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On November 2 at Jefferson Alumni Hall the Thomas Jefferson University Founders Fund plaque was unveiled. This plaque, which will be placed on the first floor of the Scott Library, was presented as a thank you to the one hundred thirty-three members who have supported Jefferson with gifts of $5,000 each. Inaugurated in 1967 under the chairmanship of Doctor George J. Willauer ’23, the Founders Fund has served as a source of leadership both for the expanding University and the Annual Giving Program of the Alumni Association. Since its inception the Founders Fund has raised $568,558.
The Daniel Baugh Institute of Anatomy
Dr. Andrew J. Ramsay, retiring Chairman of the Department, relates the history of the Institute from its founding in 1911 through its years on Clinton Street to its present facilities in Jefferson Alumni Hall.

Acceleration Assessed
Dr. Samuel S. Conly, Jr., Associate Dean and Director of Admissions, reviews Jefferson's five-year cooperative program with Pennsylvania State University.

Trustee Gift Launches Fund
Albert J. Nesbitt describes his enthusiasm for the new Pooled Life Income Fund Program.

Complementarity: The Quintessence of Medical Practice
Dr. Thomas D. Duane, Professor of Ophthalmology and Chairman of the Department, introduces the freshmen to a fundamental concept of medicine in his remarks at Opening Exercises.

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The Alumni Association of Jefferson Medical College
1020 Locust Street, Philadelphia, Pennsylvania 19107
Formal anatomy classes were over but the students had requested a final review before the examination. Andrew Ramsay gladly complied and now stood before one hundred fifty anxious freshmen. Referring to the multicolored diagrams he had drawn on the board, he guided the students through the transformation of the bilateral symmetry of the embryonic blood vessels to the asymmetry of the adult circulatory system.

Such extra effort to smooth the students' path through the intricacies of anatomy—and medicine—has typified Dr. Ramsay's thirty-six years at Jefferson. "Some subjects, such as gross anatomy, medicine and surgery, are so obviously and traditionally essential to the study of medicine that they need no selling to students but my subject is a little less entralling," Dr. Ramsay comments. "It's a challenge to the teacher to devise ways to make it interesting."

Apparently Dr. Ramsay was successful since he recalls that the amphitheater in The Daniel Baugh Institute was usually filled to capacity and often the students brought guests, girl friends, and students from other medical schools, even for the 12 noon to 1 p.m. Saturday lecture hours.

Dr. Ramsay came to Jefferson from Cornell University where he received his doctorate in 1934 and then taught and studied for the following two years. Jefferson's special attraction was the opportunity of working with Dr. J. Parsons Schaeffer, then Chairman of the Anatomy Department and Director of The Daniel Baugh Institute. "Dr. Schaeffer came to lecture at Cornell," Dr. Ramsay recalls. "He was extremely convincing about his anatomical interests and I realized that all of the eminent men that I had had contact with, I would prefer to work with him." In 1948 Dr. Ramsay was promoted to Professor of Histology and Embryology and ten years later became Chairman of the Department and Director of The Daniel Baugh Institute.

Throughout his tenure at Jefferson, Dr. Ramsay has been concerned with the curriculum. Although he is distressed by the reduction in time allotted for anatomy and other basic courses, Dr. Ramsay feels that the current concern with the curriculum is healthy because it reveals serious faculty involvement in the educational process. "There is a strange dichotomy with teacher/researchers," Dr. Ramsay remarks. "A man who is accustomed to constant questioning and retesting of his theories in the research laboratory often feels threatened by the least challenge to
his unchanging teaching pattern. Even a suggestion of change evokes an emotional reaction, a defensive feeling that he's been doing it wrong all these years." A receptive attitude towards change is encouraging, Dr. Ramsay feels. "Student concern with the curriculum is legitimate but usually not sufficiently informed," he adds. "But the adaptability of well-motivated students with a goal is a safeguard in curriculum experiments. It's impossible to keep them from learning what they need to know."

Still Dr. Ramsay feels strongly that medical students should not bury themselves completely in their studies. "Jefferson anatomy was among the first to suggest that students need not devote every waking hour to anatomy and other courses," he comments. When he was at Cornell he was impressed by the possibility of extra-curricular activity—especially athletics—that the students found some time for. Jefferson's urban campus offered no convenient facilities, a deplorable situation which was finally remedied with the completion of Jefferson Hall in 1968. "I think the new Commons is essential for the preoccupied medical student," asserts Dr. Ramsay, who was Chairman of the Commons Planning Committee and of the Jefferson Hall Commons Governing Board. "It also gives the faculty a chance to know students on a less formal basis and reveals more than one facet of personalities and talents, otherwise hidden.

Dr. Ramsay himself is a man of varied "extra-curricular" interests, some of which carry over to Jefferson. His youthful interest—and talent—in art has been sustained throughout his life. As a high school senior, he won a National Health poster contest and was offered a scholarship to the Chicago Art Conservatory. The vagaries of an artist's fortune deterred him and he chose the relative stability first of medicine, then of science and pedagogy. His talents, however, have proved useful in preparing accurate and legible diagrams. "I used to draw with both hands at once to save time but I gave that up when I realized that the students were more interested in my drawing than in listening to the explanation," Dr. Ramsay chuckles.

Dr. Ramsay's interest in art has also made him unofficial "guardian angel" of Jefferson's portrait collection and Chairman of the University Art Committee. During the last several years all the portraits and other art objects have been photographed and their condition is checked periodically. During Freshman Orientation Week Dr. Ramsay has often spoken on Jefferson's history, illustrating his talk with slides of the portraits. "I'm sure many of the students are not interested," he comments, "but I think it's worth it for the few who are and who will carry on our traditions." A similar program of slides with a taped commentary is available for alumni functions.

Concomitant with Dr. Ramsay's interest in preserving Jefferson's heritage is his dedication to progress in science and education. His own research has embraced studies on the development of lymphatic organs, embryology of the digestive system, transplantation of tissues, basic secretory activity of endocrine glands, origin and regeneration of nerve tissue, mechanics and hydrodynamics of blood vessels and innovative teaching methods. Soon after his arrival at Jefferson, Dr. Ramsay discovered that it would be necessary to build, almost from scratch, an effective teaching collection of modern lantern slides, charts, models and other teaching aids.

His interest in audio visual aids led to the exploration of the use of television in medical education. Early in the 1950s it became apparent that closed circuit television could be valuable in continuing education for busy physicians in outlying areas. Today television is used in the anatomy laboratories to supplement teaching in the gross, neuro-anatomy, and histology courses. Dr. Ramsay also developed the first successful television microscopy apparatus. He has been a member of the National Association of Educational Broadcasters and the Council on Medical Television of the Institute for the Advancement of Medical Communication, is a past President and a member of the Board of Directors of the Council on Medical Television, and President of the Anatomical Board of Pennsylvania.

Now Dr. Ramsay has retired. Throughout his Jefferson career his accomplishments have been recognized. The class of 1966 presented his portrait to the College; the alumni honored him at the banquet last Spring; the faculty gave a reception and dinner in the Fall. After the festivities, Dr. Ramsay retreated to the serenity of Medford Lakes, New Jersey where he and his family have lived for over twenty-five years. There he plans to devote himself to his avocations: fishing, photography and a general fascination with the outdoors. Dr. and Mrs. Ramsay hope to take a camper down to Venezuela and Peru—where the fishing is "excellent"—and drive back through Central America and Mexico. "We are also going to try to make it to Alaska before we get too decrepit," he laughs.

Looking back on thirty-six years, Dr. Ramsay has few regrets. "I am disturbed by some trends I see in undergraduate education," he comments. "Students are told to conceptualize rather than learn some facts, at least. It's not respectable to memorize any more. Those students are going to have a lot of trouble in medical school." As far as Jefferson is concerned, Dr. Ramsay is convinced that he has spent his life in the best way for him and at the best place. "This school," he asserts, "has done the best job of adaptation and as fine a job of maintaining highest standards as any in the world. The faculty is second to none and always has been. I will ever be gratified for having been a part of Jefferson during an exciting era in her illustrious history."
Despite dramatic and crucial scientific advances, basic anatomy remains the cornerstone of medical education, not only for the subject matter presented but also because it teaches the student how to discipline and orient his mind. Over the years many changes have occurred in the anatomy curriculum. Today the term anatomy embraces not only the disciplines dealing with the descriptive structure and morphology at every level from molecular to gross anatomy but also all of the subdivisions dealing with and altered by the forces at work starting with the initiation of development and including all structural changes that reflect and permit functional alteration and fluctuations whether normal, pathologic or experimentally or therapeutically induced.

As the material to be covered in anatomy courses grows, the time allotted for presenting it steadily decreases. Medical educators, who are pressured by specialists to limit instruction to that applicable to their own narrow area, tend to forget that students must be widely and substantially based before they can become physicians. Some institutions have permitted undue dilution of instruction in the structure of the human body. In evaluating curricula, Jefferson must continue to place primary importance on the needs of the student. Through the years the anatomy department has sought to impart knowledge which will serve as requisite background for subsequent courses and meet needs in specialty training and in practice.

Jefferson's leadership in teaching anatomy was established soon after the founding of the school. The munificence of Mr. Daniel Baugh insured the maintenance of this position in the early part of this century and the heritage of his generosity inspires the quest for excellence which characterizes the department today.

**Baugh's Contributions**

Mr. Daniel Baugh was born in Chester County, Pennsylvania. Early in his career he demonstrated compelling interest in the development and promotion of numerous civic, educational and cultural activities in metropolitan Philadelphia. He was a highly successful businessman with natural abilities that brought success to all his enterprises. The Board of Trustees recognized these qualities and elected him to the Board in 1896.

Mr. Baugh became thoroughly involved in the College, Hospital and Finance Committees of the Board. He regularly visited all areas of the institution to gain first-hand knowledge of the functions and problems at Jefferson. While visiting the newly opened (1898) Medical Hall and the Laboratory Building at Tenth and Walnut Streets, he easily saw that the quarters occupied by the anatomy department were inadequate in comparison to those of other first class institutions. He decided to provide facilities for Jefferson anatomy to exceed those of other medical schools and permit Jefferson to establish and maintain leadership in American anatomy.

Searching for a location near Jefferson's buildings at Tenth and Walnut Streets, Mr. Baugh decided upon a site and a building at Eleventh and Clinton which had been vacated by the former Pennsylvania Dental College. Jefferson already had purchased the heavily mortgaged property for forty-eight thousand dollars. By October 1910 Mr. Baugh had paid off the mortgage and pledged an additional forty thousand dollars for renovations. The Board of Trustees acknowledged this generosity by naming the building in honor of its benefactor.

Reconstruction of the Institute was essentially completed by the fall of 1911, furnished and equipped with the additional funds supplied by Mr. Baugh. On September 26, 1911 Jefferson dignitaries and representatives from significant American medical, cultural and educational institutions attended an
Mr. Baugh's contributions to Jefferson extended far beyond the physical plant of the Institute. In 1914 the Association of American Medical Colleges classified Jefferson an A+ Medical College. The honor came at a particularly propitious moment, only a short time after the publication of the Flexner Report which had seriously questioned the value of non-university-affiliated medical schools. The impact of Mr. Baugh's gift on the gaining of A+ status is recorded in the minutes of the Board of Trustees of October 8:

The following minute, presented by Mr. Potter, was adopted:

The Jefferson Medical College has finally received tardy justice from the American Medical Association in being placed, the early part of this year, in the A+ Class of American Medical Colleges.

This is largely due to the wise and munificent benefactions to this College by our colleague, Mr. Daniel Baugh. The creation of The Daniel Baugh Institute of Anatomy, making vacant in the College Building much needed space for required new and enlargement of old departments, has enabled the Trustees to possess at the present time adequate teaching facilities to meet all the exacting requirements now insisted upon in modern medical education.

This minute is an expression of the appreciation, affection and respect for Mr. Baugh entertained by every one connected with The Jefferson Medical College.

Two years later Jefferson again turned to Mr. Baugh in a crisis. On May 29, 1916 Mr. William Potter, President of the Board of Trustees, and Mr. Alba B. Johnson presented "on behalf of the Conference Committee of the Board, a plan for the establishment of the union of the Medical College of the University of Pennsylvania and Jefferson Medical College." The various steps in the negotiations and the terms of the proposed agreement were presented and discussed. At the conclusion of the conference it was unanimously voted that the plan was in every way desirable and it was heartily endorsed. Faculty members present at the meeting included Professors Montgomery, Coplin, Davis, Dercum, DaCosta, Hansell, Wilson, Smith, Cohen, Brubaker, Gibbon, Rosenberger, Stewart, McCrea, Loux, Hawk, Schaeffer and Patterson. Then there arose a groundswell of objection. Mr. Baugh is said to have added the full force of his persuasive influence and to have "pledged his fortune to keep Jefferson independent." Faculty at the Baugh Institute, especially, were relieved when the proposal was finally turned down. Obviously Jefferson's reputation and the new facility for anatomy were to have been two of the prize plums sought by the University under the merger plan.

Mr. Baugh's munificence to Jefferson extended to many areas within the College and the Hospital as well as his continuing support of anatomy. He was a remarkably perceptive and wisely generous man. The total value of his contributions to Jefferson can never be fully determined.

**Early Curriculum**

Jefferson has always had an innovative anatomy program. Dr. Edward A. Spitzka, first Director of
the Institute, noted at the dedication ceremonies:

Anatomy at Jefferson Medical College has always flourished and kept abreast of the times from the time of Nathan Smith, first Professor of Anatomy, the two McClellans, George and Samuel, Granville Sharp Pattison, the renowned Joseph Pancoast, his son, William Pancoast, and lastly is that of my predecessor, William S. Forbes, a martyr to the cause of the promotion of the science of anatomy, but successful in achieving that great boon to the medical schools of this state, the Anatomy Act of 1883.

In 1911 anatomy occupied a generous portion of the curriculum, extending through the first two years and into the first half of the third. Most entering students had only a high school education and thus required extensive work in science. The first-year course began with the dissection of lower animals, principally cats and dogs, "in order that the general morphological features of mammalian anatomy may be understood by the student before beginning the dissection of the human cadaver." A detailed course in osteology paralleled the course in dissection which required two hours per week throughout the first year. For students who found leisure time, additional dissection was permitted at any time after 10 a.m. Lectures, demonstrations and recitation assured proper progress.

Visceral anatomy was taught as a separate segment, concentrating on the study of the gross and microscopic structure, the development and the relational anatomy of the viscera. The course in histology and embryology consisted mainly of instruction and practice in using current technical procedures for preparing materials for microscopic study. Slides of tissues, organs and embryos were prepared by the students for their own use. Special emphasis was given to normal structure and development and to the analysis of factors involved in malformations.

In the second year, the anatomy course was composed of lectures, demonstrations, dissection and laboratory study of the head, thorax and abdomen, with particular attention to the general anatomy of the head and neck, the brain, eye, ear, larynx, pharynx, lungs, heart, peritoneum and abdominal organs, the anatomy of hernias, the genito-urinary tract and the perineum.

Third-year instruction (applied anatomy) was "taught so as to impress the facts of anatomy in their application to both surgery and medicine. The nude model is constantly made use of as a means of illustrating topographical or surface anatomy so necessary for clinical work... A special feature of this course is the systematic free-hand drawings in colored chalks made by the professor before the class." Third-year students were required to take operative surgery on the cadaver under the surgery department. Students, performing on the cadavers at D.B.I., learned the proper procedures for amputations, resections, ligations of arteries, trephining, tracheotomy, nerve resections, perineal section and the various operations of abdominal and genito-urinary surgery.

Recognizing the need for more thorough preparation for the study of the basic medical science, Jefferson
The contrast between D.B.I. and the new facilities in Jefferson Alumni Hall.
initiated a one-year medical preparatory course in 1913. The program was composed primarily of instruction in biology, chemistry, physics and German. Each of the three sciences received one hundred eighty-nine hours of lecture, recitation and laboratory work while one hundred sixty hours were assigned to scientific German, a reading knowledge of which was required for admission to Jefferson. The New York State Board of Regents and Departments of Education of other states immediately recognized and accepted Jefferson’s medical preparatory course. The inclusion of biology in Jefferson’s curriculum caused the Board of Trustees to change the name of the Institute to The Daniel Baugh Institute of Anatomy and Biology. After the preparatory course was discontinued in 1917, the “and Biology” was dropped.

Another program for improving Jefferson’s medical education had been instituted in 1908. With the increase in material to be taught, an optional five-year program was offered. Fourth-year students could choose whether to continue for an extra year of medical and surgical training. With the introduction of more stringent entrance requirements in 1914, the five year program was phased out.

In 1914 the entrance requirements were increased to include one full year of college work or its equivalent. Starting in January 1916 two years of college or a specifically designed medical preparatory course were required. After January 1917 two full years of college were required, eliminating the need for the medical preparatory course. The two year requirement was continued until 1929 when it was increased to three years and then to four years in 1940. In 1944, requirements were reduced to two years for the duration of World War II but returned to three years in 1947, where they remain at present.

First Directors of D.B.I.

The logical selection as the first Director of the Institute was Dr. Edward Anthony Spitzka who had been appointed Professor of General Anatomy and Head of the Department in 1906, succeeding Dr. William Smith Forbes. A number of men had aspired to the position and the resulting animosity forced the Board of Trustees to divide Forbes’s chair between Dr. Spitzka and Dr. George McClellan, the latter becoming Professor of Applied Anatomy. Since this action only strengthened the divisive atmosphere in the department, the Board abolished the applied anatomy chair after McClellan’s death in 1913 and consolidated the two positions under Dr. Spitzka.

A graduate of Columbia University College of Physicians and Surgeons, Dr. Spitzka was the first professionally
trained anatomist (teacher-researcher) at Jefferson. Intrigued by anthropology as well as anatomy, he was especially interested in the nervous system. As part of his neuroanatomical research, he was assigned to perform autopsies at Sing Sing Prison in New York state and studied the effects of electrocution on the central nervous system. While at Jefferson, Dr. Spitzka contributed significantly to anatomic literature and served as Editor of Gray's Anatomy for the 1908 to 1913 American editions.

Unfortunately, by 1913 it became apparent that Dr. Spitzka was unable to cope with the many additional responsibilities and complex challenges falling to the Director of the Institute. Added to these were the friction within the department and threats on his life from various underworld figures who had been thwarted in attempts to save their cohorts from electrocution. His ill health and problems resulted in his resignation in the spring of 1914. Older alumni recall the colorful tales of Dr. Spitzka's last months at Jefferson.

The Anatomy Search Committee's first choice as successor was Dr. J. Parsons Schaeffer, Professor of Anatomy at Yale Medical School. When Dr. W. M. L. Coplin returned to Philadelphia after interviewing Dr. Schaeffer in New Haven, he wrote "...Several members of the faculty would like your consent to submit your name for election by the Board to the combined positions of Professor of Anatomy and Director of The Daniel Baugh Institute of Anatomy and Biology..." When he visited Philadelphia, Dr. Schaeffer was impressed by the Trustees and faculty, and especially Mr. Baugh. After conferring with Dr. W. W. Keen during the Centennial Celebration at Yale, Dr. Schaeffer accepted Jefferson's offer. On July 18, 1914 he was elected by the Board to the post which he occupied with singular distinction for thirty-four years.

Dr. Schaeffer was convinced that viable and stimulating teaching required more than the mere transmission of information. Realizing the necessity of discovery of new information and testing of the old through research, Dr. Schaeffer asked Mr. Baugh to remodel the building adjoining the Institute on the east as office and research space. Originally purchased as a buffer between the Institute and the neighboring Clinton Street residences, the building was soon converted and became known as the Annex.

As soon as possible, Dr. Schaeffer moved all of general anatomy, except applied and neuroanatomy, into the first year curriculum. Neuroanatomy remained in the second year until 1947; applied and topographic anatomy and operative surgery on the cadaver continued in the third year until the acute shortage of cadavers in the early 1960s resulted in the suspension of the courses. Happily, the subsequent slight increase in the number of willing bodies made it possible to offer, starting in 1966, advanced courses in applied and surgical anatomy on an elective basis.

D.B.I. Personalities

The many men and women who worked and taught at the Institute helped to build and maintain Jefferson's eminence in American anatomy. Each had special interests—and foibles—which enlivened D.B.I. over the years. Dr. Clarence Hoffman was a superb teacher at the dissecting table. His small group demonstrations made life much easier for Jefferson students. His spare time was devoted to his well-known collection of clocks, one of which was given to the Institute's library by his widow. Mrs. Hoffman also contributed the Hoffman Fund for the purchase of books for the library. Because he was not interested in investigative activities, Dr. Hoffman's unusual abilities as a teacher were never fully recognized.

Dr. Henry Erdman Radasch, Professor of Histology and Embryology, was a favorite with the students. Known as "Rad," he was the author of the succinct little textbook, Manual of Histology, which was...
eagerly sought at Leary's Book Store long after it went out of print because it was essential to passing the course. Dr. Radasch insisted that students purchase their microscopes from him. Particularly memorable were his green eyeshade and thick glasses and the large diamond ring worn on his little finger which sparkled authoritatively in the beam of the lanternslide projector. Dr. Radasch was a philatelist of great note. Specializing in balloon, rocket and air mail stamps and covers, his was one of the most complete collections in existence.

After joining the anatomy faculty in 1911, Dr. Charles W. Bonney taught applied and topographic anatomy for thirty-six years. Dr. Bonney was a perfect gentleman, patient, considerate, modest and unusually competent. One recalls his immaculate attire, white hair parted in the middle, his slight lateral lingual lisp and his waxed mustache. A graduate of Dartmouth, Dr. Bonney possessed a distinct gift for learning and speaking foreign languages. Dr. Leandro Tocantins (late Director of the Cardeza Foundation) related that Dr. Bonney always attempted to converse with his patients in their native tongue. He spent several lunches with Dr. Tocantins practicing Portuguese because he had a new patient, fresh from Portugal, who could speak no English and he wanted to put him at ease.

Dr. Raymond B. Moore, a Penn graduate, became a staunch and colorful Jeffersonian, refusing bids from Penn while chiding them for the inadequacies of their anatomy department. Third-year students enjoyed his rapid-fire briefing on the areas to be considered which were delivered with the fervor of a football coach. In admiration the class of 1949 dedicated their Clinic to "Coach Moore." A great many residents were prepared successfully for board examinations by his post-graduate course at the Institute; the effectiveness of his presentations drew young physicians from medical schools throughout the northeast. He continues his dynamic instruction at the Wilmington Medical Center.

Dr. J. Parsons Schaeffer was affectionately known to his older colleagues as "Jake" and respectfully but fearfully as "the Great White Father" and the "Silver Fox" to his thousands of students. Alumni relate many incidents which, although mellowed and embellished by the passing years, reveal their love and respect. Many an unprepared student furtively sought refuge behind the convenient columns in the amphitheater but few escaped Dr. Schaeffer's piercing gaze. It was his practice to turn from one student to another with lightning speed and poke them with the end of his ever-present pointer to demand a quick answer. So traumatic was this procedure that the point of the pointer became tinged with blood from startled students. Some students couldn't remember even their names; occasionally a student temporarily lost control of his more ventrally located perineal sphincter. The vulnerability of the first row seats caused them to be shunned by all but the better prepared. The tradition of "passing him up" was commonly practiced on those whose eager-beaver tendencies brought them too frequently to the front row.

Dr. Schaeffer's pointer became a cherished symbol to alumni. During their twenty-fifth reunion, the members of the class of 1927 presented the old pointer to the College. Encased in a transparent case and stand, the pointer is inscribed:

This Pointer was Used by J. Parsons Schaeffer, M.D., Ph.D., Sc.D., LL.D., LITT.D., The Distinguished and Beloved Professor of Anatomy and the Director of The Daniel Baugh Institute of Anatomy, Jefferson Medical College, 1914-1948. Presented to the College by the Class of 1927 on June 11, 1952.

The members of the class of 1943 proudly admit to learning in their freshman year a lesson to be cherished all their lives. An over-exuberant student had just finished the dissection of the male perineum. After freeing the copulatory organ from its moorings, he threw it out the open window at the Eleventh Street end of Clinton Street. The missile landed outside at the feet of an elderly resident of Clinton Street who immediately informed Dr. Schaeffer. The class was summoned to the
amphitheater. A stunned silence prevailed as Dr. Schaeffer appeared, slowly and deliberately surveying the face of every person in every seat. It required only a few of his carefully chosen words, ringing with professional dignity and deep personal conviction, to remind the students of their new responsibilities as members of the great and proud profession of medicine. It was a sobering, maturing and emotion-packed experience for all.

Another year a young man took aim with a gastrocnemius muscle which also sailed cleanly through a window and landed on the Clinton Street sidewalk. At the next lecture he appeared before his classmates to apologize. Personal character development and maturity received a clearly recognizable boost on such days. Dr. Schaeffer was justly proud of his students and they of him.

Dr. Nicholas A. Michels came to Jefferson in 1929 after studying
hematology in Italy with Ferrata and at Louvain. Before deciding on a medical career, Dr. Michels had studied for the priesthood and withdrew only at the last step. In 1969, when he was dying of cancer, his former seminary classmate, Bishop Fulton J. Sheen came to Jefferson to try to persuade him to return to Catholicism. Dr. Michels was adamantly to the end.

Affectionately known to his students as “The Bull,” Dr. Michels influenced many thousands of Jefferson men. None of his students can forget his lectures and his boldness as he helped a student search for the thoracic duct, ripping away all the organs that got in the way. Student interpretation of Dr. Michels at the dissection table was recorded in cartoons in the 1947 Clinic. His lecture on the rotation of the gut and the peritoneal reflections using various hoses, funnels and balloons was a masterpiece of showmanship and pedagogy which annually filled the amphitheater past capacity. Scholarly, kind and gentle beneath his gruff exterior, Dr. Michels left an indelible impression on his students and made a major impact on American anatomy, both basic and in relation to surgery. His scholarly work on the mast cell and on vasculature became known throughout the medical world.

A mainstay of The Daniel Baugh Institute for over forty years was Miss Myrtle Bremerman. After transferring from the Dean’s Office when the Institute opened in 1911, she became our secretary and librarian. After Dr. Schaeffer’s retirement in 1948, she spent half her time with him to assist him in his continuing editorships and authorships of *Morris’s Human Anatomy* and with Dr. Pendergast and Dr. Hodes of *The Head and Neck in Roentgen Diagnosis*.

**Dr. Bennett**

After Dr. Schaeffer’s retirement, Dr. George A. Bennett succeeded him as Department Chairman and Director of the Institute. Dr. Bennett came to Jefferson in 1939 after studying in Munich and serving as Chairman of the Anatomy Department at Georgetown University. When he first arrived at the Institute, he was ushered to his office where he was confronted with stacks of ungraded examination books for his perusal. Undaunted, he threw immense energy into his teaching duties and soon won student admiration and respect. After only a month on the staff, he was asked to take the roll at a preliminary examination in gross anatomy held in the upper amphitheater. Instead of reading the names aloud he identified each student by his face. (Dr. Bennett’s memory rivaled that of Dr. Randall Rosenberger.)
Alumni who took anatomy during the 1940s recall Dr. Bennett's inimitable approaches: urging, cajoling and at times shaming students into learning more, keeping up to date, being punctual and looking professional. When students could not answer his questions, he would exclaim, "You don't know, Doctah? Why don't you know? Doctah, that's the worst guess you could possibly make! That's the biggest wad of bunk I evah heard, Doctah!" If the student protested that he had studied, Dr. Bennett would remonstrate "You went to bed at 2 a.m.? You should have studied until 4!" At the next class, the unfortunate would be confronted once again: "Doctah, I'm not going to call you Doctah today. I'm going to call you Mistah, and I'm going to ask you the same question I asked you yesterday!"

Soon after Dr. Bennett assumed the Chairmanship of the Department, Dean William Harvey Perkins asked him to assist in the Dean's Office. When Dr. Perkins resigned in 1950, Dr. Bennett succeeded him. Because of the pressures of that position, Dr. Bennett was unable to direct the Institute. He retained the title, however, because College rules required that the Dean be a department chairman. When Dr. Bennett died in 1958, I was appointed Professor of Anatomy, Chairman of the Department and Director of The Daniel Baugh Institute of Anatomy.

Present Facilities
Planning for a new anatomy building began in 1940. Because of the need for offices and research quarters for an enlarged full-time staff and the gradual increase in size of incoming classes, the Institute building was becoming inadequate. Original plans called for an anatomy building on the site of the Martin Nurses' Residence but this scheme was abandoned during World War II because of concentration on accelerating students and concern over the critical shortage of hospital facilities.

The final twenty years in the aging
Institute building were trying for faculty and students. The laboratories were too small for the enlarged classes; faculty managed with unbelievably inadequate space. Quarters for graduate students had to be improvised and a lounge for women students built. The butler's pantry and kitchen of the Institute Annex became shamefully cramped animal quarters.

Anatomy's new quarters in Jefferson Alumni Hall were planned thoughtfully and are characterized by unusual flexibility. The philosophy of pedagogy in medical education goes in cycles, each with specific architectural requirements. Those of us with memories spanning the last forty years have experienced two complete cycles and, in some aspects of medical education and their architectural requirements, three cycles. Realizing this and being asked to "plan departmental facilities which could be converted to multiple disciplinary use in the future if required," we devised the anatomy area on the fifth floor of Jefferson Alumni Hall with interesting and innovative approaches.

Instead of the traditional dissecting room, with massive stationary tables and small walled-off cubicles, characteristic of past and some current concepts, our laboratory exhibits easily removable tables, folding partitions for immediate conversion to six cubicles, and closed circuit television with pick-up from any table in the entire laboratory and individually linked to one cubicle, any combination of cubicles or the entire laboratory. When the dissection area is not being used for gross anatomy, as many as six classes can be accommodated at once by moving the tables and repositioning the partitions. The histology-neuroanatomy-embryology laboratory is also divisible into smaller areas by folding partitions, each cubicle being either independent of the other or combined into one large or any combination of intermediate sized rooms. Its closed circuit television-microscopy facilities were the first and are still the most successful in existence. The preparation rooms, storage areas, conference and demonstration areas are fitted with the necessary cabinet work, plumbing facilities and, in some cases, chemical fume hoods to permit immediate conversion to accommodate faculty expansion and research facilities.

Animal quarters include operative, sterilization, recovery and small cage washing rooms and rooms for food and bedding. A cool room for fish, amphibia and reptiles completes the suite.
An x-ray apparatus for cadaver study and research, with television image intensification facilities, is located in the embalming and cadaver storage suite. Following embalming, cadavers are stored until used on stainless steel trays in the refrigerated vault. A bank of deep freeze compartments provides temporary storage of another required type. The new crematory is constructed so that no air contamination or pollution is possible. One room is especially insulated for the use of "hot" isotopes. Since the air-conditioning for the cadaver areas, animal quarters and dissecting rooms is separate from the main building system, no odors escape.

Each faculty member's office and research laboratory is planned to accommodate a faculty member, one or more graduate students and technicians, and the specific equipment and apparatus required. The electron microscope suite contains three electron microscopes and the essential facilities for preparation, microtomy, vacuum evaporating and molecular coating, and processing of the electron exposed emulsions for recording and conversion from electron energy images to visible photographic prints.

Since anatomy is generally considered to be the most visual of the medical sciences, our facilities provide charts as well as photographic, projection (still and motion) and television images and illustrations. At Jefferson, as at many other medical schools, the audiovisual requirements of the anatomy department, its facilities, equipment, and expertise have established the base for further development of a centralized service for the entire institution.

The Daniel Baugh Institute Library adjoins the departmental office suite. In addition to the fine collection of books, the library houses such treasures as the bust of the ape, Dr. Schaeffer's pointer and the beautiful chiming clock given in memory of Dr. Hoffman. Other familiar objects such as the statue of the slave girl and the portrait of Mr. Baugh are displayed.
Dr. Franz X. Hausberger, Professor of Anatomy and Head of the Division of Gross Anatomy. Since his student days in Germany Dr. Hausberger has done research on adipose tissue. In 1965 the Yearbook of Physiology honored him with its dedication and named him "Father of Adipose Tissue Research."
Dr. Sacino A. D'Angelo, Professor of Anatomy (Histology and Embryology). A recognized leader in neuro-endocrine research, Dr. D'Angelo has held a Public Health Service Research Career Award since 1962.

Dr. Albert W. Sedar, Professor of Anatomy. Director of the ultrastructural research facilities, Dr. Sedar is recognized for his advances in the knowledge of cilia and ciliary action, mitochondria, gastric glands and more recently of the effects of lazar injury to the retina.
throughout the facilities. Unfortunately space was not sufficient to accommodate a museum but many of the exhibits are on view in cases in the hallways.

Although physically incorporated with the other basic science departments, the anatomy department retains the name, The Daniel Baugh Institute of Anatomy. To do otherwise would be to deny the spirit of Daniel Baugh whose generosity and devotion to Jefferson has not been surpassed in all our history. The ultimate fate of the original building has not been settled but the spirit of Mr. Baugh, Dr. Spitzka, Dr. Schaeffer, Dr. Bennett and all who followed lives on in the new quarters. Alumni can be assured that the new Chairman and Director, Dr. E. Marshall Johnson, is acquainted with our distinguished heritage and has plans to realize even more fully Mr. Baugh's dream of enhancing the leadership of Jefferson anatomy in the medical world.

Nostalgic Recollections

It was the final day at the old Institute and the last moving van had pulled away and was lumbering down Clinton Street enroute to Anatomy's new quarters. I paused while locking the entrance door and waves of memories telescoped the years. The deeply worn marble steps testified that nine thousand students had studied at the Institute since its opening fifty-seven years before.

Standing beneath the marble slab that proclaimed The Daniel Baugh Institute of Anatomy of the Jefferson Medical College, I remembered the day thirty-two years before when my career at Jefferson began. Professor Schaeffer, with his proud and impressive dignity, had shown me through the aging but immaculately kept Institute and then had taken me to see Dean Ross V. Patterson. The Dean nodded his approval as we left his office.

The Gladstone Hotel, respectable in those days, was where Dr. Radasch and many students lived. Memories returned of paper bag water bomb
fights between those at the Gladstone and the boys of the AKK house across Eleventh Street. Looking down, quiet clean Clinton Street, I could see Philadelphia's mounted policeman on carefully groomed white footed quarterhorses in formation in front of our door waiting to start daily patrols. I remembered the little Italian with his ancient hurdy gurdy and his monkey who made daily calls at the Institute for coins from the students. The same hurdy gurdy player, stationed in the alley below the amphitheater, competed with the lecturer during those trying noon sessions on Saturday, a concert no doubt arranged by enterprising students.

I remembered the night the old Clinton Hotel at Tenth Street burned to the ground. It was the night before the final examination in anatomy and even though students had been routed from their beds during the night all dutifully reported at the Institute the next morning, red eyed, sleepless and reeking of smoke.

I checked the lock again and thought of faithful, loyal, and gentle old Gene Sweeney, our night watchman who for many years had worked twelve hour shifts. I felt a deep personal loss at his death. Until Frank Lachman came as the buildings superintendent in 1959 there was an unbelievably unsatisfactory period of unreliable watchmen. I could see Isaac, the old embalmer, likened by some to Jerry Cruncher of Dickens. (The grapevine had informed me that he responded quite regularly to students' request for skulls.)

I recalled addressing each incoming class at the first lecture in the amphitheater with "Gentlemen you are sitting in the places where have sat more students who are now physicians providing medical care to people of America than have sat in any other room in our country."

I felt again the tug of many struggles and trials in the old Institute: the lack of effective ventilation, the arterioclerotic plumbing; the inadequacies of the electrical and gas services as we developed research laboratories and offices for required new faculty; the bursting of water pipes and the distress of those located beneath the leaks, the interruption of classes due to rupture of the steam boiler during bitterly cold spells; and my struggle to hold our department together and apart from the unfortunate infighting that threatened to divide Jefferson's faculty and harm her national image during the 1950s.

The fifty-seven years during which The Daniel Baugh Institute had served Jefferson as a separate building spanned an historic era in Jefferson's history. It was characterized by an early established and unusually strong esprit de corps in students (and faculty alike) with reverence and respect for tradition and pride in studentship. There were many remarkable achievements: Jefferson's struggle to remain independent; the designation as an A+ medical college; a great increase in our faculty and a remarkable acceleration in creative faculty scholarship through their research activity; the acceptance of women students; the tenure of five Jefferson Deans and three Presidents; the recognition of the leadership of Jefferson Anatomy and of Jefferson Medical College as the leading independent medical school in the nation; the establishment of the College of Graduate Studies and the College of Allied Health Sciences; and finally the phasing over to University status.
The anatomy faculty, September 1972: First row, left to right: Dr. Albert W. Sedar, Professor of Anatomy; Dr. Bernard J. Miller, Associate Professor of Anatomy; Dr. James O. Brown, Associate Professor of Anatomy; Miss Carolyn Smith, Teaching Fellow; Mr. Thomas Lewis, Teaching Fellow; Dr. Robert J. Merklm, Associate Professor of Anatomy; Dr. Savino A. D'Angelo, Professor of Anatomy; Dr. Ronald P. Jensh, Assistant Professor of Anatomy. Second row: Dr. Christopher C. K. Leung, Instructor in Anatomy; Dr. August Epple, Associate Professor of Anatomy; Dr. Wesley W. Parke, Associate Professor of Anatomy; Dr. Charles G. Rosa, Associate Professor of Anatomy; Dr. John R. Shea, Jr., Assistant Professor of Anatomy; Dr. Franz X. Hausberger, Professor of Anatomy; Dr. Norman Moskowitz, Associate Professor of Anatomy; Dr. Edwin M. Masters, Assistant Professor of Anatomy; Dr. Andrew J. Ramsay, Emeritus Professor of Anatomy. Absent: Dr. Leon L. Berns, Clinical Associate Professor of Anatomy, Dr. Barbara F. Forbes, Instructor in Anatomy; Dr. Diane E. Smith, Assistant Professor of Anatomy.
The Daniel Baugh Institute of Anatomy
Department of Anatomy
1911-1972

Frank C. Abbott 1911-20
Ernest N. Albert 1911-68
Lawrence J. Angel 1943-62
Noble M. Bates 1942-49
Roland Frederick Becker 1949-50
Moses Behrend 1918-31
George A. Bennett 1939-58
Leon L. Berns 1935-
Nathan Blumberg 1912-15
*Cameron C. Boehme 1967-
Zera E. Bolin 1912-13
Charles W. Bonney 1911-47
Robert W. Brace 1911-12
Robert L. Brent 1971-
James O. Brown 1950-72
Gerald E. Callery 1946-48
P. J. Chambers 1932-33
Maxwell Chernen 1926-43
W. Edgar Christie 1920-22
Frank J. Ciliberti 1931-63
Kenneth M. Corrin 1928-30
Herbert Howard Cushing 1918-27
*S. A. D'Angelo 1949-
J. Leslie Davis 1911-37
Warren B. Davis 1912-25
John Decarlo 1911-47
Howard Dehoney 1911-14
Edward P. Dennis 1911-13
Melvin A. Dillman 1939-41
Gerald D. Dodd 1952-55
Raphael H. Durante 1940-47
H. Chandler Elliott 1949-50
*August Epple 1967-
John I. Fanz 1917-19
John T. Farrell 1928-37
John B. Flick 1922-23
*Barbara F. Forbes 1971-
William Ford 1911-13
Clyde C. Fox 1921-24
Leonard D. Frescoln 1917-20
Max R. Gabrio 1916-17
Joseph M. Gagliardi 1949-66
Armando F. Goracci 1949-68
John F. Hartmann 1960-61
*Franz X. Hausberger 1950-
Donald H. Headings 1930-31
John E. Healey 1949-53
Norton Hering 1949-63
Clarence Hoffman 1911-27
R. Cranford Hutchinson 1943-69
George I. Israel 1925-41
Summer W. Jackson 1920-22
*Ronald P. Jensh 1966-
*E. Marshall Johnson 1972-
John F. Johnson 1954-59
Theodore M. Johnson 1922-27
John A. Kahler 1922-24
Kelvin A. Kasper 1932-37
Earl R. Knox 1940-41
Pritchard T. C. Lam 1947-49
Wm. T. Lemmon 1926-40, 1947-53
*Christopher C. K. Leung 1969-
Benjamin Lipshutz 1916-60
John F. Little 1911-17
P. A. McCarthy 1923-58
George McClellan 1911-13
George E. McGinnis 1913-17
John C. McNerney 1940-41
Gulden Mackmull 1930-33
Francis B. Markunas 1945-46
*Edwin M. Masters 1964-
Robert A. Matthews 1937-39
James H. Mendel 1922-23
*Robert J. Merkin 1953-
D. G. Metheny 1911-19
Nicholas A. Michels 1930-62
*Bernard J. Miller 1960-
George W. Miller 1911-39
Raymond B. Moore 1930-67
*Norman Moskowitz 1962-
Thomas F. Mullen 1911-12
Harry Neivert 1924-25
Charles Noback 1969-72
Louis H. Palmer 1945-47
*Wesley W. Parke 1957-
E. E. Phillips 1911-12
George P. Pilling 1912-13
W. C. Pritchard 1911-30
Charles A. Pryor 1920-21
H. E. Radasch 1911-41
Shirim I. Ram 1968-70
*Andrew J. Ramsay 1936-72
Leo B. Reed 1923-43
John Davies Reese 1928-34
Lewis S. Reese 1923-28
Paul F. Riggie 1931-32
W. J. Roe 1911-15
Ensi K. F. Ronka 1960-61
*Charles G. Rosa 1954-
Alexander S. Ross 1928-30
Calvin C. Rush 1918-19
Eli R. Saleebey 1926-64
Bobb Schaeffer 1941-44
J. Parsons Schaeffer 1914-48
Herman M. Schreiner 1953-68
*Albert W. Seder 1955-
Henry K. Seelaus 1923-30
Morris Segal 1920-27
*John R. Shea, Jr. 1967-
Thomas E. Sheehan 1919-39
Edward R. Sibley 1915-16
David M. Sidlick 1922-23
Padmanabhan Siddharth 1960-63
*Diane E. Smith 1959-
David Soloway 1932-37
Edward Anthony Spitzka 1911-14
Jerry Stiffler 1962-63
Harry Subin 1949-69
William B. Swartley 1920-54
George J. Teplick 1941-44
William J. Thudium 1920-35
Raymond A. Tomassene 1921-22
William J. Tourish 1934-39
Nancy Trotter 1968-71
Russell Ray Tyson 1949-50
Nicholas A. Varano 1941-43
Johannes P. M. Vogelaar 1950-55
Frederick B. Wagner 1944-45
William J. Walsh 1936-43
Herbert A. Widing 1930-43
Russell Wigh 1946-52
Otis L. Wingate 1913-15
Walter A. Yeakle 1917-20
Sigfrid Zitzlspenger 1952-67

*Member of the Staff at present.
Dr. Conly discusses the five-year program with Dr. William Hamilton '71, who took his internship at Jeff last year. In the middle is another Penn State/Jeff graduate Dr. Steven Klinman, also '71.
Acceleration Assessed

by Samuel S. Conly, Jr., M.D., S'44

In 1963 Jefferson Medical College of Thomas Jefferson University, in cooperation with The Pennsylvania State University, initiated an accelerated educational program. Students accepted into the program start at Penn State in June following their graduation from high school and five years later earn a B.S. degree from Penn State and an M.D. degree from Jefferson. The details of this program have been reported previously.\(^1\),\(^2\)

A brief, general description is given in the Announcement of Information which is distributed to high schools and is sent to those inquiring about the program:

**Five-Year Pre-Medical Program**

**The Plan**

This program is a cooperative effort between The Pennsylvania State University and The Jefferson Medical College in Philadelphia, Pennsylvania. Students can earn both the B.S. and the M.D. degrees in five calendar years after graduating from high school. They will spend the first five terms on the University Park Campus and then proceed to The Jefferson Medical College. They will return to the University Park Campus for two further summer terms and continue with academic work at Jefferson Medical College for four years. In this manner, it is possible to complete requirements for both degrees in five calendar years.

This does not replace the regular pre-medical program. Students may still complete twelve terms of study at the University and earn the bachelor's degree before starting medical school. Under certain conditions, a student completing nine terms of the pre-medical program and one year at any accredited medical college may be eligible for the bachelor of science degree from the University.

**Admission Requirements**

Students entering the cooperative program will be confronted with a vigorous academic program; therefore, they should be strong achievers and have exceptional aptitude. To be considered for the cooperative program, an applicant who is a Pennsylvania resident must be in the highest fifth of his class and present a total score on the Scholastic Aptitude Test of 1350 or higher. An applicant who is not a resident of Pennsylvania must be in the highest fifth of his class and present a total score on the Scholastic Aptitude Test of 1400 or higher. Approximately ten percent of those selected will be non-Pennsylvanians. Secondary school units must include four units of English, one and one-half units of algebra, one unit of plane geometry, one-half unit of trigonometry, one unit of science and eight elective units.

Students are selected for this special program while they are seniors in high school and begin their studies in June immediately after graduation. Those who have already graduated from high school are not eligible for this program. No exception is made to this policy.

Admissions decisions are made by the Joint Admissions Committee of The Pennsylvania State University and The Jefferson Medical College. Students who qualify for consideration to the special program will be invited for an interview at Jefferson Medical College. Approximately forty of those interviewed will be offered admission to this special program.

All students selected for the class must begin studies at the University Park Campus in the Summer Term 1973.

Special attention is given to the student's progress during the first three terms at The Pennsylvania State University. An evaluation of the student's preparedness to undertake the medical program in the fall will be made cooperatively by the University and Jefferson Medical College. While this is not a competitive situation where only the highest students are accepted by the medical college, it is possible that some few students may be advised to continue their studies in one of the other pre-medical programs before entering medical college.

**Applying To The Program**

Students interested in this program should make application on the regular admissions form obtained by writing to the Admissions Office, 201 Shields Building, The Pennsylvania State University, University Park, Pennsylvania 16802. Applications will be available by October 1, 1972. Requests for applications received between July 15, 1972 and October 1, 1972 will be placed on a mailing list.

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Dr. Conly is an Associate Dean and Director of Admissions at Jefferson. A faculty member since 1947, he joined the Dean's staff in 1956. He has written extensively on the cooperative program with Pennsylvania State University.
Applications for this special program must be received with complete credentials by the Admissions Office of The Pennsylvania State University no later than November 30, 1972.

Applications received after this date, or applications which are incomplete in the Admissions Office after this date cannot be considered for this special program. Complete credentials to support the application include: the secondary school record showing grades received for all courses completed starting with 9th grade; rank in class at end of the junior year (exact rank is preferable); senior schedule of courses; official Scholastic Aptitude Test scores; required application fee.

Scholastic Aptitude Test scores from the July 8, 1972 test date or any earlier test date are required. Scores from the Scholastic Aptitude Test taken after July 8, 1972 cannot be used for admission consideration for this special program. It is the applicant's responsibility to arrange for having an official report of his Scholastic Aptitude Test scores sent directly to the Admissions Office of The Pennsylvania State University by the Educational Testing Service, P. O. Box 592, Princeton, New Jersey 08540.

### TABLE 1

**THE FIVE YEAR PROGRAM**

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Time</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Term 1: Summer</td>
<td>Penn State</td>
</tr>
<tr>
<td></td>
<td>&quot; 2: Fall</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot; 3: Winter</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot; 4: Spring</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>&quot; 5: Summer</td>
<td>Freshman Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jefferson</td>
</tr>
<tr>
<td>3</td>
<td>Term 6: Summer</td>
<td>Penn State</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sophomore Year</td>
</tr>
<tr>
<td>4</td>
<td>Term 7: Summer</td>
<td>Penn State</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jefferson</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>B.S. Degree</td>
</tr>
<tr>
<td></td>
<td></td>
<td>M.D. Degree</td>
</tr>
</tbody>
</table>

**MCAT**

**B.S. DEGREE**

**M.D. DEGREE**

The entrance requirement that the applicant be in the first fifth rank in his high school class has remained unchanged since the beginning of the program. The Scholastic Aptitude Test (SAT) total score requirement has risen. It was 1200 during 1963-1969 and was increased to 1300 during 1970-1972. For 1973, because of the marked increase in number of applicants, the preference that must be given Pennsylvania residents and the little hope for the applicant who barely met the prior requirement, the SAT minimum was set at 1350 for Pennsylvanians and 1400 for out-of-staters. SAT data for enrolled students in the program are compiled in Table 3.

As can be seen from Table 2 not all who enter Penn State advance in the program and matriculate into and graduate from Jefferson. Some of the students at Penn State reassessed their motivation toward medicine and decided to pursue other goals. Some, for one reason or another, performed at less than acceptable scholastic levels and were encouraged to withdraw from the program. A few have experienced academic difficulty at Jefferson. Two students who failed in their freshman year at Jefferson returned to Penn State in the usual premedical curriculum and were subsequently readmitted to Jefferson and performed very well in the medical curriculum. Certainly, there have been individual problems in the accelerated group as among our regular students; the

### TABLE 2

**APPLICANTS, ENROLLMENT AND SUCCESSFUL COMPLETION OF THE PROGRAM**

<table>
<thead>
<tr>
<th>Group Number</th>
<th>Number of Applicants</th>
<th>Penn State</th>
<th>Jefferson</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number Entered</td>
<td>Year Entered</td>
<td>Number Entered</td>
</tr>
<tr>
<td>1</td>
<td>120</td>
<td>29</td>
<td>1963</td>
</tr>
<tr>
<td>2</td>
<td>261</td>
<td>28</td>
<td>1964</td>
</tr>
<tr>
<td>3</td>
<td>352</td>
<td>29</td>
<td>1965</td>
</tr>
<tr>
<td>5</td>
<td>138</td>
<td>31</td>
<td>1967</td>
</tr>
<tr>
<td>6</td>
<td>177</td>
<td>30</td>
<td>1968</td>
</tr>
<tr>
<td>7</td>
<td>263</td>
<td>37</td>
<td>1969</td>
</tr>
<tr>
<td>8</td>
<td>215</td>
<td>40</td>
<td>1970</td>
</tr>
<tr>
<td>9</td>
<td>396</td>
<td>43</td>
<td>1971</td>
</tr>
<tr>
<td>10</td>
<td>628</td>
<td>36</td>
<td>1972</td>
</tr>
</tbody>
</table>
The gratifying aspect is the relative infrequency with which problems have occurred.

As a group the accelerated students have performed at a slightly higher level in National Board Examinations and in Jefferson courses as compared with the regular students. An unpublished study compares three groups of Jefferson students: Group 1, the accelerated students; Group 2, those regular students whose SAT scores and high school class ranks would have qualified them for the accelerated program; Group 3, those regular students whose credentials would not have qualified them for the program. Groups 1 and 2 performed at similar levels in course grades and in National Boards. Group 3 performed at a somewhat lower level.

All studies to date have shown that, on the average, the accelerated students perform scholastically at least as well as their non-accelerated classmates.

Other studies have investigated non-cognitive parameters. Accelerated and regular students have been compared as to attitudes and as to whether or not those in the program were readily distinguishable from those not in the program.

In one study, since the accelerated students are three to four years younger than the regular students and have not had the benefit of a four-year undergraduate experience, it was hypothesized that their expectations of medical school would be less congruent with later perceptions than would those of the regular students and that the accelerated students would have more difficulty than the regular students in adapting to the medical school environment and that this would be manifested in academic performance, satisfaction, and feelings of subjective stress. In the study the hypotheses were not substantiated. In fact, the accelerated students' expectations of the medical school were more congruent with later perceptions than were those of the regular students, and there was no evidence to suggest that they were at a disadvantage on the measures of performance, satisfaction and subjective stress that were used in this study.

Another investigation focussed on whether or not there were differences between accelerated and regular students in study time, social activities and confidence in career choice. The findings were that those in the accelerated program were not easily distinguishable from their nonaccelerated classmates. They seemed to have had similar life experiences. Accelerated students were accepted as "one of the group" by their nonaccelerated colleagues and by the faculty. Both the accelerated and regular students slept a mean of 7.0 hours each weeknight, watched television 6.2 hours each week, listened to the radio 6.0 hours each week, read a newspaper at least every other day, dated at least once a week and were confident of their career choice. A lower proportion of the accelerated group was married (19 percent versus 46-50 percent) probably due to age differences. The accelerated student studied 2.3 hours each weekday, the regular student 2.9 - 3.3 hours. The similarities are too numerous to enumerate.

Despite a nine-year favorable experience with the program, there is still a concern that the accelerated students are in some way being "short-changed." They decide on medicine in high school and by going to school the year around receive the B.S. and M.D. degrees in five years. Their curriculum is heavy in science but they read widely and perform well in Verbal Ability and General Information on the Medical College Admission test, which is taken after only one and one-third years at Penn State in contrast to the usual three years. Most of them believe that they have not missed much in educational and life experiences. Most feel they matured more rapidly than they would have without the program and they attribute it to the program's requirement for adult behavior. They feel fully accepted by classmates, faculty and patients. It would appear that the accelerated student is not being "short-changed." Further follow-up and studies through house-staff training and into practice will perhaps finally lay this concern to rest. One characteristic of the usual accelerated student is that of the strong achiever in somewhat of a hurry to get on with it. If accelerated programs were not available to such students, they would devise their own acceleration by going to summer school and by loading up on course work.

It was early recognized that one possible advantage of the program was to attract the highly capable student who might have been lost to medicine because of the length of time involved. A study has been done to investigate the impact of the program on the choice of medicine as a career. It was found that in comparing qualified but not accepted applicants for the program with those who were accepted for admission that forty-seven percent of those not accepted subsequently matriculated at a medical school while eighty-seven percent of those accepted

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**TABLE 3**

<table>
<thead>
<tr>
<th>SCHOLASTIC APTITUDE TOTAL TEST SCORES OF MATRICULATED STUDENTS IN THE ACCELERATED PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAT Mean</td>
</tr>
<tr>
<td>SAT High</td>
</tr>
<tr>
<td>SAT Low</td>
</tr>
</tbody>
</table>
Dr. Larry E. Kun '68, is now a radiology resident at the Penrose Cancer Hospital in Colorado Springs.
matriculated at Jefferson. It was concluded that many of the accelerated students who matriculated at Jefferson would not have become physicians in the absence of the program. It would appear, for better or for worse, this accelerated program has been a significant factor in attracting gifted young people into medicine.

In the year 1963, when the Jefferson-Penn State five-year accelerated program was initiated, there were already three six-year accelerated programs in existence: (7) Johns Hopkins, initiated in 1959; Northwestern, 1961; Boston, 1961. The Bane Report (8) in 1969, "Physicians for a Growing America," showed concern over the supply of medical students and identified the following "deterrents to medical education": (1) increasing competition from other professions, (2) the time required for the training of a physician, (3) the availability of opportunities for medical education, (4) the cost to the student. The number of applicants to medical school nationally had fallen in an unsteady pattern from 22,279 for 7,177 places in 1950 to 14,952 for 8,128 places in 1959. There was to be a further decrease until the low point of 14,381 for 8,293 places was reached in 1961. The upswing began in 1962 so that by 1963 there were 17,668 applicants for 8,772 places. It is interesting that, in 1972, in comparison, there were over 35,000 applicants for over 13,000 places.

In 1960 Jefferson and Penn State initiated cooperative efforts in continuing medical education. Penn State did not acquire its own medical school until 1964. President Peter A. Herbut, then Professor of Pathology and Chairman of the Department and Chairman of the Executive Faculty, had been advocating a shortened, interdigitated undergraduate-medical school program. It was a logical step to develop an accelerated program with Penn State and begin it in 1963.

One unique aspect of the program is that it is a joint effort between a medical school of a medically-oriented university and a large university physically separated by two hundred miles with its own medical school. Another unique aspect is that in shortening the time from high school to the granting of the M.D. degree to five calendar years this program is the shortest of any in this country.

At the February 1972 68th Annual Congress on Medical Education the information was reported that twenty-six of the medical schools in the U.S. will grant the M.D. degree in three calendar years. Of these twenty-six schools, six have a regular three-year program and twenty give the option to their students to accelerate and receive the M.D. degree in three instead of four years. Federal monetary inducements will undoubtedly increase the number of schools providing three-year programs. In addition, increasing numbers of medical schools are planning or implementing six-year interdigitated undergraduate-medical school programs. Acceleration is gaining in popularity. Soon there will probably be other five-year programs: two years undergraduate, three years medical school.

Interested parents frequently ask me if I would encourage one of my own children to apply to the program. I answer honestly by saying, "I don't know; it would depend on what he wants to do." I would point out to him the advantages and disadvantages as I see them and then let him decide. The advantages to me are: a saving in time and money in a five-year program versus eight; the honor and ego satisfaction of being accepted into such a highly selected group; the guarantee of medical school acceptance, provided the Penn State performance is of high caliber, without the rigors and anxiety of seeking admission to medical school in the usual way; and for the student in a hurry the opportunity to advance rapidly and without delay, with less chance of becoming bored. The disadvantages would include: the inability to earn money and/or to sample different experiences in the summer; the inability to participate in varsity sports, student government and other extracurricular activities to the fullest extent; and the inability to proceed at a leisurely pace with more time for maturing, for fuller exposure to liberal arts and college life.

We feel the program is a success. There have been individual problems just as there are with our regular students and, indeed, as would be expected in any program. The plan is to continue the accelerated program and to study it further as our graduates advance into their internships, residencies and the practice of medicine.

REFERENCES
"It isn't often you get to make gifts and keep them at the same time," Albert J. Nesbitt observes with a smile. The prominent Philadelphia civic leader and Jefferson trustee since 1956 is referring to his recent gifts of stock valued at more than $200,000 to launch Jefferson's new Pooled Life Income Fund.

Under the new plan approved by the IRS earlier this year, a donor's irrevocable gift is used to purchase shares in a Pooled Fund administered by Jefferson. Each donor or other designated beneficiary then receives his or her pro-rata share of the earnings each year for life. The plan is open to all alumni and friends of Jefferson. "So you see," states Mr. Nesbitt, "I get to keep my cake and eat it too. Not only do I have the satisfaction of making a substantial gift to Jefferson now, but my wife and I receive income from it for life."

The former chairman of ITT Nesbitt, Inc. always has been at the forefront of new civic and charitable ventures in Philadelphia. He has held a host of leading civic posts ranging from Chairman of the Educational Home Rule Charter Commission for Philadelphia to President of the United Fund, Boy Scouts of America and YMCA of Philadelphia and Vicinity.

Are there other factors which motivated Mr. Nesbitt to make this kind of gift to Jefferson? "There surely are," replies Mr. Nesbitt. "The stock I contributed was earning only about three percent per year. By making the gift to the Pooled Life Income Fund, I expect to more than double my income."

No one can argue with this logic. The primary investment objective of the Pooled Life Income Fund is to provide participants a net return on the principal of at least seven percent annually. Investment decisions are in the competent hands of Jefferson's investment counsellors who manage the institution's thirty million dollar endowment portfolio. Custodian of the Pooled Life Income Fund is The First Pennsylvania Bank.

But as befits a knowledgeable, energetic man, Mr. Nesbitt isn't content to rest his case on a tidy income alone. "Furthermore," he emphasizes, "I realize substantial tax savings by making the gift now. And I'll cut down my taxable estate, too."

What Mr. Nesbitt refers to makes good business sense. Based on U. S. Treasury tables, he receives an immediate charitable deduction on his federal income tax. He could spread this deduction over as many as six years if his total deductions in any year exceeded the allowable thirty percent of adjusted gross income. If he had made his gift in cash instead of appreciated securities, he could have deducted up to fifty percent of his adjusted gross income in any year. "What I also wanted to do was avoid a hefty capital gains
tax on the securities I contributed," volunteers Mr. Nesbitt. "They had appreciated considerably in value."

Because Mr. Nesbitt had held the securities longer than six months, he avoids all capital gains tax on the appreciated value. Thus, he not only receives an income tax deduction but an additional savings in capital gains tax as well. A portion of the value of the gift also will be removed from his taxable estate.

Are tax savings the primary motivation for someone to make a gift through the Pooled Life Income Fund? "Not in my opinion," replies Mr. Nesbitt. "What is really important is the desire to help Jefferson. I don't think anyone makes a gift solely on the basis of tax savings and the like. After all, you must part with some money. My wife and I happen to believe that any gift to Jefferson is a worthwhile investment. It's a great institution."

Under what circumstances should a person interested in Jefferson make a gift through the Pooled Life Income Fund? Mr. Nesbitt is emphatic on this point. "Each person's situation is different," he says. "But if someone feels he can't give up the income from an outright gift, he should look into this possibility. The Pooled Fund might be especially attractive to someone in or near retirement whose earnings from appreciated securities are relatively low."

He continues, "I'd be surprised if some of our alert alumni didn't take advantage of this new opportunity. They can participate for as little as $10,000, and Jefferson has a development staff which would be glad to provide further information about the plan to anyone who is interested."

Additional information on Jefferson's new Pooled Life Income Plan may be obtained by returning the coupon included below.

Without obligation to me, I would like to have further information about the tax-wise opportunities for giving through Jefferson's new Pooled Life Income Fund. All replies will be held confidential.

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**Tax Alert to Alumni and Friends of Jefferson**

If you have created a Charitable Remainder Trust by will or revocable deed, you should make sure it conforms to final regulations recently issued by the Internal Revenue Service on the 1969 Tax Reform Act. Otherwise, it may no longer qualify for federal estate tax deduction.

In the future, such a trust should take the form of a so-called Unitrust or Annuity Trust in order to realize federal estate tax savings. These forms of trusts and the advantages to you for naming Jefferson as a remainderman are described in a new brochure now being mailed to alumni and friends. If you have a trust that may be outdated, be sure to consult your attorney.

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Return to:
Mr. George V. King
Director of Development
Thomas Jefferson University
Philadelphia, Pa. 19107
215-829-7990

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Name ___________________________________ Class ________
the jefferson scene

anatomy chairman

Dr. E. Marshall Johnson has been named to succeed Dr. Andrew J. Ramsay as Professor of Anatomy and Chairman of the Department and Director of The Daniel Baugh Institute. An anatomist with special interest in birth defects, embryology and cancer detection, Dr. Johnson began his teaching duties at Jefferson in September.

Prior to his appointment at the Medical College Dr. Johnson was Professor and Chairman, Curriculum of Human Morphology, and Professor of Development and Cell Biology at the University of California at Irvine. While there he was designated Outstanding First Year Professor by the Medical School class of 1970.

The forty-two year old Professor received his undergraduate degree at A. & M. College of Texas in College Station. He continued there as a Graduate Teaching Assistant in Biology while working on his Masters degree in zoology. In 1955 he was a Research Assistant, U.S. Army Surgeon General and Texas A. & M. Research Foundation. He received his Doctor of Philosophy degree from the University of California at Berkeley in 1959. While completing his doctoral studies, he was an Instructor in anatomy and physiology at Contra Costa College in San Pablo.

After completing work for his doctorate, Dr. Johnson accepted in 1960 a teaching post at the University of Florida in Gainesville. He moved through the professorial ranks until he was appointed Professor in Anatomical Sciences in 1969.

Dr. Johnson is a member of Sigma Xi, the American Association for the Advancement for Science, The American Association of Anatomists, Association of Anatomy Chairmen and The Southern Society of Anatomists. He is charter member of the Teratology Society and has served on its executive committee and presently is a member of its editorial board. A prolific writer,

Dr. Johnson

Dr. Johnson has participated in numerous national and international symposia and workshops and several national advisory groups. He has received many grants including three from NIH to study histochemical and molecular biochemical changes associated with teratogenesis. He is currently beginning studies toward detecting malformations early in pregnancy.

Dr. Johnson, his wife and four children will reside in Huntingdon Valley.

opening exercises

An overflow crowd attended the 149th Opening Exercises of the three schools of Thomas Jefferson University: Jefferson Medical College, the College of Graduate Studies and the College of Allied Health Sciences. The program was held on September 6 in McClellan Hall with a reception following under the arches of the Scott Library.

Dr. Peter A. Herbut, President of the University, gave the convocation. Included in his remarks was a profile of the class of '76, the largest in the history of the Medical School. The freshman class lists two hundred twenty-three students, thirty-one of
whom are women and thirty-eight sons or daughters of alumni. All forty students participating in the five-year cooperative program with Pennsylvania State University entered with a 3.5 average or better.

Following the awarding of prizes by Board Chairman William W. Bodine, Jr., Dr. Thomas D. Duane, Professor of Ophthalmology and Chairman of the Department, gave the main address. His remarks follow on page 34.

affiliation
Jefferson recently signed an affiliation agreement with Wills Eye Hospital and Research Institute which will enable the two institutions to offer an entire spectrum of integrated eye care, training and research programs for the community. Jefferson will provide general hospital back-up capability for Wills Eye patients requiring neurological, neurosurgical, vascular, general medical and metabolic services. Wills Eye will make available to Jefferson interns, residents and fellows a full complement of ophthalmology programs. Training of opticians, orthoptists, ocularist and other paramedical personnel will be worked out jointly by Wills Eye and the College of Allied Health Sciences at Jefferson. Each institution will continue to make its own staff appointments for the present but the agreement calls for the eventual integration of their staffs and faculties. By 1975 Wills Eye plans to move onto the Jefferson campus.

a.o.a. lecture
The 1972 Spring Lecture of Alpha Omega Alpha Honor Medical Society (Pennsylvania Alpha Chapter) was given on May 4 by Dr. Angelo DiGeorge, Professor of Pediatrics, Division of Endocrine and Metabolic Disorders at St. Christopher's Hospital for Children. He spoke on "Relationship of Oncogenesis to Teratogenesis." At the banquet which followed the lecture, Dr. Oscar Marin, Associate Professor of Neurology, was officially received as a new faculty member of the Society. Dr. Julio Kuperman, a neurology resident at Wilmington Medical Center, was given the annual A.O.A. Award, intended for the member of the house staffs of Jefferson and its affiliated hospitals who has evinced the greatest interest and aptitude in the teaching of medical students. The newly elected officers of the active chapter for the academic year 1972-73 are Anton Kempt, President, Milton Packer, Vice-President, and Bruce Jarrell, Vice-President.

gift to scott library
Mrs. Samuel Bellet, widow of Dr. Samuel Bellet, class of 1925, who died December 13, 1971, donated his library to the Scott Memorial Library at Jefferson in his memory. Dr. Bellet was Professor of Cardiology and Visiting Lecturer in Pharmacology at the School of Medicine, University of Pennsylvania and Director of the Division of Cardiology at Philadelphia General Hospital. His textbook, Clinical Diseases of the Heart appeared in its third edition in 1971. Included in this gift were 454 bound volumes of journals, 621 textbooks and monographs and some 5300 unbound issues of medical journals.

new assistant dean
Dr. Robert C. Mackowiak '64, has been appointed Assistant Dean for Student Affairs at Jefferson. He succeeds Dr. Robert P. Gilbert who is now Director of the Regional Medical Program. Dr. Mackowiak is an Associate Professor of Physiology and an Assistant Professor of Medicine. He received the Lindback Award for Distinguished Teaching in 1968.

audiovisual office
A central audiovisual office has been created to meet the audiovisual needs of the Medical College. Located in Jefferson Alumni Hall, the office has four divisions: audiovisual, photographic, television and medical illustration. Miss Mary Theresa Powers has been appointed Coordinator of Audiovisual Aid.

new trustee
Mrs. Samuel M. V. Hamilton has been elected a term trustee of Thomas Jefferson University. Mrs. Hamilton has been serving on the Board since 1969 as President of the Women's Board. Mrs. James Pierce Cavanaugh has succeeded her in that position.

faculty promotions
The following promotions were effective July 1:

Dr. Edward R. Burka to Professor of Medicine
Dr. John J. DeTuerk '38 to Clinical Professor of Surgery
Dr. Peter Dure-Smith to Professor of Radiology
Dr. Charles Fineberg to Professor of Surgery
Dr. Hratch Kasparian to Professor of Medicine
Dr. Joseph J. Rupp '42 to Professor of Medicine
Dr. Jussi J. Saukonen to Professor of Medicine
Dr. Sandor S. Shapiro to Professor of Microbiology
Dr. Milton Toporek to Professor of Biochemistry
Dr. In Min Young to Professor of Otolaryngology
Complementarity:
The Quintessence of Medical Practice

by Thomas D. Duane, M.D.

Without being overly formal or sentimental, on behalf of the Faculty permit me to say: “Welcome to the class of 1976.”

For orientation purposes, permit a few definitions. “Complementarity” is a word invented by Niels Bohr. Faced with the dilemma of trying to reconcile the apparently conflicting findings of fellow physicists, he was able to enlarge the frame of reference and thus encompass what, on the surface, appeared to be diametrically opposing views. Since the days of Huygens it was considered to be proved that light was propagated in waves. When Einstein showed that photons of light could produce the photoelectric effect only if they were considered to be small packets or quanta of energy, as predicted by Plank, he apparently demonstrated contradictory results from those of Huygens and others. Niels Bohr’s great contribution was that he could see the overlap in these experiments and he could bring order out of chaos. He demonstrated that Huygens, Newton, Plank, Einstein, Hiesenberg and many others were all on the right track even though they all seemed to be at odds with one another. In other words he was able to appreciate that all of his colleagues and predecessors were “right” and all were “wrong,” or that each was incomplete when his views were expressed unilaterally. Realizing that they had not carried their thinking to the next logical step, Bohr introduced into the quantum theory one of its basic tenants, the theory of complementarity.

Bohr’s great accomplishment was not simply a compromise. Rather it was the recognition that light or electrons (and later neutrons and many other subatomic units) were both particles and waves. Whether they are indeed one or the other depends upon the nature of the experiment or the study in question. To think of light as being exclusively one or the other is not only narrow minded, it is completely (speaking from a completeness standpoint) incorrect.

Quickly Bohr realized that this fundamental idea could be applied to many other phenomena in life over and above atomic physics. This concept has or should become a cornerstone of twentieth century philosophy. Fundamental dualism, however, had been recognized long before. Witness the Yin and Yang of Chinese philosophy as one example. There are others, namely the positive and the negative, each depending on the other, and the same is true of matter and animatter. When you think of it, the human race is neither male or female, it is both.

How can the idea of complementarity be applied to the field of medicine, particularly the learning of medicine? The answer to this question is my major theme. And this leads to the next definition: “quintessence,” a word which describes that nebulous intangible factor which is the very essence or life spark embodied within an idea. It is, if you will, what is left when one tries to quantitatively identify an object which cannot be totally explained in measurable terms, for instance in the definition of a human being. Entomologically the word stems from the Greek word “quint,” the fifth essence which is superimposed on the four stables of fire, air, water and earth. It is the concentrated extract of the quality which is the highest and most typical aspect of a person or a thing.

“Medical practice,” as opposed to medical theory or to the consideration of medicine in the abstract, is what from this day forward will probably be your main concern in life. How you practice medicine, that is the skill and the art with which you behave, will determine how closely you realize the goal toward which you addressed yourself when you chose to take your first pre-medical course in college.

So how is complementarity the concentrated “fifth essence” of the successful practice of medicine? At Jefferson a new curriculum has been devised which begins with your class and will proceed with your successors. We have tried to build it around fundamental concepts which you are expected to learn. To guarantee that you have learned them to a degree where they will alter your behavior, we will carefully measure the skills which you display under the aegis of the various concepts. You will be taught many facts in lectures, laboratories, reading and at the bedside. You will learn how to assimilate these facts, organize them and utilize them in clinical diagnosis and judgment. Your mastery of the concepts which can be equated with medical knowledge and your ability to use them whether it be in a laboratory test or in management of a patient will be measured. Finally, and this is the most difficult aspect we have to teach, you will learn by example, by common sense, by gut reactions and by the almighty spiritual spark residing in each of you—the art of medicine.

Obviously you cannot be expected to practice medicine until you have mastered the basic facts and concepts. Genetics, biochemistry, immunology, anatomy and physiology and on and on through the basic and clinical sciences are the tools with which you must become thoroughly familiar. You will learn many more facts than
our generation dreamed existed. Further, you will learn many skills such as how to listen to a heart, test a reflex, read a film, take a history and the like. We, your teachers, among other things represent the public at large. It is incumbent on us to make certain that you have learned these facts and that you have become adept at these skills because without them you will not be a doctor in the truest sense of the word. All the salesmanship and glad handing personality and all the bedside manners in the world will not serve as a cover for ignorance. You will not graduate if you have not learned the concepts of knowledge which can be measured by standard tests similar to those which you have taken by the hundreds since your first preschool application was filed.

But all this will not suffice. Once you have learned the myriad concepts and skills, you will still be incomplete if that complementary ingredient—the art of medical practice—is missing. What is the art of medicine? It is the inner warmth that makes you care about patients who are ill rather than about diseases or cases. It is a difficult element to convey through pedagogy but it is just as important to learn as all the concepts and skills which can be measured. It is frustrating for us to try to schedule a learning experience which involves such a human quality. It is best conveyed by example, assuming we, your teachers, have mastered and practice it ourselves. Watch for it. It is the senior, internationally recognized clinician who assists a decrepit and indigent patient with her overcoat. It is the physician who tells the patient he must lose an arm, leg or eye in a way which keeps him from contemplating suicide. It is the one who can help his patient and relatives face death. It is winding up the bed a notch; smiling when you are tired; coaxing rather than ordering nurses; or carefully explaining to solicitous relatives what ails the patient. It is knowing when to be firm, tough and demanding. It is knowing when to keep silent. It is knowing when to be humble and when to admit uncertainty. It is the art of inconsistency. It is this and many other things which have no precedent and which require the utmost tact and humanity that you, as a member of the human race, are capable of providing.

Medical practice is not all science and it is not all art. The two are complementary. Medicine is in trouble today because many of us, particularly here in a medical school setting, are too consumed with the biological sciences. We are carried away because scientific facts come pouring over us every day in our reading, conferences, grand rounds and in our local and national meetings. We are hooked on scientific facts. It is an exciting addiction and in just a few weeks you also will be hooked and for life. In today's world just a sixty-second telephone call can unleash thousands of units of antibiotics. These are infinitely superior to the former, turn of the century, all night vigils with alternate hot and cold soaks applied to a patient dying of pneumonia. Yet the modern "sixty-second" doctor is despised whereas his helpless counter-part, the doctor of yester year, was dearly loved. Why is this so? Perhaps in our quest to learn all the facts of modern, up-to-date diagnostic and therapeutic techniques, we are so consumed with reading and scientific presentations that we simply have no time or inclination to listen to inconsequential small talk from our patients. Nevertheless these people need us. They need us to pause and to listen and to empathize and on occasion to sympathize. But again beware. It cannot be all empathy and hand-holding. To do this without a foundation of scientific knowledge amounts to quackery. You can ill afford to believe the praise that some patients will heap on you. If you are all bedside manner with no solid basis of facts, your house of cards is sure to tumble. Impatient young freshmen in medical schools want to see and treat real live patients as early as possible. We have tried this scheme in our school and it does not work. It fails because the patients know, and worse than this the students know, that all is a sham and that the students are "playing doctor." Now we arrange for you to wait for a few months to allow for the accumulation of at least some of the essential medical facts before you experience intimate patient contact. Similarly, if you fail to keep up with the facts after your graduation or after you have become board certified, you will soon again be "playing doctor" and even if you stay out of court, in your heart of hearts, you will know the true nature of things. Nothing is worse than the loss of self-respect.

So remember this word: complementarity. It permeates throughout medicine. It is the quintessence of a practicing physician and it is also the quintessence of a medical school. As a medical center, we have our complementary dualisms. Teaching medical centers require a happy blend of those who teach the humane facts and those who teach how to search for unknown facts. These two basic aspects of learning are both absolutely essential in medical education. A medical school which tries to turn out all empirically-oriented practitioners to the exclusion of anything else soon becomes a trade school. On the other hand one that is overloaded with laboratory investigators and dog surgeons soon becomes an NIH supported ivory tower out of touch with reality. The ideal is a blend of the complementary pair, for no medical school is complete without each. The same is true for a school made up of all full time or all voluntary teachers, an all inbred faculty or an all "outside" faculty. All indigent patients or all private patients—all of this or all of that is simply lethal. What is sought is not a compromise, it is complementary factors each sufficient unto itself but both necessary for the whole.

Particularly as it applies to you, from this day forward remember that the quintessence of medical practice is complementarity. It is the science and the art of medicine. Embrace this idea and I predict it will serve as a talisman for the good luck which you so richly deserve. Welcome to our profession.
class notes

1908

Dr. John B. Laughrey, 3rd St., Suttersville, Pa., was the subject of several newspaper articles when he celebrated his ninety-first birthday this summer. He has practiced in Suttersville, in the heart of the coal district, for sixty-three years and has no plans for retirement. Before entering medicine, he worked for the Pittsburgh Coal Company as a clerk and is still associated with it as a physician. Actively involved in community affairs, he served as Burgess of Suttersville for twenty-seven years and as Chief of the Volunteer Fire Department for four years.

Dr. Marshall C. Rumbaugh, 10 W. Dorrance St., Kingston, Pa., is rebuilding his office and home which were severely damaged during the floods caused by hurricane Agnes in June. He writes "We had a real ocean here with over forty feet of water. The place will never be the same but a little work each day may help us stay where we have spent so much of our lives."

1909

Dr. Arthur B. Landry, 66 Lancaster Rd., West Hartford, Conn., has retired after fifty-four years of practice in Hartford. A staff member at St. Francis Hospital there, Dr. Landry has served as President of both the city and county medical societies. He received the honorary degree of Doctor of Humane Letters from St. Joseph's College in 1965. Dr. and Mrs. Landry have five children, one of whom is a physician, Dr. Arthur B. Landry, Jr., '56.

1916

Dr. Arthur J. Horrigan, 20 Maple St., Springfield, Mass., was honored by the Massachusetts Medical Society for his fifty years of membership. A radiologist, he is a former President of the Springfield Academy of Medicine.

1918

Dr. Chin Wen Low, 982 Yenan Rd. W., Shanghai, China, wrote to Dr. Reynold S. Griffith and Dr. Henry H. Perlman recently, thanking them for their letters and adding "any news from our alma mater and classmates is always welcomed and appreciated by me." Dr. Low retired in 1958 and is now a semi-invalid but hopes that his classmates may have the opportunity to visit China since "the place to live because of him and the city is fortunate that in 1922 he decided to come here to practice." The community honored Dr. Frye at an appreciation banquet in October. Dr. and Mrs. Frye have three daughters and eleven grandchildren.

1921

Dr. Glenn R. Frye, Box 1747, Hickory, N.C., observed his fiftieth anniversary of practice in August. The Hickory Daily Record devoted an editorial to him, describing him as a "physician whose dedication to his profession and patients and his able leadership while Head of Richard Baker Hospital have made him extensively known and highly respected by his associates and thousands of persons in the Catawba Valley area . . . Hickory is and has been a better

1923

Dr. George S. Enfield, Box 1691, Scottsdale, Ariz., gave up his office last year but has been doing some private school work. He plays a good deal of golf and he and his wife have travelled in Europe and the United States. One of his sons lives in California and the other in New Jersey.

1924

Dr. John R. Mench has retired from practice and moved to the Island of Jersey off the coast of England. Dr. Mench practiced in Allentown, Pennsylvania for forty-three years and was Chief of the Ear, Nose and Throat Department at Allentown Hospital.

1927

Dr. Samuel M. Dodek, 5480 Wisconsin Ave., Washington, D.C., has been named Professor Emeritus of Obstetrics and Gynecology at George Washington University School of Medicine. He joined the faculty in 1932. In May he received the 1972 Faculty Award in recognition of his forty years of teaching and service.

1928

Dr. Thomas H. Baker, 105 Tidewaters, Henlopen Acres, Del., retired from practice and moved to the seashore area.

1932

Dr. Michael M. Scott, 57 Derwen Rd., Bala Cynwyd, Pa., has been honored by the presentation of his portrait to Temple University Hospital by the neurosurgery department. Dr. Scott is a Professor of Neurosurgery and has been at Temple for thirty-seven years. He and Mrs. Scott have three sons and a daughter.

1936

Dr. George L. Erdman, 50 Cedar St., Millburn, N.J., has been elected President of the medical staff of Overlook Hospital. A past President of the New Jersey Society of Pathologists, Dr. Erdman is Chief of Pathology and Director of Laboratories at Overlook. He is also a past President of the Union County Medical Society and the New Jersey Blood Bank Association.
Dr. Edward C. Kottcamp, Jr., Box 278, Eagles Mere, Pa., has retired after thirty-five years of general practice in Marietta. He was also physician for the Donegal Steel Foundry, the Marietta Armstrong Carpet Plant and the school system and served as Deputy Coroner. He was honored at a testimonial dinner and an open house on May 20.

Dr. John P. Manges, 1201 Wayne Ave., Chambersburg, Pa., has been named a Fellow of the American College of Radiology. Dr. Manges is a member of the staffs of Chambersburg and Waynesboro Hospitals and Fulton County Medical Center.

1937
Dr. Everett J. Gordon, 2916 Ellicott Terr. N.W., Washington, D.C., has been appointed President of the Metropolitan Boys Club of which he has served as medical director since 1950. In 1971 he was President of the Washington Figure Skating Club.

1938
Dr. G. Vernon Judson, 722 Redman Ave., Haddonfield, N.J., recently became a Diplomate of the American Board of Family Practice.

1940
Dr. Andrew G. Lasichak, 1108 Kales Bldg., Detroit, Mich., was in Philadelphia in August to register his daughter as a freshman medical student. He reported that he and his wife had had a gracious and warm welcome from classmate Francis T. Kaneshiro and his wife, Haru, when visiting Hawaii recently. Dr. Kaneshiro, who is semi-retired, sends his best to all members of the class of 1940.

1941
Dr. William A. Longshore, 550 Bancroft Rd., Walnut Creek, Calif., has joined the staff of the Contra Costa County Health Department as Assistant Health Officer and Chief of Health Medical Services. He recently retired from the California State Department of Public Health which he joined in 1950. He became Chief of the Division of Community Health Services in 1964 and Chief of Community Health Services and Resources Program in 1968.

1942
Dr. Thomas N. Warren, Emmett Memorial Hospital, Clifton Forge, Va., has been elected Chief of Staff there.

1944
Dr. Maxwell W. Steel, Jr., 155 N. A St., Scott AFB, III., has been appointed Deputy Surgeon General, USAF. He holds the rank of Major General and was previously Command Surgeon, Military Airlift Command at Scott AFB. He and Mrs. Steel have two daughters and four sons, one of whom, Maxwell W., III, is a freshman at Jefferson.

1944S
Dr. Richard H. Ross, 2392 N. Quebec St., Arlington, Va., returned to the Army Surgeon General's Office in July after a year in Vietnam where he headed the U.S. Army Medical Command and served as Staff Surgeon at U.S. Army Headquarters. Dr. Ross, who is a Colonel, is Director of Plans, Supply and Operations for the Army Medical Department. He and Mrs. Ross have one daughter.

1945
Dr. Harold J. Laggner, 123 W. Commerce St., Smyrna, Del., has been named Medical Director of the State Home at Smyrna. Dr. Laggner is a past President of the Kent County Medical Society and of the medical staff of Kent General Hospital. He is currently President of the Kent County Cancer Society.

1947
Dr. David J. LaFia, 550 N.E. 56th St., Miami, Fla., is Chief of Neurosurgery at Mt. Sinai Hospital. He has published several papers on stereotaxic neurosurgery and has become interested in popular writing. In 1970 he published How to Master Your Nerves with Dr. Peter Steincohn and is currently working on other popular books and a novel. Dr. and Mrs. LaFia have ten children, the oldest of whom is a freshman at the University of Miami Medical School.

1948
Dr. C. Jules Rominger, Misericordia Hospital, Philadelphia, has been appointed the first Chairman of Radiation Therapy and Nuclear Medicine at Mercy Catholic Hospital. He has served as Chairman of the Radiology Department there since 1969. He also is Director of the Radiology Department at Misericordia.

1949
Dr. George R. Farrell, 1300 Grand Ave., San Diego, Calif., visited classmate Craig Macbeth in Tuscon. He is looking forward to the 25th reunion in 1974.

Dr. Matthew E. Johnson, 803 Colford Ave., Collingswood, N.J., is on leave of absence from the mission hospital in Kenya after fourteen years there. He is taking a psychiatry residency at Temple.
1950
Dr. Robert S. Stein, 654 Wolf St., Easton, Pa., has been appointed Director of Health Services at Lafayette College. In addition to his practice, Dr. Stein is Medical Chief of Civil Defense and City Health Officer in Easton. He is prison physician for Northampton County Prison and Director of the Northampton County Drug and Alcohol Abuse Commission.

1951
Dr. Leonard S. Girsh, 113 E. Church Rd., Philadelphia, has been invited to contribute a chapter on the effects of air pollution on bronchial asthma for the 1972 edition of the Annual Review of Allergy.

Dr. Edward D. Lehman, 5725 Ridge Ave., Philadelphia, has been appointed Assistant Director of Clinical Research and Services at McNeil Laboratories. He previously practiced obstetrics and gynecology in Philadelphia.

1952
Dr. James E. Clark, Crozer-Chester Medical Center, 15th and Upland, Chester, Pa., has been named Director of Health Services for Swarthmore College. Dr. Clark is Director of Medicine at Crozer-Chester Medical Center which is now the official hospital for the college.

Dr. Milton M. Perlloff, 7805 Louise La., Philadelphia, has been elected President-elect of the Pennsylvania Academy of Family Physicians. A Charter Diplomate of the American Board of Family Practice, Dr. Perlloff is President of the Einstein Professional Society and of the North Branch of the Philadelphia County Medical Society and Vice-President of the medical staff of the Albert Einstein Medical Center, Northern Division.

1953
Dr. Carl B. Myers, 18 Civic Center Dr., East New Brunswick, N.J., has joined Johnson and Johnson as Corporate Medical Director. He previously had served as Manager of Corporate Employee Health Services for Abbott Laboratories in North Chicago.

1954
Dr. Jerome Dersch, 232 N. 5th St., Reading, Pa., has been named Editor of Transactions of the Pennsylvania Academy of Ophthalmology and Otolaryngology. A member of the staff of St. Joseph's Hospital in Reading, he is a past President of the Reading Eye, Ear, Nose and Throat Society and is a Fellow of the American College of Surgeons.

Dr. Joseph B. Green has been appointed Professor and Chairman of the Department of Neurology at the Medical College of Georgia in Augusta. He was previously a Professor of Neurology at the Indiana University School of Medicine where he had been a faculty member since 1960.

Dr. George D. Sorenson, Jr., has joined the faculty of Dartmouth Medical School as Professor and Chairman of the Department of Pathology and John La Porte Given Professor of Cytology. He was formerly Chairman of the Department of Pathology at St. Louis School of Medicine.

Dr. Donald P. Elliott, 70 Eudora St., Denver, Colo., has been promoted to Assistant Clinical Professor of Surgery on the volunteer faculty of the University of Colorado School of Medicine. A faculty member since 1963, he is a Diplomate of the American Board of Surgery and a member of the American College of Surgeons.

1955
Dr. Herbert E. Cohn, 829 Spruce St., Philadelphia, has been elected Vice-President of the staff of the Daroff Division of Albert Einstein Medical Center.

Dr. Roger C. Lauwe, 930 Berdan Ave., Wayne, N.J., has been elected to the Board of Trustees of Greater Paterson General Hospital. He is a past President of the hospital staff. An ophthalmologist, Dr. Lauwe is a Fellow of the American College of Surgeons, a Diplomate of the American Board of Ophthalmologists and a member of the American Academy of Ophthalmology and Otolaryngology. He and his wife have two daughters.

1956
Dr. Paul J. Dugan and his family (sons, Paul, Jr., Alan and Robert, daughter Andrea and wife Olga) visited Jefferson during the summer months. He reacted as all alumni do on seeing the new campus for the first time in ten years: "I came to medical school too early. It's fantastic." The Dugans live at 1020 Charleston Circle, Roseville, California. Dr. Dugan is a member of the Board of Medical Examiners there.

Dr. Sheldon G. Gilgore, 9 Rockwell La., Darien, Conn., has been named a Vice-President of Pfizer, Inc. He is President of Pfizer Pharmaceuticals. Before joining Pfizer as Associate Director of Clinical Research in 1963, Dr. Gilgore was an Instructor in Medicine at Jefferson.

1957
Dr. Donald P. Elliott, 70 Eudora St., Denver, Colo., has been promoted to Assistant Clinical Professor of Surgery on the volunteer faculty of the University of Colorado School of Medicine. A faculty member since 1963, he is a Diplomate of the American Board of Surgery and a member of the American College of Surgeons.

1959
Dr. Kenneth P. Johnson, Jr., 2711 Scarborough Rd., Cleveland, Ohio, has been promoted to Associate Professor of Neurology at Case Western Reserve University School of Medicine.

Dr. Thomas J. Liddy has been appointed Director of Laboratories at St. Mary Hospital in Hoboken, New Jersey. He was previously Associate Director of Laboratories at St. Barnabas Medical Center in Livingston.

Dr. Walter M. Shelly, c/o Dr. E. Bauman, R.D. #1, Coopersburg, Pa., has returned to the States after three years at a small medical center in Kimpese, Republic of Zaire. At the three hundred bed hospital, Dr. Shelly was the chief surgeon and his wife was in charge of the ob/gyn service.

Dr. James R. Wiart, 439 Westgate Ave., St. Louis, Mo., is an Instructor in Medicine at Washington University.

1960
Dr. Jitendra B. Bhatt, 1148 San Bernardino Rd., Upland, Calif., left the Kaiser Foundation Health Plan Group last November to open an obstetrics practice in Upland.

Dr. Herbert D. Kleber, 53 Edgehill Rd., New Haven, Conn., is an Associate...
Professor of Psychiatry at Yale Medical School. He is in charge of a unit for treatment, prevention and research into drug dependence. The unit is considered a model for the country and involves eight divisions with four hundred patients seen daily in a variety of treatment approaches.

Dr. William W. Mears, 262 Victor St., Aurora, Colo., is now Chief of Ophthalmology at Fitzsimons General Hospital in Denver. He has been accepted for a year's fellowship in pediatric ophthalmology at Children's Hospital in Washington, D.C. beginning in January. He is a Diplomate of the American Academy of Ophthalmology and Otolaryngology and an Assistant Clinical Professor of Ophthalmology at the University of Colorado School of Medicine.

1961

Dr. John H. Gould, Main St., Shiloh, N.J., recently became a Diplomat of the American Board of Family Practice. He is a member of the Bridgeton Hospital staff and practices in Shiloh.

1962

Dr. Joseph J. Pittelli, 3428 Oak Dr., Ypsilanti, Mich., has been appointed Assistant Director of Clinical Therapeutics at the Research Laboratories of Parke, Davis & Company, a subsidiary of Warner-Lambert Company. Dr. Pittelli previously was a pediatrician in Cold Spring, New York.

1963

Dr. Robert M. Davis, 30 Fox Run Rd., York, Pa., has joined the staff of York Hospital and opened a practice of plastic and reconstructive surgery there. He was certified by the American Board of Surgery in 1970.

Dr. Daniel M. Friday, Tyrone Hospital, Tyrone, Pa., has been appointed to the staff of Mercy Hospital. He is Chief of Staff at Tyrone Hospital and a member of the staff of Philippi Hospital. He practices obstetrics and gynecology.

Dr. James Price, 35 Victoria Cir., Newton Center, Mass., has joined the Ophthalmology Department at Tufts Medical School as an Assistant Professor. He has passed the ophthalmology boards and received at Ph.D. in medical physics from the University of California at Berkeley.

Dr. Herbert C. Rader, Catherine Booth Hospital, Nagercoil, Tamil Nadu, India, is Acting Chief Medical Officer at the Catherine Booth Hospital, a Salvation Army Mission.

1964

Dr. William F. Bingham, 3504 Crown Blvd., La Crosse, Wisc., has been appointed to the neurosurgery staff at the Gunderson Clinic there. He recently completed a neurosurgery residency at Columbia-Presbyterian Hospital in New York. He and his wife have two daughters.

Dr. James H. Houser, 122 Prospect Ave., Franklin, Pa., has opened an ophthalmology practice there. He is a member of the Franklin Hospital medical staff and was certified by the American Board of Internal Medicine in 1971.

Dr. Don B. Knapp, II, has opened an ophthalmology practice at 2815 First Avenue North, St. Petersburg, Florida.

Dr. Alfred J. Martin, Jr., and his wife, Dr. Amilu S. Martin '65, have announced the opening of their practice in general, thoracic and peripheral vascular surgery at 1317 North Academy Boulevard, Colorado Springs, Colorado.

1965

Dr. Elmer C. Bigley, Jr., has become associated with the Northern Virginia Orthopaedic and Allied Specialties Clinic in Alexandria, Virginia. He recently completed a two-year tour at the Patuxent River Naval Air Station in Maryland.

Dr. John Cashman, 5006 Randall Dr., Wilmington, N. C., has joined a urology practice there.

Dr. Norman J. Kramer married Miss Linda Lorraine Spiess on July 21. Dr. Kramer is an endocrinology fellow at Parkland Memorial Hospital, 5201 Harry Hines Street, in Dallas, Texas.

Dr. Burton W. Pearl, 807 Haddon Ave., Haddonfield, N.J., has been appointed to the surgery department, section of orthopaedics at West Jersey Hospital. Dr. Pearl previously was an Instructor in Surgery at the University of Pennsylvania.

Dr. J. Dennis Steen has opened an ophthalmology practice at 222 Geri Lane, Richmond, Kentucky. He is a staff member at Pattie A. Clay Hospital and a volunteer faculty member at the University of Kentucky Medical Center where he recently completed his residency.

Dr. Robert R. Thompson, Route #1, Rochester, Minn., is a second-year pathology fellow at the Mayo Clinic. He and Mrs. Thompson have three sons.

1966

Dr. Andrew L. Bender has opened an office for the practice of neurology at 400 Old Hook Road, Westwood, New Jersey.

Dr. Nathan Cohen, 140 Kent Ct., San Bruno, Calif., joined the Permanente Group in July after two years in the army. His wife is temporarily "retired" from practice to care for their first child, a son, who was born in April.

Dr. Robert H. Kirschner, 5614 Greenspring Ave., Baltimore, Md., is Assistant Chief of the Department of Pathology at the USPHS Hospital there. His wife, Barbara, is now on the pediatrics staff at Johns Hopkins. Their second son, Daniel, was born in December. Dr. Kirschner is completing his Ph.D. thesis for the University of Chicago.

Dr. John A. Manfredi, 110 Lynn Haven Dr., Beaver, Pa., has joined Heinle and McCreary Associates there. An internist, Dr. Manfredi is especially interested in hematology. He recently completed a hematology fellowship at Duke University. Dr. and Mrs. Manfredi have three children.

Dr. Michael L. Popow, 578 Wana maker Rd., Jenkintown, Pa., has joined the internal medicine staff of Pottstown Memorial Medical Center.

Dr. Carl L. Reams, 600 Bloom St., Danville, Pa., is now in the last year of an ENT residency at the Geisinger Medical Center.

Dr. Thomas D. Schonauer, 108 Irving Rd., York, Pa., and classmate Dr. Kenneth P. Heaps are now associated with Dr. David C. Porterbaugh '33, and Dr. Furman T. Updike '61, in the Springdale Pediatric Associates. Dr. Schonauer was Chief of Pediatric Services during his second year at the Naval Hospital in Pensacola, Florida.

1967

Dr. H. Jane M. Breck, 24 Whites Ave., Watertown, Mass., is working on a fellowship on social and emotional aspects of pediatrics at Tufts-New England Medical Center in Boston. Her husband, an attorney, is attending the Harvard Graduate School of Business Administration.

Dr. John R. Freshman, 1032 24th St. N.W., Rochester, Minn., has a second child, Melinda Sue, who is nearly a year old.

Dr. William Horner, 21 Roberts Ave., Bar Harbor, Me., has joined the Medical Associates of Bar Harbor. He is a general surgeon. Dr. and Mrs. Horner have three children, Lara, Amy and R. Christian.
The doctor who "organized a hospital" at the Wilkes-Barre-Scranton Airport at the outset of the flood emergency actually is a recent medical school graduate who had not even started his internship at Robert Packer Hospital.

That "take charge guy" is Wallace F. Benjamin, son of Mr. and Mrs. William F. Benjamin, 1075 Meade Ave., Scranton, a graduate of the U.S. Naval Academy and a former naval officer who served on various destroyers for four years before resigning to enter Jefferson Medical College.

A front page story about the Wyoming Valley flood crisis in the New York Times on June 29 made mention that "A doctor named Benjamin—no one ever learned his first name—appeared (at the airport) and organized a hospital."

The Scrantonian traced the "doctor named Benjamin" to Robert Packer Hospital in Sayre, reaching him as he was engaged in preparing a patient for surgery and waiting until his intern duties were finished in order to get his story about his eight days and nights directing medical operations at the airport.

"I graduated from Jefferson three weeks ago," explained the budding physician, "and I was spending two weeks with my parents in Scranton before reporting to Robert Packer Hospital. I heard that Scranton Mayor Eugene Peters was organizing a flood assistance program and went to the airport to offer my services. The mayor and Dr. Huber, (Dr. Richard L. Huber, city director of health) were working at the Scranton relief effort and put me to work."

Dr. Benjamin, loud in his praise of the flood relief efforts of the "civilians" who responded while less laudatory as to work of organized agencies, said he started out by setting up a "little dispensary" and dispatching nurses and others to isolated sectors where help was urgently needed.

"We thought we were staging a 'holding action' for one or two days until the professionals showed up," remarked Dr. Benjamin. "But the situation was out of hand and we faced supporting the whole effort of the gigantic flood disaster."

He told about organizing a "drug warehouse" in the largest hangar at the airport when the full scope of the emergency came into focus, searching "high and low" for drug vendors to supply penicillin and other medical needs and about a Scranton druggist, James Kelly, setting up a "retail drug store" at the airport which was an important factor in keeping records of supplies and treatments.

"Mayor Peters felt he might have 200,000 cases for penicillin," recalled Dr. Benjamin. "That was a little high and right now I can't tell you how many flood victims were treated."

The recent medical school graduate, whose experience as a naval officer contributed to his ability to "take charge," found himself dispatching doctors with many years of practice on emergency assignments throughout the stricken area—often calling upon naval helicopters to provide transportation.

At first Dr. Benjamin attempted to disclaim being "in charge," contending he was just "minding the store and putting things together." After brief thought, however, the intern admitted that he was in charge "although I didn't really realize it at the time."

His comments reflected a deep-seated appreciation of the responsibilities of a person with medical skills to make that knowledge and ability available in time of crisis.

"That's the way the game should be played. I was free, being on vacation before reporting to Robert Packer. I had the training and the background. I was the logical guy for the job," said Dr. Benjamin when asked whether he had any qualms about "ordering" full-fledged doctors out on flood assignments.

Dr. Benjamin said these doctors had their own patients to take care of and therefore could not devote all their time to flood duty, performing as much of such emergency service as possible.

The thirty-four-year-old intern praised the flood relief efforts of Mayor Peters and a "wonderful bunch of people from Scranton who did a great job."

Bluntly, Dr. Benjamin asserted "It was the civilians who did the work, including a lot of young people . . . the type that, perhaps, might have been ordered off the Courthouse Square under some circumstances."

A graduate of Central High School, where he was a member of the school band, Dr. Benjamin was a sophomore at the University of South Carolina when he was appointed to the Naval Academy in 1957 by former 10th District Congressman Joseph Carrigg.

He finished the academy in June of 1961 and spent the following four years honoring his commitment when appointed a midshipman. He turned briefly to engineering before deciding that his real interest was in medicine. That's when he decided to enter Jefferson.
Dr. Clifford C. Kuhn is stationed at Lachland Air Force Base. He won the Laughlin Merit Award at the University of Michigan Hospital where he was chief resident in psychiatry.

Dr. Stephen Slogoff, 5010 Merlin Dr., San Antonio, Tex., has begun his second year at the U.S. Army Institute of Surgical Research. He was recently certified by the American Board of Anesthesiology.

Dr. Vincent J. Varano, North Crestwood Dr., R.D. #4, Danville, Pa., has been appointed to the staff of Geisinger Medical Center in the Department of Internal Medicine, Division of Gastroenterology.

Dr. Ralph J. Venuto recently completed an orthopaedic residency at Columbia Presbyterian Medical Center in New York and is now stationed at Davis-Monthan Air Force Base in Tucson, Arizona. Following his military service, he plans to spend a year as a hand fellow with Dr. Joseph Boyes in Los Angeles. He and Mrs. Venuto have a year-old son, Stephen James.

Dr. Herbert S. Woldoff has opened an office at 500 E. Thomas Road, Phoenix, Arizona and is specializing in diseases of the eye and retina.

1968

Dr. Paul R. Bosanac, 9 Olde Benchmark Village, Royersford, Pa., is stationed at Valley Forge General Hospital as a staff nephrologist.

Dr. Edward A. Deglin, 9340 Edmonston Rd., Greenbelt, Md., has completed a three-year residency in ophthalmology at the Georgetown University Hospital and is spending a fourth year in clinical research there.

Dr. Laura B. Funkhouser has joined the National Health Service Corps and has been assigned to a new clinic in Hale, Michigan. She recently completed a residency in internal medicine at Akron General Medical Center in Ohio.

Dr. Robert A. Jacobs has completed his military service and began a senior residency in pediatrics at Harbor General Hospital in Torrance, California.

Dr. Allan W. Skrenta, 11108 Woodlawn Blvd., Upper Marlboro, Md., is stationed at Andrews Air Force Base.

Dr. Bruce L. Stevens, 2362 Brevard Rd., Charleston, S.C., completed his radiology residency at the Naval Hospital in Philadelphia in July and is now staff radiologist at the Naval Hospital in Charleston. His daughter Sarah was born on February 26.

Dr. Russell J. Stumacher, Department of Infectious Diseases, Boston University Hospital, 750 Harrison Ave., Boston, is in his second year of study there under Dr. William R. McCabe. He presented a paper titled "Bacteremia, Endotoxicemia and the Limulus Assay: A Critical Assessment" at the combined meetings of the Infectious Disease Society of America and the American Society of Microbiology at Atlantic City in September. The meetings were part of an Inter-Science Symposium on Antimicrobial Agents and Chemotherapy.

1969

Dr. Salvatore P. Girardo, 1141 Snyder Ave., Philadelphia, has begun a cardiology fellowship at Temple University.

1970

Dr. Leonard J. Cerullo married Miss Cheryl Lee Weir on June 24. Dr. Cerullo is continuing a neurosurgery residency at Wesley Memorial Hospital, an affiliate of Northwestern University.

Dr. Peter D. Pizzutillo, 1000 Walnut St., Philadelphia, is a second-year orthopaedic resident at Jefferson.

1971

Dr. Thomas Borthwick, 3216 Coachmen East Apts., Lindenwold, N.J., is a first-year internal medicine resident at Jefferson.

Dr. Thomas A. Brasitus, 445 E. 86th St., New York, is an internal medicine resident at New York Hospital. Next summer he will begin a two-year fellowship in gastroenterology at Beth Israel Hospital in Cambridge, Massachusetts.

Dr. Arthur E. Brown, 232 Marlborough St., Apt. 4, Boston, Mass., has joined the Public Health Service for two years.

Dr. Peter M. Caravello, 714 Fulton St., Philadelphia, plans to enter family medicine. He and his family are stationed in Karamansel, Turkey with the air force.

Dr. Harry R. Cramer, Jr., US Naval Air Station, Pensacola, Fla., is serving as a flight surgeon.

Dr. William C. Davison, 3950 N. Lakeshore Dr., Chicago, is a first-year neurology resident at Northwestern University.

Dr. George W. Dennish, III, 213 Laurel Pl., Clementon, N.J., is an internal medicine resident at the Philadelphia Naval Hospital.

Dr. Brian Donnelly, 622 W. 168th St., New York, and his wife announce the birth of a son, Brian David, on April 21. Dr. Donnelly is a radiology resident at Columbia Presbyterian Hospital.

Dr. Edwin P. Ewing, Jr., 3536 Watt Ave., Sacramento, Calif., is a pathology resident at Sacramento Medical Center.

Dr. George R. Freeland, 203 E. Buttonwood St., Wenoah, N.J., has begun an internal medicine residency at Philadelphia Naval Hospital.

Dr. Francisco J. Garcia-Torres, Cedar Ridge Apts., Little Gloucester Rd., Blackwood, N.J., has started a three-year internal medicine residency at the Philadelphia Naval Hospital and plans to go to a G.I. subspecialty.

Dr. Daniel B. Gould, 583 E. Homestead Village La., Rochester, Minn., and his wife announce the birth of a son, David, on June 24. Dr. Gould is a medical resident at the Mayo Clinic and hopes to return to the Philadelphia area.

Dr. William B. Ratchford, 44G Millside Manor, Delran, N.J., is in his second year of pediatric training at St. Christopher's Hospital for Children. His son Buckley Thomas is a year old.

Dr. J. Stanley Smith, Jr., 1139 Loop Dr., Harrisburg, Pa., is a surgery resident at Harrisburg Polyclinic Hospital. His son Brian Matthew is a year old.

Dr. Brent Spears, 47 Summer St., Amherst, Mass., moved there in August. He and his wife bought a Victorian farmhouse. Dr. Spears is a staff physician at the University of Massachusetts Health Service and his wife is completing a masters degree in counseling psychology.

1972

Dr. Robert D. McKay married Miss Patricia Kay Briley in June. Mrs. McKay is a 1971 graduate of the Jefferson School of Nursing. Dr. McKay is an intern at the National Naval Medical Center in Bethesda, Maryland.

Dr. James R. Wall married Miss Jane Marie McDermott on June 3. They are living in Wilmington where Dr. Wall is an intern at the Wilmington Medical Center.

graduate school

Dr. Leonard M. Rosenfeld, 386 Rockledge Ave., Huntingtondon Valley, Pa., an Assistant Professor of Physiology at Jefferson, presented the Commencement Address at the 1972 Graduation Exercises of the School of Nursing at Frankford Hospital. His address was titled "What Price Ecology?"

Dr. Martin F. Tansy, Jr., 2334 S. Gilinger Rd., Lafayette Hill, Pa., has been promoted to Professor of Physiology at Temple University.
Obituary

Frank Keagy, 1904
Died on April 13, 1972 at the age of ninety-two. Surviving are two daughters and a son, Dr. R. Marvel Keagy '35.

Alexander J. Orenstein, 1905
Died on July 7, 1972 in Johannesburg, South Africa. After beginning his career in public health in Panama, Dr. Orenstein moved to South Africa where he became responsible for the organization and administration of medical care in the mining industry. He was the first director of pneumoconiosis research for the South African Council for Scientific and Industrial Research and the Chamber of Mines of South Africa. In addition he had a distinguished military career and was instrumental in the founding of the Medical School of Witwatersrand University. An Honorary Fellow of the Royal Society of Tropical Medicine, he received the Gold Medal of the Institute of Mining and Metallurgy, the Gold Medal of the Mine Medical Officers Association of South Africa and the Bernard Nocht Medal of the Hamburg Institute of Tropical Medicine. Jefferson honored him with the Alumni Achievement Award in 1970.

Emory R. Park, 1909
Died on July 1, 1972. He was associated with LaGrange College in LaGrange, Georgia for forty-seven years. He was also a past President of the Troup County Medical Society.

Harvey W. Kline, 1912
Died on August 1, 1972 at the age of ninety-three. Two daughters survive him.

Robert L. Sheppard, 1912
Died on August 18, 1972 at the age of eighty-six. He practiced in Camden, New Jersey for sixty years.

Surviving are his wife, Florence, two daughters and two sons.

Dean A. Nesbit, 1914
Died on February 15, 1972 in Youngstown, Ohio at the age of eighty-two.

Edmund H. Smith, 1915
Died on April 21, 1972 at the age of eighty-one.

Benjamin V. Derrah, 1916
Died on June 25, 1972 at the age of seventy-nine. He is survived by his wife, Jeanne.

Clifford J. Wickert, 1918
Died on May 8, 1972.

Robert A. Bradley, 1920
Died on April 11, 1972 at the age of seventy-nine. A radiologist, he was a member of the staffs of Shore Memorial and Atlantic City Hospitals. He was a past President of the Atlantic County Medical Society.

W. Lawrence Cahall, 1920
Died on August 2, 1972 in Philadelphia at the age of seventy-four. He was Chief of the Cardiology Department at Germantown Hospital and an Honorary Clinical Assistant Professor of Medicine at Jefferson. Dr. Cahall was an Emeritus Trustee at Germantown Academy. His wife, Annetta, and a son, Dr. Walter L. Cahall, Jr., '47, survive him.

Lawrence N. Durgin, 1920
Died on March 22, 1972 in Amherst, Massachusetts at the age of seventy-five. A Fellow of the American College of Physicians, he was Chief of Medicine at Cooke Dickinson Hospital. Surviving are his wife and two daughters.

Harry J. Jacobson, 1920
Died on March 22, 1972 in Memphis, Tennessee at the age of seventy-four. A pediatrician, he was a member of the faculty of the University of Tennessee College of Medicine and on the staffs of St. Joseph and Baptist Memorial Hospitals.

Jose M. Jimenez, 1922

Lewis H. Bacon, 1924
Died on May 28, 1972 at the age of seventy-one. He was a Fellow of the American College of Surgeons and a member of the American Board of Ophthalmology and Otolaryngology. Surviving are a sister and a brother, Dr. Walter A. Bacon '16.

Manuel deDiego, 1934
Died on April 6, 1972 at the age of sixty-three. He was a staff member at Lourdes Hospital in Binghamton, New York and at the Wilson Memorial Hospital in Johnson City.

Harry A. Reinhart, 1943
Died on June 20, 1972 in Millville, New Jersey at the age of fifty-four. A radiologist, he was associated with Millville, Newcomb and Ancora State Hospitals and the Graduate School of Medicine at the University of Pennsylvania. His wife, Vivian, two daughters and three sons survive him.

Durward W. Southard, 1944J
Died on January 17, 1972 at the age of fifty-six.

Richard B. Crowder, 1949
Drowned with his son during the flood in Rapid City, South Dakota in June. He had practiced neuro-surgery there for the past fourteen years. His wife, Audrey, a son and a daughter survive.

Milton S. Greenberg, 1950
Died on July 1, 1972 in Atlantic City, New Jersey at the age of forty-eight. He was a Clinical Assistant Professor of Psychiatry and Director of the Consultation-Liaison Service at Hahnemann Medical College and Hospital. In addition he was Director of the Division of Psychiatry at Albert Einstein Medical Center, Daroff Division, and Chairman of the Clinical Services Committee and Chief of Service of the Philadelphia Psychiatric Center. Surviving are his wife, Norma, a son and a daughter.
Letters

To the Editor:
I have perused the report of the Master Planning Committee by George M. Norwood, Jr., and find it most interesting and quite comprehensive. It truly reflects extensive exploration and effort by the Planning Committee and I believe it does quite accurately and fairly assess the issues which Jefferson faces in the changing environment of medical education and care. It obviously will be necessary to alter academic policies considerably to meet the ever increasing needs for medical services and to conform to patterns which will be developing independent of Jefferson's effort or policies which may be more or less dictated to Jefferson as well as the rest of us. The ever pressing need for more and better care makes the proposal of the Consortium seem feasible, at least in outline and, of course, all paramedical personnel will be in greater demand and training facilities will be strained to provide the numbers that are necessary. Health care delivery, teaching facilities and finances are all part of what must be met in order to keep pace with the trends and to maintain the position such as Jefferson has in the past.

My impression of the report is highly favorable. I do have some questions, as I am sure everyone else does, about how some of these things can be accomplished, but I think in outline I do not question the need for their accomplishment. Undoubtedly, it will be necessary to rely more and more heavily upon government funds for financing the University in the various prospects mentioned. I do not think that this is altogether desirable, but it no doubt will be a necessity. And of course, along with this development we shall lose some of what has been so dear to most people who have been close to Jefferson. This is part of the times, however, and I feel that Jefferson, as well as every other institution does have to adapt to the times. By so doing and by carrying out programs such as outlined by this Planning Committee, I think Jefferson will continue to hold its place among the leading and outstanding institutions of this country.

James B. Cox, M.D. '51
Knoxville, Tenn.

To the Editor:
I have reviewed the article on "Jefferson's Next Decade" by George Norwood. It certainly is an interesting exposition of the thoughts and planning which are going on regarding the future of the University.

Over the past two years I have been involved in various aspects of medical education at the University of Utah College of Medicine in my capacity as Associate Professor of Orthopaedic Surgery, as President of the Medical Staff of the University of Utah Medical Center, as an Advisor to our Curriculum Committee, and as Assistant Dean of Admissions for the College of Medicine. During this period of time many of the problems that are facing Jefferson have also presented themselves here and I do have some specific thoughts regarding certain aspects of the report.

Regarding the shortage of primary care physicians, it has long been my feeling that one major problem has not been the small number of physicians being educated but, rather, the personal orientation and biases of the various clinical departments to which the students are exposed in the course of their medical education. It is extremely difficult to re-orient a teacher of internal medicine, surgery, neurology or any of the other special areas to do anything other than encourage his students to follow in his footsteps rather than to admit that there is a possibility of a new area which cuts across many of the previous lines of authority. I feel that increasing the number of students will not change the present trend unless we really go a long way toward showing the medical students very early, and continually, that primary care is a legitimate and satisfying field of endeavor.

In my capacity as Secretary of the Committee on Injuries of the American Academy of Orthopaedic Surgeons and also as a member of the Committee on Trauma, American College of Surgeons, I have participated in several conferences regarding the training of another new variety of physician—the Emergency Care Physician. Each time the subject of qualifications required in an Emergency Care Physician have been listed it becomes very evident that there is a large area of training which is parallel to that now being considered for the Primary Care Physician. The Emergency Department Physician of the future is going to have to be trained in the care of life-threatening emergencies of all types, in the adequate triage of patients presenting themselves with many diverse problems, the primary care of many of these patients with problems which do not require specialty attention and the ability to know his limitations. With this concept in mind, it has been my feeling that the Department of Family Practice, or Primary Care, or whatever you want to call it, could probably have its best focus in the University Hospital if it concentrated on the Emergency Department as its basic training mode for medical students rather than trying to set up an in-hospital training center for primary care which immediately then runs into either passive or active resistance from the already established departments.

In regard to the decrease in the length of the curriculum for medical
students from four to three years we, of course, have been facing this same question in Utah. It has seemed quite apparent to us that trying to compress the information made available to medical students is really begging the issue and that eliminating free time to allow the same amount of subject matter to be presented in three years rather than four is a poor substitute for what we have been doing. This would, apparently, gain one class of students but from that point on the student of the future would be saddled with a very rigid program which will probably be detrimental to his overall growth and training.

I feel strongly that the free time available in a four year curriculum is of extreme value in a variety of ways—either in allowing individual students to pursue in depth areas that they would have to pass by if the free time wasn't available, to eliminate the possibility of a medical student supplementing his income, as some of them have been doing now, or in eliminating an extremely valuable safety valve for catch-up work for those who have fallen behind somewhat. My thinking has been that the place to save time, probably, would be in making available the basic sciences of the medical curriculum in undergraduate setting and allowing an individual entering medical school to be examined for his competence in basic science areas and then move directly into a system review oriented in clinical medicine and move right into the clinical years then. A program such as this would allow a shortened clinical-medical curriculum but would still give the opportunity for a solid base in basic science. I am strongly opposed to all medical students entering medical school too young in age for clinical exposure. A few youngsters are certainly ready for clinical exposure earlier than most but this is certainly not generally the case and I would strongly resist the idea of a shortened pre-medical program as an answer to our attempt to decrease the length of time required for medical training.

I was very impressed with the approach to the College of Allied Health Science and feel that this being right in with the medical school does lend itself to the team approach in medical care and cannot help but be of extreme value.

Regarding the possibility of establishment of a College of Dentistry, I feel that this is an excellent idea and do feel that some thought should be given to the combined M.D. and D.D.M. training in some form. Each year we get requests from several dentists for transfer to medical school in an advanced position and I am sure there is a definite need for a certain number of individuals to be trained in both areas. A combined program in the confines of the Thomas Jefferson University might be very beneficial and save considerable time in a training program.

These are a few of the random thoughts that have come up in reviewing the report of the Master Planning Committee. I'll certainly be interested to see just what the future does bring in this regard.

Andrew C. Ruoff III, M.D. '43
Salt Lake City, Utah

To the Editor:
We are interested in another obstetrician-gynecologist in an eighteen-man clinic group. Many of the members of our Clinic are affiliated with the University of Oregon Medical School as volunteer teachers.

If there are any senior residents in obstetrics and gynecology who might be interested in coming west, would you please give them my address, asking them to contact me.

William W. Hicks, Jr., M.D. '53
Medical Clinic
4212 N.E. Broadway
Portland, Oregon

To the Editor:
I appreciate Dr. John A. Koltes's excellent piece on the Bronte family. My wife and I have just returned from a trip to England where we had the usual great time with much train travel. In 1969 we made our pilgrimage to Haworth, the last few miles by taxi. It was a memorable visit, including a stop at the nearby pub where many on a late May afternoon were seeking the same solace that poor Branwell overdid.

Dr. Koltes has done a grand job. Today, without physical disease or hard living, many people forget that even in standing prosperity one must have lots of courage to endure.

James H. Wall, M.D. '27
White Plains, N.Y.