Spring 1973

Jefferson Alumni Bulletin – Volume XXII, Number 3 Spring 1973

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Reception during The Meetings of the American Medical Association

Sunday, June 24
5:30 to 7:30 P.M.
Dorset Hotel
30 West 54th St., New York City

Reunion Activities
June 5
Alumni Banquet, 6:30 P.M., Bellevue Stratford Hotel

June 7
Commencement, 10:30 A.M., Academy of Music
Class Parties for 1923, 1928, 1933, 1938, 1943, 1948, 1953,
Reunion Clinics, Dean's Luncheon, Jefferson Alumni Hall;
June 6
Reunion Activities
Jefferson Medical College:
A Five Year Report
Dean William F. Kellow assesses the last five years of programs and progress at the Medical College.

Fraternities 1973:
Is the Party Over?
The medical fraternities at Jefferson are facing problems today the turn of the century founders could not have anticipated.

Mummies and Medicine
Dr. Martin M. Mandel explains the medical aspects and implications of an Egyptian mummy dissection.

Parents' Day
Parents of sophomore medical students got a capsule view of life and learning at Jefferson.

Profile

Jefferson Scene

Class Notes

Obituaries

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Credits:
Fraternity photos, p. 13: Ruth A. Myers; photos of Dean Kellow, Parents' Day, Dr. Savacool: Townsend Wentz.

On the Cover:

Published four times a year, Fall, Winter, Spring, Summer

The Alumni Association of Jefferson Medical College
1020 Locust Street, Philadelphia, Pennsylvania 19107
Jefferson Medical College: A Five Year Report
by William F. Kellow, M.D.

Dr. William F. Kellow, Dean and Vice President of Jefferson Medical College, reviews his five years as chief administrative officer.
Jefferson Medical College prides itself on the clinical quality of its graduates and its great contribution to the medical care system of this community and this country. At every opportunity we point to the Jeffersonians who have achieved status in the medical profession. We applaud the living alumni who have attained medical distinction in their own communities, and we publish accounts of former Jeffersonians who have made outstanding records in American medicine. While making determined efforts to promote research and community service, Jefferson always has upheld medical education as the first purpose of a medical school. Now we look forward to Jefferson's Sesquicentennial and the beginning of a major capital campaign to provide for our future; we also look back to assess past progress.

Five years have passed since the present administration of Jefferson Medical College undertook its responsibilities, and this Report provides information for this entire period. The programs which had been started when Dr. William A. Sodeman was Dean have been continued and other programs were initiated. Much of the Report is concerned with assessments of the new programs. As reviews of this kind are written, however, there is a tendency to highlight progress and to overlook disappointments. Some readers may recognize this tendency herein. Yet much is to be learned from failures, and so a purposeful effort has been made to identify those areas where goals were missed so that new targets can be set.

In November, 1967 the regular accreditation visit by the Liaison Committee on Medical Education was held, and the visitors were pleased with the progress which had been made since Jefferson previously was accredited in 1958. The report highlighted a number of areas which required further attention:

The governance of the medical school was too centralized in an executive faculty which was a large and functionally cumbersome body.

The education of students in the clinical years was unbalanced because of the number of affiliated hospitals which had not been integrated adequately into our instructional program.

The faculty salary structure had accommodated new needs and pressures, and as a result inconsistencies existed.

There were a variety of ways in which salaried members of the clinical faculty supplemented their incomes by medical practice and so the accreditation report emphasized the need for a medical practice plan.

The visitors noted that the previous accreditation report had urged that faculty salary increases be made on an annual basis and this had not been established, and so they urged that the entire budget system be restructured and modernized and that a greater degree of extramural support be sought. The 1967 plan for a new curriculum was praised as a "laudable start" but curricular planning was recognized as an ongoing process and thus there was a need to evolve further into a total new comprehensive program designed to meet expressed goals.

Four of the affiliated hospitals were visited, and these clerkship programs were considered excellent although the visitors were dismayed to find so many students expressing preference for affiliated programs over our clerkships at Jefferson.

Since much of the clinical curriculum depended on other hospitals, they cited a need for formal agreements with our affiliates.

Research was considered insufficiently developed, and the educational responsibilities of the faculty were judged out of proportion to the investigative endeavors.

The accreditation visitors showed particular concern for the small size of the full time faculty in relation to the large student body and emphasized that in this respect Jefferson was in the lowest quartile of American medical schools. Thus our commitments for further enlargement of the medical student body and for the faculty to participate in the development of programs in the new College of Allied Health Sciences were matters of concern to the visiting team.

Perhaps it was fortuitous that an external body came here so soon after a new administration because the accreditation report stated what needed to be done next. It was a long list, and much is still undone. But we can also point to accomplishments in a number of areas.

As suggested by the accreditation committee, the governance of this medical school has been changed considerably in recent years. The creation of the bodies of the General Faculty and the Professorial
The creation of the bodies of the General Faculty and the Professorial Faculty has provided a means whereby every faculty member can be heard, and they have placed the determination of the academic policies of the College in the hands of the senior members of the faculty while establishing a small executive body for efficient operation.

The revision of the Bylaws in July, 1969 created a balance between the authority that is necessary for the officers of the College (Dean and Department Chairmen) in order to meet their responsibilities and the means for expression which a university faculty must have if it is to function as an academic body. All academic programs of the College are developed by faculty committees. Administrative decisions are made by the officers but can be questioned and reviewed by the faculty through its committee structure. Each year there has been a further implementation of this “new democracy” as the faculty has learned to use these procedures and as operating policies have been derived from them. Now the Bylaws Committee has undertaken to write a manual of rules and procedures to supplement the Bylaws and to incorporate new guidelines and operating policies which have been developed.

The faculty adopted a new curriculum in the spring of 1967, and so the first months of this administration were given largely to implementing the courses and programs of that curriculum. The curriculum of 1967 has been refined more and more each year, and now there has evolved a new curriculum of 1972. Our instructional program will meet the expectations of the next accreditation visit for it will be a more correlated program and one which will provide a better transition into the various residency programs of the postgraduate years. By creating an Office of Research in Medical Education, we have provided a means of surveying our educational program constantly, and a means also has been developed to review and hopefully standardize our evaluation procedures. This Office has begun a longitudinal study to collect information on our graduates as well as our students. Soon we hope that computer technology will contribute to the evaluation process and not only correct and analyze examinations, but even compose them. Moreover, the evaluation division of this Office is giving much attention to new methods for assessing a student’s skills and attitudes and his personal development so that data will be available to strengthen the counseling procedures and help our students develop as total physicians, capable of giving comprehensive care.

More than half of the clinical education of Jefferson students is supervised by members of the faculty in our many affiliated hospitals. As urged by the accreditation visitors, we now have concluded formal major affiliation agreements with every one of the following hospitals: Bryn Mawr Hospital, Cooper Hospital, Coatesville V.A. Hospital, Delaware State Hospital, Einstein Medical Center Daroff Division, Lankenau Hospital, Mercy Catholic Medical Center, Methodist Hospital, Our Lady of Lourdes Hospital, Thomas Jefferson University Hospital, U.S. Naval Hospital and Wills Eye Hospital. The process of deliberating the various issues of these agreements with the staffs of these hospitals has produced an understand-
ing of the responsibilities of Jefferson to these faculty members as well as their obligations to our students. This has been good. It has led to a more active participation of faculty of the affiliated academic institutions in making academic policy here at the medical school as well as in teaching in their own institutions. Thus members of the faculty of these hospitals are active in the Professional Faculty at Jefferson Medical College and are appointed to the standing committees of the faculty.

A most interesting affiliation has been developed with the Delaware Institute of Medical Education and Research whereby Jefferson serves as the Medical School for the state of Delaware. Associated with us in this endeavor are the University of Delaware and the Wilmington Medical Center. Twenty Delaware residents are chosen yearly by Jefferson and the University to be enrolled in the Medical School for a four year program which includes considerable clerkship experience at the Wilmington Medical Center and other Delaware hospitals during their third and fourth years.

There has been a considerable change in the budget structure of the Medical School in the last five years. Table I shows how sources of financial support have shifted. More and more the basic operations of the academic medical centers of the country are being supported by federal and state tax dollars. This has produced a larger budget and more secure support, but it also has led to greater public scrutiny of our activities. This is why we had to proceed during the first year to act on the recommendation of the accreditation visitors and consolidate efforts which were already underway to develop a medical practice plan for the members of the faculty who are fully salaried. The practice plan has served its purpose and it has functioned well. Beyond its purposes, however, it has created a number of problems. The full time faculty and the non-full time faculty in the clinical departments have become divided, and these two groups have developed separate organizations to discuss their interests in various current issues. The practice plan probably has contributed to this division in the clinical faculty. Efforts are underway to understand the basic differences in each group and to resolve them. Many members of both groups are assisting these efforts, and it should be stated that an important purpose of the practice plan is to help the faculty to work together in a more coordinated manner.

TABLE I

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Comprehensive Fees</td>
<td>$1,237,000</td>
<td>$2,082,000</td>
</tr>
<tr>
<td>Application Fees</td>
<td>42,000</td>
<td>76,000</td>
</tr>
<tr>
<td>Pennsylvania Appropriation</td>
<td>2,486,000</td>
<td>3,600,000</td>
</tr>
<tr>
<td>Delaware Appropriation</td>
<td>-0-</td>
<td>420,000</td>
</tr>
<tr>
<td>Budgeted Overhead from Grants</td>
<td>600,000</td>
<td>700,000</td>
</tr>
<tr>
<td>Animal House Services Recovered</td>
<td>80,000</td>
<td>190,000</td>
</tr>
<tr>
<td>Teaching Services Recovered</td>
<td>105,000</td>
<td>584,000</td>
</tr>
<tr>
<td>Institutional Grants</td>
<td>1,879,000</td>
<td>3,479,000</td>
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<tr>
<td>Department Project Research and Training Grants</td>
<td>4,021,000</td>
<td>3,280,000</td>
</tr>
<tr>
<td>Department Health Services Grants</td>
<td>1,600,000</td>
<td>3,300,000</td>
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<tr>
<td>Miscellaneous</td>
<td>12,000</td>
<td>12,000</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$12,062,000</strong></td>
<td><strong>$17,723,000</strong></td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructional</td>
<td>$10,294,000</td>
<td>$13,076,000</td>
</tr>
<tr>
<td>Administration and Supporting Services</td>
<td>846,000</td>
<td>1,064,000</td>
</tr>
<tr>
<td>Institutional</td>
<td>1,953,000</td>
<td>4,125,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$13,093,000</strong></td>
<td><strong>$18,295,000</strong></td>
</tr>
<tr>
<td>Operating Deficit</td>
<td><strong>$(1,031,000)</strong></td>
<td><strong>$(572,000)</strong></td>
</tr>
<tr>
<td>Less: Grants, Gifts, Endowments Allocated to Reduce Operating Deficit</td>
<td>609,000</td>
<td>572,000</td>
</tr>
<tr>
<td><strong>NET DEFICIT</strong></td>
<td><strong>$(422,000)</strong></td>
<td><strong>0-</strong></td>
</tr>
</tbody>
</table>
As new funds have become available, it has been possible to establish salary scales at higher levels for the academic ranks of the faculty. Each year more members of the faculty have been incorporated into these levels so that a salary structure has come about which allows Jefferson to compete well with other medical schools in recruiting new faculty and retaining our best people.

There has been an increase in the total faculty and also in the number of full time faculty in this five year period (Table II). Our salaried faculty, nevertheless, remains small in relation to our large teaching commitments, and a recent national survey shows that in this regard Jefferson is still in the lowest quartile of American medical schools. The important development in faculty appointments, however, has been the strengthening of many disciplines: experimental embryology, immunology, virology, genetics, otolaryngology, oncology, cardiology, studies in alcoholism, allergy, infectious diseases, neurosurgery, children's orthopaedics, family planning, rehabilitation medicine, community psychiatry, transplantation surgery, radiation therapy, and now we are giving much attention to a strong development in family medicine.

This has been a difficult period for research and research training. The reduction of federal support for research has been felt at Jefferson, and a study shows that department research and training grants were thirty-three percent of the budget in 1968 and only eighteen percent in 1972. This enormous change in income has presented a significant budget problem and yet no faculty member has been terminated or undergone a salary reduction because of this loss of research income. These figures, however, do signify how much our faculty has had to reorient its efforts into educational and community service endeavor, and they reflect the extent to which basic research has declined in American medicine.

As our budget has become more stable, we have used funds from the General Research Support Grant to encourage research by purchasing new equipment items for new department chairmen and by reinstituting a small grants program for new faculty. Yet our research effort remains small in relation to our large educational effort, and in this aspect of our academic program, great progress cannot be claimed.

**TABLE II  FACULTY STATISTICS**

<table>
<thead>
<tr>
<th></th>
<th>1971-72</th>
<th>1970-71</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professorial Faculty</td>
<td>322</td>
<td>295</td>
</tr>
<tr>
<td>Other</td>
<td>761</td>
<td>683</td>
</tr>
<tr>
<td>Total</td>
<td>1083</td>
<td>978</td>
</tr>
<tr>
<td>Strict Full Time</td>
<td>214</td>
<td>224</td>
</tr>
<tr>
<td>Part Time Salaried</td>
<td>74</td>
<td>105</td>
</tr>
<tr>
<td>Volunteer</td>
<td>790</td>
<td>643</td>
</tr>
<tr>
<td>Leave of Absence</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Emeriti</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>Honorary Members</td>
<td>69</td>
<td>65</td>
</tr>
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</table>
We are now engaged in considering collaborative research projects which may compete more successfully for extramural funds. In this regard, Jefferson has received a planning grant for a cancer center. Several members of our faculty under the leadership of Dr. Simon Kramer have spearheaded these efforts. In addition, the faculty has placed considerable effort into developing new service programs which can be an important support to our educational and research goals. Perhaps our greatest tragedy, however, has been the loss of federal support for our Clinical Research Center. This has been a disappointment to the entire faculty, and it has been a handicap in recruiting new faculty. As this is written, another effort is underway to apply for renewed support, and those who are in charge of this Center are to be admired for their determination and persistence.

We are proud of the students at Jefferson. Their number has increased by twenty percent in these five years. They like their school and they do a great deal to make it better. Students were added to the Admissions Committee in 1968 and then to the Curriculum Committee; now students are full members of a number of other faculty committees as well. Applications for admission to Jefferson have increased enormously. Whenever this occurs, there is a tendency to accept only those with outstanding academic records. Our Admissions Committee, however, has remained selective and has recognized a need to diversify the student body. To do this, the Committee uses a formula which gives separate attention to personal criteria even though these are harder to judge than the previous academic record alone. We have made an earnest attempt to interest more women and black students in Jefferson, and now we are considering a program to attract more students from rural communities, hoping that they will return home and thus help to distribute medical care more uniformly.

The development of better evaluation and counseling programs has reduced the attrition rate appreciably, and the performance of our students on internal and external examinations has been very good (Tables III, see following page). We can be proud in particular of the outstanding medical centers to which our graduates go for internship and postgraduate training. Table IV demonstrates how well our students are accepted by the more competitive internship programs.

Nationally there is an effort underway to accelerate medical education and to reduce medical school time to three years. Jefferson has had more experience than most schools with an accelerated program, and our enthusiasm is high for the combined effort which we have with Penn State University. Yet we do not feel that this is a suitable program for all medical students. We do not plan to reduce the regular curriculum at Jefferson although some students may finish in less than four years if through pretesting they are given advanced placement in selected courses.

Jefferson has had a strong commitment for many years to provide opportunities and programs for the continuing education of practicing physicians. Our involvement in these programs has continued to grow during these five years. The level of knowledge of the practicing physician is certainly a foremost factor in achieving the highest quality of medical care. In terms of its responsibilities to its community, every medical school must do its utmost to promote the quality of medical service if it is to deserve the public support which medical education requires. The Jefferson faculty, therefore, invests a considerable effort in continuing medical education, and we have done so particularly throughout Pennsylvania and Delaware whose appropriations are vital to our operation.

This review has focused on the past five years at Jefferson Medical
### TABLE III A  
**PART I NATIONAL BOARDS RESULTS**

<table>
<thead>
<tr>
<th></th>
<th>JEFFERSON</th>
<th>ALL OTHER SCHOOLS</th>
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<tbody>
<tr>
<td>MEAN SCORE</td>
<td>83</td>
<td>81</td>
</tr>
<tr>
<td>% HONORS</td>
<td>15</td>
<td>7</td>
</tr>
<tr>
<td>% FAILED</td>
<td>2</td>
<td>6</td>
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### TABLE III B  
**PART II NATIONAL BOARDS RESULTS**

<table>
<thead>
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<tbody>
<tr>
<td>MEAN SCORE</td>
<td>83</td>
<td>83</td>
</tr>
<tr>
<td>% HONORS</td>
<td>9</td>
<td>17</td>
</tr>
<tr>
<td>% FAILED</td>
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### TABLE III C  
**PART III NATIONAL BOARDS RESULTS**

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<tr>
<td>MEAN SCORE</td>
<td>82</td>
<td>83</td>
</tr>
<tr>
<td>% HONORS</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>% FAILED</td>
<td>2</td>
<td>2</td>
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### TABLE IV  
**STUDENT INTERNSHIPS**

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<tbody>
<tr>
<td>University Hospital</td>
<td>13.9%</td>
<td>24.2%</td>
<td>40.6%</td>
<td>33.1%</td>
<td>32.0%</td>
<td>36.0%</td>
</tr>
<tr>
<td>University Affiliated Hospital Major</td>
<td>39.9%</td>
<td>36.9%</td>
<td>26.4%</td>
<td>32.5%</td>
<td>41.0%</td>
<td>41.0%</td>
</tr>
<tr>
<td>Minor</td>
<td>5.8%</td>
<td>6.4%</td>
<td>8.9%</td>
<td>11.9%</td>
<td>4.0%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Non-Affiliated Hospital</td>
<td>38.6%</td>
<td>28.8%</td>
<td>23.5%</td>
<td>20.0%</td>
<td>19.0%</td>
<td>13.0%</td>
</tr>
<tr>
<td>Military</td>
<td>1.8%</td>
<td>5.7%</td>
<td>.6%</td>
<td>2.5%</td>
<td>4.0%</td>
<td>3.0%</td>
</tr>
<tr>
<td></td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
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*New National Board Scoring System*

The National Board of Medical Examiners is making a gradual transition in grade reporting from scaled scores to standard scores beginning with the June, 1971 Part I examination. Standard scores are used by the College Board and the Medical College Admission Test (MCAT). Raw scores of candidates for certification by the National Board are adjusted to an average of 500 and a standard deviation of 100. A score of 380 is passing on the Part I examination and is roughly equal to a scale score of 75. In the scaled score system, an "honors" grade was 88; although this is equivalent to a standard score of 610, an official "honors" category is no longer designated as such by the National Board and thus is not included in the above table.
College. Little reference has been made, therefore, to the impressive expansion in our physical facilities because these were planned and largely underway before this five year period began. There also has been sparse mention of the great progress of Jefferson as a University. As we look forward, however, it is evident that the divisions of the University do not stand alone, and the programs of the University will lead to a greater interrelation of the faculties of our three colleges and the staffs of TJU and Children's Heart Hospitals.

During a faculty conference at Paley House in November, 1969, it was recognized that master planning was a foremost need at Jefferson, and that this was a vast undertaking which would require several years of intensive effort. Indeed it has, but these years of effort will soon lead to the first set of conclusions. Prominent among them will be the concept that medical education is a lifelong process and academic medical centers must play some role in all its phases. To a large extent, we are prepared to do this, and the curriculum now will relate more than ever to the pre-

medical phase on the one hand and to the postgraduate residency years on the other.

We are moving toward the time when our residency programs will be an integrated series of experiences at Jefferson and at one or more affiliated hospitals. Patient care also will be evermore integrated between our hospitals, with Jefferson and certain affiliates playing a more tertiary role and others a more primary one. The future emphasis of patient care, however, will be more and more in ambulatory settings, and the foremost need before us is to plan for reorganizing our whole outpatient system. This is difficult because the national system of health care is undergoing such a reexamination that no one can predict how ambulatory care will be organized and paid for ten years hence. Yet we have an opportunity to consider future primary care to be more of a team effort with the physician as the leader of this team and with a series of professional assistants who are skilled and knowledgeable in such aspects of medical practice as well as baby care, handling of emergencies, history taking, physical examination and the performance of a variety of procedures.

This will create a new role for the primary physician, one which will emphasize clinical judgment, decision making, determination of therapy, use of consultants and the administration of personnel and programs. The preparation of students for this role requires profound reexamination of our effort as a medical faculty, and we must seek leaders with enough foresight and flexibility to create ambulatory care settings in which our students and residents can be prepared for such roles.

The restlessness of the American public foretells that changes will occur in the health care system. The coming years, therefore, will be difficult because educational institutions should be ahead of the public, training young people for tomorrow's world, and yet tomorrow is largely unknown. The officers of the Medical School and of the University are pledged to keep Jefferson moving forward, but this must be done by setting objectives first and then planning programs to meet them. The objectives of our new curriculum have been stated to provide during the first two phases of the educational program the basic knowledge and discipline which should be common to every physician and then to offer a transitional phase into the postgraduate years. Planning for the first two phases is going well, but this can be expected because we are familiar with these matters. The great test comes in planning the new concept of phase three wherein the students must be separated into different categories. This calls for us to stretch our thoughts to plan the educational experiences in this final year as a prelude to the education and training which will come in the residency years beyond. If this faculty can meet these challenges, we will indeed have carried forward the traditions of Dunglison, Gross, Mitchell, Finlay, Gibbon and all the other great Jeffersonians whose heritage we claim so proudly.
Fraternities
Fraternities 1973:
Is the Party Over?
by Joy R. Mara

In 1899 Phi Alpha Sigma became the first medical fraternity at Jefferson, beginning a tradition at the College which has remained unbroken, if not unchanged. By 1911 there were eleven fraternities, ranging in size from thirty-six to fifty-six members. Each fraternity had a chapter house where by 1929 two hundred forty-six students were housed for approximately $20 per month. Sixty percent of the student body took their meals in fraternity dining rooms.

In the early years of the fraternities men sought membership in part because chapter house accommodations were more cheerful and satisfactory than available boarding houses, and the cost was about the same. More importantly, campus social life revolved around fraternity activities, and brotherhood was fostered by traditional Rush week rivalries, initiation rituals and working together.

Today only six of the original eleven fraternities still exist: Phi Alpha Sigma, Alpha Kappa Kappa, Nu Sigma Nu, Phi Chi, Phi Delta Epsilon and Theta Kappa Psi. Of these only Phi Alpha Sigma and Nu Sigma Nu still have working kitchens. Today’s fraternities have fewer members proportionately than the original Jefferson groups and fewer members absolutely than the brotherhoods of the 1950s and early 1960s.

The reasons for the decline in membership and importance of the fraternities are various, inevitable and often intangible. In recent years the Greek system throughout the United States has suffered from a lack of student interest. For college students in the last four to seven years fraternities generally have been regarded as a caricature. The traditional fraternity rituals and image have had a reactionary connotation, and individual membership was rationalized rather than vaunted. Although the medical fraternities are more sophisticated and have more open membership policies than the stereotype of the undergraduate fraternity, the preconceived attitude of the student can close his mind to the medical fraternities at Jefferson.

Today’s greater percentage of married students helps to account for membership decline. Married students cannot take advantage of the housing or dining facilities, and they may feel the social activities irrelevant or unnecessary to them. Such students are more likely to be preoccupied with family responsibilities and less likely to have the extra money for fraternity dues than are single students.

The medical school curriculum discourages even singles membership, however. Since the last two years often involve out of town assignments, many students feel they will not be able to take full advantage of the fraternity during this period.

The advent of Orlowitz Residence Hall at the corner of Tenth and Walnut Streets has coincided with and helped to account for decreased interest in fraternities. Paul Bialas, immediate past President of Phi Alpha Sigma, explains:
“One of the major functions of a fraternity used to be to provide reasonably priced housing in the campus area. Orlowitz now has assumed that function, and the fraternity houses can’t compare with its accommodations. The waiting list notification schedule for Orlowitz has placed an additional burden on the fraternities. During Rush week or before, a student will register with a fraternity for housing. Shortly thereafter if he is notified of an opening in Orlowitz, he often drops out of fraternity housing—too late for the fraternity, which does not work on a lease/contract system, to find a replacement. The notification schedules could be adjusted, but until they are, the competition from Orlowitz will be a serious drain on our money and our membership.”

Just as Orlowitz has become the most important Jefferson housing factor, so the Jefferson Commons, located in Jefferson Alumni Hall, has taken over much of the responsibility for providing campus social activities (see page 14). This coincides with fraternity financial difficulties which have necessitated a cut-back in the number of social functions the groups can afford to sponsor.

In the same way, Jefferson Alumni Hall cafeteria now provides reasonably priced, wholesome meals. As student need for fraternity kitchens has declined, fraternity membership and financial support have declined too. Although there are many who might still prefer the fraternity alternative, weakened finances have caused the demise of most fraternity kitchens. Phi Chi’s kitchen is the most recent example. Its closing in February, 1973 affected not only its own membership but also many of the brothers of AKK who had been eating at the Phi Chi house since its own kitchen closed a year ago.

The situation is not snowballing as inexorably as it may seem. It is generally agreed that bad financial management, if only for one year, can make a crucial difference to a fraternity’s ledger. Phi Alpha Sigma and Nu Sigma Nu, for example, are both marginally solvent today, after hard work recouped the losses bad past management had incurred. Gary Owens, immediate past President of Alpha Kappa Kappa, feels that closing AKK’s kitchen in February, 1972 was the beginning of his group’s financial recovery.

“We found that the kitchen simply was not a moneymaking proposition. In order to compete with Jefferson Hall and the new, inexpensive area restaurants we had to price our meals very cheaply. We found we were taking a loss on every meal, just to stay alive. We suffered endless problems with our cooks, and the food wasn’t that good in the end.”

Theta Kappa Psi has had to take a more drastic measure to keep its house operating. Because its membership has fallen to fourteen, TKP has recruited non-medical students to live in the house. An architecture student from Temple and even a married couple currently reside at the Clinton Street chapter house.

With limited finances and kitchen facilities, Rush, the traditional means of membership recruitment, has become a low key affair. Rush week is held during orientation week; it is run by the Inter Fraternity Council, which schedules the events and sets a limit on spending. Activities range from smokers and outdoor barbecues to band parties and informal lecture groups. Theta Kappa Psi has no regular Rush, but sends out letters as part of the I.F.C. mailing. Most feel Rush is still competitive and that the different fraternity personalities are still easily distinguished.

However, even with all the problems and without a high-powered Rush, medical students are still joining the fraternities and enjoying fraternity life à la 1973. Many still join because the fraternity house is an inexpensive place to live, less expensive than University housing. Some find the atmosphere of Orlowitz too sterile, and they prefer the character and closeness of the chapter houses. Today people seem more important than facilities. The students find their acquaintances will be more varied in the fraternity. John Cattie, 1972-73 President of Nu Sigma Nu, enjoys “the contact with people I wouldn’t normally have had the chance to meet. Many of us tend to stick with our classmates or people from our undergraduate colleges or home states. In the fraternity we profit from the greater diversity of backgrounds and the opportunity for different classes to interact informally.”

Although the reduced size of the fraternities has placed additional financial burdens on each group, most feel that it has made little change in the fraternal atmosphere. Phi Delta Epsilon, for example, has one of the smallest memberships, yet it is a thriving group which works well together; it has even maintained financial solvency when larger groups have not. Gary Owens of AKK feels that the membership reduction has left his group with a solid core of active brothers, the same core that provided the momentum for the fraternity all along. The loss of those with a peripheral interest in the house is only significant financially.

It is not correct to assume, however, that fraternity spirit and brotherhood have been universally fostered by adversity. Although most feel that the brothers are good friends, they do not associate this housemate relationship with the traditional concept of brotherhood or spirit. For most fraternities there is no initiation, no ritual, no secret words or special handshakes. The groups are all proud of their diversity, which they stress rather than togetherness. Most would agree with John Cattie that the closest the fraternities come to old-fashioned spirit is in the I.F.C./Commons sports competitions.

Phi Alpha Sigma, however, is consciously trying to reincorporate the traditional concepts and adapt them to today’s needs. Because of all the challenges to the fraternities, PAS feels survival demands discarding notions like

Continued on page 15
The Jefferson Commons

Times have changed since the days when Jefferson students had to join a fraternity or commute to New York to find a social life. For the last five years activities sponsored by the Jefferson Commons have provided a third option. The Commons, which has become more than simply a recreational facility, offers an entertaining, inexpensive alternative to Philadelphia, replacing even the fraternities as the social heart of the Jefferson campus. Comprising the first three levels of Jefferson Alumni Hall, the Commons facilities include the basement recreational areas; the cafeteria, art gallery, lounges and auditorium on the first floor; and the mezzanine level meeting and guest rooms, Faculty Club and Dining Room. The Commons and Alumni Offices are also located on the mezzanine.

One of the most popular programs, the Jefferson Film Series, brings major motion pictures to campus on a second-run basis. Movies like “Airport,” “Bonnie and Clyde” and “Lovers and Other Strangers” are shown for a nominal fee on a bimonthly schedule.

The weekly University Hour, which evolved from the Commons lecture series, features a variety of guest artists and speakers, from politicians to pianists. In recent months students have heard the President of the AAU give a first-hand account of the 1972 Olympics; U.S. Congressional candidates from Jefferson’s district debated campaign issues; a jazz quartet and a classical pianist entertained.

Music plays an important part in the Commons schedule. Major concerts have featured sounds like Ramsay Lewis and the Ides of March. A touring repertory company, the same group which performs frequently at the Walnut Street Theatre, brought “Stop the World, I Want to Get Off” and “The Fantasticks” to Jefferson Alumni Hall. On a more informal basis, students are served free coffee and doughnuts while young performers play and sing in the Jefferson Coffee House Series.

The city-wide popularity of the T.G.I.F. mixers actually posed a problem for J. David Grebose, Manager of the Commons Office, and his staff. The monthly party was conceived as a place for Jefferson students and employees to relax in an informal setting. However, the rock band, the low-cost refreshments and the standard mixer social inducements attracted more than just a Jefferson crowd. At one count more than 1,200 young ladies looking for future doctors and young men looking for young ladies crammed the Jefferson Hall Dining area, the majority of whom were non-Jefferson people. A stricter admissions policy is now in effect, however, and T.G.I.F. is becoming once more a Jefferson event.

One of the most successful Commons projects is its sports program. Taking advantage of Jefferson Hall’s handsome basement facilities, the Commons sponsors sports tournaments of all varieties and runs team competitions in basketball, football, etc. between fraternity and independent intramural teams. An extramural Jefferson swimming team competes with other area groups.

The Jefferson art exhibits in the Commons gallery area are popular among both Jeffersonians and area artists. Young artists are given a place to show their work in exchange for the donation to the Commons of one piece of artwork from the collection. All art forms from sketches to oils to photography are exhibited; one exhibition during the Alumni Association’s Centennial Celebration featured a grouping of sculptures displayed in the fountain courtyard.

The Commons Office also makes Jefferson Hall available to outside groups, with the stipulation that Jefferson students may participate in the activities at little or no charge. The Philadelphia Depth Chargers, a scuba diving club, allows Jefferson students to become licensed scuba divers for free; a similar program is available in karate. The Classical Guitar Society of Philadelphia meets and performs in Jefferson Hall, as does a folk dance society.

Although these programs are coordinated by the Commons Office, the Commons Program Committee, made up of students and staff, decides particulars of the programming and takes care of detail work like making and distributing posters. Separate committees for student recreation and the University Hour help plan and implement those activities.

Student response to the Commons programs is often unpredictable. Examinations and class schedules have some effect on program attendance, but a variety of intangibles seems to determine student turn-out. However, Commons staffers are not discouraged. If the number of students attending is not always guaranteed, the innovative nature and quality of the events are usually undisputed.

For $60 per year Jefferson personnel may join the Commons; Alumni membership is $75 per year. Student Commons membership is included in the annual tuition.
“a fraternity is a cheap place to live.” Fraternity spirit, they feel, can be an inducement to membership and a way to save money besides. Paul Bialas explains that the emphasis on brotherhood means that more of the needs of the house will be taken care of by the brothers, avoiding the expense of outside help. Phi Alpha Sigma has also preserved a ritual initiation replete with long white robes and Latin verse. The largest fraternity (fifty-five to sixty members), it is financially solvent and actually makes money on its kitchen. While old-fashioned spirit may not be a panacea for all fraternity ills, it does seem to have worked for PAS.

It should be noted that the terms brotherhood and even fraternity are not strictly speaking correct with respect to some of the groups. Females have again broken the sex barrier at Jefferson. Although there are no women living in fraternity houses, most groups have at least one woman member; those that do not hope to recruit women in the future.

Judy Fonken, a freshman and a new brother of Phi Alpha Sigma, joined the fraternity because many of her friends at Jefferson became members. Socializing and taking many of her meals at the house, she finds it helps her “get to know people as people.” Being the only female at a gathering is not awkward for Judy. On the contrary, she enjoys it and admits she probably gets more attention than the average (male) new member. And Women’s Liberation can relax. Judy was not offered membership to give the fraternity a free cook, waitress or housekeeper. In fact, she is exempt from all chores and is only charged half the ordinary dues fee. It is reasoned that a large part of dues revenue is spent on social functions, which non-member females may attend for free. In this way women are not penalized financially for joining the fraternity. Judy says she is usually treated “as an equal. No, better than an equal!”

With the advent of women in fraternities and the increasing number of married students, the social activities of Jefferson’s fraternities have necessarily shifted emphasis. Although there are still stag films and Monday night football beer parties, more activities are now planned for female participation. Cocktail, dinner and theatre parties are among the most popular events. In addition to the traditional mixer parties some fraternities sponsor lectures, discussions with faculty members and distinguished teaching awards; social service activities are often part of the schedule. Every fraternity participates in I.F.C./Commons sports competition, and some have unique activities like a dixieland band and drama group.

Although much about fraternity life has changed, the importance of the alumni to the fraternities has remained vital. Some groups keep in contact with alumni through newsletters and special mailings. Phi Alpha Sigma, whose newsletter is entitled “The Bubbling Halos,” reports that alumni interest has fallen off about fifty percent. The support it continues to receive, however, actually saved the fraternity from extinction during a recent financial crisis. Most groups use alumni contributions for extraordinary expenses. Alpha Kappa Kappa pays its house taxes with such contributions, and Nu Sigma Nu replaced the house boiler through an alumni drive. Some houses have alumni faculty advisors who contribute time, experience and influence. Fraternity members report that few alumni return to visit their old houses, but plans for greater alumni social involvement are currently underway.

The future of the medical fraternities is not without its prophets of doom. If some are unconvinced that the fraternities have a future at Jefferson, most are glad they have been a part of the system and would like to see it continue. The Inter Fraternity Council, an organization whose purpose it is to promote the fraternities, is in such a position. I.F.C. President Fred Vasta believes in the Greek system but feels that the I.F.C. at Jefferson, like the I.F.C.s at most campuses, is too weak to insure the success or even the continued existence of the fraternities. The scope of an I.F.C.’s power and the amount of time fraternity delegates are able to devote to it are limited, and interest in the Council is not increasing.

Many solutions to the future financial problems of the fraternities have been postulated. John Cattie of Nu Sigma Nu, believes that younger leadership within the fraternities would mean more interested leadership, since medical students have more time to devote to fraternity activities in the first two years. Interested leadership would presumably preclude sloppy financial management. Paul Bialas of Phi Alpha Sigma feels that the future of the fraternity kitchens must include a cooperative approach, perhaps even one which involves working with other area college fraternities. With rising costs, such cooperation may become necessary to keep kitchens financially feasible. It has even been suggested that the University could absorb the fraternities as part of the institution, an idea which is not popular with those who prefer autonomy to financial security.

On many campuses across the country, however, student interest in the Greek system is beginning to revive. Without it, no organization, no improved financial management can make any difference. Because the attitudes of medical students toward fraternities are formed to a great extent in their undergraduate years, any trend in fraternity popularity is likely to be reflected later in the medical schools than in the undergraduate colleges. Although it is impossible to be unmoved by the enthusiasm of a majority of 1973 fraternity members, the only certainty at this point is that a future demise of the Jefferson medical fraternities would not go unlamented.
Radiograph of chest demonstrating the crossed position of the hands over the chest during the process of mummification. Of interest is the scarab ring which has been dislodged by a grave robber and a broken phalanx in the upper left corner.
Mummies and Medicine

by Martin M. Mandel, M.D. '47

It may seem unusual for a neurologist to be writing an article in the field of anthropology, but within recent years the field of medicine has expanded its scope not only in its many subspecialties but also to the humanities. Anthropology in particular has benefited from the medical expertise of pathologists who have examined human skeletal remains in excavated burial sites and determined from bones, diseases that have affected particular cultures during ancient times. Syphilis, tuberculosis and cancer of the bone, for instance, have been found in the North American Indian, thereby giving anthropologists medical insights into this culture. There are other instances in which the physician and anthropologist have collaborated in establishing the existence of a disease by studying the pottery and burial urns. The first case of poliomyelitis in medical history is depicted on an Egyptian burial urn that was uncovered from an Egyptian pyramid. This shows a youth with an atrophic shrunken leg being assisted by his father. The presence of atrophy in a young child is consistent clinically with anterior horn cell and spinal cord involvement most likely due to poliomyelitis.

My own interest in the field of anthropology is probably derived from my first exposure to an Egyptian mummy in the University of Pennsylvania Museum. There, as an elementary school student visiting the Museum with my classmates, I can recall my fascination with the preserved 3,000-year-old mummy. In the intervening years, I pursued studies in anthropology as an undergraduate at the University of Pennsylvania which further solidified my interest in pristine cultures and early man. In those days physical anthropology consisted of the study of structural skeletal variations that distinguished cultures of early and modern man. Within recent years, the emphasis of physical anthropology has shifted to the biologic, genetic and physiologic effects of adaptation upon man's environment and his related structural and physical changes. This has led to studies of man's adaptation to extremes of climate and altitudes and cooperative studies with medical teams.

Further, environmental pollutants in the air and water have been a source of recent concern to modern inhabitants of our planet. The recent excess of methyl mercury found in tuna fish prompted the anthropologist to conduct retrospective studies on specimens of preserved fish in museums. Much to his surprise, methyl mercury as a pollutant was found in these specimens in ancient days in a lesser degree of concentration than in present amounts of canned tuna fish. Furthermore, lead concentrations have increased in our atmosphere in alarming quantities during recent years. Industrial atmospheric contamination as well as lead from automobile exhaust systems have been the primary sources of this pollutant. Since these pollutants affect the nervous system primarily, the neurologist has become involved with the diagnosis, treatment and prevention of these diseases.

The idea of an Egyptian mummy dissection originated with Dr. Solomon H. Katz, Professor of Anthropology at the University of Pennsylvania. He theorized that heretofore only a limited amount of medical information could be obtained from skeletal remains. The paleopathologist is able to provide information through chemical analysis and radiographs of bones but is unable to give the anthropologist assistance if the disease doesn't involve bones. The mummy, because of the embalming techniques utilized by the Egyptians, could possibly provide us with preserved organs and tissues from which numerous chemical and tissue analyses could be made. The skin, hair and bones could be examined for lead,
mercury and cadmium, and an excellent baseline could be established between chemical contaminants in early man compared with similar levels in modern man.

The origin of malaria, sickle cell disease and thalassemia have been attributed to the Middle East. Dr. Katz hoped that the mummy dissection would provide blood clots within the preserved blood vessels particularly the superior or inferior vena cava. If such were present, the addition of water would restore the cellular elements and specific hematologic tests could be accomplished. In addition, immunologic protein studies could be done providing us with information regarding the existence of cancer and connective tissue diseases.

In order to approach the mummy dissection, it is necessary to understand the embalming technique that the Egyptians used. The Egyptians, who had a firm belief in the life after death, studied intensely the preservation of human remains. In prehistoric times the bodies were wrapped in muslin or linen and buried in shallow desert graves. The tissues in such graves were well preserved because of the drying effect of the hot sun and sand. Similar observations have been noted in the Inca graves of Peru where a somewhat similar method of entombment occurred. When the Egyptians began to bury their dead in pyramids, the protection of the hot sun and dry sand was not present, and decay of the body occurred. In the Third Dynasty, embalmers began removing the internal organs through small skin incisions, for these parts decayed most rapidly. More importantly, they began to treat the body with a mixture of natron consisting of sodium bicarbonate, sodium chloride and sodium carbonate.

The embalming technique used from 1570 to 1080 B.C. consisted of several important steps according to Zaki Iskander, acting Director-General of Egypt’s Antiquities Department. Shortly after death, the body was carried
to the Per-nefer or house of mummification. The brain was extracted through the nostrils after a small chisel was used to pierce the nasal bones. Holes were seldom made in the skull so the nasal route was used almost exclusively. The brain was never preserved, for the Egyptians didn't attribute any special functions of importance to this organ.

An incision was made through the chest and abdomen; only the heart and kidneys were kept in the body. The Egyptians considered the heart as the seat of emotion and mind rather than the brain. In religious scenes, the heart of the deceased was shown being weighed against the symbol of truth, in order to determine the deceased's worthiness of heaven.

Palm wine and spices were used to wash the pleural and abdominal cavity. The organs were sprinkled with perfume, treated with hot resin and placed in jars. To speed the dehydration process and to prevent any disfigurement of the body, the abdominal and chest contents were packed with stuffing materials such as resin, linen, muslin or dried vegetable fibers. The body was wrapped in bandages to include all the limbs, thorax and abdomen. The body was then placed into a wooden painted coffin with the removed organs and buried in the pyramid in a stone sarcophagus. This technique resulted in excellently preserved human tissue remains.

Three mummies were available for dissection. One was identified as PUM-I dating from Egyptian New Kingdom in 1580 B.C. This mummy was shown in the St. Louis Exposition of 1904 and subsequently purchased by John Wanamaker of Philadelphia. It was then presented to the University Museum as a gift by Mr. Wanamaker in 1905. The other two were uncovered recently by a team of University of Pennsylvania archeologists during an expedition in Egypt.

The three mummies were transported from the base-
ment of the University Museum to the Radiology Department of the University of Pennsylvania Hospital where Dr. Wallace T. Miller (Jefferson, 1956) supervised the radiographic techniques and interpreted the roentgenograms. It was an unusual sight and experience to see the mummies on the X-ray tables.

When the radiographs were completed we found an area of bone loss in one of the skulls and a fluid level which probably represented embalming fluid introduced into the cranial cavity after the removal of the brain. Examination of the maxillae and mandibles of all mummies revealed that the teeth had no cavities, a most unusual finding since these mummies were estimated to be over fifty years of age. The spines of all the mummies revealed osteoarthritis in the cervical and thoracic areas. In one mummy, the chest film disclosed a ring and scarab as well as an unidentified artifact. Several straight pins also were found, placed in the mummy by modern man.

It should be noted that Dr. Walter Whitehouse of the Radiology Department of the University of Michigan performed mummy X-rays in 1965 and found a shortened lower extremity in one case that was suggestive of a neuromuscular disease as well as osteoarthritis in the remaining mummies he examined.

The actual dissection of PUM-I occurred in the anthropology laboratory of the University Museum. The autopsy was performed by Dr. Michael Zimmerman, a pathologist and anthropologist from the University of Pennsylvania and by Dr. Adrian Cockburn of Detroit, Michigan. Dr. Baruch Blumberg of the Institute of Cancer Research in Philadelphia, who is well known for his original work on Australian X antigen, collected the tissues and hematologic specimens, and I was given the task of interpreting the dissection of the central and peripheral nervous systems.

The bodies were carefully unwrapped and several underlying adherent layers of muslin and linen were sectioned with an orthopaedic saw. The bandages were hardened and had a calcified texture. A fetid odor permeated the air of the dissecting room when the thoracic and abdominal contents were entered. Fine brown powdered tissue filled the air from the initial sites of incision. The tissues were firm in the musculature of the upper extremity, but powdery and poorly preserved in the thorax and lower extremity. A written note in Egyptian was found in the region of the left shoulder joint but this had no significant date and gave the time in hours of sunrise and sunset. It was most puzzling to the Egyptologist who postulated that someone had tampered with PUM-I before we did.

The bony skeleton and rib cage were in excellent condition. Osteoarthritis was evident throughout the entire spine confirming Dr. Miller's radiographic observations. The cranial cavity was entered and no cerebral tissue was found. The dura mater covering the occipital area was paper thin and crumbled under my finger tips. In the lower spinal column at L5-S1, similar paper thin tissue was found in the left intervertebral foramen.

Tissue that was shrunken was found in the right pleural cavity and had the appearance of lung. Roentgenograms by Dr. Miller proved this to be lung with a chronic granuloma, possibly healed tuberculosis. Specimens suggestive of iliae vessels and inferior vena cava were also removed. Muscle tissue was removed for chemical and histologic analysis. The teeth were removed and studied for heavy metals.

Our autopsy findings are still in the process of chemical study and our findings are incomplete. We have, however, established the important finding of no lead in the dentine of the teeth of the mummy as compared with a level of one hundred in the teeth of modern man. This is a frightening statistic that is indicative of our atmospheric contamination with lead exhausts from automobiles. The finding of teeth without cavities may be suggestive of the low carbohydrate intake of the early Egyptian. The teeth also were worn and this was probably the result of the grains or gravel chewed by these people with their food.

The tissue removed from the intervertebral foramen at L5-S1 proved to be nerve root with typical palisading of the cells present. The preservation of this structure was amazingly intact after 3,000 years!

We are awaiting the outcome of organ histology but the mummy dissection demonstrates the interdisciplinary approach of medicine with anthropology. This is of importance in treating modern man, for the evolution of diseases may affect man in future generations. The problem of ecological pollution is well demonstrated by the mummy dissection and harbors a warning to us. This holistic approach to the prevention of disease as well as to the treatment of our patients will make our medical care more meaningful. In a soon to be published book by me, this aspect will be elaborated upon in the field of neuroanthropology.
The Microbiology Department gave parents a unique welcome with this bacterial greeting card, formed by living bacteria growing on a culture medium.

Parents’ Day

A Jefferson tradition since 1964, Parents’ Day 1973 attracted over two hundred parents of sophomore medical students to the Jefferson campus. After morning coffee sophomore guides showed the visitors the facilities students learn and work in, from the cadaver room to the emergency room. Faculty and students joined their parents for a luncheon hosted by Dean William F. Kellow. At the luncheon attended by more than four hundred Dr. Russell W. Schaedler ’53, Chairman of the Parents’ Day Committee and Chairman of the Department of Microbiology, introduced the speakers, who included President Peter A. Herbut; Dean William F. Kellow; Dr. Paul A. Bowers, President of the Alumni Association; Dr. Gonzalo E. Aponte, Professor of Pathology and Chairman of the Department; and Mr. Robert Wall, President of the Sophomore Class. In the afternoon Dr. John Y. Templeton III ’41, Professor of Surgery, introduced parents to the topic “Emergency Operation for Heart Attacks” with a slide lecture.

Parents’ Day is sponsored by the Alumni Association and the Dean’s Office. Dr. Aponte’s message to the sophomore students and their parents follows.
Right: Parents' Day began with coffee and conversation in Jefferson Alumni Hall.
Top left: Dr. Russell W. Schaedler '53, Chairman of the Parents' Day Committee helps to organize the morning's tours; Bottom left: Parents see the award-winning Scott Library Building.
the fact is your sons and daughters are having the time of their lives

medicine...a grand and tantalizing way of life

medicine...a beauty in your lives which will endure all reckonings

Gonzalo E. Aponte, M.D.
Parents’ Day, March 23, 1973

Although it sounds trite for me to say that I am deeply honored by the opportunity to address you today, it is quite true just the same. Few things warm the heart more warmly than to be well remembered.

I hope you have noticed how delighted we are that you came. I hope you realize that we consider your sons and daughters to be the most important group in this institution. After all, they are the primary reason why we are here. They came to Jefferson, not by accident but by mutual intent, for a sound medical education. I assure you that we make absolutely sure they are not short-changed. Our idea of a sound medical education is to make a young physician who has a substantial knowledge of medicine in general. He will need more training to refine himself, but his knowledge will not be confined only to the abdomen or the chest. You know what I mean, he will be a doctor in the sense of the word. A few schools prefer to train specialists from the outset, a kind of prefabricated expertise. I wonder what a young physician does if he finds he does not like, or is not suited for, the only line of medical work he has learned well. I cannot prove that the latter approach is necessarily incorrect, but I do know that the unique record which Jefferson has achieved in this respect over nearly one hundred fifty years speaks for itself.

It was your sons’ and daughters’ right to apply for admission to medical school, and their privilege to be accepted. You have every reason to be proud of them. Medical schools obviously admit those applicants whom they consider likely to become good physicians. Some critics of the system of selection claim that it is very difficult to say which doctors are really the good physicians. But the answer is not complex—a really good doctor is one to whom you and I would go for treatment. There are two key questions on the qualifications of an applicant to medical school—“Can he do the work?” and “Does he really want to do it, and to what extent?” The latter quality, called “motivation,” everyone talks about but no one can determine readily. Although it is an essential quality, it cannot fill in properly for a lack of capacity. I have always wanted to play the piano somewhat like Rubinstein, but the Juilliard School would not accept me despite my devotion and sincerity. That is one reason why it is the Juilliard School. The presence and extent of motivation are estimated, not by a certain smile or from nice words, but by concrete evidence such as the long-standing observation of unbiased observers, the record accumulated under the circumstances, and the reactions of the applicant to adversities. Obviously, we believe that your sons and daughters have what it takes—ability and dedication to trying work.

Both capacity and motivation are required because the going is tough from the very start until life’s end. The experience is especially traumatic in the first two years of medical school. This is true now more than ever before because medicine has grown immense and the basic courses get faster and shorter every year, consecutively. These ultrashort basic courses are known as the “core curriculum.” This system was devised a few years ago by contemplative experts in medical education and has spread throughout the country like fire, hot and dangerous. The trend coincides with the much publicized national need of family physicians; i.e., “specialized generalists.” If you possess that naughty and obsolescent quality of thinking logically, you may wonder why it is that if medicine has grown so complex and there is a shouted need for “specialized generalists,” less time is being spent in the basic preparation of physicians. I also wonder myself but feel unqualified to speak on this because my forte is teaching, not contemplation.

In any case, the formula is work, work and work; night and day. To do it really well the student should work until dizziness sets; and after a short break he should return to work. One slackens the pace a little now and then, but makes up for those lapses with extra spurts of work. The truth is sobering but simple—the less one does the less one gets. There is no other way, because good
Above: Doctor explains the uses of the gym in the rehabilitation unit.

Displays at the Microbiology Department (Above) and the Anatomy Department (Below) offer parents two diverse views of Jefferson.
physicians are not born but made. Poets, painters, musicians and mathematicians cannot help themselves because they are born basically that way, but physicians must be made. Therefore, dear parent, do not be alarmed if your son or daughter seems a little dazed. It is a normal effect. Although very likely they do not see it this way, the fact is that your sons and daughters are having the time of their lives. They came, saw and are overcoming; and they are getting what they wanted for a lifetime. Blood, sweat and tears are only incidental to the trade.

To a young person going into medicine today I would say “I have bad news and good news for you, young person.” I have bad news because, despite the amazing progress made in medical research and the management of human diseases, physicians, investigators and medicine in general are being harshly criticized more and more, and liked less and less. There is a gradual but steady deterioration in our public relations. We are not listened to very seriously, and the pessimists insist that we no longer are the masters of our fates.

However, I do not feel this way. One of the major hurts is the growing neglect of medical education and research by those who hold the power. We are at their mercy, and they know it. The bulk of the federal support of medical research is being withdrawn. Training grants no longer exist. Medical schools, attracted by federal agencies a few years ago to undertake certain projects in medical education and community health care, now are told, in the midst of them, that the required support is ended or drastically reduced. Devaluation of the dollar makes the headlines, but devaluation of medical research and education is mentioned seldom. The cuts, we are told, are to help preserve financial stability and curb deficits and potential inflations. Does it make sense to try to do this at the expense of public health?

Despite all this, I also have good news for you, young person, which makes up for all the tribulations. The good news is that medicine remains a grand and tantalizing way of life. More can be done today in clinical practice and investigation than ever before, and the advances lurking ahead are even more exciting. The clouds are dark, but medicine and research will not die, unless society dies with them. One cannot progress without the other, and deep inside most everybody knows this. There are always times of drought and times of harvest, and those who have the patience to endure the former as a rule survive to enjoy the latter. If your motives and approach to medicine are proper, you will have a beauty in your lives which will endure all reckonings. It is indeed a beautiful world; and I assure you that when the candles of your lives become extinct they will have shed upon your paths a bright and lovely light. What a way to go! Congratulations, you lucky sophomores and parents.
The "grand old name of gentleman" probably means something different today than it did when Tennyson's "In Memoriam" first praised Arthur Hallam. It is a term infrequently, perhaps not easily, applied today, but one which J. Woodrow Savacool '38 consummately defines.

A Clinical Associate Professor of Internal Medicine at Jefferson, Dr. Savacool's medical career has been active and distinguished. A member of the Jefferson teaching faculty since 1942, he is also an Attending Physician in the Department of Medicine at the hospital and a private practitioner of internal medicine and diseases of the chest.

This specialty has led to diverse responsibilities. He has been President of the Laennec Society of Philadelphia, a group concerned with diseases of the chest, President of the Pennsylvania Thoracic Society and President of the Pennsylvania chapter of the American College of Chest Physicians. He is currently serving as the Pennsylvania Thoracic Society's representative to its national organization, the American Thoracic Society. Dr. Savacool was associated for thirty-one years with the Section on Respiratory Disease Control of the Philadelphia Department of Health, serving as a consultant until October of 1972. As a result of his experience in public health medicine, in 1956, he was put in charge of the Jefferson Health Maintenance Clinic, a demonstration project to determine how individual health could be improved. He held this position until 1965, during which time he was also an Asso-
ciate Professor of Preventive Medicine at Jefferson.

Dr. Savacool's interest in medicine began in his Bucks County, Pennsylvania, boyhood. "I had a minor operation during my first year of high school, and I was treated by an ideal country doctor, a man I wanted very much to emulate."

When he entered medical school, he planned to go into general practice in the Bucks County area after graduation. But in his third year at Jefferson Dr. Savacool developed tuberculosis. His studies were interrupted for one year, and even after recovery his advisors felt he should attempt a specialty less physically demanding than family practice.

His own background prompted his selection of diseases of the chest, and his Fellowship and subsequent staff appointment at the old Pine Street Hospital reinforced his decision. The experience resulted in many publications and a lasting fascination with his specialty. "I have never in my life spent a boring day. I cannot honestly say I regret not being a general practitioner, because I think I would have been content as a physician in any capacity." He still emphasizes the importance of good family practitioners and hopes that the new Department of Family Medicine at Jefferson will help attract curious and to want to follow a good man to this field. "It takes dedication to maintain the overall view a G.P. needs. Medicine is so beguiling. It is natural to be curious and to want to follow a problem or a new fact wherever it takes you. But only specialists are allowed this luxury."

There is a reassuring sense of control about J. Woodrow Savacool. For him the practice of medicine is not a series of crises but a rational evaluation of problems and a knowledgable search for solutions. With his warmth and courtesy he seems to have mastered the intangible, human aspect of being a physician that no amount of medical training can guarantee.

Dr. Savacool's humanity is as apparent in his teaching as it is in his practice, and he fittingly considers the two roles inseparable. "A physician is a teacher, even without a faculty appointment. He teaches his patients. Without giving instructions and advice, a doctor is no more than a prescription dispenser." In teaching his medical students about diseases of the chest, Dr. Savacool stresses an intimacy between teacher, student and patient. A human situation facilitates the transmission of skills as well as the comfort of the patient.

Because patient care is the most rewarding part of medicine for him, he feels strongly that the patient in a teaching hospital should be thoroughly prepared for his hospital experience.

"Unlike a patient in a community hospital, a patient on a teaching service will have an intern, a resident and possibly other doctors in attendance in addition to his own physician. He needs to understand the relationships among these doctors and to realize that the medical knowledge being developed is going to be of direct benefit to him. We accomplished this at the Pine Street Hospital where the esprit de corps was superb and the patients were made to feel like participants in an important learning and treatment program."

Dr. Savacool's forthright manner is reflected in the unaffected elegance of his Germantown home where he and his wife, Lucille, display much loved possessions: the ledger desk which Dr. Savacool's father used in his grain, flour and seed business; a magnificent stained glass entrance piece; figures of Don Quixote and the Spirit of '76 sculpted for Dr. Savacool in wire and hardware by a welder he treated for asbestosis.

Although their three children are grown, the Savacool home is very much a family place. Visits to their two daughters and one son are frequent, even to Boston University where his daughter Janie is a freshman. In Janie's absence her beagle and her rabbit become wards of the Savacools.

Dr. Savacool's extraprofessional interests also show a strong family orientation. He is a trustee of the Lutheran Church in Germantown and with his wife participates in church activities. He enjoys photography, working primarily with color scenes but also shooting his own X-ray slides. A handyman around the house, he hopes to develop his skills in stained glass work and in gardening, "when I get more leisure time." The Savacools are especially fond of New Hampshire vacations, but have traveled extensively throughout the United States. His conversation is replete with Pennsylvania and Germantown lore.

As a physician and as a man he combines the knowledge and sophistication of an urbanc specialist with the warmth and strength of that ideal doctor who started him out in medicine.
the Jefferson scene

bludgeoned budget

Proposed cuts in President Nixon's fiscal 1973-1974 budget would cost Thomas Jefferson University about $3.6 million in total program funds. Dean William F. Kellow stated that the annual Medical College budget of $8 million would have to be reduced by $1.4 million over the next two years if the Federal funds are withdrawn. This $1.4 million includes funding for the training of eighty medical students and for two programs that were to start next September to train more general practitioners and to provide physicians for rural areas.

A specialist training program, in existence twelve years at a cost of $1.3 million annually is expected to be phased out. In addition, a Jefferson run medical center in South Philadelphia will have to discontinue service to the 36,000 children it now treats.

If the President's plans are approved by Congress many Philadelphia health programs, such as rat control and lead poisoning projects, will be annihilated and the Greater Delaware Valley Medical Regional Program will be abolished.

dialysis unit

The Theodore T. Tsaltas Dialysis Center was dedicated on March 19 at Thomas Jefferson University Hospital. Named for the nationally known Jefferson Pathology Professor, whose death in August 1970 was brought on by kidney failure, the new center increases its capacity for procedures from 1000 annually to 1500. It is the largest in hospital kidney dialysis center in Philadelphia, designed to treat two hundred regular patients per year.

Dr. Norman Lasker, Associate Professor of Medicine, is Director of the Center which performs both hemodialysis and peritoneal dialysis.

Dr. Tsaltes, a Greek born physician, was known for his efforts in promoting the merits of long term kidney dialysis at a time when the procedure was still in development. He was cited by the Philadelphia County Medical Society for his indomitable courage in pioneering the work while being afflicted himself.

The Women's Board of the Hospital raised $30,000 of the needed funds.

research grant

Dr. Edward R. Burka, Associate Professor of Medicine at Jefferson, has received a $90,000 second year grant from the National Heart and Lung Institute. It will be used toward perfecting a method of producing a blood concentrate to control hemophilia. Dr. Burka is also Director of the Blood Bank at the Hospital.

new president

Dr. Gerald Marks '49, Clinical Assistant Professor of Surgery, was elected President of the Volunteer Faculty in January. He will serve for one year. Dr. Marks succeeds Dr. Benjamin Haskell '23 Honorary Clinical Professor of Surgery.

lab tests computerized

Thomas Jefferson University Hospital is computerizing its clinical laboratory procedures. Tied in with Jefferson's 360 series computer, the new system can cut in half the lag from test initiation to final report. The computerized system, which will attain full capacity by 1974, is designed to reduce the average hospital stay and to improve the quality of patient care by enabling the doctor to keep a closer watch on changes in test results. The computer printout contains the value of a test and a comparable normal value according to physical variables, plus the outcome of previous tests on the patient. Results are delivered to nursing stations four times a day instead of only one. The system provides an ongoing, constantly updated record of a patient's progress.

faculty changes

Dr. Walter W. Baker promoted to Professor of Pharmacology (Primary) (eff. 7/1/73)

Dr. Willard M. Drake '41 promoted to Clinical Professor of Urology (eff. 7/1/73)

Dr. William C. Stainback appointed to Professor of Surgery (Bryn Mawr)

art exhibit

For the sixth year the Faculty Wives Club of Jefferson Medical College will sponsor an all University Art Exhibit in Jefferson Alumni Hall. Dates for the show are May 23 to June 7.

The Exhibit, for all members of the Jefferson family, is non-competitive and incorporates all media including oils, watercolors, pastels, sculptures, photography, tapestries, ceramics and metals. Applications are available through the Alumni Office. Mrs. John H. Hodges serves as chairman.

The editors apologize to Dr. Paul C. Brucker, newly appointed Chairman of the Department of Family Medicine, for the photo error in the Winter issue of the Bulletin.
Remember the Alamo?

While Davy Crockett was fighting Indians in Tennessee, two men who later joined him fighting Mexicans in Texas were completing their studies at the newly established Jefferson Medical College. Members of the class of 1827, Dr. Anson Jones and Dr. John Purdy Reynolds both emigrated to Texas in its frontier period when land and opportunities were abundant.

Reynolds, Crockett and all their comrades died at the Alamo massacre in 1836, but Anson Jones, who fought and treated the wounded at the later and more successful battle of San Jacinto, lived to take an active part in the political future of the Republic of Texas.

After five years of an unsuccessful practice in Philadelphia Jones left for New Orleans. There he became adept at the local pastimes, gambling and drinking, but his medical career fared no better than it had in Philadelphia. However, when in the early 1830s he decided to settle in Brazoria, Texas, Dr. Jones became a serious and accomplished physician. He was enjoying a booming practice and the respect of his neighbors when war with Mexico broke out. After helping to win that war, serving as both physician and regular soldier with "Houston's little army," he became the Republic's first Minister to Washington, D.C. He was subsequently elected to the Texas Senate, served as Secretary of State under President Sam Houston and finally became the last President of the Republic. He continued to practice medicine when time allowed.

Dubbed the "architect of annexation," Jones advocated statehood for Texas; many wanted complete independence. Annexation was an emotional issue, complicated by international diplomacy and local power politics. The hotly contested question spelled the end of the friendship between Jones and Sam Houston; when statehood became a reality its political ramifications spelled the end of Jones' influence in Texas. Sam Houston and Thomas Rush were elected Texas' first United States Senators, and Anson Jones was neither thanked for his services to the Republic of Texas, nor offered the opportunity to serve the State of Texas. In 1858 he committed suicide in a Houston hotel.

Anson Jones recorded the political turmoil he lived and died with, and the Rio Grande Press recently reprinted his "Memoranda and Official Correspondence Relating to the Republic of Texas, Its History and Annexation, 1836-1846" in facsimile edition. It assures frontier Texas and its personalities a living place in history.

Dr. Anson Jones, Class of 1827
Jefferson's new Department of Family Medicine has many precedents for excellence among Jefferson alumni. Two members of the Class of 1930, Dr. Don Bright Weems and Dr. Oren W. Gunnet, have recently been recognized for their achievements and dedication in the field of family practice.

The York County, Pennsylvania community which Oren Gunnet has served for forty-one years honored him with a testimonial dinner, "Dr. Gunnet Night," which filled the community hall and had to turn away over two hundred admirers. Dr. Gunnet, who has delivered over 1,000 babies, received a volume of testimonial letters and citations and an appreciation plaque citing him for "... showing his love for humanity by his faithful practice as a doctor and his dedication to the welfare of the community." Classmate Dr. Wallace E. Hopkin was a featured speaker.

Dr. Gunnet's involvement in his community has not been limited to the practice of medicine. He helped to organize the town's fire company, served as a Director of the school board and has been an active church member. He is also a past President of the York County Medical Society and a member of the Pennsylvania Medical Society.

Dr. Don Bright Weems was given a different kind of tribute, a written one, by Martin DiCarlo of the Camden, New Jersey Courier-Post.

... In an age of increasing specialization, Doctor Don Bright Weems is probably the finest example in South Jersey of that vanishing figure in Americana known as the "Old Family Doctor," the crusty but kindly general practitioner who still makes house calls.

Dr. Weems was seventy-one in February. He's slowed down a little since his younger days.

He's only working about seven, maybe eight, hours a day now.

"I used to charge fifty cents as an office fee and a dollar for house calls," Dr. Weems remembered the other day, sitting in his favorite chair in the family room, nervously curling his thinning hair with one finger.

"Never turned anyone down. If they couldn't pay they couldn't pay, that's all. That's no reason to turn somebody down, not if you're a doctor. Right?

"I never once put a bill in a collector's hands. When people had the money, they'd pay me. But God knows how much some of them still owe me. Must be a hundred thousand dollars."

Dr. Weems was born and raised in the mountains of East Tennessee. He worked on a tobacco farm for a couple of years to make enough money to attend Tusculum College in his home state.

He went to medical school at Jefferson in Philadelphia and interned at Cooper Hospital in Camden, where he met Ada, before hanging out his shingle in Wenonah.

"People had a lot more respect for a GP in those days," he said, "Young doctors today, they're mostly specialists. They're good, but I think they demand too much of the public."

The elder statesman of Gloucester County medicine has no immediate plans to retire.

"As long as I can still hear and see," he said, "and my memory's good, I don't see any reason to quit. Why, my memory for names and faces is better than my boy's."

Two heart attacks and major surgery for an aneurism—they're not about to make Dr. Weems quit either...
1928
Dr. Clarence A. Bowersox, 106 S. Columbia St., Woodbury, N.J., was one of the nearly two hundred fifty alumni and families who enjoyed the Jefferson trip to England in April.

Dr. William T. Lampe, 4207 Tyson Ave., Philadelphia, writes "Your reunion committee hopes you will come for Alumni Day, June 6, 1973." Plans include a dinner in the Faculty Club of Jefferson Alumni Hall that evening. Dr. Lampe and his wife, Marg, have recently traveled to the South Pacific and to Europe.

1929
Dr. Mario A. Castallo, 1621 Spruce St., Philadelphia, was on radio KYW representing Jefferson on a program on gynecologic subjects during January. During his winter vacation in Tucson he met with Jeff alumni, Dr. James L. Bevan '63, Dr. Frederick M. Kenan '37, Dr. James W. Lohman '65 and Dr. Nelson Sirlin '68 and their wives for dinner at the Tucson Country Club.

Dr. Vernon L. Hawes, 145 Powell Rd., Allendale, N.J., has been retired since April 8, 1971.

1930
Dr. Frank J. Hill, 8650 Blind Pass Rd., St. Petersburg Beach, Fla., retired February 1 from the position of Staff Physician at the V.A. Hospital in Danville, Illinois after sixteen years of service.

1932
Dr. C. Earl Albrecht, 1736 Dolina Circle, Anchorage, Ak., combines a full time practice with teaching freshman medical students at the University of Alaska. Finding an apartment too small. Dr. and Mrs. Albrecht purchased a cottage in the fall which they find to their liking. They both are traveling extensively throughout the state and write "we love it."

Dr. Arthur B. Nightingale, P.O. Box 325, Marco Island, Fla., is enjoying his retirement.

1933
Dr. Richard I. Barstow, The Village Green, Norfolk, Conn., was recently appointed a trustee of the Ellen Battell Stoechel Trust, which finances the Yale Summer School of Music and Art in Norfolk. He is in active practice and enjoyed the Spring Seminar in the British Isles. Dr. Barstow plans to be in Philadelphia for his fortieth reunion at the Union League.

Dr. John R. Bower, 1669 Garfield Ave., Wyomissing, Pa., writes that his son John '66 is now practicing obstetrics and gynecology in Wyomissing. His son Edward '70 is a second year resident in surgery at Jefferson.

Dr. C. Perry Cleaver, 250 Main St., Catawissa, Pa., has resigned from the active staff of Bloomsbury Hospital after thirty-one years and has been elected an Honorary Life Member. Dr. Cleaver was elected a Life Member of the American Psychiatric Association and an Honorary Life Member of the Central Pennsylvania Society for Crippled Children and Adults. Past President of the Columbia County Medical Society, he received the "Brace for an Ace" award from the State Easter Seal Society.

Dr. Anthony Ruppersberg, Jr., 332 E. State St., Columbus, Ohio, is an Associate Professor of Obstetrics and Gynecology at the Ohio State University College of Medicine. A member of the Ohio State Medical Board, he is Chairman and Co-founder of the Committee on Maternal Health of the Ohio State Medical Association and of the Franklin County Maternal Mortality Study. Dr. Ruppersberg also has a private practice in obstetrics and gynecology.

1935
Dr. W. Earl Biddle, Clinical Director of Philadelphia State Hospital's Northeast Unit and Director of the Hospital's Department of Religious Affairs, retired on January 19. He completed nineteen years service at the Byberry Hospital since he joined its staff as Clinical Director. Dr. Biddle's thirty-six years in psychiatry have been with the State Mental Hospitals. In 1944 he was elected a Fellow of the American Psychiatric Association, and in 1970 he was named a Life Fellow. He is also a Fellow of the Pennsylvania Psychiatric Association. Dr. Biddle is a past President of the Warren County Medical Society.

Dr. Glenn S. Dickson, 1505 Foulkrod St., Philadelphia, attended a Pennsylvania State Medical Society Seminar in Honolulu and met classmates Philip R. Wiest, Edgar W. Meiser and Herman L. Rudolph.

1936
Dr. Paul E. McFarland, 5302 E. Palo Verde Dr., Scottsdale, Ariz., writes that his son Henry, who interned and served a three year residency at Jefferson, is doing research at the University of London, England.

1937
Dr. Carl G. Whitbeck, Box 177, R.D. #2, Hudson, N.Y., retired from private practice. He now works for the state of New York and is Senior Attending Surgeon, Emeritus, at the Columbia Memorial Hospital, Hudson, New York.

1938
Dr. Wilfred I. Carney, 154 Waterman St., Providence, R.I., writes that his son Wilfred, Jr. is in his last year of his surgery residency.

Dr. Jerome Chamovitz, 17 Beaver Rd., Sewickley, Pa., is Vice Chairman of the Council of Education in Science of the Pennsylvania Medical Society, Chairman of the Scientific Committee of the Allegheny County Medical Society and Chairman of the Committee on Continuing Education for Physicians in Area Two of Allegheny County. A faculty member at the University of Pittsburgh Medical School, Dr. Chamovitz is a member of the Corporation of Blue Shield.

1939
Dr. C. Roger Kurtz, 9999 Old Georgetown Rd., Bethesda, Md., is Chairman of the Washington, D.C. Division of the American Cancer Society. Dr. Kurtz is a Charter Fellow of the American Academy of Family Physicians.

Dr. Jack R. Wennersten, 933 N. Charlotte St., Pottstown, Pa., was named a Fellow of the American Academy of Family Physicians. First Vice President of the Montgomery County Medical Society, Dr. Wennersten has received recognition from the AMA for his postgraduate work; since 1948 he has completed more than 1,200 hours of accredited medical study. He has practiced in Pottstown for twenty-two years.

1944
Dr. Glen J. Radcliffe, 10805 Willowisp Dr., Houston, Tex., practices anesthesiology for cardiovascular patients at Baylor College of Medicine. His son
Dr. William C. Gaventa, Baptist Medical since fall of 1972. A small group of board certified specialists are providing training for forward to visit back to Jeff to renew old friendships and see the many changes that have taken place.

1947

Dr. Herbert S. Bowman, 96 Carol Pl., New Cumberland, Pa., recently passed the new subspecialty Boards in Hematology, given for the first time in 1972 by the American College of Internal Medicine.

Dr. Benson Krieger, 4115 Gypsy La., Philadelphia, writes that his son, Myles K. Krieger '72 recently became engaged to Mlle. Regine Wahl of Paris, France and Geneva, Switzerland. He will be married in Paris in June and will begin a general surgery residency in July at Lankenau in Philadelphia.

Dr. Francis L. McNelis, 100 Dudley St., Providence, R.I., is Chief of Otolaryngology at the Rhode Island Hospital.

19448

Dr. Richard H. Ross, a Colonel in the United States Army, has been selected as the first Deputy Chief of Staff for Operations, Headquarters, U.S. Army Health Services, Fort Sam Houston, Texas.

1945

Dr. H. Blake Hayman, 81 Crabtree Dr., Levittown, Pa., attended the November dedication of the new Hayman Hall athletic facility at La Salle College. The building was named in honor of Dr. Hayman's parents. He and his brother are both graduates of La Salle, and close personal friends of its immediate past President, Brother Daniel Bernian.

Dr. William C. Caventa, Baptist Medical Centre, Box 15, Ogbomosho, Nigeria, has been serving as a consultant in internal medicine at the mission hospital since fall of 1972. A small group of board certified specialists are providing training for Nigerian house staff.

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Dr. William P. Coghlan, 4 Davidson Dr., Beaver Falls, Pa., writes that his daughter Ann is a graduate of Jefferson School of Nursing and currently working on her B.S.N. at the University of Pennsylvania. Patrick is a sophomore medical student at Jefferson, Matthew is a junior at Penn State and Kevin is a freshman at Swarthmore College. Dr. Coghlan is practicing general and thoracic surgery in Beaver County.

Dr. John J. Dowling, Lankenau Medical Building, Lancaster Ave. and City Line, Philadelphia, was given the Distinguished Teaching Award by Phi Alpha Sigma at a dinner January 27 at the fraternity. Dr. Dowling is Associate Professor of Orthopaedic Surgery at Jefferson and is Chief of Orthopaedics at Lankenau Hospital.

Dr. Paul H. Jernstrom, according to a report from classmate William C. Herrick, is back at work at the California Hospital Medical Center in Los Angeles after a serious bout with hepatitis and hemorrhage. Dr. Herrick had reported Dr. Jernstrom's illness at the class' twenty-fifth reunion last June.

Mrs. Blanche Kramer, 3960 Lankenau Ave., Philadelphia, writes that Frederick Kramer, son of the late Dr. Herbert Kramer, will graduate from Jefferson in June, 1973.

1948

Dr. Donald M. Blatchley, 225 Professional Bldg., Greensburg, Pa., was President of his county medical society in 1972. Currently President of the Pittsburgh Dermatological Society, he is also President-elect of Westmoreland Hospital. Dr. Blatchley writes that he finished second in the Northeast Division of the United States in B.P. sports car racing; he also raced in the American Road Race of Champions for the second year.

Dr. James J. Humes, Saint John Hospital, 22101 Moross Rd., Detroit, Mich., is President-elect of the Michigan Society of Pathologists and will assume office in December 1973. Vice President for Medical Affairs and Director of Laboratories at Saint John Hospital, he has been elected Vice President of the American Society of Clinical Pathologists, an organization of which he was previously a Trustee.

Dr. Humes was presented the annual Sunderman Award by the Association of Clinical Scientists in October. The award is presented to a Fellow of the Association whom the Executive Committee feels has demonstrated outstanding zeal in the pursuit of clinical science. Dr. Humes is certified by the American Board of Pathology in both clinical and anatomical pathology and has authored numerous professional publications. He served as consultant to the Surgeon General of the Navy prior to his retirement from the Navy in 1967, and was awarded the Legion of Merit by President Johnson for exceptionally meritorious service.

Dr. Ellis L. Silberman, 2080 Century Park East, Los Angeles, is the Co-director of the Department of Diagnostic Radiology at Century City Hospital.
Dr. Sheldon Rudansky, 520 Franklin Ave., Garden City, N.Y., has been appointed Chief of Urology at Hempstead General Hospital in Hempstead.

Dr. Edward A. Schauer, 53 Main St., Farmingdale, N.J., just completed twenty years of general practice, the last fourteen of which he has practiced with his brother Joseph Schauer '55. A Diplomate of the American Board of Family Physicians, Dr. Schauer has three daughters, one son and one grandson.

Dr. Richard M. Whittington, 5 Nelson St., Rockville, Md., has been named Regional Medical Director for the Southeast quarter of the United States. His headquarters are in Washington, D.C.

Dr. Carl Zenz, Allis-Chalmers, Box 512, Milwaukee, Wisc., has been elected President of the American Academy of Occupational Medicine. The Medical Director of the Allis-Chalmers Corporation, Dr. Zenz is also a Clinical Professor of Preventive Medicine at the Medical College of Wisconsin.

1949

Dr. Thomas F. Head, 31 Elmhurst Ave., Providence, R.I., was recently elected to the Blue Shield Board of Rhode Island, to the Corporation of Providence College and to the Presidency of the Providence Medical Association.

Dr. Gerald Marks, 255 S. 17th St., Philadelphia, writes that the Class was well represented at the Fifty-Eighth Annual Clinical Congress of the American College of Surgeons, October, 1972, San Francisco. Dr. Scott J. Boley, Bronx, New York, presented a paper on Vascular Insufficiency in the Postgraduate Course “Diseases of the Small and Large Intestines.” Dr. Stuart W. Hamburger, Detroit, Michigan, presented a motion picture to the General Session entitled “Total Thyroidectomy and Modified Radical Neck Dissection for Papillary Carcinoma of the Thyroid.” Dr. Robert M. Vetto, Portland, Oregon, co-authored a paper entitled “Antilymphocyte Antibody: Specific Isolation and Mode of Action.” Dr. Marks presented a paper “Colotomy and Colonoscopy,” to the Interdisciplinary Panel Discussion “Surgical Management of Polypoid Disease of the Abdominal Colon.”

Dr. Sheldon Rudansky, 520 Franklin Ave., Garden City, N.Y., has been appointed Chief of Urology for Nassau Hospital in neighboring Mineola. Dr. Rudansky is also Chief of Urology at Hempstead General Hospital in Hempstead.

Dr. John C. Cwik, 1024 Susquehanna St., Johnstown, Pa., is President of the staff of Conemaugh Valley Memorial Hospital. His eldest son is currently enrolled at Penn State University in Jefferson’s accelerated program and hopes to enter the Medical College in September.

Dr. Daniel R. DeMeo, 7 Nassau Ave., Margate, N.J., is the new Director of rehabilitative service at the Betty Bacharach Home in Atlantic City.

Dr. Willard Y. Grubb, 143 W. Philadelphia Ave., Boyertown, Pa., was elected Secretary of the Board of Trustees of the Pottstown Memorial Medical Center, which is presently building a new hospital for 1973 occupancy.

Dr. Vincent J. McPeak, Foxcroft Sq., Jenkintown, Pa., has been appointed Director of the Department of Obstetrics and Gynecology at Holy Redeemer Hospital. Dr. McPeak is Vice President of Holy Redeemer’s Medical Staff.

Dr. William E. Wallace, 1851 Arlington St., Sarasota, Fla., is still practicing orthopedic surgery in Sarasota. He writes that he has three sons, Jeffrey age twenty-one, Robert age fourteen, and Scot, age one year.

Dr. David M. Barry, 285 Governor St., Providence, R.I., was recently elected President of the New England Neurosurgical Society.

Dr. Robert L. Evans, Harbour House Apts., #305, 5548 Spring Brook Rd., Rockford, Ill., writes that he has a granddaughter Kate, born July 29, 1972. Dr. Evans, who serves as Dean of the Rockford School of Medicine, University of Illinois, notes that practicing physicians are acting as teachers for the first students and residents there. He also is an Alumni Trustee on Jefferson’s Board.

1951

Dr. Paul F. Crutchlow, Veterans Administration Hospital, 2615 E. Clinton Ave., Fresno, Calif., has been appointed Chief of Urology there.

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Dr. James M. Hunter, 243 S. 10th St., Philadelphia, was elected to membership in the Societe Internationale de Chirurgie Orthopedique et de Traumatologie. He made a presentation to the group in Tel Aviv, Israel, in October, 1972 on “Technique and Results of Flexor Tendon Reconstruction Using a Tendon Prosthesis Prior to Tendon Grafting.” He has also made recent presentations to the Eighteenth Congress of the French Congress of Plastic Surgery in Paris, France, and to the American Society for Surgery of the Hand, in Grand Rapids, Michigan. Doctor Hunter is Associate Professor of Orthopaedic Surgery at Jefferson.

Dr. Stanley S. Schneider, 96 Brighton Way, Beverly Hills, Calif., announces
with sadness the death of his wife, Lorraine, on November 6, 1972. Mrs. Schneider was a professional printmaker and designed the facing logo "War is not healthy for children and other living things," which has been adopted as a peace symbol throughout the world. In September, 1972 she presented her banner to the United Nations Non-Governmental Organization Conference on Disarmament in Geneva, Switzerland. She also won many artistic competitions in California where she exhibited her work regularly. A member of the steering committee of Another Mother For Peace, Lorraine Schneider herself was the warm, understanding mother of four children.

**1954**

Dr. Clyde E. Harriger, 636 Scalp Ave., Johnstown, Pa., is a Charter Fellow and a Charter Diplomate of the AAFP. He is the Rotating Chief at Memorial Hospital and the Chief of the Family Practice Section at Mercy Hospital in Johnstown. Dr. Harriger has a family of four, three boys and one girl.

Dr. Christopher K. Hood, 1127 Crestbrook Dr., Charlotte, N.C., writes that Dr. Charles A. Porter '66 has joined him in his practice of obstetrics and gynecology. "Dr. Porter passed his Obstetrics and Gynecology Boards in November, 1972. I'm being forced to learn all types of new things from him."

Dr. Henry W. Pletcher, II, 52 Grand Ave., Poughkeepsie, N.Y., Attending Physician in Obstetrics and Gynecology at St. Francis Hospital, has been elected President of the Medical-Dental Staff there. Dr. Pletcher is a Diplomate of the American Board of Obstetrics and Gynecology, a Fellow in the American College of Surgeons and a Fellow of the American College of Obstetricians and Gynecologists. He and Mrs. Pletcher have two children, a boy and a girl.

**1955**

Dr. Robert E. Berry, 3593 Peakwood Dr., Roanoke, Va., has been elected Chief of Surgery by the Surgical Department at Roanoke Memorial Hospital. He is Director of Surgical Education for the University of Virginia Medical School at that Hospital.

Dr. Theodore G. Duncan, 346 Llandrillo Rd., Bala Cynwyd, Pa., Assistant Pro-

with sadness the death of his wife, Lorraine, on November 6, 1972. Mrs. Schneider was a professional printmaker and designed the facing logo "War is not healthy for children and other living things," which has been adopted as a peace symbol throughout the world. In September, 1972 she presented her banner to the United Nations Non-Governmental Organization Conference on Disarmament in Geneva, Switzerland. She also won many artistic competitions in California where she exhibited her work regularly. A member of the steering committee of Another Mother For Peace, Lorraine Schneider herself was the warm, understanding mother of four children.

**1954**

Dr. Clyde E. Harriger, 636 Scalp Ave., Johnstown, Pa., is a Charter Fellow and a Charter Diplomate of the AAFP. He is the Rotating Chief at Memorial Hospital and the Chief of the Family Practice Section at Mercy Hospital in Johnstown. Dr. Harriger has a family of four, three boys and one girl.

Dr. Christopher K. Hood, 1127 Crestbrook Dr., Charlotte, N.C., writes that Dr. Charles A. Porter '66 has joined him in his practice of obstetrics and gynecology. "Dr. Porter passed his Obstetrics and Gynecology Boards in November, 1972. I'm being forced to learn all types of new things from him."

Dr. Henry W. Pletcher, II, 52 Grand Ave., Poughkeepsie, N.Y., Attending Physician in Obstetrics and Gynecology at St. Francis Hospital, has been elected President of the Medical-Dental Staff there. Dr. Pletcher is a Diplomate of the American Board of Obstetrics and Gynecology, a Fellow in the American College of Surgeons and a Fellow of the American College of Obstetricians and Gynecologists. He and Mrs. Pletcher have two children, a boy and a girl.

**1955**

Dr. Robert E. Berry, 3593 Peakwood Dr., Roanoke, Va., has been elected Chief of Surgery by the Surgical Department at Roanoke Memorial Hospital. He is Director of Surgical Education for the University of Virginia Medical School at that Hospital.

Dr. Theodore G. Duncan, 346 Llandrillo Rd., Bala Cynwyd, Pa., Assistant Pro-

fessor of Clinical Medicine at Pennsylvania Hospital, has been appointed Chief of the Section on Diabetes and Metabolism of the Department of Medicine at Pennsylvania Hospital. Dr. Duncan is President of the Garfield G. Duncan Research Foundation and is a former board member of the Delaware Valley Diabetes Association and the Montgomery County Chapter of the Pennsylvania Association for Retarded Children.

Dr. Thomas N. Gates, 132 Sandywood Dr., Doylestown, Pa., has joined McNeil Laboratories, Inc., in Ft. Washington, Pa., as Executive Director of the Medical Division. Prior to his appointment he served as Director of Clinical Development for Ciba-Geigy Corporation.

**1956**

Dr. Stewart First, 255 S. 17th St., Philadelphia, was recently appointed to the medical staff of Lankenau Hospital. An obstetrician-gynecologist, Dr. First is a Clinical Assistant Professor at Jefferson. He was Board certified in 1964 and is a Fellow of the American College of Obstetrics and Gynecology.

Dr. James B. Lee, Buffalo General Hospital, 100 High St., Buffalo, New York, gave the prestigious Mary Scott Newbold Lecture at the College of Physicians of Philadelphia, 19 S. 22nd St., on Wednesday, March 7. His lecture was titled "Homeostasis and the Prostaglandins." Dr. Lee is Professor of Medicine, Chief, Section of Endocrinology at the Hospital and State University of New York at Buffalo and serves on the Board of Directors at St. Vincent Research Foundation in Worcester, Massachusetts. He is the author of fifty-eight papers. Dr. Lee and his wife Audrey have four sons.

**1957**

Dr. Stephen J. Herceg, 2201 N. Second St., Harrisburg, Pa., has been appointed Clinical Assistant Professor of Surgery (plastic surgery) at Pennsylvania State University, College of Medicine at Hershey, Pennsylvania. "This past July," he notes, "we began a Plastic Surgery Residency Training Program at Harrisburg Hospital and Harrisburg Polyclinic Hospital in affiliation with the Medical Center at Hershey."

Dr. Philip J. Marone, 2508 S. 20th St., Philadelphia, has been named official physician for the Philadelphia Phillies. Dr. Marone has been on the staff of Methodist Hospital since 1964. He is on call for all Phillies home games beginning this season. In addition, he traveled to Clearwater, Florida, to be with the team for spring workouts in
March. Dr. Marone works closely with team trainer Don Seger.

A Fellow of the American College of Surgeons, Dr. Marone is a member of the American Board of Orthopaedic Surgery. He is a Clinical Associate Professor of Orthopaedics at Jefferson.

Dr. Albert N. Morgese, 51 Poplar Dr., Morris Plains, N.J., writes that his son, Richard, is a third year medical student at Georgetown University Medical School. Richard's wife Judith is attending Georgetown University Law School.

1958

Dr. Sheldon C. Brown, 2006 Dwight Way, Berkeley, Calif., is living in San Francisco and practicing in Berkeley. "My practice is now limited to hand surgery." He also announces the birth of his second daughter. "Hope to make the June reunion."

Dr. Francis V. Kostelnik, Skyview, R.D. 1, Hellertown, Pa., has been named Chairman of the Medical Advisory Committee to the Miller Memorial Blood Center. He has been Director of Laboratories at Sacred Heart Hospital, Allentown, for the past eight years. A member of the College of American Pathology, Dr. Kostelnik is Blood Bank Inspector for the American Association of Blood Banks. His wife, also a physician, is Director of Nuclear Medicine at Sacred Heart.

Dr. Francis K. Moll, Jr., 464 Cooper St., Woodbury, N.J., has joined the Orthopaedic Associates in Woodbury, New Jersey in private practice, after fifteen years of professional service as a Marine Corps Commander. Prior to this association Dr. Moll was Chief of Orthopaedics at Annapolis Naval Academy. He and his wife have four children.

Dr. Joel L. Seres, 2800 N. Vancouver Ave., Portland, Ore., was appointed Associate Clinical Professor of Neurosurgery at the University of Oregon Medical School, on the voluntary teaching staff. He won the Nesbitt Award for the second year in a row.

Dr. Robert G. Somers, 3229 Burn Brae Dr., Dresher, Pa., has a busy surgical practice. He and his wife Ronnie enjoyed their recent vacation in Spain.

Dr. Richard R. Vanderbeek, 664 Spring Valley Rd., Doylestown, Pa., is President of the Staff at Doylestown Hospital for 1972-73.

1959

Dr. Leon Leonard C. Baldauf, 4250 N. Swan Rd., Tucson, Ariz., announces the birth of his fifth child and first daughter, Kathleen, in August, 1972. "We enjoyed seeing Kim Hewson '58 and his wife when they visited Tucson this past summer. My brother Jim '59 is practicing cardiology in Anchorage, Alaska."

Dr. K. Douglas Bowers, Jr., 400 Drummond St., Morgantown, W. Va., is a Clinical Associate Professor of Orthopaedic Surgery at West Virginia University Medical Center. He is also physician to the Athletic Department there.

Dr. Harris R. Clearfield, 720 Oxford Rd., Bala Cynwyd, Pa., has been named Associate Professor of Medicine and Director of the Division of Gastroenterology at Hahnemann Medical College and Hospital. Prior to his appointment he served as Associate in Medicine and Head of the Section of Gastroenterology at Episcopal Hospital and Clinical Associate Professor of Medicine at Temple University School of Medicine. He is a Fellow of the American College of Physicians and a member of the American Gastroenterologic Society.

Dr. Robert V. Davis, Jr., Box 295, Dalton Rd., Waverly, Pa., has joined a group practice of ophthalmology in Scranton. Dr. Davis is a Diplomate of the American Board of Ophthalmology and a Fellow of the American Academy of Ophthalmology and Otalaryngology. He and his wife, Judith, have four children.

1960

Dr. Arnold J. Halpern, 6 S. Belle Dr., W. Long Branch, N.J., is practicing obstetrics and gynecology at Monmouth Medical Center. He finds a great challenge in directing the residency training program in his specialty.

Dr. Frank A. Milani, 115 W. Drinker St., Dunmore, Pa., has been certified a Diplomate of the American Board of Internal Medicine. He practices his specialty in association with the Lackawanna Medical Group. He is the President of the Medical Staff of Community Medical Center in that county.

Dr. Terrence J. Thomas, 965 E. High St., Oakland, Md., is practicing general surgery in Oakland. He and his wife, Joan, have five children.

Dr. George N. Rime, II, 303 S. Juniper St., Escondido, Calif., announces the birth of a son, David Edward Rime, on September 28, 1972.

Dr. Francis W. Wachter, 4191 Tamlyn Dr., San Diego, Calif., writes that he is really enjoying living and working in San Diego. He sometimes sees old friends George Riffle '60 and Dave Subin '61. "There are a few other Jeffersonians of all vintages around also."
1961

Dr. J. Jerome Cohen, 11 Rokeby Pl., Staten Island, N.Y., completed his thoracic surgery residency and was certified by the Board of Thoracic Surgery. He is currently serving in U.S.P.H.S. Hospital in Staten Island.

Dr. Francis J. Fanfara, Paoli Memorial Medical Bldg., Ste. 101, Paoli, Pa., a member of the surgical staff at Paoli Memorial Hospital, has been named a Fellow by the American College of Surgeons.

Dr. Marvin Grossman, 409 Rte. 70, Cherry Hill, N.J., is the Chief of Cardiology at Our Lady of Lourdes Hospital. Married to the former Carol Yeisley, he practices internal medicine and cardiology in Cherry Hill.

Dr. William F. Hook, 221 N. 5th St., Bismarck, N. D., was certified by the American Board of Nuclear Medicine and the American Board of Radiology in 1972. Chief of the Department of Radiology at Bismarck Hospital, he practices with a multispecialty group at Quain and Ramstad Clinic.

Dr. Samuel Krain, 3849 Wheatsheaf Rd., Huntingdon Valley, Pa., writes that he and his wife, Joyce, recently had their fourth child Philip.

Dr. Paul G. Pentz, 42 Kenneth Dr., Glastonbury, Conn., became Director of Student Mental Health at the Institute of Living in Hartford, Connecticut.

Dr. Donald K. Roeder, 1 Francesca Ave., Charleston Hghts, S.C., writes that he is still in the Navy. Assistant Chief of Surgery and Head of the Thoracic Surgery Branch of the Charleston Naval Hospital. Dr. Roeder also has received a teaching appointment (Clinical Associate in Surgery) at the Medical University of South Carolina. He and his wife have three daughters. "We are enjoying life in the sunny South. We have quite a Jefferson group here."

Dr. Jack C. Sabo, 1400 - 14th St., Lakewood, N.J., has passed the certifying exams of the certifying Board of Thoracic Surgery. He is also a Diplomate of the American Board of Surgery and a Fellow of the American College of Chest Physicians. Dr. Sabo practices general and thoracic surgery in the Lakewood area.

Dr. Gordon D. ViGario, 2373 Canyon Dr., Los Angeles, has joined a Radiology Group in Burbank, where he does about eighty percent therapy and twenty percent diagnostic radiology. "I have about thirty-five patients per day, so for a therapist am quite busy."

Dr. James A. Walsh, 5115 Falcon Ridge Rd., Roanoke, Va., has joined Radiology Associates there.

1962

Dr. Stephen Billstein, 1529 Third St., Sacramento, Calif., is the Chief, Division of Disease Control, at the Sacramento Health Agency. Dr. Billstein received his master's degree in public health from the University of California at Berkeley in June, 1972.

Dr. Robert E. Farrell, Oakford Rd., R.D. #1, Clarks Summit, Pa., was recently certified by the American Board of Radiology. Dr. Farrell is a member of the Radiological Group Inc. in Waverly and serves on the staff of several area hospitals. He is married to the former Demaris Ceccoli.

Dr. Eugene E. Morita, 74 Mt. Muir Ct., San Rafael, Calif., writes that he is leaving the service after ten years to join the nuclear medicine section at Mt. Zion Hospital and Medical Center in San Francisco.

Dr. David E. Rosenthal, 921 W. Cheltenham Ave., Philadelphia, was certified in internal medicine in June, 1970. He is in group practice with Sidney Wolfe '47 and Hyman Kahn '56.

Dr. Peter L. Zemo, III, 5 Churchill Dr., York, Pa., has been elected a Fellow of the American Academy of Ophthalmology and Otolaryngology. Dr. Zemo served with the United States Air Force as a flight surgeon. He holds a private pilot's rating and is a qualified glider pilot. He and his wife have two children.

1963

Dr. James E. Barefoot, Alum Bank, Pa., has been certified a Diplomate of the American Academy of Family Physicians. He is associated with Conemaugh Valley Memorial Hospital.

Dr. Fredric S. Bauer, 635 De Tamble Ave., Highland Pk., Ill., has been appointed Director of Medical Services at Abbott Laboratories, North Chicago, Illinois.

Dr. Arthur F. Fost, 50 Newark Ave., Belleville, N.J., has been appointed Assistant Professor of Pediatrics at the New Jersey College of Medicine in Newark. Dr. Fost has three children, ages ten, nine and two.

Dr. Hugh A. Henderson, 237 Argonne Dr., New Kensington, Pa., is an Assistant Professor in the Department of Family and Community Medicine at the Milton S. Hershey Medical Center of the Pennsylvania State University. He has also joined the Family Medicine East practice group with offices in the student apartment buildings.

Dr. Charles B. Kahn, 3350 N. 41st Ct., Hollywood, Fla., is practicing rheumatology there and was Board certified in internal medicine in June, 1972. He has two children.

Dr. Theodore W. Wasserman '61 (left) and Dr. Timothy J. Michals '66 are codirectors of the twenty-four bed Psychiatric Unit at Albert Einstein Medical Center, Daroff Division. Dr. Wasserman, Chairman of the Department of Psychiatry at Einstein, is also a Clinical Assistant Professor of Psychiatry and Human Behavior at Jefferson. Dr. Michals is an Instructor in Psychiatry at Jefferson.
Dr. Thomas E. Klump, 6726 Eberlein Ave., Klamath Falls, Ore., is enjoying the private practice of neurosurgery in the beautiful Pacific Northwest. He was recently Board certified.


Dr. Rolf W. Lemp, 403 River Rd., Fair Haven, N.J., writes that he is looking forward to the tenth reunion. He is the Director of Family Practice and Community Medicine at Monmouth Medical Center.

Dr. Santo Longo, Box 14, Penn Park, Pa., is now in charge of the hematology laboratory in Pennsylvania Hospital's Pathology Department. Dr. Longo was formerly an Associate in Pathology at the University of Pennsylvania School of Medicine.

Dr. Thomas S. Patricosi, 12210 S. 86th Ave., Palos Park, Ill., is the Director of the Division of General Practice at the Little Company of Mary Hospital in Evergreen Park. He was recently named a Fellow of the American Academy of Family Physicians.

1964

Dr. Robert A. Bullock, 148 S. Orange, El Cajon, Calif., writes "We are extremely happy here. When I get away from a busy practice, we ski, play tennis and enjoy our two boys."

Dr. William A. Freeman, P.O. Box 130, Shippensburg, Pa., was certified by the American Academy of Family Physicians in April, 1972. He continues in family practice with his father, Dr. Albert W. Freeman '36.

Dr. James S. Grim, 3420 N. Harvey Pkwy., Oklahoma City, Okla., practices anesthesia with a group in Oklahoma City. He has a busy family life with five sons and two daughters.

Dr. John H. Maylock, Mercy Hospital, Wilkes-Barre, Pa., has been appointed to the consulting medical staff of that hospital with privileges in pathology. Dr. Maylock is a junior member of the American Society of Clinical Pathologists and is certified by the Specialty Board of Pathology (anatomical and clinical).

Dr. James J. Murata, Burlingame Medical Center, 530 El Camino Real, Burlingame, Calif., is in private ENT practice in Burlingame. A Clinical Instructor at Stanford University Medical School, Dr. Murata was Board certified in 1970. He and his wife, Connie, have four children.

Dr. David E. Ostrow, 811 E. Wisconsin Ave., Milwaukee, Wis., completed his residency in neurosurgery at Yale in December, 1972. Presently in private practice, he is married and has two children.

Dr. Stephen D. Silverman, 8300 Cheltenham Ave., Philadelphia, has been named Acting Medical Director of the Cumberland County Guidance Center in New Jersey. Dr. Silverman was previously Director of the Emergency Service of the Mental Health and Mental Retardation Center of Albert Einstein Medical Center in Philadelphia. He also worked for several months as a psychiatrist at a mental health center in Israel.

1965

Dr. Nathan B. Hirsch, 507 Sevills Ave., Coral Cables, Fla., now practices obstetrics and gynecology there. He has work at two private hospitals and has a teaching appointment at the University of Miami Medical School.

Dr. Ward L. Jones, 414 Bethany St., Thousand Oaks, Calif., announces the birth of his third child (first son), Christopher Ward, on May 22, 1972.

Dr. Michael A. Kutell, 232 Westward Dr., Miami Springs, Fla., has passed his boards in internal medicine with a subspecialty in hematology. He is now in private practice.

Dr. Allen S. Laub, 21 Beaumont Dr., New City, N.Y., is in the private practice of pediatrics in Rockland County. He now has three children.

Dr. Philip Lipkin, 345 Harford Rd., Somerdale, N.J., recently completed a residency in plastic surgery at Pennsylvania Hospital. He is now on active duty at Philadelphia Naval Hospital.

Dr. Gerard L. MacDonald, 1508 LaSierra Dr., Sacramento, Calif., is practicing orthopaedic surgery. He is married and has one daughter.

Dr. Thomas H. Malin, 110 Rodney La., Camp Hill, Pa., completed his residency in orthopaedic surgery at the University of Pittsburgh in July, 1972. He is now in private practice in Harrisburg and Camp Hill, Pennsylvania and is on the teaching staff of the Milton S. Hershey Medical School.

Dr. Amilu S. Martin, 1317 N. Academy Blvd., #102, Colorado Springs, Colo., is in association in general and thoracic surgery with her husband, Alfred J. Martin '64.

Dr. Harlan M. Mellk, Main and Jackson Sts., Fishkill, N.Y., has been appointed Clinical Assistant in the Department of Internal Medicine at Vassar Brothers Hospital.

Dr. Burton W. Pearl, 807 Haddon Ave., Haddonfield, N.J., has been appointed to the staff of West Jersey Hospital. He completed his orthopaedic residency at the Hospital of the University of Pennsylvania where he subsequently served as Instructor.

Dr. Donald F. Post, 6210 Westover Dr., Mechanicsburg, Pa., left the Air Force in August of 1971 and has set up practice in the Harrisburg, Pennsylvania, area. He is associated with three others in the practice of obstetrics and gynecology. Dr. Post has two girls and one boy.

Dr. E. William Reiber, 1941 W. Buffalo Ave., Tampa, Fla., is in the practice of general and vascular surgery in Tampa and hopes to be on the staff of the University of South Florida Medical School, which has just taken in its second class.

Dr. Thomas J. Schneider, 705 N. Olive, W. Palm Beach, Fla., was certified as a Diplomate of the American Board of Internal Medicine and elected a Fellow of the American College of Gastroenterology.

Dr. Stanley J. Sutula, Jr., 11 Valerie Dr., Vernon, Conn., is working for the State of Connecticut Department of Tuberculosis Control. He has two children, Stanley III and Troy.

Dr. Arthur N. Triester, 260 Lamplighter La., Huntingdon Valley, Pa., practices cardiology with Dr. Warren F. Goldburgh '52 and Dr. Joseph F. Rodgers '57.

Dr. William B. Wood, 3304 Crown Crest Rd., Lexington, Ky., and his wife Elise announce the birth of their first child, Kristin Elizabeth. Dr. Wood is on the anesthesia faculty of the University of Kentucky Medical Center in Lexington.

1966

Dr. William R. Collini, 9 Stonehedge Terr., Sparta, N.J., entered the private practice of urology in Newton, New Jersey in July of 1972, and is enjoying it very much.
Dr. Franklyn R. Cook, 713 Cortlandt Dr., Sacramento, Calif., is practicing obstetrics and gynecology with the Permanente Medical Group, Kaiser Hospital, in Sacramento. He and his wife Emile announce the birth of Andrew Michael on October 11, 1972.

Dr. Lynn G. Cranmer, 730 Via Cielito, Ventura, Calif., writes "Finally out of field, New Jersey. Dr. Friedman is maratin U.S. Army on Okinawa. He is now in Emilia Announce the birth of Andrew

Dr. Barton J. Friedman, 11 Maplewood Dr., Maple Shade, N.J., finished serving in U.S. Army in Haddonfield, New Jersey. Dr. Friedman is married and he has two children, a boy and a girl.

Dr. Joseph A. C. Girone, 1779 Cindy Ln., Hatfield, Pa., F.A.A.P., is now in private pediatric practice with the Pennridge Pediatric Associates in Telford, Pennsylvania. He is a Clinical Instructor of Pediatrics at the Temple University School of Medicine.

Dr. Robert A. Goldstein, 8192 Inverness Ridge Rd., Potomac, Md., is an Assistant Professor of Medicine in the Pulmonary Disease Section of the V.A.-George Washington University Medical Center in Washington, D.C. He sends regards from Mark, age one and Josh, age three.

Dr. Arthur B. Lintgen, 3965 Countrywood Ln., Hatboro, Pa., passed the certifying examination in internal medicine in June, 1972. He is practicing his specialty at Abington Memorial Hospital, having completed two years in the Army.

Dr. Burton Mass, 657 Oak Shade Ave., Elkins Park, Pa., was the author of an article on experimental emphysema in the September, 1972 issue of the American Review of Respiratory Disease.

Dr. James S. Paolino, 9 Silver Spring Rd., West Orange, N.J., is in private practice at the Center for Internal Medicine, Springfield, New Jersey. He is a Diplomate of the American Board of Internal Medicine and a member of the American College of Physicians.

Dr. Edward N. Pell, III, 339 W. Union St., Somerset, Pa., has been certified by the American Board of Surgery. Dr. Pell is a candidate member of the American College of Surgeons.

Dr. Arthur J. Schatz, 1870 N.E. 207th St., Miami, Fla., is now practicing obstetrics and gynecology there.

Dr. Francis J. Viozzi, Crestwood II, R.D. 4, Danville, Pa., is an Associate in the Department of Internal Medicine, Section of Rheumatology, at the Geisinger Medical Center in Danville.

Dr. Marvin S. Wetter, 70-35 260th St., Glen Oaks, N.Y., announces the birth of a son, Jeffrey Lewis, on February 5, 1972. He will complete his urology residency in June of 1973.

Dr. Theodore Wolff, 2304 Oxeye Rd., Baltimore, Md., recently finished a fellowship in adolescent medicine at Children's Hospital of Washington, D.C. He has moved into a new home in Baltimore and is in the private practice of general pediatrics.

1967

Dr. Joel B. Jurnovoy, 3630 Chimney Swift Dr., Huntingdon Valley, Pa., is a second year dermatology resident at Temple University.

Dr. Michael B. Kodroff, 920 Chumley St., Portsmouth, Va., is a Lieutenant Commander in the U.S. Navy. He passed his radiology boards in June and will be at the Portsmouth Naval Hospital for another year and a half. He hopes to return to Florida.

Dr. John H. Meloy, Qtrs. 1219, Quantico, Va., completed his residency in internal medicine in June, 1971. He is currently serving in the U.S. Navy at the Quantico, Virginia Naval Hospital. In July, 1973 he will join the Blair Medical Associates in Altoona, Pennsylvania. He has a daughter, Natalie Lynne, born June 13, 1972.

Dr. Lloyd W. Mosely, Jr., 1753 Breton Rd. S.E., Grand Rapids, Mich., was Chief Resident at Blodgett this year. When he finishes his internal medicine residency in June he will begin a two year fellowship in pulmonary disease at the University of Oklahoma Medical Center in Oklahoma City. "When and if I finish my quest for specialties I will practice back in Grand Rapids, Michigan."

Dr. Burton W. Schwartz, 5617 Regency Pk. Ct., #12, Suitland, Md., and his wife Judith P. Schwartz '70 announce the birth of their first child, Hamilton Parker Schwartz, on December 28, 1972. Dr. Burton Schwartz is a pediatrician in the Air Force, stationed at Andrews Air Force Base and will begin a two year neonatology fellowship under Air Force sponsorship at Southwestern Medical School, Dallas, Texas, in July.

1968

Dr. Joel M. Barish, 240 W. Queen St., Inglewood, Calif., is completing his medicine residency at U.C.L.A. and will take a fellowship in G.I. at Harbor General Hospital for the next two years. His wife, Carole, will complete her pediatric residency at Harbor General next year.

Dr. Richard I. Cohen, 985 Schweitzer Pl., North Brunswick, N.J., writes that his second son, Daniel Seth, was born December 7, 1972.

Dr. Richard J. Flanigan, 1901 S. Locust St., Denver, Colo., and his wife Barbara had their third child, Regan; they now have one boy and two girls. Dr. Flanigan is in his first year of a cardiology fellowship at the University of Colorado Medical Center.

Dr. Thomas J. Gal, 510 Stevens Dr., King of Prussia, Pa., is completing a post doctoral research fellowship in anesthesia at the University of Pennsylvania. He will enter the U.S. Navy in July.

Dr. Jerold Kaufman, 270 E. Mermaid La., Philadelphia, finished his residency in December and has joined the radiology staff at Philadelphia General Hospital.

Dr. Thomas C. Kravis, Scripps Clinic and Research Foundation, 476 Prospect St., La Jolla, Calif., was recently appointed a Clinical Instructor of Medicine at the University of California, San Diego and continues immunology research at the Scripps Clinic and Research Foundation. He completed his training in internal medicine at the University of California, San Diego and completed a pulmonary fellowship at the same institution. Part of the fellowship included a year in the laboratory of Nathan J. Zweifler '52.

Dr. William L. Molinari, Jr., 2003 Government Circle, Gallup, N.M., is completing his tour of duty in the Public Health Service, where he is Chief of Anesthesia at the Gallup Indian Medical Center.

Dr. William L. Molinari, Jr., 2003 Government Circle, Gallup, N.M., is completing his tour of duty in the Public Health Service, where he is Chief of Anesthesia at the Gallup Indian Medical Center.

Dr. Sarah J. Richards, 307 N. Rock Hill Ave., Floral Pk., N.Y., and his wife Deborah announce the birth of their daughter, Nancy Eve, on December 15, 1972. Dr. Sabara will complete his urology residency in June, 1973 at Long Island Jewish Medical Center.
Dr. Theodore J. Skowronski, 18 Drum­mer’s Way, Hatboro, Pa., has completed his tour at Fort Lee, Virginia and has returned to Abington Memorial Hospital to complete his medical residency.

Dr. Edward A. Wroblewski, 531 Charleston Rd., Mt. Laurel, N.J., is finishing his residency in internal medicine. In July he begins a fellowship in cardiology at Hahnemann Hospital.

1969

Dr. Robert Abel, Jr., 5900 Arlington Ave., Riverdale, N.Y., will begin a cornea fellowship at the University of Florida in July.

Dr. Andrew C. Bockner, 2132 Bedford St., Apt. 18, Durham, N.C., is a Fellow in child psychiatry at Duke University Hospital. He sends word of the birth of a son, Matthew Andrew, on January 24, 1973.

Dr. Peter B. Bonafide, M.D., 12 Towner House Rd., Hamden, Conn., announces the birth of a son, Peter Joseph, on December 20, 1972.

Dr. Harold R. Hansen, 64 Edmund St., Newington, Conn., writes “Nancy, our three children and I are here in Newington where I’m finishing my orthopaedic residency. Our plans after July 1 depend on Uncle Sam.”

Dr. David F. Henderson, Star Rte., Box 10, New Town, N.D., is the Director of Medical Services at the Minni-Tohe Indian Health Clinic at the Fort Berthold Reservation. In July, 1973, he will begin his residency in medicine at the University of Vermont. He has two children, Erin Lynn and Keely Ann.

Dr. Thomas A. Lane, 5001 Seminary Rd., #1413, Alexandria, Va., writes “My wife, Sonja, and I are looking forward to returning to Jeff this summer when I start my hematology fellowship at Cardesa.”


Dr. Barry S. Smith, 311 Royer Ct., Louis­ville, Ky., will complete his three year residency in FM & R in June and will enter the Navy Medical Corps for two years.

Dr. Victor B. Tuma, 215 Amboy Ave., Metuchen, N.J., has joined a group practice of pediatrics there. He interned and took his pediatric training at St. Christopher’s Hospital for Children in Philadelphia, the pediatric unit of Temple University School of Medicine, where he later became Chief Resident.

Dr. Edward B. Yellig, 3045 Jackson St., San Francisco, married the former Suzanne Campbell on December 16, 1972. When he completes his Navy obligation in June of 1973 he and his wife will travel for a year before he begins a residency in internal medicine in 1974.

1970

Dr. Robert M. Lumphis, 4221 Winterburn St., #A202, Pittsburgh, Pa., is the Chief Medical Resident at Montefiore Hospital at the University of Pittsburgh. He plans to take an infectious disease fellowship there next year.

Dr. Milton Rossman, P.O. Box 992, Brownsville, Tex., will begin a residency in internal medicine at the University of Cleveland Hospital, effective July, 1973. Dr. Rossman is married and has a young daughter.

Dr. James E. Barone, Apt. 14-M, 77 Seventh Ave., New York, is a resident in general surgery at St. Vincent’s Hospital in New York.

Dr. John B. Ferguson, III, 1000 Walnut St., Apt. 906, Philadelphia, writes “Jinny and I are still in Orlowitz. I’m enjoying the first year of my ophthalmology resi­dency and we’re both keeping busy and having fun with Becky, our sixteen­month-old daughter.”

Dr. Daniel B. Gould, 863 E. Homestead Village La., S.E., Rochester, Minn., will leave the Mayo Clinic in June to begin a two year fellowship in nephrology and transplantation at the Massachusetts General Hospital with the Harvard Faculty.

Dr. William C. Hamilton, 1000 Walnut St., Philadelphia, is a first year orthopaedic resident at Jefferson.

Dr. John C. Iacuzzo, 150 Florida Ave., Paterson, N.J., was offered a second year surgical residency at Columbia Presbyterian Hospital of New York City. He and his wife, Mary, have a young son.

Dr. John F. Motley, 8026 N. Warmock St., Philadelphia, is in the second year of his residency at St. Christopher’s in Philadelphia. He and his wife Kate have two children.

Dr. Theodore C. Probst, 2736 Independence Ave., Bronx, N.Y., is finishing his first year of a surgical residency at Columbia-Presbyterian Hospital in New York. He will enter the Navy in July.

Dr. Paul A. Raymond, 312 Cherry Lane, Johnstown, Pa., was appointed to the family practice staff of Memorial Hospital in Johnstown, Pennsylvania.

Dr. Frank R. Reale, 1700 E. 56th St., Chicago, Ill., is studying for his doctorate in experimental pathology at the University of Chicago. His wife Laura will receive her master’s degree in business administration (hospital administration) from the same university in June, 1973.

Dr. Dennis S. Riff, 170 City Blvd. West, #108, Orange, Calif., is a first year medical resident at Orange County Medical Center, affiliated with the University of California at Irvine.

Dr. Floyd F. Spechler, 137 Cooper Ave., Cherry Hill, N.J., is serving as a general medical officer in the United States Army in Fort Dix, New Jersey.

Dr. George T. Spigel, U.S.A.F. Hospital Box 6023, APO, N.Y., is serving his tour with the United States Air Force in Bitburg, Germany, working as a general medical officer. He is in charge of the allergy clinic at Bitburg.

1972

Dr. Robert J. Catanzaro, 10601 N.W. 17th Ave., #408, Miami, Fla., is finishing a surgical internship and will continue at the University of Miami, Jackson Memorial Hospital in orthopaedic surgery.

Dr. Richard F. Carnet, Jr., 1000 Walnut St., #1100, Philadelphia, will take a residency in pathology at Yale University Medical Center. He will begin this residency in July after completing his internship at Lankenau Hospital.

Dr. Louis S. Grosso has been appointed Pesticide Toxicologist for the Environmental Protection Agency in Philadelphia. He served previously with the Food and Drug Administration.

Dr. Robert D. Smyth has been appointed Assistant Director of Research, Biochemical Sciences, at William H. Rorer, Inc. Dr. Smyth is the author of many published papers and holds membership in a number of scientific societies. He, his wife and their four children live in Prospectville, Pennsylvania.
Obituary

Thomon M. Shorkely, 1906
Died in 1966 at the age of eighty-seven.

James D. Whitall, 1906
Died December 26, 1972 at the age of eighty-nine. A general practitioner, Dr. Whitall practiced in Philadelphia until last June. He is survived by his sons, James and Robert, and a daughter, Helen.

Thomas L. Harris, 1912
Died July 11, 1972 at the age of eighty-eight. Dr. Harris was a past President of the West Virginia Hospital Association and the West Virginia State Medical Association.

William T. Veal, 1912
Died November 28, 1972.

Merle F. Bossart, 1919
Died December 6, 1972. Dr. Bossart was a general practitioner in Stow, Ohio.

Norman C. Riddle, 1919
Died February 1, 1973 in Darrington, Washington, where he had practiced for over forty years. Dr. Riddle is survived by his wife, Carol Busk, and five children.

Arthur Feibus, 1922
Died November 21, 1972. He was the supervising otologist for the School District of Philadelphia. A Diplomate of the American Board of Otolaryngology, he had been associated with Children's Hospital, Lankenau Hospital and the Hospital of the University of Pennsylvania, all in Philadelphia. He is survived by his wife, Beatrice.

Louis I. Berg, 1923
Died October 1, 1972 at the age of seventy-two. He was a member of the American Psychiatric Association, the New York County and State Medical Societies and the American Medical Association.

John M. Brewster, 1923
Died December 29, 1972 at the age of seventy-three. Dr. Brewster was the Medical Director of the Pennsylvania Railroad Company from 1961 through 1964. Previous to that time he had been Medical Officer of the railroad's Philadelphia Terminal Division and Regional Medical Officer of the Philadelphia Region.

During World War II he was senior medical officer on the U.S.S. Pennsylvania, flagship of the Pacific fleet, during the Japanese attack on Pearl Harbor in 1941. He served at times as physician for President Franklin D. Roosevelt on the President's naval voyages.

A Fellow of the American College of Surgeons, he was past President of the Industrial Medical Society of Philadelphia. He is survived by his wife, the former Eleanor F. Clarke, a son, and daughter.

William Cooperman, 1923
Died February 28, 1973 in St. Michael's Hospital, Newark, New Jersey, where he had been a longtime member of the staff. Dr. Cooperman is survived by his wife, Diane, a son and two daughters.

Dean H. LeFavor, 1924
Died January 6, 1973 at the age of seventy-two. Dr. LeFavor served as physician for the Borough of Palmyra, New Jersey for many years. He was a member of the American, New Jersey and Burlington County Medical Associations.

John B. Shurkey, 1924
Died November 22, 1972. Dr. Shurkey practiced in Monessen, Pennsylvania since 1936. He was Chief Medical Advisor for the United Russian Orthodox Brotherhood of America and a member of the American Medical Association and the Westmoreland County and Pennsylvania Medical Societies. Dr. Shurkey was seventy-two years old.

William Steinberg, 1924
Died February 19, 1973, in Philadelphia. During the depression Dr. Steinberg founded the Physician's Drug and Supply Company in order to sell drugs by generic names thus reducing prices. The Company was so
successful that he retired in the mid forties to devote full time to his Company. Surviving is his wife, Henrietta.

Herman M. Parris, 1926
Died January 14, 1973. A general practitioner for forty-six years, Dr. Parris was a member of the Philadelphia County Medical Society, the American Academy of Family Physicians and the American Medical Association.

Before beginning his medical career, Dr. Parris studied at the Philadelphia Conservatory of Music. He was the author of many musical compositions, among them "The Hospital," which premiered in 1948. It was an orchestral suite based on the reactions of a young woman undergoing an appendectomy. Surviving are his wife, Henrietta, two daughters and a son.

Bernard R. Wayman, 1930
Died March 13, 1973, in Morrisville, Pennsylvania. A radiologist, Dr. Wayman was associated with Mercer and St. Francis Hospitals and was in private practice with his son Dr. B. Ralph Wayman '63. He is survived by his wife, Frances, and another son.

Stuart P. Hemphill, 1931
Died February 28, 1973 in Danville, Kentucky. Dr. Hemphill served for many years as Jefferson's Vice President for that state. He is survived by his widow.

Alfred S. Moscarella, 1932
Died January 1, 1973. A general surgeon Dr. Moscarella had practiced in Spring Valley, New York, but recently moved to Ft. Lauderdale, Florida.

Arthur E. Holmes, 1933
Died January 26, 1973 at his Lancaster, Pennsylvania home. Chief of General Hospital's arthritis clinic Dr. Holmes served as first Chairman of the Lancaster County Arthritis Rheumatism Foundation and later as Medical Director and Advisory Chairman. Surviving are his widow, Elizabeth, and two daughters.

Joseph H. Kniseley, 1933
Died September 19, 1972 at the age of sixty-six. He was formerly Chief of Staff at Memorial Hospital in Bedford County, Pennsylvania. He is survived by his wife and four daughters.

Aaron Cook, 1934
Died April 27, 1972 at the age of sixty-three. Dr. Cook had a general practice in Waterville, Maine.

Leo L. Goldman, 1936
Died December 29, 1972 at the age of sixty-four. Dr. Goldman had a general practice in Trenton, New Jersey.

Edward C. Kottcamp, Jr., 1936
Died January 24, 1973 in an automobile accident in South Carolina. Dr. Kottcamp who had retired in 1972 after thirty-five years of general practice in Marietta had moved to Eagles Mere, Pennsylvania. At the time of his death he was President of the First National Bank of Marietta. Surviving are his wife, Olive, and a son and daughter.

Robert E. Wise, 1937
Died November 21, 1972. Dr. Wise was a general practitioner in Hanover, Pennsylvania. He is survived by his wife.

James B. Carty, 1939
Died March 24, 1973 at the age of fifty-eight. Dr. Carty was Director of Surgery at Delaware County Memorial Hospital and on the staff of Presbyterian Hospital.

Dr. Carty was a member of the American College of Surgeons, the International College of Surgeons, the Academy of Surgeons and the College of Physicians of Philadelphia, and the Delaware County, Philadelphia, Pennsylvania and American Medical Societies.

He is survived by his wife, the former Allie Rendleman, his son Dr. James B. Carty, Jr. '70, a daughter-in-law, Susan Luscombe Carty '75, his son John R., and a daughter, Sarah M. Carty.

Dr. Carty had been a Class Agent for the Class of 1939.

Richard T. Smith, 1941
Died March 1, 1973 unexpectedly in Lankenau Hospital, Philadelphia. Dr. Smith was Director of the Rheumatology Clinic at the Benjamin Franklin Clinic and since 1951 was associated with Merck, Sharp and Dohme as Director of Medical Services, Associate Director of Medical Communication and Associate Director of Professional Information. He was Secretary Treasurer of the American Society for Clinical Pharmacology and Therapeutics since 1969. Dr. Smith served as Mayor for the Borough of Narberth and recently was honored by a testimonial dinner by the citizens there. His wife Dorothy, a son and daughter survives.

Joseph J. McHugh, 1943
Died February 4, 1973. Dr. McHugh, a general practitioner in Ottawa, Ohio is survived by his wife.

John J. A. A. Bongiovanni, 1946
Died October 27, 1972. A psychiatrist, he practiced in Upper Darby, Pennsylvania and was on the staffs of Delaware County Memorial and Fitzgerald Mercy Hospitals. Dr. Bongiovanni was a member of the Upper Darby Board of Health, the Delaware County Medical Society and the American Psychiatric Institute. Surviving are his wife, Elizabeth, and four sons.

John B. Logan, 1948
Died March 7, 1973, suddenly in Sarasota, Florida where he was in a practice of internal medicine. Dr. Logan was a Diplomate of the American Board of Internal Medicine and a member of the Southern Medical Association and the Florida Medical Society. He was a member of the Thomas Jefferson University Founders Fund. Surviving are his wife, Laurie, three children and his parents Dr. and Mrs. John A. Logan '16.

Harry L. Rogers, Faculty
Died October 16, 1972. Dr. Rogers, an Honorary Clinical Associate Professor of Medicine, was appointed to Jefferson's faculty in 1942.
## Jefferson's Art Collection

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| Stewart, Francis T. | Jefferson Alumni Hall, 1      | Jefferson Alumni Hall, 1                    | Class of '30                                      |
| Sultzberger, Mayer | Jefferson Alumni Hall, 1        | Jefferson Alumni Hall, 1                    | Unknown                                           |
| Sweet, William M. | Library—Third Floor             | Jefferson Alumni Hall, 1                    | Class of '41                                      |
| Thomas, J. Earl | Browsing Room                   | Jefferson Alumni Hall, 1                    | Surgical Residents 1965                          |
| Thornton, P. Quinn | Auditorium                      | Jefferson Alumni Hall, 1                    | Brooke Anspach                                     |
| Townsend, Joseph B. | Jefferson Alumni Hall, 1     | Jefferson Alumni Hall, 1                    | Unknown                                           |
| Ulrich, George A. | Second Floor Hallway            | Jefferson Alumni Hall, 1                    | Unknown                                           |
| Vaux, Norris W.   | North Lecture Hall              | Jefferson Alumni Hall, 1                    | Unknown                                           |
| Willauer, George J. | Jefferson Alumni Hall, 1   | Jefferson Alumni Hall, 1                    | Unknown                                           |
| Wilson, Joseph J. | Library Storage                 | Jefferson Alumni Hall, 1                    | Unknown                                           |
### Officers and Executive Committee of the Alumni Association 1973-1974

**President:** Paul A. Bowers, M.D., ’37  
**President-elect:** J. Garlant, M.D., S’44  
**Vice-President:** J. Wallace Davis, M.D., ’42  
**Vice-President:** John Y. Templeton, III, M.D., ’41  
**Vice-President:** John J. Detuerk, M.D., ’38  
**Secretary:** Norman J. Quinn, Jr., M.D., ’48  
**Treasurer:** Bosley Manges, M.D., S’44

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<tr>
<th>State</th>
<th>Name</th>
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<tr>
<td>Alaska</td>
<td>Carl Albrecht, M.D., ’32</td>
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<td>Vincent O. Lesh, M.D., ’32</td>
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<td>Gaylord C. Greene, Jr., M.D., ’41</td>
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<td>Donald P. Elliott, M.D., ’57</td>
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<td>Maxwell H. Hagedorn, M.D., ’45</td>
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<td>Charles F. Richards, M.D., ’42</td>
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<td>Sterling A. Barrett, M.D., ’34</td>
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<td>Ronald Tomcants, M.D., ’54</td>
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<td>William T. Lineberry, M.D., ’44</td>
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<td>Roddy A. Farmer, M.D., ’41</td>
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ALUMNI CALENDAR

May 3
Dinner, Washington, D.C. Chapter
Washington Golf and Country Club

May 5
Old Market Street Fair sponsored
by the Women's Board of Thomas
Jefferson University, Head House
Square, Philadelphia

May 7
Dinner for alumni in Ohio
in conjunction with the State Medical
Meetings
The Sheraton Columbus Hotel,
Columbus

May 11
Dinner for alumni in Florida
The Americana Hotel, Bal Harbour

May 14
Reception in conjunction with the
meetings of the Medical Society
of New Jersey, Haddon Hall, Atlantic City

May 16
Reception in conjunction with the meetings
of the American Urological Association,
Dorset Hotel, New York

May 22
Reception in conjunction with the
meetings of the American College of
Obstetricians and Gynecologists, Americana
Hotel, Bal Harbour

May 23 to June 7
Faculty Wives Art Show
Jefferson Alumni Hall

May 31
Dinner for alumni in
Southwestern Pennsylvania,
Lincoln Hills Country Club, Irwin

June 6
Reunion Clinics, Deans Luncheon
Jefferson Alumni Hall
Class Parties

June 7
Alumni Banquet
Bellevue Stratford Hotel

June 8
Commencement
Academy of Music

June 13
Dinner for alumni in Lehigh Valley area,
Lehigh Country Club, Allentown

June 24
Reception in conjunction with the Meetings
of the American Medical Association
The Dorset Hotel
30 West 54th Street
New York