deployed in the Mediterranean. “Life here is sure interesting and we have seen enough surgery to make it professionally worthwhile. Passed Part I of the American Board of Surgery exam in December. Plan to enter the University of Pennsylvania in July 1970 for two years of plastic and reconstructive surgery residency.”

Dr. Charles J. Favino claims to be the southernmost pathologist in the continental USA (he’s Director of Laboratories at the U.S. Naval Hospital in Key West, Fla.). He has passed the anatomic and clinical pathology Board examinations.

Dr. Daniel M. Friday on July 1 started at Tyrone Hospital, Tyrone, Pa., with the job of reopening the hospital’s maternity department which has been inactive for three years. He completed residency training at Pennsylvania Hospital in Philadelphia.

Dr. Robert C. Gallo, 6207 Adelisee Rd., Bethesda, Md., has been named Chief of the Section on Cellular Control Mechanisms, Human Tumor Cell Biology Branch, National Cancer Institute, NIH. He did a medical residency at the University of Chicago and fulfilled his military obligation as a Clinical Associate at NIH. He and his wife have two children.

Dr. Linford K. Gehman, R.D. #1, Barto, Pa., is presently serving in Biafra under the American Friends Service Committee and the Mennonite Central Committee. Dr. Gehman assumed administration of the Adiriba Joint Hospital in January, with the Mennonite-Quaker team consisting of nearly twenty persons. In April Dr. Gehman and the staff had to evacuate the hospital because of the advancing military. Dr. Gehman writes that “we’re living and working now by whatever native wit or accumulated experience has been dealt to us by birth and training. And undoubtedly more than this by the grace of God.” Before accepting his appointment in Biafra, Dr. Gehman worked for the Mennonite Central Committee as a physician in Nha Trang for more than three years.

Dr. Herbert D. Kreider, Thomas-Davis Clinic, 5th & Alvernon, Tucson, Ariz., finished his pediatric residency at St. Christopher Hospital for Children in Philadelphia and opened pediatric practice in Tucson in July of 1968. The Kreiders have two children.

Dr. Roger M. Miller, 10732 Faulkner Ridge Circle, Columbia, Md., has been promoted to the rank of Major in the U.S. Army. He is a research internist with the Department of Rickettsial Diseases, Division of Communicable Diseases and Immunology, Walter Reed Army Institute of Research.

Dr. Donald E. Shearer, 915 Elm St., Montoursville, Pa., has been in general practice in Montoursville for nearly three years.

Dr. Wilbur C. Sims, 7373 Ridge Ave., Apt. 317, Philadelphia, has completed a year of radiology residency at Temple University Hospital in Philadelphia. Prior to this he was a flight surgeon with the Air Force and spent seven months with the Southern California Permanente Medical Group in Los Angeles. “Will return to California after residency.”

Dr. John J. Taraska has been appointed a staff associate with privileges in pathology at Charlotte Hospital in Punta Gorda, Fla.

Dr. Melvin Yudis finished his tour of duty at St. Albans Naval Hospital in New York in July and now is affiliated with Abington Memorial Hospital, Abington, Pa., practicing nephrology and internal medicine.

1964

Dr. Henry I. Babitt, Hunting Hills Apts., Beechfield, Pen Lucy, Baltimore, Md., has another year to go in the U.S. Public Health Service. “Presently I am an Assistant Chief of Medicine in the Clinical Investigations Department at the Baltimore USPHS Hospital.”

Dr. Eli O. Meltzer recently obtained Board certification in pediatrics. After finishing a two year fellowship in pediatric allergy and clinical immunology at the University of Colorado and National Jewish Hospital this summer, he plans to enter the Navy. The Meltzers’ first child was born in October.

Dr. Richard D. Shapiro and two associates have opened offices for ophthalmology practice at 71 W. Main St., Freehold, N.J. He served his residency at Jefferson from 1965 to 1968 where he is an Associate in Ophthalmology. He is on the staff of Princeton Hospital.

Dr. Marion K. Yoder, 2604 Woodland Dr., Goshen, Ind., has been back in the States for a year now after three years in Algeria. “Have joined four other physicians in general practice.”

1965

Dr. James E. Copeland, Jr., completed his residency in ophthalmology at Will’s Eye Hospital last July. He plans to open a solo practice in Vero Beach, Fl.

Dr. Robert W. Elkins, 13720 S. W. 74th Ave., Miami, Fla., began a three year orthopedics residency at Jackson Memorial Hospital in July. Previously he was with the Public Health Service in Texas.
DR. GEORGE L. HAMILTON is working for the Kaiser Permanente Medical Group, 2200 O'Farrell St., San Francisco, Calif. "I don't really enjoy the role of a mercenary but am buoyed by the expectation of a career in ophthalmology which will commence in July 1970 in the 'smog capital' of the U.S.—Manhattan Eye and Ear Hospital."

DR. JACK JENOFSKY, 8931 Maxwell Pl., Philadelphia, recently completed his residency in obstetrics and gynecology.

DR. DAVID G. JONES completed his ophthalmology residency at Evanston Hospital, Evanston, Ill., in June and has entered the Navy via the Berry Plan. His first assignment is to the U.S. Naval Academy at Annapolis, Md. "Wife, Susan, and year old daughter are fine."

DR. LAWRENCE O. McGOVERN, 5433 13th Ave., S., Minneapolis, Minn., writes that he is still in a surgery residency. "Joined this year by classmate ROBERT THOMPSON."

DR. FRANKLIN G. MALESON, Institute of Pennsylvania Hospital, 111 N. 49th St., Philadelphia, was the recipient of the Dr. Kenneth E. Appel Award given by the Philadelphia County Medical Society for an original contribution to psychiatry from a resident-in-training.

DR. THOMAS J. SCHNEIDER, 12660 Cedar Ridge Rd., Cleveland Heights, Ohio, returned home from a year in Vietnam as an Air Force Flight Surgeon with the Air Commandos. He received several decorations including the Bronze Star and the Air Medal. Dr. Schneider is now on a fellowship in internal medicine at the Cleveland Clinic. The Schneiders have two daughters.

DR. HARVEY SLATER, 1117 Downlook St., Pittsburgh, Pa., completed his first year of residency in general surgery at West Penn Hospital in Pittsburgh.

DR. J. DENNIS STEEN, VA-64 Cecil Field NAS, Jacksonville, Fla., recently completed a nine months Mediterranean cruise aboard the U.S.S. INDEPENDENCE and is now interested in an ophthalmology residency.

1966

DR. JAMES F. BURKE, JR., has finished a tour in the Navy and has started a medicine residency at Jefferson.

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Final Report: 21st Drive Alumni Annual Giving

Total: $343,815
Increase: $51,198

Reason For Success:
Advancement Societies

Thomas Jefferson Founders Fund
Members 49 $89,147

Samuel D. Gross Associates
Members 42 $23,827

McClellan Merit Society
Members 197 $50,670

Century Club
Members 1100 $118,539
Total $282,183

Sincere thanks to each of the 3330 contributors for this great success. Look for detailed report in September.

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DR. MURRAY C. DAVIS III is a Naval Flight Surgeon on Adak, a small island in the Aleutian chain. Address: NAU-STA, Adak, Alaska, Box 11, FPO Seattle, Wash.

DR. JOHN K. MESSERSMITH, Walter Reed General Hospital, Washington, D.C., was promoted to Major in the U.S. Army recently. Dr. Messersmith is a resident in general surgery at Walter Reed. He and his wife have two children.

DR. ROGER D. RAYMOND, 3903-A Packard, Alexandria, La., has received the Legion of Merit, one of the nation's highest decorations. He was awarded the medal for "exemplary foresight and ceaseless efforts" displayed during his service in Southeast Asia in 1968.

DR. MICHAEL C. SNYDER, 2081 Fleetwood, Grosse Pointe Woods, Mich., is a second year radiology resident at Ford Hospital.

DR. RONALD N. TURCO, 1960 S.W. Cam- elot Ct., #109, Portland, Ore., in completing his second year as a resident in psychiatry at the University of Oregon Medical School. The Turcos have two children.

1967

DR. DAVID A. BALLING, 36 Hillcrest Lane, Unionsville, Pa., is serving as a Naval Medical Officer with the 26th marines in Vietnam.

DR. KENNETH A. BRAINT has completed a year of medical residency at Northwestern University and is starting four years of neurology at the University of Pennsylvania Hospital.

DR. CHARLES H. KLIEMAN is a surgical resident at Maimones Hospital of Brooklyn, 4802 10th Ave., Brooklyn, N.Y.

DR. JOSEPH F. LAUCIUS, 327 Sharpley Rd., Wilmington, Del., was awarded the Silver Star for gallantry in action in Vietnam. While serving as Battalion Surgeon with his unit on reconnaissance, he maneuvered through enemy-held ground to administer first aid to seriously wounded men, though he too was injured by shrapnel.

DR. MICHAEL R. LEONE, 75 Lamplite Lane, S., Williston, Vt., is doing a gene-
Dr. Gene D. Levin, 12112 Shorefield Ct., Georgian Woods Apts., #22, Wheaton, Md., is with the U.S. Public Health Service stationed in Silver Springs, Md. Dr. Levin plans a residency in orthopedic surgery after his service is completed in 1970.

Dr. Elliot J. Rayfield, University Hospital, 1405 E. Ann St., Ann Arbor, Mich., is a resident in internal medicine at the University of Michigan Hospital. In July 1970 he will move to Boston where he has been appointed a Research Fellow in Medicine at Harvard Medical School. He will be based at the Endocrine-Metabolic Unit at Peter Bent Brigham Hospital under Dr. Gordon H. Williams and Dr. George W. Thorn.

Dr. Louis W. Schwartz, Box 336, Crownpoint, N.M., is serving with the Public Health Service taking care of Navajo Indians. Son, Geoffrey Paul, was born in February.

Dr. Scott C. Stein (married last summer to the former Susan Zeling) is taking an anesthesia residency at Jefferson.

Dr. James M. Sumerson was married last October to the former Helene Gail Lucas. They are living at Wissahickon Gardens, #5-C, Manheim at Schuyler, Philadelphia.

Dr. Matthew White is a resident in family practice at the USN Hospital in Jacksonville, Fla.

Dr. Jonathan L. Williams is presently serving as the Battalion Surgeon with the 1st Shore Party, 1st Marine Division, located near Da Nang (FPO San Francisco).

Dr. Lewis Winters, Orlowitz Bldg., Apt. 202, 1000 Walnut St., Philadelphia, is doing an anesthesiology residency at Jefferson.

1968

Dr. John D. Frost has a four year Berry Plan deferment for orthopedic surgery. He started a residency at Geisinger in July.

Dr. Clifford A. Gordon, 470 Stratford Rd., Apt. 6-G, Brooklyn, N.Y., started his first year of a medical residency at Maimonides Hospital in New York in July.

Obituary

Edward I. Rich, 1893
Died February 18, 1969, in Ogden, Utah, where he celebrated his 100th birthday last April. During his career there he received numerous honors and was named to the Weber Hall of Fame in 1965.

Ralph C. Wise, 1901
Died December 3, 1968.

Clarence D. Smith, 1907
Died December 7, 1968 at Abington Memorial Hospital, Pa. He was a Philadelphia native and taught at Jefferson. Dr. Smith was also a class agent for Alumni Annual Giving. His wife and a daughter survive him.

Michael Susman, 1908
Died May 19, 1969, at Jefferson Hospital.

Russell W. Johnston, 1910
Died February 15, 1969 at Sunbury Community Hospital, Pa. He practiced for more than fifty-eight years and was a former chief of staff at Sunbury Community Hospital. Dr. Johnston served as class agent for Annual Giving. He is survived by his wife, a son and two daughters.

David W. Kramer, 1912
Died May 13, 1969 at Jefferson. Dr. Kramer, an Honorary Professor of Medicine at the College, was a former President of the Medical Board of Philadelphia General Hospital. A pioneer in the treatment of diabetes and vascular diseases, Dr. Kramer was presented the J. Howard Reber Medal in 1962 by the Philadelphia Metabolic Association for his many contributions to the field. He was a prolific writer publishing nearly sixty articles.

Dr. Kramer was active in the Alumni Association and served as agent for his class.

Warren T. O'Hara, 1913
Died May 8, 1969, in New Kensington Pa. Dr. O'Hara served as local police surgeon and chief draft board physician. He is survived by his wife, Agnes, three sons, a stepson and stepdaughter.

Melville H. Long, 1914
Died May 13, 1969. Dr. Long was a native of San Francisco, Calif., where he practiced for fifty years.

Dr. James H. Jacoby, 5501 N. 11th St., #802, Philadelphia, will be staying at Albert Einstein Medical Center for a residency in radiology.

Dr. John Lazarchick in July began a three year medical residency at the Mayo Clinic in Rochester, Minn.

Dr. Sarah J. Richards, 3520 Laclede Ave., #1201-E, St. Louis, Mo., began a pediatrics residency in July at the Cardinal Glennon Memorial Hospital for Children where she interned.

Dr. Howard N. Sabarra is a first year surgery resident at Long Island Jewish Hospital, 270-05 76th Ave., New Hyde Park, N.Y.

Dr. Frank R. Walchak started six months of training last July at the Naval Submarine Medical Center, New London, Conn. "Then will be on active duty with nuclear powered sub fleet for two years."

Dr. Harold A. Yocum has accepted a one year general surgery residency at Sacred Heart Hospital, 101 W. 8th Ave., Spokane, Wash., where he also interned. Dr. Yocum and Miss Paula Rae Ross have set August 30 as their wedding date.
before retiring in 1962. Before entering medical school he had an outstanding record in competitive tennis. He was a member of the American Davis Cup team in 1909. He is survived by his wife, Ruth, a son, and two grandchildren.

**Harrison J. McGhee, 1915**
Died May 1, 1969, after a long illness in Kane, Pa. Dr. McGhee received recognition for his early work with the Salk vaccine in McKean County, was elected Burgess of Kane for two terms and was school physician there for many years. Surviving are his wife Carrie, two sons and a daughter.

**Ned D. Miller, 1916**
Died March 20, 1969 in Los Angeles.

**William H. Spencer, 1916**
Died May 14, 1969, in Washington, D.C. He practiced in Philadelphia for nearly fifty years and was one of the founders of Doctor’s Hospital. He was an ear, nose and throat specialist.

**Edward W. Beach, 1919**
Died August 26, 1969 in Sacramento, Calif.

**John H. Fitzgerald, 1920**
Died February 12, 1969, at Johnston County Memorial Hospital in North Carolina.

**Charles T. Johnson, Sr., 1920**
Died March 24, 1969 in Pinehurst, N.C. Dr. Johnson was a past President of the Robinson County Medical Society and served as chairman of the Committee on Health in the State House of Representatives. He spent his entire medical career practicing in Red Springs, N.C. Surviving are his wife, Myrtis, two daughters and two sons, one Charles, Jr., a Jefferson alumnus class of 1953.

**Willard H. Parsons, 1920**
Died in March, 1969, in Vicksburg, Miss.

**O. Harry Tulsy, 1920**
Died February 7, 1969. He had served the U. S. Public Health Service for thirty-two years. Surviving are his wife, a son and daughter.

**Francis T. O’Donnell, 1922**
Died February 16, 1969. Dr. O’Donnell had a general practice in Wilkes-Barre, Pa., before he specialized in pediatrics. He had the distinction of being the first local physician to become a Fellow of the American Academy of Pediatrics. He was Chairman of the Pediatric Section of the Pennsylvania State Medical Society.

**Homer L. Nelms, 1923**
Died on October 29, 1968. He was a past President of the Albany County Medical Society, Albany, N.Y.

**Howard J. Thomas, 1923**
Died October 20, 1968. He served on the staff of the Westmoreland Hospital in Pennsylvania where he died.

**George B. Faries, 1924**
Died October 15, 1968. Dr. Faries was on the staff of the Selinsgrove State School and Hospital in Pennsylvania. He was at one time Medical Director of Union County there.

**E. Roland Hill, 1924**
Died April 30, 1969 in Mystic, Conn., after a long illness. Dr. Hill, who practiced in Mystic for forty-four years, was a past president of the New London County Medical Association. He is survived by a son and daughter.

**Harry Subin, 1924**
Died April 7, 1969 in Ventnor, N.J. Dr. Subin, who served on the faculty at Jefferson, was former Chief Surgeon at Atlantic City Hospital, and orthopedic surgeon at the Betty Bacharach Home and the Atlantic County Tuberculosis Hospital. He was a past President of the Atlantic County Medical Society. Surviving are his wife Adele, a son, David, class of 1961 at Jefferson, another son, William, and four grandchildren.

**Francis E. Zemp, 1924**
Died October 24, 1968. He was affiliated with the Columbia and Providence hospitals in South Carolina.

**Abraham Cohen, 1925**
Died April 18, 1969 at Abington, Pa. Dr. Cohen was chief of rheumatology at Abington Hospital and Jefferson’s division of Philadelphia General Hospital. He served as medical director of the Philadelphia division of the City of Hope. Surviving are his wife Ruth, and a son.

**Paul D. Scofield, 1925**
Died February 24, 1969, in Brevard, Fla., where he had been residing for several years. He was a native of Mechanicsburg, Ohio.

**Isaac Humphrey, 1926**
Died May 13, 1969. He practiced in his native town of Nanticoke, Pa. He was a Fellow of the American College of Surgeons.

**Fred C. Knappenberger, 1928**
Died April 8, 1969 after a long illness in Allentown, Pa.

**Cornelius M. Mhley, 1928**

**John F. Leahy, 1929**
Died in Buffalo, New York on January 30, 1969. He was Health
Officer for the villages of Bolivar and Little Genesee, Pa.

**Dwight T. Bonham, 1931**

**Louis Gross, 1930**

**Dwight T. Bonham, 1931**
Died April 15, 1969. Dr. Bonham served over twenty years as Chief of Medicine at the South Nassau Communities Hospital, Oceanside, New York. In 1958 he represented the United States at the World Congress in Copenhagen. He is survived by his widow, Ruth.

**Martin E. Katz, 1931**
Died September 29, 1968 at the J.C. Blair Memorial Hospital in Huntington, Pa.

**George G. Dawe, 1934**
Died January 4, 1969 at his home in Lewistown, Pa. He was on the staff of Lewistown Hospital and Dr. F. W. Black Community Hospital. He had practiced in Lewistown since graduation. His wife and two children survive.

**J. Craig Clark, 1935**
Died February 24, 1969. Dr. Clark was a urologist at Methodist Hospital and former physician at the Youth Study Center. He is survived by his wife, Virginia, two daughters and a son.

**Lester J. Finkle, 1935**
Died May 14, 1969. Dr. Finkle’s son, Howard, was a member of the June graduating class.

**Martin F. Guckavan, 1935**

**John C. Sherger, 1935**
Died May 5, 1969, in Duncannon, Pa. Dr. Sherger was on the staff of the Polyclinic and Keystone hospitals. He is survived by his wife, Theresa, and a daughter.

**John Joseph Webster, 1935**

**Louis Merves, 1937**
Died May 28, 1969, at Jefferson Hospital. Dr. Merves was an Assistant Professor of Clinical Medicine at the College and was Assistant Attending Physician at the Hospital. An internist, he specialized in cardiology. The Merves Distinguished Lectureship in the Humanities was established by Doctor Merves last spring to bring renowned persons in the fields of arts, letters, politics and law to the Jefferson audience.

Dr. Merves was extremely active in the work of the Alumni Association and served on many of the Standing Committees of the Executive Committee.

**Edward V. Stanton, 1937**
Died May 2, 1969. Dr. Stanton, who was in practice in Utica, N.Y., was on the staff at Utica State Hospital, and was a former Chief of Obstetrics at St. Luke’s Memorial Hospital Center. Surviving are his wife, two daughters and two sons.

**Harvey K. Mechanik, 1940**
Died April 5, 1969. Dr. Mechanik was former Senior Attending Obstetrician and Gynecologist at Muhlenberg Hospital, Plainfield, N.J., and at the time of his death was associated with St. Barnabas Hospital in Livingston, N.J. He is survived by his widow, Harriet, and four daughters.

**Phillip J. Callaghan, 1942**
Died April 2, 1969, at Altoona Veterans Administration Hospital where he was Chief of Medicine. He is survived by his wife.

**John P. Hamill, 1944J**
Died February 7, 1969 at Latrobe, Pa. Dr. Hamill was Chief of Surgery at Latrobe Hospital, specializing in general and hand surgery. He was a past President of the Latrobe Academy of Medicine and the Westmoreland County Medical Society and a director of the Pennsylvania Blue Shield. He died of injuries received in an automobile accident. His wife, two sons and two daughters survive him.

**Eric R. Osterberg, 1944S**
Died April 27, 1969, of skull injuries after being found unconscious at a bus terminal in Philadelphia. Two suspects were later arrested in conjunction with his death. Dr. Osterberg was in Philadelphia to give a course on hospital sanitation training. He was a Professor of Public Health at Columbia University. Surviving is his widow of Harrington Park, N.J.

**Gerard J. Peters, 1950**
Died at his home in Flourtown, Pa., on January 19, 1969. He was an obstetrician and gynecologist serving on the staffs of Frankford and Rolling Hill Hospitals.

**Le Minh Tri, Ph.D.**
Assassinated in Saigon, South Vietnam, on January 6, 1969. Dr. Tri was Education Minister and had been in office four months.

**Robert M. Larkin, 1960**
Died April 29, 1969 in Mercy Hospital, Scranton, Pa. Dr. Larkin, an obstetrician and gynecologist, was in practice with his father, Dr. Walter J. Larkin, class of 1923 at Jefferson. A brother, Walter, Jr., another alumnus, was class of 1953. The young Dr. Larkin served as a captain with the U. S. Army in Vietnam where he treated combat casualties. In addition to his father and brother he is survived by his mother, his wife, Elizabeth, and three children.
MEMBERS OF THE GRADUATING CLASS WITH JEFFERSON RELATIONSHIPS

ABEL, ROBERT, JR.
Cousin, Harold Rovner, M.D., 1949

CHODOFF, WILLIAM G.
Grandfather, Louis Chodoff, M.D., 1904
Uncle, Paul E. Chodoff, M.D., 1938
Uncle, Peter Chodoff, M.D., 1951
Father, Richard J. Chodoff, M.D., 1933

COVERDALE, PAUL J.
Father, Edward J. Coverdale Jr., M.D., 1938
Brother, Edward J. Coverdale III, M.D., 1967

CRAMER, MARVIN EDWARD
Uncle, Harry Cramer, M.D., 1944

DZIOB, EDWARD FRANCIN
Father, Joseph M. Dziob, M.D., 1936

FINKLE, HOWARD ISAAC
Father, Lester J. Finkle, M.D., 1935

FRIEDMAN, JULIS MARTIN
Uncle, Abraham Pearlman, M.D., 1949

GEHRET, PETER ANDREW
Father, Andrew M. Gehret, M.D., 1929

GROSS, RICHARD CHILDREY
Great Grandfather's Uncle, Samuel D. Gross, M.D., 1828

GRUNT, RICHARD FRANK
Father, Louis Grunt, M.D., 1934

HECKMAN, JAMES D.
Father, James A. Heckman, M.D., 1942

KAIN, THOMAS MICHAEL
Uncle, Eugene H. Kain, M.D., 1944S
Father, Thomas M. Kain, Jr., M.D., 1943
Grandfather, Thomas M. Kain, Sr., M.D., 1912

KEVENY, JOHN JOSEPH, JR.
Father, John J. Keveney, M.D., 1936
First Cousin, Gerald D. Dodd, M.D., 1947

LANE, LINDA KATHERINE
Brother, Thomas A. Lane, M.D., 1969

LANE, THOMAS ANDREW
Sister, Linda K. Lane, M.D., 1969

LUSTIG, ROBERT ALLAN
Cousin, Melvin Lustig, M.D., 1938

MACHELL, JAMES VALENTINE
Father, James V. Mackell, M.D., 1946

MAURIT, LEE ARNALL
Uncle, Joseph E. Nelson, M.D., 1945

MCCONNELL, DAVID BROOKE
Father, Irvin W. McConnell, M.D., 1934

MILLINGTON, JOHN THOMAS
Father, John Thomas Millington, Sr., M.D., 1936

OKIE, ALLEN
Cousin, Nelson Sirlin, M.D., 1968

PENTA, JOHN MICHAEL
Father, John J. Penta, M.D., 1929
Uncle, Michael J. Penta, M.D., 1922

RICKETTS, EDWARD ALTON
Father, Edward A. Ricketts, M.D., 1941
Uncle-in-law, George Packer, M.D., 1944S
Grandfather, G. A. Ricketts, M. D., 1909

ROBISON, EARL W.
Father-in-law, Howard R. Patton, M.D., 1933

SCHROEDER, ELIZABETH ANN R.
Uncle, Ellwood C. Weise, M.D., 1920
Cousin, Ellwood C. Weise, Jr., M.D., 1947

SCHWALB, NEIL S.
Uncle, Leon Shmokler, M.D., 1951

STRONG, WILLIAM W.
Uncle, Leonell C. Strong, Jr., M.D., 1947

SULLIVAN, THOMAS E.
Father, Frederick J. Sullivan, M.D., 1939
Uncle, Robert J. Sullivan, M.D., 1946

TORNAY, ANTHONY S.
Father, Anthony S. Tornay, M.D., 1931

WALKER, ANDREW BUCHANAN
Stepbrother, Benjamin Bacharach, M.D., 1956

WEINBERG, PAUL MORRIS
Wife, Linda L. Weinberg, M.D., 1969

SNAPÉ, WILLIAM JOHN, JR.
Father, William J. Snapé, M.D., 1940

HOSPITAL APPOINTMENTS RECEIVED BY THE CLASS OF 1969

ROBERT ABEL, JR.
Temple University Hospital
Philadelphia, Pa. 19140

DAVID J. ADDIS
Methodist Hospital
Philadelphia, Pa. 19148

RICHARD L. ALLMAN
Allentown Hospital
Allentown, Pa. 18102

JOHN B. ANDERSON
Reading Hospital
Reading, Pa. 19602

PETER M. ANSON
Allentown Hospital
Allentown, Pa. 18102

ROBERT L. ARKUS
Philadelphia General Hospital
Jefferson Division
Philadelphia, Pa. 19104

LOUIS B. BALIZET
West Virginia University
Medical Center
Morgantown, West Virginia 26506

ALAN BARON
U.S. Naval Hospital
Camp Pendleton, Calif. 92055

VAN S. BATCHIS
Pennsylvania Hospital
Philadelphia, Pa. 19107

JOHN H. BAUER
Indiana University Hospitals
Indianapolis, Indiana 46207

STANLEY BENZEL
Maimonides Medical Center
Brooklyn, New York 11219

GARRETT E. BERGMAN
St. Christopher's Hospital for Children
Philadelphia, Pa. 19133

LAWRENCE S. BEMAN
Jackson Memorial Hospital
Miami, Florida 33136

ANDREW C. BOCKNER
Reading Hospital
Reading, Pa. 19602

PETER R. BONAFIDE
St. Francis Hospital
Hartford, Connecticut 06105

STANLEY N. BRAND
Montefiore Hospital and
Medical Center
New York City, N.Y. 10467

ALAN BRICKLIN
Hospital of the University
of Pennsylvania
Philadelphia, Pa. 19104

CHARLES C. BRIGGS, III
Lankenau Hospital
Philadelphia, Pa. 19151

LARRY L. BUSSENBUEHL
University of Illinois Research
and Educational Hospitals
Chicago, Illinois 60612

JOHN R. BUSSARD
Lancaster General Hospital
Lancaster, Pa. 17604

THOMAS F. CARRIG JR.
Philadelphia General Hospital
Jefferson Division
Philadelphia, Pa. 19104

WILLIAM G. CHODOFF
Montefiore Hospital and
Medical Center
New York City, N.Y. 10467

JOHN A. CLEMENT
St. Vincent's Hospital and
Medical Center of New York
New York City, N.Y. 10011
May 15, 1969

Abraham E. Rakoff, M. D.
President, Alumni Association
Jefferson Medical College

Dear Doctor Rakoff:

I am writing you with regard to a recent offer for the "Gross Clinic". Although I am not at liberty to disclose the source of the offer, may I quote to you from my letter rejecting it:

"Following the generous offer which you presented to me I have been in discussion with the officers of our Alumni Association, with the Alumni Trustees of our Board, and with Jefferson's Board of Trustees. All of us recognize that the offer is a handsome one and, of course, we felt it required very serious consideration on the part of a medical college that obviously could put the funds to very good use.

"It is almost impossible to translate the feeling of our graduates in relation to this great painting. Doctor Gross, of course, was a great Jefferson surgeon, and the Chair of the head of our Department of Surgery carries his name to this day. In addition, Eakins himself was, as I believe you know, a medical student at Jefferson. This painting has become the major symbol around which our large graduate body functions. There are more practicing physicians in the United States who are Jefferson graduates than there are graduates of any other school, and they are tremendously generous to the institution in their annual giving and in any other projects for which we need financial support. It is difficult to describe the state of shock of the leaders of our graduate body every time the subject of the sale of the 'Gross Clinic' is presented. In view of this reaction from our graduates and our recognition of their constructive loyalty to the institution, the Board of Trustees of the Jefferson Medical College felt that it had no other choice than to decline the very generous offer you transmitted to me."

Sincerely,

James M. Large, Chairman
Board of Trustees
The Jefferson Medical College
and Medical Center
September 8
Opening Exercise, College

September 24
Class Agents Dinner, Jefferson Hall

September 27
Dinner, Washington, D.C., Chapter

September 30
Reception, Jefferson Hall, in conjunction with the meetings of the American Academy of General Practice

October 2
Dinner, Alumni in Southern California

October 7
Reception, St. Francis Hotel, San Francisco, in conjunction with the meetings of the American College of Surgeons

November 11
Reception, Marriott Motor Hotel, Atlanta, Ga., in conjunction with the meetings of the Southern Medical Society

November 15
Dinner, Hotel Hershey, Hershey, Pa., Alumni in Central Pennsylvania

November 20
Formal Dinner, Jefferson Hall, Thomas Jefferson University Founders