Spring 1972

Jefferson Alumni Bulletin – Volume XXI, Number 3 Spring 1972

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

Recommended Citation
https://jdc.jefferson.edu/alumni_bulletin/142

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

William W. Bodine, Jr.
Chairman of the Board of Trustees

It is difficult for me to communicate with you at this particular time without a measure of introspection. In 1959, I first entered into the service of Jefferson—a young upstart President whose knowledge of medical education was severely limited. As a native of this area, I had, of course, known and recognized Jefferson as an essential part of the Philadelphia community, and had long heard of its national reputation as a leading training ground for physicians, but I had had little personal contact with the institution. Looking back, I am amazed that I had the audacity to think that I could provide the leadership you wanted and needed. However, when I was invited to come I came, and in one way or another, Jefferson has occupied a major part of my life over the past thirteen years.

Jefferson is hardly the same institution that it was in 1959. Perhaps the greatest changes have been intangible, such as the quality of teachers and students alike, but the tangible ones are easier to describe. The most visible changes are, of course, in the physical facilities. When I look around the campus today, I see that the most striking buildings and more than fifty percent of the campus area did not exist in 1959. As a result of the tremendous teamwork of the trustees, alumni, faculty, staff, students, friends, and agencies of government, there has been created at Jefferson an entirely new campus and an entirely new way of academic life. I daresay that most of the major elements—the student housing, the expanded library, the student commons, the basic science facilities, and other major assets which we have today—were hardly dreamed of by most alumni of earlier years. No president could take credit for such accomplishments. At best, he could have served only as a catalyst to the forces that must be brought together for the accomplishment of such a program. There is one achievement, however, for which I will take direct credit—I helped to select your current President and his staff, who have already demonstrated enormous capabilities and from whom we expect much in the future.

One hears a great deal today about the social effects of "rising expectations." The theory is that it is human nature to expect more as one acquires more. Perhaps this is partially responsible for the extensive public concern which is being shown today for medicine and medical care. It seems apparent that the time is rapidly approaching when public pressures will demand the assurance that every citizen of this nation is provided adequate medical care. It is not yet clear how this will be achieved, but it does seem certain that Jefferson will be intimately involved in the process—we hope and expect as one of the leaders in developing innovative programs and new techniques for national implementation. We are all aware of the many ways in which this movement is taking place. There are many different ideas being considered today by the Congress. Medicare and Medicaid, initiated several years ago, have become a part of the system of medical care. Recent legislation has provided for a major expansion in federal support of medi-

continued on back inside cover
Jefferson's Next Decade: 
Report of the Master Planning Committee 
For the past two years, the Master Planning Committee has been taking inventory at Jefferson. George M. Norwood, Jr., Vice-President for Planning, summarizes their findings and outlines tentative plans for the near future.

The Kidney Center and Dialysis Unit
Dr. Laurence G. Wesson, Professor of Medicine and Director of the Division of Nephrology, describes the various treatments available to kidney patients at Jefferson.

"With Courage to Endure"
A line from one of the poems written by Emily Bronte epitomizes the Bronte sisters' attitude towards adversity. Dr. John A. Koltes '47, relates the trials and triumphs of this talented family.

Exploring Spain and Portugal
A first-hand report on Jefferson's tenth Post-Graduate Seminar.

Jefferson Scene 17 Profile 32
Faculty Notes 30 Class Notes 34

Published four times a year, Fall, Winter, Spring, Summer Second Class Postage Paid at Philadelphia, Pa.
The Alumni Association of Jefferson Medical College 1020 Locust Street, Philadelphia, Pennsylvania 19107
Jefferson's Next Decade:
Report of the Master Planning Committee

by George M. Norwood, Jr.
In nearly one hundred fifty years, Jefferson has grown from an adjunct of a small rural college to a major medical school and is now the cornerstone of a unique medically-oriented University. Yet the goal of the institution has remained consistent, expanding and adapting to the modern environment. Thomas Jefferson University has assumed as its purpose "to contribute to the advancement of the health sciences through the education and training of people, the search for new knowledge and the rendering of health services as a part of its clinical teaching."

When the transition to university status was announced, the trustees, administrative officers and department heads elected to establish a Committee on Master Planning to consider the current position of the University and to begin to chart its future direction. For two years the Committee has investigated and discussed all aspects of Jefferson's activity: academic programs, community services, patient care, facilities and personnel. On the basis of this inventory, the Committee has formulated tentative plans for the future and is now prepared to test the validity of these hypotheses in the Jefferson community. With each proposal, we must ask whether it is desirable, whether it is in the best interests of the University and if so, whether it is feasible.

An obvious forum in which to discuss these plans is that of the Alumni Association. It is essential that the general alumni feeling be solicited on important questions that will influence Jefferson's image and development during the next decade. Progress and expansion will be impossible without the strenuous support of the alumni. We ask you to study this report, evaluate our thinking, comment on the questions. Alumni opinion, expressed verbally or in writing, will be seriously considered by the Committee.

Jefferson has never shrunk from challenge; it has never shirked responsibility. Today Jefferson must face the crisis in the delivery of health care in this country; it must strive to restore public confidence in medicine. Because of the traditional emphasis on clinical excellence, Jefferson can more easily expand the production of trained health manpower and provide leadership for the delivery of health services in the community.

One consideration is the increased enrollment for the Medical College and Graduate School. A parallel development is projected for the College of Allied Health Sciences, providing technical support to clinicians and researchers. New concepts of health care delivery are being developed and new facilities planned to accommodate them.

Jefferson must meet the challenge yet it must not jeopardize its standard of excellence by too rapid an expan-

Mr. Norwood was appointed to the newly created position of Vice-President for Planning in July 1970. Prior to this he served for five years as Vice-President for Business and Finance.
sion. Evaluation of the programs outlined below must include consideration of desirability and feasibility, the effect upon the various facets of the University and upon the institution as a whole.

Jefferson, first and foremost, is an academic institution. Its primary purpose since 1824 has been to train physicians. Its primary purpose in 1972 continues to be the training of skilled health personnel. The University now consists of three major academic divisions: Jefferson Medical College, the College of Graduate Studies and the College of Allied Health Sciences.

The traditions and standards of the Medical College, the sixth largest in the country, will dominate the University for years to come. Since its inception Jefferson has been recognized as a school which trains physicians skilled and dedicated to the treatment of the sick. Biological and medical research have been secondary, although during the last ten or fifteen years gains have been achieved in the implementation of research programs among the faculty and the development of a graduate program in the basic sciences. The emphasis for the training of candidates for the M.D. degree continues to be in the clinical area.

While Jefferson Hospital is an important training laboratory for the College, more than half of the clinical instruction is provided by a group of affiliated hospitals with a large number of part-time and voluntary faculty. Compared with other medical schools, Jefferson has very limited financial resources, particularly for a school with an enrollment of 810 students. The presence of the volunteer clinical teachers in both Jefferson Hospital and the affiliated hospitals is essential for academic programs now and in the future. The contributions in clinical teaching from this segment of the faculty have not been adequately recognized and appreciated, particularly in recent times.

The student body of the Medical College is strong and capable. This year Jefferson received just under 3900 applications for the 223 places in the September class, a ratio of approximately one to seventeen. College grades and MCAT scores of the entering students are very high. Approximately seventy percent of the students are from Pennsylvania although only one third of the applicants come from the Commonwealth.

In the last ten years, concern about the inadequacy of health care delivery in the United States has been steadily mounting. Many studies of the problems have been published recently. Significant among these was the report of the Carnegie Commission for Higher Education entitled “Higher Education and the Nation’s Health” published in 1970. Recognizing that increased productivity of trained health manpower is a prerequisite to an adequate health service, the report recommends that the federal government provide greatly increased funds for the training of such personnel. Legislation for this purpose recently has been enacted by Congress.

The majority of studies reveal that the shortage of primary care physicians is largely responsible for the present crisis. One of the main theses of both the Carnegie report and the new manpower legislation is the need for increased production of family physicians. In spite of the traditional emphasis at Jefferson on the clinical aspects of medicine, the proportion of graduating students indicating an interest in family or community medicine has been steadily declining until at present it represents no more than one third of the new graduates. The other graduates tend to move toward clinical specialties.

Since primary care is a main element of the national health crisis, Jefferson is working to revamp its programs to stimulate interest in the field. One recommendation is that the student body be substantially expanded, perhaps by as much as fifty percent, and that strenuous efforts be made to train these new numbers of students in family medicine. This would require major reorganizational efforts in the curriculum, the clinical teaching programs and the use of facilities presently available. In order to achieve such reordering, trends in developing health care systems must be anticipated so that the new training may be adapted to it. The Carnegie Commission also has suggested that the length of time required for college-medical school education be reduced from the present eight years. This would require serious reconsideration of the present medical school curriculum.

Graduate studies leading to the master of science and the doctor of philosophy degrees were initiated at Jefferson in 1949. In 1968 the Board of Trustees established a separate College of Graduate Studies. Its faculty is shared with the Basic Sciences Division of the Medical School. Growth in the scope of graduate studies has been modest but continuous. Today there are approximately one hundred students and about twelve degrees are awarded each year. While the graduate program has been and continues to be almost a by-product of medical education, the presence of graduate education and research provides valuable enrichment of programs in the basic sciences. The training of these new scientists is an important contribution to the national need for health manpower.
Under consideration is the possibility of doubling the Graduate School enrollment during the next decade. Establishment of at least seven new endowed professorships has been proposed to accommodate such expansion. These professors would be primarily involved in the development of the graduate program but also would contribute significantly to medical education. In addition, it has been recommended that as new faculty members are selected for the graduate school, consideration be given to individual interests and capabilities for providing graduate instruction, not only in existing fields but in areas such as bio-mathematics, biophysics, neurosciences and cellular, developmental and reproductive biology.

However, the most compelling need of the College of Graduate Studies is fellowship funds for students. An effort must be made to raise a substantial sum annually in order to attract the most capable students.

In January 1967 the College of Allied Health Sciences was created to establish a reorganized program in the area of paramedical studies. Existing programs in the Hospital were transferred to the new College to form a nucleus for the development of undergraduate professional education in the health sciences. Presently there are four academic programs with an enrollment of approximately 600 students:

1. School of Nursing: three-year diploma program.
2. School of Practical Nursing: one-year certificate program.
3. School of Radiological Technology: two-year certificate program.
4. School of Medical Technology:
   a. Histologic Technology—one-year certificate program.
   b. Cytotechnologist—third year certificate program.
   c. Medical Technology—third year and fourth year, baccalaureate program.

In the fall of 1972, fifty students will enter Jefferson for a new baccalaureate program in nursing.

The innovative concept of the College of Allied Health Sciences is “paced educational progress.” This plan provides for the development of a series of undergraduate “core” courses which will be required of all students enrolled in the College. Admission requirements are based on academic qualifications, general capability and motivation towards a career in the health professions. As the student progresses through the core curriculum, he can discern his special interests as the faculty observes and evaluates his general capabilities. With guidance and counseling the student can move comfortably into the particular academic curriculum best suited to his interests.

The administrative staff and several faculty members have made plans for the implementation of this program. At present budgetary support is provided principally from hospital allocations based on value of services rendered to patients by the students. Steps must be taken as quickly as possible to develop separate resources for this academic program in order to relieve hospital patients of the cost of such training.

These concepts and developments are especially suitable to a medically-oriented university. Coordinated clinical teaching for students in several disciplines, which eventually will make up the “team” for delivery of health care, is necessary and appropriate. Here, also, is a vehicle which enables Jefferson to serve its urban community by providing opportunities for disadvantaged students to find a productive and satisfying health career.

Adequate funding would permit the student body to increase from the present 500 students to 1400 students in 1980. Funds also must be secured for the addition of new faculty members and for the acquisition of approximately 150,000 square feet of new academic space.

Discussion incident to the inception of Thomas Jefferson University included, among other issues, new
The establishment of a new dental education program in a private university such as Thomas Jefferson University would be impossible without the anticipated availability of extensive operating support from newly funded programs of the government.

Renewed consideration of dental medicine as a priority program was stimulated by the publication of the Carnegie Report, which stated: "The Commission recommends . . . the number of dental school entrants should be increased at least to 5000 by 1976 and to 5400 by 1980."

At the present time a feasibility study, authorized by the Board of Trustees, is being conducted under the direction of President Peter A. Herbut to determine if Jefferson should attempt to develop a curriculum in dental medicine.

The following concepts for a College of Dental Medicine at Thomas Jefferson University have been generally established:

1. Acceleration of dental education: three years after the baccalaureate degree, five years combined with undergraduate liberal arts.
2. Integration of basic science and clinical education throughout the curriculum.
3. Combination of dental education with medical education throughout the curriculum.
4. Establishment of outreach model dental clinics in the community as teaching and service units.
5. Integration of dental education with hospital experience during dental education and after graduation by means of an internship program.
6. Evolution of a combined DDM-Ph.D. program during dental education and a straight Ph.D. program after graduation, for those students who are academically oriented.
7. Integration of paradental with dental education from the outset, with the establishment of auxiliary course work at the certificate, associate degree,
baccalaureate degree, and master's degree levels.

8. Institution of a regional continuing dental education program, similar to the present program in medical education, open to all dental and paradental personnel in the Commonwealth of Pennsylvania and the Delaware Valley.

A significant portion of the requirements for the new dental program could be provided by the present basic science departments. However, a dental education building will be necessary to provide space for basic science education, faculty and student facilities and basic clinical training facilities.

The establishment of a new dental education program in a private university such as Thomas Jefferson University would be impossible without the anticipated availability of extensive operating support from newly funded programs of the federal government. All contingency plans in this area of the University are dependent upon implementation of these federal programs.

A medically-oriented university must assume and demonstrate responsibility for service programs in patient care and exercise leadership in the community in the development of the delivery of health care. This responsibility traditionally has been the function of Jefferson Hospital. During recent years steps have been taken to provide extended community services in the area of mental health and child health. Thomas Jefferson University can be especially effective in these service activities.

Health care is the acknowledged right of every citizen. Federal funding programs are being reoriented away from basic medical research and toward applied research programs of health care delivery. Steps which have been taken toward governmental financing of medical care, such as Medicare and Medicaid, have reduced the number of citizens who must rely on free or public clinics for health care. Rapid increases in the cost of medical care during the last several years have produced an aroused citizenry. Governments, responding, have initiated new forms of pressure for greater productivity, more efficient utilization and operating economies.

As medical knowledge has expanded, and as public demands have increased, the solo, individual practice of medicine has attracted a smaller proportion of physicians. Group practice, in various forms, has become increasingly popular, and this trend is likely to continue.

... as (from left) President Herbut, Dean Goldschmidt, Dr. Rakoff and Dean Kellow listen.
A major consideration at Jefferson is the better utilization of other good hospitals for teaching. Perhaps the University should initiate planning for the development of a group or a "consortium" of hospitals and clinics in which patient care is organized on three levels, primary, secondary, and tertiary. A key member of the group would be Thomas Jefferson University Hospital's proposed Clinical Teaching Facility which would provide largely tertiary, or the most sophisticated medical care, and would receive its patients primarily on a referral basis from the other areas of the system. Jefferson also would continue to contribute to other elements of the system at other levels.

Other members of the consortium would be a group of acute general hospitals, selected on the basis of their potential strengths as members, geographic suitability and willingness to participate. The basic roster of members would be the hospitals with which Jefferson now has, or is developing, affiliation agreements. Other members would be required in order to provide increased facilities and personnel for teaching and to enable the group to provide coordinated, comprehensive health care for the portions of the population for which it will become responsible.

Each of the member hospitals, including Jefferson, would be responsible for the health care of a population segment and would operate a number of ambulatory care centers for primary care placed in strategic locations to provide that service.

The entire system would be used for education and training of Jefferson students on a coordinated basis. A significant task would be the development of a faculty membership with full participation throughout the system. Faculty members would be allowed to enjoy many kinds of comfortable relationships with the University, but a guiding principle would provide for equitable monetary compensation for services, especially for participation in the educational program.
Jefferson Hospital has long been an effective laboratory for the clinical teaching of medical students, nursing students, and students in the other fields which now make up the College of Allied Health Sciences. It also has been the instrument by which Jefferson has provided service to the Philadelphia community.

The hospital is seriously handicapped by obsolete quarters which must be replaced. Construction of a new Clinical Teaching Facility has been a high priority consideration of the Board of Trustees for several years. Preliminary planning for such a facility has moved forward and general concepts have been reviewed with members of the Jefferson family.

This new hospital would provide an optimum setting for educational activities and a level of amenity that would attract the support of an appropriate community of patients. Limited in size to Jefferson's teaching needs, the facility will offer a full spectrum of inpatient, ambulatory, and out-reach care services, respect the cultural and economic interests of the neighboring community and will support the health care and educational goals implicit in developing national policy. A single standard of care organized into units related to physiologic systems, with single room accommodations, physician offices, and emergency and other clinics will be offered.

Studies that preceded these concepts were first reviewed in 1970 and verify the feasibility and desirability of most of the characteristics described above. A complete presentation will be made in the Alumni Bulletin in the near future.

The University always has been located in central Philadelphia. Its present address at Eleventh and Walnut Streets offers the great advantage of maximum accessibility for communication and transportation. For many years the location offered the significant disadvantage of inadequate land space for the College's activities. Surrounded by dense urban commercial activities, the College has been unable to expand because of high real estate values. Approximately twenty years ago, through the mechanism of urban renewal, the city of Philadelphia made provision for Jefferson to acquire two additional city blocks for development. Acquisition of these sites for new physical facilities was made in 1959 and the forty-one million dollar development program was completed with the occupancy of the Scott Library in 1970. Approximately half of the new land provided by the Redevelopment Authority has been used.

Through the generosity of the Commonwealth, Jefferson Hall was completed in 1968. The upper floors contain the basic science departments and the first three floors contain adequate recreational facilities for both now and the future. The Scott Library now possesses 60,000 volumes with space for 125,000. The physical assets of the library also are considered adequate for the future although the general nature of the facility will need broadening to accommodate the new programs. The Orlovitz Residence Hall, occupied in 1968, represents Jefferson's first venture into student housing and has been eminently successful. Plans are underway to develop additional housing in the block between Walnut and Locust Streets east of Tenth. The site, committed by the Redevelopment Authority, will be available in 1972.

The most urgently needed structure is the Clinical Teaching Facility to be located between Tenth and
Eleventh and Sansom and Chestnut Streets.

The parking lot south of the Scott Library is a temporary use of land. The immediate future calls for development of this site for new academic facilities for the School of Dentistry, for Continuing Education and perhaps for the College of Allied Health Sciences. Jefferson learned recently that the Philadelphia Electric Company is offering for sale the twenty-two story Edison Building on the corner of Ninth and Sansom Streets. This building could be used to accommodate some of Jefferson's academic and research activities in the future. Among the possibilities are the relocation of the Cardesa Foundation to make way for the Clinical Teaching Facility and temporary classroom and laboratory facilities for both the College of Allied Health Sciences and the School of Dentistry. The Administration must decide if it is in our interest to purchase this facility.

Even if there were no master planning at Jefferson, it is apparent that great new sums of money would be required for the seventies. Expenditures for present programs have reached, and even exceeded, the level of presently available resources. These costs will continue to rise, hopefully at a more moderate rate, in the years to come.

It is not yet possible to determine the total operating cost of the proposed expansion and improvement program. However, to establish a pattern for financial requirements for the seventies, the following assumptions have been made:

1. Personal income will continue to increase at all levels. The Kiplinger service estimates that personal income will double double by 1980, an annual increase of seven percent compounded.
2. Recent protests from consumers and state and federal officials seem to indicate that the health funds from governments and other third parties will be more stringently apportioned.
3. Private institutions, such as Jefferson, will depend increasingly on government for support of education, but must strive to secure funds for enrichment and improvement.
4. The present financial crisis of the hospital, resulting from the excessive burden of unreimbursed free care, will be resolved, and operations will continue to be sustained by revenue from services. However, diverse pressures will impose restraints on rapid increases in unit costs.
5. New and enlarged auxiliary and affiliated programs will be self sustaining and will not drain Jefferson's basic resources.
6. Basic costs for educational programs will increase by about eight percent per year.
7. Federal funds for health education, recently authorized by the Congress, will become available during the next several years.
8. State support of private medical education will be continued and increased and will be extended to include programs in allied health sciences.
9. It will be necessary and wise for tuition charges to be maintained at a level which provides at least the present proportion of the total expenses for student training.
10. It will be possible to establish a school of dentistry by means of an infusion of major support from the federal government.
11. External forces will require the elimination of educational programs and expenses from the hospital budget. These will be supplanted by undergraduate professional training which is supported in a traditional manner, with the student tuition providing more than fifty percent of required resources.
12. An increasing proportion of the expenses of the student will be provided by aid from federal and state governments.
13. No entirely acceptable method of separating costs of graduate education from medical education has been developed. Assuming that they place equal demands on Jefferson's resources, some way must be found for the tuition charges of the graduate student to be equivalent to those of the medical student.
14. In spite of extensive efforts toward containing them, costs of hospital care will continue to increase more rapidly than the general level of income. For our purposes the increases have been predicted to be about ten percent per year.
15. Both the medical and dental curricula will be revised to allow students to complete professional training within three calendar years.

Extensive consideration has been given to Jefferson's anticipated requirements for space and facilities, as well as prior commitments for participation in redevelopment.

The needs of the next decade may be summarized as follows:

1. Patient Care: New Clinical Teaching Facility now being tentatively planned on authority of the Board of Trustees.
2. Educational Space: Approximately 400,000 square feet required to accommodate the developing undergraduate programs. School of dentistry, and Continuing Education; 250,000 square feet in new buildings and 150,000 square feet in purchased structures.
3. Renovations: The Foerderer building and the Curtis building will require conversion to changed functions.
4. Housing: Three hundred apartment units for students.
5. Parking: A total of one thousand spaces in parking structures.
6. Community Mental Health Center: A prior commitment and an urgent need.
The two years of study and deliberation that went into this report have helped to identify many issues that need further study. In order to test the validity of the assumptions and to determine whether they are both desirable and feasible for Jefferson, significant questions have been posed to manageable groups or task forces for further exploration. The charge to each task force is: are the proposals in the best interest of the University? Members have been asked to call upon every available resource, both in the institution and outside to answer this question. They also have been directed to explore, as widely as necessary, related fields so that these reports will speak with conviction. Task force members include representation from the Board of Trustees, faculty, alumni, administrative personnel and students. The general alumni now are invited to respond.

Six task forces have been appointed to study these basic issues: academic policies, the consortium, the College of Allied Health Sciences, health care delivery, the clinical teaching facility and finances. Each must answer the question “is it feasible, is it desirable?”

As a participant in the work of the Master Planning Committee I have concluded that the process is probably as valuable as the product. Organized planning requires disciplined thinking. Because of their ultimate significance, conclusions and recommendations must be established on the basis of extensive fact finding, opinion sampling and feasibility evaluation. While Jefferson, as an independent institution, should insist on choosing its own course, it must realize and adapt to the trends in the system of which it is a part. Defining these trends requires study and good judgment.

Dr. Duane (second from left) illustrates a point to committee members, (from left) Mr. Norwood, Mrs. Hamilton, Mr. Abrams and Mr. Unruh.
Triumphs in the war against disease come about in many ways—sometimes by sudden insight or chance discovery, but more often by the slow accretion of vast numbers of small pieces of information. Major advances in the conquest of uremia have come about in this last, hard way. Within the past twenty years technical achievements in electronics, metallurgy and industrial chemistry have coalesced with research in biochemistry, hematology and immunology to achieve dramatic progress in the diagnosis and treatment of kidney disease. People heretofore doomed now can live with a reasonable degree of well-being or can be provided with a healthy, transplanted kidney. Who would have believed that bilateral nephrectomy, the complete removal of both kidneys, could be contemplated calmly as a useful therapeutic procedure? Quite without its being planned that way, Jefferson has shared in these achievements and has become a kidney disease center which compares favorably with any in the Delaware Valley, or outside of it. Because dialysis is the most important single therapeutic aid available to patients with kidney failure, the Dialysis Unit is the main component of the Center.

In 1913 Doctors John J. Abel, Leonard G. Rountree and B. B. Turner showed that uremic materials such as urea could be removed from blood by hemodialysis. They led the blood from dogs through permeable collodion tubing bathed in a saline solution then back to the animal. They used leech extract to prevent blood from clotting in the tubing. They were ahead of their time, and much needed to be done in other areas before medicine would be ready for dialysis. During the 1940’s the concepts of the nutritional, salt and water needs of the uremic patients were finally worked out. Of equal importance was the discovery during the 1940’s and 1950’s, and continuing today, of antibiotics which permit infections to be controlled in uremic patients.

Dr. Wesson joined the Jefferson faculty as Professor of Medicine and Director of the Division of Nephrology in 1962. A graduate of Haverford College and Harvard Medical School, Dr. Wesson has written over sixty articles on kidney function and disease.

In 1943 Dr. Willem Kolff, working in Holland during the German occupation, developed a clumsy but practical dialysis machine. It consisted of cellophane tubing wound around a long steel drum which rotated in a tank containing dialysing solutions. Heparin was now available as an anticoagulant instead of leech extract. At the end of the war, Dr. Kolff came to the United States where he continued his developmental work. Others such as Doctors Gordon Murray, Edmund Delorme and Newell Thomas in Canada and Nils Alwall in Sweden independently developed similar tubing systems soon after Kolff’s work; Leonard Skeggs and Jack Leonards and Fredrik Kiil described sandwich-like dialysers wherein blood from the patient passes as a thin film between sheets of cellophane which separate it from dialysing fluid. By the mid-1950’s the best ideas from various workers had been synthesized into the hemodialysis coil and membrane systems very similar to those used today.

At the same time that external hemodialysis by Kolff, Skeggs-Leonards and Kiil systems was being born, others
were working on peritoneal dialysis. A solution of salts and glucose, usually two liters at a time for an adult, is infused through a tube (a cannula or catheter) into the abdominal permits the maximum amount of toxic materials of uremia to diffuse into the fluid across the peritoneal membrane lining the cavity with a minimum of disturbance of normal body chemistry. After twenty to forty minutes the two liters are drained out to be replaced by two liters of fresh fluid. As with hemodialysis, practical use of peritoneal dialysis had to await advances elsewhere, notably in antibiotics to prevent infection and in suitable materials for making the catheters and delivery systems. Because of its relative simplicity, peritoneal dialysis became widely used by the mid-1950's to tide patients with acute kidney failure over their period of short but severe uremia.

Although peritoneal dialysis was used occasionally at Jefferson during the later 1950's and there was some brief experimentation with hemodialysis, the origins of our present kidney center were quite different. In 1957 Dr. James E. Clark '52, became interested in problems concerning the adrenal hormone aldosterone. Because of difficulty in assaying the very low concentrations of blood aldosterone, he conceived the novel idea of first removing sufficient quantities of aldosterone from the blood by hemodialysis. With research grants from the Smith, Kline and French Foundation and the Pennsylvania Heart Association, he purchased an early model hemodialyser from the Travenol Company and prepared to launch his studies. However, unexpectedly compelling clinical needs intervened to divert him from his intended research. The machine which could dialyse aldosterone was desperately needed to treat some very sick patients who could not be managed safely or adequately by peritoneal dialysis. There were more of these patients than had been expected. Because hemodialysis requires access to fast laboratory studies, a small laboratory was opened to supplement the machine housed in its "Artificial Kidney Unit." Gradually the laboratory, with the support of the hospital, supplied limited services to chronic uremic patients as well.

A major change of direction occurred soon after I joined the Jefferson faculty in 1962 as head of the newly-established Division of Nephrology. Dr. Clark suggested studying the effectiveness of isolated intestinal loops. The membrane lining the intestinal loops might be able to act toward dialysing fluid in the loop much as the peritoneal membrane acts toward dialysing fluid in the abdominal cavity. If successful, the procedures would be even simpler than peritoneal dialysis and patients might be able to dialyse themselves at home easily and inexpensively. Intestinal dialysis had been studied previously by a number of investigators including Dr. Kolff but the results were inconclusive. With Dr. John Y. Templeton, III, '41, now Professor of Surgery, and me as co-investigators, and with the invaluable support of Dean William A. Sodeman, Dr. Clark and his team applied for and were awarded a
generous grant-in-aid by the John A. Hartford Foundation. A number of studies were conducted with support from the grant. Dr. Clark studied dialysis of urea, creatinine and uric acid by these loops. Dr. Miles H. Sigler, Associate Professor of Medicine, studied some kinetics of sodium and glucose transport across the intestinal membranes. Dr. Templeton and his successor, Dr. Herbert E. Cohn '55, Associate Professor of Surgery, perfected surgical techniques for creating isolated small intestinal loops in man. As studies progressed, however, it became clear that the intestinal mucosa was much too discriminating a barrier for dialysis. "Uremic toxins" other than urea and sodium could not be removed adequately and uremic patients with loops came to need hemodialysis as much as patients without loops. In order to keep loop patients well enough to permit studies, a chronic dialysis unit had to be created for them within the Hartford Foundation research program. Just as one research program had led to the establishment of the earlier, acute dialysis unit, so another research program now led to creation of a chronic dialysis unit. Other chronically uremic patients, who were not part of the loop study program, also wanted and needed care. To accommodate as many as possible, a small service dialysis unit was created along side of the research dialysis unit.

In early 1968 Dr. Clark accepted the position of Chief of Medicine at the Crozer-Chester Hospital and I succeeded him as head of the Hartford Foundation research dialysis program and as acting director of the hospital service dialysis components. Since research had shown that intestinal dialysis could not replace hemodialysis or peritoneal dialysis, the program was concluded. The re-
search component was dissolved and combined with the acute and chronic hospital dialysis components into a single service-oriented Dialysis Unit. Research patients now were cared for by budgetary provisions on a fee-for-service basis. Complete reorganization permitted high quality dialysis to be offered at as low a cost as any in the region. In 1969 Dr. Norman Lasker came to Jefferson as Associate Professor of Medicine and Director of the Unit. Dr. Lasker has continued development and expansion of the unit and introduced new services, one of the most interesting being a program for home training in peritoneal dialysis.

From these beginnings Jefferson’s unit has developed into a recognized renal center. The professional staff includes Doctors John P. Capelli ’62, Ruth P. Gottlieb, Norman Lasker, Michael L. Simenhoff, James F. Burke, Jr., ’66, and me. Dialysis nurses and aides, receptionist, secretary and technicians staff the Dialysis Unit itself. The Unit has four beds with plans soon to increase to eight. A dietician helps patients to assemble as palatable a diet as possible consistent with restrictions dictated by the severity of their uremia. A social worker studies the patient and his or her family and visits the home to help in determining which form of therapy might work best in the home environment and what problems are likely to be encountered. Dr. Margaret Tsaltas, Clinical Assistant Professor of Psychiatry, is consultant for psychiatric problems. The quality of care depends heavily on each of these dedicated people.

As in most large medical centers, three forms or applications of hemodialysis are used. One is the original application using hemodialysis to treat patients with severe acute renal failure or with grave poisoning by a dialysable agent. Another is administration of hemodialysis on a continuing basis to chronically uremic patients. Older patients, particularly, may need to be cared for this way. For this, the patient comes to the dialysis unit two or three times a week for a six-hour “blood scrub.” Because of its relatively high cost, few patients can either afford this or obtain special outside assistance. The third is training for dialysis at home. In home training, the patient teams up with someone else to learn dialysis. Usually this partner is a spouse, but can be a parent, child or friend. Between them, they learn how to start and stop dialysis using either plastic cannulas passed through the skin to an artery and vein or needles inserted into the venous side of a superficial, surgically created A-V fistula. They also learn how to assemble, clean, operate and service the assembly of tubes, membranes, pumps, fluids, regulators, switches and monitors that makes up a hemodialysis system, how to mix dialysate, care for their shunts or fistulas, and handle many common problems. Five to eight weeks are generally needed to complete the course. For the first week or so, almost constant attendance is required by a nurse-instructress in a private setting. Then closeness of supervision slowly decreases. Because patient and teammate supply labor and space, costs are half or less than the cost of receiving treatment in a dialysis center.

Recently, Dr. Lasker has shown the feasibility of a simple, relatively inexpensive peritoneal dialysis system which selected patients can use at home with only a small amount of help. In this system, twenty-liter batches of peritoneal dialysate are made in the hospital from premixed chemicals and distilled water. Forty liters of solution, sufficient for one dialysis, is flash-sterilized and then packed in two plastic containers. The patient or a relative takes the container home. A dialysis machine with timer, preset cycle length and valves admits two liters of dialysate at a time to the abdominal cavity through a Tenckhoff plastic prosthesis in the abdominal wall. After an adjustable waiting time, the two liters are allowed to drain out and another two-liter batch is delivered to the abdomen.

Approximately seventy-five patients on chronic hemodialysis look to Jefferson and affiliated or collaborating hospitals for periodic checkups, management of supplies, help with problems, or as the place to return to if they become sick. About thirty-five come to Jefferson, twenty-five to Our Mrs. Joyce Interdonato assists a woman who is learning to help to dialyze her son.
Lady of Lourdes and its Dialysis Unit under Dr. Capelli, and fifteen to Lankenau Hospital and its Unit under Doctors Sigler and Brendan P. Teehan. Finally, hemodialysis may be required before and after renal transplantation and should, as often happens, the transplant fail, the patient must fall back on dialysis.

Although dialysis is a fairly effective treatment, it is not a cure for uremia. The best solution to the problem of lost kidney function is a new kidney, so that transplantation is the treatment of choice for chronic uremia. Transplantation of organs and tissues was a dream of man long before recorded history. Until recently these dreams were confined to myth and folklore. The first clinically successful transplant technique was blood transfusion stemming from Karl Landsteiner’s discovery of the major blood group antigens which permitted a donor’s blood to be matched with a recipient. Attempts to transplant kidneys in experimental animals were made as early as 1902 and in humans in 1950. All failed because of rejection except where donor and recipient were identical twins as carried out by Dr. John Merrill and his associates at the Peter Bent Brigham Hospital. It was clear that tissues and organs, such as the kidney, had more and different antigens from red blood cells, although they also carried the red cell antigens. Not until the mid-1960's had a sufficient number of human tissue antigens been identified to allow kidneys to be matched the way blood had been matched. The first kidney transplantation in Philadelphia to a patient from an unrelated donor was probably performed at Jefferson by Dr. Herbert Cohn. Although technically successful, this and several succeeding operations failed because neither the methods of tissue matching nor the concepts of rejection control nor hospital dialysis facilities were adequate to the full needs of pre- and postoperative care. The surgery was ahead of the rest of the requirements for successful transplantation. Now the rest of the team has caught up, and transplantation again is available for treatment of suitable patients.

The simplest transplantation is that where donor and recipient are blood relatives such as parent and child, or siblings. Tissue matching is easier and better, and surgery can be scheduled for a time best for both donor and recipient. Unfortunately, few renal failure patients have blood relatives fulfilling the many criteria which must be met for successful transplantation. Therefore, transplantable kidneys are needed from persons succumbing to incurable diseases or injuries, but whose kidneys are living and well—the nonrelated donor (the commonly applied term, “cadaver donor”, is not strictly correct). There are many such unfortunates, far more, sadly, than the number of needy and suitable recipients. However, a program to obtain such living kidneys, keep them reasonably healthy, and match them to a recipient requires far greater organization and technological detail than does an exchange of a kidney between relatives. Such a program is in an advanced stage of development at Jefferson and hopefully soon will be helping large numbers of uremic patients to get new kidneys which otherwise would be lost and die. The transplantation team includes surgery, urology, nephrology and hematology. All members must work together swiftly and efficiently if this transplantation is to succeed. No therapeutic procedure requires greater interdisciplinary cooperation.

Many diseases of the kidney require high magnification of biopsies of renal tissue for precise diagnosis. Accordingly, the Division of Nephrology in collaboration with the Department of Pathology played a major role in encouraging development of clinical electron microscopy at Jefferson and shares in a research electronmicroscopy unit with the Departments of Obstetrics and Neurology. Although magnifications greater than 100,000 diameters are possible, most diagnostic studies can be done at a magnification of 5,000 to 20,000. At these magnifications proteinaceous deposits can often be seen at various locations in the renal glomeruli of a biopsy. The locations and composition of the deposits are characteristic of various disease processes, and particularly of those grouped together as glomerulonephritis. In order to learn something about the deposits, many of which appear to consist of antigen-antibody complexes, Dr. Gottlieb developed a laboratory for immunofluorescent staining of kidney tissue. In this technique, antibodies are first prepared individually to specific proteins suspected to be in the deposits. An antibody, labeled with fluorescein or similar dye, is placed on a frozen section from a biopsy and examined microscopically under ultraviolet light. The deposits light up if they happen to contain protein antigenic to that antibody, thereby identifying the protein. The many familiar urologic and radiologic techniques such as intravenous urography, renography, arteriography and venography also contribute significantly to diagnosis of kidney disease.

As befitting a university medical center, Jefferson’s Kidney Disease Center is also involved in teaching and research. Always full of students eager to learn from patients and staff, the Center also has an active fellowship program for training of young physicians in clinical nephrology, as the needs of patients with kidney diseases now is known. In collaboration with Jefferson’s College of Allied Health Sciences, planning for a school for dialysis nurses and aides has been completed. Research programs are underway on problems such as factors involved in acute kidney failure, metabolism of amines and their effects in uremic patients, the porosity of the glomeruli, the filtering organs which start the process of urine formation, in the early stages of kidney diseases, as well as developmental work such as that of the dialysis systems I described above.

As with medicine generally, our goal and fondest hope would be to make dialysis and transplantation unnecessary by preventing kidney failure. That goal is far away. Until then, we shall build upon these sturdy foundations to assure the uremic patient as swift as possible a return to society and to enjoyment of life, friends and family.
Jefferson recently received a three-year $150,000 grant from the Haas Community Fund to expand the family medicine program. Jefferson will provide matching funds to implement the program. Immediate plans include hiring a Director and a supporting staff and conversion of the old college library to office space, conference rooms and teaching activity areas. Qualified clinicians with background and interest in public health, epidemiology, anthropology, medical care research and the fiscal aspects of medical care will comprise the faculty.

New curriculum changes, to be implemented in the fall, will offer students earlier exposure to family medicine. Special emphasis is being placed on psychiatry, internal medicine and genetics. Hopefully the shift in emphasis will increase the proportion of graduates specializing in family practice from five to fifteen percent.

Drug use in cancer

Progress has been reported in assessing the effectiveness of drugs used in treating breast cancer. A team of Jefferson researchers have developed a method based on circadian rhythm. The temperature of cancerous tissue is higher than that of normal tissue and its daily fluctuation differs. When a drug is administered, the temperature of healthy and cancerous tissue is monitored and the changes analyzed by computer in the Stein Research Center. If there is a decease in the temperature of the cancerous tissue or if the rise and fall of temperature becomes more similar, the agent is considered therapeutic. Dr. Carl M. Mansfield, Associate Professor of Radiation Therapy and Nuclear Medicine, has been working on the project since 1966. His associates include Mr. John Wallace, Research Professor of Radiology, Dr. Robert F. Curley, Assistant Professor of Radiology and Dr. Ralph A. Carabasi '46, Clinical Assistant Professor of Medicine. The work is funded by a grant from the National Institutes of Health.

Merves lecture

CBS News Correspondent Charles Kuralt delivered the first Merves Distinguished Lecture on February 2. The lectureship was established by the late Dr. Louis Merves '37, to "maintain the humanitarian spirit in medicine." A member of the Jefferson faculty for over thirty years, Dr. Merves specialized in internal medicine and cardiology. In paying tribute to his friend and colleague, Dr. Peter A. Herbut, President of Thomas Jefferson University, described Dr. Merves as "sensitive, conscientious, dedicated and energetic." Dr. John W. Goldschmidt, Dean of the College of Allied Health Sciences, introduced the speaker whose topic was "America Behind the Headlines." Drawing on his impressions and experiences during the past five years of reporting for "On the Road with Charles Kuralt," Mr. Kuralt described the prevailing attitudes in the United States today and concluded that there is room for optimism despite persistent problems of racism, pollution, poverty and war. Among the two hundred people who filled the Solis-Cohen Auditorium were Mrs. Merves and other members of the family.

Outpatient center

Jefferson's Community Mental Health Center has opened an outpatient center for treatment of former drug addicts. Conceived by Dr. Jerome H. Jacobs, Assistant Professor of Psychiatry and Assistant Director of the Center, and Mrs. Elaine Smith, a Mental Health Education Specialist there, the program combines intensive treatment with the development of new ways of dealing with stress. Patients will live at home and learn to cope with the pressures of work and family. Staffed by thirteen therapists, the facility can handle one hundred patients and is open daily from nine to five and six to eight. Professional counseling, group therapy and a variety of classroom activities ranging from journalism to film making and drama are available to the patients to help them find themselves by learning to communicate with others.

Surgery research

Surgeons at Thomas Jefferson University Hospital have developed a thermometer-like device that accurately predicts the safety of performing open-heart surgery on infants. During such surgery, hypothermia is used instead of the heart-lung machine. The new instrument, a muscle-surface pH probe, measures whether enough oxygen is reaching the tissues during the cooling period when body temperatures are lowered to eighteen to twenty degrees. Dr. Louis F. Plzak, Jr., Professor of Surgery, and Dr. C. S. Rangarathnam, who began the research at Harvard, have used the probe successfully at Jefferson.

New affiliation

Jefferson recently signed an affiliation agreement with Albert Einstein Medical Center aimed at "the common goals of patient care, education and research and community service." Jefferson students will receive intensive training in surgery and medicine at Einstein's Daroff Division whose physicians will become Jefferson faculty members. Dr. Charles Fineberg, Associate Professor of Surgery at Jefferson, is Chairman of the Department of Surgery at Daroff.

Volunteer faculty

Dr. Benjamin Haskell '23, Honorary Clinical Professor of Surgery, has been elected President of the Volunteer Faculty Association. He succeeds Dr. Abraham E. Rakoff '37, Professor of Obstetrics and Gynecology (Endocrinology) and Professor of Medicine, who continues to serve on the Board of Governors.
"With Courage to Endure"

by John A. Koltes, M.D. ’47

In the Poet’s Corner of Westminster Abbey, amid plaques, monuments and memorabilia to the greatest of England’s men and women of letters, there is fixed to the stately walls of this hallowed shrine a simple tablet inscribed “With Courage to Endure,” in tribute to the creative literary genius of the Bronte sisters, Charlotte, Emily and Anne. Hundreds of thousands of visitors to this sacred edifice each year have stopped to pay tribute to the many authors from Shakespeare on who have made English literature one of the most beautiful among the writings of the entire world. And if one wishes to know a bit more about how these authors have achieved their unique distinction, one may look beyond the rewards and acclaim and uncover some of the factors which have contributed to their success.

To achieve the maximum pleasure from any work of art, one should study not only the object but also the artist who conceived it. One element which contributes to the beauty of the prose of Abraham Lincoln is that he was largely self-taught, that his style was almost entirely of his own construction and that he had the capacity to utilize his literary assets for the good and for the pleasure of all mankind. So too with any artist and the Brontes are no exception. Their life’s experience formed the background for much of what they wrote. To visit their home and study their lives is to translate into reality the people and places that form their novels.

The Reverend Patrick Bronte was born in Ireland in 1777. He was one of nine children, reared in the most modest circumstances. By hard work and endurance, he graduated from Cambridge University and was ordained by the Church of England. An intensely proud man of no special literary skill, he worked industriously and was promoted from one curacy to another. While a curate at Hartshead in Yorkshire, he met Maria Branwell of Cornwall, a gentle woman of Methodist background. They were married on December 29, 1812 and their first child, Maria, was born the following year. The family then moved to Thornton, a curacy of the Bradford parish. There the other five children were born and baptized: Elizabeth in 1815, Charlotte 1816, Patrick Branwell 1817, Emily Jane 1818 and Anne 1820.

Elizabeth Cleghorn Gaskell, a contemporary biographer of Charlotte, provides a picture of life in northern England in the early part of the last century. The Napoleonic Wars had just concluded and England was victorious. Yet the jubilation and prosperity had little effect upon the austerity of life in the industrial north. The landscape was largely barren, broken only by rolling hills or villages surrounding the mills. Yorkshire was the center of the woolen industry and mills worked feverishly for years turning out cloth that made England famous. Mrs. Gaskell claims that the Yorkshire men were known for their “peculiar force of character” with a “remarkable degree of self-sufficiency giving them an air of independence rather apt to repel a stranger.” The natives of the West Riding section of Yorkshire were very self-reliant. They sought no help from their neighbors and indeed scorned it if offered. Typical amusements were cock fighting and horse racing. Deaths were observed with “arvels,” a kind of wild drunken orgy held at the time of a wake. The clergy who attempted to tame these men were faced with a difficult task at best.

Mr. Bronte was assigned to Haworth in 1820. His predecessor, who refused to be humiliated by such antics as riding a donkey through the church, was finally assaulted. Perhaps the most flamboyant of the Haworth incumbents was Mr. William Grimshaw who held the post for twenty years. Well-known for his great religious zeal, he frequently preached for several hours at a time. In addition he preached twenty or thirty times a week in private homes. When infuriated by the rowdy or immoral behavior of the townspeople, he would take a horsewhip in hand and roam the streets on Sunday morning searching for sinners and threatening them with damnation if they did not mend their ways and come to church. Into a setting of this sort, Mr. Bronte moved his family from Thornton near Halifax in the winter of 1820.

Haworth is a lonely village, four miles from Keighley in the heart of the woolen mill district of Yorkshire. Leeds and Bradford are the large industrial cities of central Yorkshire. The whole area is studded with rather nondescript villages and towns, clusters of mills and
endless rows of greystone houses built for the workers, people who led undistinguished, monotonous lives. Nothing of the area can compare in beauty with the Yorkshire Dales of the western part of the county but Bradford is separated from the Dales (Wharfsdale, Airedale) by the bleak hills of the Yorkshire moors. Infertile, desolate, treeless, these hills rise steeply from the plain. West of Bradford one can see belching mills with their brood of grey rowhouses adding human ugliness to natural desolation. Haworth is not in the valley but near the crest of one of the countless hills. Although there is no mill there, woolen goods were made by hand in cottages and on the second floors of the row houses that line either side of the single thoroughfare.

The road to Haworth leaves from the west end of Bradford and passes through the smaller city, Keighley. It is about four miles from there to Haworth over a road which, as Mrs. Gaskell says, "for two miles passes over tolerably level ground... but then it crosses a bridge over the beck and the ascent through the village begins. The flagstones with which it is paved are placed endways, in order to give a better hold to the horses' feet; and even with help, they seem to be in constant danger of slipping backward." The ascent is steep and one on foot is hard pressed for breath when walking even a short distance.

Typical greystone rowhouses line either side of the steep hill, house after house broken only by an occasional single dwelling or shop. The entire town is quite small, about half a mile from one end to the other. Near the crest of the hill stands the Black Bull Inn and just a few steps beyond rises the tower of St. Michael's and All Angels Church. The plot of ground cornered by the inn and the church is filled with ancient grey-black tombstones, many moss-covered and bent with age. Beyond the church stands the parsonage, a small eighteenth-century stone dwelling. The front of the parsonage looks out upon the back of the church and on down the hill toward the village of Keighley which is hidden from view by the dense coal smoke and haze of the valley floor. The graveyard separates the church from the parsonage, a dismal view in winter, hardly brighter in summer, but a scene which pervades the writings of the children of the parsonage, especially Emily's poetry.

The move to Haworth was a promotion for Mr. Bronte. The church was locally famous as one in which the Reverend John Wesley, founder of Methodism, had preached on many occasions. But the excitement of a new parish and a new life was soon destroyed when Mrs. Bronte became ill and progressively weaker. She quietly died from cancer in September 1821 and was buried at Haworth Church. Mr. Bronte was plunged into a state of deep gloom. He was left with five small girls and a son to raise, all under the age of seven. Fortunately, Mrs. Bronte's maiden sister, Aunt Branwell as the children called her, was able to help. She came to live at the parsonage later that year and became the mainstay of the household and the one primarily responsible for the children's care.

Mr. Bronte became seclusive, aloof and detached from his family. He ate only breakfast with the children, insisting that their noise and conversation reminded him of his dead wife. He refused to eat meat, kept a pistol handy and remained in his study, emerging only to attend Sunday church services or visit the parishioners. He never remarried although he made an attempt on one or two occasions to do so.

As the children grew, their education became an increasing concern to Mr. Bronte, for the local school was not sufficient for his purposes and public education in a small, rural village was meager at best. A new school had been founded in western Yorkshire by the Reverend William Carus Williams for the education of daughters of poor clergymen. Mr. Bronte made arrangements for his children to go there and in the summer of 1824 Maria, Elizabeth, Charlotte and Emily all went to Cowan Bridge School. While the founders of the school apparently intended to offer an education to these children, the circumstances were far from satisfactory or even healthy. It was a brutalizing experience for Charlotte which she recorded in her novel Jane Eyre.

Tragedy befell the family within a short time. Maria developed tuberculosis the following winter and was brought home. Elizabeth became ill in the spring and both children died in the early summer of 1825. The distraught father quickly removed Charlotte and Emily from the school. To cope with the increased domestic burden, he employed a servant, Tabitha Aykroyd. She became a confidante, dependable and loving, and stayed with the family until her death over thirty years later.

Typhoid fever, cholera, dysentery and tuberculosis were the common causes of death in England in the early part of the last century. Health conditions were in a deplorable state. The death rate was so high—the average life expectancy was only twenty-six years and almost fifty percent of the children died before the age of six—that the government established a commission to study the causes of this problem. Pigs ran loose in the streets, privies were often located uphill from drinking water supplies and the control and causes of contagion were not understood. Little wonder that the graveyard at Haworth was so crowded.

In 1825 when all the children were home again, they were ages nine, eight, seven and five. During the period from 1825 to 1831 when Charlotte left to go to another school, the children developed an intensely close relationship with one another. In these years the children's personalities began to emerge: Charlotte was the leader, Emily became the naturalist, Branwell the rebel and Anne the religious. Charlotte may have been the one who initiated the idea of writing. The children began to tell stories and to write tales of a far-off land that remained a source of pleasure to them for many years. They played with toy soldiers brought to Branwell by his father and
The Bronte Sisters by Branwell Bronte

eventually wrote down the stories that they made up about them. They created a mythical country that they called Angria. Later Emily and Anne invented a rival island, Gondal. These stories were recorded in the most minute script in tiny booklets which are preserved in some of the world’s great collections today: the British Museum, the Bronte Parsonage Museum at Haworth and the Morgan Library in New York. The booklets are tiny, some measuring only an inch and a half square and filled with as many as 1,500 words per page. The stories are filled with fighting, nobility, power struggles, loves, hates, fears, death, destruction, the wild imaginings of children.

The girls continued their story telling and recording for many years although it is likely that some of it, especially that written by Emily, was kept secret. They used the tales as a means of communication and on their birthdays offered new writings to each other which represented elaborations of their playful imaginations. Eventually these writings led to some of the most important developments in English prose work, particularly the novel form.

In 1831 when Charlotte was fifteen she went to a new school, Roe Head, a boarding school in Yorkshire. There she met two friends, Ellen Nussey and Mary Taylor with whom she corresponded voluminously for many years. This correspondence became the basis for much of the biographical data of the family that is still available. Although Charlotte stayed at Roe Head for only eighteen months, she returned three years later as a governess, taking Emily with her as a pupil. Desperately homesick, Emily soon returned to Haworth and Anne took her place at Roe Head. About this time, Branwell began to develop an interest in painting. He visited the Royal Academy in London but never studied there. However he did work briefly as a portrait painter in Bradford. Two of his portraits of his sisters are in the collection of the National Portrait Gallery in London.

In 1836 Emily, then eighteen, became a governess at the Law Hill School in Halifax where she remained for
Charlotte Bronte by George Richmond
two years. Anne remained at home alone until 1839 when, at age nineteen, she became a governess at Mirfield. In the same year, a new curate was appointed to Haworth, the Reverend William Weightman. All three sisters were home in 1840 and delighted in teasing and being teased by Mr. Weightman and his friends. The whole family loved him dearly and this year and the two succeeding ones have always been described as some of the happiest in the lives of these lonely, isolated children.

Undoubtedly the Bronte children had keen minds and intense intellectual desires. They were not satisfied to become factory workers or to live isolated lives in the parsonage. Instead they decided to open their own school. To prepare for this, Charlotte and Emily went to Brussels early in 1842 to improve their French. They studied at the school of Monsieur Constantin Heger. That fall the beloved Mr. Weightman died, plunging the family into a well of sorrow. Within a month they were even more severely burdened by the loss of their dear Aunt Branwell. In January Charlotte returned to Brussels and remained there for a full year. During this time she fell passionately in love with M. Heger. Apparently the affection was not particularly returned by the professor but nonetheless Charlotte cherished a sense of passion for him for many years. After she returned to Haworth she corresponded with him until he asked that her letters be sent to another school to avoid arousing his wife’s suspicions. Severely disillusioned, she never wrote to him again.

In the summer of 1844 a new curate was appointed to Haworth, the Reverend Arthur Bell Nicholls. It was about this time that the girls began their serious writing. Branwell did not enjoy the same success. He failed at painting and obtained employment as a railway clerk. Drinking became a serious problem for him and eventually he was discharged from one post after another. He was a source of great concern and apprehension to his sisters, all of whom paid close attention to him and tried to help him. Emily was especially affected because she seemed to be closer to him than Charlotte and Anne. Indeed there have been suggestions in the literature that the relationship was somewhat incestuous and that Heathcliff and Cathy in Wuthering Heights have been drawn from the emotional feelings which transpired between her and her brother. Undoubtedly, Branwell brought a great degree of humiliation upon the family by his drinking. As so often seems to occur, problems were compounded when he became enamoured of the mother of a student he was tutoring. His employer soon died and Branwell entertained the idea that he could marry the widow. She forthwith rejected him for his drunken debauchery and he sunk into a deep depression. It was a desperate period for the family in the parsonage. Charlotte had been crushed in her romantic aspirations; Branwell was ruined; the school that the children had proposed to establish, although advertised, drew no pupils. In desperation they decided to try to publish some of the poems that they had written and in May 1846 a small book by Currr, Ellis and Acton Bell was published by Smith, Elder and Co., a London firm. Only two copies were sold. Undaunted, Charlotte submitted a second book, Jane Eyre, for publication. Although the first book, The Professor, had been rejected, Jane Eyre was readily accepted. To Charlotte’s great surprise, Emily showed her the manuscript of a novel she had written secretly, entitled Wuthering Heights. Anne had also written a novel called Agnes Grey. All three volumes were published as a trilogy in the fall of 1847.

Many studies have been devoted to analysis of the literary works of the Bronte sisters. It would be a disservice to them to attempt such a discussion here. There is one extremely important point, however: these three shy, withdrawn, quaint children of the moors, reared in isolation, amid poverty, death and great human suffering were able to develop the ability to express themselves freely and openly in the novel form. They were the first novelists to portray women declaring their love and claiming the right to feel and express passion. They romanticized the novel, brought it to life, made it a true work of art and propelled it forward as few authors had done. The contrast between their outward reticence and their inner passions has made them the subjects of many psychological studies. Their literary abilities promoted them to the front rank of the world’s great writers. They are, indeed, geniuses in their own right.

Unhappily, literary success did not resolve the problems of the parsonage. Within a year Branwell was dead from alcoholism and drug addiction. Charlotte, Emily and Anne suffered severely from his loss as did their father. All their efforts to help their brother had failed. Shortly thereafter, Emily developed a severe cough but she refused medical attention. Charlotte wrote, “By early December she had grown much weaker yet insisted on being about the house each day keeping up with the household work. To the last day she fed her dogs.” Charlotte wrote to a famous London physician describing Emily’s condition. He sent medicine but she refused to take it. Stoic, independent, avoiding any request for help, she stumbled and fell against the wall as she carried a few morsels of bread to the dogs. She refused to go to bed but insisted on sitting by the hearth. She did not have the strength to pick up her comb when it fell. She turned to Charlotte and in hushed tones whispered, “If you wish, you can call the doctor. I will see him now.” It was too late. She quietly died in the parlour of the parsonage just a week before Christmas 1848 at the age of thirty years. She and Branwell were buried with Maria, Elizabeth and their mother at the Haworth Church.

In the spring of 1849 Anne died of tuberculosis in Scarborough, a lovely seaside resort on the eastern coast of Yorkshire. She was buried in St. Mary’s Churchyard there and is the only one of the Brontes who is not buried at Haworth.

By now the parsonage was empty. Only Mr. Bronte,
Top Withens, on the moors near Haworth, which Emily Bronte may have had in mind when writing Wuthering Heights.
Mr. Nicholls and the faithful Tabitha remained. Charlotte was off visiting friends, promoting her writings or working. She became a friend of Thackeray and visited him in London. She published three more novels, *The Professor*, which originally had been rejected, *Shirley* and *Villette*.

For several years Mr. Nicholls had been quite interested in Charlotte and undoubtedly had entertained the idea of marrying her for some time. Mr. Bronte was married Charlotte at the church in June of that year. Mr. Nicholls remained as the curate at Haworth and married Charlotte at the church in June of that year. Charlotte had written to her friends Mary Taylor and Ellen Nussey indicating her doubts about the marriage but evidently all worked out much better than she had anticipated. They took a trip to Ireland, visiting Dublin, Cork, and Killarney. Charlotte was well-received in Ireland by Mr. Nicholls’ family and she, in turn, felt close to them. In January of the following year she developed a cold, common enough for her but one from which she never recovered. In March 1855 the last of the Bronte children was laid to rest beneath the main aisle of the church of St. Michael’s and All Angels Haworth, just nine months after marriage. Mr. Bronte lived on at Haworth, remaining the incumbent until his death in 1861 at the age of eighty-five. Mr. Nicholls finally returned to Ireland and died there in 1906.

Shortly after Charlotte’s death, Mr. Bronte suggested that Mrs. Gaskell write her biography since she and Charlotte had become close friends. Two years later the book was finished and it has remained a monumental work of biography although it caused great consternation in Mr. Bronte and in others who were still living at the time of its publication.

Less is known about Emily, author of *Wuthering Heights* and a talented poet. Of all the children she remains the most obscure, the most distant and the least understood. She was by far the most stoical of the family and probably the most heroic. Her famous poem written on March 1, 1841 clearly shows the stoical detachment that she felt in life:

Riches I hold in light esteem
And Love I laugh to scorn
And lust of Fame was but a dream
That vanished with the morn—
And if I pray the only prayer
That moves my lips for me
Is—“Leave the heart that now I bear
And give me liberty.”

Yes, as my swift days near their goal
’Tis all that I implore—
Through life and death, a chainless soul
With courage to endure!

She also had a tender side; she loved the parsonage in which she spent almost her entire life:

The house is old, the trees are bare,
And moonless bends the misty dome;
But what on earth is half so dear,
So longed for as the hearth of home?
The mute bird sitting on the stone,
The dank moss dripping from the wall,
The garden walk with weeds o’ergrown,
I love them—how I love them all.

From the Gondal Poems there are some spectacular lines written with great inspiration and romanticism:

He comes with western winds, with evening’s wandering airs,
With that clear dusk of heaven that brings the thickest stars;
Winds take a pensive tone, and stars a tender fire,
And visions rise and change which kill me with desire.

One can glean something of Emily’s personality from sensing the passions of Heathcliff or the devotion of Cathy. But she tells more directly about herself in her poems. A common theme is the death of her mother which occurred when she was only three but of which she was reminded constantly because of the proximity of the parsonage to the graveyard. She must have suffered a considerable degree of depression:

I see around me tombs stones grey
Stretching their shadows far away.
Beneath the turf my footsteps tread
Lie low and lone the silent dead,
Beneath the turf, beneath the mould—
Forever dark, forever cold,
And my eyes cannot hold the tears
That memory hoards from vanished years;
For Time and Death and Mortal pain
Give wounds that will not heal again.

Yet the lines of her final poem reveal courage in facing her own death:

No coward soul is mine
No trembler in the world’s storm troubled sphere
I see Heaven’s glories shine
And Faith shines equal arming me from Fear
O God within my breast
Almighty ever-present Deity
Life that in me hast rest
As I Undying Life, have power in Thee.

The star has reached its zenith and has crested, a brilliant light has moved from the horizon casting its radiance upon the earth for a fleeting moment, illuminating the minds of men with words of beauty and passion in literary form that had not appeared before. The flight of the star was but for a fleeting moment and no trace of its trail is left, no descendants to echo its spectacular glory. And so the path has ended but the memory lives forever, crying from the lonely desolate moors “no coward soul is mine . . . with courage to endure.”
Exploring Spain and Portugal

by William M. Bush, M.D. '39

Jefferson's Post Graduate Seminars abroad always are enlightening and entertaining and the most recent, two weeks in Spain and Portugal, was no exception. Two planeloads of Jeffersonians left Philadelphia on February 2 and arrived in Lisbon at 9:30 the next morning. About half of the group of approximately three hundred twenty-five stayed at the Ritz Hotel there and the rest went to the Palacio Hotel in Estoril.

The tour program included both sightseeing and medical seminars given by members of the Jefferson faculty and Portuguese physicians. In Lisbon, the sessions were held at the Cancer Institute.

Dr. Abraham E. Rakoff '37, Professor of Obstetrics and Gynecology and of Medicine, gave a comprehensive talk on "Pathological Effects of Oral Contraceptives." Dr. John H. Hodges '39, Ludwig A. Kind Professor of Medicine, discussed "The Changing Picture of Polycythemia." Dr. John F. Ditunno, Professor of Rehabilitation Medicine and Chairman of the Department, presented "Current Concepts of Cardiac Rehabilitation."

The final Jefferson speaker was Dr. Irving J. Olshin, Professor of Pediatrics, who described a series of pediatric cases which suffered from overt side effects from overtreatment by overzealous physicians.

The Portuguese side of the program was organized by Dr. Manuel Castro who studied endocrinology with Dr. Rakoff. After a brief welcome from Ridgeway Knight, the American Ambassador to Portugal, we heard an informative talk on the prevention of oral cancer by Dr. José Conde. Dr. João Sacudura, a prominent head and neck surgeon, showed a film of a difficult operation to remove an exceedingly large tumor of the neck in the retromolar space. Dr. Francisco Martins, another surgeon, spoke on "Chemotherapy and Radiotherapy in the Management of Cancer: A Surgeon's Point of View." Two methods of treating gynecological cancer were discussed, radium therapy by Dr. Mario Tavares and radiotherapy by Dr. Mario Vilhena.

Dr. Antonio Baptista, a physicist, described the recent contributions of the Department of Radioisotopes to the knowledge of nuclear medicine. Two cytologists, Dr. Armando Bastos and Dr. Dante Marques, presented their latest research in dyes for staining tumor cells. Our host, Dr. Castro, discussed "Can Anovulation Cause Cancer?" A question and discussion period followed each talk.

Several side trips were available during the Spanish portion of Jefferson's tenth post graduate seminar last February. At far right alumni and family visit the Alhambra in Granada. At immediate right a snake charmer fascinates his audience in Tangier's Casbah.
lisbon’s cancer institute

One morning was devoted to a thorough tour of the Cancer Institute, its diagnostic machines, laboratories, operating rooms and patient care facilities. Built in 1939, the Institute now treats more patients per day than either Memorial Hospital in New York or M. D. Anderson Hospital in Texas. Ninety percent of the cancer patients in the country are treated there. The Institute operates under the Ministry of Education and is dependent upon the University of Lisbon. Specialty outpatient clinics examine suspicious patients, those having tumors, precancerous lesions, endocrine, blood diseases, chronic inflammatory nontuberculous and nontuberculous lesions. If cancer is found, they are sent to the registry and, when necessary, to the section for Social Assistance. Then they are examined by all the necessary consultants to determine the wisest course of treatment. After a complete laboratory work-up, they are admitted as inpatients. Many patients requiring radiation are, of course, treated as outpatients.

The Institute Hospital has approximately four hundred seventy-five beds which are segregated between medical and surgical floors. Surgical floors are organized by specialty, neck and head, gynecology, bone cancer, pediatric cancer, etc. Each has a specially trained intensive care team and a floor dining room. All nurses are female and receive the R.N. degree after three years of training and are assisted by auxiliary nurses with one year of training. All hospital employees are paid by the government except the physicians who are paid by the hospital.

All state and private employees pay six and one half percent of their salary into a government insurance plan every month. Private employers pay seventeen to twenty-one percent of the salary of each employee. Such insurance entitles the employee not only to retirement benefits but also to free medical care in a government operated clinic, surgical care in a ward and forty percent of the cost of medications prescribed by a physician. Although the self-employed and unemployed are not covered by government insurance, the local community helps those in need. The Portuguese Cancer Fund, which has offices in the Institute, provides financial assistance.

Some Portuguese physicians practice socialized medicine exclusively; others have only private practices. The majority, however, devote part of their time to the clinics and the rest to private practice. Since doctors working in the state clinics see from fifteen to twenty patients an hour, all who can afford it prefer to visit a private office for a fee. Clinic doctors receive three hundred escudos (about twelve dollars) for the first visit and one hundred escudos (about four dollars) for each subsequent visit.

Portugal now has eight years of compulsory education. Children attend grade school until they are ten and then the lyceum until seventeen. The last two years at the lyceum are like college. Physicians start their training during the last year at the lyceum. Because of the severe shortage of physicians, only a simple written examination is required to determine eligibility. All who pass enter one of the three Portuguese medical schools and receive a monthly salary of $120 during the seven years of training required for the M.D. degree. A rotating internship and a year of specialty training are included.

After six days in Portugal, we flew to Malaga, Spain and then went by bus to the Hilton Hotel in Marbella on the Costa del Sol. During the medical sessions Dr. Hodges spoke on anemias that resist treatment, and Dr. Olshin gave an illustrated talk on genetic disorders of children. Dr. Rakoff gave a very lucid discussion of hermaphrodites, pseudohermaphrodites and the intersexes. Dr. Ditunno described all aspects of rehabilitation of rheumatoid arthritis patients and evaluated the relative merits of known treatments.

spanish medicine

The organization of medical care in Spain is similar to that in Portugal. The vast majority of physicians combine private practice with socialized insurance practice. Spaniards rate medical care in their country as excellent in private offices and hos-
hitals, poor in socialized clinics, largely because of the volume of patients, and virtually non-existent in rural areas. Spain has seventeen medical schools which are quite similar in course to those in Portugal.

No physicians in either country carry malpractice insurance. Malpractice suits are handled by a committee of medical specialists appointed by the medical society rather than by civil courts. Neither country has doctor’s assistants and private offices are not permitted on hospital grounds. In Portugal eighty percent of the women use "the pill" as their means of birth control. The church does not oppose birth control and there are priests on the board of Planned Parenthood. Birth control was not mentioned in Spain.

Various sightseeing tours were planned in both countries. In Portugal we went as far north as Fatima and found the people of the fishing village of Nazaré especially interesting as they reminded us of the Phoenician fisherman of Biblical times. Highlights in Spain were the Alhambra and gypsy flamenco dancing in Granada, gypsy homes in man-made caves and the small mountain villages and their inhabitants. Part of the group took a side trip to Tangier where we rode camels and in the casbah, faced the most high pressured and persistent salesmen any of us have ever seen.

An added pleasure of these tours is the opportunity to meet physicians who preceded or succeeded one at Jefferson as well as to renew friendship with contemporaries. Great friendliness and comraderie are in evidence everywhere. All have a memorable time. Dr. John H. Killough, Associate Dean, must be commended for his skill in organizing all facets of the trip through the McGettigan Travel Bureau. A Jefferson Seminar is really five tours in one. In addition to seeing the sights and sampling food and wine, Jeffersonians learn about health conditions in the country from native physicians and about recent medical developments in the United States from the Jefferson faculty.
Dr. Jacob Earl Thomas, Professor of Physiology and Chairman of the Department at Jefferson for nearly thirty years, died in California on February 2 at the age of eighty-one. One of the College's most revered Professors, he was honored again and again by both his students and colleagues. In 1948 the senior class selected him as Chairman and appreciative Alumni established both the Thomas Physiology Fund and the Thomas Physiology Library. The Honorary Degree of Doctor of Science was awarded to Doctor Thomas by Jefferson in 1960.

Dr. Thomas distinguished himself as teacher, author, scholar and researcher. He began his formal education at the University of Washington and later studied at St. Louis University from which he graduated with a B.S. degree and an M.D. degree in 1918. He subsequently received a master of science degree. Dr. Thomas served as Associate Professor of Physiology at St. Louis University prior to accepting the Chairmanship at Jefferson in 1927. Following his retirement in 1956, and still active in experimental research, he became Distinguished Professor of Physiology and Administrative Head of the Department at what today is Loma Linda University.

Dr. Thomas' skill in experimental surgery and his ingenuity in instrumentation place him foremost among physiologists. The Thomas drop recorder, the Thomas wrenched, the Thomas gastric pouch, the Thomas pancreatic fistula and the Thomas cannula are only a few of his many contributions which added to the advancement of physiology. Much of the present understanding of the regulation of gastric emptying, the filling and evacuation of the gall bladder, the autoregulation of gastric secretion, the complexities of the entero-enteric reflexes and the mechanisms of pancreatic secretion is due to his tireless research. His more than two hundred scientific papers on the physiology of the digestive system, his encyclopedic reviews of reference books, including the Handbook of Physiology and the Encyclopædia Britannica, and his definitive monograph on the pancreas mark him as one of the world's leading experimental gastroenterologists. During World War II Dr. Thomas served as advisor on problems of nutrition and appetite in combat troops. He was a member and held office in numerous national and international academic and professional organizations.

Frederick Roscher, who did his portrait for the class of '48, commented "Doctor Thomas has a remarkable face, in which you feel warmth, friendship, and integrity . . . the curiosity of one who is dedicated to establishing truth through research."

Dr. Thomas is survived by his wife, Grace Webster Thomas, and a son and a daughter.

Dr. E. Harold Hinman, who retired as Professor of Preventive Medicine and Chairman of the Department in 1969 following seven productive years at Jefferson, died on December 25. A dedicated teacher, a masterful medical malarialogist, a scholar and creative author, Dr. Hinman was a staunch supporter of the Medical College. His establishment at Jefferson of residency training and of a graduate educational program (M.S.) in Preventive Medicine and his contributions to the evolution of undergraduate medical curriculum are examples of his penchant for progress.

Following his graduation from Queen's College in Ontario, his interest in entomology led him to Cornell University where he received both his master of science and doctor of philosophy degrees. He was appointed Assistant Professor of Medical Entomology at Tulane University in 1932 after a postdoctoral fellowship in the Department of Tropical Medicine. Five years later he became Senior Biologist in the Malaria Control Division, Health and Safety Department of the Tennessee Valley Authority and was appointed Division Chief in 1938. During these intervening years Doctor Hinman received his M.B. and M.D. degrees from Louisiana State University and his M.P.H. degree from Johns Hopkins. As a Rockefeller Fellow he served with distinction for four years as Head Public Health Officer of the Health and Sanitation Division of the Institute for Inter-American Affairs. Doctor Hinman developed the School of Public Health at the University of Oklahoma with such unusual success that it led to his appointment as Dean of the School of Medicine at the University of Puerto Rico. He served there for seven years. In 1959 Dr. Hinman was called to Washington, D.C. to serve as Chief of the Technical Resources Division, Office of Public Health ICA. His appointment as Chairman of the Department of Preventive Medicine at Jefferson was effective in 1962. Then, as Emeritus Professor, he accepted the position of Commissioner of Health of Wyoming and Livingston Counties in New York State.

Dr. Hinman's organizational and administrative abilities were recognized throughout the Americas. "As Chief of Technical Resources Division of the International Cooperation Administration's Office of Public Health (forerunner of AID) he was a mainspring in the foundation of the Division of International Medical Education of the Association of American Medical Colleges and its close and continuing partnership with the foreign aid program."

He has left a lifetime of great and growing service to American medicine, to medical education and to international cooperation in public health.

Surviving are his wife, Katharine Freed enburgh Hinman, and two physician sons, Edward John and Alan Richard.
administration
Dr. Joseph S. Connella, Associate Dean, presented “Periodic Qualifications as Related to Medical Membership” at the annual meeting of the Federation of State Medical Boards, a segment of the AMA Congress on Medical Education, on February 3 in Chicago.

dermatology
Dr. Margaret G. Mahoney, Associate in Dermatology, is President of the Philadelphia Branch of the American Medical Women’s Association.

medicine
Dr. Albert N. Brest, Professor of Medicine, Dr. Hratch Kasparian, Associate Professor of Medicine, and Dr. Leslie Wiener, Associate Professor of Medicine, received the Regents Award for the Best Scientific Exhibit at the thirty-seventh annual meeting of the American College of Chest Physicians. The exhibit displayed the hemodynamic and metabolic basis of angina pectoris.

Dr. Allan J. Erslev, Cardeza Research Professor of Medicine and Director of the Cardeza Foundation, presented “Erythropoietin and the Anemia of Chronic Renal Disease” at the New York Society of Nephrology at New York University Medical Center on January 19.

Dr. Farid I. Haurani, Associate Professor of Medicine, spent the month of February as Visiting Professor of Medicine at the American University of Beirut, Lebanon. He also spent several days in the laboratory of Dr. Y. Najean at the Hôpital Saint Louis in Paris.

obstetrics and gynecology
Dr. Roy G. Holly, Professor of Obstetrics and Gynecology and Chairman of the Department, spoke on “Anemias of Pregnancy: Nutritional, Pernicious, Sickle and Associated Conditions” at the forty-third annual meeting of the New England Obstetrical and Gynecological Society in union with the Massachusetts Chapter of the American Academy of Family Practice.

Dr. George J. Andros, Professor of Obstetrics and Gynecology, spoke on “The Effect of Family Planning Programs Upon a Community” at the Wilmington Medical Center in Wilmington, Delaware on March 6.

Dr. George A. Hahn, Professor of Obstetrics and Gynecology, received the Sons of the American Revolution Gold Citizenship Medal for service with the hospital ship S. S. Hope.

Dr. Abraham E. Rakoff, Professor of Obstetrics and Gynecology, presented “Basic Endocrinology” and “Gynecologic Hormonal Cytopathology” in January at the Fifth Tutorial on Clinical Cytology at the University of Chicago.

Dr. Alvin F. Goldfarb, Associate Professor of Obstetrics and Gynecology, has been elected Pennsylvania Section Chairman of the American College of Obstetricians and Gynecologists for 1972-75.

ophthalmology
Dr. Davis G. Durham, Clinical Assistant Professor of Ophthalmology, has been installed as President of the Delaware Academy of Medicine for 1972.

orthopaedic surgery
Dr. John J. Gartland, James Edwards Professor of Orthopaedic Surgery and Chairman of the Department, was a member of a national panel presenting a symposium on “The Present Day Treatment of Club Foot” at the annual meeting of the American Academy of Orthopaedic Surgeons which was held in Washington on January 29 through February 3. He also gave an instructional course on “Surgery of the Foot in Children.” At the same meeting Dr. Roshen N. Irani, Associate Professor of Orthopaedic Surgery, presented a scientific exhibit and paper entitled “Treatment of Femoral Fractures in Children by Immediate Spica Immobilization.”

pathology
Dr. Leopold G. Koss, Professor of Pathology, served as Visiting Professor at the Ohio State University School of Medicine on December 6 and presented “Some Effects of Alkylating Agents in Men and Experimental Animals” and “Long-Term Follow-up Studies of Workers Exposed to Paraaminodiphenyl—a Comment on Natural History of Bladder Cancer.” On December 26 he presented the former paper at Hadassah University Medical School in Jerusalem.

Dr. Thomas V. DiSilvio, Assistant Professor of Pathology, served on the faculty of the ASCP Desk-Top Computer Workshop which was held on April 17-19 in Chicago.

Dr. Angelina M. Fabrizio, Assistant Professor of Pathology, spoke on “An Induced Hamster Reticulum Cell Sarcoma—a Tool in Cancer Research” at the national meetings of the American Association for the Advancement of Science in Philadelphia in December.

pediatrics
Dr. Robert L. Brent, Professor of Pediatrics and Chairman of the Department, spoke on “The Effects of Radiation
on the Fetus, Newborn and Child” at the Symposium on Late Effects of Radiation of the Radiological Society of North America meeting in Chicago on December 1. On March 13 he spoke on “Radiation and Teratogenesis” at the American Association of Pathologists and Bacteriologists Annual Symposium in Cincinnati. At the Giegy Symposium in Albuquerque, New Mexico on April 27, he lectured on “Medicine and Society in Our Changing Era—Protecting Man from Man’s Protectors.”

Dr. Herbert C. Mansmann, Professor of Pediatrics, has been elected Secretary of the Board of Directors of the American Board of Allergy and Immunology, a conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics.

Dr. Gary G. Carpenter, Associate Professor of Pediatrics, spoke on “Genetic Counseling” at the Pediatrics Seminar held at the Children’s Hospital in Akron, Ohio.

**pharmacology**

Dr. Wolfgang H. Vogel, Associate Professor of Pharmacology, has been appointed to the Advisory Board of *Contemporary Drug Problems*, a quarterly journal concerned with medical, legal and social aspects of drug use and abuse.

**psychiatry**

Dr. Edward Gottheil, Professor of Psychiatry, spoke on “The Alcoholic’s Ability to Resist Available Alcohol” at the V World Congress of Psychiatry which was held in December in Mexico City. Dr. Floyd S. Cornelison, Professor of Psychiatry and Chairman of the Department, and Mr. Harold D. Crawford co-authored the paper.

Dr. Albert M. Biele, Clinical Associate Professor of Psychiatry, has been appointed to the Pardons Board Commission under the Department of Justice of the Commonwealth of Pennsylvania by Governor Milton J. Shapp. Dr. Biele’s article, “Unwanted Pregnancy: Symptoms of Depressive Practice,” was published in the December 1971 issue of the *American Journal of Psychiatry*.

Dr. James L. Framo, Associate Professor of Psychiatry, is the author of *Family Interaction: A Dialogue Between Family Researcher and Family Therapists* which was recently published by Springer & Co. of New York.

Dr. Robert S. Garber, Visiting Associate Professor of Psychiatry, has been installed as President of the National Association of Private Psychiatric Hospitals.

**radiology**

Dr. Jack Edeiken, Professor of Radiology and Chairman of the Department, spoke on “The Practical Approach to the Diagnosis of Arthritis” at the New England Roentgen Ray Society on January 21. In March he discussed “Approach to Arthritis” as Visiting Professor at the Mal-linckrodt Institute of Radiology of Washington University in St. Louis.

Dr. Robert O. Gorson, Professor of Radiology, conducted a course on Radiation Dosimetry for the American Academy of Dermatologists in Chicago in December.

Dr. K. Francis Lee, Professor of Radiology, presented a study done with Dr. James Lally, Chief Resident, entitled “The Value of Droplet Pantopaque Study with Tomography for the Demonstration of Some Equivocal Juxta- sellar Lesions in Pneumoencephalograph” at the meeting of the American Society of Neuroradiology which was held in Mexico City in February. He also spoke on “Retrospective and Prospective Study of Subfrontal Meningioma in Sixty-three Patients with Special Emphasis on Hypertosisis in the Planum Sphenoid Alley.” Dr. Richard A. Chambers, Professor of Neurology and Chairman of the Department, and Dr. Philip D. Gorgy, Professor of Neurosurgery and Chairman of the Department, co-authored the paper.

Dr. Edward A. O’Hara, Professor of Radiology, was a Visiting Professor at Bethesda Naval Hospital in January and February where he presented “Congenital Anomalies and Variance of the Pediatric Chest,” “Mediastinal Masses in Children,” Macroradiographic Technique as Applied to Children” and “Respiratory Diseases in Newborn Period.” Two of his articles have been published this spring: “Macroradiography in the Pediatric Patient” in the spring issue of *Critical Reviews of Radiological Sciences* and “Congenital Astrocytoma” in the May issue of the *Journal of Roentgenology and Nuclear Medicine*.

Dr. Peter Dur-Smith, Associate Professor of Radiology, was a Visiting Professor at the University of Arizona in March where he presented “Physiology of Intravenous Urography: 1. Practical Aspects, 2. Experimental, 3. Pregnancy Dilatation of the Ureter.”

**rehabilitation medicine**

Dr. Gerald J. Herbison, Associate Professor of Rehabilitation Medicine, was a Visiting Consultant to the Letterman General Hospital in San Francisco in January. He presented three lectures: “Effect of Electrical Stimulation of Denervated Muscle,” “Effect of Excercist on Muscle Innervation” and “Muscle Biochemistry and the Physiological Effects of Exercise.”

Dr. William E. Staas, Assistant Professor of Rehabilitation Medicine, has written an article entitled “Bowel Control” which will be published by *Family Physician*.

**urology**

Dr. Paul D. Zimskind, Nathan Lewis Hatfield Professor of Urology and Chairman of the Department, is the co-author of *Urodynamics* which was recently published by Academic Press.
Unlike many young men, Bernard Schepartz had little difficulty choosing a career. “For me, it all started with a bookcase,” he smiles. “My parents were given one laden with books I couldn’t begin to understand when I was about twelve. But there was one that intrigued me, a chemistry book by Bunsen. Before my parents really knew what had happened, I had set up a lab in the cellar. Eventually my father and I worked out an agreement: he would finance my experiment as long as I promised not to make any explosives.” Apparently the arrangement was satisfactory since Dr. Schepartz went on to receive a more formal education in chemistry at Ohio Wesleyan University, the University of Michigan and the University of Pennsylvania. He came to Jefferson as an Instructor in 1949 and today serves as Professor of Biochemistry.

During his years at Jefferson, Dr. Schepartz has been actively involved in deliberations on the curriculum and is currently a member of the faculty Curriculum Committee. “The first step in evaluating a curriculum is finding out what’s being taught. A school often goes along for years without knowing exactly what is happening in the classroom,” Dr. Schepartz comments. “Then you try to define your goals and ideals, try to decide what the medical student should be able to do at various stages of his schooling.” You also look at other schools and their assessments...
of curricular experiments and apply them to your own situation."

One recent change made biochemistry the first material presented to incoming students. "All of the students have studied chemistry," Dr. Schepartz explains. "We felt that biochemistry would be an extension of their knowledge and would serve as a smoother transition between college and medical school. In the past the initial encounter with the cadaver must have been quite a shock."

This schedule is only transitional, however. The Curriculum Committee recently evolved a new course of study which, if adopted, will go into effect in the fall of '72 and will be phased in, one year at a time, to avoid disrupting the studies of those who began under the old system.

The overall structure of the new curriculum will stress integration, both of clinical and preclinical material and of the basic sciences themselves. "The basic sciences represent six different ways of looking at the body," Dr. Schepartz comments. "It seems to make more sense to look at something once from various angles than to keep coming back to it." Under the new system, incoming students will have to tackle cell and tissue biology, which will combine histology and biochemistry in its exploration of cell structure and function. More advanced basic sciences will be postponed until the fourth year for a closer correlation with clinical work, while the more elementary clinical material will be introduced earlier. Students should be very pleased with the new regime, Dr. Schepartz feels. "I sympathize with the freshman medical student," he explains. "When I was in graduate school, I spent the first two years taking everything except biochemistry, which was what I was there for. Medical students are certainly justified in wanting to have some inkling of what it's like to be a physician before they've gone through two years of schooling."

An outgrowth of Dr. Schepartz's association with Jefferson was the writing a biochemistry textbook with Dr. Abraham Cantarow '24, then Professor of Biochemistry and Chairman of the Department. First published by W. B. Saunders in 1954, the book is now in its fourth edition and has been translated into Spanish and Portuguese. "We wrote it because there was no textbook we found satisfactory and we realized that by combining and amplifying our lectures, we would have excellent coverage of the subject," Dr. Schepartz asserts. "Of course we were pleased with its success. In our 'best year' it was used by about a third of the medical schools in the country."

In addition to his teaching responsibilities, Dr. Schepartz has devoted considerable energy to the investigation of amino acid metabolism. Within this area his interest has ranged from establishment of metabolic pathways to more recent work on their regulation. Last year he took a six-month sabbatical to write a monograph entitled Regulation of Amino Acid Metabolism in the Mammalian Organism.

In between teaching, research and writing, Dr. Schepartz finds time for a number of hobbies, including the stock market which he regards as an arena in which the amateur can pit his abilities against those of the professionals. He also enjoys painting, primarily still lifes in oil. "I'm critical enough of my work that I've never exhibited," he chuckles. An interest in languages led him to study Russian and Japanese at an evening school where he met his wife who already had a degree in romance languages. Although Dr. Schepartz's grasp of Russian and Japanese has loosened over the years, Mrs. Schepartz is still fluent in French, Spanish and Italian, all of which have proved valuable on their annual trips abroad. In recent years, Dr. Schepartz has recorded these trips on film. "For a three-week trip I usually take two movie cameras and twenty-five rolls of film," he comments. "Then when we get back, I have several months work ahead of me editing and titling."

What the Schepartzes hope to capture is a sense of the vitality of a town or an area. "I used to take thirty-five millimeter slides but they seemed frozen, static. It was impossible to convey the total feeling—the bustle of a native market, for instance," Dr. Schepartz explains. "I would like to add sound, but the problems with synchronization are enormous."

Still Dr. Schepartz has no ambitions to replace Colonel John Craig and "Of Lands and Seas." Exhilarated by the revised curriculum, he anticipates new challenges—and problems—in teaching. "Our subject matter will be more widely spread through the school year," Dr. Schepartz explains. "Many faculty members will have to make adjustments but that's all to the good. It's a mistake to become settled into a routine." Dr. Schepartz is certainly not one to be trapped in a stultifying atmosphere. He is continually stimulated by a broad range of interests—test tubes and paint tubes, stock price charts, the intricacy of language and the complexity of film. The common denominator is the intellectual challenge, the problem that demands solution.
class notes

1909
Mrs. Christopher S. Barker, 711 Broad St., New Bern, N.C., reports that her two sons, Rear Admiral C. S. Barker, Jr., and Dr. Charles T. Barker, are "doing nicely."

1912
Dr. Walter P. Hardee, 123 W. Main St., Durham, N.C., writes "I am continuing an office practice with shortened hours and enjoy good health for age eighty-three."

1914
Dr. Edward L. Bauer, Alden Park Manor, Wissahickon Ave. and School House Ln., Philadelphia, was recently honored by the Philadelphia Pediatric Society. A past President of the organization, Dr. Bauer received a citation commending his "contributions to the advancement of pediatrics." Dr. Bauer is Emeritus Professor of Pediatrics at Jefferson.

1920
Dr. Edwin A. Harris has retired from his general practice in Moorestown, New Jersey and is living in Stoney Ridge, Easton, Maryland.

1921
Dr. William E. McCullough, 26 W. Micheltorena St., Santa Barbara, Calif., writes "Sorry to have missed the 50th reunion due to surgery. Feeling OK now and am continuing my psychiatric practice."
Dr. Louis S. Morgan, 3835 Country Club Rd., Long Beach, Calif., writes "I enjoyed our 50th reunion celebration and seeing the classmates of '21."

1925
Dr. Carl M. Hadley, 491 5th St., San Bernadino, Calif., writes "Still practicing but now entirely office work with travel whenever I can talk Mrs. Hadley into going some place. Will try for the 50th reunion—I have never been to any of them."
Dr. Irving J. Stewart, 529 Kings Hwy., Swedesboro, N.J., reports that he is still making house calls and enjoying country practice.

1926
Dr. Philip B. Davis, 807 Florham St., High Point, N.C., enjoyed the 45th reunion and hopes to make the 50th.

1927
Dr. Roy W. Gifford, Nine Acres, R.D. #3, Gettysburg, Pa., has retired after thirty-four years as a surgeon in Gettysburg. A member of the Adams County Medical Society, he has served as First and Fourth Vice-President of the Pennsylvania Medical Society. He is a Fellow of the American College of Surgeons and a member of the Pan Pacific Surgical Association. He and his wife have three children.

1928
Dr. Clarence A. Bowerson, 106 S. Columbia St., Woodbury, N.J., writes "Just returned from a delightful Caribbean cruise, the only cruise ship to leave Philadelphia in 1971."
Dr. Elmer J. Elias, 474 Greenwood Ave., Trenton, N.J., retired from Philadelphia General Hospital and now works part-time at the Trenton Post Office as the Medical Officer.

1929
Dr. Howard E. Dieker, 578-B Lake Point Dr., Lakewood, N.J., reports that he retired in June 1971 and moved to Leisure Village in Lakewood where he is taking it easy and recovering from recent kidney surgery.

1930
Dr. Louis M. Nightingale, Box 15, Marco Island, Fla., writes "I am enjoying my fourth year of retirement in good health—fishing, golfing, gardening and social life in sunny Florida."

1931
Dr. Raymond C. Davis, 103 Erie Ave., Susquehanna, Pa., was honored recently by the town of Susquehanna and neighboring Lanesboro and Oakland which proclaimed December 4 "Dr. R. C. Davis Day." Climaxing the festivities was a testimonial dinner attended by over five hundred people. During the thirty-five years he has practiced in Susquehanna, Dr. Davis has been associated with Barnes-Kasson Hospital and served as Company Doctor for the Erie-Lackawanna Railroad. After reading a congratulatory letter from the Pennsylvania Medical Society, Dr. James J. Grace '32, reminisced about his forty-eight year friendship with Dr. Davis and concluded "Folks in Susquehanna could not find a better friend than Ray Davis." As a permanent tribute, the community has commissioned a portrait of Dr. Davis which will hang in the hospital lobby. Dr. Davis is married to the former Lee Carey, a graduate of the Jefferson School of Nursing. They have three children, two daughters and a son.
Dr. Richard V. Hauver, 247 N. Potomac St., Hagerstown, Md., has retired after thirty-seven years of practice in Hagerstown. A general surgeon, Dr. Hauver served as Chief Surgeon at Washington County Hospital for ten years. He is a past President of the hospital staff and a member of the American College of Surgeons.
Dr. Jack M. Lesnow, 200 N. Village Ave., Rockville Centre, N.Y., is still practicing urology there.

1932
Dr. Stiles D. Ezell, South Main St., Salem, N.Y., is Secretary of the Washington County Medical Society and Secretary of the staff of the Mary McClellan Hospital in Cambridge, New York.
Dr. Floyd I. Hudson, Box 175, Rehoboth Beach, Del., retired as Director of the
Division of Public Health of the Delaware Department of Health and Social Services on January 31. Active in public health since 1934, Dr. Hudson served as Executive Secretary of the State Board of Health for twenty years before becoming Director of the Division of Public Health in 1970. During his career, Dr. Hudson has seen the elimination of such communicable diseases as diphtheria, scarlet fever and smallpox.

Delaware has been a leader in immunization work without compulsory laws and was one of the first states to drop the smallpox vaccination requirement. In 1965 Dr. Luther Terry, then Surgeon General of the U.S. Public Health Service, asked Dr. Hudson to attend the World Health Organization Assembly as an advisor on smallpox eradication to Asian and African countries. In commemoration of Dr. Hudson's service to health in Delaware, the Division of Physical Health commissioned his portrait which was unveiled in December.

Dr. and Mrs. Hudson have three sons and six grandchildren.

Dr. Joseph Lomax, 610 San Servando, Coral Gables, Fla., is practicing obstetrics and gynecology in Coral Gables and is a member of the volunteer faculty at the University of Miami Medical School.

1934
Dr. Richard S. Cole, Eastwood Professional Center, Pellis Rd., Greensburg, Pa., and his wife announce the birth of a son, Richard S., Jr., on December 3.

Dr. Arthur F. Liu, 45 Mott St., New York, reports that his son Philip is a Lieutenant Commander in the navy.

1935
Dr. Leroy A. Gehris, 808 N. Third St., Reading, Pa., has been elected a Trustee and Councilor of the Pennsylvania Medical Society.

1936
Dr. I. Robert Berger recently retired as Chief of the Outpatient Clinic at Gorgias Hospital at Balboa Heights in the Canal Zone. In recognition of his work he received a Special Achievement Award for "consistently demonstrating a superior degree of performance in carrying out the duties of his profession." Dr. Berger is a Fellow of the American Medical Association, a member and past President of the Isthmian Medical Society, and a member of the Board of U.S. Civil Service Examiners in the Canal Zone and of the American Academy of Family Physicians. Dr. and Mrs. Berger moved to Radford, Virginia in April.

Dr. Ronald C. Nayfield, 433 Bellevue, Trenton, N.J., married Miss Judith Ilona Ann Balint on February 5.

1937
Dr. Maurice Abramson, 7500 Manchester Rd., Melrose Park, Pa., writes "Looking forward to seeing all the old cronies at our 35th reunion."

Dr. Irvin F. Hermann, Rittenhouse Claridge, 18th and Walnut Sts., Philadelphia, served as Visiting Rheumatologist at a recent meeting of the Arthritis Clinic sponsored by the Schuylkill County Unit of the Arthritis Foundation in Pottstown, Pennsylvania. Dr. Hermann is Chief of the Arthritis Department and Consulting Rheumatologist at Pennsylvania Hospital in Philadelphia.

1938
Dr. Victor P. Satinsky, 230 N. Broad St., Philadelphia, is Associate Dean of Resource Development at Hahnemann Medical College and Hospital and is conducting over twenty-five non-medical student special education programs.

1939
Dr. Anthony J. Repici, 212 Haddon Ave., Haddonfield, N.J., was honored at a dinner given by five hundred of his patients, associates and friends on February 10. A pediatrician, Dr. Repici has practiced in the Haddonfield area for twenty-five years. He has served as Chief of Pediatrics at Our Lady of Lourdes Hospital in Camden since 1950 and was a pioneer in treating Rh babies with whole blood exchange. To show their appreciation of Dr. Repici's tireless service, his patients and colleagues are giving him and his wife a trip to Rome after which Dr. Repici plans to be back at work full time.

Dr. Norman J. Skversky, 6810 Castor Ave., Philadelphia, reports that his son Robert is a resident in family practice at the Hogue Memorial Hospital in Newport Beach, California. Dr. Skversky recently was elected to membership on the Executive Committee of the Alumni Association.

1940
Dr. John C. Brady, 228 Horton St., Wilkes-Barre, Pa., reports that his son Michael is a junior pre-medical student at Notre Dame and plans to apply to Jeff.

Dr. John F. King, 600 Warren Ave., HoHoKus, N.J., is now Associate Medical Director at the Equitable Life Assurance Society where he also practices gynecology in the Employees' Health Center. In November he attended the cytology workshop at Jeff.

Dr. Andrew G. Lasichak, 1108 Kales Bldg., Detroit, Mich., reports that his daughter Lydia Marie will be a freshman at Jeff in September.

1941
Dr. Louis C. Blaum, 244 Scott St., Wilkes Barre, Pa., writes "I am forever
grateful to Jefferson for myself and also for having accepted my son who will graduate in June. I hope that I am humble—but proud."

1942
Dr. Michael J. Ressetar, 75 Clifton Ave., Clifton, N.J., has been reelected Vice-President of the medical staff of St. Mary’s Hospital in Passaic, New Jersey.
Dr. Frank J. Veve, Box 805, Fajardo, Puerto Rico, has a son in the freshman class at Jeff. He is planning to attend the 30th reunion dinner dance at Jeff Hall.

1943
Dr. Louis E. Zimmer, 45 Slayton Dr., Short Hills, N.J., has been reelected Treasurer of the staff of St. Michael’s Medical Center in Newark, New Jersey where he serves as Chief and Senior Attending Physician in the Department of Gastroenterology and Attending Physician in the G.E. Clinic. Dr. Zimmer is a Diplomate of the American Board of Internal Medicine and a Fellow of both the American College of Physicians and the American College of Gastroenterology. He is a Clinical Assistant Professor of Medicine at the College of Medicine and Dentistry of New Jersey.

1944J
Dr. Marion M. Young, 921 E. 3rd St., Chattanooga, Tenn., is a member of the State Health Planning Council and the Georgia-Tennessee Regional Health Commission. Last year he was elected to the Governing Council of the American Public Health Association and more recently to the National Association of County Health Officers.

1945
Dr. Roy T. Forsberg, 4 Breeze Knoll Dr., Westfield, N.J., has been appointed Attending Physician in the Department of Malignant and Allied Diseases at the Elizabeth General Hospital in Westfield. A member of the hospital staff since 1946, he also is a full-time associate of the Wuester Tumor Clinic and the James S. Green Memorial Tumor Clinic there.

1946
Dr. Howard Isaacson, 7348 Drexel Rd., Philadelphia, has been appointed to the Division of Obstetrics and Gynecology at Lankenau Hospital. He is also a member of the faculty at Jefferson and at the Graduate School of Medicine of the University of Pennsylvania.

1947
Dr. Harris G. Fister, 80 W. Main St., Maple Shade, N.J., has been appointed a Clinical Instructor in Medicine at Jefferson. He also is an Assistant in Medicine on the staff of Cooper Hospital in Camden, New Jersey.
Dr. Paul H. Jernstrom, California Hospital Medical Center, 1414 S. Hope St., Los Angeles, is now Director of Clinical Laboratories there.
Dr. Charles T. McClesney, Jr., 313 E. Chestnut St., Coatesville, Pa., is Chief of the Surgical Service at Coatesville and Jennersville Hospitals. In his spare time he concentrates on sailing on Chesapeake Bay and painting landscapes of Chester County.

24th Reunion in Spain and Portugal
The 24th Annual Reunion of the class of 1948 was held in February in conjunction with the Postgraduate Seminar in Spain and Portugal. Sixteen classmates and wives participated, the largest representation of a single class on the tour. Attending were Paul and Grace Brenneman, Rudy and Marie DePersia, John and Dot Kohl, Ted and Virginia Lancaster, Paul and Ruth Lane, John and Lori Logan, John and Elaine McCormack and Dave and Shirley Thomas. The McCormacks traveled the furthest to attend from Seattle.

The members of the class were privileged to have cocktails as guests of John and Elaine McCormack followed by a tremendous dinner and social session at the El Cid of the Marbella Hilton Hotel on the Costa del Sol.

The only difficulties encountered occurred at the time of the now famous Annual Class of 1948 Golf Tournament. Due to the language barrier, it was impossible to obtain confirmation of individual score cards. After a meeting of the Grand Council of the Golf Committee, it was decided to resume the counting of strokes at the 25th Reunion.

While all members of the Jefferson alumni enjoyed this outstanding trip, the class of 1948 takes pride in having the greatest representation.

Norman J. Quinn, M.D.

1948
Dr. Richard L. Huber, 1112 Columbia St., Scranton, Pa., was installed as President of the Lackawanna County Medical Society at the annual dinner.
Dr. Paul J. Lane, 10245 Collins Ave., Bal Harbour, Fla., is a Charter Diplomate of the American Board of Family Practice.
Dr. Robert C. Laning, Naval Hospital, Qtrs. 203-H, Great Lakes, Ill., is now Executive Officer there.
Dr. Henry R. Liss, 1 Wentworth Rd., Summit, N.J., has been appointed Associate Professor of Surgery and Chairman of the Section of Neurological Surgery at the New Jersey College of Medicine and Dentistry-Rutgers.
1949

Dr. Peter L. Eichman, 333 N. Randall Ave., Madison, Wisc., has been named Deputy Director of the Bureau of Health Manpower Education, where he will be involved in implementing the new health manpower law assigning greater responsibility for the financing of health education to the federal government. Dr. Eichman was previously Dean of the University of Wisconsin Medical School, Director of its Medical Center and Professor of Medicine and Neurology.

Dr. John E. Mills, 123 Congress St., Pasadena, Calif., has been practicing in Pasadena since January 1970. He passed the ophthalmology Boards in October.

1950

Dr. Donald P. Franks, 216 Plumas Dr., Oroville, Calif., moved there in June 1971 and has opened an anesthesiology practice.

Dr. Milton S. Greenberg, 546 Oxford Rd., Bala Cynwyd, Pa., has been appointed Director of Consultation and Liaison Services in the Department of Mental Health Sciences at Hahnemann Medical College.

Dr. Leonard H. Grunthal, Jr., 2332 Smullian Terr. N., Jacksonville, Fla., and his wife recently returned from Spain.

Dr. Frank E. McElree, Jr., 205 Lynwood Dr., Greenville, Pa., has been elected a Trustee of Chautauqua Institution. He is also President of the Mercer County Medical Society and Vice-Chairman of the Mercer County Redevelopment Authority. He practices surgery in Greenville.

Dr. James M. Monaghan, III, 85 Woodland Rd., Short Hills, N.J., is President-elect of the medical and dental staff of the Hospital Center at Orange. Dr. Monaghan joined the staff in 1956 and is Head of the Radiology Department.

Dr. Irwin N. Perr, 2890 Euclid Hts. Blvd., Cleveland Heights, Ohio, has been appointed Clinical Professor of Legal Medicine at the School of Law at Case Western Reserve University where he teaches a course on Mental Disability and the Law and participates in courses offered by the Law-Medicine Center of the Law School. Dr. Perr is Director of Psychiatry at Huron Road Hospital in Cleveland. For the past several years he has been the delegate from Ohio to the Assembly of the American Psychiatric Association.

Dr. Arthur Steinberg, 264 S. Van Pelt St., Philadelphia, is practicing in association with his son, Dr. Stanford M. Steinberg '62. He received the Physician Award from North Jewish Hospital in Denver, Colorado this year.

1951

Dr. Harry Boretsky, 156 Beaconview Rd., Pittsburgh, Pa., is currently President of the Pennsylvania Society of Anesthesiologists and President-elect of the medical staff of Suburban General Hospital in Pittsburgh.

Dr. Howard C. Mofenson, 160 Emory Rd., Mineola, N.Y., served as President of the American Association of Poison Control Center and Chairman of the Accident Prevention Committee of the American Academy of Pediatrics in 1951. He is Director of the Juvenile Diabetic Clinic and Poison Control Center at Nassau County Medical Center.

Dr. John J. Perrige, R.D. #3, Lake Cadjaw, Honesdale, Pa., announces that his office has been relocated at 909 Main Street in Honesdale. Dr. Perrige previously practiced in Hawley and Lake Ariel. In addition he served as Wayne County Coroner for eight years and has been Chief Deputy Coroner for the past four years.

Dr. Charles G. White, 1330 Killdeer Dr., Naperville, Ill., has been elected President of the Page County Medical Society for 1973.

1952

Dr. Nelson P. Aspen, 330 N. High St., West Chester, Pa., is Chief of Orthopaedics at Paoli Memorial Hospital where Dr. Gerald E. Gallery '43, and Dr. Herman P. Phillips '62, are staff members.

Dr. Harry L. Baird, 1379 Garfield Pl., Elizabeth, N.J., has been elected a Vice-President of Sandoz-Wander, Inc., the American subsidiary of Sandoz, Ltd., a leading manufacturer of pharmaceuticals, hospital supplies, industrial chemicals and food products. A member of the Pharmaceutical Division since 1964, Dr. Baird is now Director of Drug Regulatory Affairs. He is currently Chairman of a joint government-industry committee which has drawn up guidelines for the development of anti-psychotic drugs.

Dr. Harold B. Cooper, 199 Dock St., Schuylkill Haven, Pa., was honored recently at the annual President's Dinner of the Schuylkill Medical Society. During the ceremony he received a plaque in recognition of outstanding service to the Society during his term as President. Dr. William F. Kellow, Dean and Vice-President at Jefferson, was the principal speaker.

Dr. Jerome M. Cotler, 193 W. Commerce St., Bridgeton, N.J., has been named to the Board of the American Academy of Orthopaedic Surgeons. He also recently became a member of the Board of Directors of the Cumberland National Bank in Bridgeton and is serving on the Executive Committee of the Alumni Association.

Dr. Jerome J. Lebovitz, 5650 Aylesboro Ave., Pittsburgh, Pa., has been elected President of the Pennsylvania Chapter of the American College of Chest Physicians.

1953

Dr. Harold J. Reinhard, Warren State Hospital, Warren, Pa., is now Superin-
tendent of Warren State Hospital which has recently inaugurated a three-year psychiatric residency program.

1954

Dr. Norman S. Amer, 29 Piermont Ave., Hewlett Bay Park, N.Y., writes "Visited Jeff at the last meeting of the American College of Chest Physicians and was really amazed at the changes."

Dr. Christopher K. Hood, 1127 Crestbrook Dr., Charlotte, N.C., reports that Dr. Charles A. Porter, Jr., '66, will join his practice in obstetrics when he completes his army service in July.

Dr. Eugene G. Stec, R.D. #2, Dalton, Pa., has formed a family practice group, Professional Medical Associates, with four other physicians. He finds the arrangement "much better than solo" and reports that they are seeking two additional associates.

Mrs. Gerald Tannenbaum, whose husband died on September 25, 1971 in an accident in New York City, presently is residing at 115 E. 86th Street. Also surviving are two sons.

1955

Dr. Edwin D. Arsh, 611 W. Woodland Ave., Springfield, Pa., has been appointed Clinical Instructor of Community Health and Preventive Medicine (Division of Family Practice) at Jefferson. In 1970 he was certified by the American Board of Family Practice and appointed Chief of Service in Allergy at Delaware County Memorial Hospital in Drexel Hill, Pennsylvania.

Dr. S. Paul Cocca, Piedmont Dr., Bound Brook, N.J., is a Charter Diplomate of the American Board of Family Practice.

Dr. Henry G. Klinges, Jr., 2951 Levick St., Philadelphia, has been elected Secretary of the Philadelphia Academy of Family Physicians.

Dr. Frederick Lytel, 117 E. Fourth Ave., Conshohocken, Pa., is now a Clinical Instructor in Medicine at Jeff.

Dr. Paul M. Selton, 13116 Foxhall Dr., Silver Spring, Md., presented a paper at the United States Trade Center in Milan, Italy in June 1971.

1956

Dr. Joseph Bering, 12 Stoneleigh Dr., Lebanon, Pa., became a Diplomate of the American Board of Family Practice in February 1971.

Dr. Bernard Berne, 250 Westmoreland Dr., Wilmette, Ill., has been elected Chairman of the General Practice Department at St. Francis Hospital in Evanston, Illinois.

Dr. Paul J. Dugan, 1020 Charleston Cir., Roseville, Calif., has been reelected Secretary-Treasurer of the California State Board of Medical Examiners.

Dr. John W. Holdcraft, 150 Rugby Pl., Woodbury, N.J., has been elected Vice-President of the medical-dental staff of Underwood Memorial Hospital in Swedesboro, New Jersey.

Dr. Robert C. Magley, 729 W. Highland Ave., Ebensburg, Pa., has been elected Director of the staff of Miners Hospital in Johnstown, Pennsylvania.

Dr. Anthony F. Merlino, 655 Broad St., Providence, R.I., will be listed in the thirteenth edition of Who's Who in the East.

Dr. Henry H. L. Yim, 45-939 Kamahameha Hwy., Kaneohe, Hi., writes that he and classmates Kit Carson and Ray Brust are enjoying the Hawaiian sun and look forward to welcoming traveling classmates.

Dr. Seres

1959

Dr. Charles L. Brodhead, Jr., U.S. Naval Hospital, Yokosuka, Japan, Box 65-1808, F.P.O. Seattle, Wash., reports that he will start a cardio-thoracic surgery residency at the U.S. Naval Hospital in San Diego following his tour of duty in Japan.

Dr. L. Marshall Goldstein, 1680 Meridian Ave., Suite 318, Miami Beach, Fla., has been elected President of the Florida Chapter of the Jefferson Alumni Association. He helped to plan a dinner for state residents on May 5.

Dr. Stephen R. Murray, 301 S. 22nd St., Easton, Pa., has been elected President of the Easton Hospital staff.

Dr. John J. Sirotiak, Jr., 310 Dunmore St., Throop, Pa., was recently certified by the American Board of Otolaryngology.

1960

Dr. Gerald P. Collins, 400 E. 56th St., New York, was appointed Director of Clinical Pathology at St. Vincent's Medical Center of Staten Island in November. He is also an Instructor in Clinical Pathology at the Downstate Medical Center in Brooklyn.

Dr. G. Robert Constable, 506 Gainsboro Rd., Drexel Hill, Pa., is Assistant Medical Director for University Health Services at the University of Pennsylvania. He also has an internal medicine practice at the Drexelbrook Medical Center in Drexel Hill.

Dr. Neil R. Feins, 29 Accord Pond Dr., Hingham, Mass., is Director of Pediatric Surgery at Boston City Hospital. He and his wife have three children.

Dr. Jerome J. Katchman, 29 Merion Rd., Merion Station, Pa., has returned to Jefferson as a dermatology resident after ten years in general practice.

Dr. David M. Leivy, 1 Marion La., Huntington, N.Y., has been practicing neurosurgery on the north shore of Long Island for the past three years and recently passed his Board examinations.

Dr. William Manwell, 17 Clifton Rd., West Hartford, Conn., and his wife announce the birth of a daughter, Rachel Jane, on October 22.

Dr. Raymond A. Rogowski, 51 Woodridge Rd., Thornton, Pa., writes "We had the pleasure of seeing classmates Walter Young and Ed Lipp while visiting Hawaii recently. Both are doing well in ENT and orthopaedics respectively. Walter and his lovely wife Joan introduced us to Teryaki and a number of Polynesian delights which we thoroughly enjoyed."

Dr. Myron E. Rosenfeld recently moved his office for the practice of dermatology
1961

Dr. E. Stephen Emanuel, 711 Elena Dr., Broomall, Pa., has been appointed to the Division of Obstetrics and Gynecology at Lankenau Hospital. He is also on the faculty at Jefferson and at the Presbyterian-University of Pennsylvania Medical Center.

Dr. Marvin Grossman, 319 Cambridge Rd., Cherry Hill, N.J., married Miss Carol Louise Yeisley on February 4. Dr. Grossman is Director of the Cardiac Intensive Care Unit at Our Lady of Lourdes Hospital in Camden and practices cardiology in Cherry Hill.

Dr. Robert E. McLaughlin, 1726 Old Forge Rd., Charlottesville, Va., is an Assistant Professor of Orthopaedic Surgery at the University of Virginia.

Dr. Philip J. Morgan, Jr., 418 Belvedere, San Francisco, has been elected to the Executive Council of the San Francisco Mycological Society. He and his wife announce the birth of a daughter, Maureen Elizabeth, on July 30, 1971.

Dr. David A. Skeel, 184 Fitzgerald Dr., Travis Air Force Base, Calif., is Chief of Urology at David Grant Medical Center at Travis Air Force Base. He recently completed a two-year tour of duty in the Philippines.

Dr. Dennis M. Wadler, 525 E. 86th St., New York, and his wife announce the birth of their third child, Susan, in January 1971. He became a Diplomate of the American Board of Surgery in 1971 and practices in New York.

1962

Dr. Donald B. Addington announces the relocation of his offices for the practice of plastic, maxillofacial and reconstructive surgery at 3200 Providence Avenue, Anchorage, Alaska.

Dr. John E. Hillig, Jr., 1006 Reading Blvd., Wyomissing, Pa., reports that he recently passed the Boards in ob/gyn. He practices with Ted Verbinski '63, and John Bower '66, in Wyomissing.

Dr. Joseph A. Slezak, 300 S. Hickory St., Scottsdale, Pa., is now a Diplomate of the American Board of Obstetrics and Gynecology. He is affiliated with Frick Community Hospital and the Connellsville State Hospital and has offices in Mount Pleasant and Connellsville, Pennsylvania.

Dr. Stanley C. Ushinski, Narrows Mall Office Bldg., Kingston, Pa., recently spoke on "The Influence of Environmental Factor on Respiratory Smooth Muscles to Drugs" at Children's Heart Hospital in Philadelphia. He also served as guest lecturer at the National Jewish Hospital Research Center in Denver where he participated in a three-day program and presented a paper.

1963

Dr. Robert S. Levitt, 967 Hoover Dr., New Brunswick, N.J., is practicing in New Brunswick. He became Board Certified in ob/gyn in 1969. He and his wife, Joan, have three children.

Dr. B. Hoagland Rosania, 16 Pheasant Ln., North Easton, Mass., joined a group practice in Brockton, Massachusetts after finishing his orthopaedic residency at the University of Pittsburgh.

Dr. Joseph A. SlezaK, 300 S. Hickory St., Scottsdale, Pa., is now a Diplomate of the American Board of Obstetrics and Gynecology. He is affiliated with Frick Community Hospital and the Connellsville State Hospital and has offices in Mount Pleasant and Connellsville, Pennsylvania.

Dr. Stanley C. Ushinski, Narrows Mall Office Bldg., Kingston, Pa., recently spoke on "The Influence of Environmental Factor on Respiratory Smooth Muscles to Drugs" at Children's Heart Hospital in Philadelphia. He also served as guest lecturer at the National Jewish Hospital Research Center in Denver where he participated in a three-day program and presented a paper.

1964

Dr. Henry I. Babitt, 4623 Hawksbury Rd., Baltimore, Md., has been elected to the Board of Directors of the Central Maryland Heart Association.

Dr. Herbert M. Fisher, 1807 Sebastian Dr., Burlingame, Calif., is in a private practice of internal medicine in San Francisco. His second son was born in October.

Dr. Stanley C. Foster, 57 Greylock Rd., Newtonville, Mass., is practicing radiology at Mount Auburn Hospital in Cambridge, Massachusetts.

Dr. Lawrence Green, Rose Valley Rd., Wallingford, Pa., is Chief of the Department of Neurology and Director of the Neuro Electro Diagnostic Laboratory at Crozer-Chester Medical Center in Chester, Pennsylvania. He also is Assistant Professor of Neurology at Hahnemann Medical College and Attending Neurologist at Philadelphia General Hospital. He married Miss Ann Buchberg on August 21, 1970.

Dr. Stephen C. Kaufman, 3301 Goldsboro Ct., Falls Church, Va., reports that he is moving into a larger office in Bailey's Cross Roads, Virginia and is looking for another associate general practitioner.

Dr. Don B. Knapp, II, Tripler Army Hospital, Box 39, APO San Francisco, plans to open an ophthalmology practice in St. Petersburg, Florida after he is discharged from the army in September.

Dr. Harvey A. Levin, 1060 McFarland St., Dunedin, Fla., moved there in April. He has opened an obstetrics and gynecology practice.

1965

Dr. Mark D. Brown, 9614 Singleton Dr., Bethesda, Md., is currently serving at Bethesda Naval Hospital. He passed the orthopaedic Boards in March 1971 and was recently awarded a Carl Berg Traveling Fellowship. Plans include travel to Melbourne, Hong Kong, Sweden and throughout the United States to observe spine surgery techniques.


Dr. Ralph W. Crawford, Jr., 506 Spruce St., Philadelphia, opened a new office for the practice of infertility, gynecology and gynecologic endocrinology in April.

Dr. Nancy S. Czarnecki, 9410 Academy Rd., Philadelphia, has a busy general practice with her husband. They have two children, Joey and Andrea.

Dr. Albert A. Dubin, 3324 Christmas Ave., Tucson, Ariz., writes "Have
recently acquired an associate. Family is well. Tucson is great!"

Dr. John Y. Dwoskin, 15 Bondcroft Dr., Amherst, N.Y., is a pediatric urologist at Children's Hospital in Buffalo. In October he moderated a panel on reflux at the Urology Section of the American Academy of Pediatrics. He plans to present a paper at the Pediatric Session of the American Urology Association meetings in May. His third daughter was born on March 14, 1971.

Dr. Harry N. John, 3626 Portage Ci South, Stockton, Calif., is Director of the obstetrics residency program at San Joaquin General Hospital in addition to his private practice.

Dr. Bruce J. Lanard, 2218 Iroquois Ave., Long Beach, Calif., recently married Dr. Margaret S. Smith. He has started a pathology residency at Long Beach Memorial Hospital.

Dr. Lawrence P. McGovern, 6008 Golden Valley Rd., Minneapolis, Minn., has a general surgery practice in Minneapolis. He gave up rugby this year after spending three months in a cast.

Dr. Amilu S. Martin, 11607 Stonewood La., Rockville, Md., and her husband, Alfred '64, plan to open a general surgery practice in Denver, Colorado this summer after he is discharged from the navy. The Martins have four children.

Dr. William F. Renzulli, 1904 Van Buren St., Wilmington, Del., is practicing internal medicine in Wilmington. He and his wife announce the birth of their third daughter in October.

Dr. Samuel Salen, 101 Rennard Pl., Philadelphia, plans to open a radiology practice in Pomona, California after completing his residency at Temple University in July.

Dr. Steven C. Sandler, 9322 Edmonston Rd., Greenbelt, Md., and his wife announce the birth of their second son, Joshua Matthew, on January 22.

Dr. John O. Taylor, Jr., 10 Berklely Pl., Newport News, Va., is now a Diplomat of the American Board of Surgery. He is currently serving at the McDonald Army Hospital in Fort Eustis, Virginia.

Dr. William B. Wood, 3304 Crown Crest Rd., Lexington, Ky., is an Assistant Professor of Anesthesiology at the University of Kentucky Medical Center and Director of the Anesthesiology Division at the Veterans Administration Hospital in Lexington.

1966

Dr. Joseph B. Blood, Jr., 417 Northgate Rd., Lindenhurst, Ill., is stationed at the Great Lakes Naval Hospital where he is a member of the internal medicine staff.

Dr. James F. Brodey, 630 Fordham Rd., Bala Cynwyd, Pa., plans to move to Hartford, Connecticut in July after finishing his military obligation at the Naval Hospital in Philadelphia.

Dr. William V. Chase, BAH Box 52, APO Seattle, Wash., finished a general surgery residency at Jeff in June 1971 and is currently stationed at Bassett Army Hospital in Fairbanks, Alaska where the temperature reached forty below this winter.

Dr. David S. Colville, Mayo Clinic Graduate School, Rochester, Minn., and his wife announce the birth of a son, Mark Ian, on November 6.

Dr. Lynn G. Cranmer, 8062 Sail Cir., Huntington Beach, Calif., will finish a two-year tour with the navy in July and plans to open a dermatology practice in Oxnard, California. He is now Chief of Dermatology at the Long Beach Naval Hospital where classmate George Adams is in the ENT Department.

Dr. Charles M. Dickson, 6 Biddle Blvd., Fort Leavenworth, Kans., reports that he has finished his residency at Hartford Hospital and is now a Major in the medical corps stationed at Fort Leavenworth.

Dr. James S. Dyer, 1211 Vine St., Denver, Col., and his wife have returned from a three-year tour with the air force in Tokyo. He has started a radio therapy residency at Presbyterian Medical Center in Denver.

Dr. Robert Fisher, 4070 College Ave., Ellicott City, Md., was appointed Clinical Director of Taylor Memorial Hospital in July 1971.

Dr. Joseph A. C. Gironé, 1779 Cindy La., Hatfield, Pa., plans to practice in Telford, Pennsylvania, after completing a pediatric habilitation fellowship in June.

Dr. Daniel J. Kelly, Naval Hospital, Great Lakes, Ill., was recently certified by the American Board of Pathologists. He and his wife, Lois, have one son, Britton.

Dr. Ira Lable, 501 Beacon St., Boston, plans to join the full-time psychiatry staff of Massachusetts General Hospital, Lindemann Mental Health Center, Harvard Medical School.

Dr. Arthur B. Lintgen, 3965 Country-wood La., Hatboro, Pa., will start practicing internal medicine at Abington Memorial Hospital in July after completing a two-year tour with the army.

Dr. Burton Mass, 170 E. Faristan Dr., Philadelphia, is specializing in diseases of the chest and internal medicine. He recently presented two papers and co-authored a third dealing with induction of experimental emphysema.

Dr. Henry E. Newman, 9 Carson Dr., Charleston, S.C., entered the navy in July after completing a two-year N.I.H. fellowship in cardiology at Temple University Hospital. He became a Diplomat of the American Board of Internal Medicine in March 1971.

Dr. Arthur J. Schatz, 251 W. DeKalb Pike, King of Prussia, Pa., will complete his military obligation in July.

Dr. Paul L. Schraeder, 5523 Gettle Ave., Madison, Wisc., will join the neurology faculty at the University of Wisconsin in July. He will be in charge of the Regional Epilepsy Referral Center at the Madison VA Hospital. He and his wife have two children, Maria and Ellen Louise.

Dr. Michael D. Strong, 1208 Lantern Sq., Philadelphia, has been named a Clinical Fellow of the American Cancer Society.

Dr. Marvin S. Wetter, 70-35 260th St., Glen Oaks, N.Y., is a resident at Queens Hospital Center.

1967

Dr. G. Thomas Balsbaugh has joined the radiology department at the Hershey Medical Center of Penn State University.

Dr. Joseph G. Giombetti, 410 Clarkson Ave., Jessup, Pa., has been appointed to the medical staff of Allied Services for the Handicapped. He also is a member of Lackawanna Medical Group. He and his wife have two children.

Dr. Anthony M. Padula, Department of Surgery, Jefferson Medical College, Philadelphia, is serving a three-month tour with Project Hope's land-based program in Jamaica. He will serve as speaker for the class at the reunion clinics on June 7.

Dr. Elliot J. Bayfield, U.S. Army Medical Research Institute of Infectious Diseases, Ft. Detrick, Frederick, Md., is now a Diplomat of the American Board of Internal Medicine. He is a research endocrinologist at the U.S. Army Medical Research Institute of Infectious Diseases.

Dr. Alan H. Watson, Thomas Jefferson University Hospital, Philadelphia, married Miss Gail Steinberg on December 8. He is a resident in radiology.

1968

Dr. Joel M. Barish, 240 W. Queen St., Inglewood, Calif., is a resident in medicine at UCLA and his wife, Carole, is a pediatrics intern at Harbor General Hospital.
Dr. Paul R. Bosanac, 14 Acron Cir., Towson, Md., is a renal fellow at Johns Hopkins Hospital. His daughter, Tracey Lynn, was born on October 21.

Dr. John D. Frost, 230 W. Mahoning St., Danville, Pa., plans to begin the fourth year of an orthopaedic surgery residency at the State Hospital for Crippled Children in Elizabethtown, Pennsylvania in July.

Dr. Clifford A. Gordon, 470 Stratford Rd., Brooklyn, N.Y., and his wife announce the birth of a daughter, Shara Lynn, on December 13.

Dr. William K. Grossman, 440 S. 43rd St., Philadelphia, is a second-year psychiatric resident at the Institute of Pennsylvania Hospital.

Dr. Garth A. Koniver, 2760 W. Country Club Rd., Philadelphia, has been named a Clinical Fellow of the American Cancer Society.

Dr. Mark R. Stein, 209th General Dispensary, APO New York 09165, plans to start a residency in internal medicine at Letterman General Hospital in San Francisco after completing two and a half years in Hanau, Germany with the army in July.

Dr. Frank R. Walchak, 1426 Hooli Cir., Pearl City, Hi., will begin pre-plastic surgery training in July at Good Samaritan Hospital and Medical Center in Portland, Oregon. He is completing a two and a half year tour in Hawaii as a submarine medical officer.

1969

Dr. David J. Addis, 34 Budhollow La., Willingboro, N.J., is a second-year surgery resident at Cooper Hospital in Camden, New Jersey.

Dr. Lawrence S. Berman, 3004 Heath Rd., Folcroft, Pa., is an anesthesiology resident at the Hospital of the University of Pennsylvania.

Dr. Peter R. Bonafide, 12 Towne House Rd., Hamden, Conn., is specializing in obstetrics and gynecology at Yale-New Haven Medical Center. He married Miss Maria Christina Zito on September 25.

Dr. Stanley N. Brand, 394-B Nicholson Rd., Ft. Sheridan, Ill., and his wife announce the birth of their second child, Andrew Henry, on March 31, 1971. In June Dr. Brand will begin the second year of a medical residency at Brooke General Hospital, Fort Sam Houston in San Antonio, Texas.

Dr. Walter J. Finnegan, 2520 Lynwood Dr., Salt Lake City, Utah, plans to return to Philadelphia in July to begin a residency in orthopaedic surgery at the University of Pennsylvania. He and his wife have three children, Kathleen, Robert and Tracey.

Dr. Carol B. Hersh, 3336 Jefferson Ave., Cincinnati, Ohio, began a fellowship in neonatology at Cincinnati Children’s Hospital in January.

Dr. Thomas A. Lane, 5001 Seminary Rd., Alexandria, Va., was drafted after completing a year of medical residency at Mary Hitchcock Hospital in New Hampshire and is now at DeWitt Army Hospital in Fort Belvoir, Virginia.

Dr. Robert D. Meringolo, 7925 Narrows Ave., Brooklyn, N.Y., has just returned from Vietnam where he served in public health with the coast guard. He plans to begin a residency in medicine at St. Luke's Hospital in New York in July.

Dr. Vincent T. Randazzo, 5115 Wissahickon Ave., Philadelphia, will begin a hematology fellowship at Temple University Hospital in July.

Dr. Stephen M. Schwartz, 12 Poplar St., Danville, Pa., is a second year resident in otolaryngology at the Geisinger Medical Center. He and his wife announce the birth of their second daughter, Beth, in October.

Dr. Barry S. Smith, 193 Crescent Ave., Louisville, Ky., and his wife announce the birth of a son, Christopher Michael, on October 5.

Dr. James W. Townsend, Jr., Birchwood Hill, 5115 Wissahickon Ave., Philadelphia, married Miss Pamela Ruth Roberts in December.

Dr. Edward B. Yellig, 3045 Jackson St., San Francisco, is serving a two-year tour with the navy at Treasure Island in San Francisco.

1970

Dr. James B. Carty, Jr., 1000 Walnut St., Philadelphia, is an ophthalmology resident at Wills Eye Hospital.

Dr. John F. Dmoshowski, 891 Murray Rd., NAS, Meridan, Miss., will be stationed in Meridan until August 1973. He married Miss Helene Kovach on May 1, 1971.

Dr. Richard M. Feldman, 10372 Faulkner Ridge, Columbia, Md., is now Chief of Emergency Room Services at Kimbrough Army Hospital in Fort George G. Meade, Maryland.

Dr. Robert M. Lumish, 3471 5th Ave., Pittsburgh, Pa., is planning to complete a residency in medicine at Montefiore Hospital at the University of Pittsburgh next year.

Dr. Richard L. Nemiroff, 602 N. Haddon View Apts., Westmont, N.J., and his wife announce the birth of a son, Craig Matthew, on November 1.

Dr. John Reichel, III, 333 Leland Ave., Palo Alto, Calif., is a first year resident in plastic and reconstructive surgery at Stanford University.

Dr. Peter V. Scoles, 3174 Riverview Cir., Columbus, Ohio, has a research fellowship in orthopaedics for 1972-73. He married Miss Regina M. Curtis in August 1971.

1971


Dr. Theodore G. Probst, 2736 Independence Ave., Bronx, N.Y., reports that his daughter Michelle Lynn was born on July 2, 1971, the second day of his internship at Columbia Presbyterian Medical Center.

Dr. John H. Read, 41 Nicholas Brown Yard, Providence, R.I., hopes to stay at Rhode Island Hospital for a one-year surgical residency and training in urology.

Dr. Stephen C. Silver, 2301 N. Front St., Harrisburg, Pa., plans a second year of surgical residency at the Cleveland Clinic, Cleveland, Ohio, after he completes a surgical internship and first year residency at Harrisburg Polyclinic Hospital in July.

GS

S. Lauretta Pierce, Ph.D., 4147 Locust St., Harrisburg, Pa., has been appointed Assistant Professor of Nursing at the Hersey Medical Center of Pennsylvania State University.

Robert A. Vukovich, Ph.D., is now Assistant Clinical Pharmacology Director at The Squibb Institute for Medical Research in New Brunswick, New Jersey.

Reception
during
The Meetings
of the
American Medical Association
Tuesday, June 20
6 P.M.
The Marine Memorial Club
609 Sutter Street
San Francisco
Victor C. Heiser, 1897
Died on February 27, 1972 in New York at the age of ninety-nine. He began his career in public health in the Marine Health Service, forerunner of the United States Public Health Service. From 1903 to 1914 he served as Chief Quarantine Officer and later Director of Health in the Phillipine Islands where he developed new sanitation methods and introduced preventive medicine. He joined the Rockefeller Foundation as Director of the East for the International Health Board in 1914. For the next twenty years he traveled throughout the world spreading medical knowledge. His autobiography, An American Doctor’s Odyssey, was published in 1936 and became one of the country’s best sellers.

Subsequently Dr. Heiser became Advisor on Occupational Medicine for the National Association of Manufacturers and spent twenty-five years developing ways to reduce industrial accidents and deaths.

One of Dr. Heiser’s lifelong interests was the control of leprosy. While he was in the Phillipines he established the first leper colony there. Later he served as President of the International Leprosy Association and received the Damien-Dutton Award for his service in 1969.

Many other honors were bestowed on Dr. Heiser throughout his career. He held honorary degrees from Jefferson, Rutgers University, Thiel College and Temple University. In 1968 he received the Jefferson Alumni Achievement Award.

Edmond Doak, 1901
Died on December 19, 1971 at the age of ninety-three.

Paul R. Wentz, 1907
Died recently.

R. Spencer Wood, 1907
Died on July 12, 1971 at the age of ninety-one. For many years he practiced in Waco, Texas where he was on the staff of Providence Hospital. He was a past President of the McLennan County Medical Association.

Benjamin F. Royal, 1909
Died on September 26, 1971 in Durham, N.C. at the age of eighty-six.

Edward L. Moore, 1911
Died on August 22, 1971.

William R. Klingensmith, 1913
Died on November 8, 1971.

Paul F. Kerstetter, 1914
Died on January 12, 1972.

B. Franklin Morgan, 1914
Died on November 18, 1971 at the age of eighty. Dr. Morgan was a Fellow of the American College of Obstetricians and Gynecologists and a member of the American Academy of Family Physicians.

Frederick W. Dershimer, 1915
Died on March 9, 1972 in West Chester, Pa. at the age of eighty-one. A psychiatrist, he worked at the Rockefeller Foundation and DuPont in addition to his private practice. His wife, Vincey, a son and a daughter survive.

Humbert A. Granelli, 1915
Died on August 7, 1971 at the age of eighty-one.

Samuel J. Burrows, 1917
Died on November 7, 1971 in Chicago at the age of eighty-five. He founded the Burrows Hospital there and served as its Medical Director and Superintendent. A member of the staffs of Grant, Augusta and American Hospitals, he was on the faculty of the University of Illinois College of Medicine.

David Metheny, 1923
Died on February 17, 1972.

Alf C. Johnson, 1925
Died on January 21, 1972 in Great Falls, Mont. at the age of seventy-three. A general practitioner and allergist, he had practiced in Great Falls since 1928 and was a member of the American College of Allergists. Surviving are his wife, Gladys, three daughters and a son.

Myer Somers, 1927
Died on December 28, 1971 in Philadelphia at the age of sixty-eight. An internist, he was on the staff of Einstein Medical Center, northern division. Surviving are his wife, Hannah, and two sons, one of whom is Dr. Herbert J. Somers ’59.

Merle M. Miller, 1930
Died on February 26, 1972 in Miami Beach, Fla. at the age of sixty-eight. An allergist, he practiced in Philadelphia and was a member of the University of Pennsylvania School of Medicine faculty. He was a member of the American College of Physicians. Surviving are his wife, Buvel, and two stepsons.

Solomon S. Bobes, 1933
Died on December 29, 1971.

Michael Bolus, 1934
Died on October 20, 1971 in Raleigh, N.C. at the age of sixty-two. A dermatologist, he was a member of the faculty of the Duke University School of Medicine and of the staffs of the Rex and St. Agnes Hospitals.

Harry R. Brindle, 1935
Died on June 10, 1971.

Solomon Keesal, 1938
Died on December 12, 1971 in Philadelphia. A board member of the National Urological Society, Dr. Keesal was a Clinical Associate in Urology at Jefferson. His wife, Mina, a son, Dr. Richard W. Keesal ’64, and a daughter survive him.

Joseph A. Mira, 1939
Died on December 14, 1971 in West Chester, Pa. at the age of sixty-one. An ophthalmologist, he was on the staffs of Wills Eye and Chester County Hospitals. He is survived by his wife, Freda, a daughter and a son.

Theo. H. Boysen, III, 1940
Died on January 12, 1972. Surviving are his wife, Della, two sons, two daughters and four step-children.
Richard J. Lempke, 1944S
Died on March 8, 1972 in Wayne, N.J. at the age of fifty-three. After practicing as an internist in Jersey City and Easton, Pennsylvania, he joined the Mutual Life Insurance Company of New York in 1955 and became Second Vice-President and Chief Medical Officer in 1960. His wife, Elizabeth, four daughters and a son survive. Dr. Lempke was President of Jefferson’s Northern New Jersey Alumni Chapter at the time of his death.

Irving K. Perlmutter, 1944S
Died on February 9, 1972 in Maplewood, N.J. at the age of fifty-six. He was a past Director of Obstetrics and Gynecology at Beth Israel Medical Center in Newark and had served as Associate Attending Obstetrician and Gynecologist at St. Barnabas Hospital in Livingston. His wife, Helen, two sons and a daughter survive him.

R. John Gould, 1955
Died on January 22, 1972 at the age of forty-two. A radiologist, he was a member of the American Roentgen Ray Society and the Philadelphia Roentgen Society. He was a consultant for Philadelphia General and Haverford State Hospitals and a member of the faculty at Medical College of Pennsylvania. Surviving are his wife, Jerry, two daughters and a son.

Hugh W. Ashmore, 1956
Died on January 20, 1972 of a brain hemorrhage in Huntington, N.Y. He was forty. A pathologist, he became Deputy Chief County Medical Examiner for Suffolk County in 1964. He was a member of the Suffolk County Medical Society and the American College of Physicians. Surviving are his wife, Barbara, a daughter and four step-daughters.

Paul S. Goodritz, 1964
Died on January 5, 1972 in an automobile accident. An internist, Dr. Goodritz practiced in Ambler, Pennsylvania and was on the staff of Chestnut Hill Hospital. His mother survives him.

Judson H. Kimmel, 1968
Died on December 3, 1971. His wife, Deborah, and a son survive him.

Heinrich Brieger, Faculty
Died on February 12, 1972 at his home in Philadelphia at the age of seventy-six. A leading authority on occupational and toxicologic medicine, Dr. Berger joined the faculty in 1945 as Professor of Preventive Medicine. He retired in 1966. Surviving are his wife, Gabrielle, three sons and two daughters.

William J. Hitschler, Faculty
Died on March 18, 1972 at his home in Philadelphia at the age of sixty-seven. An ENT specialist, he practiced in Abington and Chestnut Hill. He was a former Chief of Staff at Chestnut Hill Hospital and an Honorary Associate in Otolaryngology at Jefferson. His wife, Josephine, two daughters and a son survive.

**GIFT IN MEMORIAM**
The Governing Board of the Pennywise Shop has announced an unrestricted gift of $2,500 to Thomas Jefferson University Hospital in memory of Mrs. Mabel Pew Myrin. Mrs. Myrin was a co-founder and generous supporter of the thrift shop which is located in Ardmore.

**Fifth Annual Jefferson Art Exhibit**

**Sponsored by the Faculty Wives Club of Jefferson Medical College**

**May 30 to June 9, 1972, Jefferson Alumni Hall**

**Entry Form for Jefferson Art Exhibit**

A non-competitive exhibition designed to provide an opportunity for sharing artistic endeavors with all Jeffersonians. Works in all media (oil, watercolor, pastel, sculpture, photography, tapestry, ceramic, metals, etc.) are acceptable. Exhibits limited to two per person. Forward applications immediately. Entries will be received on Wednesday, May 24, room 139, Jefferson Hall, between 9 A.M. and 4 P.M. Entries must be ready for exhibiting.

Mail Applications to
Mrs. John H. Hodges, Chairman
Alumni Office
Jefferson Medical College
1020 Locust Street
Officers and Executive Committee of the Alumni Association
1972-1973

President: John H. Hodges, M.D., '39
President-Elect: Paul A. Bowers, M.D., '37
Vice-President: J. Wallace Davis, M.D., '42
Vice-President: John Y. Templeton, III, M.D., '41
Vice-President: William H. Baltzell, M.D., '46
Vice-President: John J. Gartland, M.D., S'44
Secretary: Norman J. Quinn, Jr., M.D., '48
Treasurer: W. Bosley Manges, M.D., S'44

C. Earl Albrecht, M.D., '32
Peter Adrio, Jr., M.D., '58
Gonzalo A. Aponte, M.D., '52
George M. Arns, M.D., '56
John B. Atkinson, M.D., '48
Benjamin Bacharach, M.D., '56
William H. Baltzell, M.D., '46
Edward L. Bauer, M.D., '14
J. Bernard Benjamin, M.D., '22
Henry L. Bockus, M.D., '17
Eugene F. Bonacci, M.D., '56
Winslow J. Borkowski, M.D., '43
Francis F. Borzelli, M.D., '06
Paul A. Bowers, M.D., '37
Edward C. Britt, M.D., '33
Robert L. Breaker, M.D., J'44
Harold J. Byon, M.D., '54
Gerald E. Callery, M.D., '43
Rudolph C. Camishion, M.D., '54
Abraham Cantarow, M.D., '24
John P. Capelli, M.D., '62
Ralph A. Carabas, Jr., M.D., '46
Mark A. Castaldo, M.D., '29
John Cheleden, M.D., '32
James E. Clark, M.D., '52
Louis H. Cleft, M.D., '12
Isadore S. Cohen, M.D., '39
Herbert E. Cohn, M.D., '55
Joe H. Coley, M.D., '34
Samuel S. Conley, Jr., M.D., S'44
Jerome E. Cother, M.D., '52
Samuel Cresson, M.D., '43
J. Wallace Davis, M.D., '42
Leonard S. Davitch, M.D., '43
Anthony F. DePalma, M.D., '29
John J. DeTuerk, M.D., '38
Thomas G. Dineen, M.D., '42

John J. Dowling, M.D., '47
William Ellades, M.D., '58
Robert L. Evans, M.D., '52
Stewart E. First, M.D., '56
Paul H. Fried, M.D., '39
Kenneth E. Fry, M.D., '31
Elmer H. Funk, Jr., M.D., '47
John J. Gartland, M.D., S'44
Irvin M. Gerson, M.D., J'44
John H. Gibbon, Jr., M.D., '27
Basil Gilette, M.D., '37
Warren P. Goldburgh, M.D., '52
John W. Goldschmidt, M.D., '54
Franz Goldstein, M.D., '53
George F. Gower, M.D., '52
Raymond C. Grandon, M.D., '45
Reynold S. Griffith, M.D., '18
William K. Grossman, M.D., '68
William V. Harker, M.D., '62
Benjamin F. Haskell, M.D., '23
George J. Haupt, M.D., '48
John H. Hodges, M.D., '39
Edmund L. Houseal, M.D., '35
William T. Hunt, Jr., M.D., '27
James H. Hunter, M.D., '53
Marvin E. Jaffe, M.D., '60
Malcolm Kates, M.D., '39
Baldwin L. Keyes, M.D., '17
John A. Koltes, Jr., M.D., '47
Warren B. Lang, M.D., '43
James H. Lee, Jr., M.D., '45
William T. Lemmon, M.D., '21
William T. Lemmon, Jr., M.D., '60
Sidney S. Lerner, M.D., '47
Daniel W. Lewis, M.D., J'44
Marvin M. Lindell, Jr., M.D., '49
John N. Lindquist, M.D., '43
John E. Livingood, M.D., '13
Leopold S. Loewenberg, M.D., '56
Joseph P. Long, M.D., '39
Joseph A. Luscombe, M.D., '40
Joseph F. McCloskey, M.D., '43
Vincent T. McDermott, M.D., '26
John J. McKeeown, Jr., M.D., '47
Lawrence J. McStravog, M.D., '45
James V. Mackell, M.D., '46
Robert C. Mackowiak, M.D., '64
John Maerz, M.D., '51
Martin M. Mandell, M.D., '47
W. Bosley Manges, M.D., S'44
Herbert C. Mansmann, Jr., M.D., '51
Gerald Marks, M.D., '46
Philip J. Marine, M.D., '57
Joseph Medoff, M.D., '39
Lawrence J. Mellon, Jr., M.D., '59
Thomas B. Mervine, M.D., '40
Bruce B. Montgomery, M.D., '60
John B. Montgomery, M.D., '26
Thaddeus L. Montgomery, M.D., '20
Melvin L. Moses, M.D., '62
Austin P. Murray, M.D., '58
John A. Murray, M.D., '31
Richard L. Nemiroff, M.D., '70
John J. O'Keefe, M.D., '37
John R. Patterson, M.D., '34
George R. Peichstein, M.D., '48
Leon A. Peris, M.D., '55
Henry H. Perlman, M.D., '18
Louis Pierucci, Jr., M.D., '55
Edward Podgorski, M.D., '54
Paul J. Ponsard, M.D., '41
Robert Poole, M.D., '53
John R. Prehaty, M.D., '57
Norman J. Quinn, Jr., M.D., '48

Abraham E. Rakoff, M.D., '37
Eileen L. Randall, Ph.D.
Joseph F. Rodgers, M.D., '37
C. Jules Rominger, M.D., '48
Harold Rovner, M.D., '49
Marshall C. Rumbaugh, M.D., '08
Joseph J. Rupp, M.D., '42
Marie O. Russell, M.D., '70
William A. Rutter, M.D., '57
J. Woodrow Savaucoul, M.D., '38
Russell W. Schaedler, M.D., '53
Nathan S. Schlesinger, M.D., '32
Hammell P. Shipp, M.D., '26
Norman J. Skversky, M.D., '39
Stanton N. Smullens, M.D., '61
Martin J. Sokolow, M.D., '20
Robert W. Solt, M.D., '61
Richard R. Sorcelli, M.D., '60
Charles C. Steinmetz, III, M.D., '48
Harold L. Stewart, M.D., '26
Francis J. Sweeney, Jr., M.D., '51
Edward A. Teitelman, M.D., '63
John Y. Templeton, III, M.D., '41
Peter A. Theodos, M.D., '35
William J. Tourish, M.D., '28
Nicholas R. Varano, M.D., '36
Frederick B. Wagner, Jr., M.D., '41
John S. Walker, M.D., '46
Theodore W. Wasserman, M.D., '61
Burton L. Wellenbach, M.D., '44
William H. Whiteley, III, M.D., '43
George J. Willauer, M.D., '23
John F. Wilson, M.D., '37
C. Wilmer Wirtz, M.D., '34
Paul D. Zimskind, M.D., '57

State and Service Vice-Presidents

Alabama—C. Earl Albrecht, '32
Alaska—Thomas B. Patton, '41
Arizona—Frederick M. Kenan, '37
Arkansas—Vincent O. Lesh, '32
California—Colin A. M., M.D., Jr., '41
Colorado—To be announced
Connecticut—Maxwell E. Hagedorn, '45
Delaware—Charles F. Richards, '42
District of Columbia—Adolph Friedman, '43
Florida—John Cheleden, '32
Georgia—Albert S. Johnson, Jr., '41
Hawaii—Richard D. Moore, M.D., '29
Idaho—C. Wade G. McCormick, '45
Illinois—Henry A. Seidenberg, '46
Indiana—John B. White, Jr., '45
Iowa—Sterling A. Barrett, '34
Kansas—To be announced
Kentucky—Edward W. Connelly, '42
Louisiana—Frank L. Bryant, '27
Maine—Richard V. Duffy, '50
Maryland—Royce Hodges, '31
Massachusetts—Eugene W. Beauchamp, '23
Michigan—John T. Geneckow, '51
Minnesota—David A. Boyle, '30
Mississippi—Noel C. Womack, Jr., '47
Missouri—Bolton H. Smith, '23
Montana—Andrew J. Wehler, '47
Nebraska—Stanley F. Naby, '49
Nebraska—Charles J. Kilfield, '45
New Hampshire—Philip M. L. Forsberg, '36
New Jersey—Frederick C. DeTroia, '35
New Mexico—Marshall L. Clevenger, '50
New York—Morris Amatay, '23
North Carolina—C. Hal Chaplin, '53
North Dakota—William F. Hook, '61
Ohio—To be announced
Oklahoma—Joe H. Coley, '34
Oregon—William W. Hicks, Jr., '43
Pennsylvania—Western—T. Ewing Thompson '33

Central—To be announced
Eastern—John J. Gill, '41
Rhode Island—Henry B. Fletch, '40
South Carolina—Joseph Hodges, '52
South Dakota—Wayne A. Geib, '39
Tennessee—David B. Keating, '23
Texas—Charles L. Liggett, S'44
Utah—James W. Webster, S'44
Vermont—George J. Ravit, '31
Virginia—Walter J. Brennan, S'44
Washington—Ronald Tocantins, '54
West Virginia—Joseph P. Seltzer, '37
Wisconsin—To be announced
Wyoming—Theodore L. Holman, '45
Puerto Rico—Simón Piovanie, '51
U.S. Airm Force—Maxwell Steel, Jr., J'44
U.S. Army—John C. Cressler, '41
U.S. Navy—William T. Lineberry, '45
Veterans Administration—Rodney A. Farmer, '41

44
cal education and manpower training. Grass-roots movements for the development and organization of health care are springing up all around us. In such a dynamic situation, I am indeed glad that I decided to cast my lot with Jefferson thirteen years ago.

You will recall that, when he was inaugurated as President in May 1967, Doctor Herbut announced his intention to lead an effort to convert the Jefferson Medical College of Philadelphia into a medically-oriented university to be known as Thomas Jefferson University. Planning was immediately initiated for institutional reorganization, accreditation, the development of new and expanded curricula, and other projects which culminated in April 1969 in the receipt of a new charter and the adoption of the new name. Then in November 1969, the Trustees sponsored a two-day retreat, to which were invited administrative officers and department heads of Jefferson, to consider the present status of the University and to begin to chart its future direction. Among the decisions made at that meeting was one to establish a Committee for Master Planning, to consist of representatives of the Trustees, the faculties of the several schools, students, alumni, and the administration. I appointed this Committee in January 1970, and designated Frederic L. Ballard, Esq., Vice-Chairman of the Board, to be its Chairman.

At its first several meetings in 1970, the Committee deliberated how to approach the planning process. Two different concepts became visible: a) the Committee should establish institutional goals and then evaluate Jefferson’s capacity to achieve them; b) a thorough study should be conducted of all aspects of the present institution so that the subsequent definition of the institutional mission and the establishment of goals by the Committee would be informed decisions.

The Committee decided to begin with an inventory of the present institution. During the first year, at bi-monthly meetings, efforts were made to learn as much as possible about the present status of Jefferson in all respects—its academic programs, its patient care facilities, its community services, its research activities, its students, its faculty, its trustees, its staff, its finances, its strengths and weaknesses.

In its deliberations during 1971, the Committee sought from all parts of Jefferson, many ideas and concepts on which directions and forms the medically-oriented university should take during the decade of the seventies. During the last few weeks of 1971, all this material was brought together in a preliminary compendium and the Committee issued an interim report. You will find a summary of that report in another part of this Bulletin, prepared by George M. Norwood, our Vice-President for Planning. I very much hope that you will read it carefully and that it will generate from you some sort of response. We are, of course, in close liaison at all times with your Alumni representatives on our Board of Trustees and the Alumni Association officers. The plan for the future of Jefferson must certainly take into account the wishes, the hopes and dreams of its most-prized asset—its Alumni. The naming of Jefferson Alumni Hall in your honor is a splendid way to give recognition to your Association.

This is the first time in thirteen years that I have had an opportunity to communicate directly with you through your Bulletin. I am truly grateful. I extend to you best wishes from your Alma Mater.