Spring 1971

Jefferson Alumni Bulletin – Volume XX, Number 3
Spring 1971

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The past decade has been a time of exceptional growth in all phases of Jefferson's activities. The acquisition of land and the erection of new facilities have occurred at a pace which is unprecedented in our history. From our previous status as a medical college we have broadened our educational purpose to that of a medical university. Our curriculum has undergone substantial change. The student body of the medical college has been enlarged almost thirty percent in merely four years, and there has been considerable growth of the faculty.

Good planners are truly visionary people, but the implementation of the best plans reveals hundreds of unforeseen problems which require several years of operation to resolve. Thus a period of consolidation and planning was necessary this past year in order to provide an essential step in the process of firm growth and solid building.

The new curriculum of September 1967 was refined considerably this year. Several new courses were incorporated, and a whole new program on the mechanisms of disease was designed for presentation during the last quarter of the first year. An integrated course in clinical medicine will begin next spring in the final portion of the second year, community medicine as a specific course presentation has been planned, and more interdisciplinary teaching is occurring throughout the first two years.

There is evidence that the operation of our departments has been facilitated by their newly assigned space which had been planned in accordance with their previously identified needs. The basic science departments and the student-faculty commons are becoming accommodated to the facilities of Jefferson Hall. Space in the medical college building which was assigned to the clinical departments is now the site of productive research and teaching. Even the problems of the Orlowitz Residence Hall have changed emphasis, and now there appears to be more concern about the ability to obtain residence in the building than about the inconveniences of living there. It appears that the assets of all our new facilities exceed whatever problems they may have produced.

Perhaps the most extraordinary new relationship for Jefferson is the affiliation with the University of Delaware and the Delaware Institute of Medical Education and Research. An agreement to relate Jefferson to these two Delaware institutions was accomplished this year after a long period of planning. Jefferson looks forward to this affiliation as an opportunity to demonstrate that a privately financed medical school can provide an entire state with the benefits of a teaching medical center including opportunities of medical education, graduate and continuing medical training, cooperative research, community medical programs, and elevation of the level of health care of the state.

Perhaps one of the most necessary aspects of consolidation was in the area of our fiscal soundness. The medical college has incurred budget...
IN THIS ISSUE
The new Scott Library and Administration Building is open and fully functioning—and the spring Bulletin gives alumni a chance to see what the newest campus addition looks like. Along with the pictures are some thoughts offered by Doctor Edward A. Teitelman '63, on architectural aspects of the Scott Building. Doctor Philip J. Hodes, Professor of Radiology and retiring Chairman of the Department, follows with his story on the development of radiology at Jefferson during his tenure. And reversing the spotlight from Radiology to Radiologist, Doctor Hodes becomes the subject of the issue’s “Profile column.” The Office of Medical Education takes up from there with a review of its first year of operation and its plans for the future. Heading it all is Doctor William F. Kellow, author of this issue’s “Commentary.”

Credits: Design Consultant, Library story and cover, Lou Day; Photography, cover, pps. 2-19, George Eisenman.

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The Alumni Association of Jefferson Medical College
1020 Locust Street, Philadelphia, Pennsylvania 19107
The four and a quarter million dollar Scott Library and Administration Building marks the completion of Jefferson's recent period of extensive physical expansion. Located on Walnut Street between the Orlowitz Residence Building and the Martin Nurses Residence, its exterior appearance marks a decided change from both recent and older Jefferson design. The work of the firm of Harbeson, Hough, Livingston and Larson, its form is mainly that conceived by the late Roy Larson, although many details were chosen from alternatives by the firm's design committee. The end result is a building which collects some excellent details, even if it is lacking in unification of concept and expression. But let us first look at some of the positive aspects of the structure.

Set across Walnut Street from the old Medical College buildings, the Curtis Clinic and the Hospital, the Scott Library and Administration Building was designed to house a greatly expanded medical and nursing library as well as the administrative offices of the University. The program for the library and administrative offices, including suggested grouping of rooms and approximate size of areas, was developed by the library and administrative staffs, not by the architects. The library desired space to accommodate one hundred and twenty-five thousand volumes, one hundred and twelve journal subscriptions, and five hundred readers. The constricted and awkwardly shaped building site also was predesignated. But it was the same firm of architects, as executive archi-
tects and planners for Jefferson, who were responsible for the severe limitations in this case. There was, therefore, very little choice as to the basic configuration of the structure. The building essentially consists of two floors of administrative offices set atop the three floor library structure. The basement and first floor combine both library and administrative facilities.

One enters the building on the Walnut Street side by way of an arcade which surrounds the entire structure. The entrance lobby is dominated by a handsome reception desk which also serves for control of library material. It was originally anticipated that the lobby would be divided, providing separate elevators to the administrative offices and library circulation. Unfortunately, as an economic expedient, this plan was discarded and three rather than four elevators were installed, making adequate control of the removal of library materials more difficult. The right hand side of this floor contains the Personnel and Employment offices. Drawing a heavy circulation, they were placed in this location as the design of the building progressed in order to reduce traffic on the elevators. Comparable space to the left forms the basic reading room of the library which is conceived as an informal browsing space as well as an oasis for late night study by residents and students. The main feature of this room is a curved, free standing stairway leading to the main library level above. To the rear of the building on the ground
level are several rooms which form the headquarters of the expanded campus security force, a service entrance, and a service elevator.

The basement contains the usual mechanical equipment, storage and maintenance work areas. There is also a large amount of library storage. The remaining section is devoted to electronic data processing equipment and staff, the computer being connected to the buildings on the north side of Walnut Street by cables under the street.

The Library arrangement follows a fairly standard and effective open plan which the architects used several years ago in the much larger Van Pelt Library of the University of Pennsylvania. This involves the placing of stacks and reading areas around the perimeter of the building in unpartitioned space. Elevators, rest rooms, stairways and mechanical shafts constitute the central core of the building, but the bulk of the space has the capacity of great flexibility in usage. As library needs change and collections grow, bookcase shelves can be added, removed, or relocated. Rather than one large reading room a number of informal reading areas are created in close proximity to the stacks by the arrangement of the bookcases.

The second or main library floor also contains the card catalog, a reference area, and the circulation desk. The librarian's office, a staff lounge, and technical rooms also are included on this floor. Seventeen carrels for individual study are placed along the west wall. The third floor contains more stacks, twenty-four regular carrels and a number of sound proof carrels for typing and audio-visual use. A browsing room and the rare book room as well as conference and study rooms are located here. The audio-visual department, which includes the growing collection of teaching tapes, is on this level. The fourth floor has more stacks and other meeting rooms and offices. There is a definite hierarchy to the placement of books, with the books from the deepest and most inaccessible basement stacks in the old building going to the highest levels in the new structure.

Administrative offices on the fifth floor are developed as four complexes in the quadrants of the building. There is a large and pleasing open area entered immediately from the elevator, and light is brought into the interior spaces by the use of glass clearstories at the top of all interior partitions. Filing cabinets, closets and other office fixtures are handsomely built into the partitions which are finished in natural oak.

The sixth floor is similarly divided in a quadrant arrangement, with the President and three Vice Presidents each having a large corner office surrounded by offices for staff. Also located on this floor is the Board Room and three conference rooms served by a food handling area. The executive floors, like the interior generally, have a very pleasant cohesion and character suggesting the work of a limited number of designers with a good concept of what was wanted.

One might be tempted to dismiss the much less cohesive exterior of the building as a mere whimsy, but in fact there was some rational to much of its design. There are also a number of individual aspects which deserve attention. Early in the design it was apparently decided to differentiate the administrative floors from the library with a scheme of arches for the administrative floors. They relate, in fact, to the arches on the upper floors of the old Medical College and Curtis Clinic, as can be seen in the illustration on page 2. The site covered the direct path from Jefferson Hall to the College-Hospital complex on the north side of Walnut Street, thus circulation through the building became desirable. An early scheme, shown in the drawing elevation on page 8, involved an arcade somewhat off center through the building, a design which also attempted to be reminiscent of the large arched doorway which is the main feature of the older Jefferson buildings. As the design evolved, however, the architects decided to place the arcade around the outside of the first floor of the building. After much study the particular configuration of arches was chosen as the most esthetic as well as the most psychologically pleasing to the passer-by. Such practical problems as the height at which the arch can begin so as not to make a person feel psychologically uncomfortable as he stands beneath it became an issue in design.

The Library section did not require extensive peripheral lighting, making a series of small slit windows a reasonable choice to differentiate these floors. However, it was felt that the main library floor should have some distinction from the remaining library floors and that it might well use additional light. Thus after much study (involving consideration even of bay windows), the somewhat larger windows on that floor were chosen. At the final design stages, such features as the buttresses on the corner of the building were added, in response to a visual esthetic need of the form which had gradually evolved.

Unfortunately the result opens itself to severe caricature. From many aspects the building appears to be
a fort or castle. Its form is so suggestive of the classic "rook", set in the middle of the campus, that one wonders about the psychological effects of the college administration removing itself to the upper floors of such a structure in this day of student unrest.

One also has severe reservations regarding the compatibility of the exterior of the building with its surroundings. Although the general mass of the structure and the details of the space on Walnut Street were carefully studied by the architects to relate them to the streetscape and the surrounding buildings of variable size and mass, the new building has a very different feel from that of all of the other Jefferson buildings. The relatively massive structure is placed very close to the tall Orlowitz and old Walnut Street buildings. A subtle linking of the facade of the new building to the basics of the surrounding structures is needed, while the new must assert itself against its background. Jefferson's architecture is essentially that of the post and lintel—a framing (whether in steel or reinforced concrete) of vertical supports and straight horizontal floor. There is a rectangular theme and regular rhythm across the facades, despite their variations. The original college buildings, even with their arches, never lose their dominant rectilinearity. Rather than relating to this feeling, the Scott architects have designed a structure without regular rhythm, and one whose walls suggest that the building is a solid masonry block. The walls, rather than acting as a screen between the horizontal and vertical structural elements (as clearly expressed in Orlowitz) purport to be solid. Placing this solid mass in proximity to other Jefferson buildings results in a very uncomfortable situation, for it is certainly an intruder, and its bulk is all the more noticeable.

Actually, the building is conventional post and lintel construction, as indicated in the construction photograph. Had the design related closely to the underlying horizontal-vertical construction of the building, a much more satisfying and effective element of the campus would have resulted. One might imagine a building design based on the exposed concrete skeleton of the construction photograph. Extremely effective contemporary design often exposes such a frame with carefully designed but clearly secondary wall surfaces, possibly of glass, between the dominant structure. Such a building could not only have been outstanding in itself, but could have had the strength of integration with, but variation from, its neighbors, and created a powerfully cohesive grouping.

Despite its severe limitations the exterior of the building has many pleasant features, particularly the handsome detail of the brick work. Such old fashioned niceties as brick corbels (the lodging of brick courses seen under the projecting arches between the fourth and fifth floors), delight the eye. Corner buttresses are handsomely done—almost nice enough to make one forget that they end only several inches below the ground upon a concrete ledge with no foundation—rather disappointing for a building buttress. The arches are nicely done, although they do not relate in shape or size to any others among the Jefferson buildings. The corner edges of the building are very effectively handled, as is the carefully studied Penthouse for mechanical services which tops the building.

Handling of art in relation to this building also carried through some of the disquieting themes in the building design itself. Eakins' Gross Clinic, Jefferson's esthetic treasure somehow found itself about to be hung on the stairway in the basic reading room. Only after Alumni criticism and pressure and outside expert study was a somewhat less unhappy location found for it in Jefferson Hall. Alexander Stirling Cal­der's statue of Samuel D. Gross, which Jefferson retrieved from the warehouses of the Federal Government in Washington, where it had been moved from the Mall during construction of an expressway underpass, was placed to the rear of the Scott Building some months ago. The real question is why Jefferson placed it overlooking the parking lot rather than on the Walnut Street front, as the architects suggested. One assumes that it is to relate eventually to an open area in the center of the block which would result if new construction proceeds along Eleventh and Locust Streets and parking is placed underground. But this is rather confusing as the entrance to the Scott Building is on Walnut Street and all that adjoins the statue is the truck and service entrance and guards' room. The visitor has nothing to orient himself to the actual entrance and the statue leads him astray. But as Jefferson publicity has described Gross as "in front of the building," one really wonders if we know our front from our rear?

The Scott Library Administration Building—nice inside, outside perhaps a good building in another location—is, where it is, short of what Jefferson deserves. Doesn't our enlightened respect for what we already have and our concern for the physical expression of the institution, call for better design and planning?
Robert Lentz looks around his new library with obvious pride. And it's easy to understand why. For the past thirty-nine years he has been Librarian or Assistant Librarian of the Jefferson Medical College collection, which for the last forty years has been housed in the main college building. Mr. Lentz now refers to that library as “the reading room.” With its dim warmth, rich woodwork, beamed and hand painted ceilings, and massive tables engraved with many years of study, the old library was a charming retreat. But a library should function as more than a retreat, Mr. Lentz comments. Limited space was what restricted the usefulness of the old library. Half of the collection was kept in storage, simply because there was no more area available for stacks. Staff services were limited by lack of space for personnel as well as literature.

The change from old to new couldn't be more dramatic. “We outgrew the other library about fifteen years ago,” Mr. Lentz estimates. Plans for the new building were formulated in 1964, when Mr. Lentz outlined what additional facilities were needed. The architect took this and interpreted it into a building in which space is plentiful and also flexible, because of the careful use of internal walls. The upper floors of the building, which now hold administrative offices, have been built strong enough for library use when expansion is needed. “But I don't anticipate the need while I'm here,” Mr. Lentz smiles.

The Library is getting more use then ever now. “Circulation is more active,” Mr. Lentz observes, “perhaps because the entire collection is accessible, rather than half.” An occasional head count shows three times as many users on the average day. The library is getting a different kind of use in some cases, too. With
the building further removed from the students’ class and lab locations, people don’t “pile in” at off hours unless they intend to study. “The nappers find other places to go,” quips the Librarian. Among the new services that are attracting readers is a Reference Department. “We stole a reference librarian from the College of Physicians Library,” Mr. Lentz admits. The staff has expanded to include a head of technical services, a reference assistant, a circulation assistant and a secretary. The new library also features more audio visual equipment and soundproof carrels in which to use it. Another new service is the twenty-four hour reading room, located on the ground level. Equipped with a house phone, this area is particularly popular with night staff, who can make good use of time between duties.

The collection of 70,000 volumes makes Jefferson’s library “average size” for a medical school, according to Mr. Lentz. “We have a carefully selected collection of literature, and we constantly weed from it to keep it relevant. Relevance is the word rather than size,” he says. Jefferson will probably continue to stay average in size because of the proximity of the 200,000 volume collection at the College of Physicians of Philadelphia.

The role of the library is growing in importance with the current emphasis on self-education in medicine, Mr. Lentz sees. He has noticed an increase in the use of the library particularly since the junior and senior lectures have been eliminated. “Students have to learn to educate themselves now, because they will be doing so in the future. The library must stimulate them to independent study and provide them with basic materials,” he feels. Audiovisual equipment will be more important in this trend and the Scott Library will be acquiring more of it in response to the need.

The Scott Library means big changes not only for the reader, but also for the Librarian. Novelties that came with the building include an office for Mr. Lentz. In the old library, Mr. Lentz could be found at a desk at the rear of the library in the midst of reading tables, stacks and memorabilia—very accessible to those readers just wishing to chat. This perhaps accounts for the fact that Mr. Lentz finds his working day more productive in his new quarters. “I thought I would miss the other library,” he reflects, “but when I come in here in the morning I don’t feel it at all.” That might be because the Scott Library largely reflects his suggestions on what a library should be. There are kinks in the results, of course, like the mismatching of furniture and woodworking—a manufacturer’s error, and the inadequate lighting between stacks, despite several assurances given Mr. Lentz on the subject in advance. But these will be worked out and fade into trivia next to the reality of a library long in the planning. And then Robert Lentz isn’t a complainer, either. He is a quiet accomplisher and a recognized leader in his field. He has been President, Chairman of the Committee on International Cooperation, Placement Advisor and a Director of the Medical Library Association. He is affiliated with the Special Libraries Association, the American Library Association and the American Documentation Institute. He also teaches at Drexel University’s School of Library Science. After thirty-nine years, he has a library that is truly a library, offering books, audiovisual equipment and study facilities to satisfy the student, researcher and the practicing physician.
An early drawing elevation shows plan for off center arcade reminiscent of large arched doorways of older College buildings.

Early photo illustrates conventional post and lintel construction.
Walkway from old College buildings to new Jefferson Hall.

Arcade surrounds entire building.

The Calder statue of Samuel D. Gross in rear of Library facing south.
Reception desk dominates entrance lobby.

Personnel offices are in comparable space on west side.
Curved free standing stairway leads to main library on second floor.
Stairway leads to circulation desk.
The card catalogs and circulation desk are on perimeter of building.

The stacks are in unpartitioned space permitting flexibility.
The third and fourth floors also house numerous volumes.
Carrels for individual study line east, south and west walls on all three library floors.

Reference area in the main library.
Sound proof carrels on third floor are for typing and audio visual use.

Study rooms are located on all three floors of the library.
Periodicals are on display in second floor reading area. Jefferson Hall can be seen through south wall windows.
Large open areas for secretarial staff on fifth and sixth floors face the three elevators.

The accounting and purchasing departments are found on the fifth floor.
President Peter A. Herbut in his sixth floor office, the south west corner of the building.

The meeting room for the Board of Trustees.

Individual conference rooms are located on both the fifth and sixth floors.
In this brief history of my Department, I have tried to achieve one purpose; to explain how we went about rebuilding a department that once was great. How did we reach critical decisions? How and why did we establish the priorities we chose? These are questions that have been asked of me repeatedly.

In telling the history of how and why we chose to do what we did, one cannot ignore the personalities of those who had key responsibilities in the effort. For in academia, building is as much the practice of human relations as it is expertise and administrative know-how. Where people are involved, pride and ambition, jealousy and conflict come into focus. Though engaged in a common pursuit, judgments sometimes may be clouded by a zealous love of personal interests. In a mutual undertaking like ours, therefore, it sometimes became necessary to subordinate personal drives in behalf of the common goal. Often, this was as difficult for the departmental chairman as it was for the well-meaning and highly gifted associate whose cause temporarily seemed to have been thwarted. Blessed though I was with brilliant and highly motivated associates, whose allegiance I never doubted, there were times when things did get “sticky.” I submit that an ability to deal with the “ruffled feathers” of the gifted and sensitive often makes the difference between success and failure in all positions of responsibility. For what they may be worth, I am privileged to submit some of my recollections.

When we came to Jefferson, December 1, 1958, its Department of Radiology was in trouble. A department that long had enjoyed an enviable reputation was now having trouble finding a chairman. Its most recent chairman had resigned, his professional staff dispersed, patients were being sent out of the hospital for x-ray studies, pride in the department was nonexistent, red ink was the rule. In short, the department (radiation therapy excepted) had reached its nadir.

It was in this climate I was approached by Dr. William A. Sodeman, then Dean and Vice President of Jefferson Medical College and Medical Center, regarding the chairmanship of the department. I could not have been less interested.

It was my Chief at the Hospital of the University of Pennsylvania (Dr. Eugene P. Pendergrass) who felt I owed it to myself to meet Dr. Sodeman. By this time, Dr. Pendergrass had become involved in Jefferson’s problems. He had sent two of his junior associates (Dr. Patricia Borns and Dr. Jack Edeiken), to Jefferson on a temporary basis to help take care of patients. Another associate had been considered for the chairmanship, but deemed too young. The upshot of it all found me discussing the chairmanship in radiology with Dr. Sodeman during the summer of 1958.
Dr. Philip J. Hodes, retiring Chairman of the Department of Radiology
By Labor Day, I had met enough faculty and trustees to whet my appetite. Shortly thereafter, operational guidelines were developed in a “letter of agreement.” The die was cast; I was going to become a Jeffersonian.

In accepting the challenge and its responsibilities, I was not at all worried for there was only one way the department could go; that was “up.” No one could drive it further into the ground. What did worry me, however, was whether or not I could live up to the rich traditions of the departmental past. Its first Professor and Head, Willis F. Manges, M.D., (1901-1938), was one of the giants of his day. He built a great department respected by all. Karl Kornblum, M.D. (1938-1943), one of the great teachers and clinicians of his time, enriched still further the department’s heritage. Paul C. Swenson, M.D. (1943-1955), had a vitality and drive that continued Jefferson’s place in the academic sun until he became ill. Those were “big shoes” for anyone to try to fill.

A little over twelve years have passed since we came to Jefferson. I say “we” because a group of us came from the University of Pennsylvania at the same time. With pardonable pride, I submit we leave until. Those were “big shoes” for anyone to try to fill.

Now as to why and how? The answer is simple. The soil had been tilled but lay fallow, the time was ripe, and most important of all, I was given the authority as well as the responsibility.

Authority and money have a way of being inseparable. The “letter of agreement,” written by Mr. D. Hays Solis-Cohen, life trustee of Jefferson, made possible the freedom of motion I needed to rebuild. That meant I had control of enough money to attract superior staff and launch programs with a minimum of interference.

Most of the money we earned. Some came from grants; some we got from friends. When justified and need documented, all levels of the administration helped. It was pressure, pressure, pressure constantly applied upon ourselves and upon all those whose lives we touched that was the hallmark of our efforts. It was we who initiated the pressures, not others. Others helped us, the administration particularly. Indeed, we could never have achieved without their support for no department is an island. But it was our own momentum that got things rolling. And momentum, like the snowball, once properly started tends to carry others with it.

In essence, the Solis-Cohen “letter of agreement” made it abundantly clear that: 1. My budget was to be guaranteed by the Trustees: 2. Our Department would keep complete records of all income and expenses. 3. The Department would pay all expenses, including salaries for residents, supplies, equipment, rent, etc. 4. The College would provide funds for purely College matters. 5. At the end of the year, the surplus would be divided equally between the Hospital and the Department of Radiology. The Hospital’s share was to be used within the Department for new equipment and capital improvements. The Department’s half was completely under my control. I used it for bonuses, additional staff, and new programs, never participating in it personally as I had placed a ceiling on my income.

Knowing what was done to generate the surplus funds one year enabled us to project net income for the next. By so doing, we were able to anticipate net earnings from year to year. Immediate use was made for these monies while they were being generated, thus keeping us at least a year ahead at all times. This assured us the momentum we wanted. I am frank to admit, however, that maintaining an adequate balance between net earnings and departmental expansion got rather rough at times, especially when crises like salmonella infections and air-conditioning private rooms played havoc with hospital bed occupancy.

It is to the everlasting credit of my entire professional staff that they never complained when bonus dollars were diverted from departmental growth. They were as anxious as I to maintain our momentum. They were as eager as I to regain Jefferson’s prestige in academia. Never did I forget, however, that the financial obligations of my staff were my personal obligations and that it was my personal duty to see that their incomes were maintained at a level at least equal to, or slightly above, the incomes of their peers in our part of the country. Decisions, I usually shared with my senior associates; rarely were they questioned by the administration.

Once the x-ray departments in the Pavilion and Curtis Clinic were reconstructed and operating, the tide began to turn. It was immediately apparent that in Roy Greening, Jack Edeiken, Pat Borns, and Ed O’Hara, we had a powerful nucleus in the diagnostic division. That Simon Kramer was a superior radiation therapist had already been established. Strength in radiologic physics was brought us by Bob Gorson. Except for Kramer, we were a transported University of Pennsylvania team.

By the end of 1959, talents were blending well enough for us to visualize where we were going and how long it would take us to arrive. Thereafter, we began gathering momentum, becoming relentless in our drive. Twelve to fourteen hour working days were the norm. We needed more radiological staff for patient services, but chose instead to spend our surplus for additional programs. During our early days, priorities were never firmly established for there was so much to be done it seemed wisest to grasp any and all opportunities as they arose.

Quality residents began seeking us out soon after
we came to Jefferson. Within a year, we had five residents. To document their competence, one need but record that three immediately received full-time university appointments upon the completion of their training. Since then, we have had the pick of the crop for all of our training programs. Whereas most have been supported from departmental income, we recognize with appreciation very significant financial assistance given us by the National Institute of Health, the American Cancer Society, and the James Picker Foundation.

By 1960, we were becoming involved in radiation biology. Though the program was marginal, it was an extremely important beginning. For without radiation biology and physics, no medical school department of radiology could be deserving of the respect of its peers.

The first real response to the stars in our eyes came late in 1960, when the Eleanor Roosevelt Cancer Foundation granted us $136,000 for research space. As we had competed for the grant, our joy beggared description. It was shortlived, however. Immediately thereafter, we began frenzied efforts to gain the "whole ball of wax." It seemed senseless to use only $136,000 for research space when government would match us dollar for dollar. Our need was for more than twice the $136,000! Happily for all of us, Mr. and Mrs. Louis Stein proved angels, committing themselves handsomely for our purposes.

Next came our application for matching funds from the Health Research Facilities Branch of the National Institutes of Health. Dean Sodeman deserves the credit for completing that part of the mission. More than once, it was his statesmanship that revived our floundering application. Thereafter, then-President William W. Bodine, Jr., put it all together. He found an old warehouse, we redesigned it and within a year and $600,000, the Bessie and Louis Stein Radiation Research Center became a reality. At its dedication, I said: "... the Mission of the Stein Research Center ... is to discover new knowledge. ... It is the basic research arm of our Department. There, gifted scientists with varied and special skills will explore new research frontiers in matters that concern growth at cellular and biochemical levels. Chromosomes, genetics, tissue cultures, intrauterine life, electron microscopy, radiation physics, immunity, these will be but a few of their building blocks. There too, you will find young scholars being prepared for established professional careers. Above all else, we hope to create an intellectual environment which will excite tomorrow's professional leadership. ..."

From the very outset, in addition to grants-in-aid from governmental agencies, meaningful financial support was supplied us by private foundations as well as by individuals interested in what we were doing at Jefferson. We mention with gratitude The Ethel Chernikoff Charities and the Harry Bock Charities.

Not until Bob Brent joined our Department in 1963, did radiation biology become a meaningful program. In joining us, Dr. Brent said: ... "I accept your invitation to become Director of the Eleanor Roosevelt Cancer Research Laboratories and the appointment as Professor of Radiation Biology. This decision was based first on our need for more space to carry on our present research program ... which would allow mature expansion of our activities. Secondly, new area ... would provide space for graduate training. Third, it would provide ... for other established investigators who previously could not be persuaded to join us ..." One need but review today's Stein Center roster to be convinced that Dr.
Dr. Jack Edeiken, Professor of Radiology and new Chairman of the Department

Dr. Simon Kramer, Professor of Radiation Therapy and Nuclear Medicine and Chairman of the Department
Brent's ambitions are being fulfilled. Despite the fact that he is now Chairman of the Department of Pediatrics, he maintains his Professorship in radiation biology in the Department of Radiology and is Head of the Stein Research Center and the Eleanor Roosevelt Cancer Research Laboratories.

Last year, more than twenty-five original manuscripts were published by individuals working in the Stein Research Center. Dozens of graduate and post-doctoral students, in addition to medical students and technicians, are taking courses there everyday. Last year, over one-half million dollars in research and training grants were generated which were directly attributable to the Center. Equally important have been the innumerable fringe benefits deriving from that Center which bear directly upon the operations and achievements throughout the Thomas Jefferson University. Indeed, the importance of this basic research center to the University cannot be overemphasized.

Despite our concern with research and teaching, improvements in patient services were forging ahead. More important than changes in our physical plant was the quality of the staff we were slowly gathering. In 1961, Dr. Gerald Dodd returned to Jefferson from M. D. Anderson Hospital in Houston. He took over Roy Greening's post as Head of the Diagnostic Division. This enabled Dr. Greening to become my alter ego, which allowed me the time I needed for fundraising. By this time too, Stanley Dische arrived from England to join overworked Simon Kramer in radiation therapy. Not only did the addition of Dische provide Kramer with the help he needed, it gave us additional strength in nuclear medicine.

Nuclear medicine is the one area in my Department with which I was never satisfied. Indeed, in some respects, I was ashamed of it because we were running a marginal service facility. The administration was repeatedly told this. Try as we did, we were never able to dig ourselves out of the hole next to the garbage area in the basement. Despite this, Dr. Kramer, Dr. Dische, and more recently, Dr. Mansfield, never stopped trying and, all things considered, have done a remarkable job in the old storeroom converted for nuclear medicine seven years ago. Innumerable plans for its expansion met with repeated administrative denial. There was just no place available for nuclear medicine; we had to live with what we had. The hope is, it will be treated more kindly in Dr. Kramer's new two million radiation therapy facility in which provisions have been made for it.

One cannot possibly recount in detail all that went on in the Department during the twelve years of our incumbency. In some respects, it was a "pressure cooker," so rapid was its expansion, and so urgent the will of the staff to achieve.

"Pressure cookers" have a way of running away with themselves unless guided and organized. I had the organization. Convinced all of my division heads were at least my equal, I gave them what the trustees gave me, the authority as well as the responsibility. It got so my job became more and more administrative. They did the work, they defined the needs, together we planned, together we agreed upon priorities. It was my job to see that they got what they needed.

Such success as we may have had relates directly to this optional concept, plus one more extremely important rule. Credit was always given where credit was due, immediately and in full measure. No man's ego was ever tampered with wittingly. Everyone's opinion was listened to, evaluated, and acted upon according to its merits. We were a team in the exquisite sense of the term. In this regard, the wisdom of J. Chalmers Da Costa comes through loud and clear. He said, "Each of us, no matter how old, is still an undergraduate in the school of experience. When a man thinks he has graduated, he becomes a public menace."

"Listening" and "learning" are cardinal ingredients of success in all walks of life. They are especially essential in academia where in no single individual does all knowledge reside. Department or divisional heads in scientific communities who don't "listen" or who won't "learn" ought to step aside for those who will; they have become "a public menace."

One of the mixed blessings of a position like mine is the opportunity for advancement offered younger associates. Fortunately for me, most of my associates have themselves decided to remain at Jefferson rather than leave for posts elsewhere. They have achieved professionally, they are appreciated, their families are happy, and their futures, secure. They could not care less for the trappings of administrative responsibilities. Whatever the reason, some do leave; and when they do, they take a piece of us with them. I have never known the parting to be an easy one. But then, there are always reunions!

Having dedicated twelve years of my life to Jefferson, I believe it proper for me to record what, in my opinion, have been our major accomplishments.

Among the most important, I place the Stein Radiation Research Center. I look at it as our attempt at emulating Jefferson's Cardeza Foundation. The latter has attracted talented people and produced meaningful new knowledge. I submit the Stein Center is doing the same and under its present leadership, will continue to extend its influence in these regards. In addition to fundamental research, it has been at the very core of important training programs in radiation biology, radiation therapy, medical physics, and diagnostic roentgenology. Without it, these training programs would never have been funded. Without it, Dr. Kramer may never have
gotten his two million for his new Radiation Therapy Department. By now, Dr. Brent most certainly would have left Jefferson in response to one of the innumerable attractive posts offered him by other medical schools. Nor could we have put together the medical physics group that is ours and which is envied by many. To record the number of site visits to the Stein Radiation Research Center made in behalf of projects based primarily in other departments, would be to list many recent successful university events.

Equally important are the radiologists we have trained and the leadership we have provided other medical schools and teaching hospitals.* By the time I leave Jefferson, June 30, 1971, we will have trained sixty-five radiologists. Of this group forty-four are in teaching hospitals and of the latter, Jefferson can claim six Professors, six Associate Professors, sixteen Assistant Professors and sixteen Instructors.

Of lasting importance must be our decision to split the Department of Radiology, affording Radiation Therapy departmental status. This highly specialized discipline has long been deserving a major role in academia. Guided by our preeminent Professor Kramer, it cannot help but continue to grow and blaze an academic trail other medical schools, even now, are beginning to follow.

Finally, and by no means last, I point with particular pride to your new Chairman of the Department of Radiology, Professor Jack Edeiken, and the staff I leave with him. No one will gainsay the relevance of this claim.

As for the future, I see rough times ahead for Jack Edeiken, my successor. The difficulties will stem from a confrontation between the costs of a rapidly expanding technology and concerted drives by insurance carriers and government to cut hospital costs. I leave Jack a department still harboring equipment over twenty years old and much fast becoming obsolete, though less than ten years old. I estimate he will need at least one million dollars in new equipment during the next five years, merely to stay abreast of the times. The cost for equipment, now included in charges, unquestionably will become increasingly limited as attempts are made to provide more medical services while decreasing hospital costs. This cannot help but adversely affect all expensive medical disciplines, radiology particularly. Not only do I foresee the possibility of a technological lag in radiology, I foresee staff difficulties as well, for the same reasons. When this happens, as it may well happen because of pressure upon our administration, I earnestly hope Jefferson will remember the posture of its Department of Radiology but twelve years ago. To "stand still" means "falling behind," and "falling"

*These data do not include our associates whom we did not train here at Jefferson who have gone on to professorships in academia, i.e. Gerald Dodd, Jack Edeliken and Roy Greening.

is always far easier than "climbing." Given any sort of effective financial support by the administration while the dollar squeeze is on, Jefferson's future in radiology is assured, for my successor is as superior an administrator as he is a physician.

Two years ago, I had the honor of being awarded the Gold Medal of the American College of Radiology. In accepting that accolade, I said some things which I believe bear repeating at this time. I should like to share them with you.

Only one who has lived through this experience, can appreciate fully the emotional impact that has been mine since the day I received word that I was to be honored. Since then, doubt, disbelief... even amazement... have been my constant companions. For no one knows better than I, my work and my achievements. Thus it is, that I ask you to accept my judgment and my conviction, that were it not for my associates and friends, I would not be standing in this cherished spot. With all the sincerity I can muster, I proudly acknowledge that in me you see the sum of the talents of my gifted associates... associates that I am privileged to call intimate friends... and with whom... with gratitude and humility... I share this accolade.

High on this list, I hold Gene Pendergrass... my former Chief and confidant... who started it all in 1933. I record too, Dick Chamberlain, Roy Greening, Bob Gorson, Jack Edeliken, and Ed O'Hara with whom joys and sorrows have been shared for almost twenty years. More recently, I came to know and cherish as valued friends and associates, Simon Kramer, Gerry Dodd, Morty Hermel, and Bob Brent. Equally important in my life are the more than twenty wonderful younger physicians and scientists, who today complete my professional family.

To my friends in the American College of Radiology, I add my heartfelt thanks. For theirs was the ultimate judgment and final decision that made possible this great honor. I am sincerely grateful and shall cherish their confidence for the rest of my life.

Finally... if it be true... that the teacher gives not of his wisdom, but rather of his faith and lovingness... then of me you can say, 'I sowed with love and now reap with thanksgiving.'
Dr. Robert L. Brent, Professor of Radiology (Radiation Biology), Professor of Pediatrics and Chairman of the Department.

Dr. Robert O. Gorson, Professor of Radiology (Medical Physics)
A lot was expected of Philip Hodes when he came to Jefferson in 1958. He had earned a strong reputation at the University of Pennsylvania, where he was Professor of Radiology—and every bit of its weight would be needed to perform well in his new job as Chairman of Jefferson's Department of Radiology. The Department had declined in recent years and reestablishing its preeminence would require massive inputs of energy and imagination. And why would anyone comfortably successful in his profession be tempted to cross the fence to parched pastures? "Because I was crazy," comes the reply quickly, from the man who did. "And of course there was the challenge," he adds. That challenge is not quite so incidental as Dr. Hodes makes it sound. "It has motivated me all my life," he admits.

And indeed there was the challenge. "I wanted the department to be a complete university department—one which not only took care of the requirements of patients, but which also was caught up in teaching, research and community affairs." Philip Hodes spent the next twelve years at making that concept work—and what has emerged is a department of radiology without a peer in the country!

The success of Dr. Hodes' efforts does not surprise anyone—least of all Dr. Hodes. According to him, success is a rather direct consequence of hard work. "Many times it was work, day in and day out, with only three or four hours of sleep. And often now it is the same way," he says of his career. This is in no way a complaint, though. It has been his life style since childhood days in Orange, New Jersey. Whether he was carrying a bolt of cloth to New York City for
his father's tailoring business or working in the shop, the young Hodes never had idle hands. "It wasn't a matter of being driven to work; there was never any question about it," he says. "You saw your father working, your mother working and your sisters working, and you worked too." The passion for work was accompanied by an equally strong penchant for learning in the Hodes home. The family lived across the street from a synagogue, and itinerant rabbis were frequent visitors to the house. The tailor and his son were attentive audience, sitting and listening by the hour, the tailor absorbing all the knowledge the rabbi could offer, in lieu of a more formal education. "I think of my father as 'the good man with The Good Book',' Dr. Hodes says today. This constant exposure to learning gave Dr. Hodes a great deal of the impetus and momentum which propel him today.

Somewhere back in those childhood days, Philip Hodes decided he wanted to become a doctor—possibly because of his admiration for the family's physician. The decision wasn't exactly undisputed, however. There was a point where he had to choose between medicine and music. His talents as a violinist won him a scholarship to the Juilliard School of Music. The decision was difficult only from the financial standpoint, though, Dr. Hodes recalls. While music offered a scholarship, medicine promised many years of waiting on tables, washing dishes, and working nights in bands to finance his education at the University of Pennsylvania, where Dr. Hodes earned his B.S., M.D. and D.Sc. degrees. But no regrets ensued. "Music is my second love, though," Dr. Hodes admits. He still plays with what his friend Eugene Ormandy calls a "loud, but lousy, tone." Undisturbed, Dr. Hodes plays on, for what he refers to as "my own amazement." The combination of medicine and music is a natural one, Dr. Hodes feels, as each offers participation in "the pulsations of life." The sensitivity to these pulsations builds common bonds, in his view, and thus the natural affinity of the two disciplines and their practitioners.

Dr. Hodes' professional success updates his faith in the power of work. He has received the Gold Medal of both the American College of Radiology and the Inter-American College of Radiology, as well as the American Cancer Society's Humanitarian Award for 1971. He is a member of every major medical society in his profession, including many in Latin America, and has held office in the American College of Radiology, the American Roentgen Ray Society, and the Philadelphia Roentgen Ray Society. Dr. Hodes has lectured throughout the world, and extensively in Latin America, where he is known as "the ambassador without a portfolio," because of his fluency in Spanish. Meanwhile he has published more than two hundred articles, been co-author of the two volume Head and Neck in Roentgen Diagnosis and Roentgen Diagnosis of Diseases of Bone, and editor of three other major works. He has published five volumes of The Atlas of Tumor Radiology, of which he is Editor-in-Chief, and will complete the remaining seven within the next two years.

Even now as he puts aside his career at Jefferson, Dr. Hodes moves on to another effort. That is to build a radiological diagnostic division for the New Jersey College of Medicine in Newark, soon to be in a new five million dollar facility. "I think I can launch that department in a very short period of time," he says with enthusiasm. I am putting my reputation on the line, but I have done that before." He muses about the reason he doesn't mind doing that: "Life is a constant challenge, and the fun of a challenge is the achievement that comes in meeting it with a certain measure of success." Then reflecting a minute, he adds: "In all of this there is a very definite element of luck, because man does not control his own destiny. He prepares himself, and when destiny beckons, he moves up the ladder. I think I am a person with average ability, with good fortune and a hunger." And feeling he had finally touched on it, he said, "that is what it is—a hunger.

The man's vigor and ability, rather than being depleted, seem to be enhanced by their exertion. From each task he draws a perspective for his next, and in each he leaves an enduring mark of his methods. More importantly, he leaves only friends behind, and perhaps that is the most important measure of his success. Dr. Hodes moves on from Jefferson with no regrets, nor feeling of nostalgia. "I have built the house, and I am ready to go on to the next one. At the University of Pennsylvania I helped build the department of the forties and fifties, at Jefferson, the department of the sixties, and at Newark I am going to build the department of the seventies. With the passing decades objectives change and that is part of the challenge." And why accept the challenge?

"Because it is there."
In July of 1969, Jefferson Medical College established an Office of Medical Education. From its inception the Office was intended to fulfill two functions; first, to serve as a resource to the College, available to assist departments interested in improving their methods of teaching and evaluation; and second, to conduct research in medical education. The goal of the latter might be stated as helping Jefferson educate the kind of physician who will be not only a compassionate person but also one willing and able to apply to his medical practice the advances in medical research that occur long after he has completed his formal medical training.

The idea of bringing specialists in education and the psychology of learning into the medical school is not new. However, it is only in the past few years, with the growth of widespread pressures for curriculum change, that its acceptance has become general. There are now more than thirty medical schools in the United States and Canada with active offices of medical education. More than twenty additional schools have budgeted funds for this purpose and are recruiting staff. Only a few medical schools are not at least planning to establish such offices in the future.

Interest in establishing an Office of Medical Education at Jefferson has been strong since the concept of core curriculum was introduced. Support from the National Fund for Medical Education was obtained in 1969 and the Office was created. The grant was renewed for the 1970-71 academic year. It would be desirable to have a more solid base of support for the Office, but given the present financial state of so many medical schools, this does not seem possible for at least the next few years. Members of the Office have a number of projects in the planning and pilot stages which will form the basis for applications to private foundations and to the federal government. Some of these will be described below.

When the Office was established, it consisted of a Director and one additional member who worked on a part-time basis. It has grown, through successful recruiting efforts, and is now composed of the following staff: Dr. Joseph S. Gonnella, M.D., Associate Dean, Director; Carter Zeleznik, M.A., Assistant Professor of Psychiatry, Associate Director; Elinor S. Prockop, Ph.D., Research Assistant Professor of Psychiatry; Edward Gottheil, M.D., Ph.D., Professor of Psychiatry, Consultant. When the Office is fully staffed, it will have three divisions: curriculum, evaluation and instructional systems. Activities up to the present have been largely in the first two areas and will be described under those headings.

**Curriculum**

One form of curriculum change which has been taking place at Jefferson is the establishment of accelerated programs. In 1963 Jefferson Medical College and Pennsylvania State University began a cooperative program which permits a student to receive a B.S. and an M.D. in five calendar years. In order to qualify for admission to this program a student must be in the academic preparation program of his high school and graduate in the top fifth of his class, as well as have a combined Scholastic Aptitude Test Score of 1300 or higher. (It was 1200 or higher in the first year of the program.)

The evaluation of this program was supervised by Dr. Samuel S. Conly, Jr., Associate Dean, before the Office of Medical Education came into being. In a study conducted by Pennsylvania State University shortly after the inception of the program, the academic performance of the accelerated students while they were at Penn State was found to be superior. Using grade point average as the criterion, it was found that the accelerated students did significantly better than both regular pre-medical students and a random sample of students selected from those in the College of Science. There has been no reason to change the conclusion that the accelerated group is a highly selected and superior group in terms of ability and past and present achievement when compared with students in similar curricula. In addition the accelerated students have done as well as their classmates academically at Jefferson. On the basis of this conclusion, the number of students admitted to the program has been increased from about twenty-nine to about forty a year.

This is the point which had been reached when the Office of Medical Education was established. The Office has administered questionnaires to four classes of students and recent graduates to gather data on
their personal adjustment to medical school and their career choices. Concentration will be on these problems in further evaluation of the Penn State-Jefferson Program. In addition, written permission has been solicited from recent graduates to collect data about their performance during internship and residency from the directors of these programs.

In the Pennsylvania State-Jefferson Medical College Program, the student goes through the regular medical school schedule, but his undergraduate course is accelerated. Currently, Jefferson is negotiating with the University of Delaware about the establishment of a program in which acceleration would be achieved through the integration of undergraduate and medical courses in such a way that unplanned duplication would be eliminated. The Director of the Office of Medical Education is intensively involved in these negotiations. In their planning, the joint Delaware-Jefferson Committee is taking into account both the positive data and the negative impressions gleaned from the experience with the Penn State program.

penn state program

The accelerated students are not the only ones whose performance will be followed through internship and residency. The effectiveness of education in medicine is judged by its outcome: the quality of care rendered to patients. In order to evaluate the effectiveness of changes in the curriculum, therefore, it is important to see what results they produce in terms of actual clinical performance. Clinical performance is exceedingly difficult to measure. The use of questionnaires addressed to directors of internship and residency programs is regarded as an indirect measure at best and will be used as an interim step only. A major project of the Office of Medical Education is the development of methods to make independent assessments of the quality of care rendered to patients. One method was first used by Dr. Gonnella while he was at the University of Illinois and was recently reported in JAMA (“Evaluation of Patient Care, An Approach,” Dec. 14, 1970, Vol. 214, No. 11).

If the Office is able to develop a method of identifying physicians who give superior care to patients, the next problem will be to identify the qualities that differentiate them from the more average physicians. The staff’s present hypothesis is that these qualities are more likely to be in the realm of personality and temperamental factors than of intellectual ones. If the Office is successful in ascertaining qualities related to superior physician performance, it will be in a position to feed information back into the earliest stage of the process of medical education: the selection of students. That is, if personality factors which relate positively to physician performance are identified, it would be

Dr. Joseph S. Gonnella is Director of the Office of Medical Education. He was born in Italy and came to this country at the age of 12. After completing high school in New Jersey Dr. Gonnella attended Dartmouth College and received a Bachelor of Arts degree in 1956. He was elected to Phi Beta Kappa in the junior year and received his degree summa cum laude. He was accepted by Dartmouth Medical School after three years of college and combined the senior year of college with the first year of medical school. He transferred to Harvard Medical School after the sophomore year and received his M.D. in 1959. Internship and residency training were taken at the University of Illinois Research and Educational Hospital in Chicago. As Chief Resident in Medicine, Dr. Gonnella became interested in the issues of curriculum and evaluation. The result was a year of study with Dr. George E. Miller as a Fellow in Medical Education sponsored by the American Heart Association. Philadelphia has been his home since 1966. He and his wife have three children.
better to select students who already rate high on these factors.

evaluation

The preceding has been concerned largely with the performance of medical school graduates, but the Office is also concerned with the performance of medical students. Curriculum and evaluation are, of course, closely related. Without a firm basis in measurement and evaluation, the extent to which educational programs achieve their stated objectives cannot be known. Changes in the medical school curriculum therefore have led to an increased interest in educational evaluation in the medical school. This growth of interest has coincided with the development of new concepts in educational evaluation and with the increasing availability of computer techniques for implementing these concepts.

A chief concern of those interested in educational evaluation is the quality of measurement in formal examinations. The important factors here are “validity,” (Does the test measure what it is supposed to measure?), and “reliability,” (Whatever the test actually measures, does it do so consistently?). Validity studies in the medical school context are very difficult and are rarely encountered. That is because, as noted above, clinical performance is difficult to measure. The Office is planning studies to assess the extent to which knowledge as measured in the medical school does in fact coincide with the knowledge needed by physicians in their medical practice. It is in this area that evaluation and curriculum may be seen to complement each other most directly.

For the moment, however, the attention of the Evaluation Section of the Office of Medical Education is centered upon the determination of the reliability of educational measurements. To what extent does a score on an examination represent an accurate measure of whatever the test actually measures (in contrast, perhaps, to what it is supposed to measure)? If no new learning were involved, how likely is it that an individual would get the same score if he were to repeat the examination or take a similar one? Using computers, estimates of reliability have been obtained for all examinations in certain courses in several different departments. Determining the reliabilities of examinations has made it possible to give students estimates of their “true scores” (that is, the range within which their scores would fall were they to take the same or similar examinations an infinite number of times without new learning). Most of the first year students have indicated their interest in receiving such estimates in addition to their regularly reported actual test scores. In collaboration with Dr. Irving Olshin of the Department of Pediatrics, Mr. Zeleznik and Dr. Gonnella presented a paper at the 1970 meeting of the Association of American Medical Colleges concerned with the theory and practice of true score reporting as it is being developed at Jefferson.

Mr. Carter Zeleznik
Mr. Zeleznik, Associate Director of the program, has been associated with the Department of Psychiatry at Jefferson since 1958 working with Dr. Zygmunt A. Piotrowski in patient evaluation. In 1966 he joined Dr. John Killough, Associate Dean for Continuing Education, to investigate the effects of an exchange of physicians program with several community hospitals as part of Jefferson's Continuing Medical Education program. Prior to coming to Jefferson Mr. Zeleznik was in charge of a teacher training program in Ethiopia. His background is balanced between psychology and history. However, he is an enthusiastic devotee of computer technology and has designed teaching aids in this and related fields. His undergraduate degree was taken at the University of Michigan where he also took his Master's Degree. Currently he is working on his dissertation at the University of Pennsylvania in the area of educational measurement. He is "distracted" by a wife, Elizabeth, and two boys, Arnold and Bobby.

Dr. Elinor Prockop
Dr. Prockop who is Research Associate, came to Jefferson “straight from nine years of cooking, laundering, and mothering.” After obtaining a B.A. at Radcliffe College, she stayed on in the Department of Social Relations at Harvard University for her graduate training. She specialized in learning theory and did her thesis on avoidance learning as an experimental analogue of anxiety. She then received a post-doctoral fellowship from the Public Health Service, which she held for three years. Most of this time was spent in the Section of Neuropsychology of the National Institute of Mental Health, where she conducted research on learning deficits in monkeys following resection of the frontal cortex. Dr. Prockop then took a position in the Research Grants and Fellowships Branch of the NIMH. She remained there until her husband accepted a position at the University of Pennsylvania, where he is now a Professor of Medicine and Biochemistry. They have two children.
Dr. Gonnella and Mr. Zeleznik are also members of the Committee on Student Promotions and thus have been able to identify some of the current needs of different departments with regard to evaluation procedures. They have been active in a subcommittee established by that committee for the purpose of considering a student request for the adoption of a pass/fail system of student evaluation at Jefferson. The subcommittee is currently attempting to identify, in a single comprehensive list, the variety of criteria which should be considered in assessing any system of student evaluation. Preparation of this list has served to highlight the wide range of functions which evaluation serves within the medical school.

Acting only in a consultative role, the Evaluation Section has been instrumental in encouraging several departments to make use of pre-testing in certain of their courses. Pre-testing can serve several purposes. First, it can help faculty and students recognize educational objectives. Second, it identifies students whose previous knowledge of the course content will permit them to work at a more advanced level. Third, it identifies students whose background is deficient, in order that remedial programs may be offered before academic failure occurs.

The Evaluation Section also has been consulted by a number of members of the faculty interested in evaluating their educational programs at affiliated hospitals as well as in the clinical department at Jefferson. It is not uncommon to find a problem in evaluation underlying many other educational problems. In addition, several faculty members have consulted the Office prior to submitting research proposals involving educational activities.

**Dr. Edward Gottheil**

Dr. Gottheil is Professor of Psychiatry at Jefferson. His association with the Office as consultant stems from his long-standing interest in the adaptation of the student to his environment. He has done research on criteria for the selection and evaluation of medical students and also on the selection and performance of cadets at West Point.

Dr. Gottheil was born and educated in Canada. After graduating from Queen's University, he undertook graduate training in psychology. He received an M.A. at McGill University, and then went to the University of Texas, where he remained for both a Ph.D. and an M.D. He became a citizen of the U.S. during this time and, after completing his residency at Letterman General Hospital, served in the Army in Kansas and then at West Point. He came to Jefferson in 1964. He and his wife have two children.

The Evaluation Section also has plans for some projects to be conducted by its own personnel. One such project is to develop a formula which will predict a student's performance on Part II of the National Boards on the basis of his MCAT scores, grades in medical school courses and performance on Part I of the National Boards. The records of previous students are being examined in order to compute weights for a set of predictors. When a formula has been developed, it can be used to predict, on a statistical basis, how a student will do. He then may use this information in selecting elective courses and in using his study time more efficiently. Success on Part I may be similarly predicted. Related to this is a project whose purpose is to find out which, if any, particular mental abilities (such as rote memory, meaningful memory, problem solving, etc.) are correlated with success on such examinations. In recognition of the growing importance of standardized objective examinations in medical schools, the Office of Medical Education is organizing a non-credit elective course concerned with the principles and practice of taking objective examinations. Students who have particular difficulty with this kind of examination will be given assistance in this area.

In addition to offering courses for students within Jefferson, the Office of Medical Education plans to offer courses, in association with the Office of Continuing Medical Education, for individuals within institutions in the Greater Delaware Valley area who are concerned with the development of their own medical education programs. It is believed that many such individuals have had relatively little formal training in matters of curriculum development and evaluation. Their effectiveness in their own programs might therefore be greatly enhanced by having the opportunity to attend week long courses offered at Jefferson. Physicians, administrators and members of the boards of trustees from regional hospitals thus may be brought to Jefferson and offered instruction in these subjects. These courses would be unique in utilizing Jefferson faculty who already participate in programs of continuing medical education at many such institutions. They could collect information relative to educational needs at these institutions and could provide continuing reinforcement for the objectives developed during the educational programs at Jefferson.

In summary, the Office is designed to support the faculty with regard to curriculum construction, evaluation of programs and providing expertise in instructional systems. Ultimately the effectiveness of medical education should be judged by the quality of care given to patients. The Office is therefore exploring ways to measure patient care, in order to validate the educational programs and the selection process for medical school.
radiology appointment

Jack Edeiken, M.D., Professor of Radiology, has been appointed Chairman of the Department of Radiology at Jefferson Medical College and Thomas Jefferson University Hospital.

Dr. Edeiken joined the Jefferson staff and faculty in 1958 as Assistant Professor of Radiology. He was appointed Professor in 1967. Dr. Edeiken was educated at Villanova University and the University of Pennsylvania Medical School. After internship and a radiology residency at the University's Hospital, he attended the Graduate Department of Radiology at the University and was a Fellow of the National Cancer Institute from 1949 to 1951. Until 1953 he served in the Army as Chief of Radiology at the 35th General Hospital, Orleans, France. Dr. Edeiken returned to the University of Pennsylvania Medical School then as Assistant Professor of Radiology and remained until he received his Jefferson appointment.

Dr. Edeiken is a Fellow of the American College of Radiology and a member of six other scientific societies. Author of twenty-eight scientific articles, he is currently revising his book, The Roentgen Diagnosis of Diseases of Bone.

Dr. Edeiken is the sixth member of his family to enter medicine. One of his five children, Beth, is a second year medical student at Jefferson. The Edeikens live in Philadelphia.

faculty notes

administration

Dr. Peter A. Herbut, President of Thomas Jefferson University, has been elected President of United Health Services, a United Fund agency which operates a program to recruit and train paramedical personnel.

medicine

Dr. Robert I. Wise, Magee Professor of Medicine and Chairman of the Department, was discussion leader at a symposium on “Serious Gram-Negative Infections—Diagnosis and Treatment,” held at Jefferson on March 25. The symposium was broadcast simultaneously to eight cities across the country by closed circuit television.

Dr. Albert N. Brest, Professor of Medicine and Director of the Division of Cardiology, presented “Laboratory Diagnosis of Renal Hypertension” and “Management of Ambulatory Patients with Diastolic Hypertension” and participated in panel discussions on “Diagnosis of Hypertension” and “Treatment of Essential Hypertension and Its Complications” at the Symposium on the Pathophysiology, Diagnosis and Management of Hypertension, February 18-19, in San Juan, Puerto Rico.

Dr. Allan J. Erslev, Cardeza Research Professor of Medicine, was Visiting Professor at McGill University School of Medicine, Montreal, Canada, on February 18 and 19.

Dr. Edward R. Burka, Associate Professor of Medicine in the Cardeza Foundation and Director of the Blood Bank, and Dr. Stephen I. Bulova, Fellow in Hematology, presented a paper entitled “Messenger RNA Control of Globin and Nonglobin Protein Synthesis in Reticulocytes” at the annual meeting of the American Society of Hematology in San Juan, Puerto Rico, in December. Dr. Burka recently was appointed to the Board of Directors of the Greater Philadelphia Hospital Blood Bank Association and to the Medical Advisory Board of the American National Red Cross Greater Philadelphia Regional Blood Program.

Dr. Farid I. Haurani, Associate Professor of Medicine, spent a week as visiting hematologist at the American University Hospital in Beirut, Lebanon, during February, and a week at the United States Naval Medical Research Unit Number 3 in Cairo, Egypt, where he was guest lecturer and consultant.

Dr. Sandro S. Shapiro, Associate Professor of Medicine and Associate Member of the Cardeza Foundation, conducted a Teaching Seminar on the subject of “Circulating Anticoagulants in Hemophilia” at the annual meeting of the American Society of Hematology, held in Puerto Rico during December.
neurology
Dr. Nathan S. Schlezinger, Clinical Professor of Neurology, was guest speaker at the New Orleans Graduate Medical Assembly on March 9, 10, and 11. His topics were “Early Recognition and Management of Temporal (Giant-Cell) Arteritis,” “Neurologic Manifestations of Vertebral-Basilar Insufficiency,” and “Myasthenia Gravis: Diagnostic and Therapeutic Considerations.”

obstetrics and gynecology
Dr. Roy G. Holly, Professor of Obstetrics and Gynecology and Chairman of the Department, attended the meeting of the Association of Professors of Gynecology and Obstetrics in New Orleans, Louisiana, during February.

Dr. Abraham E. Rakoff, Professor of Obstetrics and Gynecology, spoke on “Basic Endocrinology” and “Endocrinologic Cytopathology” at the Third Tutorial on Clinical Cytology in Chicago on January 21.

ophthalmology
Dr. Thomas D. Duane, Professor of Ophthalmology and Chairman of the Department, and Dr. Thomas Behrendt, Associate Professor of Ophthalmology, presented “Coincidence of EEG Alpha Patterns in Humans” at the twenty-fifth anniversary program of the Eastern Association of Electroencephalographers, held in Montreal, Canada, in March.

orthopedic surgery
Dr. Anthony F. DePalma, Emeritus Professor of Orthopedic Surgery, has been appointed Professor of Surgery and Director of the Division of Orthopedic Surgery at the College of Medicine and Dentistry of New Jersey at Newark.

Dr. James M. Hunter, Assistant Professor of Orthopedic Surgery, was guest lecturer and moderator of the Second Annual Baltimore Hand Symposium, held February 6. He spoke on “Management of Complicated Extensor Tendon Problems of the Hand and Wrist” and “The Salvage of Disabling Flexor Tendon Problems Using the Hunter Tendon.”

pathology
Dr. Gonzalo E. Aponte, Professor of Pathology, was chosen Outstanding Professor of the Year by Phi Chi Medical Fraternity at Jefferson and was presented with a plaque commemorating his selection at a dinner held preceding the Black and Blue Ball.

Dr. Robert Love, Professor of Pathology, has been made Editor of Carcinogenesis Abstracts, which is published in conjunction with The Franklin Institute. Dr. George P. Studzinski, Associate Professor of Pathology, has been made Associate Editor.

Dr. Seymour M. Sabesin, Associate Professor of Pathology, was the recipient of the first prize in the 1970 William H. Rorer, Inc. Award Contest of the American College of Gastroenterology. He presented his paper, “The Role of Lysosomes in the Pathogenesis of Experimental Viral Hepatitis,” at the College’s annual convention held in New York City.

Dr. Angelina M. Fabrizio, Assistant Professor of Pathology, has been appointed to the Advisory Committee of Birthright in the Delaware Valley.

Dr. Misao Takeda, Associate in Pathology, spoke on “Pitfalls of Pulmonary Cytology” at the meeting of the New York Society of Cytotechnologists held on March 23 in New York City.

pediatrics
Dr. Robert L. Brent, Professor of Pediatrics and Chairman of the Department, has been appointed the Visiting Lecturer at Fitzwilliam College of Cambridge University in England during his sabbatical year.

psychiatry
Dr. Floyd S. Cornelison, Jr., Professor of Psychiatry and Chairman of the Department, with Dr. Peter A. Herbut, represented Jefferson at a press conference held by Governor Russell Peterson of Delaware to announce the establishment of the Marka T. Dupont Institute of Human Behavior at the Delaware State Hospital in Farnhurst. This is a joint program in which Jefferson’s Department of Psychiatry and Delaware’s Mental Health/Mental Retardation program will cooperate in a broad effort in human behavior.

Dr. Robert S. Garber, Visiting Associate Professor of Psychiatry, and President of the American Psychiatric Association, received the First Mount Airy Gold Medal Award on February 27, in Denver, Colo., for “distinction and excellence in psychiatry.”

Dr. James L. Framo, Assistant Professor of Psychiatry, conducted an “Intensive Workshop on Family Dynamics and Therapy” at the Universidad Iber-Americana in Mexico City, February 25-28. He was guest lecturer for the Institute of Juvenile Research in Chicago on March 5, in their series on “New Directions in Family Therapy.”

surgery
Dr. Gerald Marks, Clinical Assistant Professor of Surgery, presented two papers to the American College of Surgeons Puerto Rico Chapter meeting, held February 2-3. His subject: “Rectal Reconstruction by the Combined Abdominotranssacral Approach” and “Clinical Experience with a Flexible Fiber Optic Colonoscope.” On March 3, he presented the latter paper to the Pennsylvania Society of Colon and Rectal Surgery meeting in Philadelphia.
the
jefferson
scene

Jefferson's new Cardiac Care Unit is making the most modern equipment, facilities and treatment available to both heart attack victims and cardiac surgery patients. Special ceremonies marked the Unit's opening on January 28. Honored guest on the occasion was Dr. John H. Gibbon, Jr., '27, who invented the heart lung machine and first used it successfully in 1953, only a short distance from the location of the new cardiac facilities. He was then Professor of Surgery and later Samuel D. Gross Professor.

Dr. Leslie Wiener, Associate Professor of Medicine and full-time Director of the Medical Section of the Cardiac Care Unit, and Dr. Benjamin Bacharach, Clinical Assistant Professor of Surgery and Director of the Cardiac Surgery Section, explained and demonstrated the Unit's function to the guests who toured the new facilities. "What our Unit does, in essence," Dr. Wiener said, "is to bring the full monitoring capability of the modern cardiac catheterization laboratory right to the patient's bedside." The specially designed beds are radiolucent so that a portable x-ray image intensifier can be used and cardiac catheterization performed without moving the patient. Consequently, cardiac pressures and subtle changes in the patient's clinical state can be noted. Each patient area is also a full monitoring center for all vital functions such as body temperature, respiration, blood pressure and cardiac output. All monitors have been built with pre-set sensing circuits to signal an alarm at the onset of cardiac irregularities. The primary effectiveness of a cardiac care unit, Dr. Wiener noted, is the early recognition and treatment of cardiac arrhythmias.

The new Unit will attempt to develop non-invasive methods of studying acutely ill cardiac patients, such as electrocardiography, phonocardiography and ultrasonic echocardiography. It will also perform heart metabolism studies and emergency blood chemical analyses in a specially designed laboratory.

Dr. Wiener told his audience that most people do not die from heart muscle damage resulting from a heart attack. "They die from disturbances of heart rhythm that are reversible and controllable in a cardiac care unit where we can monitor heart rhythm continuously and painlessly with the latest electronic equipment. If the patients come to the hospital immediately at the first suspicion of a heart attack, I am confident we can save twice as many heart attack victims."

The Cardiac Care Unit is believed to be the only one in this area that provides combined facilities for both coronary patients and cardiac surgery patients. It will be staffed by specially trained nurses, in a ratio of two nurses to every three patients. A medical resident and cardiac fellow are assigned to the Unit on a full-time basis.

new on the board

The newest member of Jefferson's Board of Trustees is also one of the College's newest graduates. Dr. Marie V. Olivieri Russell '70, was appointed a trustee at the Board's March 1 meeting. In announcing the appointment Mr. William W. Bodine, Chairman of the Board, pointed to the value of having the student perspective represented in deliberations of the Board of Trustees. Dr. Russell earned her A.B. degree from Immaculate College in 1966. While a student at Jefferson she won numerous prizes, including the Alumni Prize for the highest general average for four years. She was Vice President of Alpha Omega Alpha, an honorary medical fraternity, and served as Secretary of the Sophomore, Junior and Senior classes while at Jefferson. Her husband, Mr. Edward R. Russell, is a student at Jefferson and President of the Junior class. Dr. Russell is now serving an internship in pediatrics at Children's Hospital of Philadelphia.

Also new on the Board are Dr. Orville H. Bullitt, Jr., and Mr. James W. Stratton. Dr. Bullitt's Jefferson association goes back to

Dr. Leslie Wiener using an echocardiograph observes changes in cardiac performance of patient.

Champagne reception follows Eakins Benefit lecture on March 21 at Jefferson Hall.
Dr. Samuel D. Gross, who was his great great grandfather. Dr. Bullitt was until recently Director of the Marshall Research Laboratory of the DuPont Company in Philadelphia. He is now Administrative Manager in one of the research divisions of DuPont in Washington, Delaware. He received his bachelor's degree from the University of Pennsylvania and his Ph.D. in organic chemistry from the University of Illinois. Dr. and Mrs. Bullitt and their four children live in Berwyn, Pa.

James W. Stratton, at 34, is President and Chief Operating Officer of Drexel Firestone, Inc., investment bankers, formerly Drexel Harriman Ripley, Inc. Mr. Stratton was educated at Pennsylvania State University and Harvard Business School. He received his M.B.A. with high distinction in 1960. Married and the father of three children, he lives in Fort Washington, Pa.

The Gross Clinic by American artist Thomas Eakins returned to its Jefferson home in March. The famous painting, which the Alumni Association purchased from the artist for two hundred dollars in 1878, has been on exhibit at the Whitney Museum and the Metropolitan Museum of Art in New York City for the last year. Now valued at over one million dollars, it returned to a new and permanent exhibit area in Jefferson Hall's west wing, overlooking the main social lounge and garden area. On either side of the painting hang two other Eakins portraits owned by Jefferson: "Dr. Benjamin H. Rand," and "Dr. William Smith Forbes." Dr. Rand was Professor of Chemistry at Jefferson during Eakins' era, and Dr. Forbes, Professor of Anatomy and Clinical Surgery. Dr. Forbes was originator of the Anatomical Act of Pennsylvania.

A reception attended by two hundred alumni and friends of Jefferson celebrated the occasion on March 21. Dr. Evan H. Turner, Director of the Philadelphia Museum of Art, spoke on the occasion on "The Mysterious Thomas Eakins." Guests could also view Eakins painting, "Dr. Jacob Mendez DaCosta," considered one of Eakins' finest works. The DaCosta painting was lent by Pennsylvania Hospital for the celebration. Some Eakins memorabilia were also on exhibit for the reception, which was held in the lounge where the paintings are located.

Eakins studied anatomy at Jefferson as part of his art education. During his two years at Jefferson, he attended many demonstrations of surgery by Dr. Samuel Gross, Professor of Surgery. "The Gross Clinic" is based on these experiences. It is possible that Dr. Gross even posed for Eakins. Eakins did the original sketches for this famous painting in the house at 1729 Mount Vernon Street in Philadelphia where he lived from early childhood until his death in 1916. The house is soon to be restored as a museum for Eakins memorabilia as well as a center for the teaching of art. The reception on March 21 benefited the restoration of the house.

parents' day

It gets bigger every year—Parents' Day, that is, and maybe that's because the sophomore class does too. This year four hundred sophomores and their parents were guests of the Alumni Association and the Administration for a day that started with coffee hour and tours of the college and hospital. At luncheon, Dr. Russell W. Schaedler '53, member of the Parents' Day Committee and Chairman of the Department of Microbiology, introduced the speakers, Dr. Gonzalo E. Aponte '52, Professor of Pathology and Chairman of the Department, and Mr. Paul Smey, President of the Sophomore Class. Other speakers included Dean William F. Kellow, President Peter A. Herbut and Dr. Herbert A. Luscombe, President of the Alumni Association. Following the luncheon, Dr. John Y. Templeton '41, Professor of Surgery, gave the parents a taste of what their sons and daughters are learning in medical school, in his talk on "The Surgical Treatment of Coronary Artery Disease." Dr. James E. Clark '52 is Chairman of the Parents' Day Committee.
1908

Dr. Marshall C. Rumbaugh, 618 Wyoming Ave., Kingston, Pa., has been honored by the Dorrance United Methodist Church in Kingston, which he has served for many years. The Board of Administrators of the Church, of which Dr. Rumbaugh is a member, met in his absence and voted to name a large all purpose room in the Church "Rumbaugh Hall." Dr. Rumbaugh's service includes twenty years as Chairman of the Planning Committee, and terms as Chairman of the Building Committee and President of the Board of Trustees. Dr. Rumbaugh is a past President of the Alumni Association and now serves as class agent.

1911

Dr. Edwin C. Boyer, 2300 Menoher Highway, R.D. 5, Box 107, Johnstown, Pa., after spending the winter in California, "enjoying fine weather and several earthquakes," has returned to Johnstown. Dr. Boyer is actually retired, but still makes a few insurance examinations and physicals on special welfare cases. "Enjoying good health," he added, as he looked forward to his eighty-fifth birthday in April.

1920

Dr. Harold J. Collins, 138 Main St., Brockport, N. Y., was honored by the Monroe County Medical Society in December for his fifty years in medicine. Dr. Collins practiced from his home in Brockport for forty-eight years. He delivered 2,000 babies including twelve sets of twins.

1921

Dr. Lawrence G. Heins, R.R. #5, Abilene, Kan., is one of three County Commissioners. He has been retired for eight years. He hopes to make the fiftieth come June.

1927

Dr. Samuel M. Dodek, 1730 Eye St., N.W., Washington, D.C., Clinical Professor of Obstetrics and Gynecology at George Washington School of Medicine, was one of four physicians discussing the social and medical complications of abortion at the opening session of the twelfth annual Scientific Meeting of the Clinical Congress of Abdominal Surgeons. More than 1,000 physicians attended the four-day conference at the Roosevelt Hotel, New Orleans, La.

1928

Dr. Clarence A. Bowersox, 106 S. Columbia Ave., Woodbury, N. J., took a trip to Hawaii at the first of the year. "Had a delightful time with one hundred Bell Telephone girls on the tour. Only wish I had been forty years younger."

1931

Dr. Edward Gipstein, 181 Broad St., New London, Conn., has two sons at Harvard College, one a senior and one a freshman. "Neither to study medicine. Too damn many controls by the government, they say."

1935

Dr. Charles P. Hammond, 449 James St., Lancaster, Pa., was elected President of the Lancaster City and County Medical Society last January. Dr. Hammond serves on the staff of St. Joseph's Hospital and is President of the City Board of Health and Chief Medical Examiner of City Schools.

Dr. J. Edward Lynch has been promoted to Professor of Obstetrics and Gynecology at Jefferson. Dr. Lynch is Chairman of Obstetrics and Gynecology at Mercy Catholic Medical Center, Darby, Pa.

1936

Dr. J. Edward Berk, 894 C Ronda Sevilla, Laguna Hills, Calif., has been given the 1970 Rorer Award of the American College of
chapter notes

The March 10 meeting of the New York chapter was a very special occasion for Dr. Morris Amateau '23. In fact, it is thanks to him that there is a New York dinner meeting annually. Guests that evening took the occasion to honor Dr. Amateau for his efforts in founding and serving as the first President of the New York Chapter. Characteristically, Dr. Amateau pointed to the recognition due others in accepting the engraved plaque and accolades. Dr. Amateau has a general practice in New York City, where he has lived since graduation except for the interruption of the war years, when he served as Commanding Officer of a hospital ship. He was discharged with the rank of Lieutenant Colonel.

The same evening some Jefferson figures were special guests. Dr. Herbert A. Luscombe, new President of the Association, and Dr. Andrew J. Ramsay, Professor of Anatomy and Chairman of the Department at Jefferson, were also on hand. There was business mixed with the pleasure, and in the elections held, Dr. Harvey Breslin '54, was made President of the chapter, succeeding Dr. Stanley Dannenberg '51.

The following month the alumni in North Carolina scheduled two dinners on consecutive evenings; April 21 in Charlotte and April 22 in Raleigh. Dr. John Y. Templeton, III, was speaker on both occasions. Arrangements were made by Dr. C. Hal Chaplin '53, and Dr. W. Howard Wilson '37.

Earlier in the season's social calendar, the Central Pennsylvania Chapter met at the Hotel Hershey. Alumni turned out in large numbers to greet Jefferson representatives Dr. Peter A. Herbut, President, and Dr. William F. Kellow, Dean. Dr. Paul J. Poinsard '41, then Alumni President, was guest speaker. Dr. Raymond C. Grandon '45, served as toastmaster.

At the New York Chapter dinner from left Dr. Stanley Dannenberg '51, Dr. Herbert A. Luscombe '40, Dr. Morris Amateau '23, Dr. Andrew J. Ramsay and Dr. Harvey J. Breslin '54.

Alumni who attended the Hershey meeting include from left Dr. EURFYN Jones '29, Dr. George B. M. Wilson '33, Dr. Peter A. Herbut, Dr. Herbert V. Jordan, Jr. '46, and Dr. Russell E. Allyn '37.

Dr. Lewis A. Hoffman, Jr. '43 (left) and Dr. Herbert S. Bowman '47, (center) welcome Dean William F. Kellow to Hershey dinner.

Others at the Hershey dinner were from left Dr. Harry T. Richardson '00, Dr. George L. Laverty '12 and Dr. Herman H. Hostetter '23.

Dr. John Y. Templeton, III, Professor of Surgery and Vice President of the Alumni Association, at one of the two alumni dinners held in North Carolina in April.
Gastroenterology. Dr. Berk, who will be class speaker at the reunion clinics on June 9 at Jefferson, is Professor and Chairman of the Department of Medicine at the University of California.

Dr. Albert M. Schwartz, 1150 S. 60th St., Philadelphia, writes that his son, Burton Schwartz, M.D., '67, is a pediatric resident at Jefferson, and his son's wife, Judith Schwartz, M.D., '70, is an intern at Lancaster Hospital.

The widow of Dr. William Share, 808 Jefferson Tower, Syracuse, N.Y., writes that her son Edward Share is a freshman at Jefferson this year and happy to be following in his father's footsteps.

1937

Dr. Everett J. Gordon, 2916 Ellicott Terr., N.W., Washington, D.C., was honored recently with a Certificate of Distinction from Central High School, his alma mater. Dr. Gordon received the award for his outstanding contributions in the field of orthopedic surgery. His service to Children's Hospital in Philadelphia and the Metropolitan Police Boys Club was noted particularly.


1938

Dr. William W. L. Glenn, 333 Cedar St., New Haven, Conn., took office in November as President of the American Heart Association.

Dr. William I. Heine, 5579 Park Ave., Philadelphia, has been elected Chairman of the Medical Staff Board of the Northern Division of Einstein Medical Center.

1940

Dr. John C. Brady, 228 Horton St., Wilkes-Barre, Pa., has been elected President of the Mercy Hospital Medical Staff in Wilkes-Barre.

1941

Dr. Arthur F. Hoffman, 3619 Harris Rd., Ft. Wayne, Ind., has three children preparing for the medical field. One son is a pre-med at the University of Notre Dame, another at St. Louis University, and a daughter is studying physical therapy at Indiana University. Another son is a student at George Washington University Law School, and a daughter is teaching English in Paris, France.

1942

Dr. Michael J. Ressetar, 75 Clifton Ave., Clifton, N.J., is serving as Vice President of the Medical Staff at St. Mary's Hospital in Clifton. He is Director of the Allergy Clinic there, and has been on the staff for twenty-five years.

1943

Dr. Stanley Miller, 914 N. Charles St., Baltimore, Md., has a daughter at the University of Pennsylvania, a son at Harvard and a little one still at home.

1944

Dr. Joseph F. Gaughan has opened a new office at 207 High Street, Waterford, Pa. He is on the staff of Hamot and St. Vincent's Hospitals in Erie and is Medical Director of the Mayor's Committee on Rehabilitation for the Greater Erie Area.

Dr. Samuel D. Kron, 2108 Spruce St., Philadelphia, has been elected President of the Philadelphia Medical Group, a pioneer effort in pre-paid hospital-based group practice, at Einstein Medical Center's Daroff Division.

Dr. Thomas M. Sproch, 2935 Seminary Dr., R.D. #7, Greensburg, Pa., has completed a radiology residency at Veterans Hospital in Pittsburgh, Pa. He is Chief of Radiological Services at the Latrobe Area Hospital, Latrobe, Pa. He had been in general practice for fifteen years.

From left Dr. William W. L. Glenn, '38, President of the American Heart Association, Dr. William A. Sodeman, Emeritus Dean and immediate Past President of the American College of Cardiology and Dr. Andrew J. Ramsay, Professor of Anatomy and Director of the Daniel Baugh Institute, at convocation exercises for the meetings of the American College of Cardiology.

Dr. Sodeman presents the Humanitarian Award to President Nixon at Opening Exercises of the American College of Cardiology meeting on February 4, in Washington, D.C.
Dr. Hubert K. Turley, 4207 Walnut Grove, Memphis, Tenn., is practicing urology for the twentieth year. "Still able to golf, tennis and ski."

1944

Dr. Robert G. Arrington, 923 12th St., Huntington, W. Va., was awarded ("inadvertently," he says, the "Railway Man of the Year Award," consisting of a certificate with the engraving, "For the love and compassion shown his fellow man."

1945

Dr. Robert E. Rowand, 17 Club Dr., Summit, N. J., moved to Summit last spring to take up his new position with Ciba Pharmaceutical Co.

1946

Dr. A. Joseph Cappelletti, 1389 W. Main St., Waterbury, Conn., has been elected Chief of Staff at Waterbury Hospital. He has served as Director of the Division of Medicine and Chairman of the Service of Internal Medicine there since 1966.

Dr. William S. Carter, Jr., 1404 Wheatsheaf Lane, Abington, Pa., is Chief of Psychiatric Service at Abington Hospital and Medical Director of its Mental Health Center. "Three children in college and one with a year to wait."

Dr. John M. Keller, 505 N. Lake Shore Dr., Apt. 3009, Chicago, Ill., has been appointed Associate Professor of Obstetrics and Gynecology at Chicago Medical School and Mount Sinai Hospital Medical Center. Dr. Keller was an Associate Professor at the University of Illinois College of Medicine prior to his new appointment, and was associated with Geisinger Medical Center in Pennsylvania previous to that.

1947

Dr. Luther F. Corley, Box 517, Boaz, Ala., is now in his twenty-third year of general practice.

Dr. Robert I. Jaslow, 6037 Rossmore Dr., Bethesda, Md., has been appointed Director of the new state school for the mentally retarded in White Plains, N. Y. The school will be completed in 1975. Assisting Dr. Jaslow in planning the new school will be state and local agencies and voluntary groups. The school will be part of an integrated program of services for Westchester County's mentally retarded. Before his new appointment Dr. Jaslow was Director of the Division of Mental Retardation in the Rehabilitation Services Administration of the Social and Rehabilitation Service in Washington, D. C.

1948

Dr. Joseph E. Bartos, 933 Linden St., Bethlehem, Pa., is in family practice in Bethlehem. Dr. and Mrs. Bartos have nine growing youngsters.

Dr. Richard L. Huber, 1112 Columbia St., Scranton, Pa., has been chosen President-elect of the Lackawanna County Medical Society. In addition to his practice, he is presently City Director of Public Health.

Dr. Paul J. Lane, 10245 Collins Ave., Bal Harbour, Fla., was elected President of Jefferson's Florida Alumni Chapter, President of the Dade County Academy of General Practice, and Director of the Florida Academy of General Practice (a three year post) last year.

Dr. Daniel S. Rowe, 20 Horseshoe Lane, Madison, Conn., will head the new Yale University Health Service, a comprehensive prepaid medical care program designed to serve the health needs of 30,000 Yale students, faculty members and other employees and their dependents. The Service will operate out of the five million dollar University Health Center due for completion in July. Dr. Rowe will be responsible for staff recruitment and organization as well as the operation of clinical services. According to Dr. Rowe the Health Service will aim at the development of "personalized primary physician care." Members will choose their family doctors and pediatricians from the Health Center staff. Dr. Rowe is currently Professor of Clinical Pediatrics and Public Health at the Yale School of Medicine.

1949

Dr. Oscar M. Weaver, Jr., has been appointed Director of the Radiology Department at Mercy Hospital in Kittanning, Pa. He came to Mercy from Huntington, W. Va., where he had practiced since 1964.

Dr. Norman J. Fisher, 197 E. Mill Road, Hatboro, Pa., has announced the association of Dr. Eli W. Zucker with him in the practice of family medicine at 256 S. York Road, Hatboro.

Dr. George A. Winch, 60 San Andreas Way, San Francisco, Calif., is in a new office building adjacent to the city's major hospital. He is helping in the planning of the ob-gyn meeting in San Francisco in May, while Mrs. Winch is taking care of the social and ladies' activities.

1950

Dr. Milton S. Greenberg, 546 Oxford Rd., Bala-Cynwyd, Pa., has been promoted to Clinical Assistant Professor at Hahmemann Medical College.

1951

Dr. Robert G. Hale, 4004 Fairway Rd., Lafayette Hill, Pa., recently completed a term of office as President of the Pennsylvania Academy of General Practice. The Academy has been active in attempting to coordinate a preceptorship program in family medicine with Jefferson. Dr. Hale is a visiting lecturer in the Division of Family Medicine of Jefferson's Department of Community Health and Preventive Medicine.

Dr. Earl Kanter, 15 S. Brunswick Ave., Margate, N. J., has been appointed Director of Obstetrics and Gynecology at Shore Memorial Hospital in Somers Point, N. J. Dr. Kanter is also associated with Atlantic City Hospital, Atlantic City, N. J.

Dr. Sherwin S. Radin, 932 University Bldg., Syracuse, N. Y., is now Associate Clinical Professor at Upstate Medical Center, Syracuse, N. Y.

Dr. William H. Reifsnnyder, 1518 Parkside Drive South, Wyomissing, Pa., is President of the mid-east Heart Association of Pennsylvania for 1970-1971.

1953

Dr. Robert L. Krasney, 4127 Atlantic Ave., Atlantic City, N. J., has been named President of Atlantic City Hospital's medical staff. Dr. Krasney took a medical residency there and a fellowship in gastroenterology at Jefferson. He has been in private practice since 1957.

Dr. Roger D. Lovelace, 806 S. Broadway, Pitman, N. J., has been elected President of the Gloucester County Medical Society. He is now in his third year as Gloucester County Medical Examiner.

Dr. Lewis H. Van Horn May, 5807 N. Temple City Blvd., Temple City, Calif., with his wife and four sons, spent two weeks in Egypt in August. "We left Egypt's Cairo Airport only three days before they blew up the 747. If anyone wants to visit Egypt with his family, drop me a line. I might be able to help. It's safe, reasonable and unbelievable."

Dr. Earl M. Stockdale, 2150 29th St., Rock Island, Ill., is busy with his pediatrics practice.

Dr. Walter R. Tice, 3rd and Juniper Sts., Quakertown, Pa., has been appointed to the Bucks County Board of Health. Dr. Tice has a practice in Quakertown.
1954
Dr. William J. Albright, III, 243 Poplar St., High Spire, Pa., has been named a Diplomate of the American Board of Family Practice.
Dr. Robert M. Allen, 9312 Convento Terr., Fairfax, Va., resigned from the Navy in 1964 and since then has practiced radiology at Fairfax Hospital.
Dr. Warren W. Brubaker, 650 E. Main St., Annville, Pa., has been appointed Corporate Medical Director for Hershey Foods Corporation. Dr. Brubaker previously had a general practice and served Bethlehem Steel, as well as several other industrial concerns. He will relinquish all of these commitments to assume a full-time position with Hershey. He will be responsible for the medical program of the corporation and its subsidiary companies.
Dr. Franklyn R. Clarke, 376 S. Bellevue Ave., Langhorne, Pa., has been appointed superintendent of Philadelphia State Hospital at Byberry, Pennsylvania's largest psychiatric facility. Dr. Clarke has been Assistant Superintendent in charge of patient care at the Hospital since 1966. He is the first staff member of Byberry to be appointed its superintendent. He has been a prime mover behind the Hospital's decentralization into a series of semiautonomous hospitals, each serving people from specific areas of Philadelphia. Dr. Clarke is also Assistant Professor of Clinical Psychiatry at Jefferson.
Dr. Glenn H. Hoffman, 629 W. Pine St., Palmyra, Pa., maintains a dual practice in family medicine in Palmyra and is a member of the Department of Family Medicine at Milton S. Hershey Medical Center, Hershey, Pa. The Hoffmans have five children.
Dr. John B. Nelson III, 17 Prospect Ave., Newtonville, Mass., since last September has been Director of Training and Chief Child Psychiatrist at the South Shore Mental Health Center, Quincy, Mass., "permitting more clinical work, teaching, and less administrative headaches."

Dr. Eugene G. Stec, R. D., #2, Dalton, Pa., is busy organizing a five-man general practice group.

1955
Dr. Louis Brahen, 402 Woodland Hills, Tuscaloosa, Ala., is currently serving as Director of Laboratories at Druid City Hospital, Tuscaloosa. Dr. Brahen is also associated with the University of Alabama as Adjunct Professor of Microbiology, and holds an appointment at the University of Alabama Medical School as Clinical Associate Professor of Pathology and Clinical Pathology.
Dr. Richard A. Cohen, 3643 S. Labrea Ave., Los Angeles, Calif., has a very active solo practice and in addition, owns a hotel in Westwood. Children number three.
Dr. Darwin W. Rannels, 873 N. LaSalle St., #406-A, Chicago, Ill., is working for the Chicago Board of Prenatal Health and Family Planning Clinics.

1957
Dr. Robert S. Brodstein, 1306 E. 4225 South, Ogden, Utah, writes that his ophthalmology practice is going great. "Enjoying the Rocky Mountain climate and nearby hunting, fishing and skiing. Met my wife, Geri, in Korea where we were married in 1960. David, age 9, is outskiing me, but can still keep up with Diane, age 8."
Dr. Donald P. Elliott, 70 Eudora St., Denver, Colo., is still in private practice of thoracic and cardiovascular surgery in Denver.

the "scalpel six"

Have you often wondered what happened to the "Scalpel Six"? You remember, that popular jazz group? Well, if you have, you give yourself away as a Jeffersonian of mid-nineteen fifties vintage. "The Scalpel Six" were all Jefferson physicians and part-time musicians who played the Jeff fraternity circuit during that time and also gave concerts in McClellan Hall. Leader and trumpet player for the group was Dr. John R. Loughhead '54, with Dr. James M. Hunter '53, playing bass, Dr. Robert L. Mulligan '51, on piano, trombone, and arranging, Dr. Frank J. ("The Bees") Beasley '54, on drums, Dr. Robert R. Fahringcr '53, playing sax and clarinet for the group, and Dr. Caleb L. Killian '53, saxophone.
The six have gone on to busier things and scattered themselves geographically. But in March, three of them had a twentieth reunion concert, joining three other physicians to play for a social benefit for the Wyominging Institute of Fine Arts in Reading, Pa. Dr. Loughhead again served as leader and played trumpet. Dr. Mulligan arranged and played piano and trombone, and Dr. Hunter was on bass again. And what are they doing professionally now? Dr. Hunter is a hand surgeon and Assistant Professor of Orthopedic Surgery at Jefferson; Dr. Loughhead is a gynecologist practicing in Reading, Pa.; Dr. Mulligan, a radiologist, also in Reading; Dr. Beasley, practicing ophthalmology in Fort Lauderdale, Fla.; Dr. Fahringger has a general practice in Ohio, and Dr. Killian is a psychiatrist in Fleetwood, Pa.

Three members of the original "Scalpel Six" meet with colleagues to play at the Wyominging benefit: from left Dr. James L. Harrison, drums, Dr. Robert L. Mulligan '51, trombone, Dr. John R. Loughhead '54, trumpet, Dr. Andre C. Westendorp, piano, Dr. James T. Metzger, clarinet, and Dr. James M. Hunter '53, bass.
Dr. Abram M. Hostetter, Philhaven Hospital Medical Director, R. D. #5, Lebanon, Pa., has been serving as Newsletter Editor for the Pennsylvania Psychiatric Society for over three years. He is also 1970-71 National Chairman of the Goshen College Alumni Fund, Goshen, Ind.

Dr. Allan W. Lazar, 740 Carroll Pl, Teaneck, N. J., still limits his private practice of pathology to cytology and biopsy services and is now associated with Dr. Karl Klinges '56.

Dr. Walter R. Morgan, 306 Maple Crest Ave., Lakewood, N. Y., has been certified by the American Board of Urology. He and his wife, Frances, have three children.

Dr. Emil B. Trellis, 2242 Beechwood Blvd., Pittsburgh, Pa., has been certified by the modification of one introduced in England.

Dr. Jay A. Kern, 600 N. Edgemere Dr., W. Allenhurst, N. J., is now Director of Gastroenterology at Monmouth Medical Center, Long Branch, N. J. Monmouth recently became a teaching affiliate of Hahnemann Medical College.

Dr. Paul M. Roddiger, 1244 Rydal Road, Rydal, Pa., has been appointed a Fellow of the American College of Physicians and the College of Physicians of Philadelphia.

Dr. Marvin Z. Rotman, 59 East 80th Street, New York City, is Director of Radiotherapy at New York Medical College.

Dr. Barron L. Altman, 29 Oak Pl., N. Caldwell, N. J., was recently honored as a Fellow in the American College of Surgeons.

Dr. William W. Clements, 517 Tory Hill Rd., Devon, Pa., has been elected a Diplomat of the American Board of Family Practice.

Dr. Barry L. Altman, 29 Oak Pl., N. Caldwell, N. J., was recently honored as a Fellow in the American College of Surgeons.

Dr. William W. Clements, 517 Tory Hill Rd., Devon, Pa., has been elected a Diplomat of the American Board of Family Practice.

Dr. Ronald E. Cohn, 4940 Frankford Ave., Philadelphia, became a Fellow of the American College of Physicians, November, 1970.

Dr. L. Reed Altemus, 1763 Mountain View Dr., Pittsburgh, Pa., has entered private radiology practice at Shadyside Hospital in Pittsburgh, and is consulting vascular radiologist at the Veterans Administration Hospital of the University of Pittsburgh.

Dr. Charles L. Brodehead, Jr., U. S. Naval Hospital, Box 65-1808, FPO, Seattle, Wash., is enjoying his tour of duty at Yokosuka, Japan. He is a Fellow of the American College of Surgeons and a Diplomat of the American Board of Surgery.

Dr. Ronald E. Cohn, 4940 Frankford Ave., Philadelphia, became a Fellow of the American College of Physicians, November, 1970.

Dr. L. Marshall Goldstein, 1680 Meridian Avenue, Suite 614, Miami Beach, Fla., is Chairman of the Department of General Practice at St. Francis Hospital, there, and Attending Physician at Mt. Sinai and South Shore Hospitals and the Miami Heart Institute.

Dr. Charles L. McDowell, 506 Seneca Rd., Richmond, Va., tells us that he has been promoted to Assistant Clinical Professor of Orthopedics at the Medical College of Virginia and Chief of the Upper Extremity Service at the Medical College, McGuire Veterans Administration Hospital and Richmond Crippled Children’s Hospital.

Dr. William E. Ryan, Mayo Graduate School of Medicine, University of Minnesota, Department of Medicine, Rochester, Minn., completes his rheumatology fellowship in July and is looking forward to returning to practice near Trenton, N. J.

Dr. Carl I. Simons, 41 Red Berry Rd., Levittown, Pa., has been made a Fellow of the American College of Surgeons. He is Attending Orthopedic Surgeon at Lower Bucks Hospital.

Dr. John N. Giacobbo, 2400 S. 21st St., Philadelphia, has been appointed Director of Medical Education at Methodist Hospital in Philadelphia.

Dr. Samuel G. Morosco, Professional Bldg., 355 Prospect Rd., Ashtabula, Ohio, is now working on a text book in ophthalmology for residents. Dr. Morosco became Board certi-

fied in ophthalmology last year and was recently elected a Fellow of the American Academy of Ophthalmology and Otology.

Dr. John T. Murray, 249 Monterey Rd., Palm Beach, Fla., and his partner have taken in two additional associates and an audiologist to form the Palm Beach Ear Nose and Throat Association.

1961

Dr. Louis Brown, 1407 E. 84th St., Brooklyn, N. Y., has been certified a Diplomate of the American Board of Surgery. He is associated with another physician in vascular and thoracic surgery practice.

Dr. E. Stephen Emanuel, 711 Elena Dr., Broomall, Pa., has been certified by the American College of Obstetrics and Gynecology.

Dr. Dennis M. Wadler, 525 E. 86th St., Apt. 9F, New York City, is presently in general surgery practice.

Dr. Thomas A. Ward, 11 Pleasant Dr., Bethlehem, Pa., has opened an office for orthopedics practice at 800 Ostrum St., Bethlehem. He had formerly been associated with a group practice. The Wards are parents of five.

1962

Dr. Charles W. Anderson has closed his general practice at 377 Merrimon Ave., Asheville, N. C., to study heart surgery for the next four years, in Houston, Tex. He plans to return to Asheville to practice.

Dr. Michael D. Cefaratti, 232 N. 5th St., Reading, Pa., has been certified a Diplomate of the American Board of Ophthalmology. He is on the staff of St. Joseph's Hospital.

Dr. Martin Feldman, 11860 Wilshire Blvd., Los Angeles, Calif., and his family have been living in Los Angeles for the past five years. Dr. Feldman is Associate Chief of Gastroenterology at the Veterans Hospital and has a private practice.

Dr. Arnold I. Hollander, who was awarded the bronze star in Vietnam, is now in a private practice of internal medicine at 888 S. Craycroft in Tucson, Ariz.

Dr. Paschal J. LaRuffa, 5917 East University Blvd., Apt. 215, Dallas, Tex., continues as Director of Adolescent Medicine at the University of Texas Southwestern Medical School and Children's Medical Center at Dallas. He is also Director of the health program for teenagers in a West Dallas high school and is helping to establish a free clinic for youth in the Lee Park ("hippie") area of Dallas.

Dr. George E. McCarthy, Jr., 419 Riverview Rd., Swarthmore, Pa., is practicing radiology at Crozer-Chester Medical Center. The McCarthy children number three.

Dr. Frank M. Quinn, Box 27, 2nd Gen. Hosp., APO, N. Y., 09180, will be leaving the Army and Europe in June after three years as Chief of Ophthalmology at the U. S. Army Hospital in Landstuhl, Germany. He and his wife
and their son and daughter will be moving to Urbana, Ill., where Dr. Quinn will join the ophthalmology staff of the Carle Clinic.

1963

Dr. Dale C. Brentlinger, 519 Macon Ave., Canon City, Colo., has been certified by the American Board of Internal Medicine.

Dr. Arthur F. Fost, 107 McKinley St., Nutley, N. J., has a pediatric allergy practice in Belleville, N. J.

Dr. Manfred W. Lichtmann, 130th General Hospital, APO, New York, 09696, is Chief of Anesthesiology at the U. S. Army Hospital, Nurnberg, Germany. Dr. Lichtmann spent last October in Amman, Jordan, with the International Red Cross Hospital on a medical relief mission. Prior to his present tour, he spent a year at the Third Field Hospital in Saigon. The Lichtmanns have a daughter and two sons.

Dr. Sandor F. Lipschultz, 2600 Alameda St., Vallejo, Calif., is now with the Department of Dermatology at Kaiser Foundation Hospital, Vallejo, Calif.

Dr. Charles Markoski, Jr., 271 Prospect St., E. Stroudsburg, Pa., has opened an office for general medical practice at 43 N. Seventh St., Stroudsburg.

1964

Dr. David A. Brian, 15151 Minock St., Detroit, Mich., starts his second year of an ENT residency at Henry Ford Hospital this July. Dr. Brian wrote earlier in the year to say he and his wife were expecting their fourth child in April.

Dr. Donald F. Epper, 24455 Lake Shore Blvd., Apt. 1515, Euclid, Ohio, is a fellow in hypertension and nephrology at the Cleveland Clinic. He was certified by the American Board of Internal Medicine last June.

Dr. Lawrence Green, 104 Eastside Pkwy., Newton, Mass., is Assistant Chief of Neurology and Director of the EEG Lab at Boston Veterans Administration Hospital. He is also Instructor in Neurology at Boston University School of Medicine.

Dr. Louis A. Martincheck, 9234 Roos Rd., Houston, Tex., is in private practice of general and peripheral vascular surgery. Dr. and Mrs. Martincheck have three children.

Dr. William L. Milroth, 803 Walnut Ave., Point Pleasant Beach, N. J., opened an office last fall for the general practice of medicine in Point Pleasant, N. J. The Milroths have three children. Dr. Milroth is active in football programs at the high school and Pop Warner levels.

Dr. Richard D. Shapiro, 3893 E. Market St., NorthMar Center, Warren, Ohio, has a new office at the above address and is looking for a partner.

Dr. Charles O. Thompson, Box 1086, Bullhead City, Ariz., has been in general practice in the Bullhead City area for nearly three years now. The Thompsons have a son, Eric Leslie.

1965

Dr. Martin R. Bradley, Yaounde (ID), Dept. of State, Washington, D. C. 20521, is working with French military health personnel in Yaounde, Cameroon, West Africa, as a medical epidemiologist in a smallpox-measles eradication program. His wife is an American Embassy physician there.

Dr. Bernard S. Casel, 1616 Pacific Ave., Atlantic City, N. J., is in solo private practice of otolaryngology in Atlantic City. He did his residency at Temple University Hospital.

Dr. James R. Dingfelder, 3715 Rolliston Rd., Cleveland, Ohio, is a third year resident in obstetrics at University Hospitals in Cleveland. The Dingfelders have three sons.

Dr. Robert J. Echenberg, 5th Field Hospital, Bangkok, Thailand, is Chief of Obstetrics and Gynecology there.

Dr. David F. Fitchett, 1166 Harrison St., Denver, Colo., is completing the first half of a four-year orthopedics residency at the University of Colorado Medical Center, Denver, Colo. The Fitchetts have one child, a daughter, Caroline Friedel, born July 1970.

Dr. Joseph P. Leddy, 6641 Green Valley Circle, Culver City, Calif., has completed two residencies—a year's residency in surgery at Cornell and a residency in orthopedics at Columbia. He is now in Los Angeles on a fellowship in hand surgery studying with Dr. Joseph Boyes. Dr. Leddy is looking forward to a tour of duty with the Air Force. The Leddys have two sons, ages two and four.

Dr. Raphael K. Levine, 1370 Nicholas Ave., Apt. 21 R, New York, N. Y., is currently serving an orthopedic residency at Columbia-Presbyterian Medical Center, New York. The Levines have two children, Solomon, four, and Shoshana, one.

Dr. Thomas H. Malin, 406 N. Neville St., Apt. 302, Pittsburgh, Pa., is now in his second year of residency in orthopedic surgery at the University of Pittsburgh Health Center Hospital after one year in general surgery at Harrisburg Polyclinic Hospital.

Dr. Thomas J. Schneider, 12660 Cedar Rd., Cleveland Heights, Ohio, finishes his fellowship in gastroenterology in June at the Cleveland Clinic. Then it's practice, where he hasn't decided yet.

Dr. George W. Smith, 713 E. Travis Blvd. #1, Fairfield, Calif., is a staff psychiatrist at the 4830th USAF Hospital. He had served previously at Cam Ranh Bay AB, Vietnam.

Dr. Sanford A. Tisherman, 2201 Elmont, Austin, Tex., plans to open a private practice in Los Angeles in December when he completes his tour of duty with the Air Force. The Tishermans have one child, a daughter, Elizabeth, born November 1970.

Dr. Arthur N. Triester, 7373 Ridge Ave., Apt. 344, Philadelphia, is currently taking a cardiology fellowship at Jefferson.

Dr. Gary H. Wachtel, 5221 S. W. 9th Ct., Plantation, Fla., is currently running a private practice in obstetrics and gynecology in Plantation, Fla. (near Fort Lauderdale).

Dr. Phillip H. Winslow, 4504 Plymouth Ct., Village Green, Kansas City, Mo., is currently training in urology at Kansas City General Hospital, Kansas City, Mo.

Dr. William B. Wood, 3304 Crown Crest Rd., Lexington, Ky., was discharged from the Navy. He now holds the position of Assistant Professor of Anesthesiology at the University of Kentucky Medical School, Lexington, Kentucky.

1966

Dr. James J. Benjamin, 9421 Mellenbrook Rd., Columbia, Md., is doing a two-year re­ search project in pulmonary medicine at Johns Hopkins. The Benjamins have three children.

Dr. Lynn G. Cranmer, 8062 Sail Cir., Huntington Beach, Calif., has finished a residency in dermatology and is now a Lieutenant Commander in the Navy stationed at Long Beach, Calif.

Dr. Steven A. Friedman, 71 Suburban Ln., Upper Darby, Pa., is doing research in pharmacology at the University of Pennsylvania. A second son was born to the Friedmans in December.

Dr. Robert A. Goldstein, 2988 Dogwood La., Broomall, Pa., is Assistant Chief of Pulmonary Service at Tripler Army Medical Center.

Dr. Robert H. Kirschner, University of Chicago, Dept. of Pathology, Chicago, Ill., is an Instructor in Pathology at the University of Chicago. His wife has finished her pediatrics residency and is now an immunology Fellow at the University of Chicago La Radda Institute.

Dr. Burton Mass, 170 E. Fariston Dr., Philadelphia, has finished his second year of a fellowship in pulmonary diseases. He also did a two-year residency in internal medicine.

Dr. Thomas D. Schonauer, Rt. 1, Box 712-C, Pensacola, Fla., is a member of the pediatric staff at Pensacola Naval Hospital. He completed his residency last July.

Dr. James V. Snyder, 5145 Forbes Ave., Pittsburgh, Pa., is serving a residency in anesthesia and intensive care at the University of Pittsburgh.

1967

Dr. Charles H. Evans, 1496 Bradley Lane, Warminster, Pa., was discharged from the Army in October. He is now in practice of
industrial medicine with United States Steel Corporation's Fairless Works, Fairless Hills, Pa.

Dr. Joseph E. Franger, 860 N. DeWitt Pl., Chicago, Ill., is in his first year of a medicine residency at Northwestern University.

Dr. Stephen Frytak, 1501 N.E. Fifth St., Rochester, Minn., started a residency in internal medicine at the Mayo Clinic last July.

Dr. Mark W. Gordon, 330 Lenox Rd., Brooklyn, N.Y., is continuing a surgical residency at Downstate Medical Center-Kings County Hospital. Dr. Gordon has authored a paper in Surgical Forum which was presented at the Chicago meeting of the American College of Surgeons last October.

Dr. James E. Hinkle, 907 Weldon Lane, Bryn Mawr, Pa., is in his third year of an anesthesiology residency at the University of Pennsylvania. In July he is scheduled for the Navy.

Dr. Lloyd W. Moseley, Jr., 628-H Westover Ave., Bolling AFB, D.C., soon completes his second year in the service. In July he returns to Grand Rapids, Mich., and Blodgett Memorial Hospital to finish his internal medicine residency.

Dr. Andrew J. Pryharski, 34 Cherry Lane, Hemstead, N.Y., completed his pediatric residency at Akron Children's Hospital, Akron, Ohio, last July and is now stationed at St. Albans Naval Hospital. The Pryharskis have three small sons.

Dr. Walter J. Reynolds, 8318 Krenz St., San Diego, Calif., is going to Parkland Memorial Hospital in Dallas, Tex., for a urology residency and fellowship when he finishes with the Navy in July. The Reynolds have three children.

Dr. Scott C. Stein, 500 E. Rollins St., Orlando, Fla., is on the staff of Florida Hospital in Orlando, and has joined a four man group. He completed his anesthesiology residency at Jefferson. He and his wife were expecting their second child in March.

Dr. Vincent J. Varano, 1411 S.E. 10th Ave., Rochester, Minn., is finishing his third year of internal medicine residency at Mayo Clinic. In July he starts a fellowship in clinical gastroenterology at St. Vincent's Hospital in New York City. Dr. and Mrs. Varano are proud parents of an adopted daughter, Sabrina.

Dr. Jonathan L. Williams, 5000 Woodbine Ave., Woodbine Park Apts. #306, Philadelphia, has begun a residency in radiology at Temple University.

Dr. Paul R. Bosanac, 3437 Fifth Ave., Apt. 207, Pittsburgh, Pa., is Chief Medical Resident at Montefiore Hospital. In July he starts a renal medicine fellowship at Johns Hopkins.

Dr. Barry Corson, 1539-K Coleman Rd., Knoxville, Tenn., finished his Army tour in August. He hopes to return to the Philadelphia area then for family practice.

Dr. Richard J. Flanigan, 918 Bethany Ct., Annapolis, Md., is near the finish of his Navy duty. Then it's Georgetown for a year of medical residency, followed by a two year cardiology fellowship at the University of Colorado.

Dr. John D. Frost, 230 W. Mahoning St., Danville, Pa., is in the second year of an orthopedic surgery residency at Geisinger Medical Center, and has obtained a six month hand surgery fellowship in Portland, Oregon, starting in July.

Dr. Joseph P. Glaser, 17 Nelson Ave., Mill Valley, Calif., has completed a year's fellowship in psychosomatic and "gl" medicine at the University of California Hospital, San Francisco, Calif. and is now chief resident in the Department of Medicine there.

Dr. Clifford A. Gordon, 470 Stratford Rd., Apt. 6-G, Brooklyn, N.Y., is currently training in gastroenterology at State University of New York, Downstate Medical School and Kings County Hospital. He begins an N.I.H. fellowship in gastroenterology at St. Luke's Hospital in New York City on July 1.

Dr. William K. Grossman, 1315 Lombard St., Philadelphia, is completing the second year of a psychiatry residency at Jefferson.

Dr. Lawrence V. Hofmann, 8 Viro Circle, Gallup, N. Mex., will begin a pediatrics residency at Vanderbilt University, Nashville, Tenn., when he ends his tour of duty at the Public Health Service Indian Hospital this June.

Dr. Jerold Kaufman, 220 E. Mermaid Ln., Philadelphia, is in his second year of a radiology residency at Philadelphia General Hospital.

Dr. Bohdan Malyk, 5148 Garfield Ave., Pennsauken, N.J., is in the second year of an ob-gyn residency at Jefferson. The Malyks have one child, a son, Brendan Keith.

Dr. John J. Mech, 48 Latham Court, Burlington, Vt., is in a pathology residency at the University of Vermont. He has an N. I. H. fellowship grant for research and pursuit of an M. S. degree in biochemistry.

Dr. Martina Mockaitis, 317 Iven Ave., St. Davids, Pa., is Chief Medical Resident at Bryn Mawr Hospital. In July she begins a rheumatology fellowship at Temple University Hospital.

Dr. James B. Turchik, 59 Buell St., Burlington, Vt., goes to Boston in July to start an infectious disease fellowship. He is now in the second year of an internal medicine residency at the University of Vermont Medical Center.

Dr. Jacquelyn J. Wilson, 14321 Penasquitos Dr., San Diego, Calif., is enjoying a private general practice. "More general practitioners needed here. A neurologist and psychiatrist would have an instant practice."

Dr. Edward A. Wroblewski, Lake Shore Apts., Apt. #406, Columbus, S. C., is now a G.M.O in Ft. Jackson, S. C., and will start an internal medicine residency at Hahnemann in August.

1969

Dr. Richard L. Fireman, 75 Knightsbridge Rd., Great Neck, N. Y., will start an orthopedics residency at New York University-Bellevue Hospital. The Firemans have two sons, Brian Marc, and Geoffrey Alan.


Dr. John H. MacIndoe, II, 2924 Harvey St., Apt. 2-A, Madison, Wisc., recently took time off from his internal medicine residency to travel in East Africa.

Dr. James V. Mackell, Jr., 1253 Burnett Rd., Huntington Valley, Pa., is doing a year's residency in general surgery at St. Vincent's Hospital in New York.

Dr. David B. McConnell, 1069 Barton Dr., Ann Arbor, Mich., has begun a general surgery residency at St. Joseph's Hospital in Ann Arbor.

Dr. Jay S. Skyles, 1829 Front St., Apt. B-15, Durham, N. C., served as Guest Editor of the January 1971 issue of Archives of Internal Medicine, which featured a "Symposium on Social Issues and Medicine." Dr. Skyles is at Duke University Hospital.

Dr. Barry S. Smith, Carriage House, North #311, 193 Crescent Ave., Louisville, Ky., started his residency in physical medicine and rehabilitation in Louisville last July. Daughter Brenda is a year old now.

Dr. Thomas E. Sullivan, 95 Christopher St., Apt. 9-N, New York, N. Y., has been awarded a NIH grant for cardiopulmonary research at St. Vincent's Hospital, New York.
Dr. Elizabeth S. Webb, E 905 A Park Towne Place, 2200 Benjamin Franklin Parkway, Philadelphia, is a resident in psychiatry at Friends Hospital in Philadelphia. She did her internship at Jefferson.

Dr. Kenneth L. Wible, 424 Oakland St., Morgantown, W. Va., is in his first year as a pediatric resident at West Virginia University Medical Center. Dr. Wible was married last August to Miss Mary Francine Hincken.

Dr. Edward B. Yellig, 5401 Kentucky Ave., Pittsburgh, Pa., is in the first year of a medical residence at the Montefiore Hospital of the University of Pittsburgh. In July he begins two years with the Navy.

1970

Dr. Louis A. Freeman, Hartford Hospital, 80 Seymour St., Hartford, Conn., begins a three year anesthesiology residency at Hartford Hospital this July. The Freemans now have a second child, Christopher Louis, born last November.

Dr. Marilyn S. P. Kershner and Dr. George H. Kershner report that their internships at Reading Hospital, 6th & Spruce Sts., Reading, Pa., are working out very well. Though they were one of the first married couples to graduate from Jefferson, the Kershners are not the only husband-wife team at Reading Hospital. George is interning in surgical medicine, while Marilyn is rotating in internal medicine. They rarely run into each other in the hospital, they say, but "sometimes meet for lunch, often for breakfast, and occasionally for dinner." In July George will begin a four year surgical residency at Cooper Hospital in Camden, N. J., and Marilyn returns to Jefferson for a three year radiation therapy residency.

Dr. Barry J. Make, Thomas Jefferson University Hospital, will begin a residency in internal medicine at the University of Michigan Hospital, Ann Arbor, Michigan, this July.

Dr. John Reichel, III, Stanford University Medical Center, 300 Pasteur Dr., Palo Alto, Calif., is staying at Stanford for a residency in plastic and reconstructive surgery.

Dr. Charles R. Schleifer, 1100 E. Slocum, Philadelphia, begins a surgical residency at Jefferson this July.

Obituary

George Hay, 1903

Charles C. Hightower, 1910
Died October 29, 1970.

Herbert L. Arnold, 1913
Died December 20, 1970, at the age of eighty-three.

David B. Allman, 1914
Died March 30, 1971. Dr. Allman served his profession, his community and his alma mater with distinction. During his very active career, Dr. Allman was President of the American Medical Association, as well as a member of its Board of Trustees and Chairman of the Committee on Legislative Activities. He held memberships in more than fifty professional and civic organizations, and was an officer in many. In Atlantic City, N. J., where he made his home, he was Surgical Director, Chief Surgeon and Senior Consulting Surgical Chief at Atlantic City Hospital, and Chief Surgeon and Medical Director at the Betty Ford Hospital in Atlantic City. He was a Fellow of the American College of Surgeons, and was Chief of the Department of Surgery at Atlantic City Hospital for sixty years.

A JEFFERSON WEDDING

They're keeping it in the family—the Jefferson family, that is. Miss Susan Luscombe, daughter of Dr. Herbert A. Luscombe '40, Alumni President and Chairman of the Department of Dermatology at Jefferson, and Mrs. Luscombe, became the bride of Dr. James B. Carty, Jr., '70, on April 3. Dr. Carty happens to be the son of Dr. James B. Carty '39, Director of Surgery at Delaware County Memorial Hospital, and Mrs. Carty. The new Mrs. Carty is not content with her vicarious Jefferson association, however. Come fall she will be a freshman medical student at Jefferson!
Bacharach Home for Children. In his thirty-five years of practice in Atlantic City, Dr. Allman earned the title of "the state’s Number One citizen," conferred upon him by the State Senate of New Jersey on his election as A.M.A. President. Dr. Allman participated in the business and civic affairs of the community as well. He was President of the Atlantic Building and Loan Association and Vice President of the Guardian Savings and Loan Association. He is a past President of the State Board of Medical Examiners of New Jersey and a former Chairman of the Selective Service of New Jersey.

Dr. Allman has served Jefferson as an alumni trustee, a post to which he was elected by the alumni, and as President of the Alumni Association in 1943.

Abe A. Dattner, 1915
Died January 29, 1971, at his Wilkes-Barre home. A practicing pediatrician for over fifty-five years, Dr. Dattner was past Staff President and Chief of Pediatrics at Mercy Hospital, Wilkes-Barre, Pa. He also served as Assistant Regional Director of the Pennsylvania State Department of Health.

Harold W. Kinderman, 1915
Died August 2, 1970, in Winter Park, Fla. at the age of eighty-three.

Joseph J. Austra, 1916
Died in Pottsville, Pa., January 17, 1971. He practiced medicine in his home town of Shenandoah for over fifty years. He is survived by a son and a daughter.

William F. Leigh, Jr., 1916
Died January 11, 1971, aged eighty. Dr. Leigh practiced medicine in Pottsville, Pa., for forty-eight years. He is survived by his wife.

Allen H. Moore, 1916
Died at eighty in Beaufort County Hospital, Washington, N.C. Dr. Moore had practiced dermatology in Washington since 1954. Prior to this he was in general practice in Doylestown, Pa. Since 1957 Dr. Moore published a daily column in the Washington Daily News —"A Country Doctor’s Diary."

Ellwood C. Weise, 1920
Died in Bridgeport, Conn., at the age of seventy-four, July 18, 1970. A past President of the Connecticut State Medical Society, Dr. Weise helped organize the Society’s Dermatology Section. He taught dermatology for many years at the College of Physicians and Surgeons, Columbia University, New York City.

Modestus W. Buechele, 1926
Died August 3, 1970.

Maurice Hopkins, 1926
Died January 26, 1971, in Sacramento, Calif., at the age of seventy-one. A past President of the Sacramento Medical Society, Dr. Hopkins is survived by two sons and a daughter.

Kelvin A. Kasper, 1926
Died January 10, 1971, aged seventy-one, at Jefferson. A specialist in tear duct surgery, Dr. Kasper was Chief of Otolaryngology at Wills Eye Hospital in Philadelphia for twenty-five years. Last year at the Annual Clinical Conference of the Wills Ex-Residents Society, Dr. Kasper was presented with a silver tray signed by the medical staff in special recognition for outstanding service to Wills Eye Hospital. Dr. Kasper was also Professor of Otolaryngology at Jefferson. He was Chief of Staff at Nazareth Hospital and served on the staffs of Doctors, Episcopal and Philadelphia General Hospitals. For many years he was a member of the Executive Committee of the Alumni Association.

Andrew E. Ogden, 1927
Died in Trenton at the age of sixty-seven, December 28, 1970. An abdominal surgeon, Dr. Ogden was on the staff of Mercer Hospital and had practiced in Trenton since 1930.

Spurgeon T. Shue, 1931
Died January 15, 1971, aged sixty-five, at York Hospital, York, Pa., where he was a member of the staff. A Deputy County Coroner, Dr. Shue was plant physician for P. H. Glatfelter Co., for over thirty years. He had also served as York County Health Officer. He is survived by his wife, and two sons, one of whom is Dr. William M. Shue ’61.

Carl B. Eshelman, 1934
Died August 29, 1970.

George I. Horhovitz, 1935
Died February 7, 1971, aged sixty. Dr. Horhovitz served on the medical staff of St. Francis Hospital, Trenton, N.J., for thirty-four years. He acted as police and fire surgeon for the city of Trenton for ten years. Dr. Horhovitz belonged to the American Medical Association and the Mercer County Component Medical Society. He is survived by his wife and one daughter.

J. Richard Durham, 1936
Died in Wilmington, Del., December 30, 1970. Dr. Durham formerly headed the cardiology section at Wilmington Medical Center and had served on the staff at Jefferson Hospital and Hahnemann Medical College.

Francis X. Bauer, 1940
Died November 7, 1970, aged fifty-seven. Dr. Bauer was on the surgical staff of Allegheny Valley Hospital and Citizens General Hospital in Natrona Heights, Pa. He was also a consultant on the staff of Armstrong County Memorial Hospital, Kittanning, Pa.

Henry S. Wagner, 1943
Died at fifty-three in Pottsville Hospital, January 14, 1971. Dr. Wagner had practiced in Orwigsburg, Pa., since 1948. He served several years as Schuylkill County Deputy Coroner. He is survived by his wife, two daughters and a son.

George W. West, 1950
Died in St. Marys, W. Va., where he was County Health Officer, October 15, 1970. He was fifty years old.

Joseph E. Chambers, 1953
Died in a plane crash, November 14, 1970.

William B. Barr, Jr., 1956
Died February 14, 1971, in Allentown, Pa. Dr. Barr was associated with his father, Dr. William B. Barr Sr. ‘26, and served on the surgical staff of Sacred Heart Hospital and Muhlenberg Medical Center, Allentown, Pa. He is survived by his parents, his wife and two sons. His brother is Dr. Gavin C. Barr ’60.

Kurt G. Wolff, Faculty
Died at Paoli Memorial Hospital, February 10, 1971. Dr. Wolff, an Associate Professor of Psychiatry at Jeff, was nationally known for his writings on the emotional rehabilitation of the geriatric patient. He had published three books. Dr. Wolff conducted the residency training program for physicians at the Coatesville Veterans Administration Hospital where he was Associate Chief of Staff for Research and Education. He also assisted with similar programs at the Norristown State Hospital and Embreeville State Hospital.
To The Editor:

After considerable thought, I felt that I must write to you and tell you how I really feel about Jefferson's involvement in the community.

I am convinced that the whole classical approach to medical education, including the methods of delivery of health care, is in woeful shape, and that the administrative structure and teaching pattern and trend being followed at Jefferson and the other leading medical schools are pulling us down the drain a little faster.

I really am disgusted by the fantastic expenditure of multiple millions of dollars for the monstrous pile of rocks at our old alma mater (swimming pools, squash courts, escalators, etc.), for as you know, the trimmings don't determine the quality of doctors we produce. The most hopeful sign that I read is the recognition of our Alumni Bulletin of the students who are interested in the delivery of health care, and who care enough to raise the money to bring in experts to help them on a noon hour, when the administration is too nervous and backward to supply the meagre funds necessary for this.

The urgent message that emerges today is that America needs a much finer system of delivery of medical care, and that unless organized medicine, including our medical schools, comes up with the answer, the government through the protesting public will legislate it, and all the money will be nicely dissipated. It is the duty of the medical establishment to come up with the answer on the method of delivery—and to me the solutions are quite obvious. The medical students know it, before they are beaten to a pulp and diverted by four years of medical school. They are headed toward the direction I would like to outline for you.

We must work toward a system of group practice. Eighty per cent of the graduating medical school students should be taking care of our nation's family health needs in group situations—clinics, group practices to be formed or now existing. Ten per cent should be in specialty practice (after they have had five years of group practice), and ten per cent in research.

The training for this type of practice and awareness of community needs and the practice of preventive medicine can begin long before the start of medical school. And it can be done in a way which is more meaningful to the young medical student, and bare bones of the associated health services now offered by the Thomas Jefferson University. We should allocate (as should the other five Philadelphia medical schools) the next fifteen million dollars to constructing a comprehensive medical system in the heart of the ghetto area near Jefferson. It should be open twenty-four hours a day in the home area in which crying need for care exists, and it should be staffed by interns, residents, medical students, nurses, student nurses, social workers, college students, interested high school students, etc. This is an ideal way to learn the practice of medicine and where medical care needs to be delivered. I would be glad to triple my annual giving contribution toward such a project. For the past two years I have earmarked my contribution for students at Jefferson voluntarily assigning the Manor Hill health project (a student developed project, reluctantly agreed to at the administrative level), because it seemed the only logical area for me to give.

In conclusion, I feel that Jefferson (and the other medical centers of education) are really not coming up with the answers to meet demands being made on medicine and medical education in this decade. A dramatic change in priorities and direction must be made. I feel that Jefferson has the guts and capability to be deeply involved, but the leadership, and power structure must drastically change to accomplish the new and needed goals which are strikingly clear to me.

Sincerely yours,

R. John Gould, M.D. "55
THE STATE OF THE COLLEGE (continued)

deficits during the past several years as we tried to meet the expenses of growth at a time when important financial resources were being curtailed. New sources of fiscal support had to be found if Jefferson was to avoid the inevitability of financial collapse. Emphasis of our fiscal problems during recent years has made the faculty wonder if the administrators of the college were not overly concerned with business affairs and inattentive to the needs of academic development. This was a fair question to ask for a university must always be alert to subjugation of its basic purpose. On the other hand, accumulated deficits will destroy any institution, and no university can develop academically unless it is monetarily secure.

As sister institutions are threatened with closure, all of us at Jefferson should be reassured by the demonstrable progress that has occurred this year in developing new operating income. While threats continue against our financial soundness as state officials recommend that our appropriation be terminated, it can still be said that if a close supervision of spending is observed and if there are no further losses of income, it should be possible to complete next year without a deficit. Two new federal operating grants in the past two years, the new program with Delaware, and several other financial developments have been responsible for this turn of events.

While consolidation and planning have proceeded this year and provided a basis for much satisfaction, setbacks in other areas have occurred. Jefferson has incurred a reduction in federal support for research and training by the loss of grants for a number of programs and also by a sparsity of funding for new proposals. A new committee has been formed under the chairmanship of Professor Paul A. Maurer to seek ways of demonstrating the importance of medical investigation to federal and state legislators. Somehow, the leaders of American public opinion must be persuaded that this country cannot move forward unless we hold the gains of the past as we undertake new endeavors for the future.

The foregoing are evidence that much progress can be accomplished during a period of consolidation. Some may even feel that now we should have a period of rest and a chance for reassessment. Jefferson, however, can look forward to no such pleasant interlude. A national crisis in health is upon us. All teaching medical centers are being called upon to play a role in meeting this crisis by educating more physicians and other health personnel, by proposing plans for distributing health care more uniformly, by engaging in more health service to their immediate neighborhoods, and by experimenting with new systems of care intended to reduce the cost of health programs and still provide better health opportunities to more people.

The current mood of the country toward the medical profession is disturbing because there is a great impatience with the weakness of American medicine and a sudden cynicism toward its accomplishments. It is difficult to plan changes which have a reasonable chance of success when so much stress is being given to making changes quickly. Through unplanned and precipitous action we risk the loss of what is good without much chance of providing anything better.
ALUMNI CALENDAR

May 14
Symposium on Glaucoma sponsored by the Department of Ophthalmology, College

May 19
Luncheon in conjunction with the meetings of the American Urological Association, The Palmer House, Chicago

May 21
Dinner, Tumblebrook Country Club, Hartford, Connecticut for area alumni

June 9
Reunion Clinics, Solis Cohen Auditorium, Jefferson Hall
Dean's Luncheon
Dedication of Scott Library and Administration Building
Reunion Parties
1921 Dinner Dance, Jefferson Hall
1926 Dinner Dance, Jefferson Hall
1931 Dinner Dance, Barclay Hotel
1936 Dinner Dance, Jefferson Hall
1941 Dinner Dance, Jefferson Hall
1946 Dinner Dance, The Racquet Club
1951 Dinner Dance, Marriott Motor Hotel
1956 Dinner Dance, The Drake Hotel
1961 Dinner, The Middle East Restaurant
1966 Dinner, Jefferson Hall

June 10
Alumni Banquet, Holiday Inn, City Line

June 11
Commencement, Academy of Music

June 7-11
Jefferson Art Show sponsored by the Faculty Wives Club