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ALUMNI CALENDAR

November 8
Reception in conjunction with the meetings of the Pennsylvania Medical Society, Host Farm, Lancaster

November 10-11-12
Seminar, The Management of Trauma in the Hand, College

November 12
Faculty Wives Club Concert and Dinner, Jefferson Hall

November 19-20
Seminar, Gynecologic Cytology with Histologic Correlations, College

February 1
Reception in conjunction with the meetings of the American Academy of Orthopaedic Surgery, Sheraton Park, Washington, D.C.

February 2-14
Tenth Postgraduate Seminar—Portugal and Spain

February 24
Alumni Association Annual Dinner and Business Meeting, Jefferson Hall

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JUNE 7, 8, 1972

50th—1922
J. Bernard Bernstine, M.D.
Lawrence S. Carey, M.D.
Austin T. Smith, M.D.

45th—1927
James E. Bowman, M.D.

40th—1932
Nathan Schlezinger, M.D.

35th—1937
John J. O'Keefe, M.D.

30th—1942
J. Wallace Davis, M.D.

25th—1947
John J. Dowling, M.D.
Elmer H. Funk, Jr., M.D.

20th—1952
Richard S. Brown, M.D.

15th—1957
William A. Rutter, M.D.

10th—1962
Steven Gosin, M.D.
Jerome Vernick, M.D.

5th—1967
Morton L. Rubin, M.D.
IN THIS ISSUE:
Advances in the care of newborn infants at Thomas Jefferson University Hospital are featured in this issue of the Bulletin. Dr. Mary Louise Soentgen, Director of Newborn Nurseries, describes in detail the techniques used in the Intensive Care Nursery. In contrast to this specialized care is the very broad work of the American physician in an underdeveloped country. Two Jeffersonians, Dr. Burwell M. Kennedy '52, and Dr. Warren Lambright '66, chronicle their experiences in Saudi Arabia and Ghana respectively. Returning to native soil, the Bulletin looks at the new year and new students through Dr. Herbert A. Luscombe’s address at Opening Exercises. A favorite teacher, Dr. Joseph J. Rupp ’42, is the Profile subject.

Credits:
Contact sheet on cover, photographs for Intensive Care Nursery and Opening Exercises, Peter A. Kind, III

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The Heliport

Tremendous strides have been made recently in the care of the newborn at Thomas Jefferson University Hospital. The term nurseries have been redesigned and reequipped; the Intensive Care Nursery has developed into a center where premature and sick infants born in hospitals throughout Pennsylvania, Delaware and southern New Jersey are rushed for specialized treatment. To facilitate transportation of these high-risk newborns during the first critical hours of life, a heliport has been built on top of the Foerderer Pavilion.

The renovation of the nurseries and the construction of the heliport have been the special projects of the Hospital’s Women’s Board. In 1964 the Board organized the first Old Market Fair, a day of music and games, of exotic food and unusual wares. The proceeds of the first three fairs were used for the renovation of the nurseries.

The peripheral plan of the nurseries has been revamped to centralize them for more efficient visual control; the facilities have been outfitted with the latest equipment. This year the proceeds of the fair, as well as those of various other projects, financed the construction of the heliport which was dedicated on October 19 at a luncheon honoring the Women’s Board. After inspecting the facilities and the new transportation islette, the ladies were congratulated by Dr. Frank J. Sweeney ’51, Director of Thomas Jefferson University Hospital, who thanked them for their efforts and presented mementos of the occasion. The heliport enables many distant hospitals to send infants to Jefferson for treatment. With this increased participation, the facilities of the Intensive Care Nursery are badly strained and plans for renovation are underway.

The key to the success of the Intensive Care Nursery is the dedication of its Director, Dr. Mary Louise Soentgen. A graduate of Women’s Medical College, Dr. Soentgen came to Jefferson as an Instructor in Pediatrics in 1964 and was appointed Director of the Newborn Nurseries the following year. Currently she serves as Associate Professor both of Obstetrics and Gynecology and of Pediatrics. In addition she represents Jefferson on the Committee on Intensive Care Nursery Directors and of the Maternal Infant Care Plan of the City of Philadelphia.

Among her many honors are a Certificate of Merit for Distinguished Service in Neonatology from the Dictionary of International Biography and election to the Royal Society of Health in London. In the following article, Dr. Soentgen describes the techniques which have saved hundreds of new lives in Jefferson’s Intensive Care Nursery.
A girl who was born last January three months early weighing 2.27 pounds. Because of a history of difficult deliveries her mother was admitted to Jefferson when the first symptoms of labor developed. Nine days later her daughter was born and received immediate treatment in the Intensive Care Nursery. In April the baby went home weighing a hefty 5.25 pounds.

Dr. William T. Lemmon, Jr., '60, examines the smallest patient ever to have major surgery at Jefferson. Born at Methodist Hospital weighing only 2.2 pounds, the infant was suffering from respiratory distress. Rushed to Jefferson, she responded well to treatment but later developed an acute bowel obstruction which Dr. Lemmon was able to correct.

The young man inspecting the isolette spent the first five months of his life in one. Born in August 1969 he weighed only twenty-one ounces. At right he is shown when he was several months old and able to hold a baby toy.
Hope for Newborns:
The Intensive Care Nursery
by Mary Louise Soentgen, M.D.

The event of birth entails an obligatory change of environment, a transition which each infant must complete successfully. Most newborns have an uneventful passage from intra-uterine to extra-uterine life, others have a complicated, stormy course and some never achieve the transition. Most of the present day concepts of newborn care are based on the fact that most infants do very well and have no difficulty with their extra-uterine existence. Most hospital nurseries are maintained for the eighty to eighty-five percent of newborns who have no difficulties, not for the minority who have major problems. It also is interesting to note that there is great variation in the neonatal death rate from community to community and from state to state.

In contrast to the notable advances made in most fields of medicine during the past twenty years, the mortality of newborns has remained almost unchanged. Modern techniques have improved the overall survival for the entire first year of life but not for the first twenty-eight days. Although the death rate from the seventh to the twenty-eighth day has decreased somewhat, the first six days are still critical. The highest death rate occurs in newborns under twenty-four hours of age.

Mortality rates are highest in those infants under 2500 grams and less than thirty-seven weeks gestation. Before the ninth month of pregnancy, the gravidity of the mother does not affect infant mortality but beyond that point the rate increases markedly. With extremes of maternal age—under fifteen or over thirty-five—the fetal death rate is approximately 18.5% and the neonatal death rate about 12.5%. When the pregnancy is multiple, the fetal and neonatal death rate is also higher than normal.

An even more disturbing aspect is the morbidity rate. Each year in the United States approximately 40,000 infants are born weighing less than three and a half pounds. Half of the forty percent of these premature who survive have varying degrees of neurological damage, most of which is preventable. Yet, the premature infant who has no congenital anomalies and survives the neonatal period has the same potential as the infant born at term. The old belief that premature infants always develop neurological damage is a fallacy. We now know that even small immatures—1000 grams or less—are not necessarily mentally retarded and do not have to have neurological or physiological injury. Infants who were once considered doomed if they survived are now known to be potentially free of difficulty.

The Intensive Care Nursery at Thomas Jefferson University Hospital has been a major unit for the past ten years. During the last five years the daily capacity has tripled. About twenty-seven percent of the three thousand yearly deliveries at the hospital require admission to the Intensive Care Nursery. With the excellent cooperation of the obstetrical service, most of these admissions are anticipated as high-risk newborns, enabling proper care to be given the infant to prevent permanent damage.

The Intensive Care Nursery was opened as a Regional Center for the transfer of premature and sick newborns three years ago. At present nineteen outside institutions use the Jefferson facilities and over a hundred newborn infants are transferred each year for specialized care. In October a helicopter pad was completed on the roof of the Foerdner Pavilion which enables more distant hospitals to participate in the cooperation. Twenty-seven additional hospitals have since requested this service.

In addition to the transfer of high-risk newborns, high-risk mothers are being referred to Jefferson by their obstetricians when a problem delivery is expected. Overlapping of the two specialties, obstetrics and neonatology, is imperative for the attainment of a common goal: healthy survival of the newborn. A facility for the intensive care of newborn infants must concentrate on the high-risk mother as well as the infant. The fetus and the mother cannot be separated physiologically because whatever affects the mother also affects the neonate. Fetal physiology must always be considered with maternal physiology.

Assessment of the etiology of neurological defects and the significance of obstetrical factors is complex. Developmental malformations originating in early pregnancy may present the same clinical picture as adverse factors operating on a potentially normal central nervous system during late pregnancy and the perinatal period. At times similar clinical pictures may result from a combination of adverse
factors operating at various times in an infant who is inclined towards damage because of a genetic predisposition. With obstetrical cooperation the woman whose babies are apt to be impaired by the stress of labor and delivery can be identified. Among the high-risk mothers are those who have a history of prematurity, Rh sensitization, diabetes mellitus, cardiovascular disease, drug addiction and other chronic diseases.

Alertness in the delivery room often can prevent a catastrophe. The delivery room must always be ready to provide adequate and prompt treatment of severe asphyxia at birth. The critical moments for saving the infant may be lost through indecision or ineffective treatment. Unfortunately the picture is too often one of delay or of treatment leading to asphyxia before resuscitation and other therapy can be instituted. The results of delay are well known: an irreparably damaged infant, a distraught family and a lifetime of institutionalization of the child at a great cost to society.

By obtaining blood samples from the fetal scalp one can monitor pH and blood O₂ concentrations. If either of these suggests that the infant will not be able to withstand the added asphyxial trauma of a vaginal delivery, a Caesarian section should be performed. However, more experience is still needed with this diagnostic study. Although a pH of 7.2 is used as a cut-off figure, about eight percent of infants who have a higher rating may need resuscitative procedures and about forty percent with a low scalp pH do not need aggressive resuscitation.

Respiratory distress is the leading cause of death among high-risk neonates. Strict biochemical control must be maintained on those infants. Every effort must be made to keep blood pH within the normal range and to decrease the incidence of intracranial bleeding and death. Arterial oxygen tension must be carefully monitored not only to protect the infant but to give him the best chance for survival.

Of great importance are careful attention to meconium-stained amniotic fluid and monitoring of the fetal heart since both can indicate hypoxia and subsequent acidosis. Acidosis increases the bilirubin levels because it has a propensity for breaking down bilirubin from its albumin binding. Serum bilirubin levels must be monitored since hyperbilirubinemia at relatively low levels predisposes the premature with respiratory distress to the syndrome of kernicterus. Jaundice can also be prevented by use of bilirubin reduction lights.

Other preventive measures are available for treatment of common disorders. Hypoglycemia may be treated before the neurological signs appear by monitoring blood sugars. Since blood pressure can be automatically measured with an umbilical artery catheter, an accurate diagnosis of impending shock is possible. Special emphasis must be placed on temperature control because hyperthermia will produce acidosis, which is damaging to the central nervous system and also predisposes the infant to kernicterus and neurological damage at lower serum levels of bilirubin.

We used to believe that small prematures were prone to develop spells of apnea because of damage to the respiratory center. These episodes are indicative of functional disturbances and are corrected by prompt stimulation. The apnea alarm on the incubator permits one nurse to watch several infants. Incubators can now be equipped with special head boxes which permit higher concentrations of moist, warm oxygen around the infant's nose when required. In the past we gave up when the infant's breathing ceased but this is no longer true. Respirators can be used to restore and assist ventilation or actually take over respiration if the infant is tiring.

The premature infant faces many problems when he is born in a hospital which is understaffed and has no intensive care nursery facilities. Consequently the care of the
An integral part of the success of the treatment of the Intensive Care Nursery is the expertise of the nurses. More important is the gentle, loving care they give the infants.

premature or sick newborn is ideally carried out in a nursery equipped to handle the infant and adequately staffed with nurses who have expertise in newborn care. Even so, it is impractical for every hospital to have an intensive care nursery since the number of patients would not justify the expense. More important, the expertise of the staff can be maintained only through constant exposure to high-risk infants. One solution lies in the establishment of additional regional centers similar to that at Jefferson.

Widespread efforts to establish intensive care units for new premature have been blocked for many reasons. In part this has been due to the fatalistic attitude of some physicians who feel that these infants are too high a risk to benefit from intensive care and that they will be impaired regardless of what is done. These physicians bring forth the moral issues, namely that heroic and intensive care measures will result only in the survival of an infant with severe and tragic defects. Yet these same physicians all agree that special measures should be taken with those infants who have been affected perinatally with acquired defects. Diagnostic criteria have not been developed sufficiently to discriminate between these groups of infants in advance. Therefore, every available treatment should be given each infant. Although there will be imperfect survivals, many infants will be spared a vegetative existence. Another reason for failure to establish intensive care units for newborns is the fear of infection spreading in these areas. With proper care, cross infections do not occur.

The initial cost of setting up an intensive care nursery is a deterrent for the establishment of such a unit. However, this is only one consideration. The largest continuing expense is staffing the facility with skilled personnel. The nurse-infant ratio should be two to one. The nurses in the intensive care nursery must not work in other areas of the hospital. The number of nurses required for full capacity must be the same in all shifts regardless of the census load. All automatic devices require that nurses be trained to work with the equipment and recognize diverse malfunctions. They also must be able to manage the infant in spite of all the catheters and monitoring probes. In addition laboratory facilities including micro techniques must be available twenty-four hours a day since many high-risk newborns are born at night.

We must look beyond cost in assessing the value of the establishment of intensive care nurseries. Mortality rates in such facilities throughout the country are showing a decrease. None of these units has been in operation long enough to give the full story of neurological morbidity. Some of the evaluations must wait until the child has been in school for several years. From the early studies that have been reported, a decreased incidence of mental retardation is anticipated.

If all the facilities of a hospital are utilized when an elderly patient has a cardiac arrest, certainly the newborn should be protected and saved from a lifetime of damage. Any infant who suffers post-natal injury is a financial problem to his family and the community. If one infant is protected from permanent injury and a life-time of institutionalization, the time and effort spent for intensive care are well worth it. Recognition of intragenic problems and other preventable tragedies will improve the prognosis even more. The ultimate aim is to protect the infant from any damage to his inherent potential not only to survive but also to develop and thrive.
Ten years ago our small plane took off from Bahrain Island. Far below the coral reefs of the Persian Gulf glistened in various shades of green. Two hours later, after crossing the little Sheikdom of Qattar, we began to descend and circle the cluster of mud-walled houses of Abu Dhabi in the Trucial States, once known as the Pirate Coast. Slowly we came to a stop on a barren strip of sunbaked sand on the edge of nowhere: no airport, no roads and no one in sight. Suddenly we were strangers alone in the desert.

Within a few days, however, the Sheik welcomed us to his castle and made us feel we were the special guests of the Abu Dhabi Sheikdom. It was awesome to be escorted to the court room where we were seated on beautiful Persian rugs and bolstered by thick pillows. After coffee and talk we were taken to guest rooms where a meal of rice, meat and fruit was brought to us on large trays. Our lonelines and thoughts of the hot, dry desert were dispelled as we succumbed to this wonderful Arab hospitality.

During that first visit the Sheik invited us to begin our medical mission work in the Buraimi Oasis, a hundred miles from the coast over the trackless expanses of desert and ever-changing sand dunes. We were barely settled in our temporary quarters there when the desert Arabs began appearing in the yard for treatment. Rapidly the news spread throughout the area that American doctors had arrived in the Oasis.

There we found the desert Arabs as they had wandered with their flocks from the beginning of history. Everywhere we found people living together as tribes, groups of closely related families. Bound in this way, they are able to exist under the most severe conditions: extremely hot summers with temperatures rising to 125 degrees and a constant scarcity of food and water. As a unit they also are able to defend themselves against attacks of nearby enemies. It is a grim matter of survival of the fittest.

Living in the desert is a life-long struggle. Some must continuously guard the flocks of camels and goats or care for the palm groves. Others guide their camel caravans to distant market places for basic goods such as rice, flour, fat, sugar and coffee. The women, always covered with black veils, spend their days caring for the children, milking the animals, gathering brush and cooking bread, rice and meat. Just walking in the sand is exhausting although sandals

*Dr. Kennedy and his wife have served with The Evangelical Alliance Mission (TEAM) in the Near East since 1956. Last year they were on furlough in California where Dr. Kennedy worked at the California State Prison at Folsom but they have now returned to the Oasis Hospital.*
offer some protection from thorns and burning sand. Even worship is
grueling since the followers of the Prophet seek to pray five times each day.
Such rituals require water for washing before each time of worship.

Yet there is some respite. The Arabs are never unhappy while waiting for
the flocks to feed and rest. Their favorite pastime is sitting around a campfire
drinking coffee and talking. For hours old tales and bits of news are collected
and discussed eagerly. Often a camel rider dismounts to greet a passerby
and ask for news.

Wherever we went there were those ugly, clumsy-looking camels. It seems
as though the Bedouin Arab and the camel have gone together since the
beginning of time. Without camels the Bedu could not have existed on the
sandy spaces as they have for centuries. Journeying for days without water,
camels can subsist on sparse bush and thorny trees. “It has been said that the
Bedouin Arab is a parasite that lives on the camel, and this to a great extent
is true. It is the camel that carries him about; it is the camel’s hair that
supplies him with his clothes and his tent; the camel’s dung is the fuel of the
desert; it is the camel’s meat that supplies food for his banquets; the camel’s milk
is his beverage . . .”

The foreign doctor is supposed to know and do everything—at least it
seemed that way when the Arabs began coming from every direction.
Each morning Dr. Marian (my wife) and I, with a staff of twenty, were able
to see approximately two hundred patients. There were all the usual ailments.
Most prevalent was malaria in all stages. We learned to dread cerebral malaria
and resistant cases. Fortunately recent malarial experience in Vietnam was
published in the AMA journal which helped us immensely. Then there were
amebiasis, spinal meningitis, trachoma, sores, skin infections of all sorts
complicated by thorns, fractures and snake or scorpion bites. Pulmonary
tuberculosis ran high. Elderly patients often had hypertension which might be
complicated by a CVA. Everyone had decayed teeth which required a special
extraction service. Strangely enough we rarely had a case of coronary thrombosis,
gastric ulcer or appendicitis.

Nowhere else had we seen the strange practice of vaginal “salt packing”
after each delivery. Although this treatment did prevent puerperal sepsis, it
caused severe vaginal and cervical scarring. As a result cervical atresia produced
painful retained menses and prevented subsequent sexual intercourse. Should
such a mother become pregnant, she and her unborn child faced death during
labor. Since the vaginal vault was well-fixed and inelastic, the uterus might
rupture or the cervix suddenly tear, causing massive hemorrhage. Somehow some
survived the ordeal.

Hospital complex at the Buraimi Oasis. Buildings on lower side of road are residences.
A rab illness is not taken lightly. Relatives hurry to the tent to greet the sick one and offer encouragement or advice, much of which is harmless, some of which is not. Usually “The one who reads the Koran” is called and brings his herbs and branding iron. According to this “religious leader” the patient is given some bitter concoction of herbs or pronounced to have a “gin.” Then holy words are read over him and sometimes the aching part is branded to eradicate the evil spirit. Scars of such branding, often infected, display the patient’s medical history. Many scars over the abdomen might suggest a severe case of dysentery; burns below the ear might indicate chronic otitis media.

When all is done—every effort made, any amount of money spent—and death comes at last, there is no great confusion or mass hysteria. It is as if one said good by—God willed it so—and so it must be. There is a wail of death, but very quietly the body is cleansed and wrapped in a white shroud. Within twenty-four hours and usually before sundown, the body is placed in a specially dug grave with the head facing the holy city of Mecca.

Occasionally we were called to an outlying village to treat a seriously ill patient. We soon learned what was expected of us. If a doctor did not give an injection, his treatment was worthless; pills might be taken in a single dose or sold to the neighbors. According to custom, we were served coffee as we sat on the floor by the patient’s mat. Returning to the Land Rover, we found many villagers gathered for medical care. Under these circumstances it was hopeless to attempt a proper examination. As quickly as possible we listened to their chief complaints and handed each a few tablets so that we could escape the ever-increasing mob.

In the oasis everything began from scratch. Initially we worked and lived in a mud-brick clinic-home compound, treating all desert Arabs as they came along. At the same time, fellow workers, with the help of the Sheik, installed an electric generator, dug a well and erected a water tower. In addition to homes and nurses quarters, a well-equipped clinic building was then completed with a laboratory and operating room.

Today the Oasis Hospital includes thirty-six two-room inpatient units, a three hundred milli-amp x-ray set up, two intensive care unit rooms, an obstetrics building and a four-room tuberculosis section. Obviously this is an improvement but there is still much work to be done. What is gratifying is the receptive attitude of the Arabs. The people bring us their goats, sheep, camels and even their falcons for the magic medicine of the mission hospital—a grand general purpose hospital.

Patients arrive at Oasis Hospital from the desert by camel caravan.
It is fitting today to focus our attention on a "world view" of medicine which often is not appreciated in our specialized practices here in the United States. What is or is not happening regarding medical care in the developing countries? My experiences are limited to the past thirty-two months which I spent in Ghana, West Africa, a country about one and one third the size of Pennsylvania with a population of eight million.

The official attitude towards foreign doctors there may be summed up in the phrase "you are needed but not wanted!" This is natural considering what political independence means to the Ghanian. He wants to run his own ship and provide services to his own people with as little foreign assistance or interference as possible. Under the charismatic leadership of former President Kwame Nkrumah, "great" projects were undertaken with little thought of the future. Now Ghana is paying heavily in interest to various lending countries. This definitely has curtailed her own development under the new leadership of Doctor Kofi A. Busia.

The short handled hoe and the cocoa bean are symbols of the foundation of the Ghanian economy. Seventy percent of the employable Ghanians are working in agriculture. Export of the cocoa bean, providing forty percent of the world market, brings in foreign exchange necessary to import commodities. However, the growth of the economy has not kept up with that of the population. Since 1958 there has been a gradual decline in worth of goods per capita, leaving Ghana with more malnourished and undernourished people each year. At the present time, the average annual income for the Ghanian is $300.

Medicine has played a paradoxical role in this respect. With the improvement in medical facilities and their growing availability, life expectancy has increased to about forty to forty-five years. Child mortality, which had reached fifty percent by the age of five years, is markedly decreased. Thus, instead of four or five children to feed, there are now eight or nine in many of the rural families. The question of creating more problems for the African by bringing in western medicine is a real one.

Doctor Lambright chose to spend thirty-two months in Ghana in civilian service as an alternative to military duty. At the time of his work there, he had completed his internship and three months of a medical residency. Currently he is completing his residency at Jefferson.
S
ocialized medicine predominates in Ghana. The government provides
seventy percent of the hospital beds and the medical missions the other thirty.
Most of the rural hospitals are run by medical missions. Until six years ago
all Ghanaian physicians were educated outside the country, primarily in England.
Since then general medical officers have been trained in a 1200 bed teaching
hospital in Accra, the capital. Hopefully, the approximately thirty-five physicians
graduated each year will begin to give better coverage and reach a larger area
of the population. The biggest advantage of education within Ghana is that the
physicians must work in their own country after graduation. When they are
trained abroad, they often do not return to serve their own people. Are we
considering the overall health care of the world when physicians who show great
promise are employed by the country training them instead of having them
return to their own country? At present there is one physician to every
16,000 Ghanians.

There is one regional hospital in each of the nine geographic areas of Ghana.
These hospitals have a number of specialists when they are available. There are
also varying numbers of district hospitals which are staffed by general medical
officers. Finally there are health centers which are staffed with trained nurses and
often affiliated with a maternity hospital staffed by midwives.

My assignment was to serve at the Adidome Hospital with one other American
physician, Doctor Richard Braun, who has been working in Ghana for fifteen
years. Our hospital had one hundred twenty-five beds and employed fifty nurses,
three lab technicians, an x-ray operator and four locally trained pharmacists.
The non-medical staff consisted of five clerks and thirty to forty general laborers.
The following approximate statistics for 1970 suggest the work load for
two physicians who served a population area of 90,000:

36,000 outpatient visits
2,800 inpatient admissions
1,700 minor operations
700 major operations
450 deliveries

The average cost to the patient was as follows:

Medical ward: 50¢ a day for the first seven days; 35¢ a day for the next
fourteen days; 20¢ a day thereafter. The family provided the
food, cooked the meals and gave the patients their baths.

Elders in Ghana’s society have enormous influence and serve as decision makers.
Surgery: Major operations: $20.00 including eight days of post-operative care.
Obstetrics: Normal delivery: $4.00; Caesarian section: $16.00
Pediatrics: One half of the adult fee.

The total cost of operating the hospital in 1970, excluding the physicians’ salaries, was $110,000. Fifty percent of the receipts were from the government, forty percent inpatient fees and ten percent various gifts.

Our work was divided into three main areas: outpatient, inpatient and village maternal and child clinics. Basic lab studies were available including CBC, urinalysis, gram stain, sed. rate, AFB smear, stool, sickle prep., and malaria smear. Bun and blood sugar were special requests. X-rays were available for chest, bones, LVP, BE. The hospital had electricity for four hours in the morning when we did the elective surgery, for four in the evening and for emergency operations.

Surgery presented many interesting and varied approaches. Hernias comprised about fifty percent of our major surgery and were the leading cause of bowel obstruction with strangulation requiring bowel resection. Nearly all the surgery was done under spinal or local anesthesia. Since there were no trained anesthetists I became adept at using drop ether for infants. Blood was scarce because of the difficulty of convincing the Ghanian of its need and the lack of available storage space. A technique used for ectopic pregnancies proved to be life-saving. One opened the peritoneum and then, with a sterile ladle, would dip out the blood and put it into a sterile basin. The blood was then filtered through a cheese cloth and returned to the patient by autotransfusion. I have given up to eight pints to a patient by autotransfusion.

After surgery we worked with the outpatients, often nearly two hundred a day. The disease spectrum was as varied as anyone paging through a tropical medicine textbook would expect. Pneumonias, intestinal parasites associated with anemia, measles, whooping cough, malaria, schistosomiasis, neonatal tetanus, rabies, snake bites, malnutrition, amebiasis, Burkitts tumor and tuberculosis are only some of the common ailments. Chronic ulcers were often a difficult problem to treat because of access to local treatment with herbs and all types of contaminated materials. Gastroenteritis with malnutrition was the most common disease. After seeing the village water supply I understood why. A low area around the village was dug out to collect water during the rainy season. Then the water was used for cooking, often without boiling or straining.

The Evangelical Presbyterian Church Hospital in Addo, eighty-five miles northeast of Accra, capital of Ghana.
The Ghanian’s apparent immunity to certain diseases prevalent in the west is intriguing. Large bowel carcinomas, appendicitis, cholecystitis, renal stones, peptic ulcer, cardiovascular disease and lung cancer are a few of the diseases which I rarely saw. Psychophysiologic disease is seldom encountered because it is considered an African disease and usually is treated successfully by the traditional practitioner.

Whenever a Ghanian becomes ill, he consults the traditional practitioner who discerns what spirit is inhabiting him or whether a curse has been put upon him. If the patient does not respond to various herbs and incantations, the family meets to decide whether to try treatment by western medicine. If they agree, the person is brought to the hospital for evaluation. Because the elders make the decision, Ghanians must not come to the hospital without permission. Once they come, they usually are receptive to the suggested treatment. The Ghanians are a very suggestive people with a basic fear of the spirit world and often see western medicine as another good spirit in their relationship to their world. We have attempted to learn to know the traditional practitioners who often are the best referral source of patients with serious illness requiring hospitalization.

Two traditional concepts color the Ghanian’s response to western medicine. The first is that of time, which is understood in the forms of past and present with little comprehension of the future beyond two or three months. Its effect is readily seen in follow up, chronic diseases, malnutrition and annual pregnancies. The second is that of death. Death means the time when the last person living who knew you when you were living dies a physical death. This, of course, inhibits progress in family planning and birth control as the elders decide whether a young couple may stop having children. Grandparents are reluctant to permit family planning because they would not “live” as long if fewer young grandchildren were born.

The problem of providing up-to-date medical care in an emerging nation is a complex one. I have attempted to outline some of the difficulties I encountered in rural Ghana, but this can be no more than a brief glimpse of the situation. Although there is the question of education, the key to the solution is economic. The people are responsive; they must be helped. The preamble to the charter of the World Health Organization states: “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, economic or social condition.” As a “developed” country, are we making an honest effort to help build the health care of developing countries?

Typical water supply for a native village.
Jefferson Medical College of Thomas Jefferson University began its 148th academic year on September 8. Prior to the beginning of classes, the freshmen participated in a three-day orientation program organized by the Student Council. In addition to an official welcome from Dean William F. Kellow, the new students heard about various student activities from their representatives and about aspects of Jefferson and its traditions from members of the faculty. Among the speakers was Dr. Andrew J. Ramsay, Professor of Anatomy and Chairman of the Department, who sketched the achievements of some of the distinguished alumni, illustrating his talk with slides of their portraits. Among the two hundred twelve freshmen are twenty-seven women and ten black students. Thirty members of the class are enrolled in the accelerated program in cooperation with Pennsylvania State University. During Opening Exercises in McClellan Hall, President Peter A. Herbut outlined Jefferson's history and her role as a medical university. Board Chairman William W. Bodine, Jr., presented prizes to outstanding undergraduates. The main speaker was Herbert A. Luscombe, M.D. '40, Professor of Dermatology and Chairman of the Department and President of the Alumni Association. His remarks, "The Educated Man," follow.

You are about to enter a noble profession, one which you selected partly to earn a living, partly to fulfill yourself, but primarily because you burn with the zeal to help others. You find yourselves in an era in medical history characterized by an absorption in complicated social and economic problems—so much so that we are threatened with loss of our moral orientations. Some of this absorption has been forced upon us, and it may be good. But it is neither desirable nor possible to permit concentration on these matters to overwhelm more important issues. The business of medicine and the various allied health sciences remains the care of the sick. To it we are dedicated and to this end you must direct your efforts in the ensuing years.

The business of Jefferson is not merely to produce doctors and related scientists but to produce educated doctors and educated scientists. The foundation for this education has been laid in the preceding years, and it must continue throughout our lives if education is to have any meaning. The foundation on which we build, whether in the classics, in economics or in history, serves two important purposes. It serves to supply us with the background that we add to constantly and helps us to fulfill the needs of our inner development, and it serves also as a means of rapport between such individuals as doctor and patient.

My issue, I hope, is clear. It is part of our function as medical men, whether in the laboratory or in practice, to maintain our responsibilities as educated men. There are
The arches of the new Scott Library offer something new for Jefferson—al fresco receptions. Following Opening Exercises on September 8 guests left McClellan Hall passing the familiar window of 1025 (at right) and crossed Walnut Street for refreshments (bottom photo).
those who feel that through computer analysis the role of medical men can be reduced to that of mere collectors of facts, and that the long search for absolutes in medicine may soon be with us, if it is not already here. Judging by what has been accomplished in other fields, it is apparent that computers are capable of producing accurate answers more quickly and reliably than the human mind. Yet it is obvious that the computer is unable to think for itself and what comes out of it depends on what goes into it. Thus, even in a computer-oriented world, it is likely that the physician shall remain essential to medicine. He shall not be replaced by robots or monsters since it is the educated man who must obtain the information and evaluate what is to be fed into the computer.

Because of the various threats to this role of the physician as an educated man, I view with alarm the present tendency to reduce the medical curriculum at the expense of the humanities. There can be no argument that the education of a doctor takes too long, particularly in light of the supply and present day demands for medical personnel. How this education and training period can be shortened occupies the minds of both lay and medical educators. There appears to be no easy solution. One suggested solution proposes the shortening of the college course at the expense of the humanities. For this reason I urge you to consider the ideal of the doctor and other medical scientists as educated men. I fear that this narrowing of education will result in a loss of culture which can not be acceptable. The doctor is more than a diagnostic and treatment machine. He is a human being in contact with sick human beings for whom he requires understanding and sympathy. Though education in the humanities can not supply these qualities, it can at least foster them. Their loss must eventually mean a different type of physician and it seems to me an inferior one.

But you are not concerned immediately with this problem. It will haunt you later, however, when you stand in my place and are required to determine the structure of medical education for those who follow. Your problem is more immediate. It has to do with how you use your education (by this I mean your non-medical education) and how you expand this learning in your present situation.

It requires no stretch of the imagination to recognize that part, a very important part of your maturing process, has to do with interests which flog your waning energies in time of despair, interests that direct your mind to channels far removed from the responsibilities of the day. Let your definition of education be what you wish, an interest in jazz, Greek, or philosophy, it can only serve to fulfill your development, and in so doing round out your character and personality and this helps create a means of understanding others. So foster your non-medical education and enrich your life from these sources.

You will have many moments when by choice or of necessity, your minds will be far removed from the responsibilities of medicine, for there is nothing so tiring as the anxiety of making decisions and issuing judgments. There would be no such anxiety and no such fatigue if your judgments were always right. However, regardless of the all knowing atmosphere which seems to surround doctors, and in which, unfortunately, some doctors believe, you will find that you cannot always be right. You can console yourselves with the conviction that infallibility is not a human attribute, neither for the scientist nor the clinician, and that the true scholar is one who is always aware of shortcomings in himself and in his subject. At such times you will need strength to sustain you and where you find it will depend on what has gone before in your lives, in your homes, in your general development, and in your education. None of you has come this far without crisis in your lives, so that you have sought and possibly found the sources which can sustain you. But in your professional lives you must still learn the outcome of answering for your decisions, and this requires more than a knowledge of medicine. It may seem to you that I have chosen to emphasize the role of adversity in your medical careers. Others have sung the joys of the medical life, but whether in laboratory or in practice, the physician must prepare himself for adversity or he can not survive. The problem is how much preparation can be achieved. We all hope to avoid defeat, but must be prepared to deal with it if it comes. Our preparation for adversity must come from the educated life.

In the next few weeks and months it may seem to you that expansion of your non-medical knowledge is not possible in view of your academic commitments here at Jefferson. I am not urging you to neglect in any way what you have come here to do, but rather I ask you to go beyond this and take advantage of every opportunity. As Sir William Osler said, the secret of life lies in what is called the "master" word in one of the jungle stories. Osler said that the "master" word is a little word that looms large in meaning. It is the "open sesame" to every portal, the great equalizer in the world, the true philosopher stone which transmutes all the base metal of humanity into gold. It makes the stupid man bright, the bright man brilliant, and the brilliant man steady. That master word is work. It is responsible for all the advances in medicine in the past centuries; it is at least partially the reason that each of you has attained his present station; it is the answer to the continuing broadening of your education. As Kipling so beautifully said in the last four lines of his poem "If":

If you can fill the unforgiving minute
With sixty seconds worth of distant run
Yours is the earth and everything that is in it
And what is more you'll be a man my son.
“That’s easy,” says Joseph Rupp with a flourish of his cigar, “I stayed at Jeff because I like it here.” For over thirty years Dr. Rupp has been associated with Jefferson, first as a student and now as a teacher. After his graduation in 1942, Dr. Rupp interned at Jefferson and then entered the army. Returning to Jefferson in 1947 as a Fellow in Endocrinology, Dr. Rupp completed his residency in 1950 and joined the faculty. Today, sporting a rakish goatee and moustache, he serves as Associate Professor of Medicine and Associate Director of the Division of Continuing Education.

The surest measure of the success of a teacher is the esteem of his students. Student accolades have been heaped on Dr. Rupp. He is a student-elected member of the Hare Society and of Alpha Omega Alpha. In 1964 he received the Lindback Award for Distinguished Teaching and was named Teacher of the Year by Phi Chi in 1968. The class of 1969 presented his portrait to the College; the classes of 1967 and 1971 chose him to administer the Hippocratic Oath at their commencements. Appropriately, he serves as Chairman of the Student Affairs Committee of the faculty’s Executive Council.

Are the students of today different from those of other years? “They are not different in ability or eagerness to learn,” Dr. Rupp explains, “but they have a greater awareness of what they want to learn and an unwillingness to be told they should learn something because it will be good for them.” Students are more vocal and act on their opinions by not attending
classes. Although Dr. Rupp does not believe students should dictate policy, he feels their views should be taken into account. "There should be a willingness on the part of the faculty to appreciate that the student has a legitimate right to demand certain standards of the faculty," he asserts. "Instead of regarding the students as crybabies, the faculty should begin to consider ways of changing their approach."

Dr. Rupp hesitates to endorse the new curriculum in its entirety. Although he concedes that frequently material in the courses overlapped to a great extent, he favors the broad introduction the old curriculum offered. Under the new system, the student may choose his field earlier but his exposure in other areas may be sadly lacking. Since all the implications of the reformed curriculum will not be apparent for several years, Dr. Rupp prefers to reserve judgment.

Student interest is turning away from research and academics towards people, towards community and individual health programs. "The students are concerned with the quality of health care and they want to be part of the delivery team," Dr. Rupp asserts. This is true not only at Jefferson but throughout the country. More and more medical schools are instituting post-graduate training programs in family practice, many of them based in community hospitals rather than in large urban institutions. Although a Division of Family Medicine has been established in the Department of Community Health and Preventive Medicine, Jefferson has not developed a full residency program but already there is student interest. The Family Physicians Society was formed last winter to encourage and assist students interested in the field. Dr. Rupp is faculty advisor to the group which plans a preceptorship program and work in various Philadelphia health clinics and hopes ultimately to stimulate enough interest to warrant establishment of an internship and residency program.

Dr. Rupp himself is part of the movement away from research. In 1966 he gave up his explorations of the endocrine system to devote himself to teaching and practice. "After nearly twenty years and countless rats and guinea pigs I wasn't impressed with what I had achieved," he explains. "The aging process was having a disturbing effect on me. I found myself becoming too rigid and making judgments without knowing the facts." Teaching demands a flexible, receptive attitude towards ideas which Dr. Rupp finds a great relief.

Of the three courses Dr. Rupp teaches, two are lecture-oriented and the third is a workshop. The overall organization is first an introduction to the physiology of the endocrine system in the sophomore year followed by analysis of diagnosis and treatment in the junior year and a review of treatment in the senior year. During his lectures, Dr. Rupp encourages interruptions and questions, realizing that concepts that are clear to him may be obscure to others. He is also interested in the direction his thoughts lead his listeners. In fact he is more than willing to abandon a lecture entirely to follow a point raised by a student. Dr. Rupp worries when students do not question what he says. Are they afraid of sounding ignorant? Do they think they know it all? Are they taking it all in without thinking? "There is no question that's too simple, that's foolish," he insists.

Enrollment in the workshop in endocrinology is limited because each student is assigned a case to analyze during the semester. Only the barest facts are given to the student who must then research and develop studies independently. Perhaps the most difficult part of the task is the organization of the wealth of material to be presented in a limited time. Once in the class, the student must present his solution and answer questions from Dr. Rupp and his classmates. As the semester progresses, the cases become increasingly complex and obscure but the students persevere. "I've never had a student fail to work out the problem," Dr. Rupp says in some astonishment. "Often I come to class ready to show off but I never get a chance. I really don't know how they do it."

In addition to teaching undergraduates, Dr. Rupp is Associate Director of Continuing Medical Education. Formally structured in 1960, the program has grown considerably in the past several years. Scheduled for the coming year are numerous symposia and courses at the College and lectures and workshops planned for community hospitals. Currently Jefferson organizes sessions at fourteen hospitals in Pennsylvania and five in Delaware, enabling physicians to attend who cannot spend too much time away from their practices. Dr. Rupp and other Jefferson faculty members go out to these hospitals to present recent developments in their field. Efforts continue in improving communications with the physician to determine his needs and problems. Other routes towards advanced study are being investigated. One is the self-assessment test, another programmed education. In 1964 Dr. Rupp prepared a programmed review of thyroid disease for Pfizer Laboratories. He has taken several of the self-assessment tests which he terms "very humbling."

Clearly Dr. Rupp is one who believes education is never complete. He turned to teaching to learn himself. For him the goal of the teacher is "to help the student to develop the ability to continue, to inspire a desire to learn."
the jefferson scene

college of surgeons

A new feature of the Clinical Congress of the American College of Surgeons was the John H. Gibbon, Jr., Lecture given by Michael E. DeBakey, M.D. His topic was “The Impact of the Development of the Heart-Lung Machine on Medicine and its Potentialities.” News of this lecture will be carried in the winter issue of the *Alumni Bulletin*. Dr. Gibbon ’27, is the Samuel D. Gross Emeritus Professor of Surgery and inventor of the heart-lung machine.

During these October meetings in Atlantic City a group of Jefferson’s faculty served as operating surgeons during the 1971 Television Program which was coordinated by Gordon F. Schwartz, M.D., Associate Professor of Surgery. The demonstrations were “Colon Procedure” by Frederick B. Wagner, Jr., M.D. ’41, Clinical Professor of Surgery; “Pediatric Cardiac Procedure” by Louis F. Plzak, Jr., M.D., Professor of Surgery and Chief of the Pediatric Surgical Service; “Total Hip Replacement” by John J. Gartland, M.D., ’54, James Edwards Professor of Orthopedic Surgery and Chairman of the Department; “Simultaneous Vaginal and Abdominal Hysterectomy,” vaginal by Paul A. Bowers, M.D. ’37, Professor of Obstetrics and Gynecology, abdominal by Roy G. Holly, M.D., Professor of Obstetrics and Gynecology and Chairman of the Department; “Biliary/Pancreatic Procedure” by Charles Fineberg, M.D., Clinical Associate Professor of Surgery; “Aorto-Coronary Bypass” by John Y. Templeton, III, M.D. ’41, Professor of Surgery; “Suprapubic Prostatectomy” by Paul D. Zimskind, M.D. ’57, Nathan Lewis Hatfield Professor of Urology and Chairman of the Department; “Radical Mastectomy” by Gordon F. Schwartz, M.D., Associate Professor of Surgery; “Pulmonary Procedure” by Herbert E. Cohn, M.D. ’56, Clinical Associate Professor of Surgery; “Plastic Surgery Procedure” by José Castillo, M.D., Associate Professor of Surgery.

who

In June Jefferson Medical College became a World Health Organization Collaborating Center for the Evaluation of Methods of Diagnosis and Treatment of Melanoma. Fifteen countries are members of the organization which is based in Milan. Jefferson is one of two collaborating centers in the United States.

volunteer faculty

Abraham E. Rakoff, M. D. ’37, Professor of Obstetrics and Gynecology (Endocrinology) and Professor of Medicine, and a past President of Jefferson’s Alumni Association, has been elected the first President of the newly formed Volunteer Faculty Association of Jefferson Medical College. The Association, formed six months ago, will provide volunteer physicians (non-full time) with an official means of expressing views and voicing problems. As stated in the by-laws the Association “will promote the welfare of the College by the active participation of the Volunteer Staff in all functions relating to the education of medical students and house staff and in promoting the highest standards of patient care.”

Official recognition of the Volunteer Faculty was recommended by the Executive Council of the College and, subsequently, approved by the Administration. Space has been allocated in the hospital for the operation of the Association’s office. Other officers of the organization include Gerald Marks, M.D. ’49, Vice President, Clinical Assistant Professor of Surgery; William H. Baltzell, M.D. ’46, Secretary, Clinical Professor of Otolaryngology; and George H. Strong, M. D., Treasurer, Associate Professor of Urology. The Volunteer Faculty will be administered by a Board of Governors consisting of three members from the Departments of Medicine, Gynecology and Obstetrics, and Surgery, and one member from the Departments of Dermatology, Neurology, Ophthalmology, Orthopedics, Otolaryngology, Pediatrics, Neurosurgery, Psychiatry and Urology and three members at large.

university hour

A new series of lectures has begun at Jefferson. Known as the University Hour, the weekly program will feature speakers on topics primarily unrelated to medical school but pertinent to current issues in the delivery of medical care. Speakers will generate discussion of such questions as the escalating costs of health care and the dwindling supply of physicians in rural areas. Interspersed among the formal lectures are several coffee hours and non-medical speakers. The University Hour has been organized by a committee headed by Robert T. Lentz, Librarian and Professor of Medical Bibliography and Library Science.
student program

During the summer five Jefferson students supervised a group of thirty members of the Neighborhood Youth Corps who participated in the Summer Pap Test Project. The girls, who ranged in age from fifteen to seventeen, were trained to approach women in their communities to clear up common misunderstandings about uterine cancer and to convince them to schedule pap test examinations. In addition to personal door-to-door visits, the girls made contacts by telephone and distributed educational materials to church and civic groups. Supported by grants from the Department of Health, Education and Welfare and the Neighborhood Youth Corps, the program was coordinated by Dr. Irwin Stoloff '51, Medical Director of the Philadelphia Division of the American Cancer Society. Dr. Stoloff is also Associate Professor of Community Health and Preventive Medicine at Jefferson. The students who participated were Larry Cook '75, Bert Kaplan '74, Larry Mapow '74, Stan Paist '75, and Tyi White '74.

cancer grant

Jefferson has received a grant of $436,722 from the National Institutes of Health to continue its clinical cancer training program for another three years. The program’s acting director is Dr. Seymour M. Sabesin, Associate Professor of Medicine and Pathology.

The purpose of the training program is to educate physicians in the most modern methods of cancer detection and treatment, to train highly skilled specialists in different aspects of cancer treatment and to provide direct consultation service at Jefferson in the management of cancer patients. The program has been supported by the National Cancer Institute for the past fifteen years.

medical careers

Jefferson is one of the medical schools participating in a nationwide program designed to prepare high school students, predominantly blacks, for medical careers. Sixty Philadelphiaans have been chosen for the pilot project by the school board. These students will begin special training in high school and then be guided through college in appropriate areas before applying for admission to medical or dental school. Dr. Robert P. Gilbert, Associate Dean and Director of Extramural Programs, said that the program “starts at the right age for producing applicants who can reach us in good competitive standing.” Funded by an $85,000 contract by the National Institutes of Health, the project will be administered by the American Foundation of Negro Affairs.

cardeza research

Dr. Edward R. Burka, Director of the Blood Bank at Jefferson Hospital, Associate Professor of Medicine, and a member of the Cardeza Foundation, has been awarded a $94,900 contract by the National Institutes of Health to determine the most effective means of preparing cryoprecipitate in a working blood bank environment. Cryoprecipitate is a clotting element of the blood which is crucial in the treatment of hemophilia.

Although the substance is scarce now, Dr. Burka feels it could become readily available if Red Cross blood banks throughout the country were equipped to prepare it themselves. Here at Jefferson more than seven thousand units of cryoprecipitate are being manufactured each year through a process known as “plasmapheresis” whereby a blood donor gives only plasma. As a result a donor may contribute four units of plasma a week in contrast to one unit of whole blood every two months. As one of the largest manufacturers of cryoprecipitate in the Penn-Jersey area, Jefferson is under contract to the Commonwealth’s Department of Childhood Rehabilitation to supply the factor to physicians, patients and surrounding hospitals.

The research will be coordinated with the Penn-Jersey Regional Blood Program of the American National Red Cross, under the direction of Dr. William C. Sherwood '59, Assistant Professor of Medicine. The center of operations will be the hospital blood bank with technical backup by the coagulation laboratory of the Cardeza Foundation, directed by Dr. Sandor S. Shapiro. Dr. Stephen I. Bulova, Associate Director of the Blood Bank, will supervise investigations.

news director

Edward N. Eisen has joined the Jefferson staff as Director of Public Relations. A graduate of the School of Communications of Temple University, Mr. Eisen has wide experience in the media, both as a journalist and a news broadcaster. For the last five years he was a staff writer for the Philadelphia Inquirer, specializing in investigative reporting.

solis-cohen ceremonies

David Hays Solis-Cohen was honored at dedication ceremonies and a reception on September 22 in Jefferson Hall. Held in the Solis-Cohen Auditorium, which was furnished with funds donated in his name by friends and admirers, the ceremony paid tribute to a man who has served Jefferson as a Trustee for twenty years and who led the institution in its successful development program. During the program, Board Chairman, William W. Bodine, Jr., described the Solis-Cohen family’s contributions to Jefferson as part of the “tradition of distinguished service by great families.” Mr. Solis-Cohen is the fourth member of his family to be
closely involved with the institution. His uncle, Jacob DaSilva Solis-Cohen, M. D., joined the faculty in 1867 and became a pioneer laryngologist; his father, Solomon Solis-Cohen, M. D., was Jefferson's first Professor of Clinical Medicine; his brother, Leon Solis-Cohen, M. D., was a member of the class of 1912.

James M. Large, former Chairman of the Board, described Mr. Solis-Cohen's activities on the Board's Planning and Development and College Committees, noting that he eagerly accepted all responsibilities. Gustave G. Amsterdam offered a special tribute to his life-time friend and fellow Trustee. Concluding the formal ceremony was University President Peter A. Herbut who unveiled a portrait of Mr. Solis-Cohen. Commissioned by the Trustees with funds donated by Nelson J. Luria and his father, the late Herbert Luria, the painting will hang outside the Solis-Cohen Auditorium beside those of his father and uncle.

Unfortunately Mr. Solis-Cohen was not able to attend the ceremony but he listened to the tributes at home through a special telephone system.

**portrait presentation**

The portrait of Philip J. Hodes, M.D., who retired in June as Chairman of the Radiology Department, was presented to the College by his colleagues and friends on June 18. During the ceremony in McClellan Hall, Jack Edieken, M.D., Professor of Radiology and newly appointed Chairman of the Department, gave a biographical sketch, stressing Dr. Hodes' "candor, sense of humor and sensitivity to human need." Dr. Hodes came to Jefferson in 1958 from the University of Pennsylvania where he received his undergraduate and medical education. In the twelve years he has served as Chairman, the Radiology Department has been regenerated and ranks among the best in the country. Among the important achievements of those years is the establishment of the Eleanor Roosevelt Cancer Research Laboratories and of the Stein Radiation Research Center. Dr. Hodes has been honored many times for his work. He has received the Gold Medal of both the American College of Radiology and the Interamerican College of Radiology as well as the American Cancer Society's Humanitarian Award for 1971.

After introducing the artist, Agnes Allen, Robert O. Gorson, M.D., Professor of Radiology, presented the portrait which was accepted by Dean William F. Kellow for the faculty and by President Peter A. Herbut on behalf of the Board of Trustees. Family friends and colleagues from all over the country rose to salute Dr. Hodes as he expressed his appreciation for the tribute. A reception followed in Jefferson Hall.

![Mr. D. Hays Solis-Cohen](image1)

![Dr. Philip J. Hodes](image2)
faculty notes

anatomy

Dr. Albert W. Sedar, Professor of Anatomy, presented a paper entitled “Demonstration of Retinal Glycogen with Silver Methenamine” at the Twenty-Ninth Annual Meeting of the Electron Microscopy Society of America which was held in Boston in August.

medicine

Dr. Allan J. Erslev, Cardeza Research Professor of Medicine and Director of the Cardeza Foundation, presented “Feedback Circuits in the Control of Stem Cell Differentiation” at the University of Ulm, Ulm, Germany, on June 21 and “Erythropoietin in the Anemia of Uremia” at the Postgraduate Medical School in Budapest on June 23. He co-authored a paper entitled “An Inhibitor of Erythropoietin in Ether and Acetone Soluble Fractions of Kidney and Tissue Homogenates” with Dr. Louis A. Kazal, Associate Professor of Medicine and Associate Director of the Cardeza Foundation, and Mr. Orin P. Miller and Mr. K-J R. Abaidoo of the Cardeza Foundation. Dr. Kazal presented the paper to the American Society of Biological Chemists on June 15.

Dr. Chester M. Southam has been appointed Professor of Medicine and Director of the Division of Oncology. A pioneer in researching the immunologic process in malignant diseases, he has been Attending Physician in the Department of Medicine of the Memorial Hospital for Cancer and Allied Diseases and Chief of a Section for Research in Cancer Immunology and Virology at the Sloan-Kettering Institute for Cancer Research in New York and Associate Professor of Medicine at Cornell University Medical College.

Dr. Sandor S. Shapiro, Associate Professor of Medicine, was a guest of the Department of Hematology at the Royal Victoria Hospital, McGill University School of Medicine last spring. He conducted rounds and gave two seminars on In Vivo and In Vitro Aspects of the Metabolism of Coagulation Factors. Dr. Shapiro spoke on the biochemistry of human prothrombin at the American National Red Cross Research Laboratories in Bethesda, Maryland, and at New York University School of Medicine. In July he spoke on “The Clinical Significance of Antibodies to the Antihemophilic Globin” at the Postgraduate Medical School in Budapest. Dr. Shapiro is presently on sabbatical leave in the Laboratory of Chemical Immunology of the Weizmann Institute of Science in Rehovot, Israel.

Dr. Jose Martinez, Assistant Professor of Medicine, and Dr. Shapiro presented a paper on “Coagulation Protein Turnover in Patients with Thrombocytosis” at the Fifty-Second Annual Meeting of the American College of Physicians in Denver last spring. On July 15 Dr. Martinez and Dr. Shapiro presented a paper on “The Use of Prothrombin in the Study of States of Altered Coagulability” at the Second Congress of the International Society on Thrombosis and Hemostasis in Oslo.

Dr. William C. Sherwood, Assistant Professor of Medicine, became Medical Director of the Penn-Jersey Regional Red Cross Blood Program on July 1. Dr. Sherwood will direct research programs and supervise quality control of the whole blood and blood products drawn from volunteer donors and processed and distributed to one hundred twenty hospitals in the Delaware Valley.

Dr. James Rafter has joined the Cardiology Division of the Department as an Assistant Professor. He is directing the activities of the Heart Station.

Dr. Barry Neidorf has joined the Cardiology Division as an Instructor in Medicine.

obstetrics and gynecology

Dr. Paul A. Bowers has been promoted to Professor of Obstetrics and Gynecology. Dr. Bowers was graduated from Jefferson in 1937 and joined the faculty as an Assistant Demonstrator in 1946. His appointment was effective on July 1.

Dr. George A. Hahn, Professor of Obstetrics and Gynecology, was a Visiting Professor at Kansas City General and St. Luke's Hospitals in Kansas City in July.

Dr. Martin B. Wingate has been appointed Professor of Obstetrics and Gynecology. A graduate of the University of London, Dr. Wingate was Professor of Obstetrics and Gynecology and Director of the Division of Reproductive Biology at Temple University before joining the Jefferson faculty.

Dr. Kaighn Smith, Associate Professor of Obstetrics and Gynecology, has been elected Vice-Chairman of the Pennsylvania Section of the American College of Obstetricians and Gynecologists.

ophthalmology

Dr. Thomas D. Duane, Professor of Ophthalmology and Chairman of the Department, has been elected Chairman of the Section on Ophthalmology of the Philadelphia College of Physicians and Surgeons and Secretary and Representative for Program for the Section Council on Ophthalmology of the American Medical Association. Last spring he received a citation for distinguished service from the Pennsylvania Academy of Ophthalmology and Otolaryngology in recognition of his survey “Ophthalmic Research U.S.A.”

Dr. Thomas Behrendt, Associate Professor of Ophthalmology, presented “Therapeutic Vascular Occlusion with Argon Lasar Photocoagulation” at the Section on Ophthal-
mology at the American Medical Association Convention in Atlantic City.

orthopedic surgery

Dr. John J. Gartland, James Edwards Professor of Orthopedic Surgery and Chairman of the Department, presented a paper entitled “Posterior Tibial Transplant in the Surgical Treatment of Recurrent Club Foot” at the Annual Meeting of the American Orthopedic Association at The Homestead in Hot Springs, Virginia, on June 24.

pathology

Dr. George P. Studzinski, Associate Professor of Pathology, presented a paper entitled “Morphology of the Nucleolus in Relation to the Synthesis of RNA in Neoplastic and Normal Cells” at the Fourth International Congress of Cytology in London. Following the Congress, Dr. Studzinski lectured on his work on the effects of growth inhibitory drugs on neoplastic cells at the Chester Beattie Institute for Cancer Research in London, at the Department of Pathology of the University of Sheffield and at the Departments of Biochemistry of the Universities of Glasgow and Aberdeen.

Dr. Angelina M. Fabrizio, Assistant Professor of Pathology, was recently elected Second Vice-President of Sigma Delta Epsilon, Women Scientists, at the National Grand Chapter Meetings.

Dr. Willis S. Hoch, Assistant Professor of Pathology, presented a paper entitled “Residency Training in Clinical Pathology” at Tromso University Medical School in Tromso, Norway, in June.

Dr. Arthur Patchefsky, Assistant Professor of Pathology, presented a paper entitled “Wegener’s Granulomatosis of Lung: Diagnosis and Treatment” at the Thoracic Society Summer Meeting held at the University of East Anglia in Norwich, England, in July.

Dr. Misao Takeda, Assistant Professor of Pathology, attended a meeting of the Japanese Society of Cytology in Osaka, Japan, in June. He spoke on “Pulmonary Cytology” at the School of Cytotechnology and on “Relatively Rare Cases of Pulmonary Cytology” at the Cancer Institute in Tokyo.

pediatrics

Dr. Robert L. Brent, Professor of Pediatrics and Chairman of the Department, attended the Second International Symposium on Immunology of Reproduction in Varna, Bulgaria, in September. He spoke on “The Production of Congenital Malformations Using Tissue Antisera # XV: Mechanism and Site of Action.” At the International Symposium on the Effect of Prolonged Drug Usage on Fetal Development in Tel Aviv he spoke on “Drug Testing for Teratogenicity: Its Implications, Limitation and Application to Man.” Dr. Brent has been named a Royal Society of Medicine Travelling Fellow at Cambridge University for the coming year. He also has been appointed a Professor in Jefferson’s Department of Anatomy.

Dr. Gerald M. Fendrick, Assistant Professor of Pediatrics, presented “Problems of Salicylate Poisoning” at the American Medical Association Convention in Atlantic City in June.

psychiatry

Dr. Floyd S. Cornelison, Professor of Psychiatry and Chairman of the Department, served on the Ad Hoc Task Force on Mental Health and the Law for the central office of the Veterans Administration in Washington, D.C. The Task Force worked on the legal and regulatory framework in which the Veterans Administration operates and how this relates to veteran patients receiving mental health services.

Dr. Samuel A. Gutman, Professor of Psychiatry, was Co-Chairman of the Program Committee of the International Psycho-Analytical Association which was held in Vienna in July.

Dr. James L. Framo, Assistant Professor of Psychiatry, conducted a week’s course in family and marital therapy at the Institute of Psychiatry of the University of Rome in June.

Dr. Theodore W. Wasserman, Clinical Assistant Professor of Psychiatry, has been elected to the Board of Managers of the Travelers’ Aid Society of Philadelphia.

radiology

Dr. Jack Edeiken, Professor of Radiology and Chairman of the Department, was a Visiting Professor at M. D. Anderson Hospital in Houston, Texas, in June and lectured on hyperparathyroidism. He was also a Visiting Professor at Tripler General Hospital in Honolulu where he spoke on metabolic disease, hyperparathyroidism and bone dysplasia.

Dr. Robert O. Gorson, Professor of Radiology, presented “Radiation Safety Standards and Practices: Safe or Unsafe?” to the meeting of the American Nuclear Society, Northern Ohio Section, in June. Dr. Gorson represented the National Council on Radiation Protection at the Third Annual National Conference on Radiation Control in Scottsdale, Arizona, during which he gave presentations on the rationale behind NCRP protection standards for medical x-ray equipment and on radiation protection surveys of image intensified fluoroscopes.

Dr. Albert E. O’Hara, Professor of Radiology, spoke on “Radiographic Clues to Cytogenetic Disease” and “Radiography in an Intensive Care Nursery” at the meeting of the Texas Medical Association in May. The former lecture will be published in Texas Medicine. He also spoke on “Pitfalls of the Pectus” and “Pediatric Chest Radiography” at the M. D. Anderson Hospital in Houston in May.
Dr. Nagalingam Sunharalingam, Professor of Radiology, presented a paper entitled “Dose Measurements Using Thermoluminescent Dosimeters” at the Tenth Inter-American Congress in Radiology in San Juan, Puerto Rico, in May. During the Congress he conducted a refresher course in “Machine Calibrations and Patient Handling.” He also served as Chairman of the Summer School in “Physics of Diagnostic Radiology” which was held in San Antonio, Texas, and sponsored by the American Association of Physicians in Medicine.

Mr. John D. Wallace, Research Professor of Radiology, was Co-Chairman of the Fourth Annual Meeting of the American Thermographic Society in Atlantic City in June.

Dr. Peter Dure-Smith, Associate Professor of Radiology, presented a paper on “Hydration and the Bolus Effect in Intravenous Urography” to the Association of University Radiologists in Durham, North Carolina, in May.

Miss Dorothy Driscoll, Assistant Professor of Radiology, presented a paper entitled “Election Spin Resonance Studies of Osteosarcoma” with Dr. Corinne Farrell, formerly of the Department, to the British Institute of Radiology. Miss Driscoll also lectured on “Differences in ESR Signals of Blood and Tissues in Animal and Human Tumor Systems” at the Cancer Institute of the University of Louvain in Belgium.

surgery

Dr. Harry S. Goldsmith, The Samuel D. Gross Professor of Surgery and Chairman of the Department, and Dr. Gordon F. Schwartz, Associate Professor of Surgery, have been elected members of the Allen O. Whipple Surgical Society.

Dr. Louis F. Plzak, Jr., has been appointed Professor of Surgery and Chief of the Pediatric Surgical Service. Previously Dr. Plzak was Assistant Professor of Surgery at Harvard Medical School and Chief of the Cardiac Surgical Clinic of Children’s Hospital Medical Center in Boston.

urology

Dr. Paul D. Zimskind, Nathan Lewis Hatfield Professor of Urology and Chairman of the Department, presented a paper on “The Influence of Bladder Dynamics on Ureteral Dynamics” at the first International Symposium on Urodynamics which was held in Aachen, West Germany, in July.

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**Jefferson’s Otolaryngologists**

On June 22 the Alumni Office received a letter from Doctor Louis H. Clerf stating that “the week of May 24, 1971, could have been designated as ‘Jefferson Week’ at the San Francisco Hilton.” It was during this period that the various organizations representing otolaryngologists held their national meetings.

Dr. Clerf ’12, who is Emeritus Professor of Laryngology and Broncho-Esophagology at Jefferson, was guest of honor at the meetings of the American Broncho-Esophagological Association. Dr. Clerf is now retired and living in St. Petersburg, Florida. At the same meeting classmate Dr. Robert M. Lukens received the Chevalier Jackson Award for his pioneer work in broncho-esophagology. Another Jefferson graduate, Dr. Jo Ono ’28, delivered the Chevalier Jackson Oration. Dr. Ono, who flew in from his home in Tokyo, was elected an Honorary Fellow of the American Laryngological Association and an Honorary Member of the Triological Society during the same meetings.

Dr. Daniel C. Baker ’33, received the Newcombe Award from the American Laryngological Association for outstanding contributions to the field of laryngology. Dr. Baker, who is Professor and Chairman of the Department at Columbia’s College of Physicians and Surgeons, also presented a paper on “Post Irradiation Carcinoma of the Larynx.” Dr. F. Johnson Putney, presently Professor of Laryngology and Esophagoscropy at the University of South Carolina School of Medicine, was elected President of the organization. Dr. Putney, class of 1934, served on Jefferson’s faculty until 1967 at which time he held the rank of Clinical Professor of Otolaryngology. He was appointed to Jefferson’s faculty in 1937.
The Jefferson Chairs

Deadline for Christmas orders is November 15.

Jefferson Captain's Chair $44.00
Jefferson Deacon's Bench $54.00
Jefferson Rocker $35.00
Jefferson Side Chair $27.00
Jefferson Child's Rocker $20.00

The Alumni Association of Jefferson Medical College
1020 Locust Street
Philadelphia, Pennsylvania 19107

Enclosed please find my check for $_________. Please send:

___ Captain's Chair, maple arms @ $44.00
___ Rocker @ $35.00
___ Side Chair @ $27.00
___ Child's Rocker @ $20.00
___ Deacon's Bench @ $54.00

All chairs are shipped from the factory in Gardner, Mass., Express Collect.
Please allow three to four weeks for delivery.

Name ____________________________ Class ____________________________
Street ____________________________ Zip ____________________________
City ____________________________ State ____________________________
On July 4 Dr. M. Henry Speck '20 was the subject of a lengthy profile in the Youngstown Vindicator honoring his fifty-year practice in Youngstown. Excerpts from the article follow.

Fifty years ago a young physician, Dr. M. Henry Speck, began the practice of medicine in Youngstown. Today, alert, vigorous, lean and energetic, Dr. Speck is among the early arrivals each day in the Mahoning National Bank Building where he has had offices since 1925. Usually the patients on their way to work are waiting for him. He greets them all by name; he is kind, solicitous, concerned. Medicine has been his entire life.

... A woman who knew him as a man-about-town in the thirties told of having a dinner date with the handsome young physician. He apologized for taking her to a poor section of the city and asked her to wait in the car while he went in to see how a patient was doing.

"I operated on the boy this morning," he explained, "and I just want to be sure how he is getting along." Some fifteen minutes later he returned to the car satisfied. "I'll never be paid a dime for it," Dr. Speck explained, "but no matter. The boy needed my care and that's a doctor's duty." He has done that many times, gone to his office at an early hour to meet patients, often those who could not pay, because they had to be at work and could come at no other time.

... Dr. Speck has been a "first seater" at most plays, musicals and other performances in Youngstown. But he knows his way around New York as well and likes to spend a week or so there occasionally going to the theatre ... For many years he has been among the guarantors of the Metropolitan Opera Company in Cleveland. No worthy cultural event in Youngstown has failed to win his support ... Dr. Speck is a gourmet whose tastes range from plain kosher food such as was served in his family's home to the most sophisticated restaurant fare.

... Dr. Speck attended Market St. School and South High School ... He was on the debating team at Ohio State University where he did his pre-med work, then went on to Jefferson Medical College ... He interned at Jefferson Hospital, took graduate work at the Eye and Ear Infirmary in New York and followed that with postgraduate work at Columbia University. Every year he took postgraduate work at the University of Michigan, Northwestern University, the Cleveland Clinic, the University of Florida, Harvard University, the University of Colorado, the Mayo Clinic and other famous seats of learning. Since 1958 he has returned each year to Jefferson for special clinics and has attended the Jefferson postgraduate seminars in France, Spain, Austria, Greece, Switzerland and most recently in Russia.

... Dr. Speck has been the examining physician for many insurance companies, law firms, industries, railroads and others, and a frequent legal medical witness in personal injury and similar cases. His background and wide knowledge made him invaluable in these lawsuits as his ability to substantiate his testimony was well-known. Many articles in legal and medical journals on specialized subjects have been written by Dr. Speck out of his Youngstown experience.

... Dr. Speck has had a lifelong gratitude to his medical school where he has been a generous contributor ... and a number of Youngstown district physicians have become students there through his encouragement.

... Dr. Speck remembers things of some historical significance in Youngstown but is not nostalgic about the past and hopes for the best in the future. "Nothing remains the same," he says, "you move with the times or get left behind."
Philadelphia, 1916

This letter was written by the late Doctor Guy B. Anderson '20 during his Freshman year at Jefferson. Addressed to "Scoop," editor of the paper, the letter was printed in the News World, a small newspaper in Wesley, Iowa. Quite obviously, the young Anderson was fascinated with American history and had absorbed much Philadelphia lore. His enthusiasm for medicine is readily apparent.

The Bulletin is grateful to Mrs. Anderson for sending us the letter, excerpts of which are printed below.

631 Spruce St.
Philadelphia

Dear Friend Scoop:

I am sending herewith the necessary money to square my subscription. To receive the "News-World" is like getting a letter from home.

I noticed from time to time that Iowa is experiencing real winter weather, the mercury going as low as 25-30 degrees below. About three weeks ago the paper here came out with the statement that Philadelphia had experienced the coldest weather in two years—the mercury reading nine degrees above zero. To you that might sound strange and I can hardly believe it for I nearly froze. The reason it seems so cold here is the fact that the humidity is so great... One of the college professors told me recently that from ninety to ninety-five percent of the inhabitants have respiratory trouble, and it is all due or most of it, at least, to the excessive moisture in the air...

As you know there are many places and objects of interest in Philadelphia. Among them are Independence Square and buildings, Carpenter's Hall, Betsy Ross House, U.S. Print and Customs House, William Penn's Home, Grant's Cabin, Franklin's grave and many of his letters, almanacs, etc., Christ Church, and Old Swedes Church.

Independence Square is in a little park about the size of the one in Mason City, Iowa, and it was here that the people of Philadelphia gathered to hear "The Declaration of Independence" read July 4, 1776. The building most revered by the people is Independence Hall, formerly the Colonial State House. Here the Declaration of Independence was signed, but not drafted, as many think. Thomas Jefferson drafted it in his home on Market Street and these buildings are on Chestnut Street. The old relics are still to be seen and the Liberty Bell is kept in a large glass case on the first floor under the Tower. The Bell is not nearly so small as one would think after looking at the pictures of it. When it was brought back last Thanksgiving Day from the Pacific Coast, all Philadelphia turned out as it was escorted down the street to Independence Hall. All heads save a few were bared. Cheers and yells went up as they did when Wilson, Roosevelt, Taft, and Billy Sunday visited the City. I think the people of Philadelphia are glad they sent the Bell to the Pacific Coast, for it is thought that the Country is better united as the result of their generosity.

Christ Church is interesting from the standpoint of history. Here Washington and Adams had a pew. Franklin often worshipped in it although no one church can really claim his affiliation unless it be the sect called Friends. When the British invaded Philadelphia they tried to get the chimies, of which there are eight, from its tower because they were considered the best in the world except those in England. In the dark of the night, the Americans lowered the bells and sank them in the Delaware River near Trenton. They were there until the British left Philadelphia when the bells were rehung. They are rung by eight bell-ringers and certainly give beautiful sounds when rung in unison. I was fortunate to be permitted to ascend the old rickety stairs in the tower and see the bells. It was from this tower that Franklin used a kite during experimenting with lightning. One can get a splendid view of the City, the Delaware and Schuykill Rivers from the tower. Of course, I have seen the City from the top of John Wanamaker's Store and from the tower of City Hall—500 feet up to Penn's feet. But there is something different about it when viewed from Christ's Church.

Speaking of John Wanamaker's store, I might say that he was one of the very first who started the idea of department stores. His first store was formerly the Pennsylvania Railroad freight depot and was used at one time as a tabernacle by the evangelists Moody and Sankey during their tour of America. The present Wanamaker store has forty-five acres of floor space and close to 5,000 persons working there.

During the summer months, every Saturday afternoon is a holiday at John Wanamaker's store. No other store has practiced this custom. A wireless station licensed by the United States is on the roof of the store. It is the strongest in the country. Messages are sent to ships at sea and down to Panama. A mammoth pipe organ plays three times a day. It is the largest to be found in any of the stores and other places of business. Believe me, when it is played, there is some music... Certainly no one individual has done more toward building up Philadelphia and her institutions than has John Wanamaker.

... While the above-mentioned places and objects interest me enough to visit them often, still my chief interest is the hospital and operating room. It is in these places that most of my spare time is spent. Jefferson, the largest medical college in the United States, has some men on its staff with national and international reputation, but that doesn't go to prove that a fellow can come here and sit down for a few years and go out a finished product. As it is true of all medical colleges, we are loaded with work here and are expected to learn.

The least difficult operation I have seen so far is appendicitis. I'll not tell you about them because they are of no special interest to you. But nothing pleases me better than to watch a good surgeon operate. I went out to the big German Hospital (Lankenau) twice and saw their surgeon work. For speed in appendicitis cases, he holds the record in Pennsylvania. He is like a machine and goes like a gatling gun. I saw him cut the stomach of a fellow last Saturday and if I were to state the time it took, you wouldn't believe me; hence I'll keep quiet. While that is some operation, it is not the most serious I have seen him perform. One afternoon his program called for thirteen operations, and another for twelve operations. He starts at one o'clock, and every case is scheduled for a certain time. Almost on the tick of the watch, he starts and is finished when the time for him to be through is at hand. I have seen him run over time in only one case, and that was about three minutes. Of the twenty-five operations, three were for appendicitis. Most persons would consider him a butcher (not cast any reflections on butchers); but in reality, he is as humane as anyone. This is his business and he must keep his head in the game, for he has a life in his hands. A doctor often seems cruel to be kind...

When I started to write you, I did not think I would write a little volume, and I could not have done so, had there been school today.

Everybody loves George Washington, so the authorities at School said, "Nothing doing today, this is George's birthday." I could tell you much more about Philadelphia; but, I think I have done enough. The "Good Book" says, "In a multitude of words there is sin."

I shall close now, hoping this finds you well and happy.

Yours truly,
Guy B. Anderson

February 22, 1916
1925
Dr. Merwin L. Hummel, 216 S. E. 16th Ave., Ft. Lauderdale, Fla., has retired and is living permanently in Fort Lauderdale.

1927
Dr. Samuel M. Dodek, 1730 Eye St., N.W., Washington, D. C., received the "Physicians Recognition Award in Continuing Education" from the AMA. He also attended the meeting of the American Society of Abdominal Surgeons in Atlantic City where he spoke on "Hysterectomy for Benign Pelvic Disease."

1929
Dr. Mario A. Castallo, 1621 Spruce St., Philadelphia, told a meeting of the American Medical Association nearly twenty years ago that the concept of having a husband present at the birth of his child had great merit, "that it just isn't true that men are not equipped to be with their wives at the moment of delivery." This "new" policy in the early fifties has been readily accepted today by physicians across the country. However, Dr. Castallo found his statements greatly revised in a column in an August edition of the Hartford (Conn.) Courant. A classmate saw Dr. Castallo's name and forwarded it to the Bulletin. Among many inaccuracies, the article quotes him as saying that "an expectant father be made to witness his wife's childbirth under all circumstances." Such is the way of the press.

1932
Dr. Julius R. Pearson, 100 Sands Point Rd., Sarasota, Fla., is "retired and loafing in Sarasota."

Dr. John C. Ullery, 1593 Pemberton Dr., Columbus, Ohio, has retired as Professor and Chairman of the Department of Obstetrics and Gynecology at Ohio State University, a post he had held since 1954. He has become an Emeritus Professor.

1933
Dr. Anthony M. Sellitto, 115 Connett Pl., South Orange, N.J., has been appointed Medical Director of the Newark Eye and Ear Infirmary Unit of United Hospitals.

1934
Dr. Gerbuchan Singh Janda, Box 165, Yuba City, Calif., has left the Marysville Clinic but hopes to start a private practice.

Dr. William P. Kenworthy, Jr., Atglen, Pa., had a heart attack in May but is rapidly recovering.

Dr. Stanley G. McCool, 316 N. Newstand, St. Louis, Mo., and his wife have been travelling extensively. On their most recent trip they visited classmates in Hawaii.

1935
Dr. Charley J. Smyth, 4200 E. 9th Ave., Denver, Colo., has been named "Internist of the Year" by the Colorado Society of Internal Medicine. He has been a member of that organization since 1952 and served as its President in 1957-58. Currently he is Professor of Medicine and Head of the Division of Rheumatic Diseases at the University of Colorado Medical Center.

1936
Dr. J. Edward Berk, 894-C Ronda Sevilla, Laguna Hills, Calif., was honored by the campus-wide Alumni Association of the University of California, Irvine, at its first Lauds and Laurels event on May 25. Dr. Berk was given the Faculty Community Services Award for distinguished contributions to the academic community. The citation read "You have brought honor and distinction to the Irvine campus and we are pleased to be able to make this a public event."

Dr. Arthur Koffler, 39 Glenbrook Rd., Stamford, Conn., has been issued United States and foreign patents for an electrocardiographic recorder. The
Dr. Charles F. Schlechter, 114 E. Wyoming Ave., Philadelphia, reports that his son will be a freshman at Jeff this fall.

Dr. Edward S. Phillips, 61 14th St., Wheeling, W. Va., represented Jefferson at the inauguration on September 24 that his son will be a freshman at Jeff this fall.

Dr. William A. Weiss, formerly of Havertown, has opened an office for general practice and geriatrics at 56 Main Ave., in Ocean Grove, N. J. Dr. Weiss has been a summer visitor to the northern New Jersey resort since 1924.

Dr. Hervey S. Gabreski, 202 W. First St., Oil City, Pa., has given up his emergency staff at Oil City Hospital.

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MRS. THOMAS LANGAN, 375 Chewsold Rd., Drexel Hill, Pa., sent a note to the Bulletin that in the summer issue her late husband had been inaccurately listed as a member of the class of 1942. She also noted that Dr. Edward L. Langan, III, '71, who is presently interning at Lankenau Hospital, was a cousin of Dr. Langan and not a nephew.

Dr. Robert W. Haines, 171 Still Rd., West Hartford, Conn., writes "Sorry to miss the reunion but our daughter was married on June 12. She graduated in May from Russell Sage College with a degree in nursing."

Dr. Marvin O. Lewis, 5 Leatheras La., Muskogee, Okla., has retired from the Public Health Service and is on the staff at the local VA Hospital. He has passed the American Board of Surgery examinations.

Dr. Frank J. Shannon, Jr., has assumed the posts of Deputy Commander and Chief of Professional Services at Valley Forge General Hospital. Previously Dr. Shannon, who holds the rank of Colonel, served as Senior Medical Officer at the Supreme Headquarters Allied Powers Europe and Commanding Officer of SHAPE Medical Center, 196th Station Hospital in Belgium.

1938

Dr. Thaddeus S. Gabreski, 202 W. First St., Oil City, Pa., has given up his private practice to join the new emergency staff at Oil City Hospital.

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1941

Dr. Willard M. Drake, Cooper Medical Arts Building, 300 Broadway, Camden, N. J., received an award for the best scientific exhibit at the AMA Convention from the American Academy of General Practice. The exhibit was titled "Bladder Decompensation in Cancer, Cardiac Disease and Stroke."

1943

Dr. Warren R. Lang, 1919 Chestnut St., Philadelphia, has returned to Jefferson as an Assistant Professor of Pathology specializing in cytology. Three years ago he decided to take a pathology residency and spent two years at Jeff and one at Case Western Reserve in Ohio. He retains his rank of Professor of Obstetrics and Gynecology.

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1947

Dr. Herbert S. Bowman, 96 Carol Pl., New Cumberland, Pa., received Harrisburg Hospital's Distinguished Teacher Award in May. Associated with the hospital since 1954, Dr. Bowman is Assistant in Outpatient Services, Department of Oncology; Senior Associate, Department of Medicine; and Chief of Inpatient and Outpatient Services in the hematology sections of the Departments of Medicine and Pathology.

Dr. William C. Herrick, 8923 La Mesa Blvd., La Mesa, Calif., has been named President of the San Diego Medical Society. Chief of Pathology at

Alumnus Honored

Dr. Thomas B. Mervine (second from right) receives congratulations from (from left) Dr. Henry C. Stofman, Dr. Peter A. Herbut, President of Thomas Jefferson University, and Dr. Gerald Marks.
Grosmont and El Cajon Valley Hospitals, Dr. Herrick is a past President of the State Board of Public Health.

Dr. Robert S. McCurdy, 424 Mapleton Ave., Boulder, Colo., has been promoted to Associate Clinical Professor of Pediatrics on the University of Colorado School of Medicine volunteer faculty. He is Chief of the Maternal and Child Health Section of the Colorado Department of Health.

Dr. William V. McDonnell, 120 Treaty Elms La., Haddonfield, N.J., has been elected President of the New Jersey Society of Pathologists. Dr. McDonnell, who is Chief of Staff and Medical Director of West Jersey Hospital, also serves as Chief Pathologist and Director of Clinical Laboratories for the hospital’s northern and southern divisions.

1948

Dr. Charles G. Francos, 316 W. Orange St., Lancaster, Pa., has been appointed physician to Franklin and Marshall College. He will maintain his private practice in Lancaster.

Dr. Robert L. Gatski, Danville State Hospital, Danville, Pa., received the Alumni Award for Recognized Service to his Fellow Man from Bucknell University in May. The citation accompanying the award recognized him "as a practicing psychiatrist who has made numerous contributions to the treatment of alcoholics, the aged and the mentally disturbed" and noted that "as an administrator, the strength of his multiple talents has been expressed in his ability to marshal resources in behalf of people who need the helping hand of human care." Dr. Gatski is Superintendent of the Danville State Hospital. He and his wife have four children.

1950

Dr. Francis X. Farrell, 612 W. Duarte Rd., Arcadia, Calif., has been in California since 1963. He is on the associate staff of the Methodist Hospital in Arcadia and also has a private practice there. He reports that classmate Dr. Richard S. F. Tenn practices in nearby Torrance.

Dr. James R. Hodge, 295 Pembroke Rd., Akron, Ohio, published two papers last summer. "Help Your Patients to Mourn Better" appeared in the June issue of Medical Times; "Psychiatric Education in the General Hospital" was published in the AHME journal in July.

Dr. Robert F. Kienhofer, 6226 E. Spring St., Long Beach, Calif., reports that his son Rick has been elected President of the senior class at his high school. An outstanding student and athlete, Rick has evinced an interest in medicine.

Dr. David J. Lieberman, 251 E. 51, New York, has been appointed Director of Ambulatory Care for French-Poly clinic Health Center, a position which involves expanding and coordinating outpatient clinic services and community outreach programs for the 576 bed institution. Dr. Lieberman has worked as a Medical Assistance Administrator in the Pennsylvania Department of Public Welfare, as Executive Director of the Medical Assistance Program and as Director of both the Bureau of Health Care Services and the Bureau of Medical Care of the Department of Social Services in New York City. In tribute to his efforts towards improving medical care for the poor he recently was honored with the presentation of a plaque of appreciation by the New York Osteopathic Society and election to Honorary Life Membership in the New York Surgical Dealers Association.

1951

Dr. Thomas F. Clauss, 515 George St., Throop, Pa., has been named a Diplomate of the American Board of Family Practice.

Dr. Leonard S. Girsh, 113 E. Church Rd., Philadelphia, was recently a guest speaker at the New Jersey Allergy Society where he discussed "The Effects of Air Pollution on Bronchial Asthma." Dr. Girsh is Professor of Internal Medicine (Allergy) at Temple University and Director of the Allergy Department at St. Christopher’s Hospital for Children.


1952

Dr. Joseph M. Fiorello, 690 Lawrence Rd., Trenton, N. J., has been made a Diplomate of the American Board of Family Practice.

Dr. Howard Fugate, Box 141, R.D. 2, Punxsutawney, Pa., has opened an office
1953

Dr. Irvin Jacobs, 1 Sterling Ave., Dallas, Pa., was installed as President of the Northeastern Pennsylvania Heart Association in June. Dr. Jacobs is Rotating Chief of Pediatrics at General Hospital in Wilkes Barre.

Dr. John M. Levinson, 1708 Talley Rd., Forest Hills Park, Wilmington, Del., has been elected a Trustee of Brandewine College in Wilmington. In addition to a private practice of obstetrics and gynecology, Dr. Levinson has served four voluntary medical tours in South Vietnam and one in Tunisia.

Dr. Lindsay Lee Pratt, 14164 Cross Trails Dr., Chesterfield, Mo., has been promoted to Associate Professor of Otolaryngology at Washington University School of Medicine.

Dr. Frederick S. Wilson, 1338 Jericho Rd., Abington, Pa., has been named Director of Medical Services for McNeil Laboratories, Inc. Prior to this appointment, he was Director of Clinical Investigation at McNeil where he has worked for the past five years.

1954

Dr. Pierce D. Samuels, has accepted the post of Director of the Allegheny County Mental Health Clinic which is located in the Jones Memorial Hospital in Wellsville, New York. Dr. Samuels served as a missionary in East Pakistan from 1956 to 1957. He recently completed his psychiatric residency training in Norristown and Allentown.

Dr. Kayo Sunada, State and Home Training School, Wheat Ridge, Colo., has been promoted to Associate Clinical Professor of Pediatrics on the volunteer faculty at the University of Colorado School of Medicine. Dr. Sunada is Director of the State Home and Training School.

1955

Dr. Robert M. Kline, 115 E. Walnut St., Lebanon, Pa., received a second Bachelor of Arts degree from Lebanon Valley College in June. For more than four years he has been studying German and concentrating on Pennsylvania German folk lore and folk art. During that time he also served part-time as college physician.

Dr. William A. Millhon, 2674 Haverford Rd., Columbus, Ohio, is President of the Ohio Society of Internal Medicine and a member of the Board of Trustees of the American Society of Internal Medicine.

1956

Dr. Benjamin Bacharach, 829 Spruce St., Philadelphia, has been appointed to the Board of Governors of the Betty Bacharach Home for Afflicted Children in Longport, New Jersey.

Dr. Robert N. Cotton, 669 Chambers St., Trenton, N.J., has been elected Chief of Urology at St. Francis Hospital.

Dr. James H. Loucks, 301 Hawthorne Ave., Haddonfield, N. J., has been appointed President of the Crozer-Chester Medical Center. After joining Crozer-Chester as Director of Medical Education in 1967, Dr. Loucks became Administrator of the Center the following year. Dr. Loucks is also a member of the Board of Health of the City of Chester. He and Mrs. Loucks have three children.

Dr. Joseph A. McCadden, 613 Morris La., Wallingford, Pa., has passed the Boards of the American Board of Family Practice.

1958

Dr. Joseph T. English, 40 E. 62 St., New York, has been named a member of the newly-formed Institute of Medicine of the National Academy of Sciences, a semi-autonomous unit of the National Academy of Sciences. The organization was established to influence national policy on vital health issues. Dr. English is President of the New York City Health and Hospitals Corporation.

1959

Dr. Tom D. Halliday, 409 2nd St., Marietta, Ohio, is Chief of Staff at Marietta Memorial Hospital. He and his wife have two sons.

1960

Dr. J. Frederick Hiehle, 1748 Garfield Ave., Wyomissing, Pa., resigned his commission as a Commander in the navy in July. Currently, he is associated with the West Reading Radiology Associates at the Reading Hospital in Reading, Pennsylvania.

Dr. William J. West, 613 Devonshire Rd., Carlisle, Pa., has been appointed to the President’s Development Council of Juanita College in Huntington, Pennsylvania.

1961

Dr. John C. Buterbaugh received an honorary degree of Doctor of Humane Letters from Mount Union College in Alliance, Ohio, in recognition of his “outstanding humanitarian service in the practice of medicine in Africa.”

In 1966 Dr. Buterbaugh and his wife went to Rhodesia where they were assigned first to the United Methodist Mission Center at Mutambara and then to the Nyadiri Methodist Center. In addition to performing surgery in the hospitals, Dr. Buterbaugh established outdoor clinics in the bush and a program for training native nurses. Dr. Buterbaugh and his family have recently returned to the United States and are living at 567 E. Cherry Ave., Waynesburg, Pennsylvania.

Dr. Samuel B. Chyatte, 2755 Cravey Dr., Atlanta, Ga., has been appointed to the AMA section council on physical medicine and rehabilitation and will be program chairman for the 1972 meeting in San Francisco. He also has been elected Secretary of the section on PM&R of the Southern Medical Association.

Dr. David W. Knepley, 103 Maple St., Danville, Pa., is entering the third year of a radiology residency at the Geisinger Medical Center.
Dr. Maurice J. Lewis, 3903 Dora Circle, Harrisburg, Pa., is Board Certified in internal medicine.

Dr. Saul Mendelsohn, 159 Mallory Pl., Wilkes-Barre, Pa., has opened an office for the practice of internal medicine and nephrology in Wilkes-Barre.

Dr. Arthur N. Meyer, 180 Joseph Dr., Kingston, Pa., is Board Certified in internal medicine. He is Head of the Department of Medicine at Wyoming Valley Hospital in Wilkes-Barre, Pennsylvania.

Dr. Elliott Perlin, 2717 Weller Rd., Silver Springs, Md., co-authored a paper entitled “Disorders of the Blood Platelet” which appeared in the June issue of U. S. Navy Medicine. He is currently a hematology fellow at Bethesda Naval Hospital.

Dr. Gordon D. ViGario, Kaiser Hospital, 1505 N. Edgemont St., Los Angeles, is a radiologist with the Southern California Permanente Medical Group and is taking a one-year senior residency in radiation therapy at the University of Southern California Medical Center.

1964

Dr. James M. Delaplane and his family returned to Philadelphia in August where he joined the psychiatric staff at Friends Hospital. For the past three years he has been psychiatrist to the U.S. Army Southern Forces Command in the Canal Zone.

Dr. Robert C. Friedman, 325 Presidential Way, Guilderland, N.Y., has been appointed Head of the Radiology Department of Albany Memorial Hospital.

Dr. John K. Howe, Box 7661, Naval Hospital, APO San Francisco, is a staff pediatrician at the naval hospital in Guam. He and his wife have two daughters.

1965

Dr. David G. Jones opened an office for the practice of ophthalmology at the Liberty Square Medical Center, 501 North 17th St., Allentown, Pa., in August. Dr. Jones, a Diplomat of the American Board of Ophthalmology, completed his military service as resident ophthalmologist at the United States Naval Academy. He is on the staffs of Allentown General and Sacred Heart Hospitals.

Dr. Thomas J. Schneider, 705 N. Olive Ave., West Palm Beach, Fla., and his family have moved to Florida where he has joined the Palm Beach Medical Group in the practice of gastroenterology and internal medicine.

Dr. Victor B. Slotnick, 312 Melrose Rd., Merion Station, Pa., co-authored the chapter on “Documentation of Clinical Trials” in Principles and Problems in Establishing the Efficacy of Psychotropic Agents, recently published by the National Institute of Mental Health and the American College of Neuropsychopharmacology.

Dr. Robert R. Thompson, Route 1, Rochester, Minn., began a pathology fellowship at the Mayo Clinic in July.

1966

Dr. W. Royce Hodges, III, 70 Edgewood Ct., Daly City, Calif., completed a three year tour of duty with the air force and is currently in an anesthesiology residency at the University of California San Francisco Medical Center.

Dr. Edward N. Pell, 339 W. Union St., Somerset, Pa., has moved back to Pennsylvania to open a surgery practice. He and his wife were back at Jeff in August and were “amazed and proud at all the changes.”

Dr. Jonathan K. Shaw, 20201 Lanbury Ave., Warrensville Heights, Ohio, finished his surgical residency in June and entered the air force.

Dr. W. Scott Williams, 108 Harrison Ave., Millville, N.J., has begun practice in Millville. An orthopedic surgeon, he trained at the Graduate Hospital of the University of Pennsylvania and Cooper Hospital in Camden.

1967

Dr. D. Leslie Adams, 801 Adela St., Kileen, Tex., is presently at Darnell Army Hospital in Fort Hood, Texas, for two years training in ob-gyn.

Dr. Joseph P. Chollak, Jr., 184 Brookside Dr., Medford, N.J., was discharged from the army in June 1970. After a year in Wilkes Barre, Pennsylvania, he has moved to Medford to continue his family practice at the Briarwood Medical Center where he is associated with Dr. John B. Salvo ’61 and Dr. William A. Merlino ’63.

Dr. Paul A. Sica, Jr., 102 Laura Dr., Danville, Pa., served in the navy at Guantanamo Bay, Cuba, for two years. He has just completed a one-year fellowship in dermatology at the University of Pennsylvania and began his second year of a dermatology residency at the Geisinger Medical Center in July.

Dr. Carl L. Stanitski, 812 Rutgers Dr., Allison Park, Pa., announces the birth of a baby girl, Enn Elizabeth. The Stanitskis also have a baby boy, Michael Carl. Dr. Stanitski is a second year orthopedic resident at the University of Pittsburgh.

Dr. L. Reed Walker, 5108 Roma St., Santa Clara, Calif., is in the second year of a family practice residency at Community Hospital of Sonoma County.

Dr. Allan B. Wells, 1001 City Line Ave., Philadelphia, completed his residency in July and plans to enter private practice. He and Mrs. Wells have two daughters, Natalie and Wendy.

Dr. Gary L. Wolfgang, 100 Laura Dr., Danville, Pa., returned to his orthopedic residency at the Geisinger Medical Center after his release from the navy.

1968

Dr. Charles M. Brooks, 339 Y St., Newburgh, N. Y., is specializing in internal medicine.
Dr. Irving S. Colcher, 3225 Ala Ilima St., Honolulu, Hi., has finished his pediatric residency at the Tripler Army Medical Center. He will spend the next two years in the army at Aberdeen Proving Grounds in Maryland as a staff pediatrician at Kirk General Hospital.

Dr. Domenic F. Comperatore, 24th St. and Grays Ferry Ave., Philadelphia, is Medical Officer to the U.S. Naval Home in Philadelphia. He plans to specialize in gastroenterology.

Dr. Edward A. Deglin, 9340 Edmonston Rd., Greenbelt, Md., plans to specialize in ophthalmology. His daughter, Aliza, was born in June.

Dr. Judson H. Kimmel, 2116 21st Ave. NW, Rochester, Minn., received the Exceptional Service Award from the Indian Health Service, a division of the U.S. Public Health Service. Dr. Kimmel has been Director of all health services provided to 5500 Indians on the Fort Peck Indian Reservation. In July he began a residency in internal medicine at the Mayo Clinic.

Dr. Frederick J. Koch, 6939 Georgia Ave. NW, Washington, D.C., is currently in the fourth year of a pathology residency at Walter Reed Army Hospital.

Dr. John L. Loder, 1007 E. Monteceito St., Santa Barbara, Calif., is a Captain in the Army Medical Corps stationed in Bangkok, Thailand.

Dr. Herbert J. Luscombe, 237 Forrest Ave., Narberth, Pa., is in charge of the accident ward at Lower Bucks Hospital in Bristol, Pennsylvania.

Dr. Morris L. Orocsky, USA, HHC, 3rd Bn., 63rd Armon., APO New York, plans to specialize in internal medicine. He is currently stationed in Augsburg, Germany. He and his wife are the parents of a son, Jon Michael, who was born in July.

Dr. Sarah J. Richards, 317 N. Rock Hill Rd., Webster Groves, Mo., has finished her residency and is now a fellow in ambulatory care and community medicine. She plans to specialize in pediatrics. She and her husband have a daughter, Jennifer, born in August 1970.

Dr. Donald H. Stock, Tripler General Hospital, APO San Francisco, is a second year resident in internal medicine.

Dr. Richard T. Vagley, 3140 Wisconsin Ave. NW, Washington, D.C., is a first year surgical resident at Georgetown University Hospital.

Dr. Leonard J. Cerullo, Orlowitz Hall, Philadelphia has been accepted into a neurosurgery residency at Northwestern University beginning in July 1972. He is currently in general surgery at Lankenau Hospital, Philadelphia.

Dr. Richard H. Charney, Brookwood Apts., 586 Laurel Ct., Cornwells Heights, Pa., is now at Philadelphia Naval Hospital as part of his three year tour of duty. His daughter, Tamara Helene, is a year old.

Dr. Michael K. Farrell, MC USNR, 3rd Recon Bat. (BAS), 3rd Marine Division FMF, San Francisco, Calif., is serving in the Navy Medical Corps in Okinawa. Three other Jeffersonians, Drs. David Wetterholt '70, Mark Nissenbaum '69, and Thomas Osuklul '69, are with the marines there. Dr. Farrell married Miss Rebecca Smith on April 24.

Dr. Douglas B. Hagen, U.S. Army Field Service School, Ft. Sam Houston, Tex., has entered the army as a Captain and will be a general medical officer.

Dr. Bertram L. Johnson, Jr., 503 Cheany St., Columbia, Pa., has started a residency in internal medicine at Robert Packer Hospital there. He and his wife are the parents of David Mathew who was born in April.

Dr. Robert C. Kane, 41 Crestline Dr., San Francisco, is specializing in internal medicine. He married Miss Cynthia M. Fendrich in December 1970.

Dr. James W. Kendig, Madigan General Hospital, Tacoma, Wash., has started a pediatrics residency.

Dr. James M. Klick, #2 Winchester Arms Apt., 247 Washington St., Winchester, Mass., completed his internship at Reading Hospital and has begun a three year residency in anesthesiology at Boston Naval Hospital.

Dr. James R. LaMorgese, 1960 Williamsbridge Rd., Bronx, N. Y., has begun a neurosurgical residency at the Albert Einstein College of Medicine. His second son, Brad Michael, was born in March.

Dr. Edward M. Laska, 204 Garnet La., Wallingford, Pa., is an emergency room physician.

Dr. William J. Lewis, 1512 Simpson St., Madison, Wisc., is specializing in general surgery. He and his wife are the parents of a daughter, Ann Marie, who was born in November 1970.

Dr. William D. Bloomer, 21 Upson Rd., Wellesley, Mass., began a residency at the Joint Center for Radiation Therapy at Harvard Medical School in July. The center provides radiotherapy to Beth Israel, Boston Children's, New England Deaconess, and Peter Bent Brigham Hospitals and the Boston Hospital for Women.

Dr. Edward B. Bower, Orlowitz Hall, 1000 Walnut St., Philadelphia, is specializing in general surgery at Jefferson.

Dr. J. Stewart Williams, 3702 N. Pine Grove, Chicago, is in the third year of a surgery residency at Northwestern University Medical Center.

1969

Dr. Walter Finnegan, 2520 Lynwood Dr., Salt Lake City, Utah, is a Lieutenant Commander (USPHS) at the National Institute for Occupational Safety and Health and is stationed at the Western Area Occupational Health Laboratory.

Dr. Kay Ellen Frank, 3250 E. 49th St., Cleveland, Ohio, is in her third year of an ophthalmology residency at University Hospitals in Cleveland.

Dr. Richard F. Grunt, Lankenau Hospital, Lancaster and City Line Aves., Philadelphia, married Miss Raewynne Keys on June 5.

Dr. Truvor V. Kuzmowycz, 1201 Scott St., Arlington, Va., married Miss Christyna Prytula on June 5.

1970

Dr. William D. Bloomer, 21 Upson Rd., Wellesley, Mass., began a residency at the Joint Center for Radiation Therapy at Harvard Medical School in July. The center provides radiotherapy to Beth Israel, Boston Children's, New England Deaconess, and Peter Bent Brigham Hospitals and the Boston Hospital for Women.

Dr. Edward B. Bower, Orlowitz Hall, 1000 Walnut St., Philadelphia, is specializing in general surgery at Jefferson.
Dr. Theodore C. Lo, Yale-New Haven Medical Center, New Haven, Conn., is a first year resident in therapeutic radiology.

Dr. Norman Loberant, 277 Van Cortland Park East, Bronx, N.Y., hopes to enter the biomedical engineering program at Drexel University after completing his pediatrics internship.

Dr. Rogers D. McLane, 1075 Old Hickory Rd., Lancaster, Pa., plans to enter family practice.

Dr. John T. Martsolf, City of Memphis Hospitals, 860 Madison Ave., Memphis, Tenn., is specializing in pediatrics. He was the co-author of an article on Pfeiffer Syndrome which appeared in the March issue of the American Journal of Child Diseases.

Dr. William E. Noller, a resident in family practice at York Hospital in York, Pennsylvania, has received the annual Mead Johnson Award for Graduate Education in Family Practice. The award is $1200 and will help defray expenses of the training program.

Dr. David B. Pashman, 1133 E. Mt Airy Ave., Philadelphia, is specializing in orthopedics and is currently at Jeff. His daughter, Stefani Jill, was born in December 1970.

Dr. Harry S. Polsky, 2991 Schoolhouse La., Philadelphia, is specializing in general surgery. He and his wife are the parents of a son, Scott David, who was born in March.

Dr. Charles T. Quaglieri, University Hospital, 1300 University Ave., Madison, Wisc., started a neurology residency in July.

Dr. Christopher C. Rose, 388 USAF Hospital APO San Francisco, is serving as a flight surgeon in Thailand.

Dr. Milton Rossman, Box 992, Brownsville, Tex., plans to serve in the Public Health Service for two years working in tuberculosis control.

Dr. Robert I. Salasin began his residency in general surgery at Fitzsimmons Army Hospital, Denver, Colorado in July.

Dr. Charles R. Schleifer, Lankenau Hospital, Lancaster and City Aves., Philadelphia, is taking a residency in internal medicine.

Dr. Glenn D. Schneider, 218 Valley Rd., Media, Pa., has entered the Air Force and is serving in Vietnam.

Dr. Judith P. Schwartz, 200 Locust St., Apt. 2C, Philadelphia, has finished a rotating internship at Lankenau. Her husband, Dr. Burton Schwartz, '67, joins the Air Force upon completion of his pediatric residency at Jeff.

Dr. Richard G. Sowden began his residency in general surgery at Jeff in July.

Dr. Roger L. Terry, Capt., MC USAR, USA Medical Center, (P4WOESSA) APO San Francisco, plans an orthopedic residency following a tour of duty with the army in Okinawa.

Dr. Nathan O. Thomas, 349 Main St., Meyersdale, Pa., married Miss Kathleen Ann Grattan on May 15.

Dr. Neil O. Thompson, School of World Mission, Fuller Theological Seminary, Pasadena, Calif., plans to spend a year at the seminary and then move on to a residency, probably in orthopedic surgery.

Dr. Martin A. Tobey, 6530 Lupton Dr., Dallas, Tex., has started a residency in internal medicine at Parkland Memorial Hospital.

Dr. Howard D. Toff, St. Elizabeth's Hospital, Washington, D.C., will spend two years in the Public Health Service in Washington.

Dr. Charles O. Tomlinson, Presbyterian Medical Center, 1719 19th Ave., Denver, Colo., married Miss Cynthia Marilyn Price on June 26.

Dr. Louis Vignati, Stonegate, 1417 Dembridge Dr., Cincinnati, Ohio, is entering the Public Health Service for two years and will work for the HEW Bureau of Occupational Health Hazards in Cincinnati.

Dr. Jon P. Walheim, 210 Victor Parkway, Annapolis, Md., is on active duty with the navy stationed in Annapolis.

Dr. Charles A. Walters, Navajo Hospital, Brethren in Christ Mission, Bloomfield, N. M., will serve as Medical Director of theNavajo Hospital for two years.

Dr. Philip Rosenberg, Ph.D., was recently named Editor of Toxicon, the official journal of the International Society on Toxicology. Dr. Rosenberg has written extensively on the chemistry and pharmacology of the nervous system. He is Professor and Head of the Section of Pharmacology and Toxicology at the University of Connecticut School of Pharmacy in Storrs. In addition to his professional activities, Dr. Rosenberg serves as President of Knesseth Israel Synagogue, Ellington, Connecticut, and is a member of the Board of Yeshiva of Hartford.

Leonard M. Rosenfeld, Ph.D., 386 Rockledge Ave., Huntington Valley, Pa., is Assistant Professor of Physiology at Jefferson. His second child, a daughter, was born in April.

Robert A. Vukovich, Ph.D., 16 Foxcroft Dr., Marlboro, N.J., was recently appointed Associate Director of Medical Research for the USV Pharmaceutical Corporation (Revlon Inc.), in Tuckahoe, New York.

1971

Dr. David J. Holzsager, Bronx Municipal Hospital Center, Pelham Parkway South and Eastchester Rd., Bronx, N. Y., married Miss Sally Ann Yox in June.

Dr. Susan M. Monk, Thomas Jefferson University Hospital, 11th and Walnut Sts., Philadelphia, was married to Dr. Jaime Pacheco on June 5.
OBITUARY

George P. Ard, 1907
Died on June 29, 1971. The son and grandson of Jefferson alumni, Dr. Ard opened a general practice in Hanover, Pennsylvania in 1925 which he maintained until very shortly before his death. He is survived by a daughter and four grandsons.

John Oliver Mellor, 1910
Died on February 1, 1971.

Orion O. Feaster, 1916
Died on June 29, 1971 in St. Petersburg, Fla. A radiologist, Dr. Feaster practiced in St. Petersburg until his retirement in 1948. He was a past President of the Pinellas Association and the Florida State Medical Society. A former Vice-President of the Radiological Society of North America, he was a member of the Roentgen Ray Society and a Fellow of the American College of Radiology. His wife, Annette, and two sons survive him.

William R. Tilton, 1917
Died on August 5, 1971 in Madison, N.J., aged eighty. Before his retirement in 1955, he had been Director of the Infirmary at the Prudential Insurance Company. Surviving are his wife, Elisabeth, two sons and two daughters.

Joseph H. Wyatt, 1917
Died on July 1, 1971. A radiologist, he practiced in Newark from 1921 to 1965 and was a member of the American College of Radiology and the Roentgen Ray Society. He is survived by his wife, Ethel.

Walter T. Annan, 1918
Died on July 21, 1971 in Burlingame, Calif., at the age of seventy-eight. For more than fifty years he served on the staff of Methodist and Jefferson Hospitals. He was a member of the American Academy of Ophthalmology and Otolaryngology. Surviving are his wife, Carol, a daughter and two sons.

Charles W. Bethune, 1918
Died on April 22, 1971. He is survived by his wife and a daughter.

Guy B. Anderson, 1920
Died on January 28, 1971. A general practitioner, Dr. Anderson practiced in his home town, Wesley, Iowa, until 1940. In 1943 he moved to Baltimore where he practiced until his retirement in 1963. Surviving are his wife, Florence, and a daughter.

Thomas W. Cook, 1920
Died on June 18, 1971. He was one of the founders of Doctors Hospital in Pittsburgh. His wife, Ruby, and two sons survive him.

Charles S. Duttenhofer, 1920
Died on July 14, 1971 at General Hospital in Lancaster, Pa., where he had been Chief of the Outpatient Department. In addition to his general practice, Dr. Duttenhofer served as Deputy Coroner in Caernarvon Township for over forty years. He was a past President of the Lancaster County Medical Association. A son and daughter survive him.

Creedin S. Fickel, 1920
Died on June 7, 1971 in Carlisle, Pa. Surviving are his wife, Jessie, a son and two daughters.

Clyde L. Mattas, 1920
Died on May 21, 1971, at the age of seventy-four. He is survived by his wife, three daughters and a son.

Henry V. Grahn, 1923
Died on June 12, 1971. Two daughters and a son survive.

Frank M. Keiser, 1923
Died on May 18, 1970.

William F. Pohl, 1923
Died on January 8, 1971.

Ellis L. Noble, 1924
Died on June 21, 1971.

Orval F. Swindell, 1926
Died on January 14, 1971 in Boise, Idaho, at the age of seventy-five. His wife, Dagnar, survives.

John R. Brophy, 1927
Died on July 29, 1971. He was a general surgeon.

William H. Hermanutz, 1928
Died on February 19, 1971.

Louis B. Cohen, 1929
Died on June 15, 1971 in Philadelphia at the age of seventy. He was Chief of the Department of Ophthalmology at Einstein Medical Center, Northern Division, and a staff member at Wills Eye Hospital. He is survived by his wife, Ruth, a son Ronald R. Colliver, M.D. '57 and a daughter.

Joseph J. Repa, 1929
Died on May 25, 1971. Surviving are his wife, a son and a daughter.

Stephen F. Seaman, 1929
Died on April 28, 1971. He is survived by his wife, a son and a daughter.

Sebastian J. Buonato, 1932
Died in January 1971.

Lewis J. Leiby, 1933
Died on April 24, 1971, aged sixty-four. He had served on the staffs of Allentown and Sacred Heart Hospitals in Allentown, Pennsylvania. His wife and a daughter survive.

James M. Steele, 1933
Died on July 31, 1971 in Jefferson Hospital at the age of sixty-three. Since 1941 he had been Chief of Surgery at Coaldale Hospital, Coaldale, Pennsylvania. His wife, Elizabeth, and two sons survive him.

John D. Allen, 1944 J
Died April 9, 1971 in Naples, Fla. In addition to a private practice in Pennsylvania, Dr. Allen was Medical Director of E. I. du Pont de Nemours. Surviving are his wife, Betty Lou, a son and a daughter.

Manuel E. Carrera, 1944 J
Died on August 15, 1971 in Santurce, Puerto Rico. He is survived by his wife, Rita, and a daughter.

Thomas A. E. Datz, 1948
Died on May 25, 1971, at the age of forty-six. A surgeon, he practiced in Pittsburgh and Cambria County, Pennsylvania. Surviving are his mother and four sons.
Joseph J. Mann, 1955
Died on March 7, 1971 in Atlantic City, N.J.

Alfred G. Zangrilli, 1955
Died on August 4, 1971. Dr. Zangrilli was an anesthesiologist. Surviving are his wife and brother, James G. Zangrilli, M.D. '56. A memorial fund has been established at Allegheny General Hospital in Pittsburgh to build a chapel, a project which Dr. Zangrilli supported. Contributions may be made to the Chapel Fund.

George G. Given, Jr., 1956
Died on June 4, 1971 at his home in Westboro, Mass. after a long illness. As Vice-President and Medical Director of the Paul Revere Life Insurance Company, he was responsible for the operation of the medical underwriting and policy writing departments. Dr. Given was a Director and Trustee of Marlboro Hospital and an incorporator of Hahnemann Hospital. His wife, Carolyn, and three sons survive.

Jerry Goosenberg, 1962
Died on June 13, 1971 in Woodland, Calif. He was a Fellow of the American College of Obstetricians and Gynecologists. He is survived by his wife, Dorothy, three children and his parents.

Keith A. Roberts, 1963
Died suddenly on August 8, 1971 while playing tennis. A neurologist, he was on the staffs of Methodist, Misericordia and Fitzgerald Mercy Hospitals. Dr. Roberts did his residency training at Jefferson where he held the rank of Assistant Instructor of Neurology at the time of his death. Dr. Roberts is survived by his wife, Carol, and two children.

J. Densmore McLellan, 1965
Died on September 19, 1970.

Arthur L. Bolden, Faculty
Died on June 29, 1971 at the age of sixty-seven. An internist, he was on the staff of Jefferson and West Park Hospitals and was an Honorary Clinical Associate in Medicine at the College. His two sons survive.
Dr. Elmer H. Funk, Jr. '47
510 Millbrook Rd.
Devon, Pa. Chester Co. 19333