SAMUEL JOHNSON
A Medical Portrait
Jefferson has been in a period of expansion and reorganization during the past decade or so, and 1967-68 represented what might be regarded as the beginning of the culminating phase of this period. The College and Medical Center had a new President, a new Dean, several new Department Heads and a number of new people on its faculty. The completion of Jefferson Hall and the acquisition of the Junto Building led to reassignment of space in these buildings and also in the College so that most of our departments functioned with a handicap imposed by the disruption of moving. A revised curriculum was begun, and this required the faculty to restructure lecture, laboratory and clerkship presentations, and new schedules were sometimes awkward and inconvenient for our students. New ideas and new policies were suggested in a number of areas, and while the faculty recognized the importance of reexamining former concepts in terms of current functions, such undertakings are always accompanied by doubts regarding the wisdom of change. So in many respects, this has been a difficult year for Jefferson's faculty, her officers and her students.

In the midst of this atmosphere of change, however, Jefferson continues to be an outstanding institution for learning in the medical sciences. The best objective evidence for this is found in the reports submitted at the end of the fiscal year. They show the high quality of the Jefferson student and demonstrate how well he performs when measured by evaluation criteria which are structured by outside testing agencies as well as those designed by our own faculty.

Comments are sometimes heard that Jefferson's students are less interested in clinical medicine than heretofore. Some feel that our educational programs may have moved toward an emphasis of research at the expense of sound diagnosis and patient care. In response, it should be emphasized that our first objective has not changed. We are here to educate our students to become practicing physicians. Statistics indicate that our seniors are not planning careers in research, but in medical practice. If any worries are to arise from these statistics, they should be concerned with the drift from the broad types of medical practice such as internal medicine, general practice and pediatrics, into the more limited specialties.

Teaching, research, administration and clinical prac-
IN THIS ISSUE
Opening this issue are Dr. Lawrence C. McHenry's sidelines on one of Enlightenment England's most interesting figures—Dr. Samuel Johnson. The cover illustration is an engraving of the 1773 Sir Joshua Reynolds portrait of Johnson. His head is tilted toward the right and his face faintly shows a "squinting look." Dr. McHenry discusses Dr. Johnson's maladies—and his mastery of them—starting on page 2. Dr. John H. Killough follows with an article on "Continuing Education" in which he discusses both the philosophy of his subject and its operational aspects, with Jefferson as his point of reference. "The Physician as an Educator" is the second of the series begun in the fall ALUMNI BULLETIN on the physician in his various roles. The alumni author this time is Dr. George C. Griffith '26. Also in this issue is an interview with Dean William F. Kellow which presents his comments on the state of medical practice today. Finally, yet first, the Dean's report on "The State of the College" after the first year under his Deanship begins on the opposite cover.

Credits: Lou Day, Design Consultant; Harry W. Andersen, Jr., illustration page 18.

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NANCY S. GROSECLOSE, Editor
ELINOR BONNER, Associate Editor
Published four times a year, Fall, Winter, Spring, Summer
The Alumni Association of Jefferson Medical College
1025 Walnut Street, Philadelphia, Pennsylvania 19107
SAMUEL JOHNSON: A MEDICAL PORTRAIT
by Lawrence C. McHenry, Jr., M.D.

Samuel Johnson was one of the most remarkable Englishmen of all time: scholar, poet, Parliamentary reporter, essayist, moralist, critic, and a character whose talk and opinions illuminate the best known biography in the language, the *Life* by James Boswell. Dr. Johnson's *Dictionary* itself is a milestone in lexicography, and one of the major achievements of the human endeavor of one man. His literary accomplishments also included an edition of Shakespeare, the lives of fifty-two poets, a novel, and a play. Among his literary friends and contemporaries were Horace Walpole, Oliver Goldsmith, Henry Fielding, and David Garrick.

His extensive knowledge included a vast comprehension of the eighteenth century medicine. His *Dictionary* contains accurate descriptions of medical terms; the medical books in his library would have been the envy of the leading physicians then and today. He wrote detailed proposals for a *Medicinal Dictionary* published by his old schoolfellow Robert James, and the lives of more than a dozen physicians, including Boerhaave and Sydenham. Among his medical friends were John and William Hunter, Sir George Baker, Sir Percival Pott, Sir Lucas Pepys, William Cruikshank, and William Heberden. Johnson himself probably knew more "physic" than the average London practitioner.

In the 180 years since Johnson's death there have been almost innumerable writings about him and his works. Since Boswell's *Life* in 1791 at least a dozen major biographies have appeared. Medical men, too, have added their share, for more than fifty have written on literary or medical aspects of Johnson. The first physician to write on Johnson was Robert Anderson, M.D., who published a biography in 1795. In 1809 Johnson's only known autobiographical work, a sketch of the first eleven years of his life, was published by Richard Wright, a surgeon at Lichfield.

Johnson is of medical interest not only because of his personal knowledge of contemporary medicine, but also, and particularly, because of his own illnesses and infirmities which are vividly described in his writings and in those of others. We probably have more medical information on this eighteenth century scholar than on most of our own patients. By the time of the discovery of the Boswell Papers in the 1930's about twenty-five medical men had written on Johnson. Since then more has been written, but no one has yet made full use of the Boswell Papers, or, as a matter of fact, of Johnson's own letters.

Johnson's medical history literally begins with his birth—for he was born after a difficult and dangerous labor to a forty year old primipara. The birth was attended by a man midwife, and it is from Johnson himself we learn that, "I was born almost dead and could not cry for some time." He was christened that same night. Since his mother was unable to nurse him he was placed out to a wet nurse. He remained there for ten weeks and was brought home "a poor diseased infant, almost blind." It had been presumed, because of subsequent statements Johnson made, that he contracted scrofula or tuberculosis adenitis while at the wet nurse's. Tuberculosis in early infancy, however, is severe and usually fatal. This was...
pointed out by Treves in the last century and is true today. Also Johnson's eyes were inflamed, and it was assumed that this, too, was due to tuberculosis. Such ocular inflammation is never seen in early infancy. Most likely Johnson had a nonspecific ophthalmia neonatorum with conjunctivitis and blepharitis. During this first year of life, he probably had one of the common nose and throat infections that may be persistent and produce great debility. Johnson was born during the autumn and his early tender months of life were spent during the cold English winter of the Midlands in a home that probably was drafty and cold.

During the second year of Johnson's life, he did develop scrofula or the King's Evil. This usually develops around five years of age but may occur earlier. Along with the scrofula, he contracted tuberculous inflammation of his eyes that was of such severity as to cause a complete loss of vision in his left eye. His eyes were so bad that he was taken to see a noted oculist, but we do not know his recommendation. About this same time, though, an issue was cut into his left arm. This form of treatment consisted of placing a small incision with a needle or cautery in the skin. This was kept open with a small, round object such as a pea or bean (Paré used gold balls) to produce a chronically draining lesion that would by its nature rid the body of disease by discharging noxious humors. Regardless of the treatment his scrofula persisted. His Aunt Ford told him she would not have picked up such a poor diseased infant in the street. When all other measures had failed to cure young Sam's scrofula, Sir John Floyer, a celebrated Lichfield physician, advised the family to take Sam to London for the Royal touch. So when he was two and a half years old he and his mother set off for London.

Touching for various diseases, particularly scrofula and epilepsy, had originated with the ancient gods who performed miraculous cures by touching patients. Touching by the King in England began in the eleventh century with Edward the Confessor. It was so well accepted a form of treatment that in his *Dictionary* Johnson defined the King's Evil as a "scrofulous distemper, which the glands are ulcerated, commonly believed to be cured by the touch of the King."

When Sam and his mother arrived in London, he was examined and passed by the court surgeon and then went to Whitehall to obtain an entry ticket. Then on March 30, 1712 he was taken to St. James palace to be touched by Queen Anne in one of the last ceremonies held in England. Some two hundred people were there to be touched that day. After touching young Sam, Queen Anne hung a gold touch-piece on a white silk ribbon around his neck.

When his friend, Mrs. Hester Thrale, asked him if he could remember the ceremony and Queen Anne, he replied "He had a confused but somewhat of a sort of solemn recollection of a lady in diamonds and a long black hood." In Johnson's case, as with others, the Queen's Touch was of little benefit. With the failure of Queen Anne's touch, and although it was against the best medical advice, Johnson's scrofulous glands on the left side of his neck was surgically incised for drainage. The resulting scars are said to have greatly disfigured a countenance naturally harsh and rugged.
The vivid accounts of Johnson's appearance by his many admirers usually mention the scars. The portraits of him, however, do not show these scars, except for one. In 1774 a pen and ink drawing, said to have been taken from life, was done by Dr. Richard Bladgen, a physician in Petworth.

The chronic ocular inflammation that developed in his second year left one eye useless and poor vision in the other. In order to see objects he squinted and had to hold them close to his eyes. This was such a handicap that he did not start school until he was eight years old, and then he had to have a servant conduct him there. Later in life his vision was never adequate; his wig was often singed by a candle held too close when he read. To see the titles of books in Dr. Charles Burney's library, he held his head so close that his eyelids almost touched their backs. Miss Reynolds (daughter of Sir Joshua Reynolds) said, "Dr. Johnson's sight was so very defective that he could scarcely distinguish the face of his most intimate acquaintance at a half yard's distance." Bishop Thomas Percey wrote, "He was so extremely shortsighted, from the defect in his eyes, that writing was inconvenient to him; for whenever he wrote, he was obliged to hold the paper close to his face." This is why he wrote only one draft and memorized whatever he read.

Johnson's visual difficulty is shown in several portraits. When he saw the 1775 portrait by Sir Joshua Reynolds that shows him holding a book close to his face, he told Mrs. Thrale, "he would not be known to posterity for his defects only," adding that "Reynolds could paint himself deaf if he chooses, 'but I will not be blinking Sam'". He defines "blink" in his Dictionary as "to see obscurely," a "blinkard" being one who had bad eyes.

The exact nature of Johnson's visual difficulty has been disputed. His early biographers said he was shortsighted and that the scrofula had damaged his eyes. On the basis of Boswell's and Mrs. Thrale's statements that his visual defect was not observable, Sir Humphrey Rolleston and Lord Brain have said he had myopia and was severely nearsighted—to such an extent that he was blind in one eye. In reviewing the details of his early history, there is doubt that myopia itself was responsible for his visual problem. Sir Frederick Treves believed that Johnson had tuberculous damage to his eyes.* Johnson himself probably thought his ocular difficulty was of tuberculosis origin when he added as the only note to his definition of the "King's Evil" in his Dictionary: "Sore eyes are frequently a species of the King's Evil."

Another of Johnson's afflictions that appears in the pictures of him in his movement disorders, his severe compulsive tics and gesticulations. The psychological defect or abnormality developed early in life in a boy who inherited a vile melancholy from his father, who received little overt affection from his middle-aged parents, who could scarcely see, and who at the age of twenty years had his first attack of depression that was to harass him the rest of his life.

These tics and gesticulations were remarkable indeed. They were so classical that the neurologists Kinner Wilson, Rissen Russell, and Lord Brain included descriptions of Johnson's disorders in their textbooks. Each of Johnson's biographers has something to say about them. When Johnson was twenty-five years old, Lucy Porter, wrote "he had seemingly convulsive starts and odd gesticulations, which tended to excite at once and surprise and ridicule." Lord Chesterfield said: "His figure without being disformed seems made to disgrace or ridicule the common structure of the human body. His legs and arms are never in the position which according to the situation of his body they ought to be in. They are constantly employed in committing acts of hostility on the graces."

The characteristic manifestations of Johnson's abnormality were his tendency to see-saw on whatever he was sitting, the tilting of his head to one side, and gesticulating with his hands. Boswell said he had a

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*In tuberculous inflammation of the eye, small collections of lymphoid tissue, called flicktenules, accumulate on the cornea and conjunctivae producing flicktenular keratoconjunctivitis. The flicktenules may cause the brilliant surface of the cornea to become scarred. The corneal scarring or opacity may be small, called a nebulla, and scarcely apparent to an observer. The nebulla still may cause severe visual disturbance on account of the resulting diffusion and irregular refraction of the light rays. Limited vision can be obtained through the unscarred portion, requiring the individual to hold objects closer to the eye for a clearer definition. Such shortsighted individuals often cultivate a habit of squinting to improve their visual acuity.
The engraving was made when Johnson was sixty-four years old and about to start on his three months trip with Boswell through the highlands and off-shore islands in Scotland. His head with its furrowed brow is tilted to one side and his hand is held up in a gesticulating manner. Here his ankles are of normal size.

great aversion to gesticulating in company. Johnson once called to a gentleman, who offended him at that point, saying “Don’t attitudinize.” Another time when a gentleman thought he was giving additional force to what he uttered by expressive movements of his hands, Johnson fairly seized him and held him down.

In spite of his visual difficulty and his tics and gesticulations, he grew to become a large robust lad. He left Oxford after only thirteen months, was a failure as a school teacher and married a woman twice his age. Finally in 1737 he and David Garrick set out and walked the one hundred miles to London. In the next forty years despite recurrent depression, episodes of the gout and bronchitis, Johnson became a writer and conversationalist without peer, and indeed the literary dictator of eighteenth century London.

His health remained good throughout his vigorous life. In his late fifties and early sixties a chronic cough became more troublesome, bouts of bronchitis were more frequent, and gradually his respiration became more labored. On his sixtieth birthday he wrote in his diary: “My lungs seem encumbered, and my breath fails me, if my strength is in any unusual degree exerted, or my motion accelerated.” But when he was sixty-four years old he was still able to make a three months rustic tour on horseback to Scotland and Hebrides with Boswell that would have taxed the best of us.

In his late sixties he began to have paroxysmal nocturnal dyspnea which forced him to sleep sitting up. The London winters grew hard on his chest. He grumbled and coughed and coughed and grumbled. He also had an awful oppression in his chest and “frequent convulsions of his breast.” This could have been bronchial spasm, palpitations or angina—or all three. In April 1783 Sir Lucas Pepys noted Johnson’s legs had begun to swell.

During this period of his illness he had kept a running medical commentary in his letters to Mrs. Thrale and his physician, Thomas Lawrence. With the death of Lawrence, and the loss of Mrs. Thrale he began a medical diary. The diary was mentioned by Boswell who quoted from it in his Life of Johnson but it was lost to posterity until recently. In 1937 the manuscript diary was discovered among the Boswell
This close up of a wax portrait group by Samuel Percy shows Johnson with marked ankle edema. This was probably made in 1784 when Johnson was seventy-five years old. The work, a tavern scene, is in the London Museum, Kensington Palace, London.

Papers in Malahide Castle by Colonel Ralph Isham. It is the longest and fullest of any of Johnson's diaries known, and is of major significance. Contemporary with Johnson's medical diary are nineteen letters to his physician, Richard Brocklesby, which in many ways complete the medical picture of the final years of Johnson's life.

Johnson began his "Aegri Ephemeris" or "Sick Man's Journal" on July 6, 1784, and continued it until the eighth of November—five weeks before his death. The diary itself is rather a mournful array of symptoms and treatments. He notes his intake of fluids and his output through urine, feces and sweating—realizing that it is only the elimination of liquid that will rid him of the dropsy. His use of various medicines is recorded in detail—particularly the regulation of his dosage of squills, a cardiac glycoside, which he used quite effectively as a diuretic. Purges and more purges were also used to eliminate fluid. His main solace from dyspnea, coughing, chest pain, and anxiety was opium, but he was not addicted for he was able to stop all medication when he knew he was dying.

In his diary he records that after a short trial of squills, he changed to tincture of cantharides for a diuretic which he tried for a month without success. He then resumed the squills with good results for on August 12 he wrote that the "urine, it seems is greater than the liquid drunk" and my "body is light and breathing free." At the end of the month and in early September he was better, recording on six occasions that his urine was greater than his liquid taken in. He wrote to Brocklesby "your squill pills are perfect bullets." His remission continued through September, and most of October, but in early November the water returned—and he "relapsed into the dropsy." He wished "O for an efficacious diuretic." On the eleventh of December William Cruikshank, his surgeon, scarified, or incised his thighs for drainage of edema fluid. To Dr. Richard Warren, who asked if he was better, he replied, "No Sir, you cannot conceive of what acceleration I have advanced toward death." Two days later on December 13, 1784 at seven in the evening, Samuel Johnson, aged seventy-five years, died peacefully.

Two days later James Wilson, Cruikshank's assist-
ant at the Hunterian school on Windmill Street, performed a post-mortem for Mr. Cruikshank in the presence of Doctors Heberden, Brockesby and Butler. The autopsy book is in the MS collection of the Library of the Royal College of Physicians, London. Part of the report reads "On opening the cavity of the chest the lungs did not collapse as they usually do when air is admitted, but remained distended, as if they had lost the power of contraction; the air-cells on the surface of the lungs were also very much enlarged." Among the other findings was an exceedingly large and strong heart with beginning ossification of the aortic valves.

It has been suggested that the plate of an emphysematous lung in Mathew Baillie's Atlas of morbid anatomy is from the autopsy of Dr. Johnson. This is probably correct, for in the advertisement of the Atlas it is stated that these preparations were in the
This engraving of the lung obtained at Johnson's autopsy appeared in Mathew Baillie's Atlas. The air cells are enlarged and surrounded by a capsule indicating that Johnson suffered from emphysema.
ological sequence with other such case notes. It was likely written shortly after Johnson's death for it largely describes the post-mortem findings.

When the body of an asthmatic was cut into, the lungs remained stiff or inflated, after the chest was opened; their surface was quite covered by small bullae of air, standing out to some extent, enclosed by a very thin membrane. One of these was opened, without its collapsing like others. No other disease in the lung or chest detected. Dr. Johnson (asthma) seriously prevents his lying flat, frequent pleurisies and daily palpitations of the heart.

The note under “Hydrops” is a single entry and was probably written at a later date for the penman-

ship in the original manuscript appears to be that of an aged hand:

Dropay, anasarca yielded to purges, scarifying of thigh, and vinegar of squills. Dr. Sam Johnson and Wimberley—when the dropsical corpse was cut into, the legs, thighs and loins were distended with water, yet scarcely any was found in the belly. Dr. S. Johnson—was taken with the old cough, which had ended in asthma. Infusion of digitalis leaf, 2 ounces of leaf to 8 ounces of water, taken in a spoonful every hour for 9 hours, and 5 ounces of urine were yielded without any nausea, but not without stomach trouble. He died suddenly in the evening.

The description in both of these notes accord well with Johnson's clinical history and autopsy findings. Most notable, however, is the sentence in “Hydrops” where Heberden mentions prescribing digitalis. It seems unusual that Johnson did not mention taking digitalis for he was well acquainted with many medicines. Since it did not appear in his “Aegri” it was probably prescribed in the Spring of 1784.

A final piece of medical iconography of Dr. Johnson was the bust made from his death mask. This bust was originally owned by Johnson's surgeon, William Cruikshank. His daughter's husband gave it to the Royal Literary Fund in 1844. The bust shows not only the scrofulous scars, but there is a residuum of the stroke Johnson had a year and a half before his death. A facial weakness is mentioned in a letter to Brodlesby. The front view of his bust shows a droop to the right side of his face. This could be expected as part of a left cerebral hemisphere ischemic attack that produced transient agraphia and aphasia.

In this medical portrait of Dr. Johnson, two things have been attempted: one, to reaffirm that many details of medical importance can be gained from artistic and manuscript sources. With such a man as Dr. Johnson, who had a multitude of admirers—literary and artistic, there is a splendid collection of material. Lastly, one must note that a scholarly search for Johnson's infirmities and afflictions is not intended to debase or degrade the man himself. On the contrary, it helps to point out that he, who to some was the greatest Englishman of all time, was indeed at the same time a human being who labored and accomplished what he did in spite of, it not because of, his afflictions that would have sent many scurrying into obscurity.
Voltaire remarked in conversing with some of his associates, "They are, I am told, about to extend the school age in England. They will extend it to seventy, I hope." Sir Eric Ashby said, "A university degree, at least in science, should lapse after ten years unless it is refreshed."

These remarks which once were considered rhetorical exaggerations are looked upon now as unusually perceptive observations. These scholars identified a problem that is growing by leaps and bounds—the problem of the physician, engineer, physicist, chemist, poultry grower, mechanic and everyone else in keeping his knowledge current, pertinent, and weeded of outdated concepts and practices. Prior to World War II the major efforts of American educational institutions were directed to equipping new people. The new people, the graduates, were thought to be sufficiently prepared for a long and active career requiring only the most casual attention to additional training. That was before the growth of man's knowledge went "critical" and the resultant information explosion warped prior preparation.

In all areas of knowledge, and especially in medicine, the decay of individual knowledge and the growth of new knowledge in general have caught each of us in a pincers maneuver. The new graduate is only partially trained because curricular material has doubled every eight years but the time for learning remains limited to four years in medical school. In part, this is a factor that has given birth to curricular reforms which, hopefully, will convert the formal student of four years into a lifelong medical student. What is more troublesome is that about half of what the graduate is being taught will be outdated in seven to ten years.

The physician in practice faces much of the same problem. One may generously assume that when he graduated it still was possible to acquire in some acceptable degree most of the then known medical knowledge. But what has happened subsequently? How successful has he been in identifying and removing the outdated and mastering the new and useful? No one really can answer this with any assurance, but the professional societies are concerned as indicated by: (1) the growing avalanche of committee reports, (2) individual papers, (3) proposals for a "National Academy for Continuing Medical Education," and a "National Graduate Medical Center," (4) proposals of awards for physicians who meet certain continuing educational requirements, (5) congressional action establishing the Regional Medical Program, (6) the creation of the position of Director
of Medical Education (7) discussions of possible re-examinations for license renewals and so on almost ad infinitum.

In 1966 Doctor John S. Millis, as Chairman of the Citizens Commission on Graduate Medical Education, got right to the nucleus of medicine's problem. "For any learned profession there are but two alternatives for establishing standards of practice and education. Responsibility can be assumed by society as a whole, operating through government, or can be assumed by the organized profession through a voluntarily accepted self-discipline. There are no other alternatives, for if the profession does not take responsibility, society will surely demand that the vacuum be filled and the government assume the responsibility." Continuing Medical Education (CME) offers a mechanism by which the profession can assume its own educational responsibilities.

current status

Six years before the Millis report the Jefferson Medical College assumed as one of its major responsibilities the structuring of continuing educational programs for the practitioner. Jefferson already was aware of the practitioner's problem in keeping current while still serving society. Its first cautious step into continuing education was made in 1960. The progress of this Continuing Medical Education program was briefly discussed in the May 1965 issue of the ALUMNI BULLETIN.

Registration for individual programs in the academic year 1964-65 was just over five thousand. During the last two years for which statistics are available registration has approached seven thousand. This respectable growth is due to several factors. One of these is the physician's concern with the need to become a lifelong medical student. A growing number of physicians are voluntarily accepting the self-discipline mentioned by Doctor Millis. Another growth factor is that the Jefferson continuing educational programs have been consistently of such quality that discussions among physicians have stimulated further attendance. Also, with growing experience at Jefferson and at various community hospitals, program content is better attuned to physician needs. Material presented is more relevant to the problems encountered by physicians. There is no packaged program offered; no circuit riding. Program content is individualized with definite goals in mind. And there has been a gradual but steady increase in the number of course offerings.

Dr. Killough came to Jefferson in 1959 as Associate Professor of Medicine and Chief of the Cardiopulmonary Laboratory. In 1963 he was appointed Assistant to the Dean for Continuing Medical Education and in 1968 was promoted to Associate Dean. Dr. Killough received his M.D. from Yale University School of Medicine and his Ph.D. from Johns Hopkins.
To the reader of Pennsylvania Medicine's monthly listing of continuing educational offerings it would appear that Jefferson sponsors more medical programs than all the other Pennsylvania schools combined. This may not be a fact. It may be a manifestation of efficiency in notifying the Society of our courses. However, it is probably safe to say that Jefferson is the leader in this tri-state area (Pennsylvania, New Jersey, Delaware) in efforts to assist the practicing doctor. These efforts are increasing but so will the competition from other institutions. In the long run even stiff competition will help, for the physician and his patients will be the beneficiaries. That is, of course, our prime goal.

The general division of the programs remains unchanged: symposia, courses on campus, and community hospital programs. The number of hours of teaching offered during the most recent year for which figures are available was 558. This figure is impressive enough but does not represent the ultimate peak. Each year the figure grows. In suggesting possible reasons for the increasing number of registrants, no mention was made of a unique factor here at Jefferson—the faculty. Jefferson has a gathering of excellent teachers. Some are full-time; others are part-time; many are volunteers. Those of us actively involved in the administration of this program will never cease to be impressed by those dedicated teachers who are not full-time but who will accept, at great inconvenience and sacrifice of personal income, invitations to participate in Continuing Medical Education. With a distinguished faculty and the strong support of the President and the Dean, continuing education has as great a potential as any of the other educational activities at Jefferson.

Recently an accreditation team from the American Medical Association spent two days inspecting the CME program as it now exists. They visited an ongoing symposium and talked with President Peter A. Herbut, Dean William F. Kellow, the administrator of Continuing Medical Education and many of the faculty. No official report will be forthcoming for several months but we were greatly encouraged when they referred to Jefferson's large program as "impressive." One interesting anecdote came to light during their inspection. The AMA, from its headquarters in Chicago, has addressed inquiries to some of the registrants at previous courses asking them to evaluate the courses they attended. One physician from

High caliber faculty ensures success of CME programs. At right three speakers at recent cardiology symposium. Top, Dr. Arthur M. Vineberg, middle, Dr. Adrian Kantrowitz, bottom, Dr. Henry A. Zimmerman.
Harrisburg replied in essence: "Do you think I would drive two hundred miles each week for evening courses if they weren't good?" In fact, the accreditation team was quite helpful with its fresh perspective and, in time, Jefferson will borrow from some of its good ideas.

Changes

Those of us involved in continuing education have learned from the experience we have gained. In 1965 the objectives of Jefferson's program were much the same as those presented in a guide for educational programs by the American Medical Association. The basic objective "is to make it possible for each physician to use in his practice the modern medical knowledge that continuously becomes available." And as stated in the ALUMNI BULLETIN in 1965, "Further statements of objectives on augmentation and modification of an adequate initial education, the acquisition of new skills, strengthening of critical inquiry and balanced judgment have one and only one aim: to assist the physician in his demanding profession of providing the best of medical care to his patients."

It gradually became evident that as noble and praiseworthy as these statements are, they are not the total objectives that describe the changes sought by Jefferson. True, the ultimate reason for continuing medical education is to help the physician provide the best quality care at the bedside. But simultaneously it seems desirable to seek change in other areas. Fortunately the other objectives, as they are developed, do not in any way dilute the efforts on behalf of the practicing physician.

The objectives of this educational program are no longer directed solely toward the practitioner. In fact, the ultimate goal for the physician is not significantly altered from that of 1965, but the goal is now described in greater detail. The major change in objectives is that three additional areas have been outlined. They are too long to present in detail but an interesting item will be singled out of each area.

(1) Objectives for the CME office in the medical school: One of these is to "communicate the needs and problems of physicians in practice to the faculty of the medical school as a whole." (2) Objectives for undergraduate medical education: "to encourage emphasis upon the need for continuous learning by physicians and to recognize the continuity of all phases of medical education." (3) Objectives for CME outside the institution: "to develop models of CME which may be utilized by other centers in the development of their program."

This change, a better definition of objectives, and the growing awareness of the need to evaluate Jefferson's educational efforts meant that investigative activities had to become a major arm of the programs. Only through objective research could it be hoped to learn how to most efficiently be of service to physicians in educational matters. Almost simultaneously research funds were obtained from Health, Education and Welfare, and Mr. Carter Zeleznik, an educational psychologist, joined the Continuing Medical Education staff. In one step the staff was increased one hundred percent and research was begun.

Information of an objective nature on the percentage of physicians in practice who attend continuing educational activities is almost totally lacking. To pursue this question, in 1966 the license renewal for all M.D.'s in the Commonwealth of Pennsylvania were borrowed from the State Board of Medical Education and Licensure. On the reverse side of each had been stamped two questions regarding the educational efforts of physicians. Answers to these questions, along with information available about each practitioner, were programmed into a computer for analysis. This study is not yet totally completed but it is evident that of the physicians who responded only about one quarter stated that they had attended postgraduate programs in the previous two years. There are a number of limitations in the original data used in this study which hopefully will be corrected shortly. License renewal cards now being mailed have enclosed a short questionnaire developed by CME at Jefferson. These replies, providing greater detail and more useful information, will be analyzed as soon as they become available. No guesses are being made as to the outcome of the survey but at the very least it is anticipated that this survey will permit a more precise identification of physician needs for Continuing Medical Education and the magnitude of the educational need will be more clearly defined.

One of the major activities of Jefferson is in assisting the physicians of the community hospitals in the meeting of their own educational goals and stimulating those physicians whose goals are not defined or who have generally avoided active communication with their professional peers. There is little doubt that the rate of increase in medical knowledge through research based upon increased sophistication, better research design, improved techniques of observation and electronically assisted methods of interpretation not only will continue the growth of medical knowledge but also will contribute to an increased rate of
growth. The medical schools are likely to remain the major sites where the new knowledge is developed and the medical school faculty members are likely to be the agents who filter the clinically useful. The faculty then is in a position to help identify the outdated material and instruct the medical community with regard to the newer ideas. If the community hospital is to function in part as the practitioner's continuing school, this means that the community hospital must develop ever closer relations with the medical school and improve its internal communication in the form of its own educational programs. This can be an efficient means of providing for the flow of information from the research laboratory to the patient's bedside. However, this cannot be the only route, for community hospital physicians must increasingly participate in the division of intellectual labor which the information explosion demands. More effective means of exchanging information with the community hospital, with the hospital and the medical school and with other outside educational institutions must be developed. One of the current major research endeavors in CME at Jefferson is concerned with the general area of inefficient communications. In the past this lack of communication has led to educational semi-isolation of the physician once he moves into practice and joins the staff of a smaller community hospital without a major medical school affiliation.

Another of the investigational activities supported with outside funds involves the exchanging of physicians between a community hospital and the medical school. Basically this consists of a faculty member in a selected field of medicine spending one week in the community hospital and, for the following week, the community physician in a similar specialty area coming to Jefferson as a postgraduate "student." This staff rotation has not been limited to specialists. Family physicians from the community also have been active in the exchange. The initial phase of this study intentionally has been structured loosely. All physicians, both from the faculty and the community hospital, have been given free range in their host institution to look into care procedures, laboratory activities, educational programs and so on as they wish. The only stipulation has been that they put in a full workday. Cooperation has been excellent including the completion of two sizable questionnaires and taped interviews by each physician, whether faculty or practitioner.

One of the goals of this study is to assist the physician in developing more fully an image of himself in an educational context, both as a teacher and a learner. To a certain extent this goal is being assisted by the high level of competitiveness developing both in the recruitment of interns and the attraction of promising new physicians onto the hospital staff. Medical school graduates in seeking internships infrequently consider serving in a hospital which does not have an active educational program of good quality for their intellectual and professional enrichment. They are not attracted to a service program which does not add to their stature educationally. Similarly an increasing number of young physicians entering practice choose to be located where they can
join the staff of a hospital which is dedicated to educational activities for its staff as well as offering medical service. The desire of the new graduate to continue his learning and the desire of the new practitioner to feel comfortable, up-to-date and the intellectual match of his peers is having as much impact on continuing education in the community hospital as is the educational adventurousness of the contemporary undergraduate on the educational program of his medical school. As a consequence of this change which seems to be accelerating, one of the research probes of CME at Jefferson is concerned with exploring the physician's perception of his role, his attitude towards his own education and his expectations with regard to his hospital's educational program.

Although relatively young at the age of eight years, CME at Jefferson is beginning to develop some reasonably unique concepts of the "ideal" educational program for the community hospital. These concepts are based upon emergent developments already observed at those community hospitals having continuing medical education programs in association with the Jefferson Medical College. These include the following characteristics: 1) Development of a recognized teaching faculty from the attending staff at the community hospital. Such individuals eventually may be expected to make educational contributions beyond their own hospitals. The number of such individuals in relation to the attending staff of the hospital may be expected to increase and ultimately include a large percentage of the attending staff. 2) Maintenance of some formal contact with an academic center of learning such as Jefferson for the continuous exchange of personnel, information and patients. 3) Recognition of the need to involve the hospital in the education of fellow physicians who are not necessarily on the staff of the hospital. This implies a recognition of a community or area-wide educational responsibility of the community hospital. 4) Development of a means whereby internal weaknesses and educational needs can be identified so that remedial educational programs can be set up partly using community hospital staff and partly the staff of a medical school. This, of course, implies the means for evaluating the effectiveness of educational activities at the community hospital and a willingness to improvise new techniques when older ones are found wanting. But under no circumstance can community hospitals anticipate that this accelerating educational load will be shouldered entirely by medical schools. As mentioned, the community hospital must develop an internal faculty which is only occasionally supplemented from the outside. There simply are not enough professional teachers in medical schools to meet the demand.

The only true certainty for CME at Jefferson is change. As the educational program seeks to produce change, it is changed itself. As the Jefferson faculty participates actively in educational programs for practicing physicians, it cannot keep from sponsoring change in both postgraduate and undergraduate education. Among the high priority objectives of the medical school curriculum listed by a Jeffersonian are.

Map of Pennsylvania indicates the extensive coverage of Jefferson's Continuing Medical Education program.
several from the formal list of CME objectives submitted to the AMA recently by this institution. Two have been alluded to briefly in the preceding discussion. They are to diminish the student's reliance on the teacher as the purveyor of the absolute truth and to encourage the student to learn from fellow students and to assume responsibility for his own education.

When the brew is distilled to its essence, education is based on more and better communications between people: involvement, discussion, controversy, asking questions, joining others in ward rounds, participating actively in clinical-pathological conferences, case conferences, reading avidly. Physicians as a whole are a carefully screened group. The spread in inherent intelligence among them regardless of whether they are generalists, specialists, teachers or researchers is small. The differences that develop in information beyond graduation, the differences in the timeliness of their clinical activities is largely a function of whether they remain in the mainstream of communication—or whether they choose to step aside from professional communications and gradually become uncomfortable in the matters of medical controversy.

As viewed by CME the need is for more medical communication. In the future the major emphasis will continue to be in this area. Community hospital programs, courses and symposia will emphasize more and more the need for physician-student involvement, less through didactic lecturing and more through open discussion. This is occurring spontaneously as physician groups reacquire the zest for learning and the pleasures of being students who with impunity can ask direct and practical questions of teachers and colleagues.

The outlook for the development of supplementary electronic education aids is improving. Television has unique advantages that can supplement Jefferson's current efforts. Programs can be organized and presented without the consumption of faculty time in travel across the state. Programs can be made available to small groups of physicians in areas where it is now not economically feasible to have the faculty present. Case material from the medical college hospital can be utilized. More and varied faculty can be used in each program. On the negative side for conventional television, there is the lack of truly effective two-way communication. Television programs are, for economic reasons, generally broadcast to many hospitals simultaneously. If there were only ten hospitals on a network and the average question-answer took four minutes, forty minutes would be consumed just fielding one question from each hospital. Of course, the presentation can be purely didactic but this does not call for active audience participation and this is conceded to be educationally undesirable. However, the taping of various departmental grand rounds with faculty and student discussion might possibly obviate the necessity for two-way communication and be educationally effective. Indeed many of us recall the nation-wide televised "Grand Rounds" several years ago that seemed so instructive. Continuing Medical Education at Jefferson would like to investigate the possibilities of such programming. During recent years CME has acquired excellent quality video-taping equipment. However, the costs of program planning, script writing, camera men, engineers and so on required for the production of regular high-quality TV programs is at present prohibitive. The possibility of support through the Regional Medical Program is under consideration.

The use of radio transmission probably will not be pursued. First, there is already an operational radio-educational program for physicians in Pennsylvania. Second, it lacks the visual advantages of television and has the identical defect of relatively unsatisfactory two-way exchange of ideas between the originating source and multiple hospitals.

The possibilities of programmed instruction, the use of various teaching devices, computers, dial-access information and so forth are continually under review. However, with the rather large CME program now in existence at Jefferson and the increasing need for evaluative studies, further expansion has for some time required an enlarged administrative staff. On January first of this year Doctor Joseph Rupp, with his great skills as a teacher at the undergraduate, graduate and postgraduate levels, joined the CME staff and will be involved actively in the planning of each educational program.

With CME at Jefferson now grown to the level of two physicians and one psychologist with secretarial assistance, there should be growth in more than the size and quality of the educational effort. Now there is an opportunity to expand the area of evaluation and, hopefully, while performing a service for the medical profession, CME can learn how to provide the service more efficiently and more effectively.

The need for continuing education has long been recognized but never to the present extent. Its importance can only increase. Even in the twelfth century the philosopher Rabbi Moses ben Maimon recognized this and wrote "May there never develop in me the notion that my education is complete." This is the basic message. CME is only the tool to help the busy doctor who recognizes the wisdom of these thirteen words.
The Physician as Educator

by George C. Griffith, M.D. '26

The physician is a scholar—a perpetual seeker of knowledge—a scholar, and a healer. The complete physician is a composite of student and teacher.

As a scholar, he must keep abreast of the ever-expanding knowledge in the field of medicine. In the words of the eminent physician and educator, Sir William Osler, "If the license to practice meant the completion of his education, how sad it would be for the young practitioner, how distressing to his patients."

As a teacher, a physician can exalt his profession by teaching those who follow in his footsteps—as advanced students teaching beginners; as scholars teaching each other. Hippocrates recognized the importance of teaching as in his oath he advises physicians to "impart to my sons and the sons of the master who taught me and the disciples who have enrolled themselves and have agreed to the rules of the profession, but to these alone, the precepts and the instruction." Perhaps of lesser acclaim but just as profound is the admonition of Maimonides, who was called the greatest Jew after Moses, in his Physician’s Prayer: "Should those who are wiser than I wish to improve and instruct me, let my soul gratefully follow their guidance; for vast is the extent of our art."

The physician—healer of the sick—has been created by society, and as such has a great responsibility to society. As the late Doctor Allen Gregg has stated so eloquently, "For in the last analysis human societies make their healers, and the healers then make the doctrine, and eventually if the makers of the doctrine happen to espouse the scientific method a feedback phenomenon begins: the doctrine because it is true begins to make true healers of the healers, and the healers, using the truth begin to remake the society that made them." The development of the scientific method has, to a great extent, contributed to the progress of the physician. From the primitive shaman with his carved stones, incantations and reliance on invoked spirits, through the period of leeching, purging and blood-letting, and the hand-holding-comforter stage, the modern physician has entered a scientific era in which disease processes are largely understood, and the therapeutic tools provided by research are readily available. Therefore, the physician of this era finds it expedient to understand disease in order to effectively discharge his responsibility to the sick human and to the society which has provided the scientific doctrine. This doctrine demands rational medicine based upon a science which has cast the physician in the role of scientific healer, restorer and protector of health. It is in this context, then, that the present day physician is described: scholar, educator, and healer.

Dr. Griffith is Professor of Cardiology, Emeritus, at the University of Southern California. He holds an honorary degree from the University, where his faculty association began in 1946. He is a former President of the American College of Cardiology, the American Therapeutic Society, the Los Angeles and the California Heart Associations. In 1967 the American College of Cardiology presented Dr. Griffith with its highest academic honor, the Gifted Teacher Award.
The overwhelming expansion of scientific knowledge has transformed the physician from a solo practitioner of the horse and buggy age to one whose position places great demands upon his conscience. Self-deception is impossible for he knows that he no longer can become a complete physician. This abundance of information is, therefore, fractionating the practice of medicine to a point where group practice and computerized medical center practice are rapidly becoming the first steps taken in applying the new information to the doctrine of modern medicine.

The vast changes in medicine within the past fifty years may be illustrated in this personal episode which took place while, as an ordained minister, I was "preaching" a Sunday sermon. After listening patiently, Martin G. Brumbaugh, a great educator, former President of Juniata College, former Superintendent of the Philadelphia School System, and former Governor of the State of Pennsylvania, placed his hand upon my shoulder and said, "George, you will make a much better physician than a minister because of the greater opportunities which will be afforded a teacher and a healer." Doctor Brumbaugh foresaw the great advances in scientific knowledge and he believed that there would be golden opportunities for the physician who would be a perpetual scholar, and as such a teacher.

To be a student, however, is not necessarily to be a scholar. The dictionary defines a scholar as "one who is taught in school." Although the physician may not, literally, remain in school he is, nevertheless, continuing his education through the constant evaluation of the ever-increasing mass of scientific information. Another connotation of the word "scholar" associates it with an inquiring mind, always receptive to new information. As a scholar the physician must test this new information in discussions with other inquiring, scholarly minds to extract truth which can be used. Above all, the scholar must use his information. For, to acquire knowledge and never use it in research, healing, teaching, or in adding to the general body of knowledge is an exercise in futility.

The twentieth century physician's place in society is dependent upon his acceptance of the role of scholar. True, the loud cry is heard proclaiming that the physician of today has lost the close human contact of yesterday. It is true that the doctrine of scientific medicine provided by society has given rise to this loud outcry against the disinterested, automated, laboratory-controlled impersonal brand of medicine which is dispensed today. But, on the other hand, society is appraising the merits of this scientific medicine and demanding its benefits. A few examples should be cited to illustrate this point.

In the early 1920's rheumatic fever was the major cardiovascular problem, and three to five percent of all school children suffered from this disease or its sequelae. Now, thanks to the early antibiotic treatment of the beta-hemolytic streptococcal sore throat, less than one hundred new cases of rheumatic fever per year are reported in Los Angeles County; none have been reported in six years in neighboring Orange County, California. In 1925 a diagnosis of syphilis appeared on the histories of twenty-five percent of all patients treated in general hospitals; today, less than one-tenth of one percent of such diagnoses are recorded.

The benefits of prevention, early recognition, and prompt treatment of all cardiovascular diseases are universally recognized. The federal government has passed Law 89, establishing the nation-wide Regional Medical Program, to make the benefits of modern scientific medicine available to all citizens. As scientific medicine incorporates more and more knowledge, greater emphasis is placed upon the prevention of disease. For example,
the successful prevention of poliomyelitis has permitted attention to be diverted to the prevention of the most prevalent diseases of this age, namely, cancer and atherosclerosis.

New tests and challenges await today's physician in the fields of environmental and behavioral diseases. Shall the physician continue in his role as a healer of disease in one single patient? Or, while performing this duty should he, through scholarship, bring to light knowledge which could lead to the prevention and complete annihilation of that disease?

In 1910 Sir William Osler delivered a lay sermon entitled "Man's Redemption of Man." In this address Osler emphasized the medical triumphs which had been achieved up to that time, such as the understanding of evolution, the conquering of pain through anesthesia, the prevention of infection by asepsis, and the conquest of disease by immunization and sanitation. Today, the role of medical science has broadened markedly. The proliferation of man, the intensity of social, political and economic demands, and the growth of technological systems compel the physician to be knowledgeable about and capable of treating a whole new group of diseases resulting from man's intervention in natural systems. Therefore, the physician must understand the mechanism of these new diseases and seek the help of society in finding solutions largely directed toward the field of prevention. As suggested by Doctor Malcolm L. Petersen, today Osler would have entitled his sermon Man's Redemption from Man.

As a background of preparation for a medical degree, society requires an arduous, comprehensive education. After graduation from high school there are four years in college, then four years in medical school, and from one to seven years in postgraduate training required to fulfill the health standards of our civilization. The general practitioner is usually twenty-five years of age, the internist, twenty-eight, the surgeon, from thirty to thirty-three before he is prepared in the fundamentals of today's scientific medicine. To satisfy his scholarship, his inquiring mind, and his devotion to his profession, each day he allocates time to seek out and apply that portion of the new scientific data applicable to him in his role as a competent physician. Society points the direction, and the physician must pursue knowledge daily, "keeping up" to attain these goals set for him, and to fulfill his continuing role as a scholar and educator.

The feedback phenomenon of Doctor Allen Gregg is at work. The healer, created by society, is now cast in the difficult role of remaking society. The healer has learned to understand and control most of the diseases caused by nature. But, as he lives and works in the last third of the twentieth century he finds that man is beset by diseases created by society. Now he is confronted with a new type of scientific medicine for he must understand and, with the help of society, control those diseases which man inflicts upon himself—two of which are cancer of the lung and cirrhosis of the liver, both observed in increasing frequency.

Now the physician as an educator is cast in a new light. Now he must teach the patient to protect himself from the diseases in which the patient himself is the hostile force working against his health. For instance, the physician is accustomed to treating that degree of deafness resulting from natural causes; but, he is ill-prepared, or perhaps too timid, to attack the far greater degree of deafness caused by a high noise level as a consequence of a social process. Airport approach and takeoff noise, for example, is society's creation of a seriously harmful noise level. How shall the scholarly physician approach this man-made deafness?

A more subtle society-created disease is starvation brought about by an unrestricted population growth in the face of an unexpanded food supply.
Behavioral diseases are increasing rapidly as attested by the increasing suicide and crime rates, the growing desire for escape through the use of drugs, and by the ugly, homicidal auto death rate.

The very survival of society is threatened by its development and uncontrolled use of thermonuclear weapons, and the improper disposal of nuclear wastes. Zinc 65 released into the Columbia River from nuclear reactors, strontium 90 which has found its way into human bones, and krypton 85 released into the atmosphere by nuclear power plants are a few examples of society's production of radiation exposures known to induce genetic damage. Should physicians respond by intervening in these processes of society which pose a threat to all vegetable and animal life, including the lives of their own patients?

Affected by the complexities of society, man's behavior tends to suggest a new definition for the meaning and purpose of life. The prevailing tendency is toward a more socially organized society, and the physician could supply the professional understanding of the nature and behavior of the human being that will be needed in this new trend? There are those who consider all of these social problems too remote from the province of medicine to command the attention of the physician. However, the problems of society and environment influence the health of every individual, so it follows that the physician-healer, therefore, must be concerned with protecting his patients from the diseases fabricated by society. As a scholar, teacher, and researcher the physician can direct society toward protecting the human race from the illnesses which it has created.

To utilize and transmit knowledge, the physician must assimilate it. He must persevere in his effort to be well informed about the diseases produced by natural causes as well as those created by society. He must deal with them with understanding of human behavior and its ecological relationships.

The physician intervenes in disease patterns; for example, by the use of antibiotics for treating infection, by using prosthetic heart valves, and even by the transplantation of organs. So, why should he not accept the new responsibility of educating society in the prevention of diseases caused by its own way of life?

How can the physician carry out his full role as scholar, educator, healer? The answer is complex. Throughout his daily practice the physician contacts many people. He sees a number of his fellow practitioners in daily hospital rounds, clinics, and seminars. His influence can be far-reaching, and through scholarly, thoughtful leadership, medical students, interns, residents and fellow practitioners can be apprised of the advances in the body of scientific knowledge, and their application to all diseases, including the new ones created by society.

Individually and collectively, physicians must be perpetual scholars and educators; in this way shall we continue to be true healers.

REFERENCES

Q. Do you think that adequate medical care is available to all Americans?

A. No. I think that medical care is spotty both from the standpoint of physicians and from the standpoint of available facilities. Mainly, however, it is variable from one place to another because physicians and medical facilities are not well distributed. While better transportation and communication facilities are improving this factor, medical care still is more variable from a geographic standpoint than it is from the standpoint of economics. Third party payments are helping a great deal to improve the availability of medical care as far as cost is concerned, and if third party payments are kept within balance I think that the variability due to cost can be largely overcome.

Q. Will more physicians make better medical care available?

A. Not necessarily. More physicians will not overcome the poor distribution of physicians. Distribution relates to the factors which bring physicians into a community and these involve more than numbers. Even though we produce more doctors this will not help matters if they all continue to settle in the same areas. The question is, "How can we induce doctors to settle in small farm communities and to work in ghetto areas?" There is a certain amount of community attractiveness that brings people into an area. This is true in regard to industry, commerce, professional sports and also health care. So better medical care depends upon the community's interest in itself and its ability to develop its attractiveness. If a community wants to develop better health care it has to organize its interested citizens and influential people and they ought to begin by asking themselves what is necessary to bring physicians and other health workers to the area. The first thing, obviously, that will be important is for them to have a hospital and for them to have diagnostic facilities. Also, do they have good schools? What are the cultural attractions of that community? What are the recreational opportunities there? These factors are beyond the control of medicine and the medical school.

Q. What are the responsibilities of physicians for the provision of better health care?

A. They fall into two areas. First, he has his traditional responsibilities to his own patients. These responsibi-
ties have never been questioned and the physician has always recognized them and met them well. But, I think that now we recognize that he has a new type of responsibility which heretofore has largely gone unrecognized. The physician also has a responsibility in planning health care. While doctors are recognizing this now, they hardly know what to do about it because planning requires a background in economics and in social studies. Doctors have very heavy backgrounds in the biological and the physical sciences, but their training in economics and the social sciences usually has been light. So they are a little wary of getting involved in such matters. I think they feel that while they must play a role in planning for the health care of a community, this is a problem for a whole community team to solve.

Q. And the public's responsibility in this regard?
A. I think we have already touched on this. I think the impetus for providing good health care to a community has got to come from the community itself. If the grass roots level doesn't accept this responsibility and doesn't do something about the problem, the problem is not likely to be solved no matter how much federal legislation is passed.

Q. Do you think the grass roots can do anything about it? Do you think they can accept this challenge?
A. Some areas of this country have done a good deal. There are areas, for example, which had no physicians whatever until the Chamber of Commerce or some similar organization formed a team of interested citizens who decided that, in order to attract doctors, they ought to be willing to put up loan funds from the bank to help doctors build a small clinic and to establish an x-ray unit in that clinic. The citizens agreed that if several doctors would come, as a community venture they would raise funds to develop a community hospital. It is this sort of effort that is going to attract doctors to an area.

Q. How much should the physician be educated to meet the ever-increasing demands of modern medicine as well as the burden of responsibility?
A. No one is quite certain. Jefferson has developed a core curriculum which is to include the essential information that every medical student must know. Our curriculum committee also has provided for an elective program for in depth learning in certain areas. One of the areas that we hope to develop more is the area of community medicine. A community medicine experience should get the students thinking of the various topics that we have just been discussing because it would demonstrate the problems which exist in delivering good health care to a population.

Q. Will this business of getting into community medicine be in conjunction, for instance, with an aspect of the home care program?
A. The home care program was our first venture into an area of community medicine. But, I believe that it's time now to take another look at this and perhaps build a broader program. In Chicago, for example, they have developed an approach called the "mile-square area." In this small tract a large teaching medical center is providing a comprehensive form of medical care for every child and every adult. Not only are physicians involved, but a whole group of health workers, such as public health nurses, social service workers, and all kinds of paramedical people who are concerned with good health care. This program is intended as a model and once it is functioning, medical students, resident physicians and others can rotate through this model to see an example of how a team approach to total health care in a comprehensive way can be successful.

Q. How are they going to motivate the people to take advantage of this?
A. Actually a door-to-door canvass has to be made. This is why social service workers and public health nurses must be involved and it's also the reason that the area involved must be limited. Such programs must be undertaken in a small experimental way, because a very thorough job must be done and it's expensive. Nevertheless such models may demonstrate an approach to total health care for medical students, physicians-in-training and others to learn about.

Q. Is the general practitioner a relic of the past?
A. Well, in the context in which you are using the word "general practitioner" he probably is. When people say the words "general practitioner" today, I think they
mean three things. First of all, they mean that they expect a doctor to be available promptly when they are in medical need. Secondly, they want the doctor to be an expert in whatever illness or injury has befallen them. Finally, they want the doctor to understand that when they get sick they have all sorts of emotional problems that go along with the sickness. I think they expect the doctor to help them contend with these emotional, financial and social problems that accompany illness. Forty years ago, all of these attributes were incorporated in one man. The “general practitioner” is remembered as the kindly old horse and buggy doctor who went out at all times of the day and night no matter where you were or what the weather. He was always available. In those days, he was an expert in whatever might happen to you because the amount of knowledge any one man had to acquire was limited. He was usually a very kindly man. Today, we are developing group arrangements which make doctors who are experts in various types of medicine available promptly. The business of compassion and kindness is something that not only doctors have to learn in the 1960's and the 1970's but all Americans have to learn. If doctors have lost some of these qualities, this probably reflects a similar change in attitudes and values by all Americans.

Q. Do you think that we can train general practitioners in 1969?
A. We are training broad specialists for the adult in the person of the internist and for the child in the person of the pediatrician. The broad specialist for the person who has a behavioral problem is the psychiatrist. In addition, we are training a limited specialist in such areas as ophthalmology and cardiology, endocrinology and so on. But I think the emphasis that schools have got to make is holding onto the broad specialties which now exist because there is too much new emphasis on the limited specialist.

Q. Has the caliber and background of the average medical student changed during the past ten years?
A. Yes, I think so. I think it has changed for the better. First of all I point out that the students who have come to medical school in recent years have a much better educational background. It’s deeper in science and this is because our grammar schools and our high schools have had better educational programs for the past ten years. My own children who are in high school are learning things I learned in college and in some of my medical school years. Some of the things they are learning I never learned. This has made the Jefferson-Penn State Accelerated Program so successful. There have been plenty of students who were ready for an accelerated program of this type. Medical students, however, have changed in one other way. We are just beginning to see that medical students are developing a social consciousness which also is evident in many college students.

Q. Do you see a difference in the maturity of the students because of both these factors?
A. I do, in spite of the fact that students are getting bad publicity these days. If you look beneath the surface at the way the average student is handling the difficult problems which are upon him today, you can tell that he is a much more mature person.

Q. Many individuals have stated that governmental control of medical services in the future is inevitable. What are your views?
A. It is not inevitable. There is a great risk that this can happen. I’m worried about it because it has come so far so fast. Without adequate participation of the leader of the health team, the doctor himself, in planning better methods of health care delivery, the government will become even more involved than it is today and we will have government medicine. I saw an example recently of the deteriorating influence government can have on the medical profession: I spent some time in New Providence Island, which has been a British colony, and I talked to the doctors there. They are all part of the British system of socialized medicine. The English had excellent physicians in the past, but they’re not keeping them. They’re losing them to America and elsewhere because they detest the British system of government medicine. If we develop a system of medicine like this in America the profession will no longer be attractive to the bright young student who has become the outstanding physician of today. If we lose this kind of student, we lose everything. It takes too long to be a physician and it’s too hard along the way for a talented young person to choose a career in medicine if in the end he’s going to be just another government employee.
faculty notes

administration
Dr. Peter A. Herbut, President, spoke on “Trends in Medical Education” at the dinner session of the annual meeting of the New Jersey Academy of Ophthalmology and Otolaryngology on November 20 in Newark, N. J.

Dr. William F. Kellow, Dean and Vice President for Medical Affairs, was elected Chairman of the Regional Medical Program Committee for Greater Delaware Valley at the annual meeting in November.

anesthesiology
Dr. Jay J. Jacoby, Professor of Anesthesiology and Head of the Department, conducted a postgraduate course at the American College of Surgeons Annual Clinical Congress held in Atlantic City, N. J., during October. His subject was “Timing and Choice of Anesthesia.”

biochemistry
Dr. Paul H. Maurer, Professor of Biochemistry and Head of the Department, presented a lecture at the Veterans Administration Hospital in Washington, D. C., on November 21 on the subject “Antigens-Chemistry and Structure of the Determinant Group.”

Dr. Romano H. DeMeio, Professor of Biochemistry, participated in the Sixth International Course of Biochemistry, celebrating the twenty-fifth anniversary of the creation of the Faculty of Pharmacy and Biochemistry at the University of San Marcos at Lima, Peru. He lectured on “Recent Advances in our Knowledge of the Structure and Biosynthesis of Mucopolysaccharides” there and also at the Medical School of Rosario in Argentina.

medicine
Dr. Robert I. Wise, The Magee Professor of Medicine and Head of the Department, was Visiting Professor in November for the Third Postgraduate Course in Clinical Medicine in Rio de Janeiro sponsored by the Federal University School of Medicine of Rio de Janeiro, the University of Guanabara School of Medicine, the Post Graduate School of the Catholic University of Rio de Janeiro and The American College of Physicians.

Dr. Joseph J. Rupp, Associate Professor of Medicine, discussed the use of hormonal agents at a symposium offered by the University of Buffalo’s Department of Social Medicine on October 24 at Niagara Falls.

neurology
Three new faculty members have joined the Department of Neurology. Dr. Leonard J. Graziani, a member of the class of 1955, has come to Jefferson from the Albert Einstein School of Medicine to take charge of the program in pediatric neurology. Dr. Graziani is Professor of Neurology and Professor of Pediatrics. His main research interests lie in the field of the physiological maturation of the central nervous system and in developing means for detecting alteration from the normal maturation as a consequence of various metabolic and respiratory disorders in neonates.

Dr. Serge W. Duckett, B.A. of the University of Ottawa, M.D. of the University of Paris and Ph.D. of the University of London, has joined the Department to establish a laboratory of experimental neuropathology. Dr. Duckett is Associate Professor of Neurology and Associate Professor of Pathology. He is in charge of the electron microscope in the Department of Pathology. Dr. Duckett’s training has been in neuropathology, in histology and electron microscopy. His principal research interests are in the morphology of the developing central nervous system with particular reference to the changing chemical, as well as anatomical, features and their alteration by such means as tellurium poisoning, irradiation and alterations of immune mechanisms.

Dr. Roger Q. Cracco, Associate in Neurology, has returned to the department after a year as a neurologist in Vietnam. He will be in charge of the Electroencephalography Laboratories and the Clinical Neurophysiological Program.

Dr. Nathan S. Schlezinger, Professor of Clinical Neurology, presented a paper entitled “Geriatric Aspects of Myasthenia Gravis” before the annual meeting of the Gerontological Society in Denver, Colo., on November 1.

ophthalmology
Dr. Thomas D. Duane, Professor of Ophthalmology and Head of the Department, participated in the Symposium on the Treatment of Diabetic Retinopathy September 29 to October 1 in Warrenton, Va., sponsored by the Community Services Program of the
HEW. On October 18 he spoke on “Diabetic Retinopathy” at the annual meeting of the Pennsylvania Association for the Blind in Allentown. Dr. Duane was an Examiner for the Board Examinations of the American Academy of Ophthalmology and Otolaryngology in Chicago in November and he participated in a meeting of outpatient clinical research directors sponsored by the NIH again in Chicago in mid November. Last summer he presented a graduate course at the University of Rochester on “Photographic Approaches to the Fundus Oculi and Diabetic Retinopathy.”

Dr. William C. Frayer, Professor of Ophthalmology, was Visiting Professor of Ophthalmology at the Medical College of Georgia, Talmadge Memorial Hospital, on October 3. He participated in a course in Ophthalmic Pathology at the meetings of the American Academy of Ophthalmology and Otolaryngology in Chicago October 28. He taught two courses during the summer months, one a graduate course at the University of Pennsylvania, the other the Lancaster Course, Colby College, on Ophthalmic Pathology.

Dr. P. Robb McDonald, Professor of Ophthalmology, presented an instruction “Management of Postoperative Complications of Intraocular Surgery” and moderated a panel discussion on closed circuit television on “Cataract Surgery” during the meetings of the American Academy of Ophthalmology and Otolaryngology in Chicago October 28. He taught two courses during the summer months, one a graduate course at the University of Pennsylvania, the other the Lancaster Course, Colby College, on Ophthalmic Pathology.

Dr. Edward A. Jaeger, Assistant Professor of Ophthalmology, spoke on “Ocular Problems in Aviation” at the midwestern section meeting of Aviation Medical Examiners in Chicago in mid September.

orthopedic surgery
Dr. John J. Gartland, Assistant Professor of Orthopedic Surgery, has been reappointed to a second term as an Associate Editor of the Journal of Bone and Joint Surgery, the official orthopedic journal of the English speaking world.

otolaryngology
Dr. Joseph Sataloff, Professor of Otolaryngology, was the guest speaker at the Georgia Ear, Nose and Throat Society at Sea Isle, Ga., during the week of September 24. He discussed “The Diagnosis and Treatment of Hearing Loss in Adults.”

pathology
The Department of Pathology conducted the 1968 Slide Seminar of the American Urological Association on November 11. It consisted of a series of twenty cases which were presented and discussed by Dr. Gonzalo E. Aponte, Professor of Pathology and Head of the Department, Dr. Arthur Patchefsky, Assistant Professor of Pathology, and Dr. William V. Harrer, Associate in Pathology.

Dr. Gonzalo E. Aponte was a speaker and panelist at a teaching seminar held on November 7 in Cleveland, Ohio, as one of the activities of the Annual Meeting of the American Society of Cytology. Dr. Harrer also was a member of this program. Dr. Aponte has been named Faculty Advisor of the Jefferson chapter of Alpha Omega Alpha Honor Medical Society.

Dr. William V. McDonnell, Associate Professor of Pathology, has been appointed Medical Director and Chief of Staff at West Jersey Hospital.

Dr. Stanley Burrows, Assistant Professor of Pathology, presented his study on “Abnormal Leukocyte Osmotic Fragility in Leukemia Determined by Automated Method” at the American Society of Clinical Pathologists meeting in Miami Beach, Fla., recently.

Dr. Angelina M. Fabrizio, Assistant Professor of Pathology, has been appointed Consultant in Histopathology at the Veterans Administration Hospital.
in Coatesville, Pa., where she is setting up a Tissue Culture Laboratory for the study of experimental allergic encephalomyelitis.

**pediatrics**

Dr. Robert L. Brent, Professor of Pediatrics and Head of the Department, has been appointed to the Committee on Environmental Hazards of the American Academy of Pediatrics. In September he delivered a paper on “Environmental Effects on Genetic Pre-disposition” at a postgraduate seminar at Lake Geneva, Fontana, Wis.

Dr. Herbert C. Mansmann, Jr., Professor of Pediatrics, participated in the Scientific Assembly of the Miami Beach Clinical Convention of the American Medical Association on December 4, presenting the paper, “Respiratory Diseases in Children: Allergic.”

Dr. Irving J. Olshin, Professor of Pediatrics, was Visiting Professor at the Wilmington Medical Center the week of October 7.

Dr. Roberto Rendon has joined the Department of Pediatrics as Professor of Clinical Pediatrics. He has distinguished himself internationally in the field of pediatric neurology. He is Director of Professional Services at The Woods School.

Dr. Elias Schwartz, Associate Professor of Pediatrics, spoke at the New York Academy of Sciences’ Second International Conference on “Problems of Cooley’s Anemia” in New York City during September.

Dr. Laird G. Jackson, Assistant Professor of Medicine, presented a paper which he coauthored on “Chromosomes in the Genus Sceloporus” at the Seventh Conference on Mammalian Cytology and Somatic Cell Genetics, held from October 23-26 in Gatlinburg, Tenn.

Dr. Roy Newman, Associate in Pediatrics, serves as Medical Consultant for a new program designed to assist children who are not able to participate in regular pre-school classes because of mental handicaps. The program is accredited by the Pennsylvania Department of Public Instruction.

**pharmacology**

Dr. Julius M. Coon, Professor of Pharmacology and Head of the Department, lectured on October 25 at the Indiana University School of Medicine, Indianapolis, Ind. His subject was “Toxic Substances Normally and Naturally Present in our Foods.”

Dr. Sunil K. Niyogi, Assistant Professor of Pharmacology, presented a paper entitled “Salicylate Poisoning: Differences in Tissue Levels and Distribution between Children and Adults” at the Third Congress of The European Association of Poison Control Centers held in Madrid, Spain, September 27-30. Dr. Fredric Rieders, Associate Professor of Pharmacology, collaborated in this investigation. Dr. Niyogi also lectured on November 8 at The Forensic Science Laboratory, Government of West Bengal Medical College, Calcutta, India, on the subject, “The Separation of Drugs from Biological Materials in Toxicological Analysis.”

**preventive medicine**

Dr. E. Harold Hinman, Professor of Preventive Medicine and Head of the Department, attended the Eighth International Congresses on Tropical Medicine and Malaria in Tehran, Iran, during September, and presented the paper, “The Development of Malaria Eradication and Control Measures with Particular Reference to the Americas.” From November 13 to December 12 Dr. Hinman was WHO Consultant in Nicaragua, reviewing the global strategy of malaria eradication.

Dr. C. Earl Albrecht, Professor of Preventive Medicine, and Dr. Irwin L. Stoloff, Assistant Professor of Preventive Medicine, participated in the Fifth Annual Conference on Health Hazards Appraisal at Methodist Hospital, Indianapolis, Ind., December 9 and 10.

Dr. Abram S. Benenson, Professor of Preventive Medicine, spent the period from September 24 to October 1 in Tokyo, Kyoto and Osaka, Japan, arranging for collaborative studies on the use of the attenuated strain of smallpox vaccine. During October he also presided at a Symposium on Plague held in Washington, D. C., and at the annual meeting of the Commission on Immunization of the Armed Forces Epidemiological Board.

**psychiatry**

Dr. Zygmunt A. Piotrowski, Professor of Psychiatry, appeared on the NBC “Today” television program with Hugh Downs on November 15 to discuss the effect of TV violence on children as well as the problem of whether people are born to be violent. On November 16 he delivered the keynote address at the annual scientific meeting of the Brooklyn Psychological Association, entitled “Individual versus Group Violence—If All Sin, No One Sins.”
Dr. Eli Marcovitz, Associate Professor of Psychiatry, was a panel member discussing “Narcissistic Resistance” at the fall meeting of the American Psychoanalytic Association in New York, held December 20 to 22.

Dr. Kurt Wolff, Associate Professor of Psychiatry, presented the paper, “Emotional Problems in Angina Pectoris Patients—Therapeutic Implication,” at the twenty-first annual scientific meeting of the Gerontological Society, Denver, Colo., November 1.

Dr. James L. Framo, Associate in Psychiatry, has given workshops and lectures recently on family therapy at The Institute for Living in Hartford, Conn., Harrisburg State Hospital, the Delaware Valley Group Psychotherapy Association, and the Philadelphia Society of Clinical Psychologists. He has been appointed an Advisory Editor of Family Process, the national journal for family therapy. He is President of the Family Institute of Philadelphia for 1968-1969.

**radiology**

Dr. Philip J. Hodes, Professor of Radiology and Head of the Department, has been selected to receive the Gold Medal of the American College of Radiology. The date of the presentation of the award “for distinguished and extraordinary service” is February 21, during the convention of the American College of Radiology in Atlanta, Ga. Dr. Hodes was the first Heublein Memorial Lecturer for the Hartford Medical Society in Connecticut recently. While in Florida at the Bone Tumor Seminar, Dr. Hodes addressed the American Society of Clinical Pathology. He also lectured in various hospitals in Vienna while on a cultural exchange in that city.

Dr. Robert O. Gorson, Professor of Radiology, became President of the American Association of Physicists in Medicine during December. He also was elected to the Board of Directors of the National Council on Radiation Protection and Measurements.

Dr. Simon Kramer, Professor of Radiology, presented a paper on “Combined Chemotherapy for Advanced Head and Neck Cancer” at the Fourth Annual Cancer Symposium held October 18 and 19 in San Francisco. At the annual meeting of the Radiological Society of North America, held in Chicago recently, Dr. Kramer gave a refresher course entitled “The Survival and Prognosis of Cancer Patients with Abnormal Liver Scans.”

Dr. Nagalingam Suntharalingam, Associate Professor of Radiology, and Dr. Cornelia Dettmer, Resident in Radiology, presented papers and represented the Stein Research Center at the Second International Conference on Thermoluminescent Dosimetry at Gatlinburg, Tenn., in September.

Dr. Irwin Freundlich, Assistant Professor of Radiology, was in Belgium in September for the First International Symposium for the Detection of Breast Cancer. He delivered a paper on “Thermography and Mammography in the Detection of Early Breast Carcinoma as a Possible Method of Population Survey,” which was co-authored with Dr. Gerald Dodd and Dr. John D. Wallace, Assistant Professor of Radiology.

**surgery**

Dr. Benjamin Haskell, Clinical Professor of Surgery, participated in the program of the Annual Clinical Congress of the American College of Surgeons, held October 14-18 in Atlantic City, N. J., as a panelist discussing “Anal Incontinence.”

Dr. Thomas B. Mervine, Associate Professor of Surgery, and Dr. Gerald Marks, Assistant Professor of Surgery, presented the exhibit “Nonhealing Ulcers of the Extremities” at the American College of Surgeons Congress held in October.

**urology**

Dr. Paul D. Zimskind, Nathan Lewis Hatfield Professor of Urology and Head of the Department, presented a paper on “Complete Obstruction of the Ureter: Immediate and Long-term Effects on the Renal Pelvic Pressure in Dogs” at the American College of Surgeons meeting held in Atlantic City, N. J., during October. On November 10 at the 1968 Postgraduate Seminar in Urology, sponsored by the American Urological Association and held in Philadelphia, Dr. Zimskind delivered a paper on “New Concepts in Bladder and Ureteral Physiology.”

The paper, “Effects of Bladder Filling on Ureteral Dynamics,” by Dr. Zimskind, Dr. David M. Davis, Professor of Urology, Emeritus, and Dr. Jacques E. DeCaestecker, Resident in Urology, was presented by Dr. DeCaestecker at the Mid-Atlantic Section Meeting of the American Urological Association, held in Williamsburg, Va., October 26. Dr. Zimskind moderated the X-Ray Conference at this meeting.
the jefferson scene
guidance clinic

Jefferson's interest in community health took a new direction with the November opening of a Health Careers Guidance Clinic. The program is the first of its kind in the Philadelphia area. Its major objectives are to provide students with personalized counseling, to inform school guidance counselors about health careers, and to strengthen motivation toward counseling in these areas. The Clinic will allow for one-to-one relationships between students and working professionals. A professional guidance counselor will estimate the student's achievement potential and assist him in analyzing his career interest. The clinics will be held on Saturday morning from 9 to 1 and there is no charge.

The program is under the sponsorship of the United Health Services, a United Fund Torch Drive agency, and the Heart Association of Southeastern Pennsylvania. From these groups Jefferson received a grant of nearly $30,000 to launch the program. The Clinic program is under the direction of Dr. John W. Goldschmidt, Dean of the School of Allied Health Sciences, as well as President of the Heart Association of Southeastern Pennsylvania. At the presentation ceremony on November 30, Dr. Goldschmidt said that the new Clinic is being established to strengthen existing recruiting and counseling programs which cannot adequately emphasize specialized careers in health care.

college courses

The School of Allied Health Sciences added seven college level courses to its curriculum for the winter quarter. This term Humanities, Philosophy, Spanish I and II, French, Anthropology and Mathematics became part of the curriculum in liberal arts, which was initiated last fall with English, Psychology, Sociology and History. The program is possible through Jefferson's affiliation with the Philadelphia College of Pharmacy. Courses are given at Jefferson at a cost of $75 each to the student.

presidency

Jefferson's Registrar, Arthur R. Owens, was elected President of the Middle States Association of Collegiate Registrars and Officers of Admission at the Association's annual meeting held in December.

symposia

Two symposia were on the Continuing Education calendar for December. The first was presented by The American College of Cardiology in conjunction with Jefferson Medical College on the subject "Coronary Artery Disease: New Perspectives." Among the distinguished guest faculty were Dr. Adrian Kantrowitz, Professor of Surgery, State University of New York, Downstate Medical Center College of Medicine, speaking on "Mechanical Support of the Failing Myocardium," and Dr. Arthur M. Vineberg, Associate Professor of Surgery, McGill University Faculty of Medicine, Senior Cardiac Surgeon, Royal Victoria Hospital, Montreal, whose topic was "Myocardial Revascularization." Dr. John Kilbaugh, Associate Dean for Continuing Education, arranged the program which ran for two days, December 5 and 6, at Jefferson. The symposium was the first of the Continuing Education program events to use the Solis-Cohen auditorium in Jefferson Hall.

The second symposium concentrated on "New Perspectives: Obstetrics 1968." The faculty for this symposium discussed the latest material in the specialty of obstetrics from both the investigational and clinical standpoints. The sessions were devoted to the problems of intrauterine life, the management of high-risk pregnancy and family planning. On the program were several Jefferson faculty members and guest lecturers from medical schools which included New York Medical College, Columbia University School of Medicine and Downstate University Medical Center. Dr. Alvin F. Goldfarb, Assistant Professor of Obstetrics and Gynecology, served as Program Chairman for the conference, held December 13 and 14.

trustee exchange

Jefferson and the Philadelphia College of Pharmacy and Science, who affiliated last April, have exchanged trustees. Roland Morris will serve on Jefferson's Board of Trustees, representing the College of Pharmacy. Dr. George J. Willauer '23, Jefferson's most recently elected alumni trustee, will become a board member of the Philadelphia College of Pharmacy and Science.
Mr. Morris is a partner in the Duane, Morris and Hecksher law firm. Besides his Philadelphia College of Pharmacy and Science and Jefferson board memberships, he serves in the same capacity for the World Affairs Council, the Legal Aid Society, the Big Brothers Association and the Salvation Army. He and his wife, the former Sally J. Fageol, have three children.

campus development
In the disposition-acquisition process of campus development, Jefferson checked one off on the disposition side during November. It was the Residence Hall located at 1216-18 Walnut Street. The thirteen story apartment house which Jefferson acquired in 1963 was sold to Morris Seidman and Sons for $450,000. The building originally was purchased by Jefferson to provide temporary living quarters for students and families until the construction of the Louis B. and Ida K. Orlowitz Residence Hall. This was completed in September and most occupants of the former Residence Hall have moved to the new facility. Jefferson now has a long term lease for the ground floor of the 1216 Walnut Street Residence Hall for continued use as physicians’ offices. The new owner will renovate and air condition the twelve floors above for apartment rental.

professor cited
Dr. Theodore T. Tsaltas, Professor of Pathology, was paid a special tribute by the Philadelphia County Medical Society on the occasion of its annual DaCosta Oration on December 18. Dr. Katherine R. Sturgis, President of the Society, presented the special citation which read: “...in tribute to your indomitable courage and with admiration for your undaunted pursuit of biomedical research despite major illness, and with affection for your warm humanity reflected in the spiritual support you give to your family, and by your unflagging efforts to obtain for others across this nation the benefits of dialysis by which your live.” Jefferson’s Professor of Pathology had both kidneys removed in the early fall. Dr. Tsaltas was recognized also for his research in polysaccharide chemistry and his part in the delineation of the cause and treatment of Weber-Christian Disease.

out of business
November 20 saw the demise of one of the oldest local business firms—Leary’s Book Store at 9 South Ninth Street. Leary’s closed its doors after being purchased by Gimbels Department Store, which surrounds the 132 year old book store. Leary’s six and a half miles of shelves contained about a million volumes, many second hand. The store was a favorite resort of students in search of the hard-to-find publication. William A. Leary founded the business in 1836 when he set up his basket of books at the old North Second Street Market House. His son, William A., Jr., succeeded him and located the business on Ninth Street in 1877.

new volume
Wyatt Earp, Frontier Marshall on the shelves of the Jefferson Medical College Library? Hardly a book you expect to find there. Dr. C. Calvin Fox of the class of 1918 thought it an appropriate volume for the Library to have and presented it to Jefferson. The inscription explains: “C. Calvin Fox from Dr. A. B. Harbison, born 1858. Class of 1878 at Jefferson, who was a personal friend of Wyatt Earp and many of the people mentioned in the book. Dr. Harbison after graduation practiced in Dodge City.” Dr. Fox currently practices in Philadelphia.

portrait addition
The most recent addition to Jefferson’s portrait collection is a pastel portrait of the late Dr. Theodore R. Fetter, the former Nathan Lewis Hatfield Professor of Urology and Head of the Department. The painting was presented to the College by the artist, Mrs. Samuel T. Messner, a friend of the Fetter family. Mrs. Messner painted the portrait after Dr. Fetter’s death in January 1967. It was accepted by President Peter A. Herbut as part of the College’s permanent collection in ceremonies held November 8 in McClellan Hall. Dean William F. Kellow greeted family, friends and colleagues who gathered on the occasion to honor the man who spent nearly all of his career at the school from which he graduated in 1926. One of these was Dr. George J. Willauer ’23, who knew Dr. Fetter well for nearly four decades. In his observations on Dr. Fetter’s life, he began with, “Loyalty to his family and friends, to Jefferson and his profession, enthusiasm for his work, responsibility to his students, patients and colleagues and a restless, driving energy to get the job done characterized our friend Theodore Roosevelt Fetter.” These qualities were exhibited in his interest in Jefferson particularly, as well as its Alumni Association. He served as Chairman of the faculty-staff division of Jefferson’s building fund campaign in
1960 and as President of the hospital staff for seven years. In the Alumni Association, he was President, Vice President, Secretary and Chairman of the Annual Giving Fund Committee.

Following Dr. Willauer’s remarks the portrait was unveiled by Dr. Andrew J. Ramsay, Chairman of the Portrait Committee, with the assistance of four of the five Fetter children. The Fetter family lives in Wynnewood.

black ties

The Scene: the Faculty Lounge in Jefferson Hall. The Occasion: a thank you dinner for members of the Thomas Jefferson University Founders Fund. The Date: October 24.

Invitations for the black tie dinner went to founding members of the Fund in late September. Almost immediately acceptances were received by Fund Chairman, Dr. George J. Willauer. Alumni responded from as far away as Bay City, Michigan, and Fort Lauderdale, Florida. Board members, emeritus professors and friends of Jefferson indicated they would be on hand. Dr. Harold J. Hassel '57, of Youngstown, Ohio, accepted and then flew his own airplane to Philadelphia International Airport for the occasion.

Receiving guests on that Thursday evening were President and Mrs. Peter A. Herbut, Dr. and Mrs. Willauer, and Mr. and Mrs. N. Ramsay Pennypacker. Cocktails were served in the lounge area with dinner following in the candlelit dining room.

Dr. Henry L. Bockus '17 and former Alumni Trustee was speaker. He was one of the first to join the Founders Fund.

The dinner is a thank you. It is to become an annual affair.

music makers

Jefferson’s McClellan Hall becomes a concert hall every Friday evening when the Little Orches-tra Society takes over for a session of music making. On November 22 the scene was the same, except for the unusual presence of an audience. It was the first time that the Jefferson community was given the opportunity to hear the Orchestra and spend “An Evening with Mozart,” with the script by President Peter A. Herbut. Dr. Herbut has written several musical biographies.

The Little Orchestra Society is conducted by Sidney Rothstein and is composed of active and retired symphony members, teachers and advanced students. Its reputation growing, the Orchestra was brought to concert for the occasion by the Faculty Wives Club. Mrs. Benjamin Haskell served as Chairman. Mrs. John J. Dowling is the club president. A champagne reception in Jefferson Hall followed the concert. An excellent turnout for the evening indicates the popularity of musical programs at Jefferson. Plans call for an encore.
The fact that Harry Knowles didn’t know quite why he should be chosen as a subject for “Profiles” says more about him than anything that follows. It doesn’t, however, say anything of his achievement, though that might speak for itself. One of his colleagues puts it this way: “Harry Knowles put Jefferson on the map as far as tumor registry is concerned.”

To see the results of the man’s work, take a look at a busy tumor clinic in a large metropolitan hospital with only a limited program for following up the malignancies treated there—a clinic which did not meet the requirements of the American College of Surgeons. You had just that, in fact, until 1956 when Dr. Knowles took over as Director of Jefferson’s Tumor Clinic and Registry. Then you look in on that same scene in 1969, and the completeness of follow up is breaking all efficiency records at 99.6%.

Meeting the man attributed with this success is quite easy. Getting to know him follows suit. He presents himself willingly, unequivocally, articulately and with a generous sprinkling of levity. Perhaps it is the levity that makes him immediately likeable. Whatever it is, it works particularly well with patients, whose confidence in him inspires a near devoteeism among their ranks. To no small degree the Knowles personality keeps in motion the machinery of the Tumor Registry. The Registry follows the progress of patients treated in Jefferson Hospital. Tactics include mail reminders, phone calls by the office staff and, if this elicits no response, “I
get on the phone," Dr. Knowles says. The Registry's operations were revamped in 1959. "We organized a hospital wide Tumor Registry," Dr. Knowles explains, "so that every patient who comes into the hospital with a malignant disease is now registered in the Tumor Clinic. If patients do not have a family physician, we follow them. The contact is made at varying intervals according to the progress of the patient and the length of time after treatment."

The Registry was one of the earliest and remains one of the few tumor clinics in the country whose data is kept on electronic data processing equipment. It has been since its reorganization in 1959. The unparalleled 99.6% follow-up rate is a product of several factors. The most important ingredient, according to Dr. Knowles, is "the efforts of the girls in the office. They do the work."

The Tumor Clinic of which Dr. Knowles has been in charge for the past thirteen years currently is being incorporated into the new Central Follow Up Clinic which is being organized. The new Clinic will be supported by all of the hospital's physicians. This will provide a single source of instantaneous consultation and information rather than a multiplicity of sources which may be duplicating efforts made elsewhere. The patient care previously performed in the Tumor Clinic now will be the responsibility of the Central Follow Up Clinic. The Tumor Registry will exist independently. Dr. Knowles has plans now to devote time toward making it an even more active and fruitful function.

Active and fruitful describe another aspect of Dr. Knowles' career, his practice in Elmer, New Jersey. He is Chief of Surgery at Elmer Hospital, where he is also on the Board of Directors. It is a forty mile drive each way from his home in Narberth, Pennsylvania. When Dr. Knowles began practice there eighteen years ago, Elmer was a fifty bed hospital just getting on its feet. The hospital has since tripled its capacity, an expansion project in which Dr. Knowles played a major role. He sees it as part of a physician's responsibility, particularly in a small community, "to see that a hospital is properly organized and properly run." His practice in Elmer is an extremely busy one, involving calls frequently. Harry Knowles bears no resemblance to the horse and buggy doctor of yesterday, but neither is he in the mold of the modern "automated physician." "The patient leans on the doctor for advice, not just for medical care," Dr. Knowles believes. "Certainly the old days of the doctor advising the family on investments, what car to buy and the like are gone. But the idea of a physician being cold and unscientific and medical care being electronically controlled and divorced from the patient seems wrong to me. The great majority of physicians become emotionally involved with the patient's problems. The reason they go into medicine involves helping people."

For Harry Knowles the latter motivation was important, but not decisive. Curiosity was also a stimulus. "My father required a great deal of medical care, and what was going on was always a big mystery to me." The independence offered by private medical practice also attracted him. Dr. Knowles' father worked for a large insurance company: "There was looming in the background always that spectre of his being fired or laid off. I decided I would rather work and acquire something that no one could take away from me, in which my success or failure would depend upon me and no one else." He entered Jefferson in 1938. As he looks at medicine today, he finds it much more interesting and all-consuming than he ever anticipated.

Dr. Knowles chose medicine deliberately, but surgery, rather accidentally. Primarily interested in internal medicine as a Jefferson intern, he was selected for surgery by Dr. Thomas A. Shallow, then The Samuel D. Gross Professor of Surgery. It was the Shallow personality "and seeing his results in surgery — results which were more evident and more immediate than those being obtained in internal medicine at the time—" that swayed him. As a surgery resident at Jefferson, Dr. Knowles began working in the Tumor Clinic and his interest evolved. In 1948 he became Assistant Director of the Clinic and in 1956 he succeeded Dr. James Surver as Director.

Perhaps if there hadn't been a Harry Knowles to do the job in the Tumor Registry, it would have been done anyway. But with perfection only four tenths of a point away, it hardly could have been done better. Yet Harry Knowles intends to try.
class notes

1911
DR. EDWIN C. BOYER, 244 Market St., Johnstown, Pa., has retired from active general practice, but still sees a few patients at the office each week. He enjoys good health and does some hunting and fishing. Recently he was cited by the President of the United States for twenty-five years of service to the Selective Service.

1912
DR. ROBERT M. LUKENS, 141 W. Heather Rd., Wildwood Crest, N. J., is enjoying retirement still, at 81, and plenty of interests to "keep from rusting," such as painting portraits, gardening, fishing, wood working and handyman jobs."

DR. CHARLES E. MULLIN, 239 S. Main St., Cambridge Springs, Pa., was given special recognition by the local Game Sac Mah Club as an outstanding citizen. As well as being college physician at Alliance College since 1913, he started the Well Baby Clinic and owned and operated the Logan Hospital for many years. He is a past President of the Crawford County Medical Society and has served as a trustee of the Folk State School.

DR. CLAUDE E. SNYDER, 1201 6th Ave., Altoona, Pa., celebrated his eightieth birthday on October 3. In an article on Dr. Snyder, the Altoona Mirror reviewed Dr. Snyder's fifty years of private practice in Altoona. He specialized in surgery and obstetrics. "Many of the hundreds of babies that he delivered were born to second-generation maternity patients," the article stated. He was Chief of Obstetrics and Gynecology at Mercy Hospital for thirty-four years, and is a past President of the Blair County Medical Society, a widely known raconteur, and an avid fisherman.

1913
DR. FRANK S. BONNELL, Box #318, Fairfield, Iowa, wrote a note on his eighty-fourth birthday saying he is "still on top" of things.

DR. SIMON H. ROSENTHAL is still in the active practice of urology with his son at 1900 Tate Springs Rd., Lynchburg, Va.

1914
DR. DANIEL P. GRIFFIN, 1278 E. Main St., Bridgeport, Conn., is now 83 and serves as Consulting Psychiatrist at three community hospitals.

DR. HOLBERT J. NIXON, 2 W. Main St., Uniontown, Pa., did general practice for thirty years. "Have limited my work to obstetrics for the past twenty-three years. Chose the 'easy' way out." Dr. Nixon was Chief of Obstetrics and Gynecology at Uniontown Hospital for twenty-six years, and reports that he can "still do more work than the other members of our OB staff combined."

1916
DR. MELCHIOR M. MSZANOWSKI, 502 E. 12th St., Erie, Pa., received special recognition for fifty years of medical service to the community. The occasion was a dinner dance given by the Board of Trustees at Hamot Hospital. Dr. Mszanowski has been an active staff member at Hamot for forty-two years.

1917
DR. LEWIS C. DRUFFNER, 618 Main St., Avoca, Pa., reports on his two sons, both Jefferson graduates. Dr. Lewis C. Druffner, Jr., '59, is in general practice, having taken over his father's practice. Dr. Charles R. Druffner '60, has been certified by the American Board of Internal Medicine and is practicing with two associates in Scranton, Pa.

1918
DR. ASA L. MYERS, 215 Sheridan Rd., Waukegan, Ill., sent a note with his annual giving contribution saying that he is enjoying good health at 74 and still is active.

1919
DR. MILTON E. EMANUEL, 625 Vine Street, Philadelphia, sent this note to the editor. "There are some fifty-nine classmates around to celebrate our 50th reunion on June 4, 1969. I have made arrangements for our reunion dinner at the Barclay Hotel on Rittenhouse Square. One classmate will represent us at the Clinic Program that morning. The women will be with us at the evening events and a day time program will be arranged for them while we are at the scientific sessions. Look forward to seeing you all."

DR. D. RUSSELL PERRY, 311 North Carolina, National Bank Bldg., Durham, N.C., is planning to attend the June reunion and hopes all classmates are present. "Some of the group I haven't seen in fifty years."

1920
DR. SIMON L. VICTOR, 101 Gedney St., Nyack, N.Y., calls himself in "fairly good condition for my age." He continues a limited practice.

1923
DR. FRANKLIN B. PECK, Sr., 5738 Brockton Dr., #1, Indianapolis, Ind., is currently on the west coast of Mexico photographing and making sound tracks of various birds. He spent six months in Mexico last year on another ornithological expedition.

1924
DR. VICTOR J. BALUTA, 215 N. Shamokin St., Shamokin, Pa., was selected as the recipient of the first St. Francis Seraficki Beneficial Society's Polish-American "Friars Award." The Shamokin physician was honored for his contributions to his community, church, profession and organizations. The award was presented to Dr. Baluta during the organization's seventy-eighth anniversary banquet.

DR. CHARLES L. S. BRENnan, 14 S. Broadway, Gloucester City, N. J., keeps an active practice three days a week. He is enjoying vacations in Florida, his summer home in Ocean City, N. J., and of course his five grandchildren.

DR. LAWERENCE SHINAREY, 212 Three Rivers, North, Ft. Wayne, Ind., retired from practice in 1967 and is enjoying his leisure very much.
1925
DR. CHESTER P. SWETT, 1525 Woodland Heights Lane, Lancaster, Ohio, sends word that he is still engaged in general practice although with decreased hours and no obstetrics. My custom is to take two months vacation yearly; my patients are very considerate.”

1926
DR. PHILIP B. DAVIS, 807 Florham St., High Point, N.C., retired in June 1967 and had a heart attack three months later. “Now I spend the winter at Delray Beach in Florida, and the summer in High Point. Trying to catch up on my fishing!”

DR. HERMAN M. PARRIS, 740 S. 3rd St., Philadelphia, is not in practice presently because of illness. His son is a pre-med freshman at Northwestern University.

1929
DR. KARL W. HAHN, 521 Linden St., Bethlehem, Pa., says he is “still in the saddle.” Son Karl W., Jr., has an M.D. from Boston University and is a post-doctoral Fellow in bio-medical engineering. Another son is at Northwestern University.

DR. HARRY WILLIAMS, Elkland, Pa., has been named President of the Pennsylvania Coroners’ Association. He has been the Tioga County Coroner for the last twenty-six years and has been practicing in Elkland since 1930.

1930
DR. DAVID A. BOYD, JR., Chairman of the Sections of Psychiatry and Clinical Psychology in the Mayo Clinic, Rochester, Minn., and Professor of Psychiatry in the Mayo Graduate School of Medicine of the University of Minnesota at Rochester, was guest of honor at a dinner at the Century Club in New York on December 7. Dr. Boyd was honored for his twenty years of service to the American Board of Psychiatry and Neurology, of which he is Executive Secretary-Treasurer. He was presented with an engraved silver tray by the Board’s Directors and Emeritus Directors.

DR. DAVID H. BUCHMAN, 21 E. Market St., Blairsville, Pa., writes that he and his wife are parents of two children, Alan, age eight, and Andrea, age 5.

DR. LOUIS M. NIGHTINGALE, 573 Goldcoast Ct., Marco Island, Fla., has retired “to take things easy on this ‘South Seas Island’ on the Gulf of Mexico in Florida.”

DR. MARSTON T. WOODRUFF, 4940 Penn St., Philadelphia, has two Jefferson sons, one a resident in radiology at New York Hospital, class of 1966, and the other a man of the class of 1970. Daughter Constance received a Ph.D. in psychology last year.

1931
DR. EDWARD GIPSTEIN, 181 Broad St., New London, Conn., writes that one son is a sophomore at Harvard and plans to study medicine, and another son is a third year student at The Taft School.

1932
DR. THOMAS H. McGLADE has established new offices at 514 Cooper St., Camden, N.J.

1933
DR. N. VANSANT MYERS, 480 Navesink River Rd., Red Bank, N.J., has retired from active practice as of October 1 and is enjoying it very much. Spends much time caring for his new property on the Navesink.

1935
DR. NATHAN SUSSMAN, 805 N. 2nd St., Harrisburg, Pa., has received the Arthritis and Rheumatism Foundation’s Distinguished Service Award.

1936
DR. J. EDWARD BERK, 894-C Ronda Sevilla, Laguna Hills, Calif., Professor and Chairman of the Department of Medicine at the University of California, sent the following note: “In view of the close association of Dr. Henry L. Bockus with Jefferson, perhaps it may be of interest that I am President of the Bockus International Society of Gastroenterology.”

DR. PAUL E. McFARLAND, 550 W. Thomas Rd., Park Central Medical Bldg., Phoenix, Ariz., is affiliated with St. Joseph’s Hospital in Phoenix where he is Chief of Ophthalmology. His son, Henry, is a second year resident in neurology, having interned at Jeff.

lasker award
Dr. John H. Gibbon, Jr., recently added an impressive award to the collection of national and international honors which have come his way since the invention of the heart lung machine. This one is the Lasker Award. Dr. Gibbon is one of four bioscientists chosen for the $10,000 awards. Other recipients are Dr. William F. Windle, Dr. Marshall W. Nirenberg and Dr. H. Gobind Khorana, who were given awards for basic medical research. To Senator Lister Hill went a rarely given special award. Dr. Gibbon was presented the Albert Lasker Award for clinical medical research “for his creative imagination, and perseverance in designing a practical, efficient heart-lung substitute, and for his lifetime dedication to the improvement and advancement of surgery of the heart and blood vessels.” Dr. Gibbon’s citation referred to his invention of the heart lung machine and the first successful use of it on a human patient in an operation performed in 1953. “The historic heart transplant operations performed since December 3, 1967, could not have been possible without Dr. Gibbon’s dedicated research,” the citation read. The awards were presented on November 21 at the New York University Medical Center by Mrs. Albert Lasker. Mrs. Lasker is President of the Albert and Mary Lasker Foundation, an organization whose interest is in publicly honoring and enhancing the medical profession.

Dr. Gibbon, a 1927 alumna, retired as The Samuel D. Gross Professor of Surgery and Head of the Department at Jefferson in 1967. He is a fifth generation physician. His father, Dr. John H. Gibbon, Sr., was an 1891 graduate of Jefferson and also Professor of Surgery at the College. Dr. Gibbon, Jr., is a past President of the Alumni Association.
DR. WALTER F. RONGAUS, 601 Thompson Ave., Donora, Pa., is President of the medical staff at Charleroi-Monessen Hospital. Dr. and Mrs. Rongaus are parents of a son, Jeffrey.

1938

DR. PAUL H. MORTON, 1117 Tenth St., Coronado, Calif., writes that his youngest son, John, is a Stanford graduate and a Naval officer, presently serving on the USS SANCTUARY, a hospital ship off the Vietnam coast. In June he was married to the daughter of a University of Pennsylvania doctor.

1939

DR. HENRY H. STROUD, 708 Ashford Rd., Wilmington, Del., has been elected President-Elect of the Medical Society of Delaware. Dr. Stroud is a pediatrician who gave up his practice in 1964 to become Director of the Child Diagnostic and Development Center of Delaware. He is Vice Chairman of the Governor's Interagency Committee on Mental Retardation and is extremely active in civic and professional organizations.

1940

DR. JOHN F. W. KING, 600 Warren Ave., Hohokus, N. J., has been appointed an Associate Medical Director for The Equitable Life Assurance Society of the U. S. He had been Associate Director of the Preventive Medicine Institute and Strang Clinic in New York since 1963. For the ten years prior to that he was Director, Service Program, National Staff of the American Cancer Society. He currently serves as Assistant Attending Physician in Obstetrics and Gynecology at Holy Name Hospital in Teaneck, N. J.

1941

DR. JAMES A. COLLINS, Director, Department of Medicine, Geisinger Medical Center, Danville, Pa., served as Program Chairman of the Pennsylvania Medical Society Annual Scientific Sessions in Pittsburgh last October. He is President-Elect of the Pennsylvania Society of Internal Medicine.

DR. GEORGE H. HANLON in September was elected President of the Board of Directors of the St. Lawrence County Unit of the American Cancer Society. Dr. Hanlon resides in Gouverneur, N.Y., where he is a member of the Gouverneur School Board and a charter member of the Gouverneur Rotary Club.

1942

DR. JACOB H. BRUBAKER, 421 Main St., Denver, Pa., writes that he was entertained by and played golf with classmates Dr. Albert Ho and Dr. Thomas Min in Hawaii last year. "Tom Min wants it known that he won the match."

1943

DR. SAMUEL S. FARIS, II, 235 N. Easton Rd., Glenridge, Pa., has been named college physician at Beaver College. He is a staff member at Abington Memorial Hospital and Chairman of the Industrial Medicine Section of the Montgomery County Medical Society.

DR. H. EUGENE HILE, 115 Yorkshire Rd., Pittsburgh, Pa., has been elected Chairman of the Pennsylvania Chapter of the American Academy of Pediatrics for a two year term until 1970.

1944

DR. JOSEPH J. McHUGH, 543 E. Main St., Ottawa, Ohio, reports that he enjoyed very much the 1968 reunion, and seeing friends he hadn't seen in twenty-five years. Dr. McHugh's youngest son is now in Dublin, Ireland, where he is spending his junior year of college.

1944S

DR. STEPHEN W. BARTOSHESKY, 830 Spruce St., Wilmington, Del., has a son, Louis, who is a third year medical student at Cornell.

1945

DR. JOHN J. GARTLAND, 275 S. 19th St., Philadelphia, is now head of orthopedic surgery at Lankenau Hospital. He is Assistant Professor of Orthopedic Surgery at Jefferson and formerly was chief of orthopedics at Methodist Hospital in Philadelphia. Dr. Gartland is serving as Chairman for the 25th reunion for the class of '45.

1946

DR. ROBERT L. BRECKENRIDGE, 748 Baeder Rd., Jenkintown, Pa., is the Commodore at the Ocean City Yacht Club for 1969. He's busy, too, with plans for the 25th.

1947

DR. JOHN J. GARTLAND, 275 S. 19th St., Philadelphia, is now head of orthopedic surgery at Lankenau Hospital. He is Assistant Professor of Orthopedic Surgery at Jefferson and formerly was chief of orthopedics at Methodist Hospital in Philadelphia. Dr. Gartland is serving as Chairman for the 25th reunion for the class of '47.

1948

DR. GEORGE F. OWEN has moved to Rose Hill, N. C., from Durham to open a general practice.

1949

DR. ROBERT E. RICH, 50 Newark Ave., Belleville, N. J., is President-Elect of the
medical staff at Clara Maass Memorial Hospital in Belleville.

1945

DR. H. BLAKE HAYMAN, 81 Crabtree Dr., Levittown, Pa., recently was presented with the Bucks County Council AFL-CIO Humanitarian Award. It is the highest award given by the organization. Dr. Hayman, who practices gynecology and obstetrics, was recognized “for his demonstrated devotion and dedication to the medical care of the indigent, the less fortunate human beings unable to afford the proper care . . .”

DR. WILLIAM T. LINEBERRY, JR., Naval Hospital, Camp Pendleton, Calif., August was advanced from Chief of Surgery at the Naval Hospital to Executive Officer. “This is a full-time administrative job and I am sure I will miss the practice of surgery.” Dr. Lineberry sees classmate Dr. J. ELDER BRYAN occasionally. “He is quite a big game hunter, as the many animal heads on his walls testify.”

DR. FRANCIS L. MCNELIS, 350 Wayland Ave., Providence, R.I., was his wife’s campaign manager in her unsuccessful bid to be Republican State Senator from their home district. “A democratic sweep in view of the proposed state income tax.” The Mcnelises are the parents of six children.

1946

DR. THOMAS W. DALY, 476 Manheim St., Philadelphia, left private practice to complete a general surgery residency at the University of Pennsylvania. He is preparing for his Boards.

1947

DR. JOSEPH M. CORSON, 24 Bloomfield St., Lexington, Mass., has been promoted to Assistant Professor of Pathology at Harvard Medical School. Dr. Corson has offices and laboratories at the Peter Bent Brigham Hospital and is Senior Associate in Pathology there.

DR. JOHN J. GAPPNEY, 310 George St., Throop, Pa., is keeping busy with his practice in Throop and, his three daughters.

1948

DR. JOHN M. KOVAL, 5870 S. W. 85th St., South Miami, Fla., is enjoying the Florida sun with his wife Maureen, and their three children. (His eldest son is in pre-med and hopes to enter Jeff.) Dr. Koval is busy with internal medicine and cardiology.

DR. WILLIAM V. MCDONNELL, 120 Treaty Elms Lane, Haddonfield, N.J., has been appointed Chief of Staff and Medical Director of West Jersey Hospital. Dr. McDonnell is Chief Pathologist and Director of Clinical Laboratories at the hospital and will assume the new position in addition. He becomes top executive officer of a 220 member professional staff. He is also Associate Professor of Pathology at Jefferson.

1949

DR. WILLIAM E. HART, 30 Sisson Ave., Hartford, Conn., is now Director of Pediatrics at Saint Francis Hospital in Hartford. Dr. Hart interned and completed a pathology residency at Saint Francis. Dr. Hart took a pediatrics residency at Western Reserve University Hospital in Cleveland, Ohio. For the past two years he has been part-time Director of Education for pediatric residents at Saint Francis. Dr. and Mrs. Hart have seven children.

1950

DR. JAMES A. SHAFER has been promoted to Colonel in the U.S. Army. He is Chief of the Department of Hospital Clinics at Ft. Sam Houston, Tex.

1951

DR. ROBERT G. HALE, 4004 Fairway Rd., Lafayette Hill, Pa., is still in family practice in Lafayette Hill. “My work as Chairman of the Preceptorship Committee for the Pennsylvania Academy of General Practice threatens to make a teacher out of me after all these years . . . a very educational experience. I see a growing interest among the medical students for family practice and the prospect of a certifying board.”

DR. PAUL F. LEICHT, 220 Anchor Rd., Elizabethtown, Pa., has been appointed to the staff of Holy Spirit Hospital in Carlisle, Pa.

DR. SIMON PIOVANETTI, Entro Professional, Las Americas, Office 303, Ave. Domenech 400, Hato Rey, P. R., writes
that he has for rent an air conditioned beach front studio cabana which will accommodate a couple and two children. Anyone interested should contact Dr. Piovanetti.

1952

DR. ROBERT E. STOUT, 3611 Spottswood Pl., Hampton, Va., has an internal medicine practice in Hampton, where he and his wife live with their four children.

1953

DR. RICHARD W. HILL, 1912 Merrihills Dr., Rochester, Minn., has been promoted to Assistant Professor in the Mayo Graduate School of Medicine of the University of Minnesota at Rochester. He is head of a section in the Mayo Clinic.

DR. J. RODNEY MEREDITH, 240 Haddon Hills Apts., Haddonfield, N.J., has accepted a full-time new position as Chief Plant Physician, Mobil Oil Corporation in Paulsboro, N.J.

1954

DR. JACK W. FINK, 126 Holly Dr., Lansdale, Pa., recently returned from a vacation in Hawaii where he visited with classmate Bob Lee.

appointments

Two Jefferson alumni have been chosen for government positions on the state and national levels. Dr. Richard J. Potter '48, was appointed Acting Secretary of Health by Governor Raymond Shafer of Pennsylvania in December. He had been Deputy Secretary of Health since September. Dr. Potter had served previously in the Pennsylvania Health Department for ten years until 1965. He then moved to Michigan for the position of Director of the Marquette County Health Department. He rejoined the Pennsylvania department in August 1968. He is a Pennsylvania native.

In his new post Dr. Potter succeeds Dr. Thomas Georges '55, who until his resignation as Acting Secretary of Health had served also as Secretary of Public Welfare. Dr. Georges resigned his post in order to devote full time to his Public Welfare position.

DR. WILLIAM ROBERT JACOBS, 511 Fairbanks St., Phillipsburg, N.J., is actively engaged in general practice and is looking forward to the 15th reunion in June.

DR. JOHN R. LOUGHEAD, JR., recently was made a member of the Berks County Medical Society. He has an ob-gyn practice at 620 Walnut St., Reading, Pa. Dr. Loughead recently held a teaching appointment at the University of Arizona.

DR. RICHARD B. PEOPLES, 4533 Golf Creek Rd., Toledo, Ohio, and his family (the Peoples have four children) moved into a newly built home last July, “on the sixteenth fairway of our Club. I can go out the back door and practice—golf, that is.”

DR. DAVID H. SCHONHOLZ, 1212 Fifth Ave., New York, now holds the position of Head of the Adolescent Obstetrical and Gynecological Unit of the Department of Ob-Gyn at Mount Sinai School of Medicine. Mrs. Schonholz is full-time Assistant to the Director at Mount Sinai Medical Center.

1955

DR. ROBERT A. BROWN, USN Hospital, Bremerton, Wash., was awarded the Legion of Merit for his year of service in Vietnam which ended in August. The citation was made during ceremonies at the Bremerton Naval Hospital during October.

DR. A. BART LIESSNER, 6227 McPherson St. Louis, Mo. writes that he and his wife are now parents of eight, ages thirteen down.

DR. DONALD G. MILLER, 1520 E. Mishawaka Rd., Elkhart, Ind., has been involved in some new activities. “I have entered an association with two other physicians to provide twenty-four hour coverage of our local 294 bed hospital emergency room. Like in many other areas, our local staff was finding it impossible to cover the rapidly growing needs. We have been in operation for about six months and it is working out better than we anticipated. I feel more like a doctor again and less like a father confessor.”

DR. GUY L. SCHLESS, 330 S. Ninth St., Philadelphia, has been promoted to Assistant Professor of Clinical Medicine at the University of Pennsylvania School of Medicine and Associate Physician to the Pennsylvania Hospital and the Benjamin Franklin Clinic.

1956

DR. WILLIAM D. BACON, 17252 13th Ave., N. W., Seattle, Wash., and his wife are delighted with the beautiful Pacific Northwest. In July they became parents for the first time, a son.

DR. WILLIAM E. CLENDENNING, 7 Pleasant St., Hanover, N. H., is now head of the section of dermatology at the Hitchcock Clinic and Hospital and Associate Clinical Professor at Dartmouth Medical School. “Have three children, ages one to six.”

DR. ANTHONY F. MERLINO, 655 Broad St., Providence, R.I., is now a partner in a three-man orthopedic group, the largest in the state of Rhode Island. He recently became a Fellow of the American Academy of Orthopaedic Surgeons and earlier last year was elected a Fellow of the International College of Surgeons.

DR. RODNEY D. MOYER has moved from Norristown, Pa., to Parkersburg, W. Va., (1217 Washington Ave.), where he is a full-time emergency room physician at St. Joseph’s Hospital.
1957

Dr. H. G. Aaronson, 7756 Green Valley Rd., Wyncoate, Pa., was elected a Fellow of the Pennsylvania Psychiatric Society in October.

Dr. Robert J. Boron, 127 Pauline Dr., Clearfield, Pa., has been appointed Associate Radiologist at Clearfield Hospital. Dr. Boron was in general practice for six years before taking a residency in radiological diagnosis and therapy. During this time he also studied the use of isotopes in diagnosis and therapy and holds a license in nuclear medicine from the Atomic Energy Commission.

Dr. Simon Kravitz, 305 Red Barn Rd., Willow Grove, Pa., has been appointed Director of the Division of Community Child Psychiatry of The Child Study Center of Philadelphia. The Division is affiliated with the Pennsylvania Hospital Community Mental Health Center and will provide mental health services for children in the vicinity. Dr. Kravitz received his training in adult psychiatry at the Philadelphia Psychiatric Center and his child psychiatric training at The Child Study Center of Philadelphia.

Dr. Gerald Labriola, 577 N. Church St., Naugatuck, Conn., is practicing pediatrics in a new medical building in Naugatuck with a new partner. This leaves him some leisure time for the golf course.

Dr. Philip J. Marone, Associate in Orthopedic Surgery at Jefferson, is Chief of the Department of Orthopedic Surgery at Methodist Hospital in Philadelphia.

Dr. Ronald M. Match, 99 Forest Ave., Glen Cove, N.Y., is Director of the first hand surgery clinic to be established in his community, at Glen Cove Community Hospital. Dr. Match completed a fellowship in hand surgery at Columbia Presbyterian Medical Center and studied orthopedic surgery at Cornell Medical Center’s Hospital for Special Surgery.

1958

Dr. Sidney H. Arden, 141 Fisher Rd., Jenkintown, Pa., after completing his residency in June 1967, joined the Rolling Hill Hospital in Elkins Park as Associate Pathologist. He has two sons, 14 and 10.

Dr. D. M. Dill, 1315 Ynez Pl., Coronado, Calif., is located in Coronado permanently. “If any of my old classmates or friends come out here for vacations or meetings, look me up.”

Dr. George E. Hudock, Jr., 51 E. Valley View Dr., Courtdale, Pa., has received the appointment of Chief Deputy Coroner for Luzerne County. He also sends word that in June the family was increased to three with the birth of a daughter. Other children are George, 8, and Judith Ann, 10.

Dr. Jay A. Kern, 1506 Grand Ave., Asbury Park, N.J., has been made a Diplomate of the American Board of Internal Medicine. He is a staff member at Jersey Shore Medical Center. Dr. Kern did an internal medicine residency at Jefferson and also had a year’s fellowship in gastroenterology. He is on the faculty at Jefferson as an Instructor in Medicine.

Dr. Marvin Z. Rotman, moved from Philadelphia to 59 E. 80th St., New York, in order to accept the position of Director of Radiation Therapy at New York Medical College, Flower and Fifth Avenue Hospital.

Dr. Jerome L. Sandler, 7938 Robinson Rd., Bethesda, Md., became a Fellow of the American College of Surgeons in October.

Dr. Richard R. Vanderbeek, 664 Spring Valley Rd., Doylestown, Pa., is Director of the Medical Department of Doylestown Hospital and is working in the Hematology and Diagnostic Clinics at Abington Hospital. “Most important, happy with my family, wife Bunny, and two boys.

1959

Dr. James R. Delp, Box 2597, Williamson, W. Va., writes “I am being sponsored in a two year stay at a former miners’ hospital by the Mennonite Central Committee. Even though I was the first ophthalmologist here, the congeniality of the private multispeciality group serving the 145 bed general hospital has made setting up a practice a pleasant affair. It seems Appalachia is another area of great medical concern. If anyone reading this is concerned about delivery of medical care, Appalachia may afford you an opportunity.”

Dr. David M. Ghetter, 65 East Robbins Ave., Newington, Conn., has become associated with two other physicians in the practice of neurological surgery in Hartford. He completed a year of neurology residency at Jefferson and four years at Hartford and Yale New Haven Hospitals.

Dr. Edwin M. Marcus, 2050 N. Rodney Dr., Los Angeles, Calif., hopes to have his Beverly Hills office open by March of this year.

Dr. Lawrence J. Mellon, Jr., Fairview Rd. and 5th Ave., Woodlyn, Pa., has been appointed Medical Director of the Boeing Company, Vertol Division, in Morton, Pa. He heads a medical staff of three physicians, twenty-one nurses and two technicians. Dr. Mellon is a member of the American Academy of Occupational Medicine, The Industrial Medical Association and the Aerospace Medical Association.
1960

DR. ALAN N. FLECKNER, 39 Hoover Ave., Westwood, Mass., is presently Assistant Director of the Department of Obstetrics and Gynecology at Boston City Hospital and an Instructor on the Boston University medical staff. In January he received the degree of Master of Public Health from the Harvard School of Public Health.

DR. BARRY H. HELLMAN, Maple Lane, Southold, N.Y., is in the United States Public Health Service in Baltimore, Md., until July 1969. "Will return to the practice of internal medicine in Southold when service obligation is ended."

DR. WILLIAM MAHood, 1209 Pine St., Philadelphia, has entered private practice in gastroenterology at Abington Hospital.

DR. WILLIAM MANCOLL, 30 Woodland St., Hartford, Conn., was married to Miss Anita R. Barton last June.

DR. FRANCIS W. WACHTER, 28 Georgia St., Valley Stream, N.Y., says that the big news this year is that he has been certified in anatomic and clinical pathology—"no more exams."

1961

DR. WILLIAM J. ANTOGNOLI has been named an assistant in the Department of Pathology at the Polyclinic Hospital in Harrisburg, Pa. He served a four year residency in anatomic and clinical pathology at The Hospital of The University of Pennsylvania. He is certified in both.

DR. PETER J. CERA, Jr., has been appointed an associate member of the Pathology Department of Geisinger Medical Center in Danville, Pa. He served a four year residency in pathology at Jefferson.

DR. CALVIN A. COLARUSSO, 1109 Melrose Ave., Philadelphia, has been named Director of the newly created Community Mental Health Center at Philadelphia's Albert Einstein Medical Center. Dr. Colarusso, an Assistant Physician in the Department of Psychiatry and Director of Einstein's Child Psychiatry Outpatient Clinic, has responsibility for a mental health program that serves nearly 200,000 North Philadelphia residents.

1962

DR. CHARLES J. BANNON was recently made a Diplomate and is currently in the service in Italy with his wife and four children. Address: 45th Field Hosp., 3rd Hosp. Unit, APO, N.Y.

DR. HENRY GELBAND, 4 Edgewood Ct., Hillside, N.J., is completing a fellowship in pediatric cardiology at Babies Hospital in New York City. He plans to continue at Columbia and do work in electrophysiology. The Gelbands welcomed their first son last April.

DR. ROBERT M. GLAZER, 15157 Woodruff Pl., Bellflower, Calif., is in his last year of residency at Rancho Los Amigos Hospital, an orthopedic hospital for rehabilitation. He and his wife welcomed their first son, William Harris, on August 28.

DR. JAMES T. KAUDERS, 95 Greenleigh Rd., Fairfield, Conn., joined a three man group in nearby Bridgeport upon completion of his duty with the Air Force. "Meet Mike Oesau who also is practicing here."

DR. DOUGLAS S. MCCALL has entered a partnership in orthopedic surgery practice, Fort Myers, Fla. He and his wife and their two children reside on Twin Palm Drive in Fort Myers.

DR. SHELDON L. MORRIS, 3701 Conshohocken Ave., Philadelphia, finished his residency in ophthalmology at the Hospital of the University of Pennsylvania in June. During the summer months he worked in Nassau and now is in private practice in Chester, Pa.

DR. RAPHAEL I. M. PRICE, 41 Oakdene, Teaneck, N.J., is taking a two year residency in plastic surgery at Columbia Presbyterian Medical Center in New York.

1963

DR. JOHN P. HENTOSH, 5 Parkway, Allentown, Pa., has begun to practice at Allentown Hospital. He is locating his office at 331 S. 16th St., Allentown, having completed a residency and military service.
Dr. Roger M. Miller, 10732 Faulkner Ridge Cir., Columbia, Md., entered the Army in August 1967 and is now doing research on scrub typhus at the Walter Reed Army Institute of Research. He completed his third year residency in internal medicine as a Fellow in Microbiology at Johns Hopkins University School of Medicine. Daughter Lynn was born on July 18.

Dr. Keith A. Roberts has been appointed to the staff of John F. Kennedy Hospital in Stratford, N. J. Dr. Roberts is also an Assistant in Neurology at Jefferson.

1964

Dr. Kenneth A. Baker, 1941-A Virginia Ave., Homestead, Fla., finished an OB-GYN residency at Pennsylvania Hospital and is currently in the Air Force.

Dr. Joseph O. Beauchamp has opened an ophthalmology practice at 835 4th Avenue North, Naples, Fla., after completing his residency in Miami.

Dr. David A. Brian, 4704 Nottingham Rd., Jacksonville, Fla., is presently a flight surgeon at NAS Jacksonville, and was just promoted to Lieutenant Commander. "Working on my private pilot's license. Kitty and the children are well. Hope to enter an ENT residency when I get out of the Navy."

Dr. John T. Dawson, Jr., last summer completed his residency at Walter Reed Army Hospital, Washington, D. C. At that time he expected to be reassigned to Yokohama, Japan.

Dr. Edward C. Leonard, Jr., is on active duty with the Air Force (Box 359, Homestead AFB, Fla.). He is Chief Psychiatrist at Homestead. The Leonards have two children and are enjoying winter in the South very much.

Dr. S. Bruce Rubin, 355 Avon St., Philadelphia, has been appointed to the Chestnut Hill Hospital staff as attending obstetrician and gynecologist. He recently completed a three year residency at Germantown Hospital.

1965

Dr. Elmer C. Bigley, Jr., 5500 Sanger Ave., Alexandria, Va., is in his third year of residency at National Orthopaedic and Rehabilitation Hospital in Arlington, and will be returning to the Philadelphia area for further study at the University of Pennsylvania. The Bigleys have a two year old son, Elmer, III.

Dr. Albert A. Dubin, 157 Sycamore Ave., Mill Valley, Calif., is taking a two year cardiology fellowship with Dr. Arthur Selzer in San Francisco. The Dubins are expecting their second child this summer.

Dr. Erly P. Gallo is now in general practice with his father (Dr. Francis P. Gallo '34) at 10 Hinsdale Ave., Winsted, Conn. He served residencies at Jefferson and at St. Francis Hospital in Hartford.

Dr. Richard A. King completed his internal medicine residency at the University of Minnesota in Minneapolis, and is now working on his Ph.D. in human genetics there. In July he, his wife, Lois, and daughter leave for Hiroshima, Japan, where Dr. King will be working in genetic research with the Atomic Bomb Casualty Commission for two years. He will then return to Minnesota to complete his Ph.D. "Lois is completing her master's in psychology and typing with the idea of going on for her Ph.D. Believe it or not, we love the winters here in the North Country."

Dr. Wayne D. Seipel, 11 Hillsdale Terr., Livingston, N. J., became a father for the second time on October 6. "The birth came two days following our moving into the new residence, so hopefully now we can really settle down."

1966

Dr. Franklyn R. Cook, Cooper Hospital, 6th and Stevens Sts., Camden, N. J., is in his second year as an OB-GYN resident at Cooper Hospital and has been elected Secretary-Treasurer of the District III Junior Fellows of the American College of Obstetricians and Gynecologists for 1968-1969.

Dr. Joseph A. C. Grone, 7749-B Washington Lane, Elkins Park, Philadelphia, will complete pediatric training at St. Christopher's Hospital for Children in Philadelphia. He will then enter the Public Health Service, Division of Indian Health.

Dr. Thomas J. Green, Box 467, USNFA, FPO, N. Y., is stationed at the Naval Air Facility Signonella, Catania, Sicily, as general medical officer for about 1500 people. "Being a small town general practitioner is a very interesting experience. In the past year I have delivered a child on the floor of a C117 aircraft while landing at the Naples Airport, given sex education to the fifth, sixth, seventh and eighth graders at our local public school and was forced to deliver my own child because Carol decided to precip right under my nose. The baby, Debora Diana, is our third."

Dr. Henry H. Hood, Jr., Akron City Hospital, 525 E. Market St., Akron, Ohio, is the recipient of two research awards presented him in November. He was given Akron City Hospital's Award of Distinction for his research on analysis of causes of degenerative disc disease in the lumbo sacral spine. He is also the recipient of the annual award presented by the Akron Area Chapter of the Arthritis Foundation for his paper on the degenerative process of rheumatoid arthritis of the hand. He is a second year resident in orthopedics.

Dr. Robert H. Kirschner is spending the entire year doing research on mitochondrial nucleic acids at the Department of Pathology at the University of Chicago. "We have published a paper on electron microscopic studies of replicating mitochondrial DNA (from rat liver) which has received considerable attention. (Proc. National Academy of Science 60:1466, 1968)."

Dr. Kirschner was recently elected to membership in the University of Chicago chapter of Sigma Xi and as of July 1, 1969 will be promoted to Chief Resident and instructor in Pathology.

Dr. James A. Letson recently returned from Vietnam where he served as flight surgeon for the 48th assault helicopter company. Dr. Letson earned the Bronze Star for his "outstandingly meritorious service" there. According to the citation, "he consistently manifested exemplary professionalism and initiative in obtaining outstanding results. His rapid assessment and solution of numerous problems inherent in a combat environment greatly enhanced the allied effectiveness." Dr. Letson completes his service obligation in September 1969. He plans to enter an ENT residency at the Ohio State University Hospital, Columbus.
Presently he is stationed at Ireland Army Hospital, Ft. Knox, Ky. Dr. Letson and his wife, Ilse, have two children.

Dr. ALAN S. Roberts, 1427 Pier Ave., Metairie, La., presented his first research paper at the Louisiana Orthopaedic Society meeting in November. His wife, Marjorie, has passed the major and minor comprehensives for the Ph.D. and is currently working on the thesis for her degree in guidance and counseling psychology. “Best wishes to my classmates.”

Dr. FRANK J. Szarko is in the United States Navy, stationed with the 2nd Marine Division at Camp Lejeune, N. C. In July of this year he returns to Philadelphia for a residency in radiology at Pennsylvania Hospital.

1967
Dr. HAROLD L. Ishler, Jnr., was presented the Watson Clinic Award as the outstanding intern at Lakeland, Fla., General Hospital. He is now a Navy lieutenant at Charleston, S. C.

35th for class of ’34
Dr. Michael Vaccaro is serving as reunion chairman for the class of ’34 and he reports that reservations have been confirmed at the Bellevue Stratford Hotel for a cocktail party and dinner. More details later.

30th for class of ’39
Dr. Joseph P. Long reserved the Faculty Lounge in Jefferson Hall last fall for cocktails and dinner on June 4. For out of towners it will be an opportunity to see the facilities of the handsome new building. More news in the spring.

25th for class of ’44
A reunion committee headed by Dr. Burton L. Wellenbach has big plans for the big reunion of the class of ’44. The Barclay will be the scene for the Wednesday evening dinner dance and Jefferson Hall for the luncheon on Thursday. Watch the mails for details.

25th for class of ’44S
Dr. John J. Gartland is serving as chairman of a committee that met in mid February to organize plans for the 25th reunion of the class of ’44S. Decisions that day called for a dinner dance on Wednesday evening, June 4. Headquarters will be the Marriott Motor Hotel on City Line in Philadelphia.

weddings
1951
Dr. DAVID A. Peters to Miss Berta Jost Wintsch, October 5, 1968

1962
Dr. NORMAN R. Scott to Miss Carolyn Jane Young, November 1, 1968

1964
Dr. MILTON J. Sands to Miss Katharine Neubauer, October 5, 1968

1965
Dr. FRANK N. Federico to Miss Frances Helena Virag, September 21, 1968

1966
Dr. DONALD D. Getz to Miss Judith Jean Abbott, August 31, 1968

1967
Dr. LEONARD H. Seltzer to Miss Judith Phyllis Kramen, September 8, 1968

births
1964
A daughter, Julie Lara, on October 19, to Dr. and MRS. STANTON SCHIFFER.
Percival Foerderer's death at Jefferson Hospital on January 22 came at the age of 84. His efforts for Jefferson in the past forty years had earned him the title "Mr. Jefferson," and the esteem of the Jefferson community as one of the most important Board members in the history of the institution.

Percival Foerderer joined the Jefferson Board of Trustees in 1928 as a life trustee. After serving as Chairman of the College Committee and Chairman of the Finance Committee, he was elected Chairman of the Board in 1950. During the eleven ensuing years under his leadership, plans were made that shaped the modern history of Jefferson. It was during this time that a forty million dollar development program to triple Jefferson's area and plant was formulated and launched. The program is now in the execution stages, with Jefferson Hall, the Louis B. and Ida K. Orlowitz Residence Hall and the James R. Martin Student Nurses Residence completed. "The chief architect of the new Jefferson," he was called, and to honor that role the Foerderer Pavilion on the corner of Eleventh and Walnut Streets was named in his honor. As one enters the Foerderer Pavilion the first view is an oil portrait of Jefferson's famed trustee.

Other awards came to Foerderer to recognize his importance in Jefferson life. The Executive Faculty recommended him for an honorary degree in 1951. The Alumni, in a precedent breaking move in 1964, awarded him the Alumni Achievement Award. This was the only time that the Award has been given to anyone outside the field of medical science.

Mr. Foerderer's career was not exclusively Jefferson, however. In 1908 he took over the presidency of the leather manufacturing business founded by his grandfather. The firm pioneered in Vici Kid for shoes. Foerderer discontinued the business in 1937. Though he then made Jefferson his primary interest, his activities extended far beyond. He was active on the Boards of the Penn Mutual Life Insurance Company (and served as Chairman), the Philadelphia Bourse, the Eastern Pennsylvania Psychiatric Institute and the Institute for Cancer Research. After many years of service to Blue Cross and Blue Shield, Foerderer was elected to the newly created position of Vice Chairman. During World War I he served on the War Industries Board and in World War II he was a lieutenant colonel in the Army Specialist Corps.

He is survived by his wife, three daughters, a sister and four grandchildren.
Leighton F. Appleman, 1897
Died November 25, 1968 in North Hills, Pa. Dr. Appleman was a former Chief Surgeon at Wills Eye Hospital. He taught at Jefferson for thirty-five years and also at the Polyclinic Hospital which later became the Graduate School of Medicine of the University of Pennsylvania. He continued as consultant to the Wills Eye Hospital until his death. Dr. Appleman was an active alumnus and served as agent for the class of ’97 for many years.

Frank P. Dwyer, 1906
Died November 27, 1968 in Baltimore, Md. Dr. Dwyer broke his hip in a fall about a week prior to his death. He had practiced in Renovo, Pa., his entire career and was one of Renovo’s most popular and beloved citizens and one of Pennsylvania’s oldest practicing physicians. He is survived by his wife, a son and a daughter.

Mortimer W. Blair, 1914
Died December 14, 1968 in Roxborough, Pa. He practiced ophthalmology and was Chief of Ophthalmology at Memorial Hospital in Roxborough for the past fifty years. Dr. Blair is survived by his wife and two sons, one of whom is Dr. Frank W. Blair ’44S.

William E. Brackett, 1915
Died August 25, 1968 in Johnson City, Tenn. Dr. Brackett at one time served as President of the Henderson County Medical Society in North Carolina.

Ira M. Henderson, 1917
Died September 19, 1968 in Fairfield, Pa. He practiced in the community for fifty years, having delivered more than four thousand babies. He was a Clerk of the Session of the Presbyterian Church for thirty-eight years. He is survived by his wife and a daughter.

Clayton B. Mather, 1925
Died November 28, 1968.

Charles D. Driscoll, 1931
Died September 20, 1968 in Camden, N. J. Dr. Driscoll had a private practice in Collingswood, N. J., and had served on the staff of Cooper Hospital for thirty-seven years. He is survived by his wife, a brother and a sister.

Isadore Zugereman, 1931
Died August 16, 1968 in Philadelphia, Pa. Dr. Zugereman was on the staff of Episcopal Hospital and the faculty of Temple University School of Medicine. He died of metastatic carcinoma at Temple University Hospital.

Frederick Kosanovic, 1934

Melvin M. Meyers, 1935
Died October 26, 1968 in Altoona, Pa. He had been Assistant Radiologist at Mercy Hospital in Altoona. Dr. Meyers at one time had a general practice in Moranza, Pa., and was Chief of the Radiology Division at Lankenau Hospital in Philadelphia. He is survived by his wife and his mother.

Ned D. Mervine, 1936
Died October 30, 1968 in Willingboro, N. J., following a long illness. He had practiced in Meadville, N. J., for the past thirty years. His wife and two sons survive him.

William F. Cox, 1947
Died November 5, 1968 in Baltimore, Md. An internist, Dr. Cox was plant physician for the McCormick Company and Medical Director for the American Health and Life Insurance Company. He died of bilateral bronchopneumonia and purulent bronchitis.

Charles O. Mimm, 1952
Died October 5, 1968.

Benjamin M. Stout, Jr., 1952
Died November 6, 1968. Dr. Stout was Assistant Professor of Medicine and Head of the Department of Allergy at West Virginia University Medical Center in Morgantown, W. Va., at the time of his death from myocardial infarction. His wife, a Jefferson R. N. graduate, three sons and a daughter survive him.

Marjorie E. Wint, Registrar
Died November 5, 1968 in Wilkes Barre, Pa. Miss Wint joined the staff of the Medical College in 1942 and for many years served as Registrar. In 1967 on the occasion of her retirement she was honored at a luncheon given by her friends and colleagues. Her close association with Jefferson lasted more than a quarter of a century.
The State of the College (continued)

tice responsibilities have grown so greatly in recent years that there are now full-time members on the faculties in nearly all of our clinical departments. These faculty members have established splendid records, and their accomplishments have enhanced the entire atmosphere of the College. Jefferson traditionally has been strongly dependent for clinical teaching on the vast contributions of many dedicated physicians who give their time and energy to our programs either voluntarily or with very small stipends in return. As our full-time faculty has grown, questions have arisen about the future status of the part-time and volunteer members. The trustees as well as the officers of the College feel that Jefferson will always need the type of mixed faculty that now exists in order to carry out her multiple missions which are emphasizing clinical teaching and patient services more and more. The Administration shares the concern which is sometimes expressed that the volunteer segment of the faculty is not growing in step with the full-time segment. During the coming months, conferences will be held with appropriate Department Heads and others to find ways of expanding this portion of the faculty in areas where the patient care programs as well as the teaching and research programs would profit by new appointments.

One of the most difficult problems this year concerned the different ways in which a physician might relate his medical practice to Jefferson. Three committees were established to study separate aspects of this matter. From the discussions of one committee, a policy was evolved whereby physicians in the various departments and divisions can collect payments from third party sources for their professional services to patients in the clinics and on the wards. The Administration feels that a responsibility existed for it to provide the doctors with such a policy and also to establish the means for implementing it. The implementation process is difficult and is still under development. When this is completed, however, the task for the Administration will be done. The policy for collecting third party funds for clinic and ward patients is designed to be mainly of benefit to the doctors themselves and to their departments and divisions. It is for the physicians in each of these departments and divisions, therefore, to weigh the merits of the program and to decide for themselves whether it is to their advantage and that of their department to use the system or not.

A second committee developed the basis for a Medical Practice Plan for full-time faculty physicians. While our full-time doctors recognized that they must limit their practice of medicine and that an institutional policy on this matter is necessary, this Plan met a variable reception. Most full-time physicians decided to function within the Plan with the understanding that it is a flexible arrangement which can be adjusted to the needs of the different departments and divisions. A few faculty members asked to be excused for a year from functioning under this arrangement, and this was granted with the agreement that they would study plans at other medical schools and either offer modifications to the Jefferson Plan or recommend a substitute plan to which they could subscribe and under which they could function next year.

This report marks the completion of 144 years of service to medical education by the Jefferson Medical College. Tables and statistics have been prepared and circulated to furnish the faculty and others with information regarding our current programs and our general condition. Wherever possible, statistics have been compared with previous years in order to provide a basis for judging progress. There are data on research to make us proud, and figures on budget which we hope will be better in another year. Jeffersonians will be pleased with the increased alumni giving, the growth of the graduate school, the large program in continuing medical education for physicians in practice, the improved status of our financial assistance to students and our new programs for Children and Youth and Community Mental Health.

On the other hand, there are areas of disappointment. Operating funds were badly curtailed this year in the categories of research and teaching. As a result, we increased our students on schedule, but we did not have the expected resources to add needed staff and faculty. New programs were postponed, and we were unable to renovate old space as we reassigned it to departments.

Problems and unmet needs are plentiful, but Jefferson is an important American institution, and good men with a common purpose can overcome obstacles. The destiny of this important College lies in the hands of a great many people ranging from students who are newly enrolled to alumni who are celebrating anniversaries of half a century. They include leaders of our community who devote much of their time and effort as trustees of Jefferson, faculty of all ranks, and members of the public who are interested in our work and who look to us for continued service. Our responsibilities are broad and heavy, but the destiny of this old and distinguished College has come to us—to all of us. What is more, it has come at a trying but crucial time for our country and, indeed, for our world. We are charged by all who have preceded us here to move this College forward. Whatever interests we may have as individuals, let them stand aside for our combined objective.
ALUMNI CALENDAR

February 27
Annual Business Meeting and Dinner, Jefferson Hall

April 19 to May 6
Seventh Alumni Postgraduate Medical Seminar, Switzerland

April 23
Reception, The Drake Hotel, Chicago, in conjunction with the meetings of the American College of Physicians

April 28
Reception, Bal Harbour, Florida, in conjunction with the meetings of the American College of Obstetricians and Gynecologists

May 5 and 6
Reception, Bal Harbour, Florida, in conjunction with the meetings of the American Psychiatric Association

May 19
Reception, Haddon Hall, Atlantic City, in conjunction with the meetings of the State Medical Society of New Jersey

June 2 to 7
Jefferson Art Show, Jefferson Hall, sponsored by Faculty Wives Club

June 4

June 5
Banquet for alumni and wives, Memorial Hall, Fairmount Park

June 6
Commencement, Academy of Music Physical Examinations upon written request to Alumni Office.