“Of Light and Learning”

Watching the Doug Saunders’ film about Jefferson, “Of Light and Learning,” you get the impression that Saunders believes in the institution. From the film’s opening dawn focus on the statue of Samuel Gross to the evening alumni gathering in its final sequence, the celluloid Jefferson is a very human place. The campus’ often striking architecture is, fittingly, only a backdrop for human moments and insights. A dialogue which quotes liberally from Samuel D. Gross, John Chalmers Da Costa and Charles D. Meigs merges the traditional and the quotidian. Sequences with Dr. Thaddeus L. Montgomery and Dr. Andrew J. Ramsay, two of Jefferson’s Emeriti Professors, are very much at home with the many student scenes.

And there is drama. Perhaps a little more drama than you’d see in an average day at Jefferson, but certainly no more than the total feel of the institution seems to warrant. We see the familiar, but, as in any good film, we see it in a new way, often in many new ways. The visual technique is hard to fault.

It is clear that outsider Doug Saunders sees Jefferson rather like many Jeffersonians do. This isn’t an accident or a movieland artifice. It is the result of months of research on his part and the fact that he does indeed believe in Jefferson, particularly in the way Jefferson moves within and offers needed vitality to Philadelphia. Saunders spoke with over fifty people in the course of his research, from executive officers to students to alumni; working with Dr. Ramsay and Dr. Montgomery was particularly rewarding. Although he has made films in every environment, the underlying connection he found among these different groups made it one of the more positive environments he has worked in.

The connection and the positive feeling are very much in evidence in “Of Light and Learning.” The film, which was produced for Jefferson’s Sesquicentennial in 1974, will be shown at alumni chapter meetings and dinners throughout the Sesquicentennial year.
**Jefferson Medical College**

**ALUMNI BULLETIN**

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**The Foundation and the Founder**
Reprinted from the fifty year old *Clinic*, this history by John Chalmers Da Costa, M.D. spotlights Jefferson's early years.

**A Time to Remember**
According to Dr. Benjamin Haskell, Jefferson's class of 1923 had some great teachers and some great times.

**Reunion Week Activities**
Photographic coverage of Commencement and the Alumni Banquet and excerpts from Dr. David Rogers' Commencement address.

**The Family Therapy and Training Unit**
When the whole family is the "patient," new dynamics of family life emerge.

**Jefferson Art**
Jefferson artists displayed works in nearly every artistic genre and media during the annual Faculty Wives Club Art Show.

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**Credits:**
Commencement, Banquet, photos of Dr. Haskell, Dr. Noone, Dr. Willauer, Dr. Glenn: Townsend Wentz; Art Show: Peter Kind.

**On the Cover:**
The Jefferson film, "Of Light and Learning," (see opposite page) opens with a quote from Samuel D. Gross and a multi-shot interpretive sequence of his statue. Photographer Townsend Wentz captures the mood.

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The Alumni Association of Jefferson Medical College
1020 Locust Street, Philadelphia, Pennsylvania 19107
Time Before and Time After

"Plus ça change, plus c'est la même chose,"* Dr. Benjamin Haskell of the fifty year reunion class of 1923 quotes Alphonse Karr in his reminiscence of being a Jefferson student in the roaring twenties (see page 8). Dr. Haskell was referring specifically to the Watergate crimes, which are currently holding their fifty year reunion with the Teapot Dome scandal of Harding's 1921 administration.

The phrase is apt in general, however, because it allows indulgence in nostalgia without a loss of perspective. Jefferson, as an evolving institution with insistent traditions, demands this attitude. If there is reverence for the past, it is stubbornly countered with pragmatism for the future. John Chalmers Da Costa's history "The Foundation and the Founder" (next page) was originally published in the 1923 Clinic, which was dedicated to Da Costa. This makes it for us both history and nostalgia. David Rogers' commencement remarks "Medicine and Change" (excerpted on page 12) reflect historical change but insist on a present perspective.

The class that dedicated its Clinic to Da Costa has, let's face it, changed since 1923. But it is the same, too (page 11). Graduation, reunion parties, alumni banquets and the other traditional reunion week activities are, let's face it, the same every year. But, they are different too. The commercially exploited, Madison Avenue-ized nostalgia of today should not be confused with these happy contradictions.

*"The more things change, the more they remain the same."
On the lot numbered 518 and 520 Locust Street stood the original Jefferson Medical College, and until a very few years ago the building remained there. It has since been destroyed by fire. It was originally a cotton factory and then became the Winter Tivoli Theatre. The Locust Street of those days was called Prune.

Directly across the street from the College was the Walnut Street prison for criminals and debtors, and an interesting rule of that establishment was that the yard must be "kept free from cows, hogs, dogs and fowls."

On the east of the College was the burial ground of the Free Quakers, those members of the Society of Friends who had gone out to fight under Washington in the Revolution and had been expelled from the Meeting for their patriotism. On the western side was Washington Square, then used as the Potter's Field. Directly back of the College was a popular alehouse, and within a block or so were several churches. In other words, there were crime and misery in front, death on either side and consolation in the rear.

The first course of lectures opened in November, 1825, and the last lecture heard in this building was in March of 1828; and in August of 1828 the College moved to Tenth Street below Sansom into an altered church.

The first matriculate of the College was Henry D. Smith, and the first class consisted of one hundred seven members. The illustrious Samuel D. Gross entered there as a student in the second class. He graduated in the spring of 1828. In that old building McClellan was the Professor of Surgery; Nathan R. Smith taught Anatomy; John Eberle taught Practice of Medicine; W. C. P. Barton taught Materia Medica; Washington L. Atlee was a student; and George McClellan, the Professor of Surgery, invented teaching by, public clinics, that is, the bringing of cases before the students in the collegiate lecture room. It is strange to think today how this plan was opposed by conservatives, but it was adopted as the most prominent factor of the curriculum by the famous faculty of '41; the faculty which contained John K. Mitchell, Joseph Pancoast, Robley Dunglison, Benjamin Franklin Bache, Charles D. Meigs, Thomas D. Mutter and Robert M. Houston.

The new building, put up at Tenth Street below Sansom, was twice enlarged and was succeeded by the present structure at the northwest corner of Tenth and Walnut Streets. The ground once occupied by the College is covered by the present hospital. The College made no attempt to have a hospital until 1844. Most of the operations performed were trivial, and when a serious one was done the patient was taken home in a carriage and was cared for at home by the Professor of Surgery or his assistants.

Dr. Da Costa's history first appeared in the 1923 Clinic, which was dedicated to him. The original dedication is boxed at right.
1923 Clinic portrait of John Chalmers Da Costa, M.D.
In 1825 it was practically obligatory that a teacher wear a swallow-tail coat at the lectures and that he drive a chaise on his rounds. A hungry student went out into Fifth Street and bought hot corn or pepperpot from the women who sold these articles in the street. If he felt religious he could go to St. Peter's, St. Mary's or St. Joseph's church. If he had convivial instincts he satisfied them in the Goose Gridiron or the Robinson Crusoe. Feeling a leaning toward the drama he went to the Olympic Theatre at Ninth and Walnut Streets or the Chestnut Street Theatre on Chestnut Street above Sixth. If a reading streak struck him he went to the Philadelphia Library on Fifth Street above Walnut. If he longed for combat he went to Ninth and Chestnut Streets, where he was sure to meet some worthy foeman in a student of the University, the building of which institution stood in that region.

The Almshouse, which afterward became Blockley, was then on the lot between Spruce and Pine Streets and Tenth and Eleventh. The Law Courts were at Sixth and Chestnut Streets. The Mayor's office was at Fifth and Chestnut Streets. The United States Bank, about which a national political contest raged, was in the building that is now the Custom House. There were no uniformed policemen, but the streets were indifferently patrolled by watchmen who were also lamplighters. When a group of students went out on a festivity it was a favorite amusement to beat up the watch.

At this time revolutionary ideas were still immensely influential, and many men were living who had crossed the Delaware with Washington, had been acquainted personally with Benjamin Franklin, had wintered at Valley Forge and had seen the surrender at Yorktown. The year we opened, John Quincy Adams became President of the United States and Henry Clay Secretary of State, and it was the year Lafayette ended his final tour of America. It was the year Oliver Wendell Holmes went up to Harvard, in which Washington Irving set out for Spain, in which Fitz Greene Halleck made his European journey, in which Nathaniel Hawthorne graduated from Bowdoin College, in which Webster threw overboard his free trade views, in which Poe prepared for the University of Virginia, and in which Andrew Jackson became embedded in the heart of the Democratic Party as St. Andrew the First of present-day tradition.

The founder of the College was Dr. George McClellan. He was born in Woodstock, Connecticut, in 1796. He was of distinguished ancestry, and the blood of gallant Highlanders and of Revolutionary patriots ran hot in his veins.

In 1745, the bloody Duke of Cumberland defeated the adherents of the House of Stuart in the Battle of Culloden. Many of the rebels were caught and died by the gallow; many were thrown to moulder in jail; some were fugitives in Highland fastnesses and became marauders. Some went abroad to take their chances in a new world. McClellan of Kirkcudbright, from the region of the Firth of Solway, was one of the followers of Prince Charlie. He escaped to America and settled in Worcester, Massachusetts. A son, named Samuel, fought in the French and Indian War, moved to Woodstock, Connecticut, went out with the militia when the Revolutionary War began and became a brigadier general under Washington. Samuel's son, James, was a merchant, wool-raiser and prospector and much respected. James married Miss Eldridge, whose father had fought for the Revolution, and from this union was born George McClellan.

George received his preliminary education in the Woodstock Academy. As a boy he was short, and though well-made his companions called him "Little Mac." He could not possibly have dreamed at this time that a son of his, also called "Little Mac," was to come to the command of mighty armies, was to inspire the devotion of tens of thousands of heroic soldiers, was to stand upon the flaming brow of Malvern Hill and ride between the lines at Antietam. Even as a boy our founder was possessed of a most positive character. All his life he was amazingly energetic, absolutely intrepid, rapid in his movements, quick in comprehension, positive in his conclusions, emphatic in every expression of opinion and enthusiastic for whatever cause he embraced. His memory was remarkably retentive. His eye was quick as a flash and his hand as steady as a rock. At the age of sixteen he entered the sophomore class of Yale and was graduated from that institution in 1815, when nineteen years of age. The celebrated Dr. Silliman was attracted by his remarkable ability.

George was a natural mathematician. All sciences came easily to him. His inclinations were always toward the study of medicine, and he began to study in the office of Dr. Hubbard and later entered as a student in the University of Pennsylvania and an office student of Dorsey. He read extensively, worked extremely hard and proved unusually bright in anatomy and surgery, and during his student days was a resident student in the Philadelphia Almshouse, a post corresponding to the intern of today. Darrach in his memoir of McClellan says he was the mental stimulus of all his colleagues, and they were particularly impressed by his marvelous coordination of eye and hand, and the association of a rapid mind and tongue. He was at it and at it hard in everything connected with the duties of an intern. He read medicine omnivorously and used to tell his colleagues about his readings and expound them to them. He used to delight in postmortems and in trying operations on the dead body. He used to try everything new that he heard of. One day he jumped up from his chair and cried out "Mott of New York is said to have taken up the innominate artery for aneurysm and I believe it." He ran out after a while and came back and told us he had just done it on a dead body.

Such was George McClellan who graduated from the University of Pennsylvania in the Spring of 1819 and stepped out in the arena to fight his battle with the world.

Soon after his graduation McClellan obtained an extensive practice. He devoted all his reading and attention to surgery and during his first year performed many surgical operations.
The old College building, circa 1920
In 1820 he married Eliza, the daughter of John H. Brin­
ton. In the same year he began to teach. He rented a house
on Walnut Street above Sixth, at the corner of Swanwick,
and in this house, on the Walnut Street side, were his
office and lecture room. The great Curtis publication
building now covers the site.

He had private classes in Anatomy and Surgery which
were largely attended. His lectures captivated the stu­
dents, and within a couple of years he had the most
successful of the private schools of Philadelphia. He was
regarded as one of the best of teachers in Anatomy and
Surgery and was looked upon by keen observers as the
coming man in Philadelphia surgery. His classes soon
became so large that he moved his lecture hall to George
Street, which is now Sansom.

In 1823 he removed the lower jaw for sarcoma, the
operation requiring but four minutes. The same year he
put forth his views in advocacy of tearing out tumors so as
to lessen hemorrhage, and opposed preliminary ligation.

It was in 1823 that he first began to think about found­
ing a new school. There was no chance for him in the
University of Pennsylvania. Physick was Professor of
Anatomy and had the place nailed down for Horner as
his successor.

Many felt that a new college was needed. The University
was lethargic, arrogant, arbitrary and subject to in­
fluence of a social nature in making appointments. Many
brilliant men, without the necessary influence, had no
future in the great institution at Ninth and Chestnut
Streets, and such men were in favor of a new school. Other
men, who were not teachers, wished for a new school
because they desired Philadelphia to remain great and to
advance as a medical center. It was the old argument be­
tween competition and privilege. The University had five
hundred fifty students and was crowded to inconvenience.
The discussion of the matter was extremely acrimonious.
Most people believed that a new school must fail, as the
most it could do would be to draw students from the old
school. As the row deepened and broadened denunciation
became violent. In fact, the University adherents looked
upon the establishment of a new school as a churchman
looks upon heresy. McClellan was driven into a position of
practical isolation in the Philadelphia profession. The
fierce contest and the personal abuse affected McClellan's
character, opinions and methods of thought for the rest
of his life.

The first movement for a new school had been headed
by W. C. P. Barton, Professor of Botany in the University
of Pennsylvania, but a charter was refused. The students
of the University in meeting protested against granting a
charter. The meeting of protest was presided over by Dr.
John K. Mitchell, who was destined to become the cele­
brated Professor of the Practice of Medicine in the College
he did not wish founded. The resolution of protest was
defeated. In 1824, Dr. McClellan, Dr. Eberle (then a
teacher in McClellan’s private school), Dr. Joseph Klapp
and Mr. Jacob Green (the son of R. Ashbel Green, former
President of Princeton College) made a proposition to
the authorities of Jefferson College at Canonsburg. In this
letter, the gentlemen mentioned stated that they had
come together to form a medical faculty and wished to be­
come connected with the Jefferson College at Canons­
burg. The trustees of Jefferson College of Canonsburg
agreed. The University of Pennsylvania made a protest to
the Legislature against the medical department of Jeffe­
son College being allowed to open in Philadelphia. The
same school went to law in order to keep the new school
from issuing diplomas, and as late as the Spring of 1826 it
wasn’t settled that we could issue diplomas.

Dr. Washington L. Atlee used to tell that, in the spring
of 1826, he and several other students were being quizzed
in John L. Atlee’s office in Lancaster. There was a
peremptory knock at the door, and a young man jumped
into the room. The young man Dr. John L. Atlee intro­
duced as Dr. McClellan of Philadelphia. He said that he
had ridden the sixty miles from Philadelphia since early
morning, that he must be in Harrisburg that night, and
that his horse could not go another mile. He borrowed a
horse and buggy from Dr. Atlee, started immediately and
reached Harrisburg, ninety-six miles from Philadelphia, in
less than twenty-four hours after his start from Philadel­
phia. The next morning he obtained the legislative charter
giving the new institution full university powers. He
arrived in Lancaster the next evening, changed horses and
set out for Philadelphia. He had gone but a few miles
when the wagon upset. With the help of a farmer he
raised the vehicle, resumed the drive, and the next day the
charter of the Jefferson Medical College was in the city of
Philadelphia.

In the organization, Dr. Klapp was appointed Professor
of Anatomy, but he resigned before the doors of the
College were opened. The active Faculty included the
following: George McClellan, Professor of Surgery; Na­
than R. Smith, Professor of Anatomy; John Eberle, Pro­
fessor of Medicine; Benjamin Rush Rhees, Professor of
Materia Medica and Institutes of Medicine; Jacob Green,
Professor of Chemistry; Francis C. Beattie, Professor of
Midwifery. The Rev. R. Ashbel Green, former President
of Princeton College, became President of the Board of
Trustees. McClellan was twenty-nine years old, Beattie
was thirty-one, Smith was twenty-eight, Eberle was
thirty-eight, Green was thirty-five, and Rhees was thirty­
three. Not an old man on the list and not a man of
national reputation. Energetic, enthusiastic young men,
hard workers, confident of the future, honorable in their
personal and professional relations, and ready for a fair
fight, no matter how hard it might be: They ran against
the dominant medical authority of Philadelphia and each
man of them put his career at hazard, for every man of
them was under a ban; but these brave young men won
the fight, and their legacy to us is our present great
institution, an institution which arose from the private
school of George McClellan.
Fifty year reunion Chairman Dr. Benjamin F. Haskell in 1973 (above) and 1923 (below)

1923 Class Historian Dr. Ernest L. Noone in 1973 (above) and 1923 (below)

Class Agent and Reunion Chairman for the class of 1923 Dr. George J. Willauer in 1973 (above) and 1923 (below)

The class of 1923 in 1973
A Time to Remember

by Benjamin F. Haskell, M.D.

On a September day in 1919, one hundred eighty-seven students entered Jefferson to make up the ninety-fourth class. One third of the class, older than the rest, had been on active duty in the Armed Services. The remainder had spent part of their undergraduate days in the SATC, often referred to as the Saturday Afternoon Tea Club, as military aspects of their training were far from strenuous. Members of the class came from all parts of the country—from Maine and the deep South, from Texas and Minnesota and many of the states in between. In 1919, Jefferson did not have the outside pressures that are now forced upon our Admissions Committee and was proud to have one of the most geographically distributed student bodies among the medical schools of the country.

The opening day was less than a year after the signing of the Armistice that ended the First World War. Woodrow Wilson had but recently returned from signing the peace treaty at Versailles with great hopes for future world peace. While the class struggled with osteology and gross anatomy, Mr. Wilson faced his battle with Congress for the League of Nations. In spite of widespread public support for the League, two determined Senators, Henry Cabot Lodge and William Borah, out of personal dislike for the President, prevented approval of the peace treaty, including the League. By this rejection, they unwittingly helped to lay the ground work for World War II.

The time was also little more than a year after the great world-wide epidemic of influenza. Medicine was completely unable to cope with the disease, which destroyed more lives than all the bloody battles of the First World War.

An important national event in 1919 and one which influenced the habits of some of the students was the passage of the prohibition amendment. It may be significant that Pennsylvania was among the first to approve the prohibition amendment but among the first to give women the vote by the early passage of the twentieth amendment that same year.

In 1920 a period of rebellion against Puritanism began. It was the time of the hip flask and knee-length skirts, the short-haired flapper and the rumble seat. Flesh-colored silk stockings were introduced—"the most durable fashion innovation of the century." Harding was in office and normalcy was his new word for the period.

After two weeks with Dr. Cushing and a box of bones, the class was ready for its first afternoon in the dissecting room at the Baugh Institute. Fourteen men walked out of that room before the afternoon session was over and five of them never returned. These men finally had concluded that it was better to enter another discipline than to starve while trying to study medicine.

Later that same year we were faced with Jefferson's test for cardiac function. Long before the Master two-step test was introduced, Jefferson had devised its own. The bacteriology laboratories were on the sixth floor and the one elevator in the building was available only to students who were physically disabled. It was not unusual at one or two minutes of nine in the morning to see several students, late sleepers, race up the entire six flights without a pause. This test of the heart was much more revealing than the electrocardiograph which had recently come into limited use.

Most of the students were hard-working and serious but there were lighter moments in some of the classes. Olaf Bergeim, an able organic chemist, was unable to maintain any discipline or to evade the occasional showers of pennies that might come down on him. "Little Smittie," in the chemistry lab, would often seem to enjoy needling a particular student. One day big Pete Milhon, vaunting several benches, pinned Smith to the blackboard and might have been arrested for assault and battery had not two students hurried to pin his arms and drag him away. The needling was not repeated. There were some who found it difficult to stay awake in the succession of lectures that made up the curriculum of that day. Dr. William Copeland, a highly respected pathologist, was as effective as a barbiturate. His low-pitched voice, monotonous as a metronome, never varied when a student fell asleep and rolled off the bench. He merely requested that the man be picked up and put back in place and went on with his lecture. There was Hobart Hare's talk on digitalis which was to be used for the decompensating heart as a whip might be applied...
to a tired horse struggling up a hill. What a relief it was when the horse and the heart reached the crest of that hill. Some will recall “Daddy Thornton,” kindly, soft-spoken, the ideal of the family physician, whose mere entry into the sickroom brought a welcome change in the patient’s outlook. With each drug there was a homely story such as his use of jalap, a potent purgative, for the shy young man who did not know how to propose.

The attrition rate was high and by the end of the second year less than fifty per cent of the original group were still in school. In those years, there were a number of excellent two year medical schools in such states as North Carolina and West Virginia and the ranks of the junior class were soon filled by these transfers.

By this time many changes had already taken place in the state and country. William Sproul became Governor in 1920 and immediately set up a large scale road-paving program based on the first gasoline tax in the country. Tires were poor and a tool-box was standard equipment on every running-board, but the paved roads gave the farmer ready access to neighboring markets as well as to hospitals. Jefferson, among other institutions, soon found its wards increasingly filled with patients from wide areas of the state. Commercial radio broadcasting was begun by Westinghouse in Pittsburgh at the end of 1920. Crystal radio sets, with ear phones and the bedspring as an antenna, brought a limited amount of news, music and baseball to the rooms of the students. Shortly after this, the disturbing details of the Teapot Dome scandal were slowly revealed from Washington. Tremendous changes have occurred in these fifty years in science, in medicine, in our customs and attitudes; but not so in politics, as the more serious Watergate scandal brings back recollections of the early twenties. Plus ça change, plus c’est la même chose!

Some important advances occurred in medicine during our stay at Jefferson. In 1922 Banting, an orthopaedic surgeon, working in a physiology laboratory with Best, a third year medical student, announced the discovery of insulin with its revolutionary changes in the management of the diabetic patient. The cholecystogram and the electroencephalogram were introduced. Blood transfusions came into use and one recalls Harold Jones with the two-syringe device that he developed for direct transfusion. Soon after this the first blood bank was established. Many infections, however, were still largely uncontrolled. Pneumonia was the great killer. Many patients could be seen in the wards with tubes in their chest through which Dakin’s solution was introduced many times during the day. On the surgical service, patients with a suspected acute appendicitis were treated on one side of the ward by ice to the abdomen and on the other by a hot water bag. The proponents of each form of treatment sometimes argued with vigor but the end results seemed to differ but little. In spite of great advances in public health and sanitation, typhoid fever persisted, and one ward was still known as the typhoid ward. During our senior year an intern and a senior nurse died of the disease.

With limited diagnostic tools and only a few laboratory studies available, the physician depended upon his clinical skill and experience to make a diagnosis. There were no antibiotics, no cardiac or open chest surgery, no highly sophisticated X-ray and no kidney dialysis. At the same time there were few traffic problems and motor accidents, no pollution or serious drug addiction. The physician of that day had little record keeping to do, little risk of malpractice and no third party problems.

We were fortunate in having great clinicians who were remarkable teachers. One day William Mayo, the older of the two brothers, was a guest at Da Costa’s Clinic. After the usual presentation of a clinical problem and its diagnostic analysis, Dr. Mayo was introduced and was asked to talk.

Dr. Mayo stood up, stated very simply that he had nothing to say before the greatest teacher of surgery in America, and sat down. Dr. Thomas McCrae made a point of personally checking each student’s ability to properly examine a chest. When an X-ray diagnosis disagreed with his physical findings, the X-ray report was ignored. I recall Dr. McCrae making rounds during which he might fold a pillow, shield a light or rearrange bed clothes—all trivia but all adding to the sick person’s comfort. One different incident is recalled. Dr. McCrae presented a patient with ascites and prepared to do a paracentesis. The needle entered the bladder and to the complete amazement of those up front he whispered “Dammit, it’s piss.” Even the “gods” were not infallible.

In many areas of medicine the physician of fifty years ago could do little more than his counterpart in the well known painting by Sir Luke Fildes—the kindly, humanitarian family doctor sitting at the bedside of the little girl with pneumonia, waiting for some natural change to occur. Today, the physician is usually able to cure the little pneumonia patient rather promptly and does not need to stand by helplessly to watch her die. At the same time, the young physician, in his zeal for tracking down the disease, may forget the patient as a human being with fears and hopes. Amidst all the complex electronic devices and life support systems, it is essential that he avoid an exclusive focus on the biological problems and retain the personal element so necessary in good medical care. Peabody’s well known dictum, “The secret of the care of the patient is in caring for the patient,” is as binding on him today as it has been on all of us in the past.

I hope that the 1973 graduate of Jefferson will be able to repeat fifty years from now what was stated by a member of our class of 1923. Herman Hostetter wrote recently “Jefferson taught us that each individual life is significant, each patient a human being equal in the sight of God.”
President Peter A. Herbut performed his "very agreeable duty" on Friday, June 8 by presiding at Jefferson's 149th Commencement at the Academy of Music. One hundred eighty new Jefferson physicians received their M.D. degrees that morning in a traditionally personal Commencement Exercise. Each student was awarded his degree individually by the President who both praised and congratulated the new Doctors of Medicine. He also acknowledged the sacrifices their families had made during the past four years by asking them to rise for a "well-deserved hand." The students revealed their own emotions by a spontaneous standing ovation for Jefferson's Emeritus Professor of Anatomy, Dr. Andrew J. Ramsay, a recipient of the honorary degree of Doctor of Science.

One student in the class of '73, Milton Packer, a participant in the Jefferson-Penn State accelerated program, graduated summa cum laude. Seven of his class mates graduated magna cum laude and eight cum laude.

Degrees also were presented in the other two schools of Thomas Jefferson University. The College of Graduate Studies awarded thirteen Doctor of Philosophy degrees and three Master of Science degrees. The College of Allied Health Sciences, the newest at the University, presented fourteen students with Bachelor of Science degrees.

Four men received honorary degrees from Jefferson. William W. Bodine, Jr., Chairman of Jefferson's Board of Trustees, presented the Doctor of Laws degree to fellow Trustee, Albert J. Nesbitt. Dr. Ramsay's degree was presented by Dr. William A. Sodeman, Emeritus Dean and Emeritus Professor of Medicine. Distinguished surgeon Dr. J. Montgomery Deaver, Honorary Clinical Professor of Surgery at Jefferson, received the Doctor of Science degree from Dr. George J. Willauer, Honorary Clinical Professor of Surgery. Dr. David E. Rogers, President of the Robert Wood Johnson Foundation and scheduled speaker, was awarded the Doctor of Science degree by Dr. Robert I. Wise, Magee Professor of Medicine and Chairman of the Department of Medicine. Because airline delays prevented Dr. Rogers from attending the ceremony, Dr. Wise presented Dr. Rogers' prepared text. Excerpts of Dr. Rogers' remarks follow.
You do me great honor in permitting me to be part of these 149th Commencement ceremonies today. This historic institution has been moving vigorously to develop new approaches to better educate professionals for the very different world we will face in health in the next several decades. You have a fine and venerable record, and it continues. I congratulate you, and I am proud to be a part of your day. This pride is, however, tempered with some realism.

I have titled my remarks, "Medicine and Change," and my title telegraphs my message. Those of you who are graduating today are entering medicine and other health professions at an exciting and interesting time. A concatenation of events—both planned and unplanned—have all come to pass within a circumscribed period of time. These events have put the health professions and our ways of doing business very much in the limelight, and many sectors of our society are looking at the problems which beset us as a nation in the area of health and medical care. A number of our traditional ways of doing things are being challenged, and, for good or bad, changes that would have been unbelievable even ten years ago are taking place. Thus, the kinds of problems which those entering medicine today will be asked to solve are quite different than those which preoccupied most of us who preceded you. So to me, it seems certain that the practice of medicine will be quite different for you than we know it today.

Many new and different demands are now being placed on health professionals and as new members of the clan, you will be participating in yet another revolution in medicine which is already hard upon us. I would term it the social or organizational revolution in medicine, and it will require new kinds of responses. For the concerns of society are now sharply focused on one deceptively simple question. This is: how can we deliver our modern medical technology to the right people, at the right time, at the right place, and at a cost which can be tolerated, in a period when many social needs compete for our dollars and resources? Hopefully, in fulfilling your professional heritage you will move us toward a more satisfactory solution to this question than we have found to date.

What are the events and historical accidents which lead me to suggest that your professional lives will be so different from that of those who preceded you in medicine? Let me list the most visible.

First, we are at the end of an era of the central financing of a number of programs with social and health implications. The recent publication of the federal budget makes this abundantly evident. Thus, in the health sector, regional medical programs, neighborhood health centers, and support of post-doctoral specialty training programs, to name but a few, are being phased out of federal support. This shift in dollars represents a sudden and profound change in national attitude. In the period immediately preceding and following World War II, Americans had high hopes, indeed, considerable confidence, that they could, in this country, create a society which could offer dignity, quality and equity in life to all of our citizens. To fulfill these objectives we made significant amounts of money available for work in social areas for the first time in our history. These were brave years in which we were determined to eliminate poverty, abdolish racial discrimination, do away with substandard housing, revitalize our decaying cities, provide equitable educational opportunities, and, most important to you, provide quality health care for all. That we have not been able to fully achieve these laudable goals is abundantly evident. Despite the high visibility of many of these social efforts, there is growing disillusionment and disappointment with what we have accomplished in these areas. As a result, we are now going through a period in which many
feel that our nation's resources have been misdirected in these efforts, that these programs do not merit the funds we formerly assigned to them, and the changes in federal priorities are a resultant.

Secondly, we have also come to the end of a period of rapidly expanding central financing of academic biomedical research programs. The golden halcyon period which supported many of us so well and permitted us the privilege of intense pursuit of highly specialized biomedical knowledge has plateaued, and it seems unlikely that it will soon return. Impressed with the efforts of organized research and development in furthering our war efforts in the forties, the American public approved rapidly increasing expenditures for the conduct of biomedical research for almost thirty years. This country gave high national priority to the development of more basic biomedical knowledge, and in response to this mandate American medicine did superbly. It produced an exciting new body of biologic information of considerable explanatory power, and a system for training biomedically oriented scientists and specialist physicians that is the envy of the rest of the world. These are important advances and we are justifiably pleased and proud of them.

However, our increasing dependence on federal funding—always categoric, always short term, and focused almost exclusively on our research productivity rather than the basic educational mission of training doctors and other health workers to answer this country's medical needs—tended to obscure what was happening around us as a result of our efforts and our sources of support. As recently pointed out by Don Price of Harvard, it was not the lay politicians but medical scientists who got medicine into politics. Clearly, we did so by asking government for a lot of money, and one cannot take a lot of tax money without being in politics. That was one part of the story. However, the very nature of our efforts made it virtually impossible to turn back. Consequently, we are, in part, a victim of our own successes.

We who preceded you signed a series of I.O.U.s which are now being recalled. While we have viewed, as largely somebody else's problem, the fact that the fruits of our new biologic know-how did not reach the market place with sufficient speed, this view is not shared by the public or by those who designed the legislation which helped us to develop our expertise. Although it was evident to the politically sophisticated that how to use our new information was an equally challenging need, we tended to ignore it in the excitement of our discoveries. So, we are now being asked to pay the piper.

A third historical milestone is also being passed almost simultaneously. We are now nearing the end of a forty year debate on how we shall finance the cost of medical care in this country. Although the form it will take is quite uncertain at this time, all the evidence points to the development of some form of national entitlement or mandated insurance which will cover some or perhaps most of the costs of personal medical or health services. Change in how we pay for these services, particularly if this country adopts some institutionalized mechanisms for paying for medical care, will inevitably impose change or constraints on those who deliver such care. There is considerable evidence to suggest that our three decades of intense specialization has led to an imbalance between the kinds of health professionals needed to deliver effective health and medical care to our citizens and the kinds being produced. There are not enough general purpose physicians or primary managers of illness, and probably an oversupply of certain kinds of specialists.
When the cost barrier to medical care is lowered, inequities in the distribution of health services and the lack of fit between the kinds of professional services available and the services needed will be vastly magnified by the increased demands placed on the system. Though many are working to circumvent this problem, you who are graduating today will bear many of the stresses it will create.

To my foregoing laundry list, I would add two other events which will produce changes in the kinds and complexities of roles which health professionals will play in the years to come. First is the increasing institutionalization of many forms of treatment, in major part dictated by the increasing refinements in our medical technology. It seems inevitable that a number of the ethical problems that used to be the private province of the patient and his physician are destined to become matters of bureaucratic or administrative dictum. In the past, most sensitive decisions about treatment or no treatment, or when a patient should be allowed to die, were made by the individual physician acting in concert with the patient and his family. However, when national legislation such as contained in Bill HR-1 undertakes to pay for kidney dialysis under Medicare, or as we move to house large numbers of patients with specific types of potentially terminal illness together in large and sophisticated medical centers, their fate enters an administrative or judicial area. Consequently, the ethical questions involved are now surfacing and they pose difficult and heart-wrenching problems.

Lastly, the increasing involvement in health affairs of those who are the recipients of medical care: the rise in consumerism and consumer control means that the relationships of medical people with those they serve will be profoundly altered in the decades to come. Many in American society are now demanding greater involvement in an arena that used to be exclusively that of health professionals. I would predict that this is an arena in which many of you will participate in meaningful ways—but you will be different because of it.

I believe that the coalescence of these many diverse happenings at the same point in our history means that changes in health affairs and what will be asked of you will take place with startling rapidity, which is unsettling for many of us who have been involved during the last twenty-five years. Consequently, you who are just entering your period of differentiation as physicians should recognize that you can play an important part in determining whether the changes will be satisfying, lasting, and fruitful for both those who need health care and those who provide it and advance its competence.

While it is worth pointing out that the areas in which change must now occur are more difficult and sensitive than technologic change because they require adjustments in a number of values and beliefs held dear to Americans, they can be made if you decide they are important. Medicine is changing all the time, and it tends to mirror the ways of life of people more closely than is commonly recognized. The rapid acceptance of our new technologic advances in medicine suggests that we can adapt to new needs and new perceptions of what is required in our troubled world with alacrity once we put our minds to it.

Retain your idealism and your broad involvement in the society you serve. In the months and years to come, you will be often overworked. You will often face agonizing decisions about life and death. You will daily face problems of human misery, despair and tragedy which will require your best efforts. In dealing with these important problems, keep the larger social context about which you have taught many of us in mind. It will be difficult, but as skilled and respected professionals, you have responsibilities which extend well beyond your own day-to-day labors. I know that many of you will be important change agents. I also hope you will help in the design of a better "fit" between the superb medical technology you have acquired and the health needs of our people that we have done to date.

Lastly, I feel certain that you understand the implications of the word "humanism" with all that this implies. It has been and continues to be one of medicine's most precious tools. During your medical lifetime you will see many patients with chronic, crippling or disabling problems which you cannot cure. But understanding, compassion, and letting the fact that you care come through clearly to those who come to you for help, is a timeless and powerful therapeutic tool.

The love of your fellow man which you bring to medicine is much needed in our current cynical world. In a world increasingly dependent on machines, the greatest gift you have to offer sick people is yourselves. So I welcome you into proud professions where you can make full use of this uniquely human therapeutic gift. Couple it with the science skills you have acquired in this fine school and your individual aspirations to make your world somewhat better than you found it.

Again, my congratulations.
The twenty-fifth reunion class of 1948 started a new Jefferson tradition with some old fashioned class spirit, marching into the Banquet behind a ragtime band.

Alumni Banquet

There was a surprise in store for the six hundred fifty alumni, students, wives and guests who attended the June 7 Alumni Banquet. The class of '48, led by Dr. Norman J. Quinn, marched en masse into the main ballroom of the Bellevue Stratford Hotel after everyone else was seated. They were preceded by a ragtime band, which reappeared to lead the class out of the ballroom midway through the Banquet; they headed from there to Philadelphia's International Airport and the class reunion trip to Vienna and Rome.

Those who stayed in Philadelphia, however, enjoyed a strip steak dinner, speeches and presentations covering many aspects and eras of the College. Fifty years didn't seem like such a long time in an evening when the class of 1923 received lapel pins commemorating their years of service, and 180 members of the class of 1973 were welcomed to the Association. Dr. Paul Smey, President of the class, spoke of the contributions his class hoped to make. The administration was represented by speakers William W. Bodine, Jr., Chairman of the Board of Trustees; Dr. William F. Kellow, Dean and Vice President of the College; and Dr. Peter A. Herbut, President of the University.

Dr. John Y. Templeton, III '41, Professor of Surgery at Jefferson, presented this year's Alumni Achievement Award to Dr. William W. L. Glenn '38, Professor of Surgery at Yale University School of Medicine. Another award was made by Dr. J. Wallace Davis, Chairman of Alumni Annual Giving. He announced that the class of 1948 had made the greatest contribution of all the classes to the annual giving campaign for 1973. Members raised a total of $18,000.

Alumni President Dr. Paul A. Bowers was toastmaster for the affair.
Dr. Peter A. Amadio, Jr. '58, his wife, daughter-in-law and son, Peter, a 1973 Jeff graduate and participant in the Penn State Program (above); Dr. Peter A. Herbut, center, and members of the Class of '23 (right).

Dr. J. Wallace Davis '42, Chairman of Alumni Annual Giving, and Dr. and Mrs. Jo Ono, who came from Japan for their forty-fifth reunion.
Above: The head table breaks up: from left to right, William W. Bodine, Chairman of the Board of Trustees; Dr. Peter A. Herbut, President of the University; Mrs. William F. Kellow; Dr. William F. Kellow, Dean and Vice-President of the College; Mrs. Paul Smey; Mrs. Peter A. Herbut; Dr. Paul A. Bowers, President of the Alumni Association. Left: Mr. Brandon Barringer, life trustee. Below: Alumni President Dr. Bowers '37 and Class of 1973 President Dr. Paul Smey.
Dr. William W. L. Glenn '38, Professor of Surgery at the Yale University School of Medicine, received the 1973 Jefferson Alumni Achievement Award at the June 7 Annual Banquet. Dr. John Y. Templeton III, '41 Professor of Surgery at Jefferson, presented the award.

The son of a surgeon, Dr. Glenn grew up in Asheville, North Carolina. He received his B.S. degree from the University of South Carolina and then came to Jefferson, where he graduated with the Stewart Prize for surgery, the Potter Award and the Saunders Prize. He took his internship at Pennsylvania Hospital in Philadelphia and his surgical training at Massachusetts General Hospital in Boston. Dr. Glenn served in the U.S. Army Medical Corps from 1943 to 1945 and attained the rank of major. He became affiliated with Yale University in 1948, previous to which he held teaching appointments with Harvard and Jefferson.

Dr. Glenn, a past President of the American Heart Association, has made many important contributions to cardiothoracic surgery. He developed and perfected a procedure for by-passing the heart's right chambers so that "used" blood can be directly returned to the lung. This "Glenn procedure" has been widely used to alleviate certain as yet uncorrectable inborn defects. He has also pioneered in the development and application of radio-frequency pacemakers for the treatment of heart block, an abnormality in the heart's electrical impulses. He and his associates at Yale developed an electrophrenic respirator to ease a patient's breathing by stimulating and pacing the phrenic nerve. He is presently the Attending Surgeon and Chief of the Cardiotoracic Surgery Section at the Grace-New Haven Community Hospital.

His work with the American Heart Association includes chairing the Council on Cardiovascular Surgery and the Central Committee. During this time he stimulated the periodical publication of papers on cardiovascular surgery as supplements to the Association's professional journal, Circulation. He also served as a Vice-President, a member of the Board of Directors and a member of the Research Committee of the Association. Dr. Glenn was the first surgeon to be elected President of the Heart Association.

The surgeon is a member of numerous professional societies and a past President of the International Surgical Group, the Connecticut Society for Medical Research, the Connecticut Society of American Board Surgeons and the Yale Medical Society. He has been Chairman of the State Advisory Committee of the American College of Surgeons, a Governor of the College and a member of its Cardiovascular Committee. He has been on the editorial boards of the American Journal of Electrocardiology, Circulation, Surgery and the Journal of the History of Medicine and Allied Sciences. He is the coauthor of a textbook on thoracic and cardiovascular surgery, a contributor to many other books and monographs, and the author or coauthor of one hundred twenty-two articles.

Dr. Glenn and his wife, the former Amory Potter, have two children.
The Family Therapy and Training Unit has the distinction of being the first family therapy facility in the nation which is part of a community mental health center. A unique and innovative service, the Family Unit, which was founded by an NIMH grant in 1972, is a service of the Jefferson Community Mental Health Center (CMHCC), directed by Dr. Daniel Lieberman; the Center is a program of Jefferson's Department of Psychiatry and Human Behavior headed by Dr. Floyd S. Cornelison, Jr., Professor and Chairman. The Center serves the mental health needs of approximately one hundred fifty thousand individuals who reside in the Jefferson catchment area, all of South Philadelphia west of Broad Street, and a section of center city around the Jefferson complex. This section of the city ranks very high among Pennsylvania's problem areas on such indices as suicide rate, admission to mental hospital, drug addiction, crime and delinquency, school dropouts, etc. The CMHCC is mandated to provide outpatient, inpatient, partial hospitalization, children's emergency, after-care and consultation and education services.

At the Family Therapy and Training Unit, located at 1234 Locust Street, emotional and behavioral problems are treated by shifting the focus from the single disturbed person to the family as a unit. Family therapy attempts to treat the basic family problems, not merely their expression in one person, because when one family member has a problem, his symptoms are often a reflection of other relationship disturbances in the family. (For example, a teenager on drugs may be responding to the marital separation of his parents, or to a breakdown in the relationship between his mother and grandmother.) Consequently, at the Family Unit all members of the family—including parents, brothers and sisters and frequently even grandparents—are brought together into a comfortable living room-style setting in order to contribute freely their views and feelings about what has been going on at home.

Families are seen during any stage of the family life cycle, all the way from premarital therapy, the newly formed marriage, through the impact of parenthood, the children going to school and later separating from the family, to the middle and late years dealing with problems of the aged. Family therapy is appropriate for many kinds of crisis situations: behavior problems or emotional disturbances in children, severe marital conflicts where separation or divorce is imminent, conflicts between parents and adolescents, in-law difficulties, a death in the family, suicide attempts, foster home placement, conflict between siblings etc. An attempt will be made to describe some dynamics of family life that treating whole families has revealed.

The family as an institution has survived many thousands of years as the most workable kind of living for human beings because, as the mediator of the culture in preparing the young for the next generation, it has served to digest social change as well as act as a flexible bulwark against upheavals which have occurred through the centuries. The family provides a context for fulfillment of the deepest needs in the human realm; its power and universality are unquestioned for whenever man has tried to establish living arrangements other than the family, they have never lasted very long.

Despite the pain they can give, families do provide the deepest gratifications in life: the family feeling of belonging; the unreserved love we feel toward parents and brothers and sisters during certain stages of our lives; the family private jokes; the family gatherings during holidays; the sounds, sights and smells of the familiar; the way one falls in and out of love during marriage; the kick we get out of seeing our kids grow up, where there's surprise every day; the bittersweet pang and pride of separation when the children leave; the accommodations we make as we
get old; and the way—no matter what—your family is there when you need them. The emotional refuge and satisfactions of family living, however, also paradoxically provide the context for human tragedy and emotional disturbances of endless variety—the cruel rejections, the discriminations, the child unloved as a person or abused, the overindulged, the exploitation, the parentification of the child, the marital warfare or emptiness, the unrealized fulfillments and the outrages against the human spirit.

The psychology of intimate relationships has distinct properties and laws of its own. There is a special quality which obtains in one’s dealings with one’s mate, children, parents and siblings which does not apply to other social relationships. When you cross the threshold of your home, you are not the same person that you are with peers or friends. In general, your immature and primitive personality features emerge as you get caught up in the rules and role assignments of your family system. No matter how high a social status position a person has in the outside world, when he is with his family he usually behaves in a more childish fashion; even presidents of countries are not immune from this phenomenon. Incidentally, those people who live alone, without a family, are more likely to turn their work situation into a family one, exhibiting their jealousies, dividing and conquering, forming alliances, reacting to bosses as fathers and work partners as siblings or spouses. If you have a family where you can safely regress, have your temper tantrums and the like, you are less likely to do it at work.)

You reserve for your family the best and the worst that’s in you; it is especially difficult to be kind to those you love. Toward your family you will show your greatest cruelty, yet for them you will make enormous sacrifices. Family members, in turn, can frustrate and hurt you more than anyone else because you want and expect and demand more from them, and they can also give you the kind of rewards for which no price is too high to pay. Some people pay for family gratification and sacrifice with their very lives; this brings to mind the statement of Dr. Carl Whitaker that “The family is the place where you’re dealing with life and death voltages.”

The development of oneself is embedded in blood ties of long duration and rooted in innumerable emotional experiences. You hold on to your family because it’s the only one you’ve got, and no one is more isolated than the person without a family—as the statistics on high rates of suicide and psychiatric hospitalization for isolates will testify. One pretty much has to be involved with one’s family whether one wishes to or not, even if one does not actually see the family members very often or at all. One’s parent may not be the sort of person one would have chosen to be associated with; even if father is an embarrassingly coarse, vulgar loudmouth always playing the fool or mother is flagrantly promiscuous; or one’s parent is a depressed martyr, always arousing pity and anger, or a con artist manipulating others, or a sycophant; or if one had to be a marriage counselor to one’s parents’ marriage—one cannot easily give up parents the way one would give up an acquaintance. Friends and colleagues and mates are replaceable; nothing can change the fact that one’s mother and father will always be one’s mother and father.

One’s “family way” of seeing and doing things becomes automatic and unquestioned, like the air one breathes. Every person growing up in a family comes to believe in his gut that the way his family did things was the right way. If in his family the parents did not sleep together or if the family never ate dinner together, these ways became fixated as the “correct” ways, and when this person gets married to someone whose family ways were different (and “right” for her), we can see that one source of marriage problems is identified (“We didn’t do things that way in my family.”)

It is very difficult for anyone, no matter how grown up, to avoid the family role assignment when in the presence of his family. Whether his role is that of the “quiet one,” the “stupid one,” the “slick one,” the “troublemaker,” the “mother protector,” or any one of countless designations, he will find himself behaving accordingly despite himself. It is easy to brush off projections or designations of those who do not matter. Families label characteristics of their members all the time. The family may say about a child “He’s a liar just like his grandfather, and he’s going to end up no good.” The child may protest and say “I’m not like that at all,” and the family members will smile and say “Oh, yes, you are,” and they will behave toward him as if he really is a liar.

If there is enough reinforcement of this characterization the child will, of course, become a liar, because children do live up to becoming what they are expected to be. Years of training go into these designations, considered as absolute given in some families. For the sake of approval by the parents, and because abandonment has such disastrous consequences, the child will sacrifice whatever ego integrity is called for in order to survive. If the price for acceptance is to absorb unrealities, accept an irrational identity, be persecuted, be over-indulged, be scapegoated, or what have you, this price will have to be paid; to be alone or pushed out of the family either physically or psychologically is too unthinkable.
Family role assignments are reinforced by family myths and ritualized into the family structure. The most powerful family persuasion to bring someone into line who has strayed from his role is to impute disloyalty to the errant one. Emotional enslavement and blackmail are enforced by such means as guilt, bribery, and such myths as "Your family is the only one who cares," or "You only have one mother and father; you can always get another mate," or "You really can't trust anybody outside your family." The long arm of family loyalty can stretch beyond death and grave, like the thin, silver wires embedded in the brains of laboratory animals who, on command, will feel rage or fear or love and behave accordingly. The influences of family relationships are so powerful that it is only under the rare condition of overpowering, repressive political systems when loyalty to the state or a cause can supersede loyalty to the family—as when the Hitler Youth turned their parents over to the Gestapo, or in Communist China where deliberate attempts are made to break family ties.

The foregoing represents some of the things we have learned about family life since we started treating whole families together. It should be mentioned, however, that there was considerable resistance to family therapy when the idea first came up in the 1950s. Clinical examination of the family had been impeded by long-standing cultural and professional taboos. In most cultures there is an almost instinctive protective feeling about the family which is, after all, society's basic unit. Many people regard the privacy of the family with sanctity and as representing the last bastion of freedom left to man, "A man's home is his castle" type of reasoning. But to use a medical analogy, this type of logic is similar to that employed when physicians were not allowed to cut open human bodies to learn about how they worked and what went wrong.

In addition to cultural resistances, there were professional taboos against involvement of the families of psychiatric patients. Some psychotherapists began to realize that when they
treated a single individual often a part of the total problem was not visible, that the treatment was often undermined by the family and that often the patient could not change if the family did not. Furthermore, improved hospitalized patients frequently relapsed when they returned to the same family environment. In order to bring these outside forces within the purview of therapeutic endeavor, a few venturesome therapists in the 1950s began seeing entire families together.

Since this procedure was such a radical departure from traditional practices, there was considerable resistance from practitioners in those early days (resistance which continues in disguised form even today). There were fears that great damage would be caused by having family members frankly discuss their relationship difficulties with one another, and there were even hints that treatment of the whole family violated ethical principles of treatment, such as the breaching of confidentiality. Lay persons and professionals so strongly conceived of psychological treatment in terms of a private, confidential doctor-patient relationship that the very notion of trying to change a whole family seemed useless at best and, at worst, dangerous. Conventional peer group therapy, which had existed for some time and which also departed from a one-to-one model, had not been nearly as threatening to standard practices.

The early family therapists, consequently, tended to keep their activities quiet, and they shared experiences at national conventions surreptitiously, outside regularly scheduled meetings, with trusted colleagues. During the last two decades, however, there has been increased acceptance of family therapy, accompanied by a tremendous growth in the field.

The advent of family therapy has brought greater understanding of the reciprocal nature of what goes on among people who are intimately involved with one another. Heretofore science had to rely on information about the family second hand, from reports given by patients, from questionnaires or from individual members of the family seen separately. By observing the family interacting together phenomena began to be discovered which had never before been known to exist because the special microscope for their disclosure had not been invented. It was learned that the family is an intricate system with its own unique rules, underground, secret alliances, communication network, regressive features and dynamic influences from previous generations. The psychopathology which seemed to exist only in the designated patient was found to be present at least subclinically in all the family members, projected onto a scapegoat who cooperated with this role assignment and came to express the pain of the family through his symptoms; parts of the family disturbance were found to be present in each member like separate segments of a jigsaw puzzle.

Psychiatric illness, seen in the context of the family, looked very different; often the most incomprehensible symptoms of the designated patient began to make sense. And when patients interacted with their families the illness looked very different (e.g., withdrawn, mute schizophrenic patients in the presence of their family frequently were found to be angry and involved). By focusing on the family system the therapists relieved the designated patient of having to deal with or heal his family all alone. And, for the first time, by bringing in the symptom-free family members, treatment began to involve the kind of people who bring others into treatment and never seek it for themselves, even though they may have a strong pathogenic effect on others.

Family therapy is more than a form of treatment or a technique, but rather is a philosophy and orientation to the human condition. The orientation goes beyond the question of whether the role of the family is important in the etiology of emotional disturbance; agreement is assumed on this point. More precisely, with the family approach psychopathology is viewed transactionally as a consequence of relationship struggles between intimates. People carry psychic functions for each other and they make unconscious deals (e.g., “I will act out your impulses if you will be my conscience”) which can develop into manifest psychiatric disturbances. Symptoms, then, which can balance family as well as intrapsychic forces, can be looked upon as relationship events. Sick individuals come from sick groups, although some mental health professionals have behaved as if symptoms existed in a vacuum.

There is evidence, moreover, that the problems in a family carry over from one generation to the next; difficulties in parenting, divorces, alcoholism, and distorted family beliefs tend to get repeated in successive generations. Family therapy, then, has a distinct preventative function in that, if the treatment is successful, we can abort the problems in this generation so that the children, when they grow up and have marriages and children of their own, are less likely to recapitulate old family patterns.

Another distinctive feature of the family system approach is that it rests partially on the assumption that people should fill their needs through the people they want it from most, rather than through professionals, whose association with patients is necessarily time-limited and professional and can never be real. That is
to say, if a son feels distant from his father and wants a more personal relationship with him, rather than his telling a professional therapist about his relationship with his father, and rather than his attempting to get from the therapist what he cannot get from his father, a family therapist would bring father and son face to face so that they could work out something with each other.

During the course of family therapy one functional goal has evolved: to delineate the generational boundaries which had been extravagantly breached and emphasize that parents are parents and children are children. This goal could only be accomplished when parents begin to meet each other's needs. But the ultimate goal of family therapy is to help all members of the family to grow.

Whenever there is a disturbed child there is a disturbed marriage, although not all disturbed marriages result in disturbed children; some parents manage to keep the children out of their struggles. Because the parents are the architects of the family and because the marriage relationship is so central, much family therapy results in marital therapy after the children have been defocused.

A number of treatment methods are used in dealing with marital problems. In addition to treating a husband and wife together, spouses are seen in couple's groups; in these groups the couples help each other to deal with the universal conflicts that all marriages have. Not all couples seen are married, but all the partners have an ongoing relationship that they want to make better or need help to terminate. When a couple is seen it is considered that there are three patients: the husband, the wife, and the relationship; sometimes the relationship cannot be saved, in which event "divorce therapy" is done to help the partners to separate without damaging the self, the other, or the children.

Another more recent therapy development is based on the finding that the relationship problems that adults have with their mates and children are reconstructions of earlier conflicts with the family of origin. Consequently, therapy sessions are held with adults and their families of origin. Many adults who have been cut off or alienated from their parents, sometimes for years, find that when they've established more adult-to-adult relationships with their parents and their brothers and sisters they are able to relate to their spouses and children in a more adult manner.

In addition to the foregoing treatment programs the Jefferson Family Therapy Unit conducts an outreach program of family therapy in the home; non-professional, but trained, family counselors see those families in their homes who are either unwilling or unable to come to the Unit's quarters.

The Family Unit runs training programs for Jefferson mental health workers, and Dr. Framo, one of the early pioneers in the development of family therapy, also offers electives and clerkships in family and marital therapy for psychiatric residents and medical students. All medical students, no matter what specialty of medicine they will eventually practice, will, as physicians, come into contact with marital and family conflicts; the electives offered to medical students in this field are not aimed at training them to be family therapists but rather are designed to help them become familiar with family and marital dynamics. One-way mirrors which permit observation of sessions, as well as audio and videotape recordings, are used for treatment as well as training purposes.

Consultation on family and marital problems has been given to various departments of Jefferson Hospital, such as pediatrics, rehabilitation, obstetrics and gynecology and the Emergency Department. Although the new specialty of general practice is called family medicine, in almost none of the Departments of Family Medicine around the country are the students taught anything about families and how they function. In view of the fact that many medical and psychosomatic ailments are derivatives and by-products of family conflicts, this omission is curious indeed. The GP of yesteryear who medically treated all the members of the family knew, for example, that the father's ulcer acting up was associated with a miserable marital situation; the GP knew the whole family and could better diagnose and treat the medical problems. It is anticipated that the Family Therapy Unit will be involved in the teaching program of Jefferson's new Department of Family Medicine.

This article has to end with a note of caution. It should be kept in mind that the family approach represents only one avenue that deals with the enormously complicated problem of human distress. It is still a relatively new philosophy and treatment method, and we have only begun to explore its usefulness and limitations. There are some situations where more traditional kinds of approaches, such as individual psychotherapy or psychoanalysis, are more appropriate. A considerable amount of systematic research on these matters remains to be done. However, a convincing body of evidence is gradually accumulating that family therapy offers a significant dimension and point of view about the resolution of emotional disability and human dilemmas.

Dr. Framo, an Associate Professor of Psychiatry and Human Behavior at Jefferson, has been with the College since 1960. He received his PhD. from the University of Texas in 1953.
the jefferson scene

edison building
The Philadelphia Electric Company's twenty-two story Edison Building, located at Ninth and Sansom Streets, has been acquired by Thomas Jefferson University. The University's Board of Trustees last year mandated the development of an approved system for the delivery of comprehensive ambulatory health care. The Edison Building, renamed the Health Sciences Center, will be the focal point of this effort and will permit the reorganization, consolidation and upgrading of all ambulatory care services that are delivered on the Jefferson campus.

Medical, surgical, psychiatric, dental, laboratory, radiology, nutritional and social services will be available in the building. Many of these services will act as support systems for the numerous practicing physicians on the Jefferson staff, a number of whom plan to move their offices to this facility. In effect, a one stop visit for health care will be provided. All of these endeavors will be closely associated with several outreach ambulatory programs that are being developed by Jefferson in conjunction with South Philadelphia Health Action.

The Center will be closely integrated with and will support the educational programs of Jefferson Medical College and the University's College of Allied Health Sciences which place very strong emphasis on the ambulatory phase of medical care as opposed to very expensive inpatient care.

The renovations of the building are being planned and implemented in association with AECO-Architects and Engineers. A sample unit has been prepared and is open for inspection by members of the Jefferson faculty and staff who may wish to relocate their offices.

The building was part of a 3.8 million dollar transaction which included the Philadelphia Electric Company's corporate headquarters building at 1000 Chestnut Street. Negotiations between Thomas Jefferson University and Philadelphia Electric Company were conducted by the Albert M. Greenfield Company.

department head
Dr. John J. O'Keefe '37, Professor of Otolaryngology at Jefferson, was appointed Chairman of the Department of Otolaryngology effective June 4. Dr. O'Keefe had served as Acting Chairman of the Department since October, 1972.

Dr. O'Keefe received his B.S. degree from St. Joseph's College in 1933 and his M.D. from Jefferson in 1937. He interned at Jefferson and was awarded a Fellowship in bronchoesphagology with Dr. Ross V. Patterson and an Assistantship with Dr. Louis H. Clerf. Dr. O'Keefe served with the 38th General Hospital (Jefferson Unit) and with the U.S. Air Force in World War II. His first appointment at Jefferson was in 1941; he became a full Professor in 1959.

A Diplomate of the American Board of Otolaryngology, he is a Fellow of the American Academy of Ophthalmology and Otolaryngology, the American Broncho-Esophagological Association, the American Laryngology, Rhinology and Otology Society, the American College of Chest Physicians, the American Society of ENT Secretaries, the American Thoracic Society, the Aerospace Medical Society, the American College of Surgeons and the American Laryngological Association. He is also a member of numerous regional professional societies. Dr. O'Keefe has published widely in his field.

Currently the Attending Physician in the Department of Otolaryngology at Jefferson Hospital, he is also affiliated with other area hospitals including the Wilmington Veterans Administration Hospital and Philadelphia General Hospital.

Dr. O'Keefe and his wife reside in Gladwyne.

lindback awards
The 1973 Christian R. and Mary F. Lindback Awards for excellence in teaching were presented at June 7 Class Day exercises. The pre-clinical award went to Dr. Ronald P. Jensh Ph.D. '66, Assistant Professor of Radiology and Anatomy; Dr. Warren P. Goldburgh '52, Clinical Associate Professor of Medicine, was honored with the clinical award.

Dr. Jensh received his B.A. and M.A. degrees from Bucknell University. His first appointment at Jefferson was in 1962 as a Teaching Fellow in the Department of Anatomy. He earned his Ph.D. in 1966 and was promoted to his present rank in 1968. Under a grant from the Atomic Energy Commission Dr. Jensh has researched problems in radiation embryology, and he is currently engaged in embryologic and radiation
studies for the National Institutes of Health.

Dr. Goldburgh completed his undergraduate studies at Franklin and Marshall College and obtained his M.D. from Jefferson in 1952. He took his internship and residency at Jefferson and received a Fellowship in cardiology at Philadelphia General Hospital. His first appointment at Jefferson was as an Assistant in Medicine in 1957. He has since moved up the academic ranks to his present position, Clinical Associate Professor of Medicine, to which he was promoted in 1970. Dr. Goldburgh, Director of Jefferson's Cardiac Clinic, is a Fellow in the American College of Cardiology and the American College of Chest Physicians.

The choice of Dr. Jensh was made by the sophomore class, and the choice of Dr. Goldburgh was made by the graduating seniors.

heart lung machine

Prominent heart surgeons from around the world joined Philadelphia doctors at a black tie dinner and symposium on open heart surgery held May 5. The affair, sponsored by the College of Physicians of Philadelphia and Jefferson Medical College, commemorated the twentieth anniversary of the first successful human open heart operation. The operation was made possible by the use of the heart-lung machine developed by Dr. John H. Gibbon, Jr. '27, Samuel D. Gross Professor of Surgery and Chairman of Jefferson's Department of Surgery from 1956 to 1967. Dr. Gibbon died on February 5.

The symposium, which was moderated by Jefferson's President Peter A. Herbut, featured presentations on the various uses of the heart-lung machine. Dr. James R. Malm, Clinical Professor of Surgery at Columbia University College of Physicians and Surgeons, spoke on the correction of congenital heart defects; Dr. W. Dudley Johnson, Clinical Associate Professor of Surgery at the Medical College of Wisconsin, discussed the new coronary by-pass surgery; and Dr. Denton A. Cooley, Surgeon-in-Chief at the Texas Heart Institute in Houston, Texas, talked about repair of damage done to heart valves by disease, including rheumatic fever.

Following the dinner in Mitchell Hall, which was attended by three hundred guests, Dr. Katherine Boucot Sturgis, President of the College of Physicians, presided over a session devoted to a personal view of Dr. Gibbon. There were three speakers: Dr. Clarence Crafoord, Professor Emeritus of Thoracic Surgery at the Karolinska Institute in Stockholm; Dr. Clarence Dennis, Chief of the Section on Artificial Internal Organs of the National Institutes of Health in Bethesda; and Dr. Harris B. Shumacker, Professor of Surgery at the Indiana University School of Medicine who spoke of "John H. Gibbon, As I Knew Him."

Mrs. John H. Gibbon presented a portrait of Dr. Gibbon to the College of Physicians. Perry Rathbone, former Director of the Boston Museum of Fine Arts, then discussed "Hopkinson, the Portraitist and the Man."

Dr. Gibbon's original open heart operation was performed May 6, 1953 at Jefferson Hospital.
"We honor," said Senior Class President Paul Smey, "both a heritage and a man. It is our highest honor." Dr. Irving J. Olshin, Professor of Pediatrics and Associate Chairman of the Department at Jefferson was selected as Jefferson's most outstanding teacher by the Class of 1973. Continuing a forty-nine-year-old tradition, the graduating seniors presented a portrait of Dr. Olshin to the Medical College at May 30 ceremonies in McClellan Hall.

In accepting the portrait for the faculty, Dean William F. Kellow remembered past portrait subjects, remarking that "it is the Montgomerys and the Da Costas and the Olshins who make Jefferson what it is." Dr. Robert L. Brent, Professor of Pediatrics and Chairman of the Department, gave a biographical sketch of Dr. Olshin, illustrated by slides of cartoons and photographs. Dr. Olshin was cited for his personal interest in the students, his humor and his humanity. "I am reluctant to inform you that this Class did not discover Irving Olshin," said Dr. Brent. "There are literally countless students, colleagues and acquaintances who have been fortunate enough to develop some personal or intellectual bond with this man . . ."

Dr. Olshin is a Phi Beta Kappa graduate of the University of Pennsylvania and an alumnus of the University's School of Medicine. He came to Jefferson in 1961 as a Clinical Associate Professor, but left in 1964 to become Chairman of the Pediatrics Department at Meadowbrook Hospital in Long Island where he had taken his internship and residency. In 1967 he returned to Jefferson and was promoted to his present position the following year.

Dr. Olshin has been honored before for his outstanding teaching ability. In 1969 he received the Christian R. and Mary F. Lindback Award for Distinguished Teaching, and in 1971 he was made an honorary member of Phi Alpha Sigma fraternity for his...
contributions to the quality of medical education at Jefferson.

In addition to teaching he has done research as a Fellow with the National Foundation for Infantile Paralysis at Children's Hospital in Philadelphia and as part of the National Institutes of Health Cerebral Palsy Research Study. He is certified by the American Board of Pediatrics and is a member of the American Academy of Pediatrics, the Philadelphia, Nassau and American Pediatric Societies and the Physicians Forum.

Dr. Olshin’s wife Toby, an Assistant Professor of English at Temple University, his two sons and other members of his family were present for the ceremonies.

black and blue ball

Four hundred students, faculty, staff and friends of Jefferson attended the forty-third annual Black and Blue Ball on May 5. The contemporary Joey Roberts Orchestra entertained at the affair in Jefferson Alumni Hall, which was sponsored by Kappa Beta Phi, Jefferson’s honorary social society. Dr. James M. Hunter ’53, Associate Professor of Orthopaedic Surgery at Jefferson, was selected by the members of Kappa Beta Phi as guest of honor.

Proceeds of the function go to the Kappa Beta Phi student scholarship fund, which is open to all students.

alpha omega alpha

Alpha Omega Alpha, the national medical honor society, announced the election of sixteen new members:


The student members of the society voted to award AOA’s 1973 House Staff Teaching Award, presented for outstanding ability in medical education, to Dr. Joseph S. Fisher ’70, a second year resident in internal medicine at Jefferson. The students also elected Dr. Norman Lasker, Director of Jefferson’s Theodore T. Tsaltas Dialysis Center and Associate Professor of Medicine at Jefferson, as a faculty member of the society.

The new members were welcomed at a chapter dinner on April 2. Dr. David Hume, Professor of Surgery and Chairman of the Department at the Medical College of Virginia, spoke on the topic “Kidney Transplants.”

Dr. Warren Lang ’43 is Secretary-Treasurer of the organization, and Dr. Gonzalo E. Aponte ’52 is Faculty Advisor.

sodeman presidency

Dr. William A. Sodeman, Emeritus Dean and Emeritus Professor of Medicine at Jefferson, served as President of the American College of Physicians during 1972-73. He has been active with the College since 1961 when he was appointed Treasurer. During the Convocation Program of the national meetings held in Chicago last spring Dr. Sodeman was given the title Master of the American College of Physicians.

merve lecture

Col. John H. Glenn, Jr., the first man to orbit the earth, discussed personal and public aspects of the space program in the second annual Merves Distinguished Lecture on April 4. The Lectureship on the Humanities in Medicine was established in honor of the late Dr. Louis Merves ’37, a long-time Jefferson faculty member who specialized in internal medicine and cardiology.

In a talk entitled “America: Daring to Meet the Future” Col. Glenn outlined the less publicized purposes of the space program and the many spin-off developments resulting from it. Touching on the medical effects of space flight, the former astronaut related the human aspects of his experience in space. “There is a moment, when the countdown is down to four and three and two, when you wonder what the hell you’ve gotten yourself into. But you believe in your training, you believe in your equipment and you believe you’ll make a contribution.”

Glenn spoke to an over-capacity audience in the Solis-Cohen Auditorium, which included Dr. Merves’ wife and members of the family.

faculty changes

Dr. Paul C. Brucker appointed
Alumni Professor of Family Medicine

Dr. Jerome M. Cotter ’52 promoted to Clinical Professor of Orthopaedic Surgery

Dr. Richard V. McCloskey appointed Professor of Medicine (Daroff Division)

Dr. Lewis C. Robbins appointed Visiting Professor of Community Health and Preventive Medicine

Dr. Charles G. Rosa promoted to Professor of Anatomy

Dr. Herman Rosenblum promoted to Clinical Professor of Pediatrics (Wilmington Medical Center)

Dr. Melvin J. Silver promoted to Professor of Pharmacology
"You are talking to a Pollyanna," Dr. Keiserman explains. "I have no problems." That would be an unusual statement for anyone in the medical profession, and for Dr. Joseph Keiserman, who directs Jefferson's Emergency Department, it is extraordinary.

But Dr. Keiserman doesn't see the endless procession of cardiac alerts, drug ODs, secretaries with staples in their throats and Inquirer reporters as problems. He has confidence in Jefferson's emergency facilities and personnel, and he and his staff relate to all comers as people, not cases.

Dr. Keiserman, a graduate of the Medical School of the University of Pennsylvania, spent thirty-two years in family practice in Southwest Philadelphia. "I had the kind of practice where people sent thank you notes with their bill payments. Every day was a positive pleasure." He hasn't had the chance to miss private practice, because he makes daily visits to former patients who are hospitalized at Jefferson.

Shunning the bureaucratic, he finds it difficult not to get personally involved with his patients, maintaining the attitude of a family practitioner even in the Emergency Room.

"I always remind new staff members that our patients may have many non-medical problems. We can treat and even cure a medical condition, but we cannot change a personal situation. So anything, short of physical abuse, that a patient might give you—take it. You're only confronted by his problems for a matter of hours; the patient has them for a lifetime."

Dr. Keiserman has been affiliated with Jefferson since 1936, when he began working with the Medical Out-Patient Department. He is certified by the American Board of Internal Medicine and is a Fellow of the American College of Cardiology, the American College of Chest Physicians and the College of Physicians of Philadelphia. In addition to his Emergency Room position, which he has held for seven years, he is also a Clinical Associate Professor of Medicine at Jefferson. Teaching, particularly the teaching of emergency care, means a great deal to him. "Emergencies happen everywhere, but how many doctors feel competent to help? At Jefferson we are one of only ten universities in the country to give a course in first aid. We're teaching cardiopulmonary resuscitation to freshman medical students. This is not Boy Scout first aid."

Fourth year medical students, interns and residents also come under Dr. Keiserman's instruction. He feels the ER service is an important part of medical education, because it shows students the repetitive pattern that disease presents. Its primary educational function is to teach students to use what they already know. Dr. Keiserman's students are not mere observers in the treatment rooms, nor are they given only selected cases to treat. Rather they see patients in their order of arrival, caring for them to the limits of their knowledge. Jefferson has a full back-up staff of specialists immediately available for consultation. "Students need to treat patients in order to learn. Anything less is like reading a book on how to play the violin." Dr. Keiserman likes young people, respects students for their idealism and feels medicine is indebted to their rejuvenating force. His attitude makes the popularity of the ER elective no surprise.

Although he was attracted to a medical career since the age of five, he was nearly lured to the Curtis Institute of Music after graduating from high school. He opted for a pre-med course at the University of Pennsylvania, but music has always played an important part in his life. A violinist, he sat under the batons of both John Philip Sousa and Leopold Stokowski as part of a special concert orchestra which played in Philadelphia during the United States Sesquicentennial. He recalls playing at the Academy of Music as part of the program for the presentation of the Philadelphia Award. A slight little goateed man couldn't find a seat on the stage until an orchestra member gave up his chair. The man, who turned out to be the award recipient, was Jefferson's Dr. Chevalier Jackson.

Now, however, his musical background takes him to the audience rather than the stage. He also spends much of his time reading history, primarily social or medical. A medical philatelist, he collects commemoratives of medical figures and events. His Carlos Finlay commemorative were displayed at Jefferson's celebration of the centennial of Dr. Finlay's birth.

Dr. Keiserman's foreign language fluency facilitates the world travel that he and his wife, Minnie, enjoy. "Vous parlez?" He describes his travels in France in the appropriate tongue but fortunately returns to English to recount journeys throughout Europe, the Orient and the antiquities. Cities, including downtown Philadelphia where he now makes his home, are a constant delight to Dr. Keiserman. "I love to walk city streets and look in the windows of the shops. The beauty of nature does not seem to me so very remarkable. Who is surprised that God creates wonders? But man's creation of beautiful things is something extraordinary. It's as close as man can get to God."

The physician, who quotes Osler, Noguchi and Mendelssohn with equal aplomb, describes himself as a "pack rat." Some of the shining things he values are visits to his daughter, his son-in-law, the concertmaster of the St. Louis Symphony Orchestra, and his three grandchildren; memories of his father, who was his mentor; and the intricately patterned ties he wears with such obvious satisfaction.

Life doesn't need problems to be full.
Top: Dr. Thaddeus L. Montgomery '20, Emeritus Professor of Obstetrics and Gynecology, displayed his oil “Still Life.”

Left: Mrs. Martha Hearn Cawley, daughter of Dr. William P. Hearn '35, submitted several woodcut prints, this one titled “Gulls.”

Below: Dr. Hobart A. Reimann's pastel “Still Life” was entered by present owners, Dr. and Mrs. John H. Hodges '39. Dr. Reimann was Professor of Medicine at Jefferson.
Jefferson Art

May 23 through June 7 marked Jefferson's sixth annual Art Show, sponsored by the Faculty Wives Club of the College. The exhibit, which comprises nearly all artistic genres and media, is open to Jefferson students, alumni, personnel, friends of Jefferson and their families. It is not limited to Delaware Valley participants; this year some of the nearly three hundred fifty entries traveled from California, Texas and Oklahoma. Entries included everything from oils and photographs to needlework and beaded flowers. Mrs. John H. Hodges, Chairman of the event, reported that thirty-seven Jefferson classes were represented in the display, which was held in Jefferson Alumni Hall.

Top: Acrylic "Summer Song" by Mrs. Paul (Joanne) J. Poinsard, wife of alumnus in the class of 1941. Below: Dr. Edward B. Bower '70 whose "Templeton Clinic," an oil, is of Dr. John Y. Templeton, III, '41 and Professor of Surgery.
Vice Chairman of Jefferson's Board of Trustees Frederic L. Ballard displayed his collection of bonsai trees.

Dr. Victor P. Sencindiver '52 displayed his collection of ducks which he carves then paints with oils and acrylics.

A needlepoint tapestry was entered by Mrs. Henriques C. Hamilton, a member of Jefferson's Women's Board.

Mrs. Elmer (Martha) H. Funk, wife of an alumnus in class of 1947, displayed a crewel chair.
Hospital Appointments Received by the Class of 1973

Barry B. Abraham
Thomas Jefferson University Hospital
Philadelphia

Gary Altman
Ohio State University Hospitals
Columbus, Ohio

Edwin M. Altschuler
Memorial Hospital of Long Beach
Long Beach, Calif.

Peter C. Amadio
Medical College of Virginia
Richmond, Va.

Rodney A. Appell
George Washington University
D.C. General Hospital
Washington, D.C.

Ramon H. Bagby
Boston City Hospital
Boston, Mass.

Kenneth R. Barmach
Pennsylvania Hospital
Philadelphia

John H. Benner
Abington Memorial Hospital
Abington, Pa.

Eric J. Bergquist
Thomas Jefferson University Hospital
Philadelphia

Boyce N. Berkel
University of Texas
Medical Branch Hospitals
Galveston, Tex.

Philip M. Bernini
Mary Hitchcock Memorial Hospital
Hanover, N.H.

Marc L. Bernstein
St. Francis General Hospital
Pittsburgh, Pa.

Paul A. Bielas
Presbyterian-University Hospital
Pittsburgh, Pa.

Alan N. Binnick
The Reading Hospital
Reading, Pa.

John H. Blanch
York Hospital
York, Pa.

Bruce S. Bleiman
Washington Hospital Center
Washington, D.C.

Eric W. Blomain
Presbyterian Hospital
New York

Frank A. Borgia
St. Elizabeth's Hospital of Boston
Brighton, Mass.

Beverly C. Borlandoe
Massachusetts General Hospital
Boston, Mass.

Ben P. Bradenham
Duke University Medical Center
Durham, N.C.

Norman H. Braslow
North Shore Hospital-Memorial
Hospital for Cancer and Allied
Diseases
New York

Alan B. Brosof
Orange County Medical Center
Orange, Calif.

Daniel J. Brown
Children's Hospital of Philadelphia
Philadelphia

Earl H. Brown
Bellevue Hospital Center
New York University
New York

Gary M. Brownstein
Hospital of the University
of Pennsylvania
Philadelphia

Michael H. Bryant
Presbyterian Medical Center
Denver, Colo.

Steven A. Burger
Washington Hospital Center
Washington, D.C.

Joseph R. Car
St. Joseph Hospital
Chicago

Paul Casadonte
Bellevue Hospital Center
New York University
New York

John J. Cassel
Indiana University Medical Center
Indianapolis, Ind.

Victor J. Celani
Boston City Hospital
Boston, Mass.

Paul F. Cerza
Lenox Hill Hospital
New York

William T. Chain
Bryn Mawr Hospital
Bryn Mawr, Pa.

Richard S. Chalfant
Mercy Hospital
Pittsburgh, Pa.

Peter M. Cianfrani
Thomas Jefferson University Hospital
Philadelphia

Christopher M. Clark
Pennsylvania Hospital
Philadelphia

Thomas M. Clemens
Geisinger Medical Center
Danville, Pa.

John W. Cochrane
Presbyterian-St. Luke's Hospital
Chicago

Michael M. Cohen
Western Psychiatric Institute
and Clinic
Pittsburgh, Pa.

Anthony M. Colatrella
Mercy Hospital
Pittsburgh, Pa.

Arthur W. Colbourn
University of Virginia Hospital
Charlottesville, Va.

Fred G. Constant
Mount Sinai Hospital
New York

Leland D. Cropper
Medical University of South Carolina
Charleston, S.C.

Thomas P. Cunningham
Lankenau Hospital
Philadelphia

Joseph J. D'Amico
Allentown Hospital
Allentown, Pa.

Jeffrey J. Dekret
Thomas Jefferson University Hospital
Philadelphia

Leonard M. DelVecchio
The Reading Hospital
Reading, Pa.

Louis C. DeMaria
Hunterdon Medical Center
Flemington, N.J.

Ross F. DiMarco
Mercy Hospital
Pittsburgh, Pa.

Robert N. Duminy
Delaware State Hospital
New Castle, Del.

Beth S. Edeiken
Thomas Jefferson University Hospital
Philadelphia

Charles F. Egan
Wilmington Medical Center
Wilmington, Del.

Steven M. Engel
Misericordia Division of
Mercy Catholic Medical Center
Philadelphia

John M. Falkner
The Reading Hospital
Reading, Pa.

Michael A. Feinstein
Lankenau Hospital
Philadelphia

Joseph S. Ferroni
Lankenau Hospital
Philadelphia

Joanna M. Firth
Naval Hospital
Philadelphia

Gary R. Fleisher
Children's Hospital of Philadelphia
Philadelphia

Joseph F. Frazer
St. Christopher's Hospital for Children
Philadelphia
Some day we'll be famous . . . from left to right, Dr. Elliott G. Leisawitz; Dr. Joseph F. Mambu; Dr. Anton P. Kemps; Dr. Ivan H. Jacobs; Dr. John R. Sebastianelli; Dr. Edward Solow; Dr. Eugene M. Shaffer.
Students Honor Diener

At their Class Day Exercises on June 7 the Class of 1973 honored an unusual Jeffersonian, their friend Frank Lachman. Frank has become somewhat of a legend during his fifteen years at the Department of Anatomy, where he started in 1958 as Diener and as Supervisor of the aged Institute Building at Eleventh and Clinton Sts., and after we moved to Jefferson Alumni Hall, as Diener and Anatomy Attendant.

President Paul Smey, on behalf of his classmates, presented Frank with a beautifully hand-lettered and illuminated citation scroll.

The Class requested that the presented photo-portrait of Frank be placed on the wall in the Fifth Floor corridor above the site where Frank had sat smilingly, extending his special, personalized helpfulness to students, faculty, parents and alumni.

Frank "adopted" all students as if his own, smoothing out the innumerable rough spots in their lives at Jefferson and in Philadelphia.

Student appreciation and esteem for Frank Lachman has taken many forms. For example, when he developed a bleeding gastric ulcer and needed blood, two hundred twenty-eight students (and some faculty and co-workers as well) volunteered as donors; in 1970 when he was approaching retirement age, each of the medical classes requested deferment of retirement through petitions bearing the signatures of nearly every student. The Anatomy Office received a continuous flow of letters and telephone messages of gratitude from parents and prospective students who were recipients of Frank's special brand of helpfulness and his enthusiasm for Jefferson.

I am sure that some of his selflessness, loyalty and dedication to the needs of others has rubbed off on the some twenty-five hundred Jefferson students for whom Frank lived.

I, personally, shall ever be grateful for the fifteen years my friend Frank Lachman gave to Jefferson, to the Department of Anatomy, to me and to our students.

Andrew J. Ramsay, Ph.D.
Emeritus Professor of Anatomy

On behalf of ourselves and numerous medical students and graduate students who have come both before and after us, we, the Class of 1973, have chosen to honor Frank Lachman. We honor you for your many years of unselfish, untiring and devoted service to the Chairman of Anatomy, Department of Anatomy, the Medical School and students. You have rightly earned the title "Ambassador of Friendship."

In recognition of your accomplishments, the Class of 1973 has hereby presented your framed photograph for display in the Department of Anatomy on this seventh day of June, nineteen hundred and seventy-three.
Donald A. Nicklas  
Montgomery Hospital  
Norristown, Pa.

Milton Packer  
Bronx Municipal Hospital Center  
Bronx, N.Y.

Louis M. Palermo  
St. Vincent's Hospital and Medical Center of New York  
New York

Gilbert R. Parks  
C. F. Menninger Memorial Hospital  
Topeka, Kans.

Mark S. Pascal  
New York Hospital-Memorial  
Hospital for Cancer and Allied Diseases  
New York

David H. Paul  
Barnes Hospital  
St. Louis, Mo.

Russell E. Perry  
York Hospital  
York, Pa.

Richard I. Perzley  
Milwaukee Children's Hospital  
Milwaukee, Wis.

Lynne E. Porter  
Miriam Hospital  
Providence, R.I.

Cyril M. J. Puhalla  
Thomas Jefferson University Hospital  
Philadelphia

Michael F. Quinlan  
Naval Hospital  
Philadelphia

Robert D. Rafal  
Good Samaritan Hospital and Medical Center  
Portland, Ore.

Helen L. Ratcio  
Philadelphia General Hospital  
Philadelphia

Alan M. Resnik  
Thomas Jefferson University Hospital  
Philadelphia

Mark S. Reuben  
St. Christopher's Hospital for Children  
Philadelphia

Leslie S. Robinson  
Medical College of Virginia Hospital  
Richmond, Va.

Jean C. Rogers  
University of Colorado  
Affiliated Hospitals  
Denver, Colo.

David M. Rogovitz  
Hahnemann Medical College Hospital  
Philadelphia

Barry A. Rosen  
Long Island Jewish-Hillside Medical Center  
New Hyde Park, N.Y.

Jay S. Rosen  
St. Vincent's Hospital  
New York

Fred A. Rosenblum  
University of Wisconsin  
Affiliated Hospitals  
Madison, Wis.

Marc S. Rosenshein  
Temple University Hospital  
Philadelphia

Anthony J. Ruggeri  
Thomas Jefferson University Hospital  
Philadelphia

John R. Sabatini  
Bronx Municipal Hospital Center  
Bronx, N.Y.

Joseph W. Sassani  
Hospital of the University of Pennsylvania  
Philadelphia

Richard F. Saylor  
Lankenau Hospital  
Philadelphia

Michael J. Schmerin  
New York Hospital-Memorial Hospital for Cancer and Allied Diseases  
New York, N.Y.

Daniel J. Schwartz  
William A. Shands Teaching Hospital and Clinics  
University of Florida  
Gainesville, Fla.

David S. Schwartz  
Presbyterian-University of Pennsylvania Medical Center  
Philadelphia

Daniel M. Scotti  
Hahnemann Medical College Hospital  
Philadelphia

John R. Sebastianelli  
St. Christopher's Hospital for Children  
Philadelphia

Eugene M. Shaffer  
University of Miami Affiliated Hospitals  
Miami, Fla.

Norman M. Shanfield  
Thomas Jefferson University Hospital  
Philadelphia

David Shore  
University of California (Irvine)  
Affiliated Hospitals  
Orange, Calif.

John T. Smallwood  
Abington Memorial Hospital  
Abington, Pa.

Paul Smey  
Northwestern University  
McGaw Medical Center  
Chicago

Edward A. Solow  
Thomas Jefferson University Hospital  
Philadelphia

Richard M. Sostowski  
Bellevue Hospital Center  
New York University  
New York

From left to right, Dr. Robert G. Lahita, who received both his M.D. and his PhD. on June 8; Howard E. Goody, PhD.; and Michael D. Dickman, PhD.
Ronald L. Souder
St. Christopher's Hospital for Children
Philadelphia

Gregory C. Starks
University Hospital of Cleveland
Cleveland, Ohio

Mary A. Starnic
Thomas Jefferson University Hospital
Philadelphia

Leo Stelzer
Marion County General Hospital
Indianapolis, Ind.

Alan L. Stern
Mercy Hospital
Pittsburgh, Pa.

Charles D. Strout
Geisinger Medical Center
Danville, Pa.

Stanford N. Sullum
Mount Sinai Hospital
New York

John M. Sundheim
Wilmington Medical Center
Wilmington, Del.

Phillip R. Tatnall
Army Medical Service Hospitals
Fort Dix, N.J.

Frank M. Taylor
Tampa General Hospital
Tampa, Fla.

Joseph R. Thomas, Jr.
Malcolm Grow Hospital
U.S.A.F. Medical Health Center
Washington, D.C.

James E. Tibone
Los Angeles County Harbor General Hospital
Los Angeles

Kevin T. Tracey
Hartford Hospital
Hartford, Conn.

Arnold F. Traum
Chestnut Hill Hospital
Philadelphia

Susan B. Uhrmann
Wilkinson Medical Center
Wilkinson, Del.

Emilian Wasserman
Montreal General Hospital
Montreal, Canada

Mark D. Widom
Presbyterian-University of Pennsylvania Medical Center
Philadelphia

Leonard A. Wisneski
George Washington University Hospital
Washington, D.C.

Michael S. Wrigley
Lankenau Hospital
Philadelphia

Paul S. Zamostien
Grady Memorial Hospital
Atlanta, Ga.

Steven Zavodnick
Thomas Jefferson University Hospital
Philadelphia

Jefferson Relationships

Peter C. Amadio
Father: Peter Amadio, Jr., M.D., '58

Kenneth R. Barmach
Cousin: Gary Kushner, M.D., '66

John J. Blanch
Father: Joseph J. Blanch, M.D., '37

William T. Chain, Jr.
Father: William T. Chain, M.D., '39

Richard S. Chalfant
Gr. Grandfather: John M. Duff, M.D., 1874
Gr. Gr. Grandfather: John H. Duff, 1850

Leonard M. DelVecchio, Jr.
Father: Leonard M. DelVecchio, Sr., M.D., '50

Beth S. Edeiken
Father: Jack Edeiken, Faculty
Uncle: Herbert Kramer, M.D., '47
Cousin: Frederick Kramer, M.D., '73

John M. Falken
Father: John M. Falken, M.D., '39

Benjamin Gerson
Father: Irvin J. Gerson, M.D., '44

Gordon R. Gold
Brother: Alan Gold, M.D., '70

Jerry J. Grossman
Father: Mische Grossman, M.D., Faculty

Peter R. Hulick
Father: Peter V. Hulick, M.D., '36

Harry B. Katz
Cousin: Warren Katz, M.D., '61
Cousin: Nelson Katz, M.D., '68

David A. Jacoby
Wife: Gail Tenikat Jacoby, '72
Gr. Grandfather: Jacob da Silva Solis-Cohen, M.D., Faculty
D. Hays Solis-Cohen, Trustee

Solomon Solis-Cohen, Faculty

Edward A. Kelly, Jr.
Father: Edward A. Kelly, M.D., '47

Pricilla J. Kistler
Father: William S. Kistler, M.D., '39
Cousin: Donald K. Roeder, M.D., '61

Charles W. Korbonits
Father: Charles W. Korbonits, M.D., '46

Frederick L. Kramer
Father: Herbert Kramer, M.D., '47
Cousin: Beth Edeiken, '73
Uncle: Jack Edeiken, Faculty

Christopher L. Leach
Father: John E. Leach, M.D., '33

Elliott G. Leisawitz
Father: Paul A. Leisawitz, M.D., '37

Charles L. Liggett
Father: Charles L. Liggett, M.D., 'S44
Uncle: John S. Liggett, M.D., '42

Kathleen W. McNicholas
Father: Edward W. McNicholas, M.D., '42

Robert D. Rafal
Brother-in-law: Joseph F. Lauzier, M.D., '07

Helen L. Rattee
Gr. Uncle: Wilmer Dreibelbies, M.D., '07

Fred D. Rosenblum
Father: Marcus Rosenblum, M.D., Faculty

Daniel M. Scotti
Uncle: Thomas M. Scotti, M.D., '42

Eugene M. Shaffer
Father: Irvin G. Shaffer, M.D., '40
Uncle: Jerome D. Shaffer, M.D., 'S44

Edward A. Solow
Cousin: Arthur Triester, M.D., '65

Mary A. Starnic
Sister: Janice Starnic, '77

Joseph R. Thomas
Gr. Grandfather: Aaron R. Savidge, M.D., 1856

Kevin T. Tracey
Father: Martin L. Tracey, M.D., '36

Michael S. Wrigley
Uncle: Charles M. Gruber, Jr., M.D., '41

Paul S. Zamostien
Father: Bernard B. Zamostien, M.D., '37

Steven Zavodnick
Wife: Jacquelyn Miller Zavodnick, M.D., '70
AWARDS and PRIZES
Awarded at Class Day Exercises on Thursday, June 7, 1973

The Christian R. and Mary F. Lindback Awards for Distinguished Teaching to WARREN P. GOLDBURG, B.S., M.D., Clinical Associate Professor of Medicine and RONALD P. JENSH, B.A., M.A., Ph.D., Assistant Professor of Anatomy and Assistant Professor of Radiology.

The Albert Strickler Memorial Prize for the best essay on Cancer, to a Senior Student. Award given by Mrs. Albert Strickler.

DAVID ALEXANDER JACOBY
With Honorable Mention of: KATHLEEN WINIFRED McNICHOLAS

The Henry M. Phillips Prize for the graduate who is most worthy. Awarded upon the recommendation of the Professor of Medicine.

ANTON PETER KEMPS
With Honorable Mention of: BARRY GORDON

Practice Prize for the best essay on a subject pertaining to the Practice of Medicine. A Gold Medal, awarded by bequest of Dr. Francis W. Shain.

PAUL ANTHONY BIALAS
With Honorable Mention of: LAURENCE JAY MILLER

PHILIP MICHAEL BERNINI
With Honorable Mention of: MILTON PACKER

The Henry M. Phillips Prize for the graduate who is most worthy. Awarded upon the recommendation of the Professor of Surgery.

Surgery Prize for the best essay on a subject pertaining to the Practice of Surgery. A Gold Medal, awarded by bequest of Dr. Francis W. Shain.

EUGENE MICHAEL SHAFFER

Clinical Surgery Prize for general excellence in Clinical Surgery. A Gold Medal, awarded in memory of Francis Torrens Stewart, Professor of Surgery, the Jefferson Medical College, 1910-1920.

ERIC WILLIAM BLOMAIN
With Honorable Mention of: KATHLEEN WINIFRED McNICHOLAS

Gynecology Prize to a Senior Student for the best examination, thesis and general excellence in Gynecology. Award given by Mrs. Albert Strickler in memory of Professor of Obstetrics and Gynecology, Emeritus, Lewis C. Scheffey, M.D.

MICHAEL ALLEN FEINSTEIN
With Honorable Mention of: PAUL STANLEY ZAMOSTIEN

Orthopaedic Surgery Prize for general excellence in Orthopaedic Surgery. Award given by Professor John J. Gartland, M.D.

JOSEPH RAKER THOMAS, JR.
With Honorable Mention of: MICHAEL HAROLD BRYANT

Urology Prize for excellence in Urology during the Junior and Senior Years, including preparation of reports of in and out patients, examinations and final summary of work. Award given in memory of Dr. Theodore R. Fetter, The Nathan Lewis Hatfield Professor of Urology.

RODNEY ALAN APPELL
With Honorable Mention of: FREDERICK LOUIS KRAMER

The Edward J. Moore Memorial Prize in Pediatrics to the Senior Student demonstrating the greatest aptitude in Pediatrics. Award given in memory of Edward J. Moore, M.D.

GARY ROBERT FLEISHER
With Honorable Mention of: DEAN MARIE BANES

The Henry Keller Mohler Memorial Prize to the Senior Student manifesting the greatest aptitude and interest in the general field of Therapeutics. Award given by Mr. Jesse Hubschman in memory of his wife, Natalie, to honor Henry Keller Mohler, M.D.

KATHLEEN WINIFRED McNICHOLAS
With Honorable Mention of: MILTON PACKER

Psychiatry Prize to the Senior Student writing the best thesis in Psychiatry.

DAVID SHORE
With Honorable Mention of: STEVEN ZAVODNICK
S. MacCuen Smith Memorial Prize to the member of the Senior Class judged most worthy of recognition for ability in the field of Otology. A Gold Medal given by Mrs. Stuart Lodge Bullivant in memory of her father.

STEVEN ROBERT ISAACSON
With Honorable Mention of: WILLIAM INNES FORBES, III

The Carroll R. Mullen Memorial Prize in Ophthalmology to the Senior Student who has received the highest grade in Ophthalmology.

DAVID ALEXANDER JACOBY
With Honorable Mention of: IVAN HARLAN JACOBS

Obstetrics and Gynecology Prize to a Senior Student for the best examination, thesis and general excellence in Obstetrics and Gynecology during the entire curriculum. Award given by Mrs. Sarah George Miller in honor of Professor of Obstetrics, Emeritus, John B. Montgomery, M.D.

JOSEPH SALVATORE FERRONI
With Honorable Mention of: CHARLES LEWIS GOLDSMITH

The Baldwin L. Keyes Prize in Psychiatry to the Senior Student considered most worthy by the Department of Psychiatry. Award given in honor of Professor of Psychiatry, Baldwin L. Keyes, M.D., Sc.D., Emeritus.

STEVEN ZAVODNICK
With Honorable Mention of: EMILIAN JOSEPH LEON WASSERMAN

William Potter Memorial Prize to that graduate attaining the highest general average in the final years of the medical course. Award given from a bequest of Mrs. Adaline Potter Wear, offered to encourage excellence in the clinical branches of medicine.

MILTON PACKER
With Honorable Mention of: BEN PERSONS BRADENHAM

Alumni Prize for the highest cumulative academic record. A Medal awarded by the Alumni Association.

MILTON PACKER
With Honorable Mention of: KENNETH ROBERT BARMACH
and BEN PERSONS BRADENHAM

Louis B. Swisher, Jr. Memorial Prize to a Senior Student who has shown general excellence in the field of Anesthesiology. Awarded upon the recommendation of the Professor of Anesthesiology.

ROBERTA CEIL KAHN

The Philip J. Hodes Radiology Award to the Senior Medical Student displaying outstanding aptitude and interest in Radiology.

LESLEI SUZANNE ROBINSON

The E. Harold Hinman Memorial Prize to the Senior Student demonstrating extraordinary interest and accomplishment in the field of Community Health and Preventive Medicine during his program of clinical education. Sponsored by family and friends in memory of E. Harold Hinman, Ph.D., M.D., M.P.H., Professor and Chairman of the Department of Community Health and Preventive Medicine.

DAVID ALEXANDER JACOBY

The Lange Medical Publications Prizes to each of two outstanding Senior Students. A gift of four Lange Publications books.

PAUL SMEY and EUGENIA MANELLE MILLER

W. B. Saunders Company Prize to the student who has attained the highest scholastic average for the Senior Year. Medical Publications.

RICHARD FREDERICK SAYLOR

The C. V. Mosby Company Prize. Awarded to five outstanding graduates.

MICHAEL HENRY GREENHAWT
MARK STANLEY PASCAL

PRISCILLA JANE KISTLER
JOHN ROBERT SABATINI

JAMES EUGENE TIBONE

The Richard W. Foster Prize to a graduating Senior student who has made a significant contribution toward the furthering educational programs of Jefferson Medical College.

ROOSEVELT MCCORVEY

Upjohn Achievement Award to be given to a Senior Medical Student who shows outstanding all-around achievement in Clinical proficiency.

MICHAEL JOEL SCHMERIN

Janet M. Glasgow Memorial Scholarship Award of the American Medical Women's Association, Inc., awarded to women who have exhibited outstanding achievement in Clinical Proficiency.

KATHLEEN WINIFED McNICHOLAS
With Honorable Mention of: LESLIE SUZANNE ROBINSON

The Charles LaBelle Prize for an outstanding candidate for the degree of Doctor of Philosophy. Award given by Mrs. LaBelle and family in memory of her husband, Charles W. LaBelle, Ph.D., Assistant Professor of Preventive Medicine (Environmental Hygiene). Given on May 17, 1973, at a meeting of the College of Graduate Studies.

IRVING COHEN
1909
Mrs. Christopher S. Barker, 711 Broad St., New Bern, N.C., widow of the late Dr. Christopher S. Barker, writes that she is still living in her old home. Her son Christopher, Jr. is a North Carolina Representative and her son Charles is a dentist.

1919
Dr. Burgess L. Gordon, 1550 Lakeshore Dr., Chicago, Ill., was given a Special Recognition Award by the American Society of Internal Medicine for his outstanding service to the Society and the medical profession, particularly in the area of coding and terminology. As Director of the American Medical Association's Office of Current Medical Terminology, Dr. Gordon has devoted nearly twenty years to the development of a universal nomenclature and coding system for the medical profession.

Dr. Gordon had an active career with the U.S. Army Medical Corps, foreign service. After his retirement, he was appointed Professor of Clinical Medicine at Jefferson in 1949. He was instrumental in founding the Barton Memorial Division of Jefferson Hospital for the study of pulmonary disease and served for many years as its Director and Physician-in-Chief.

In 1951 Dr. Gordon left Jefferson to become President of Women's Medical College in Philadelphia and their William J. Mullen Professor of Medicine. He has been President of the American College of Chest Physicians and Director of Education at the Lovelace Foundation and Clinic in Albuquerque. Here he studied computerized information systems for astronauts' medical examinations.

Dr. George A. F. Lundberg, 223 E. Center St., Manchester, Conn., writes that he still feels it an honor to be a member of the Alumni Association of Jefferson Medical School.

1921
Dr. Gerald W. LeVan, 32 S. Main St., Boonsboro, Md., has been in practice for fifty years in Boonsboro. He has restricted his private practice to accommodate the demands of serving as Staff Physician at Fahrney-Keedy Home for the Aging and the San Mar Orphans Home.

1923
Dr. George F. Wheeling, was awarded the Pennsylvania State University Distinguished Alumnus Medallion in June. He has been Medical Director at the Windber Hospital since 1955. A member of the American College of Surgeons, his specialty is goiter surgery. He is a past President of the Cambria County Medical Society and a member of the Board of Directors of Somerset State Hospital. As a civic leader he was instrumental in the formation of the University of Pittsburgh at Johnstown.

Interested in sports and young people, his work with developing high school golf tournaments earned him the All-Sports Gold Medal Award in Cambria County.

Dr. William C. Wilentz, 188 Market St., Perth Amboy, N.J., has been appointed to the recently established Advisory Board of the American Academy of Compensation Medicine. Dr. Wilentz was formerly the Medical Examiner of Middlesex County, New Jersey.

1924
Dr. Abraham Cantarow, 2939 Van Ness St., N.W., Washington, D.C., has been named Chief of Program Analysis and Formulation Branch of the National Cancer Institute. Dr. Cantarow is Emeritus Professor of Biochemistry at Jefferson.

1926
Dr. George C. Griffith, P.O. Box 672, LaCanada, Calif., Professor Emeritus of Medicine at the University of Southern California School of Medicine, received the Mallord W. Thewlis Award "for outstanding contributions to the Welfare of the American Geriatrics Society."

1927
Dr. Carl H. Weidenmier, Berlin Center, Ohio, has retired from active practice. An avid hunter and trap enthusiast, he has a fine collection of weapons, bear skins and trap shoot medals. He also has a large collection of arrowheads and rock formations he discovered over the years.

1928
Dr. Henry A. Davidson, 276 Prospect St., East Orange, N.J., was installed as President of the New Jersey Academy of Medicine on June 6.

1930
Most skulls-in-residence at a medical college don’t get a second glance. But the bony framework above, on display in Jefferson’s Scott Library, has received nearly as much notoriety as its original “owner,” George Frederick Cooke.

An early nineteenth century actor, Cooke himself was renowned for his faultless Shakespearean roles and a flamboyant, volatile manner. Probably the best actor of his era in America, Cooke was given a funeral which closed down the city of New York. Shakespearean actor Edmund Kean erected a monument to him in St. Paul’s churchyard in 1821 which was kept in good repair for many years by contributions from actors who respected Cooke’s work.

Cooke’s skull, his toe bone and a tooth all escaped interment. The tooth was sent by Edwin Booth to New York’s Player’s Club for exhibition. The toe bone was displayed in a silver case by Edmund Kean. It is said that Kean developed a fetish about the bone, bowing to it whenever he passed.

Cooke’s skull was retrieved by Dr. John W. Francis, a young doctor who had assisted with Cooke’s autopsy. Francis had the skull prepared, displayed it and even loaned it as a theatre property; Edmund Kean once unknowingly played Hamlet to Cooke’s Yorick. Although the British Cooke had categorically refused to entertain “that damned Yankee” President, James Madison, Cooke’s skull and its history once entertained U.S. Senator Daniel Webster at Dr. Francis’ club; the versatile Webster gave an extemporaneous address on its conformation.

After Dr. Francis’ death the whereabouts of Cooke’s skull became a matter of controversy and rumor. Dr. George McClellan, Professor of Anatomy at Jefferson at the turn of the century and grandson of Jefferson’s founder, put an end to the mystery, “Some twenty years ago,” he wrote, “I had under my professional care Dr. V. Mott Francis, who had sustained a grave injury to his head.

One morning . . . after some expressions of gratitude for what I had done for him, he finished his visit by saying that ‘as Fate had deprived me of owning his skull, he proposed to substitute it by another’ and handed me a box.” That box contained Cooke’s skull, which V. Mott Francis had inherited from his father.

Cooke’s odyssey didn’t end there. After McClellan revealed the skull’s history in a Jefferson anatomy class, vandals broke into his office and all but decimated his fine skull collection. Although the Cooke skull was undoubtedly their target, the misguided thieves were no connoisseurs of crania. McClellan’s prized possession remained untouched.

When McClellan died in 1913, the skull was left in the care of his widow, who in turn gave it to Jefferson Dean, Dr. Ross V. Patterson. Patterson willed Cooke’s sczone to Jefferson, and here it remains despite recent demands from the Native New Yorker’s Historical Society that the skull receive proper burial with the rest of Cooke in St. Paul’s Churchyard. But Cooke, the man “of infinite jest, of most excellent fancy,” would no doubt scorn such pedestrian convention.
is the recipient of the Silver Tray Award presented in recognition of his long service by Wills Eye Hospital in Philadelphia. He is a member of the American Academy of Ophthalmology and Otolaryngology and a Fellow of the American Board of Ophthalmology.

Dr. James E. Marvil, 124 Gills Neck Rd., Lewes, Del., has received the Delaware Society of the Sons of the American Revolution Good Citizenship Medal. Dr. Marvil was cited for his outstanding service to the medical profession of Delaware as an ear, eye, nose and throat specialist, for his years as Chairman of the Medical School Committee of the Medical Society of Delaware and as President of the Delaware Medical School Foundation. He was also noted for his interest in the history of Delaware.

1931

Dr. Max A. Anti, 3500 Fifth Ave., Pittsburgh, Pa., writes that he has limited his practice to gynecology only, having given up obstetrics a year ago. "Am looking forward to more relaxation and travel."

1932

Dr. Norbert M. Bittrich, 6510 Commerce Rd., Orchard Lake, Mich., is still in active practice in anesthesiology at Providence Hospital, Southfield, Michigan. He has been associated with Providence since 1936.

1934

Dr. Louis K. Collins, 54 State St., Glassboro, N.J., is back to work part time after undergoing surgery in January.

Dr. Gordon H. Pumphrey, 100 N. Main St., Mt. Vernon, Ohio, retired June 1, 1973. Although he and his wife are maintaining their home in Ohio, they will take up residence in San Antonio, Texas.

1937

Dr. Milton H. Gordon, 29 North Dr., Haddonfield, N.J., has been elected President of the medical staff of Camden County General Hospital, New Jersey. Dr. Gordon, an internist, is also a member of the staffs of Cooper Hospital and Graduate Hospital in Philadelphia.

1939

Dr. Norman J. Skversky, 6810 Castor Ave., Philadelphia, writes that his son, Robert, is completing a residency in family practice at Hoag Memorial Hospital in California.

Dr. Isadore Slovin, 710 W. Matson Pkwy., Wilmington, Del., has been appointed a Clinical Assistant Professor of Obstetrics and Gynecology at Wilmington Medical Center, a Jefferson affiliate.

Dr. E. Lloyd Watkins, 484 S. Brewster Rd., Vineland, N.J., has been appointed to the staff of the Vineland Obstetrical and Gynecological Professional Association. He is a senior Attending Gynecologist at Chestnut Hill Hospital in Philadelphia and was formerly on the faculty of Women's Medical College. Dr. Watkins is certified by the American Board of Obstetrics and Gynecology and is a Fellow of the American College of Obstetrics and Gynecology.

Twelve medals, front and back, in the Great Men of Medicine series. Presented to Jefferson by the widow and children of Dr. Peter V. Hulick '36 of Wisconsin, the series, which is on display in the Scott Library, will comprise fifty medals. Dr. Hulick's son, Peter, is a member of the Class of 1973.
1940
Dr. Frank M. Grem, 546 N. Elmwood Ave., Oak Park, Ill., writes that his son Philip is in the freshman class at Jefferson.

1941
Dr. Willard M. Drake, 300 Broadway, Camden, N.J., has been promoted to Clinical Professor of Urology at Jefferson. Dr. Drake is a Class Agent for the Class of 1941.

Dr. Walter S. Wiggins, 695 Park Ave., Bridgeport, Conn., former director of Education and Research at Bayfront Medical Center, St. Petersburg, Florida, has been named full time Director of Professional Services at Park City Hospital in Bridgeport, Connecticut.

1943
Dr. Louis H. Palmer, Jr., 369 Yorkshire Rd., Rosemont, Pa., has been appointed a Clinical Assistant Professor of Medicine at Jefferson. He is affiliated with Wilmington Medical Center.

1944
Dr. Eugene H. Kain, 1015 Washington Ave., Haddonfield, N.J., has been elected President of the New Jersey Chapter of the American College of Surgeons. Chief Attending Surgeon of the Cooper Hospital, Dr. Kain is a Fellow of the American College of Surgeons and a Diplomate of the American College of Surgery. He is a Clinical Assistant Professor of Surgery at Jefferson.

1945
Dr. Francis L. McNelis, 350 Wayland Ave., Providence, R.I., was appointed an Assistant Clinical Professor at Rhode Island Hospital in Providence. He gave a paper at the Tenth International Congress of Otolaryngology in Venice. Dr. McNelis also reports that the first dinner meeting of the Rhode Island Jefferson Alumni was held April 27.

1946
Dr. William S. Carter, Jr., 1404 Wheatsheaf La., Abington, Pa., writes "Ann and I are frequently the only ones in the house—something new for us most of our twenty-five years together." Their eldest child, Corinne, is married and attending the University of Maine; Chip is going into his second year at Jefferson; Cynthia is a senior at Hobart-William Smith College; and Ashton is a freshman at Yale. Dr. Carter is Chief of Psychiatry at Abington and Medical Director of Abington Hospital's Mental Health and Mental Retardation Center.

1947
Dr. Herbert S. Bowman, 96 Carol Pl., New Cumberland, Pa., Co-Director of Hematology at Harrisburg Hospital, has been certified in the subspecialty of hematology by the American Board of Internal Medicine. This is the first time that Board exams have been given in this specialty.

Dr. John J. Dowling, Lankenau Hospital, Philadelphia, was chosen faculty speaker by the seniors for Class Day activities June 7.

Dr. Charles J. Rodgers, 511 W. 4th St., Williamsport, Pa., has been elected President of the Lycoming County Medical Society for 1973. He writes that his daughter Mary (23) is on her own and lives in Carlisle, Pennsylvania; Ann (21) is teaching in South Carolina; Tom (20) is finishing his third year in engineering at Villanova; Peg (19) is studying medical technology at Bloomsburg; Joan (17) has been accepted as a Rotary exchange student to Japan; Kate (11) is busy skating; Frances (11) is a cheerleader; and John (9) wants to be a doctor. He and his wife, Edna, went to Europe in April, a twenty-fifth wedding anniversary gift from their children.

Dr. Chester L. Schneider, 320 Cushman Rd., Southampton, Pa., has completed his residency in psychiatry at Temple and is a staff psychiatrist at the Penn Foundation in Sellersville.

Dr. Edgar C. Smith, 1218 Weymouth Rd., Wynnewood, Pa., heads a three-man partnership including subspecialties in gastroenterology and rheumatology. He plans to add a fourth member with a radiology subspecialty.

1948
Dr. Charles W. Anderson, 711 Medical Tower, Norfolk, Va., writes that he was part of the Integument Curriculum Committee for the new Eastern Virginia Medical School. He hopes to return to Jefferson as a student "if the acupuncture project turns out to be worthy of further study. I always recall that they laughed at Semmelweis."

Dr. Velio E. Berardinis, 632 Prospect Ave., Scranton, Pa., writes that he celebrated his twenty-fifth wedding anniversary on June 12.

Dr. James W. Daly, 644 Morris Ave., Bryn Mawr, Pa., is a Clinical Associate Professor of Medicine at Lankenau, a Jefferson affiliate.

Dr. Charles C. Goodman, 76 Middle Rd., E. Greenwich, R.I., announces the birth of a son, Thomas Clarke, on April 14. "This even the score at four boys and four girls."

Dr. George B. Heckler, 1406 N. Van Buren St., Wilmington, Del., has been appointed a Clinical Associate Professor of Medicine at Jefferson and is affiliated with Wilmington Medical Center.

Dr. Richard L. Huber, 1112 Columbia St., Scranton, Pa., Scranton City Health Director, is the immediate past President of the Lackawanna Medical Society. He is on the staff at three local hospitals, and a Board member of the Pennsylvania Medical Political Action Committee.

1949
Dr. Richard F. Kidder, 1622 N. Federal Hwy., Lake Worth, Fla., is just getting back to full time practice in internal medicine after open heart surgery in October, 1972. He plans to attend his twenty-fifth reunion in 1974.

Dr. Gerald Marks, 255 S. 17th St., Philadelphia, reports "a significant Jefferson influence" at the 23rd Annual Meeting of the Puerto Rico Chapter of the American College of Surgeons. Chapter President Jose H. Amadeo '52 hosted the meeting.

Dr. Paul A. Bowers '39, Dr. Thomas B. Mervine '40 and Dr. Marks presented papers to the convention. Attending the convention with their wives were:

Dr. George I. Sexton '53, Dr. William P. Coghan '47, Dr. Paul Pupi '66.

Dr. Sheldon Rudansky, 520 Franklin Ave., Garden City, N.Y., writes that his daughter Deborah is a nursing student at the New York Hospital of the Cornell University School of Nursing. His son Max is pursuing a premedical course at
Rutgers University, and the two younger boys are in the sixth and seventh grades.

1950

Dr. Robert J. Critchlow, 452 Kerr La., Springfield, Pa., is a radiologist in Chester, Pennsylvania where he is on the staff of Crozer-Chester Medical Center, Taylor Hospital and Sacred Heart Hospital.

Dr. James M. Monaghan, III, 12 Wells La., Millburn, N.J., has been named a Fellow of the American College of Radiology. Dr. Monaghan is associated with the Hospital Center, Orange, New Jersey.

Dr. Herbert A. Yantes, 4761 Griscom St., Philadelphia, has been promoted to Clinical Assistant Professor of Medicine at Jefferson.

Dr. James M. Monaghan, III, 12 Wells La., Millburn, N.J., has been named a Fellow of the American College of Radiology. Dr. Monaghan is associated with the Hospital Center, Orange, New Jersey.

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Dr. Herbert A. Yantes, 4761 Griscom St., Philadelphia, has been promoted to Clinical Assistant Professor of Medicine at Jefferson.

1951

Dr. George B. Richardson, 7 Nepahwin Dr., Willoughby, Ohio, writes that all of his three children have graduated from college and married. He and his wife have three grandchildren. He is still in the private practice of pediatrics in Euclid, Ohio.

Dr. Jerome M. Cotler, 193 W. Commerce St., Bridgeton, N.J., has been appointed to Clinical Professor of Orthopaedic Surgery at Jefferson.

Dr. Robert C. Eyerly, Powder Mill Rd., #4, Danville, Pa., Director of Medical Education and an Associate in the Department of Surgery at the Geisinger Medical Center, has been named Chairman of the Northcentral Pennsylvania Area Health Education System’s Committee on Medical Education. Dr. Eyerly has been active in the American Cancer Society, serving as a Director of both the national organization and the Montour County Unit, in addition to being President of the Pennsylvania Division. Currently President of the Northcentral Pennsylvania Chapter of the American College of Surgeons, he is also a Clinical Assistant Professor of Surgery at Temple University School of Medicine. He is a former President of the Montour County Medical Society.

Dr. Milton M. Perloff, 2923 W. Cheltenham Ave., Philadelphia, was installed as President of the Pennsylvania Academy of Family Physicians on May 11. In April he took office as President of the Medical Staff of Albert Einstein Medical Center, Northern Division, and also assumed the Presidency of the Philadelphia Society of Clinical Hypnosis. Dr. Perloff, who has many publications to his credit, is an editorial advisor on general and family practice for the Consultant. He is Chairman of the Board of Trustees of the Physicians Educational Foundation and a member of the Board of Directors of Group Health Planning of Greater Philadelphia. Dr. Perloff is a Diplomate of the American Board of Family Practice and a Charter Fellow of the American Academy of Family Physicians.

1952

Dr. Kjell H. Christianson, Box 200-A, Glen Mills, Pa., has been appointed a Clinical Assistant Professor of Surgery at Jefferson. He is associated with Bryn Mawr Hospital, an affiliate.

Dr. Jerome M. Cotler, 193 W. Commerce St., Bridgeton, N.J., has been promoted to Clinical Professor of Orthopaedic Surgery at Jefferson.

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1953

Dr. James E. Brennan, 56 Haddon Ave., Haddonfield, N.J., has been appointed an Assistant Professor of Otolaryngology at Jefferson.

Dr. William E. Delaney, 130 Whittredge Rd., Summit, N.J., writes that he visited Kauki (Hawaii) with Don Stein ’53 in February 1973 and found Bill McLaughlin ’53 busy in his practice of general medicine and surgery with the Kauki Medical Group. Dr. Delaney is Director of Laboratories at St. Vincents Hospital and Medical Center in New York.

Dr. John M. Levinson, 1411 Van Buren St., Wilmington, Del., has been appointed an Assistant Professor of Obstetrics and Gynecology at Jefferson and is associated with Wilmington Medical Center.

Dr. Milton M. Perloff, 2923 W. Cheltenham Ave., Philadelphia, was installed as President of the Pennsylvania Academy of Family Physicians on May 11. In April he took office as President of the Medical Staff of Albert Einstein Medical Center, Northern Division, and also assumed the Presidency of the Philadelphia Society of Clinical Hypnosis. Dr. Perloff, who has many publications to his credit, is an editorial advisor on general and family practice for the Consultant. He is Chairman of the Board of Trustees of the Physicians Educational Foundation and a member of the Board of Directors of Group Health Planning of Greater Philadelphia. Dr. Perloff is a Diplomate of the American Board of Family Practice and a Charter Fellow of the American Academy of Family Physicians.

1954

Dr. John J. Blizzard, 1003 Glen Rd., Wallingford, Pa., is a Clinical Associate Professor of Medicine at Lankenau Hospital, a Jefferson affiliate.

Dr. Charles H. Greenbaum, 8220 Castor Ave., Philadelphia, was reelected Secretary-Treasurer of the Pennsylvania Academy of Dermatology. A Clinical Associate Professor of Dermatology at Jefferson, he is Secretary of the Northern Branch of the Philadelphia County Medical Society.

Dr. John J. Kelly, Mattson Rd., Chester Heights, Pa., has been appointed a Clinical Associate Professor of Medicine at Jefferson and is affiliated with Lankenau Hospital.

1955

Dr. Rachael Chernez, S.E. Corner Stenton & Willow Grove Aves., Wyndmoor, Pa., has been promoted to Clinical Associate Professor of Medicine at Jefferson.

Dr. Thomas N. Gates, 123 Sandywood Dr., Doylestown, Pa., has joined McNeil Laboratories, Inc., as Executive Director of the Medical Division. Prior to his appointment at McNeil, Dr. Gates served as Director of Clinical Development for Ciba-Geigy Corporation. He was formerly Director of Cardiovascular and Renal Research for Merck Sharp & Dohme.

Dr. Richard E. Hicks, 122 W. Maple Ave., Moorestown, N.J., was appointed Director of Education and Training, Department of Mental Health Sciences,
Hahnemann Medical College and Hospital.

Dr. Henry C. Klinges, Jr., 3031 Winchester Ave., Philadelphia, was elected Secretary of the Philadelphia Academy of Family Physicians. He is a Clinical Instructor of Family Medicine at Jefferson.

Dr. Hugh S. Pershing, Robin Rd., RD #2, Newtown, Pa., a Diplomate of the American Board of Family Practice, is a member of the medical staff of Doylestown Hospital and has a general practice in Wycombe. Dr. Pershing is a past President of the Doylestown Hospital Medical Staff. He recently joined Jefferson’s new Department of Family Medicine as an Instructor. He and his wife, Dorotha, have three daughters.

Dr. Paul M. Selfon, 13116 Foxhall Dr., Silver Spring, Md., is the Medical Director of the U.S. Department of Commerce. He has served recently as technical advisor to the U.S. Trade Center in Paris, France.

Dr. John N. Sourbeer, 202 Harbor View La., Largo, Fla., writes “I am in dire need for some help in my family practice in this very desirable location—please spread the word!”

Dr. F. William Sunderman, Jr., 139 Mountain Spring Rd., Farmington, Conn., has been elected to the Board of Directors of the American Academy of Clinical Chemistry. Dr. Sunderman has had an active career in academic medicine, including his present position as Professor and Head of the Department of Laboratory Medicine at the University of Connecticut School of Medicine in Hartford.

1956

Dr. Joseph P. Bering, 12 Stoneleigh Dr., Lebanon, Pa., is a Diplomate and charter member of the American Academy of Family Practice. He is the President of the Lebanon County Medical Society. He is active in family medicine and in the preceptor program at Hershey Medical School.

Dr. Paul J. Dugan, 1020 Charleston Circle, Roseville, Calif., has been elected President of the California State Board of Medical Examiners, Department of Consumer Affairs for 1973. He previously served as Vice-President on the Board.

Dr. Paul E. Frank, 331 N. York Rd., Hatboro, Pa., has been elected President of the Intercounty Ophthalmological Society, a group of ophthalmologists from Bucks and Montgomery Counties. An Associate Surgeon at Abington Memorial Hospital with a practice in Hatboro, Dr. Frank served last year as President of the Ophthalmic Club of Philadelphia.

Dr. Sheldon G. Gilgore, 9 Rockwell La., Darien, Conn., has been elected to the Board of Directors of Pfizer Inc. Dr. Gilgore is a Vice-President of the corporation and President of Pfizer Pharmaceuticals. Dr. Gilgore and his wife, Irma, have three children.

1957

Dr. Martin G. Blechman, 280 Prospect Ave., Hackensack, N.J., has completed a three month fellowship in tropical medicine sponsored by the Louisiana State University in New Orleans. Although the major portion of the clinical training was in Costa Rica, the fellowship included a visit to the Gorgas Memorial Laboratory in Panama City and the Behorst Clinic and Hospital in Guatemala.

Dr. John C. Flanagan, Jr., 17 Penarth Rd., Bala-Cynwyd, Pa., has been promoted to Clinical Associate Professor of Medicine at Lankenau, a Jefferson affiliate.

Dr. Simon Kravitz, 681 Foxcroft Rd., Elkins Park, Pa., has passed his Boards in Psychiatry and opened an office for the full time practice of child psychiatry in Jenkintown, Pennsylvania.

Dr. John T. Magee, 432 N. Rose La., Haverford, Pa., has been promoted to Clinical Associate Professor of Medicine at Bryn Mawr Hospital, a Jefferson affiliate.

Dr. James R. Stull, Phebe Hospital, Box 1046, Monrovia, Liberia, West Africa, writes “Anyone interested in some overseas service at Phebe Hospital in Liberia? We need another physician—will be glad to answer inquiries.” Dr. Stull is finishing the third year of a four year term as surgeon and Chief of Staff. He is also interested in developing a public health outreach program.

1958

Dr. Norman A. Fogel, 909 Interama Blvd., N. Miami Beach, Fla., writes “We are still enjoying Florida. Jill (12), Mitch (10) and Lois (21+) are all in school and doing well. Recent power failure caused inconvenience, but improved my golf game.”

Dr. George E. Hudock, Jr., 51 E. Valley View Dr., Courtdale, Pa., was elected to the office of Luzerne County Coroner and appointed Mayor of Courtdale Borough. During the flood in June of 1972 Dr. Hudock was in charge of operations to recover the bodies disinterred from Forty Fort Cemetery (see Alumni Bulletin, Winter, 1973).

Dr. Daniel T. Pompey, 9 Hill Crest Dr., Olyphant, Pa., has been appointed to the staff of Wilkes-Barre General Hospital. A Diplomate of the American Board of Anesthesiology, he is also a member of the American Society of Anesthesiologists, the Pennsylvania Society of Anesthesiologists and the International Society of Anesthesiologists.

1959

Dr. Murray S. Caplan, 9321 Laramie Rd., Philadelphia, has been appointed an Instructor in Psychiatry and Human Be-
And It’s Pollution Free
by Stephen K. Williams ’56

Nearly everybody’s heard of the Stanley Steamer, and most car buffs know of Lear’s experiments with a steam-driven auto. But have you heard of the Williams Steamer? It’s not a theory but a real running car that may be given a chance to solve the nation’s monumental pollution problems. My four brothers and I are partners in a venture to produce the car that dates back forty-five years. We’ve come within a hair’s breadth of convincing a fleet-vehicle firm to give our engine a massive tryout, and with sixteen engines in production, we’re edging closer to another large scale test.

What’s a doctor doing in a project like this? I was born to it. Back in 1928, my Dad, Calvin C. Williams, invented a new kind of steam engine, employing superheated steam to produce power more economically. Our country farm in Pennsylvania could have been mistaken for the local generating plant, such were the clouds of vapor hanging over the place. Though the whole business fascinated me, I was medicine-bent from the beginning, and it fell to my four brothers to help bring up the Williams Steamer.

They made good progress, even in the midst of the Depression, but it was World War II that gave the project a big boost. New alloys developed for weapons made the engine practicable for many applications. By 1946, our steam engine finally began receiving recognition from engineering circles. In 1956, we made headlines in Detroit papers with a steam-powered car that we’d entered in an auto meet in Ohio. But who in those days, especially in the motorcar capital, would be willing to back a steam auto?

My medical career carried me away from the effort in body if not in spirit, and with two brothers in businesses of their own, my father and twin brothers pushed on alone. But our lives still revolved around the Williams Steamer. In the late 1950s, as a Captain in the U.S. Army Medical Corps, I wangled a meeting with top brass in the Army’s Department of Transportation and generated considerable interest in our concept. The Army wanted to try the Williams Steamer in an amphibious jeep it was developing. Though we sold the Army an engine, appropriations cutbacks killed the project.

But nothing could kill our family belief in it. In 1968, General Motors testified before the U.S. Senate that steam couldn’t run a car in a practical way. The same day my brothers drove some Senators around Washington in the Williams Steamer. The legislators were impressed, but not enough to part with funds for development.

What makes the Williams brothers so sure they have a success? First, there’s the engine. It’s a completely safe, four cylinder steam engine that fits entirely under the hood of a car, unlike other steam engines that require trunk space. Its driving range is far greater than an electric motorcar, its power and torque are greater than a Wankel’s rotary engine, and it’s pollution free. Its small heating unit will burn almost any fuel cleanly, and it will go 1,000 miles on eight gallons of water.

Then there’s the commitment of five brothers—Dad died in 1968. We’ve sunk a small fortune in the car since it first became a family project. But it’s all been worth it. The company my brothers and I recently formed may yet bring you a new car that greets you with a lifesaving hiss instead of an air-polluting roar.

The
Williams
Steamer...
a lifesaving hiss
behavior at the Jefferson Unit of the Philadelphia State Hospital.

Dr. Ronald E. Cohn, 4940 Frankford Ave., Philadelphia, is a Diplomate in the Subspecialty of Endocrinology of the American Board of Internal Medicine.

Dr. Trevor D. Glenn, 4441 E. Kings Canyon Rd., Fresno, Calif., is Director of the Fresno County Mental Health Department. As Director of the Department, he is a member of the California Conference of Local Mental Health Directors and is Chairman of the Administrative Services Committee of the Conference. He is President-elect of the Central California Psychiatric Society and will now resign his duties as Editor of its newsletter. Elected Chairman of the Mental Health Committee of the San Joaquin Valley Health Consortium and a member of its Board of Directors, he is an Alternate Delegate to the Assembly of the American Psychiatric Association. He received his Fellowship in May.

Dr. Lawrence J. Mellon, 708 N. Morton St., Morton, Pa., has been appointed a Clinical Instructor in Community Health and Preventive Medicine at Jefferson.

Dr. Albert C. Price, 1419 Newton Rd., Lancaster, Pa., Pediatric Cardiologist at the Lancaster General Hospital, has been elected a Fellow in the American College of Cardiology. He holds a Fellowship in pediatric cardiology from the Children’s Hospital Medical Center, Boston, and is a certified member of the American Board of Pediatrics and a member of the American Academy of Pediatrics.

Dr. William E. Ryan, 2384 Pennington Rd., Trenton, N.J., is a Diplomate in Rheumatology of the American Board of Internal Medicine. He is on the staffs of St. Francis and Mercer Hospitals and on the faculty of Rutgers University as well as being an Instructor of Medicine at Jefferson. Dr. Ryan is also a Diplomate in Internal Medicine.

1960

Dr. G. Robert Constable, 794 Malin Rd., Newtown Square, Pa., has been named Medical Director of the Saunders House, Lankenau Hospital's new unit for the aged. In addition to his private practice, Dr. Constable was the Assistant Director of Student Health Service at the University of Pennsylvania.

Dr. Ernest M. Gordon, 786 Oakfield La., Philadelphia, has left general practice and is presently in a surgical residency.

Dr. William F. Hushion, 437 W. Springfield Rd., Springfield, Pa., was recently appointed Assistant Medical Director for Philadelphia Electric Company.

Dr. Thomas G. Peters, 4701 N. Federal Hwy., Fort Lauderdale, Fla., has a two-year-old daughter, Helene Denise.

Dr. Raymond A. Rogowski, 51 Woodridge Rd., Thornton, Pa., has been Director of Laboratory Services at Paoli Memorial Hospital for five years. He also serves as Co-director of Laboratory Services at Community Memorial Hospital in West Grove, Pennsylvania.

Dr. Robert A. Sentf, 8101 S. W. Burlingame Ave., Portland, Ore., is the Professional Director of Portland’s Permanente Clinic. An internist, he is married and has four sons.

Dr. Richard R. Sorcilli, Crozier-Chester Medical Center, Chester, Pa., has been appointed to the staff of Riddle Hospital, Middletown, Pennsylvania. His specialty is nephrology.

Dr. Joel R. Temple, 99 Lynnhaven Dr., Dover, Del., is a Clinical Assistant Professor of Medicine at West Virginia University.

Dr. Raymond Vivacqua, 131 Paddock La., Media, Pa., is Director of Hematology at Crozier-Chester Medical Center. He recently passed his subspecialty boards.

1961

Dr. Sheldon Amsel, Box 7072, Department of Pathology, Makerere University, Kampala, Uganda, has been Senior Lecturer in Hematology at the Medical School of Makerere University for the last two years.

Dr. Samuel B. Chyyatte, 2755 Crayve Dr., N.E., Atlanta, Ga., is Professor of P M & R at Emory University School of Medicine. He is Chairman of the Section on P M & R of the Southern Medical Association and Program Chairman for the Section Council on P M & R of the AMA. He recently entertained Dr. and Mrs. Joseph Cirotti ’61 and Dr. and Mrs. Jerry Cohen ’61 in Atlanta.

Dr. Francis J. Fanfiera, Paoli Memorial Medical Bldg., Paoli, Pa., writes that Hal Williams ’61 has joined him in the practice of surgery. “Hal is boarded in general and thoracic surgery and is living in Malvern.”

Dr. Elliott Perlin, 2717 Weller Rd., Silver Spring, Md., a Commander at the National Naval Medical Center, Bethesda, Maryland, is one of six U.S. physicians whose comments on management of Hodgkin’s disease appeared in the March 19, 1973 issue of Modern Medicine.
1964

Dr. Samuel J. Amuso, 200 Hearth Rd., Camp Hill, Pa., was elected to Fellowship in the American Academy of Orthopaedic Surgery at the February, 1973 meeting in Las Vegas.

Dr. Henry I. Babitt, 4623 Hawkesbury Rd., Baltimore, Md., has been elected to the Board of Trustees of the Maryland Heart Association. His second daughter, Dodie Lynn, was born on September 23, 1972.

Dr. Leroy S. Clark, 19242 Bernetta Pl., Tarzana, Calif., has been appointed Director of the Department of Radiology at the Tarzana Medical Plaza Hospital, which opened in summer 1973. He is also a Clinical Assistant Professor of Radiology at U.C.L.A.

Dr. Donald F. Eipper, 2051 Ridgewood Rd., Akron, Ohio, passed the American Board of Internal Medicine examination in nephrology. He is the Director of Nephrology and Hemodialysis at Akron General Medical Center.

Dr. Lawrence Green, Rose Valley Rd., Wallingford, Pa., is Chief of the Department of Neurology at the Crozer-Chester Medical Center. He is Director of the EEG Laboratory and Assistant Professor of Medicine at Hahnemann Medical College. A son, Louis Aaron, was born July 24, 1973.

Dr. John P. Heilman has been assigned as Division Surgeon and Medical Battalion Commander for the First Cavalry Division at Fort Hood, Texas.

Dr. Thomas J. Leavitt, 121 Escanyo Way, Menlo Park, Calif., has accepted the position of Assistant Director of the Pediatric Oncology Unit at Stanford Children's Hospital, Palo Alto, California. He is also Director of the Clinical Labs at the Children's Hospital. "Happy with our new home in Menlo Park."

Dr. Joseph A. Lieberman, III, 4423 Highland Ct., Allentown, Pa., writes that his family practice group recently added a fourth physician. He and his wife, Judi, have three children. Dr. Lieberman was appointed Chairman of the Lehigh Valley Chapter of Jefferson's Alumni at a recent meeting.

Dr. Eli O. Meltzer, 7910 Frost St., #B 100, San Diego, Calif., is in the private practice of pediatric allergy. A Fellow and an Assistant Clinical Professor of Allergy at the University of California, San Diego, he is also Co-Director of a clinical program of pediatric allergy. He and his wife, Susan, have two sons, Danny and Hillel.

Dr. John M. Parsons, 73 Massoit St., Northampton, Mass., has joined two others in the practice of general, thoracic and vascular surgery.

Dr. John E. Steele, Second and South Sts., Leighton, Pa., writes that he is Board eligible in internal medicine. He is the Head of the Pulmonary Department of the Gnadenhuetten Memorial Hospital and on the consulting staff of Coaldale State Hospital.

1965

Dr. Kevin Parent, 240 Sugar Bush La., Rt. 4, Marshfield, Wis., finished two years as Chief of Internal Medicine at March AFB, Riverside Calif. in 1972 as a major in the U.S.A.F. He became Board certified in Internal Medicine in 1971. He is now practicing gastroenterology at the Marshfield Clinic. He has three children, ages 9, 7 and 5.

1966

Dr. I. Paul Chudnow, 7400 S.W. 6th St., Plantation, Fla., finished his residency in obstetrics and gynecology at Albert Einstein in Philadelphia and is now practicing in Broward County Florida with Garry H. Wachtel ’65.

The Chudnows have a son, 5 and a daughter, 3.

Dr. Jonathan K Shaw writes that he has completed his military obligations and has opened a solo practice of surgery in Nashua, New Hampshire.

Dr. Frank J. Szarko has joined the Department of Radiology at the Reading Hospital in Reading, Pennsylvania as a radiation therapist.

1967

Dr. Donald L. Adams writes that he was in Managua, Nicaragua with the Twenty-First Evacuation Hospital Unit from Fort Hood, Texas aiding earthquake victims. He finished his Army tour in July. Dr. and Mrs. Adams are now in Harrisburg, Pennsylvania where Dr. Adams has joined a group practice of obstetrics and gynecology. The Adams recently had a daughter, Dawn Michele, and their son, Dean, is now three and a half.

Dr. Joseph E. Franger, 2201 N. Cleveland Ave., Chicago, writes that he and his wife had a baby girl, Margaret Mary, on January 15.

Dr. Gary S. Gilgore, 3338 Hemlock Dr., Falls Church, Va., has been appointed a Clinical Instructor in Medicine at Jefferson. He is at Lankenau Hospital.

Dr. Daniel C. Harrar, 312 Fairlamb Ave., Havertown, Pa., has finished his obstetrics and gynecology residency at Lankenau Hospital and is beginning private practice.

Dr. James E. Hinkle writes that he and his wife and three daughters have moved to Atlanta, Georgia, where he is in the private group practice of anesthesia. He recently completed two years at the Portsmouth, Virginia Naval Hospital.

Dr. Stanton I. Moldovan, Baylor Medical School, Department of Psychiatry, Houston, Texas, is teaching psychiatry there and plans to take additional training in neurology.

Dr. Louis W. Schwartz, 220 E. Mermaid La., #181, Philadelphia, has finished his residency in ophthalmology at Wills Eye Hospital and has started private practice in Lansdale, Pennsylvania.

Dr. Vance R. Stouffer, Jr., Box 251, R.D. 2, Etters, Pa., opened an office in Northern York County in October, 1972. He is on the staff of Harrisburg Polyclinic Hospital and serves as physician for the York County prison and juvenile detention home.

Dr. Michael D. Weiner finished his military service in June and is practicing obstetrics and gynecology in Miami, Florida.

Dr. Jonathan L. Williams, 5000 Woodbine Ave., Apt. 306, Philadelphia, finished his radiology residency at Temple in June and began a Fellowship in pediatric radiology at St. Christopher's Hospital for Children in Philadelphia.

Dr. Melvyn A. Wolf, 1645 Yale Pl., Rockville, Md., has completed his first year of an ophthalmology residency at George Washington University, Washington, D.C.

Dr. Lockwood Young, 514A Peak, Dugway, Utah, writes "Utah is another step in the westward trek to Hawaii. I am in obstetrics and gynecology with the Army after completing my residency at the University of Michigan."

1968

Dr. John C. Baylis, Gibbsboro Rd., Apt. 3410, Lindenwold, N.J. has been appointed to the staff of West Jersey Hospital in the Department of Pathology. Dr. Baylis interned at Wilmington Medical Center and served his residency in
Dr. Irving S. Colcher, Apt. 2B, New Hampshire Bldg., Warwick Apts., Aberdeen, Md., is Chief of Pediatrics at Kirk Army Hospital in Maryland. He published an article entitled "Penicillin Rx of Streptococcal Pharyngitis" in the November 6, 1972 issue of JAMA.

Dr. John D. Frost, Elmendorf AFB, Anchorage, Alaska, has finished his orthopaedic residency and is now in the Air Force.

Dr. Stephen L. Hershey, 1108 Rose La., Virginia Beach, Va., has finished his residency in orthopaedics. He had an article published in the December, 1972 issue of the Journal of Back and Joint Surgery.

Dr. Lawrence V. Hofmann, University Hospital Department of Pediatrics, Jackson, Miss., writes that he and his wife recently added a girl, Suzanne, to their family. He finished his pediatric residency in June and is now on the faculty at the Jackson, Mississippi University Hospital.

Dr. Joel A. Kaplan, 5011 Merlin Dr., San Antonio, Tex., is serving two years in the Army as staff anesthesiologist at Brooke Army Medical Center in San Antonio. He is married and has a three-year-old daughter.

Dr. Joseph F. Kestner, Jr., has completed his internal medicine residency at Jefferson and has begun a fellowship in pulmonary disease at George Washington University, Washington, D.C. Veterans Administration Hospital.

Dr. John Lazarchick, has begun a hematology Fellowship at Philadelphia Naval Hospital.

Dr. Joseph E. Palascak married Mary Boyd in June, 1972. He recently completed a tour of duty with the army in Japan and is beginning a Fellowship at Cardea.

1969

Dr. Robert L. Arkus entered the Air Force in July and is stationed at Cannon Air Force Base Hospital in New Mexico.

Dr. Stanley N. Brand has completed his internal medicine residency at Brooke General Hospital, Fort Sam Houston, Texas and is now stationed at Fort Bragg, North Carolina. His third child, Elliot Michael was born February 21.

Dr. John F. Frantz, II, 2728 N. Edison St., Arlington, Va., has begun his second year of his ophthalmology residency at Georgetown University in Washington, D.C. He announces the birth of his first child, Erika Beth.

Dr. Harris M. Goodman, 15400 Foothill Blvd., San Leandro, Calif., was married to Karen Wach in June of 1972. He began the fourth year of his general surgery residency at Highland Hospital in Oakland. "Then the Army for two years."

Dr. Dale B. Guoger, R.D. #2, Box 499, Mohnton, Pa., completed his psychiatric residency in June and will be in practice in Reading, Pennsylvania in association with Reading Hospital.

Mrs. Barry C. Gross, 1481 N.W. 103rd St., Miami, Fla., writes that her husband has been hospitalized in Jackson Memorial Hospital, 1700 N.W. 10th Ave., Miami, Florida, and would very much like to hear from classmates.

Dr. Sander J. Levinson, 3714 Lankenau Rd., Philadelphia, is a Fellow in Pulmonary Diseases at Temple University Hospital.

Dr. Linda Levin Weinberg, 513 A-2 Beaconscourt, Salem Harbour, Andalusia, Pa., has been appointed to the staff of the University of Pennsylvania School of Medicine and the Children's Hospital of Philadelphia where she is presently working in the Rehabilitation Department.

Dr. Paul M. Weinberg, 513 A-2 Beaconscourt, Salem Harbour, Andalusia, Pa., completed a pediatric cardiology Fellowship at Children's Hospital in Philadelphia. He joined the staff of the Philadelphia Naval Hospital in July.

Dr. Kenneth L. Wible, 1153 Cambridge Ave., Morgantown, W. Va., is an Instructor in Pediatrics at West Virginia University. He announces the birth of a daughter, Sara Elizabeth, on January 10.

1970

Dr. Gerald S. Besses, 1927 Wallace Ave., Bronx, N.Y., is the Chief Resident in Medicine at the General Clinical Research Center of Albert Einstein College of Medicine in the Bronx.

Dr. Larry S. Cohen, 1212 Fifth Ave., New York, has completed his internal medicine residency at Mt. Sinai Hospital and has begun his cardiology resi-
dency there. He married the former Rona D. Levine in June, 1971.

Dr. Richard D. Davenport, 42 S. Saddle St., Mundelein, Ill., has begun an ophthalmology residency at the University of Indiana. He recently left classmates Bill Keel and Chuck Quagliari with the Navy at the Great Lakes. He and his wife have a new son, John Goodelle.

Dr. John F. Dmochowski begins a psychiatry residency at Temple University in September, 1973. He and his wife had a son, Ivan Julian, in March, 1973. Dr. Dmochowski presently is with the Navy in Meridian, Mississippi.

Dr. Alan J. Green, 477-E Nicholson Rd., Fort Sheridan, Ill., announces the birth of a daughter, Erica Mindy, on March 16, 1972. Dr. Green is a captain in the U.S. Army, stationed at Fort Sheridan.

Dr. Edward M. Laska, 151 Locust Ave., Springfield, Pa., announces the birth of a son, Michael Edward on March 19, 1973. He is completing the first year of a medical residency at Lankenau Hospital, Philadelphia.

Dr. Lawrence S. Miller, 1145 Green Tree La., Narberth, Pa., recently completed his duty in the U.S.A.F. He is now a resident in rehabilitation medicine at Jefferson.

Dr. John Reichel III, 333 Leland Ave., Palo Alto, Calif., is still at Stanford. He writes that he is very busy with plastic and reconstructive surgery intermingled with general surgery, "but happy with California."

Dr. Robert J. Salasin, 13054 E. Dakota Ave., Aurora, Colo., is completing his second year in general surgery residency at Fitzsimons General Hospital, Denver. He and his wife had their fourth daughter last August.

Dr. Peter V. Scoles, 3174 Riverview Circle, Columbus, Ohio, has begun his third year of an orthopaedic residency at Children's Hospital in Columbus.

Dr. Richard G. Sowden, 10 Woodhurst Dr., W. Berlin, N.J., is a first year urology resident at Philadelphia Naval Hospital.

Dr. Neil O. Thompson, Union Memorial Hospital, 33rd and Calvert Sts., Baltimore, Md., is a resident in general surgery, ending the first year of a four year program.

1971

Dr. T. Jeffrey Dmochowski recently completed a twenty-six week course in aerospace medicine in Pensacola, Florida. He is now a Navy flight surgeon.

1972

Dr. Rose Marie Andries, 1517 Hallowell Rd., Norristown, Pa., has begun a residency in psychiatry at the Pennsylvania Institute.

Dr. A. James Behrend, 97 White Bridge Rd., Apt. B-15, Nashville, Tenn., is still at Vanderbilt as a surgery resident.

Dr. William D. Boswell, Jr., 1200 N. State St., Los Angeles, will be staying on at Los Angeles County-U.S.C. Medical Center for residency in diagnostic radiology.

Dr. Philip J. DiGiacomo, 649 S. Henderso

New York, will stay at St. Luke's as a resident in general surgery.

Dr. Morton M. Rayfield, 1023 Yverdon Dr., Camp Hill, Pa., will stay at Harrisburg Polyclinic Hospital to finish his surgical residency. His daughter, Susan, was born in April, 1972 and they are expecting their second child in early September.

Dr. Anthony R. Rooklin, 3267 "N" St., N.W., Washington, D.C., is staying on at Georgetown for a second year of pediatrics.

Dr. James M. Ryan, University of Iowa Hospital, Department of Surgery, Newton Rd., Iowa City, Iowa, has started a residency in general surgery at the Veterans Administration Hospital in Des Moines.

Dr. Marshall A. Salkin, Salem Harbour Apts., Newgate Ct., #406, Andalusia, Pa., has begun a residency in internal medicine at the Philadelphia Naval Hospital. His future plans "lean toward cardiology."

Dr. Bruce S. Saltzman, 10401 N.W. 17th Ave., Miami, Fla., is remaining at the University of Miami Hospital for a residency in anesthesiology.

Dr. Robert E. Steward, Jr., Geisinger Medical Center, Danville, Pa., has begun a residency in general surgery at Geisinger Medical Center.

graduate school

Dr. Eun W. Lee, 217 Main Ave., Cherry Hill, N.J., has been promoted to Assistant Professor of Pharmacology at Jefferson.

Dr. Eileen L. Randall, Associate Professor of Microbiology and Associate Professor of Pathology at Jefferson, left Jefferson July 1 to become Associate Professor of Pathology at Northwestern University School of Medicine. Dr. Randall will also be a Clinical Microbiologist and member of the staff of Evanston Hospital, one of the three main teaching hospitals affiliated with Northwestern University Medical School.

An alumna of Jefferson's Graduate School, Dr. Randall received her master's degree in 1953 and her PhD in 1960. In June of 1955 she became Microbiologist at the Hospital, and was appointed to the faculty in 1963 as an Assistant Professor of Microbiology. She received an appointment in pathology in 1968 and was promoted to Associate Professor in both departments in 1970. Dr. Randall is a member of the Executive Committee of the Alumni Association.
Obituary

Thomas H. Atkinson, 1910
Died March 24, 1973 at age eighty-five. Prior to his retirement Dr. Atkinson served as an Instructor at Jefferson and a staff member at the Hospital. A urologist, he was also on the staffs of St. Mary’s Hospital in Frankford and the old Physicians and Surgeons Hospital on Green St. Surviving are a daughter and son.

James R. St. Clair, 1912

Theo W. O’Brien, 1913
Died May 11, 1973 at the age of eighty-three. Dr. O’Brien was a retired colonel in the U.S. Army Medical Corps and resided in Havertown, Pennsylvania. He is survived by his wife, Frances. Dr. O’Brien was active in the work of the Alumni Association and served as agent for his class of 1913.

Edwin R. Webber, 1914
Died March 26, 1973 at the age of eighty-two in Woodbury, Connecticut. Dr. Webber had a private practice as an ear, nose and throat specialist and continued seeing patients through October, 1972. He was a past President of the Connecticut Allergy Society and a Fellow of the American College of Surgeons. Dr. Webber is survived by his widow, Barbara, a daughter and two sons.

Lewis W. Oaks, 1919
Died 1973. Dr. Oaks specialized in diseases of the eye, ear, nose and throat from 1920 to 1969. He served a term as President of the Utah Medical Association and as President of the Pacific Coast Ophthalmological Society. He was a member of the American Academy of Ophthalmology and a Fellow of the American College of Surgeons. He served as Medical Director of Brigham Young University and helped to organize the present student health service. As a past President of the BYU Alumni Association he was given the Distinguished Service Award in 1957. Survivors include one son and three daughters.

Isadore Hurwitz, 1920
Died March 25, 1973 at the age of seventy-four. Dr. Hurwitz was in general practice in Rochester, New York. He is survived by his wife, Bessie, and one daughter.

Min Hin Li, 1922
Died 1973. A resident of Hawaii, Dr. Li was in general practice there from 1924 to 1971. Dr. Li was a civic leader in his community and a former Chairman of the Hawaii section of the American Medical Education Foundation. He served in 1943-44 as a special adviser to Dr. Syngman Rhee, President of Korea. He is survived by his wife, Minnie, two sons one of whom is Dr. Gail C. L. Li, ’47, and two daughters.

H. McLeod Riggins, 1924
Died April 13, 1973 in Seattle, Washington. A pioneer in the chemotherapy of tuberculosis and a former President of the National Tuberculosis and Respiratory Disease Association, Dr. Riggins was an Associate Clinical Professor of Medicine at Columbia University College of Physicians and Surgeons until 1965. He is a former President of the New York Society for Thoracic Surgery and the American Thoracic Society. He was the recipient of the University of North Carolina Distinguished Service Award in 1961. Dr. Riggins, who practiced internal medicine in New York City, was a Fellow of the New York Academy of Medicine and the American College of Physicians. He was a member of numerous other medical societies and had published widely in the field of clinical medicine.

He is survived by his wife, Mildred, a son and a daughter.

Walter Sussman, 1926
Died April 20, 1973. Dr. Sussman served on the staffs of Jefferson and Doctors Hospitals and maintained a private practice. Surviving are his wife, Sophie, and a daughter.

Howard G. Weiler, 1927
Died December 26, 1972. A resident of Wheeling, West Virginia, Dr. Weiler specialized in orthopaedic surgery. He is survived by his wife, Dorothy.

Lionel Gates, 1928
Died April 16, 1973. Dr. Gates was the Chief Surgeon at Shamokin State Hospital from 1947 until he retired in 1968. He practiced in Coalport, Pennsylvania prior to joining the Shamokin staff. Dr. Gates was a Fellow of the American College of Surgeons. He is survived by three children.

Joe G. Matheson, 1929
Died February 23, 1973 at Ahoskie, North Carolina. Dr. Matheson specialized in ophthalmology. He is survived by his widow.

Ernest I. Shaw, 1929
Died March 14, 1973 at the age of seventy. Until his retirement five years ago Dr. Shaw had been a psychiatrist on the staff of Arkansas State Hospital for fifteen years. Before entering psychiatry Dr. Shaw was associated in general practice with his father. He is survived by his wife, Nelle, and a son, Dr. Joseph B. Shaw ’60.

Frank J. Hill, 1930
Died March 4, 1973 at the age of sixty-seven. Dr. Hill had retired in January, 1973 from the staff of the Danville, Illinois Veterans Administration Hospital, where he had worked since 1957. A specialist in preventive medicine, he had also served as Health Officer for the Department of Public Health in Minneapolis-St. Paul, Minnesota. Survivors include a son and two daughters.
Charles H. Warnock, 1930
Died April 17, 1973. Dr. Warnock had practiced cardiology in the Pasadena, California area for thirty-five years.

John B. Claffey, 1932
Died February 26, 1973 at age sixty-nine. Dr. Claffey served as President of the Medical Staff at Misericordia Hospital in Philadelphia. He was the physician to St. Charles Borromeo Seminary and on the staff of Fitzgerald Mercy Hospital. He also had an office in his home for the practice of family medicine. Three sons and four daughters survive him.

Ellis W. Young, 1935
Died December 28, 1972 at age sixty-five. He was a member of the American College of Cardiology and the American College of Physicians. Surviving are his wife, a son and a daughter.

Arthur Krieger, 1936
Died April 13, 1973 at age sixty-one. Dr. Krieger practiced medicine in Philadelphia for thirty years. He was a member of the staffs of the Albert Einstein Medical Centers and a member of the Philadelphia County and Pennsylvania Medical Societies, the American Academy of Family Physicians and Phi Delta Epsilon Medical Society. He is survived by his wife, Alice, two sons, a mother, a brother Dr. Benson Krieger '45 and two sisters.

William D. Beamer, 1937
Died November 14, 1972 at age sixty-two in St. Cloud, Florida. Dr. Beamer’s specialty was internal medicine.

Fred B. Hooper, 1937
Died March 19, 1973. A urologist, Dr. Hooper was a past President of the Medical Bureau of Harrisburg, Pennsylvania, of the Harrisburg Academy of Medicine and of the Dauphin and Perry County Medical Societies. He was also a past President of the Harrisburg Hospital Medical Staff.

William A. Weiss, 1938
Died March 22, 1973. A Fellow of the American College of Anesthesiology and a Diplomate of the American Board of Anesthesiology, Dr. Weiss held staff appointments at many hospitals in the Northeast and teaching appointments at Harvard, the University of Pennsylvania, Woman’s, Graduate, Hahnemann, Georgetown, George Washington and Howard Medical Schools. He authored many publications in his field.

James J. Ryan, 1942
Died March 23, 1973 at age fifty-seven. Dr. Ryan practiced surgery in the Philadelphia area for thirty years. At the time of his death he was chief surgeon at Graham County Hospital in Hill City, Kansas. Surviving are his wife, Jeanne, and two daughters.

James A. Morris, Jr., 1953
Died May 9, 1973 at the age of forty-eight. Dr. Morris practiced general medicine in Flourtown, Pennsylvania for eighteen years. He was on the staff of Germantown Hospital. Dr. Morris is survived by his wife, Kay, two sons and two daughters.

Ralph W. Hassler, 1957
Died April 1, 1973 as a result of injuries sustained in an auto accident. He was forty-one years of age. Dr. Hassler had a general practice and was one of the founders of Hassler House, a nursing and convalescent home in Berks County, Pennsylvania. He is survived by his widow, Louise, two sons and a daughter.

Dean Marie Banes, 1973
Died June 17, 1973 in an automobile accident in California. Dr. Banes, who had graduated from Jefferson the preceding week, had planned to do her internship in pediatrics at Children’s Hospital in Washington, D.C. At June 7 Class Day ceremonies she had been awarded Honorable Mention for the Edward J. Moore Memorial Prize in Pediatrics.

Dr. Banes received her B.A. degree at the University of Pennsylvania. She was the only child of Mr. and Mrs. William Evans of Pottstown, Pennsylvania and is survived by her husband Stanley, and their two-month-old son Robert.
17 May 1973

Paul A. Bowers, MD
President - Jefferson Alumni Association
1020 Locust Street
Philadelphia, Penna. 19107

Dear Dr. Bowers:

I would like to take this opportunity to thank you and the Alumni Association for your genuine concern and support for the newly created Department of Family Medicine.

Dean Kellow has just confirmed the official establishment of the Alumni Professorship of Family Medicine. This indeed is an appreciated honor! Your wholehearted support plus that of the Board of Trustees, the administration and the faculty should make my job a much easier and more pleasant one. Hopefully, as time goes on, the Department of Family Medicine will reflect the high ideals, standards, and rich traditions of Jefferson Medical College and it should be one of which we can all be proud.

Again, thank you for all your efforts and consideration. I look forward to meeting you in the near future.

Sincerely,

Paul C. Brucker, MD
Alumni Professor and Chairman of the Department of Family Medicine
ALUMNI CALENDAR

September 5
Opening Exercises, McClellan Hall

September 19
Reception, The Fairmont Hotel, Dallas, during the meetings of the American Academy of Ophthalmology and Otolaryngology

September 19-21
Review Course in Family Medicine
Jefferson Medical College

October 16
Reception, The Conrad Hilton Hotel, Chicago, during the meetings of the American College of Surgeons

October 17
Class Agents' Dinner, Jefferson Alumni Hall

October 19
Reception, Holiday Inn, Norfolk, during the meetings of the Medical Society of Virginia, in honor of its President-elect, John A. Martin, M.D. '44

October 22
Reception, Shoreham Hotel, Washington, D.C., during the meetings of the American Academy of Physical Medicine and Rehabilitation in honor of its President-elect, Leonard F. Bender, M.D. '48

October 25-27
Symposium Principles of Cardiac Arrhythmias, Jefferson Medical College

November 1
The President's Club Dinner, Jefferson Alumni Hall

November 1-3
Endocrinology for the Practicing Physician, Jefferson Medical College

April 8-20
Twelfth Postgraduate Seminar to Yugoslavia

Alumni Annual Giving

Final Report
25th Campaign

46% donated $414,346
an increase of 3% and $10,305
Sincerest thanks
to all who participated