Fall 1973

Jefferson Alumni Bulletin – Volume XXIII, Number 1 Fall 1973

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

Recommended Citation
https://jdc.jefferson.edu/alumni_bulletin/148

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's Center for Teaching and Learning (CTL). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Jefferson Medical College Alumni Bulletin by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.
Jefferson
MEDICAL COLLEGE
ALUMNI BULLETIN
Fall 1973

SPORTS AND SPORTS MEDICINE
commentary

A Tradition of Quality

Joe Henry Coley M.D., '34
Alumni Campaign Chairman

Jefferson is not just a medical college. It is an institution, a way of life. Look around at your colleagues and that will explain all to you. Count your blessings. We are a select group.

What wouldn't you and I give to hear again those wonderful, masterful teachers like Thomas McCrae, Hobart Riemann, Martin Rehfuss, Hobart Hare or Elmer Funk? And have those halls vibrate and revibrate with their mighty voices. We have always been the elite of the most fortunate, for we attended this wonderful institution. Our tuition did not even begin to defray our expense. So what happened? Some person or persons unknown to us generously gave so that we would have our marvelous education.

Now it is our time! We have the privilege of being able to attempt to repay in some measure for all the wonderful things that have happened to us. For, every thing we have has been made possible by Jefferson.

The Sesquicentennial Campaign that you have heard about is now in progress. The initial kick-off was started in California under the very able leadership of George Griffith, class of 1926. Other areas also are underway.

The alumni have been divided by sectional locations in the United States and each section will kick off its campaign separately. Many alumni have been requested to help in the organization of this drive, and many more will very soon be contacted.

The purpose of this campaign is to adequately finance this great institution and place her feet on solid ground well into the twenty-first century.

The emphasis of the campaign is on program development and expansion in every area of the University, to assure the continued excellence of medical education at Jefferson.

The affiliations program, which Jefferson seeks to strengthen with funds from the Sesquicentennial campaign, affects both the College of Allied Health Sciences and the Medical College. Clinical education programs for third and fourth year medical students, nursing and technical students depend heavily upon facilities in the fourteen affiliated hospitals. Jefferson wants to develop stronger relationships with its affiliates in order to share teaching responsibilities more equitably. In the long run funding will be obtained from regular operating budgets, but activation funds are initially essential.

continued on back inside cover

SESQUICENTENNIAL GOAL $4,000,000

Total Amount Pledged
$675,000

From
44 Alumni

as of presstime October 3, 1973
Sports Medicine: We Can Do Better
Dr. H. Paul Bauer '55 takes a look at health care and safety for professional and amateur athletes.

Inquirer columnist Frank Dolson talks to the Philadelphia Phillies and their physician, Dr. Philip J. Marone '57.

The Patient-Athlete Is Someone Special
And so is his or her team physician. Dr. K. Douglas Bowers '59, who is physician to ten intercollegiate teams at West Virginia University, tells why.

Jefferson: The Sporting Life
Jefferson has a surprisingly extensive sports program and many fine athletes to its credit.

The Great Escape
Dr. Donald Blatchley '48 proves that auto racing isn't only a sport for teenagers.

Profile

Jefferson Scene

Class Notes

Obituaries

On the Cover:
Any sportsman or orthopaedist can tell you that sports and injuries often go together. Designer Louis Day conveys some of the violent undertones of America's favorite sport with the Philadelphia Phillies' Larry Bowa in the thick of the action.

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

The Alumni Association of Jefferson Medical College
1020 Locust Street, Philadelphia, Pennsylvania 19107
Sports Medicine:
We Can Do Better

by H. Paul Bauer M.D., '55

The field of Sports Medicine seeks to reduce injury to both the amateur and professional athlete through research in medicine and physiology and through improved rehabilitation, education and equipment.
Fitness has become an American obsession. We work it in with our spectator sports when we have time. There are a thousand active ways to use our new leisure, including cheering (and badgering) our children through mini-careers in Pop Warner and Little League.

Suddenly we are spending more than $100 million each year on leisure. New problems come with such change, and not many of us have considered them. Just one example: an estimated seventeen million of us were injured in 1972 in sports and recreation.

Take the jogger. Some shouldn’t jog, but don’t know it. We take our cars in for computer checks to see if they need work. We don’t take the same trouble with our bodies. In a nation where everybody is off doing something, wouldn’t it make sense to have a way of checking out your body for action?

Take the professional athlete. Pressures on him are awesome. If he is a superstar he has exquisite medical care. But there are injured players who come back before they are ready. Abuses in use of drugs and medication are well known. Medical expenses in pro football have been estimated at about $2,000,000 a year. One team owner believes that the cost is actually $3,000,000 when you add in the cost of salaries paid to injured players. We could spend a little to reduce injuries and improve rehabilitation and to educate athletes about the risks of drugs.

Take your own child, or that grown-up kid off at school. An average of fourteen American boys died each year between 1931 and 1965 in sandlot and high school football. In Little League, some estimate that up to 100,000 boys develop chronic elbow strain in a single year. We can make athletics safer for young people, and speed their recovery when they are hurt. We might make parents smarter about such matters. But it requires research and education.

The teenage athlete is not yet receiving adequate medical care in much of America. The level of care has advanced more rapidly in other fields than in his. In some cases his is the poorest care given to any group in our society. It cannot be blamed alone on the doctor, or on parents or coaches. Pressures on our young people to compete are strong. Often they are not ready.

High school football can be a premature imitation of the game played by the pros. But the player is not yet as skilled. His immature bones and muscles are more vulnerable than the mature, well-conditioned body. He is more prone to injury that will damage his sight, hearing, or his brain. His equipment may need further refinement. On the high school playing field football can become lethal. The extent of injuries is not reliably known. Only deaths are accurately tabulated. Physicians often have traced crippling deformities to high school injuries. The ratio of injury and death at high school level surpasses that in college and professional football, where athletes are larger and impact is greater.

Some study of the problem has begun. In 1971 the American Medical Association completed a survey of 3,019 college football players from forty-four campuses in every major conference. It showed forty-six percent of the players injured during the season, half of them severely enough to necessitate hospitalization.

We believe the situation far more disturbing in athletic competition at the lower age levels, but little reliable data is available. Nor is football the sole sport in which current practices merit attention.

Physical recreation plays an increasingly important part in our lives. Most of believe that exercise leads to good health. But there is no medical study that offers conclusive proof. We have learned that very personal factors determine both the kind and amount of exercise that one should take. The capability for exercise varies widely among individuals because of genetic and adaptive factors. With weekend athletes multiplying, it is time to make available the means of testing individual needs for exercise, and individual limits beyond which it can be dangerous. The techniques have been developed through telemetry systems first devised in support of our space exploration.

Across America, physicians report increased case loads resulting from recreation exercise. The college or professional athlete is a minor factor in most medical practice. (In 1972 the number of tennis players alone in America was estimated at 11,000,000.)

Doctors’ waiting rooms are often filed with patients complaining of chronic tennis elbows, lower back pain, knee and ankle strains. To the mutual frustration of doctor and patient, many of these symptoms are recurrent. The tennis player who comes back repeatedly for elbow treatment believes the physician has failed to cure his problem. The doctor, from his point of view, sees a patient who has gone back on the court and done the same thing and received the same inflammatory response because the doctor now knows no way to halt that response. With research and testing of individual response to microtrauma it is possible to determine which persons are prone to inflammatory response and, with treatment and training, to reduce the individual’s chances of sustaining symptoms. More sophisticated techniques can be developed for prevention and treatment of most common recreation injuries. The potential of further research in this field seems rich.

Injury is only one area of concern in adult recreation. We will undertake public education in diet, training, and general health practices. Through combined efforts we believe it possible to reverse the present pattern of spiraling injury and disability.

There is no team sport played anywhere in which the injury rate is greater than in American football. Hockey and basketball are close behind. Among sports fans, the case of Sandy Koufax’s elbow, the knees of Jerry West or Willis Reed or Bill
Walton have been matters of everyday speculation. But the plight of those less well known is often more grim. In September, 1972, 3,765 emergency room admissions associated with team sports were reported to the U.S. Bureau of Product Safety by one hundred nineteen hospitals. Yet hospital emergency room treatments account for only thirty-eight percent of all injuries. The team sports injury rate exceeds any other. Bicycle-related cases are next.

The injury rate continues to rise in professional athletics. The role of sports medicine is increasing, but it has so far been more involved in treatment and rehabilitation than in injury prevention and health care for the athlete. Professional athletes are just now being involved in some modern techniques for conditioning and therapy. The new science of exercise physiology offers hope for avoiding exposure to predictable injury and making the athlete better able to escape injury.

The field of sports medicine is unfamiliar to most laymen. Medical manuscripts in praise of exercise have been preserved from the time of the Ayur-Veda, written in India more than eight hundred years before Christ. But it was not until 1911 that modern physicians interested in athletics defined a separate specialty. In 1928 at Amsterdam, two hundred eighty-one physicians from twenty nations attended the First International Congress of Sports Medicine, which has since met biennially throughout the world.

The American College of Sports Medicine was founded in 1954 to include physicians and others engaged in studies of physical and health education and physiology. This group sponsors conferences and was the impetus in the publication in 1971 of an Encyclopedia of Sport Sciences and Medicine.

In 1954 the American Medical Association established the standing committee known today as the Committee on the Medical Aspects of Athletics, which sponsors national conferences on sports medicine and has worked to establish standards for prevention of injury. In addition, the prestigious American Academy of Orthopaedic Surgery has established an active Committee on Sports Medicine and an affiliate known as the Society of Sports Medicine. Through periodic conferences, their members exchange new knowledge within their specialties.

The scope of sports medicine, which has long been a prominent specialty in Europe, has grown rapidly with the acceleration of interest in professional athletics and the increasing physical activity of our leisure time. Some medical schools now offer departments of sports medicine in which specialists are trained.

Despite this developing attention to a long neglected specialty, serious gaps exist in the present structure of the study and practice of sports medicine.

The National Athletic Health Institute was formed to solve some of these problems. It is a non-profit institute for research and education in sports medicine and recreation health. Several European nations have moved in this field ahead of the United States and Great Britain.

The Medical Director of NAHI is Dr. Robert K. Kerlan, orthopaedic consultant for the Los Angeles Kings, Lakers, Rams, and California Angels. He is also Clinical Professor of Orthopaedic Surgery, University of Southern California.

NAHI seeks to help the United States into the forefront in sports medicine. Its founders and directors are from both the Eastern and Western United States, and as a result, it is nationwide in scope. Its work will affect everyone who participates in athletic activity of any sort. It will study athletic and recreational activity and those injuries and medical problems involved with them at all levels from playground to professional competition—as well as the diverse activities of the adult weekend athlete. It will conduct basic and clinical research and seek to disseminate information nationally through the media and in close liaison with other established groups.

The goal of the Institute, in summary, is to reduce injury and raise the level of athletic and recreation health. This includes research in medicine, physiology and equipment, as well as rehabilitation and education. At the medical level, our goals include research and education in all areas pertinent to sports, coordinated with basic and clinical research and assistance in the education of young physicians in sports medicine.

With an already long medical involvement in the field, we have turned to the National Athletic Health Institute for the potential solution to pressing needs. These include:

- A clearing house for knowledge in the field.
- Incentive for research.
- Financial support for training of physicians, coaches and trainers in sports-related medical procedures.
- Advancement of facilities for preventive sports medicine, treatment and rehabilitation.
- Establishment of a sports medicine library.
- Public education in prevention of disability and injury in sports and recreation.

This is an ambitious program, certainly, but attainable.

H. Paul Bauer '55, team physician to the San Diego Padres and the San Diego Rockets, is a member of the Medical Advisory Board of the National Athletic Health Institute, Inc.
Larry Bowa sprinted toward second base, took one of those should-I-or shouldn’t-I slides . . . and didn’t get up. His ankle was broken. Mike Anderson charged after a fly ball, made a diving try for it . . . and wound up with his wrist in a cast. Billy Wilson, a righthanded relief pitcher, had a good, hard slider that exploded across the plate . . . until his elbow started to hurt. Mac Scarce, a lefthanded reliever, never had arm trouble in his young life . . . until the day his shoulder began to throb.

Bill Robinson was ripping line drives and doing a fine job in the outfield . . . until he tried for a shoestring catch . . . and fractured his thumb.

The list went on and on. Sore arms . . . bad legs . . . puffed-up knees . . . broken bones. All in a season’s work if you happen to be the team doctor for a big league baseball club.

Not that Dr. Philip J. Marone has any complaints. “I grew up with baseball,” he said. “My father took me to ball games when I was a kid. We lived in Medford, New Jersey. They had a rookie league or something there . . .”

It was fun then. It’s fun now. “They’ve been nicer than I thought they would be,” Dr. Marone said. “All of them. They’re nice people . . .”

You know where nice people finish, but that’s another story.

Maybe the Philadelphia Phillies were last again in the National League East this year, but their first-year team physician had a fine season. He began that first day in Clearwater, Florida when he asked General Manager Paul Owens and Manager Danny Ozark for permission to address the players.

“I told them what I did. I told them about my affiliation with Jefferson, that I didn’t have time to play but that I was here to help. I told them if there was something I couldn’t handle—pneumonia or a cardiac problem—I could get help for them like this,” and he snapped his fingers to demonstrate.

“He’s easy to talk to,” said Mike Anderson, the outfielder with the banged-up wrist. “He knows all the guys and he tells you the truth. He puts everything in layman’s terms so you can understand what’s going on.”

“At that meeting in spring training,” Bill Robinson remembered, “he told us there wasn’t anything he wouldn’t do for us, that we shouldn’t hesitate to call on him. He’s the kind of guy”—and Robbie grinned—“the kind of guy. . . . I give him a ‘Black Power’ handshake every day.”

“He understands athletes very
well,” manager Ozark discovered. “He gains the confidence of the players.”

The meeting in Clearwater set the stage. “I made them realize I was here for their benefit,” Dr. Marone said. “I told them I wanted honesty. If they were afraid to tell Owens (or Ozark) something, they could tell me. It’s worked. We close the door and we talk. Like anything, you have to get the confidence of people. It’s a word of mouth thing.”

The tough part of the job is that for days nothing will happen. And then, suddenly, everything happens.

He was putting a cast on Anderson’s wrist when Bowa made that unfortunate slide into second base.

“I heard the radio announcer say, ‘There goes Larry Bowa . . . Oh-oh, he’s on his back.’ So I went down. If I hadn’t been there they would have called me and I’d have been at the stadium in five minutes.”

Getting to the ball park from his home, a few blocks away, is the easy part. Convincing an athlete not to rush things after an injury is the hard part.

Take Bowa, a human bundle of nerves. He had never been seriously hurt in his career until that night at second base. The next few weeks were torture.

“I saw him in my office every day,” Dr. Marone said. “He was really, really upset. He said, ‘Doc, I heal quickly. I heal quickly.’” I said, ‘I know. But I’ve been around too long. I also know how long it will take . . .’

That was difficult, trying to hold a Larry Bowa down. “I can put myself in his shoes,” Dr. Marone said after a particularly tough session with the injured shortstop. “He’s sitting down. He can’t run. He can’t do anything. I know how he feels.”

Not all the calls Dr. Marone received involved serious problems, of course. There was the night late in the season, when Tom Seaver of the Mets, probably the best pitcher in the major leagues, was scheduled to face the Phillies. When Bill Robinson said he didn’t feel well before the game a few of his teammates gave him a hard time.

“They said I had ‘Seaver Fever,’” Robbie told a friend. “Naturally, we know better than that.”

Dr. Marone knew better.

“I got this gas pain—at least I thought it was gas—in the training room,” Robbie recalled. “He took me to the hospital and took a cardiogram . . .”

Happily, the outfielder was fine. But the experience wasn’t a total loss. Dr. Marone took the opportunity to deliver a lecture on the evil of cigarette smoking. “He told me, ‘These things will kill you. You’d better quit,’” said Robbie, who tried—for a while, anyway.

“He’s always on Don Seger, the Phillies’ trainer, to quit, too,” the player said.

Mention Seger and Dr. Marone’s face lights up. Seger is one in a million.

“A gem of a person,” Dr. Marone said. “You can’t function without a good trainer in sports medicine. He can make you look good or look bad.”

With Seger, there’s little danger of

Dr. Marone notes that with a sudden start like this batter made there is a violent muscle contraction which in many instances will cause tearing of muscles.
the latter. The man is fantastically conscientious, remarkably cool in an emergency.

If anything phases Don Seger, Dr. Marone hasn’t found it yet. Their working relationship has been ideal.

“If something happens late at night in San Francisco he’ll call the next day,” the Doctor said. “He’ll say, ‘So-and-so happened. I gave him this. All right?’ I’ll say, ‘Sure, Don,’ or, ‘No, Don . . . ’”

“I can’t say enough about Dr. Marone,” Seger said. “It’s great knowing he’s always here, or five minutes away. I was very pleased he chose to come with us. I hope he’s enjoying it . . . ”

He is. Very much. But when he was first approached about taking on the job, Dr. Marone had serious doubts. He had his private practice to worry about. He had his teaching at Jefferson where he’s Clinical Associate Professor of Orthopaedic Surgery.

“My first reaction was no,” Dr. Marone said.

But the Phillies pressed him, and he reconsidered.

“I spoke to some of my colleagues whose judgment I valued,” Dr. Marone said. “They thought it would be a decent move to make. Then I spoke to my wife. We’re too close to just say, ‘Look, dear, I took on another responsibility . . . ’”

And finally he went back to the Phillies and told them he would take the job on his terms, and his terms

The Phils physician notes that this action could cause an inversion injury resulting in a sprain or fracture of the ankle.
only—"fully expecting them to say no."
They fooled him. They said yes.
Too, the general manager, Paul Owens, turned out to be a really nice guy.

Dr. Marone gazed out over the artificial turf of Veterans Stadium, reflecting on the season that was almost over. Those were long days he put in. And long nights, too. "I'm up 5, 5:30 in the morning," he said. "I leave home 6:30 or a quarter to seven."

And if the Phillies were playing a night game, as on this particular night, he was either in his box at the stadium—often with his three kids—or not more than a few minutes away.

"I'm here every night they're home," he said. "Normally I'm here an hour before the game. I go over any problem with Don. I'll say, 'Don, I'll be in my box,' or, 'Don, I'll be ...'"

There's no other way. "You have a job to do, you do a job," Dr. Marone said, his brown eyes still fastened on the artificial turf, where his celebrity patients were doing a night's work.

"I've got to be willing to do what I'm paid for." His eyes looked away from the field. They didn't look nearly as tired as they should have looked at the end of one of his long, long days.

"It hasn't been too tough," he said, "because it's fun. When you see me leave (the job) you'll know the fun is over. But at this point it's really enjoyable. This is my so-called cup of tea."

No complaints. No complaints, at all. Just an occasional broken ankle and sore elbow and throbbing shoulder and fractured thumb and ... Oh well. All in a season's work.

A 1955 graduate of the University of Pennsylvania, Frank Dolson has been with the Inquirer since 1957. His columns on sports in Philadelphia appear several times a week.
The Patient-Athlete Is Someone Special

by K. Douglas Bowers M.D., '59

My entrance into the field of athletic medicine occurred during a college football afternoon in the fall of 1967. Jim Carlen, who at that time was head football coach of the West Virginia University Mountaineers, approached me as I sat in the stands watching the pre-game activities. He needed a team physician and asked if I would come to the sidelines and take care of any player who became injured. I readily agreed and thus walked through the door to what has become one of the most gratifying relationships of my life.

This was, quite obviously, a case of being in the right place at the right time. There were a number of physicians in the stands that day and I later asked Jim why I was singled out. He said that he needed someone immediately, which narrowed the possibilities to those present; he wanted an orthopaedist, narrowing the field to four; someone who was young, which narrowed the field to two; and someone interested in athletics, which left only me. Thus by the process of elimination I became the Mountaineer football team physician.

I have been associated with the West Virginia University Department of Intercollegiate Athletics ever since. My function has expanded—what began as physician for the football team now includes taking care of most all of the W.V.U. athletic injuries. This now includes members of ten teams: football, basketball, baseball, gymnastics, soccer, swimming, wrestling, tennis, track, and cross country.

Over the past decade the scope of athletic medicine has expanded tremendously as has interest in the field. No longer is it restricted to the diagnosis and management of injuries. It has extended into such fields as psychiatry, biomechanics, biochemistry, physiology, and metabolism. Physicians active in sports medicine have been instrumental in making certain rule changes and in providing better equipment, both aimed at enhancing player safety.

In my opinion, the team physician stands in the center of this rapidly expanding field of sports medicine, and he must satisfy certain conditions before he can function with maximum effectiveness.

It is necessary to recognize the value of competitive athletics—not only to those directly involved, but to society in general. Most people seem to have some connection with sporting events either actively or as spectators. Though the individual participant is the great beneficiary, all who share an interest eventually benefit in some way. We have all witnessed the unifying pride an athlete or a team can generate in a town, a state or a nation.

You must have a general interest in athletics. It becomes necessary to have a good working knowledge of the different sporting events, their rules, equipment, and the physical stress each demands of its participants. You need to understand the function of the individual playing positions. Only by having such knowledge can certain decisions be made. For example, an offensive interior lineman with a mild acromioclavicular sprain can continue playing safely and effectively, but a defensive back with a similar injury could not.

Availability is mandatory. I had to learn to make myself available to the Athletic Department without interfering with my private practice, and my three partners have been totally cooperative in arranging my schedule so that this is possible. Athletes are constantly exposed to trauma, and serious injuries are common. They deserve immediate attention and everyone concerned benefits from early diagnosis and treatment. Additionally, information can be gained by immediate evaluation minutes after injury which often cannot be obtained after swelling, pain, muscle spasm, and limited motion have developed. Players deserve the ready accessibility of good medical care, coaches should demand it, and it is incumbent upon team physicians to provide it.

I had to learn to recognize the patient-athlete as someone a little special. Many have sustained injury in the past and all participate with the knowledge that injury can occur at any time. They must know that no injury is too small, no disability too slight to deserve your undivided attention. Injury to an athlete, be it a major or minor one, assumes a degree of importance which is far greater than to most other patients. I had to learn to see the athlete's injury through his eyes, yet make him see it through mine.

You must be able to communicate with your athletes both professionally and personally and to extend yourself beyond the medical aspect of your position. Most of them have a deep desire to be recognized as individuals—not merely as a number at a certain position. You become a friend to most of them, a counselor and advisor to many, a confidant to a few. I always seem to find myself closer to the players than to the coaching staff.

An adequate medical background is obviously necessary. I was well-trained as an orthopaedist but a true neophyte in the field of sports medicine. There was much to be learned in a short period of time, and as with any field of medicine one must keep abreast of the current literature.
When Mountaineer team physician K. Douglas Bowers isn't attending athletes, he is a Clinical Associate Professor of Orthopaedic Surgery at the WVU Medical Center. A Fellow of the American Academy of Orthopaedic Surgeons, he also maintains a private practice.

In order to do anything well you must enjoy doing it. I like the private practice of orthopaedic surgery very much, but certainly there are times when it seems to become a chore. There are days when I would really rather not have to be in the office and there is the occasional patient whom I do not look forward to seeing. I have yet to experience this with my athletic work. Almost without exception, I have really enjoyed the players as patients and always seem to look forward to my visits to the training room and practice sessions.

It was not until after the 1967 season that I became fully aware of the contribution the team physician could make to an athletic program. At about this time I also became aware of the distinct professional benefits I was deriving from my position.

Being "the doctor who takes care of the Mountaineers," gave me a most singular professional identity almost immediately. This was of no small consequence to a young physician beginning private practice in a community with three well-established orthopaedists. To the lay public I was immediately recognized as an expert on athletic injuries although quite the reverse was true. Nonetheless, referrals began to come in from surrounding high schools and a few small colleges.

I became aware of the fact that as team physician I was provided an almost ideal setting for the practice of orthopaedic surgery. I have the opportunity to examine and become acquainted with the players before they may become patients. I have a chance to establish rapport and to gain confidence and respect before professional care is needed.

I can practice preventive medicine. During routine physical examinations, residuals of previous injury or illness are commonly detected. This allows me to strengthen and rehabilitate weakened muscles and loose joints before subjecting them to further stress or to eliminate further competition entirely if indicated.

In many instances I am present when an injury occurs, often actually seeing it happen. I have the advantage of immediate clinical evaluation and can begin treatment minutes after trauma. I can often review the mechanism of injury on film, analyzing how and why it occurred.

I have complete control over definitive care and uninterrupted follow-up is guaranteed. I have all the necessary physical therapy modalities at my disposal and can supervise the rehabilitation of our players. Most important of all, there is plenty of good help.

Our staff includes Dr. G. Robert Nugent, a neurosurgeon, and Dr. John Welch, an oral surgeon, and Dr. Herbert Warden of the Department of Surgery and a member of the Athletic Council, who coordinates the very thorough freshman physical examinations each fall. There are two very competent full time athletic trainers and their assistants. University Hospital is only five minutes from the football field and three minutes from the basketball coliseum, baseball and soccer fields, and outdoor track.
A very great professional advantage is the fact that our otherwise healthy, young, well-motivated athletes tend to assure me of an excellent result following injury, with or without surgery. Their desire to return to competition fosters a dedication and determination to put forth maximum effort toward recovery. I have had a running back playing a varsity game four weeks to the day following knee surgery. This unquestionably is due to the patient's effort postoperatively rather than to any magical surgical procedure, yet I get the credit.

The personal benefits I have realized have been no less significant. My family, which is deeply rooted in the state of West Virginia, has very close ties with West Virginia University. My feelings toward both my state and my state university are profound and my association with the Department of Intercollegiate Athletics gives me the opportunity to serve both.

My father was an outstanding athlete at W.V.U. and I am sure no less was expected of me. Nonetheless, I was never an exceptional athlete and did not participate beyond high school. Thus both my father and I derive a great deal of vicarious pleasure from my close association with W.V.U. athletics.

Serving as team physician provides a tremendous emotional outlet. I occasionally have run an almost complete emotional gamut during the course of a single game. Hate, fear, joy, anger, apprehension, disgust, pity, sorrow, humiliation and pride not only can be experienced but openly displayed, and all within the boundaries that are acceptable to society.

Most of us harbor a desire, even a need, for recognition. I know I do and my position as team physician has gone a long way toward providing this. With this unique identity goes a certain degree of recognition, professionally and otherwise. Invitations to appear on panels, to speak before medical groups and to write articles are quite flattering. It is equally flattering to walk down High Street and have some total stranger stop you and ask how soon the running back injured last week will be able to play again.

I am thankful for the exposure my three sons have to our athletes. Not many young boys have the opportunity to be involved with a group of young men of this caliber. The lessons they have learned won't soon be forgotten.

The drawbacks to my position are so few and relatively inconsequential that they hardly warrant mentioning.

The player who is afraid or doesn't want to practice, or has simply lost the desire to play, usually shows up in the training room. A feigned or imagined illness or injury offers a way out and each can be quite difficult to manage. As clinicians, we all see such problems in our private practice, but be it conversion hysteria or malingering, I see them far less among athletes.

Perhaps the sole valid drawback is the time required. Football is the most demanding. For one month each spring and four months each fall, I need to be readily available daily. I try to be present for all heavy contact practice sessions and I attend all home and away games. On Sunday mornings players injured the preceding day are re-examined and physical therapy continued. During the week, I go by the training room daily checking on the injured players.

I also attend all home basketball games and some of the other team events such as soccer and track meets. Trainers, who are present for all practice sessions and all scheduled events, know where I can be reached.

Some of the anticipated disadvantages failed to materialize.

I was warned that I would be dealing with a bunch of prima donnas, many of whom were hypochondriacs. Nothing could be further from the truth. Most of our athletes are very health conscious but almost to a man they have been extremely cooperative. They may require a little more attention and frequent reassurance, but as patients go in general they have been excellent.

I was told to expect rather frequent conflicts with coaches. There has been an occasional conflict, but all in all they too have given me total cooperation. Decisions have not been questioned and my judgments, though at times unpopular, have not been doubted. If I say a man can't play, he doesn't play and no pressure has been brought to bear to get a man back prematurely. Occasionally a coach will lead me to believe that he knows more about an injury than I do, and it's usually one of the coaches who knows less about football than I do.

I have attempted to relate what my experience with West Virginia University's Department of Intercollegiate Athletics has meant to me. There are, however, certain intangibles which are difficult to communicate—the electrical essence surrounding a Pitt game; the annual aura of anticipation of an upset over Penn State. The long bomb for six is a great thrill for any fan, but I can't explain how much more it means when you are accepted as an integral part of the team which executed it. If there were little else, these intangibles alone would go a long way toward making it all worthwhile.

I strongly believe in our system of intercollegiate athletics and feel my life is much richer by being a part of it. What began with covering a football team one afternoon has snowballed into my present responsibility. What initially was a diversion is now a major interest. Curiosity has progressed to clinical investigation.

I wouldn't trade my relationship with the players, past and present, for anything. I get a call from an ex-defensive tackle every Father's Day, I own a women's boutique with an ex-wide receiver, and the son of a running back with the Buffalo Bills is going to grow up calling me granddaddy. I owe a very deep debt of gratitude to our athletes. Their cooperation, motivation, dedication and loyalty has made serving them a privilege and a pleasure.
You might expect an article on sports and sports people at a medical university to be short; perhaps even very short. One need not be Howard Cosell to suspect that very few members of the Redskins’ line, the Celtics’ starting five or the Baseball Hall of Fame belong to the Alumni Association. Because the institution is largely concerned with postgraduate education, Jefferson could, in fact, probably be excused for letting a course in sports medicine comprise its entire sports program.

In reality, however, Jefferson offers an extensive variety of intramural sports, a respectable number of extramural competitions and athletic facilities any institution would envy. And the Jefferson family boasts Olympians, All-Americans and NCAA champions, as well as many untitled athletes who simply enjoy sports and want to stay in shape.

The Jefferson recreation facilities, located in the basement of Jefferson Alumni Hall, give athletes of all persuasions an opportunity to do just that. The basement area houses a squash court, a twenty-yard long Olympic width swimming pool, a weight room, a ping pong and billiards room, and a gymnasium which serves as a basketball or a volleyball court.

Jefferson’s intramural program makes good use of all these facilities. In intramural basketball, football, volleyball, swimming and softball the various fraternities compete with independent and employee teams. Individual tournaments are held for squash, paddleball, ping pong, basketball (one-on-one), handball and billiards. Each event is assigned a point value, and a trophy is awarded yearly to the team with the highest overall point total. Last year Phi Alpha Sigma came away with the trophy. All games are run by the Commons Office and follow NCAA or Sportcraft Official Rules.

Interest in the intramural programs varies with the individual sport. Football and basketball are predictably popular, while sports like ping pong, handball and billiards excite less enthusiasm; last year’s handball tournament, for instance, had only five entrants. Squash and paddleball are two of the more popular individual competitions. Geoff Hallock, a junior medical student who won the individual squash trophy in 1973, reports that in general, squash at Jefferson is not fiercely competitive. Hallock, who is from the Pennsylvania area, never thought about squash until he went to college in Boston. While there he played for the M.I.T. squash team for four years. Many of the other intramural competitors also have started playing only since their arrival at Jeff. The exception to the rule is Associate Professor of Preventive Medicine Dr. Earl Byrne, the 1973 squash champion. He reportedly is serious enough about the game to practice and work out every day.

Regardless of the level of proficiency, all the competitors seem to enjoy squash, and that, according to Hallock, has become the real problem. There is only one squash court, which doubles as a paddleball court and triples as a handball court. The court is theoretically reservable one week in advance; by 10:45 Monday morning the week’s schedule is already complete. For the students, faculty members and physicians who use the squash-paddleball-handball court, the competition to reserve it seems to be as great as game competition on court.

For those interested in learning new sports in an organized setting, several sport clubs are open to Commons members. The Philadelphia Depth Chargers, a city-wide scuba diving club, meets regularly at the Jefferson pool. In return for the use of the facilities, Jefferson people are able to join the Depth Chargers and learn the intricacies of scuba diving. Karate, taught by a Black Belt instructor, and the art of self defense are available on the same basis. The Fencing Club, organized by Commons Program Director Gary McNulty, caters to novices in épée, foil and saber.

The fifty mile club is a kind of informal club, open to all swimmers with time, persistence and endurance.
Membership is attained by swimming fifty miles in the Jefferson pool, with each quarter mile recorded on an ongoing chart. Keeping in mind that a quarter mile is twenty-two laps, it is not very surprising that the fifty-mile club has a notably short membership roster. Gary McNulty reports that in four years most medical students are unable to complete the requirement, which my more mathematically inclined colleagues tell me demands two hundred days of a twenty-two lap work-out. The Commons Office has recognized these difficulties and has instituted a twenty-mile club. Although this is still no small undertaking, the membership list for this club is more substantial.

Most regular clubs meet once or twice a week, and interest in them has generally been high. One club which never achieved popularity, however, was the short-lived lunchtime exercise group. Designed primarily for TJU employees, the twice-a-week, half-hour program somehow never had the appeal of a nice, fat corned beef special.

It must be noted that most intramural and club competitors are male medical students, which is not very surprising since a good percentage of Jeffersonians on campus are male medical students. Many of the events are open to women, but some, like football and basketball, are restricted on traditional grounds. Although the nursing students have their own all-female intramural competitions, the women medical students have not followed suit. It is also no secret that six women playing volleyball in the gym will inevitably lose court rights if ten men come down to play basketball. There are no easy answers to these problems.

Jefferson’s extramural competition is less extensive than the intramural but just as diverse. Junior medical student John Van Summern participated in one of the more unusual competitions, a triathlon held last year at West Point. For the uninitiated, a triathlon features a twenty-five yard pistol shoot, a two and one half mile cross country run and a two hundred meter swim. It is a common off-season training exercise for the pentathlon, which adds fencing and riding to the above events. As in the pentathlon, each team member competes in each event. John and two other men represented Jefferson in the triathlon games.

Jefferson is one of the few medical schools to enter national tournaments; while they didn’t capture all the gold medals, they did finish respectably in a field of impressive opponents like Villanova, Navy, Cornell and of course West Point.

Jefferson’s squash court . . . the competition to reserve it seems to be as great as game competition on court.
John Van Summern is typical of many of the people who use the athletic facilities frequently and who participate in the programmed activities. He likes sports and has played them all his life, though not always under organized auspices. He runs cross country on his own, though he never took part in his college program.

John is also a member of Jefferson's swimming team, which in past years has competed with Drexel, Ursinus, Philadelphia Textile, Hershey Medical School, and a number of high schools. The team is organized for competition, but in a relaxed way. There are no official practices or training requirements; swimmers usually work out on their own or in small groups. Their won/lost record has suffered a noticeable list to the lost side, but this hasn't daunted the competitors, most of whom were members of college swim teams, or, like John, swam for a swim club.

A sport which has become less popular at Jefferson is rugby. During the late 1960s Jefferson held the city championship among Philadelphia's rugby clubs. Because there are no longer enough interested players to form an all-Jefferson team, rugby enthusiasts have joined with other area medical schools to form a team known as the Hospitals. Paul "Rocky" Webber, a Ph.D. candidate in pharmacology at Jefferson, has played several seasons with the team and has watched the general interest decline.

"At first we had a head coach and organized practices, but as we lost players it stopped being practicable. The fraternities had helped to keep rugby going, and the current reduced interest in fraternities has been reflected in rugby turnouts," Webber notes.

Part of rugby's problem for men whose profession will require a healthy pair of hands and preferably healthy bodies, is its roughness. Unlike football, players wear no pads or helmets, but they do wear rubber cleated shoes. Play itself features a great deal of ball carrying, kicking and group tackling, and blocking is not permitted. The possibilities for injury, especially to the amateur, are painfully obvious.

Rocky Webber and teammates, however, find that the sport offers many compensations. Foremost among them are the notorious home club parties which follow any rugby match worth its name. The Hospitals' home field is in Fairmount Park, and they play area clubs including White-marsh, Hatboro and the University of Pennsylvania. The town clubs are reputed to give the most elaborate parties, to which players can bring the whole family.

But the sport has more esoteric attractions as well. Rocky Webber calls rugby a gentlemen's game. Teammates compliment each other's play with a spirited "well done!" rather than with the classic American swat on the rump. The referees are addressed as "Sir," and only as "Sir," if you want to stay in the game. And rugby does not have the age barrier so many sports are faced with; the middle-aged and the young play together naturally. Webber feels that team spirit is greater than in other sports, because there is no interteam competition for positions. Rugby features an A team match and a B team match and if necessary a C team match in order to allow all team members to play at every competition.

Although the glorious Jefferson rugby teams of the past were populated with All-American soccer stars and former starting quarterbacks from top football colleges, most of the Hospitals' players today are simply sports enthusiasts looking for a good time. Which, by all accounts, they seem to find.

One sport which is gaining popularity and momentum at Jefferson is extramural fencing. Proficient members of the fencing club compete as the fencing team against squads like Pennsylvania, Temple, Philadelphia Community, high schools and the U.S. Army Modern Pentathlon team. The Jefferson team is made up of male and female employees, medical, technical and nursing students. Last year's star fencer,
Jefferson's championship nursing students' basketball team practices from September through March.

Norman Braslow, had received All-America honors while fencing for the University of Pennsylvania. Dr. Braslow graduated in June, but the team is still a strong one, with prospects for widening the scope of competition getting better all the time.

The return of last year's starters doesn't guarantee success anyway, or so Jefferson's Department of Recreation Gold Medal Tournament basketball team would probably say. The team, which plays in the summers and is a kind of all-star team chosen from Jefferson's intramural basketball players, won the City Championship in 1972. The championship team returned intact this year, with some additions which gave them a depth George Allen could be proud of. Although there were no organized practices or training rules, the players knew each other's styles and had developed set plays that worked. According to team organizer Gary McNulty, it was overconfidence that knocked the team out of the finals in the second round. Redskins, take heed.

The nursing students, too, participate in extramural competitions, specifically in basketball and softball. Their basketball team, in fact, has won its league championship for the last two years. However, diploma program nursing student Patti Jones, who has been a team member since she entered TJU, reports that commencement 1973 also hit hard for the nurses, claiming four out of last year's six starters.

For those who have never attended a nurses' match, which according to Ms. Jones includes everyone since Jefferson was the only school in the league never to draw a spectator, women's basketball features six players rather than the five prescribed by men's rules. Except for two "roving" players who have the run of the court, guards are restricted to one half court and forwards to the other. The nursing students' basketball league is working to exchange the old-fashioned women's rules for the more lively ones the men play by, which would mean a faster game with more substitutions. Because five league coaches are men who still believe women are too frail to run full court, women's rules seem likely to prevail.

The nurses' league appears better organized and more established than many of its male counterparts. For their games with sixteen league teams all over the city, the women have regular practices and learn set plays and defenses. Their season lasts from September to March, and their only real problems seem to be securing the gymnasium and in finding transportation to their games.

Most of the starting team are women who had competed in high school and who have had some athletic background. Patti Jones, for instance, a starting forward, is any coaches' dream. As the only girl in a family of brothers, she either had to play sports or play alone. She claims she'd try any sport once and has enough sporting accomplishments to let you know she means it. The team, which is financed by Jefferson's Women's Board, is not restricted to the born sportswoman however; anyone with an interest is welcome.

Once a year the nurses compete at Philadelphia's sports arena, the Spectrum, which offers the Jefferson team the unique experience of fans on both sides of the court. There is an annual awards banquet, and apparently a great deal of team spirit. There are, it should also be recorded, cheerleaders for these matches. Cheerleaders, in fact, who won first place in their own league's cheering competition last year. Since the competition judges were their first attentive audience, that seems quite an accomplishment.

It is clear that, audiences and championships aside, the sports program at Jefferson means a great deal to those who participate in it. The facilities give health professionals the chance to keep their own bodies fit. But more importantly, sports provide those individual, often intangible, rewards and releases that nothing else can match.
He Raced With Jim Ryun

Commons Program Director J. Gary McNulty has planned, administered and often coached the Jefferson sports activities for the last three years. As diverse as these activities are, they are no more so than McNulty's background.

A 1966 graduate of La Salle College, he was a member of the La Salle swim team and Captain of its triathlon team. After college he was drafted into the Army; because of his triathlon background he was soon put into training for the U.S. Modern Pentathlon Team. Riding and fencing, the two pentathlon events not part of the triathlon, came easily to McNulty. His skills earned him the position of alternate on the 1968 Olympic team.

Of all the pentathlon events, Gary considers himself most proficient in fencing. In 1969 he competed with international pentathletes in a fencing meet in Hungary, where they fenced for thirteen days before an audience of 100,000. As a member of an eight-man U.S. fencing team he also fenced in Munich in 1970 and subsequently in Paris in the Martini-Rossi tournament.

Gary has not abandoned the other pentathlon events altogether, however, as witnessed by his gold medal in the National Biathlon competition in 1972. Setting a new record of 29.58 for the event, Gary ran twenty-six laps (three miles) at an indoor track, ran to a swimming pool in the same building and swam forty-four laps in the twenty-five yard pool. He has also competed in the annual Boston Marathon and in other races such as the 1972 Texas Relays. Although he finished eighth in a field of nine in the Texas Relays mile competition, it was one of the most exciting events in his sports career. "I wouldn't have cared if I had finished ninth," McNulty grins. "Jim Ryun broke the world mile mark for the first time in that race."

Although he keeps in shape for all sports by running or biking the eight miles from his home to Jefferson every day and by swimming a mile in the Jefferson pool almost every day, Gary is directing his serious efforts to fencing. He's working now for a spot on a fencing team that will go to Montreal in 1976 to represent the United States in the next World Olympic Games.

As last year's Captain of the basketball team at Wesleyan University, All East Coast forward Brad Rogers has had a better background in medicine than most incoming freshmen. In fact, his interest in orthopaedics and sports medicine is related to all the athletic injuries he's been treated for in his energetic sports career.

Rogers, who played three varsity sports in high school, concentrated on basketball when he came to Wesleyan. He played for the team all four years, and was the first person at Wesleyan to score 1000 career points. With 1065 career points and 887 career rebounds, he holds the Wesleyan team records in both skills.

Wesleyan seems an ideal school for an athlete who is also a serious student, or for a serious student who is also an athlete, if you prefer. Rogers enjoyed the unpressured atmosphere at practices, where the coach and team members took basketball seriously but never questioned the priority of academics. Rogers, a chemistry major, was an Academic All-American and one of twelve basketball players in the U.S. to win an NCAA post graduate scholarship.

His hard-driving, quick moves on the court earned Rogers a spot on the U.S. basketball team sent to the Maccabaea Games this past summer. These games are held once every four years in Israel and feature athletes of the Jewish faith from thirty countries. In between games and the training camp held the week before, team members had the chance to tour Israel, which Rogers thoroughly enjoyed. The team finished up with a respectable silver medal but to Rogers "we should have won."

Unlike Rhodes Scholar Bill Bradley, who exchanged the courtyards of Oxford for the court at Madison Square Garden, Rogers, whose favorite team is Bradley's New York Knicks, has put his serious athletic career in the past. He hopes to play in Jefferson's intramural league this year, but he'll do it in a casual way. Athletics now are a means of staying in shape, and he finds basketball frankly more enjoyable now that the pressure is off.
Brad Rogers: He Likes to Drive
In a Different Medium

Freshman medical student Fernando Massimino attained distinction in a sport which makes many Easterners wonder how all those horses can fit into a swimming pool. But in California, where Massimino played center forward for the University of California at Irvine, water polo (upper left) is as common as basketball, as popular as surfing and emphatically non-equestrian.

Water polo, according to Massimino, is an endurance sport, and no one who’s seen his training schedule would contradict him. Throughout the water polo season he worked out in the morning from 6:30 to 8:00 A.M. doing weight training and conditioning and spent the afternoons scrimmaging from 2:00 to 5:00 P.M. The season, by the way, is actually the seasons, and they run from September to December for the NCAA and from April to August for the AAU. And most serious water poloists work as lifeguards during the summer to improve their training schedules in July and August.

As you might suspect, the schedule didn’t allow Massimino many idle hours; but it paid off. During his three seasons of NCAA competition he was elected to the All-American team all three years, 1967-68, 1968-69 and 1970-71. He was voted the Most Outstanding Player on the 1970-71 All-American team, the year in which he helped the Irvine team to win the NCAA university championship.

Massimino started for four years of AAU water polo and was twice elected All-American, in 1969 and 1970. A member of the National Outdoor Championship team in 1967 and the National Indoor Championship team in 1969, he was invited to the Olympic Games training camp for water polo in 1968. Although he was cut from the Olympic team, he went on to be selected for the U.S. National Water Polo Team* in 1970 and 1971 by the U.S. Olympic Committee.

He competed in Spain, West Germany, Yugoslavia and Hungary in 1970, and in 1971 he went with the U.S. National Team, of which his brother was also a member, to the Pan-American Games in Cali, Colombia. The team won a Gold Medal in Cali, and Massimino was invited thereafter by the sports federation of Argentina to organize and direct the First International Water Polo Clinic, held in Argentina in December of 1971.

As it does for most serious athletes, sports became a way of life for Fernando, one in which discipline and hard work produced tangible rewards. Although he spent last year doing directed work in the Anatomy Department at Jefferson, it was difficult for him to give up active water polo competition. He spent part of this past summer in California competing for a spot in the World Championship Games. When the dates for the Games were announced, however, they conflicted with the Medical School’s opening date, and Massimino withdrew. “Water polo doesn’t just require staying in good physical shape,” he notes. “You have to maintain your agility and function in a different medium.” He feels now that he probably won’t be able to compete nationally again, because, fortunately, he cannot be persuaded to give water polo or medical school a half-way effort.

*A National Team in water polo is comprised of the top eleven players in the country in a non-Olympic year.

All-American and Phi Beta Kappa

Bob Atkinson (upper right) who is studying for his M.D. and his Ph.D. at Jefferson, placed ninth in the 1968 Olympic trials for the two hundred meter backstroke. The cut-off for making the Olympic team was eighth. In the rest of Atkinson’s career, however, the word “almost” never appears.

Atkinson, who began swimming competitively at age seven, earned All-American honors five times in four years and was a triple winner in the 1973 Eastern Swimming Championships. His Eastern titles came in the four hundred meter individual medley, the two hundred meter individual medley and the two hundred meter backstroke. A former Captain of the University of Pennsylvania’s swim team, he holds the Penn varsity records in the four hundred meter individual medley relay, the four hundred meter freestyle relay, the eighty-eight meter freestyle relay, the two hundred meter freestyle, the two hundred meter backstroke and the two hundred meter individual medley.

A biology major at Penn, Atkinson won as many academic honors as he held swimming records. Maintaining a 3.4 cumulative average throughout his four years, he was named to the Dean’s List and elected to Phi Beta Kappa in his junior year. He was also a member of the Friars Senior Society. The NCAA awarded him a postgraduate fellowship for his athletic and academic achievements, one of only four such awards granted nationally to swimmers.

Bob, whose father is Dr. John B. Atkinson ’48, has been interested in a medical career since high school. His job this past summer was ideal for a versatile swimmer cum medical student. He was a researcher studying decompression sickness for the Physiology Department at the University of Hawaii.

Even after a summer of Hawaiian surf, however, Bob misses competitive swimming. He feels competition helped him to mature, and of course travel throughout the U.S. and meeting Olympic swimmers like Mark Spitz were additional rewards. He can take solace in his retirement, however, knowing that the four hours of practice he put in each day since the age of ten await him no more.
Defensive Tackles Don’t Make Headlines

Tom Benfield, (bottom) a future pediatrician studying at Jefferson, looks like he could minister to the most incorrigible child without so much as an “ouch” escaping to the waiting room. It is safe to assume, however, that his opponents on the football field never noticed his gentle manner.

As defensive tackle for the Lehigh University football team Tom had one of sports’ more thankless jobs. He doesn’t have stories to tell his grandchildren about the time he ran one hundred thirty yards on a kick-off return for the winning touchdown in the last two seconds of the big game. He doesn’t have newspaper picture clippings of himself performing various athletic feats, and when asked about the highlights of his career, he replied, after a thoughtful pause, “I was voted the ECAC lineman of the week a couple of times.”

None of this non-notoriety can take away from the fact that Tom Benfield was a fine defensive lineman.

His coach recognized it, his teammates, who voted him Co-Captain obviously recognized it, and if you look at his picture you can bet the men from Army, Penn, Cornell and Delaware who tried to block him or sprint around him recognized it.

He was also the University’s representative to the 1972 scholar-athlete dinner sponsored by the National Football Foundation: Hall of Fame.

More importantly for Tom, the NCAA recognized his ability both as a football player and as a student. A Phi Beta Kappa, magna cum laude graduate, he was awarded an NCAA post-graduate scholarship, one of a limited number presented nationally.

While he studies at Jefferson Tom hopes to join the rugby team to keep in shape and keep his football skills sharp. He leans towards pediatrics as a first year student because of his experience working with autistic children as part of a Lehigh program. In addition to being a natural with children, he seems well suited to pediatrics because of his athletic background. Although pediatricians are much appreciated, they don’t often make headlines either.
In the year Martha Randall was born, 1948, Joe Verdeur won an Olympic Gold Medal in London for the two hundred meter breaststroke. Sixteen years later in Tokyo Martha Randall earned a Bronze Olympic Medal for the four hundred meter individual medley (butterfly, backstroke, breaststroke and free style). Competitive swimming and Olympic ambience changed considerably during those sixteen years but one factor appears constant; Jefferson Olympians Martha and Joe both have impressive swimming credentials.

Although both Martha, a Jefferson Hospital dietician, and Joe, Building Supervisor for the Jefferson Commons, who has a daughter in Jeff's Nursing School, were in active swimming competition for ten years, Martha's career followed the trend of the 1960s and began and ended much earlier chronologically than did Joe Verdeur's. Martha, in fact, started competing with a summer swim club at age eight. By nine she was swimmingly competitively year round, and under coach Mary Freeman Kelly at Philadelphia's Vesper Swim Club, she won her first national championship at age twelve.

After winning her Bronze medal in the 1964 Olympics, Martha became a 1965 national champion in the two hundred meter freestyle and in the four hundred meter freestyle, setting a world record for that event which remained unbroken for two years. At the 1966 national championships in Oklahoma she broke U.S. records in the one hundred and two hundred yard freestyles and was recognized as high point winner of the meet. Martha was named Women's World Swimmer in 1965 and placed fourth in the competition for the Sullivan Award. Other national championships and three Gold Medals in the World Student Games followed until in 1967 at the age of nineteen Martha retired from competitive swimming.

Joe Verdeur's swimming career began at age fourteen. Before he retired from active competition at twenty-four he had broken twenty-one records in the breaststroke, had won an Olympic Gold Medal and had been elected to the International Swimming Hall of Fame, the Pennsylvania State Swimming Hall of Fame and the Helms Hall of Fame, which includes all sports. While in high school at Philadelphia's Northeast Catholic he was a National AAU champion, and swimming for La Salle College in Philadelphia he was chosen Inter-Collegiate Swimmer of the Year in 1948. A listing of his victories could fill any record book.

While both Joe and Martha were successful Olympic swimmers, their Olympic experiences were fairly different. Whereas the 1964 U.S. Olympic team spent a total of three weeks in Japan, in 1948 the U.S. team arrived in London three weeks before the games began. Because team members had to share lanes at the one Olympic sized practice pool, those three weeks meant a loss of three seconds to Joe Verdeur's previous breaststroke time. Joe's Gold Medal time was 2:39/3; earlier he had broken an American record in Detroit with a time of 2:36/8 for the same event. Olympians today have ideal practice and competition facilities; Martha's Olympic times in no way suffered relative to her previous meet records.

The training rules and rigors Joe and Martha worked under also showed a marked change in those sixteen years. Joe and other competitive swimmers in the 40s worked out once a day for one and one half to two hours, covering three or perhaps four total miles per day. There was a major emphasis on developing the kick and the arm stroke, and wind sprints were a popular exercise. More to the point, practices were fun for Joe. There was little pressure or formality, and there was always time for personal interaction among team members.

For Martha, however, training for competitive swimming meant sacrifice. For ten years she trained twice a day, two hours in the morning and two in the afternoon, for a total of six to seven miles per day. Although Martha in no way regrets that sacrifice, she readily admits it became "a grind" to have little or no time for the ordinary teen-age leisure activities.

One big reason that most athletes find the rewards of competitive sports much greater than the sacrifices is travel. In addition to Martha's travel within the U.S. for swim meets, she represented this country in competitions in Poland, Russia, Monaco, twice in Germany and twice in Japan. Although much of her time was occupied with training and competing, time for touring was always arranged. While foreign competition was not as prevalent in the 1940s, Joe Verdeur did have a seven-week swimming tour of France, an exhibition tour of Europe and competitions in Germany, in addition to his U.S. travels.

Travel wasn't the only positive aspect of swimming for Martha or Joe, however, as witnessed by the fact that it has remained important to them both. Joe Verdeur was the swimming coach for Temple University for many years and currently teaches swimming for the School System of Philadelphia and for the Philmont Country Club. His son, Joe Jr., works at Jefferson as a summer lifeguard. Martha coached swimming while she was in college, and since she's been at Jefferson she averages three swimming work-outs a week in the Jefferson pool. She hopes eventually to teach swimming on a part time basis, just to keep her hand in it. "I know many competitive swimmers never want to look at another pool after retirement," she says. "But I don't feel that way. It's been too much a part of my life."
The Great Escape
by Donald M. Blatchley M.D., '48

Road racing is the best escape route there is in medicine. There is no way to get out of the practice of medicine and its turmoil as easily and as quickly as automobile racing. In practically a matter of moments, the worries, stresses, anxieties and tensions of the practice of medicine are gone. The sport of automobile racing is another world of its own. The only relation to medicine occasionally, is when one works as a race physician for the weekend, or when one sees injuries of some kind related to racing. It is the perfect escape mechanism.

In 1962 while driving down the road from one hospital to another, I felt the urge to drive quickly, as I usually do. I looked in the mirror and saw a motor patrolman in the back, so I decided to drive the usual slow, uninteresting speed one must drive on the public highway. At that time the thought occurred to me that it must be great to be able to drive a car, in a safe fashion, at any speed one desires. It was decided, after much investigation, the best thing to do was to attend an automobile race to see how interesting it would be. After attending the automobile race, the sport looked so interesting that I decided to try it.

The family and relatives got in their cars and off we went to the race track. Of course, everyone actually knew we were going to be spectators. Upon arrival at the race track, which was an airport-type of road course, this author proudly announced to his wife, friends and relatives that he would be out there racing. Everybody was quite concerned, shocked and surprised to think that a forty-nine year old physician would be so foolish as to have the temerity to race an automobile, competing with all of those young people.

The next order of the day was to go to the registrar of the race and announce to her, in a nice bold way "I am here to go racing." From then on this physician began to feel smaller, smaller and smaller. The questions asked at first were quite serious, then humorous to everyone except this physician.

The first question asked was "Do you have a license?" The answer was "Oh yes, I have a Pennsylvania License, and it is good." The next question was "Do you have a driver's competition license?" "Oh no, I don't need a driver's competition license. I drive well. I have never had any wrecks, so I don't need a competition license." "Well, do you have a competition prepared car?" "Oh yes, my car is fast. I have driven it as fast as anyone on the highway." "Well, do you have competition brakes?" "Oh yes, I have good brakes, they stop me anywhere." "Do you have good suspension?" "I have never had any suspension problems on the highway." "How well built is your roll bar?" "Oh, I don't need a roll bar, I drive safely, and I never rolled over."

Then the kind young lady, the registrar, informed me in a nice way that first I must be a member of the Sports Car Club of America. Second, I must have gone to Driver's Competition School, passed all examinations for competing, and have in my hand a competition license. She also informed me that I must have a car that has passed a stern, severe, complete examination for mechanical fitness and a safety test which includes special brakes, special suspensions, roll bars and special tires. Of course, by this time, it was quite evident that this physician knew nothing about racing and felt very small in the big world of racing; however, it lit the light enough for the big decision to be made that I was going to go automobile racing the right way.

In late February of 1963, through snow and rain, with one companion, I drove to Upper Marlboro from our home in Greensburg, Pennsylvania. For the next three days, I went through the trials, tribulations and rigors of Competition Driver's School. This was quite an interesting and challenging event. As I drove around the course in near freezing weather, with snow all around me except on the
track, I learned techniques so necessary in driving a competition car. The first order of the day was walking around the course with the instructor observing the different surface materials of the track, noting the banking and camber, making notes of the hills in the course and most importantly noting where all the escape routes were, in the event one would suddenly go off course. At the end of the first day, the one hundred students were quite tired, but jubilant.

About seven o'clock on Friday evening, the end of the first day, I noted pain in the chest and down into the arms and the abdomen which seemed to be aggravated by movement. Being a physician, I naturally thought about heart attack. In talking to the rest of the students, however, I found that their arms, shoulders and chests hurt just like mine did. We later learned that those driving in heavy cars or high performance cars will experience muscle pains from the activities of driving on the race track.

I have raced all over the country, including Bryar, New Hampshire; Thompson, Connecticut; Limerock, Connecticut; Bridgehampton, Long Island; Watkin's Glen, New York; Poconos, Pennsylvania; Summit Point, West Virginia; Upper Marlboro, Washington, D.C.; VIR Danville, Virginia; Road Atlanta, Georgia; Mid Ohio, Nelson's Ledges, Ohio; IRP Indianapolis, Indiana; and last but not least, Road America, Elkhart Lake, Wisconsin.

At the end of the Elkhart Lake race, in 1973, an event occurred that was quite a thrill to the author. After the race, the announcement came over the public address system that one does not have to be young to do well in racing. Dr. Donald M. Blatchley, who came in third out of eighteen cars in class and sixth overall (forty-seven cars), became sixty years old today, the day of this race. A crowd of 30,000 people gave up quite an ovation.

Over the years I have achieved regional standings, divisional standings and national standings. In November, 1971, I raced at Road Atlanta in the rain, ice and snow, finishing eighth in the national standing and in the race. In 1972 a seat weld broke, resulting in being black-flagged because of not being able to maintain race speed. At this moment I am standing third in the Eastern part of the United States in our class and hope to be racing in the National Championship in Atlanta in late October. These various achievements could never have been accomplished had it not been for the effort, help and cooperation of a great pit crew. Each member of the pit crew has been a volunteer member, people that are simply interested in racing, no matter what their duties are or could be. They have been loyal down through the years and several of them have been with me for the last eleven years.

Many humorous and interesting incidents have occurred; most of them humorous, some of them maddening and occasionally sad. In road racing the driver himself must wear, at all times, fire resistant underwear, fire resistant covering suit, fire resistant gloves, as well as socks and shoes. An elaborate, almost shock proof helmet is worn which is updated in its specifications every three or four years. Many types of races are available. One can do local regional racing or one can go national racing. At the end of the season, those that have gone the national route then have the opportunity to race for the National Championship and for prizes equalling a total of $300,000 in money, prizes, and touring trips. A few interesting incidents can be recorded, such as the time when I lost first place, ending up in third place because the rain stopped, causing my rain tires to become ineffective on the dry track.

Another time in Indianapolis, one of my competitors was seen about eleven o'clock at night with a foreign body in his eye, resulting in this author's going at one o'clock in the morning with the competition to an ophthalmologist's office to get the foreign body removed. The next afternoon the author was beaten by this competitor.

Another incident of humor and great satisfaction was the cannibalizing of a competitor's tow car, using his carburetor in the race car and beating him with his own carburetor. Another interesting event occurred at Danville. While leading the race, suddenly flames were seen to be leaping out the front of the hood. With great apprehension, I pulled the car over to the side of the track, fully expecting it to blow up in flames. To my great surprise, the flames died with the motor running. It was then easily seen that a piece of red plastic paint decoration had broken loose and was fluttering at a rapid rate at high speed, simulating the flame. Being three-fourths of a lap behind, as a result of stopping for the fire, necessitated some very fast driving to recover first place from a psychiatrist from Ohio State.

At Bridgehampton one of my pit crewmen almost became the victim of excitement while watching the race from the top of the transport, eight feet above the bed of the truck. He turned around and made one big step and landed across a bar in the bed of the truck. By the grace of the Good Lord, he only sustained severe muscle bruises—Ecchymosis.

Racing is like life. With natural talent, one gets out of racing what he puts into racing. Many lessons are learned in racing. Tenacity, knowing when to slow down, having enough nerve to go ahead when everything looks impossible, being alert at all times and having a competitive spirit.

Racing is considered very dangerous by many people. However, statistically it is much safer than one would expect. It is easier to buy insurance for racing automobiles than it is for some other sports and some other activities. Over the years it has kept me young, interested in life and has been great for keeping me away from medicine, occasionally.

I am much more scared on a public highway than I am on the race track.
Dr. John J. DeTuerk '38, Clinical Professor of Surgery at Jefferson, owns the original six-foot-high wall clock that once hung in Dean Henry K. Mohler's office in the old College Building; he retrieved it serendipitously from a trash pile in the courtyard. Dr. DeTuerk also owns the clock that replaced that clock, one of the first electric timepieces at Jefferson. This one was presented to him as a gift by Dr. Frank Sweeney '51, Vice-President for Health Services at Jefferson, who retrieved it serendipitously from a trash pile in the courtyard.

DeTuerk, in fact, has about two hundred clocks, many of which have been the products of serendipity. Some of his clocks have been ferreted out of antique shops and attics; a good number are family heirlooms. He has clocks which are over two hundred years old, some of which have wooden gears. He has eight clocks in his kitchen alone.

"Clock collecting is rewarding in a number of different ways," he says. "The clock case has great appeal for antique lovers. The physics of a clock is a constant fascination, and as you restore a clock you become involved in its mechanics."

Dr. DeTuerk does all his own repairs and clock restoration. Currently his basement workshop is housing the
Jefferson wall clock, which ran perfectly for years until an earth tremor cracked its stand and jolted the clock's mechanisms.

He is a member of the National Association of Watch and Clock Collectors, which began in Philadelphia and whose membership is interestingly heterogeneous. "We have doctors, lawyers, judges... The group is as fascinating as the subject." Members of the club, which now boasts chapters throughout the United States, exchange information about their finds.

Dr. DeTuerk's interest in clocks began with the antique clocks owned by members of his family. His particular interest in Jefferson clocks is not surprising, because he has been associated with the College throughout most of his medical career. He took his internship here from 1938 to 1940 and his residency, which was interrupted in 1941 by World War II. Although he began his military service with the Jefferson unit, the 38th General Hospital, he transferred to become a flight surgeon with the Air Corps. After service abroad he spent five years in Florida as a flight surgeon; he was discharged as a major in 1946.

Following the completion of his surgical residency under Dr. John H. Gibbon, Jr. '27, he began the practice of general surgery in association with Dr. George J. Willauer '23. He has practiced and taught at both Jefferson and Methodist Hospitals since 1948. At Methodist Hospital Dr. DeTuerk serves as Chief of the Department of Surgery, a position he has held since Dr. Willauer's retirement left the job open. He is also President of the Medical Staff and Chairman of the Executive Committee at Methodist.

A distinguished surgeon, Dr. DeTuerk is a Diplomate of the American Board of Surgery, A Fellow of the American College of Surgeons, and holds membership in the American Society of Abdominal Surgeons, the Pennsylvania Association for Thoracic Surgery, the Philadelphia Academy of Surgery and the Philadelphia College of Physicians, among others. He is an active member of the Alumni Association's Executive Committee and has been Class Agent for the Class of 1938 since 1946.

Dr. DeTuerk is also coordinator for the training of affiliated medical students and residents in general surgery at Methodist Hospital. He is enthusiastic about the affiliations program, in part because it runs so smoothly at Methodist. "The affiliation between Jefferson and Methodist is a long standing arrangement. The surgical residency program had a chance to mature before the formal agreement was adopted."

Dr. DeTuerk feels strongly about the necessity of affiliations. Because Jefferson no longer has the extensive ward facilities it had twenty-five years ago, clinical instruction must move to hospitals where they do still exist.

At the Methodist affiliate Dr. DeTuerk has a fairly formal teaching role, giving seminars and classes, while at Jefferson his teaching duties are confined to surgical rounds and clinical instruction in the operating room. He has taught medicine since he was an intern and, in the traditional way, sees both teaching and clinical practice as the natural responsibilities of a physician. The affiliations program allows more physicians to participate in both activities.

Although Dr. DeTuerk was influenced to choose a medical career because his father was a doctor, his own five children have had the opposite reaction. "They say they don't want to work that hard," he laughs.

However, Dr. DeTuerk's many professional responsibilities have not precluded a wide range of other interests; his clocks, of course, foremost among them. Because of his interest in history he is an active member of the Huguenot Society of Pennsylvania, an historical society for descendents of the early Huguenot settlers. The Huguenots came to America from France in the late seventeenth century after the Edict of Nantes, which had allowed Protestants to practice their faith in France, was revoked. The DeTuerk home is furnished with marble, Wedgewood pieces and Steigl glassware, many of which date back to early DeTuerks. The Doctor has a postcard picturing a DeTuerk residence built in the late seventeenth century.

Gardening used to be a major activity for Dr. DeTuerk. He has a greenhouse at his Penn Valley home, but says that these days he grows only annuals and other plants which don't require a lot of attention. There was a time, however, when he used to provide Dr. Anthony F. DePalma '29 and many other Jefferson faculty and staff members with tomato plants he had nurtured from seeds in his greenhouse. Today his horticultural interests are primarily satisfied at his thirty-acre second home in Pennsylvania's Endless Mountains, where he has transplanted trees and bushes of many varieties.

Those who attended the Faculty Wives Art Show at Jefferson this year saw Dr. DeTuerk's miniature woodcarvings which he has worked with for many years. He also enjoys traveling, especially in the United States.

A man of very diverse talents and interests, Dr. DeTuerk also has had an enviable sports background. He lettered in waterpolo, football and track for his Erie, Pennsylvania high school. He was a lifeguard at Lake Erie's beach for seven years. At Elmhurst College in Illinois he was captain of the football team and a varsity track star. During college he also played semi-pro football for the Elmhurst Travellers, a prominent team in the suburban Chicago area.

Discussing antique clocks and water polo in almost the same breath, Dr. DeTuerk is somehow reminiscent of the humanist ideal of the Renaissance man. In the age of the specialist he manages to do many things well, and with a low-key modesty that is also reminiscent of other, less abrasive times. Despite his many accomplishments he feels no sense of completion, no desire to have done with goals. He smiles. "I just want to keep going."
$650,000 grant

Thomas Jefferson University has received a grant of $650,000 from the Robert Wood Johnson Foundation to plan new ways of increasing the availability of primary health care in underserved rural and inner city areas. The ultimate goal of the project will be to attract students who live in these areas, train them for a medical career, and motivate them to return home to practice. The project will help to alleviate both the physician shortage and the parallel shortage of allied health professionals.

The award, which runs over a three year period, will be used to establish a program planning, development and evaluation office at Jefferson. This office, which will be staffed by specialists in medical education, medical practice, and medical economics, a social anthropologist, a systems analyst and a health facilities management specialist, will design programs for the recruitment, training and placement of physicians and allied health professionals in the areas of Philadelphia and rural Pennsylvania where they are most needed. It will also coordinate several programs already being developed by the University, which include the family medicine curriculum and a family medicine residency for Board certification.

Since September 1, Dr. Stephen B. Langfeld has directed the new program. An internist and specialist in cardiovascular disease, Dr. Langfeld has been a member of the faculty at the University of Pennsylvania School of Medicine, where he received his M.D. degree, since 1958. He has also served since 1969 as Associate Director for Program Development and Operations for the Greater Delaware Valley Regional Medical Program. He is associated with several area hospitals and has published widely in his field. These funds represent an early gift to Jefferson's Sesquicentennial Campaign.

new surgical division

Dr. Harry S. Goldsmith, Samuel D. Gross Professor of Surgery and Chairman of the Department at Jefferson Medical College, announced the opening of a new Division in the Department of Surgery. The new Division of Cardio-thoracic Surgery will be directed by Dr. Stanley K. Brockman, heart surgeon from the Michael Reese Hospital Medical Center in Chicago.

Dr. Brockman, who received his M.D. degree from the Boston University School of Medicine, was the Senior Attending Surgeon and Director of Cardio-thoracic Surgery with the Reese Center from 1968 to 1973. He was also a Professor of Surgery at the University of Chicago School of Medicine from 1970 to 1973. Prior to 1968 Dr. Brockman was associated with Vanderbilt University School of Medicine, where he took post-doctoral training under a Career Development Award from the U.S. Public Health Service and served as Assistant Professor and Associate Professor of Surgery.

Certified by both the American Board of Surgery and the American Board of Thoracic Surgery, Dr. Brockman is a member of the American College of Surgeons, the American Association of Thoracic Surgery and the International Cardiovascular Society, among others. He is the author of many scientific publications.

Dr. Brockman is married and has four children.

Dr. Goldsmith also named the new Associate Director of the Division, Dr. Mario Feola. A graduate of the University of Naples Medical School, Dr. Feola was formerly Attending Surgeon in the Division of Cardio-thoracic Surgery and Vice-Chairman of the Department of Surgery at the Michael Reese Center.

medicine and society

JMC has instituted a new required course for all first and second year medical students. Dr. Alvin F. Goldfarb, Professor of Obstetrics and Gynecology, who directs the new "Medicine and Society" course says it is designed to make future doctors realize from the start that physicians treat people and not just diseases.

The seven-credit course teaches students to take a "social" history concentrating on the patient in his environment. Population, nutrition, genetics and alcoholism are stressed; the course does not include pathology or organic detail. The delivery of health care itself is a topic for study, covering the ethics and morals of patient care as well as practical approaches to the social and psychological aspects of medicine.

The departments of Family Medicine, Psychiatry, Community Health and Preventive Medicine, Rehabilitation-
A major goal of the five-year project will be to determine the reliability of thermography, which is based on the principle that a cancerous mass emits more heat than normal tissue. The technique enables a visual print of heat waves radiating from the skin surface, and trials on much smaller groups have shown that thermography can lead to the early detection of breast cancer.

Professor John D. Wallace, Research Professor of Radiology at Jefferson, is directing the Breast Diagnostic Center. He is known internationally as a pioneer authority on the subject of thermography and has taught over half those using the technique in the world today.

The Center is located in the newly acquired Edison Building at Tenth and Chestnut Streets.

**trustee honored**

Gustave G. Amsterdam, Chairman of the Board of Bankers Securities Corporation and a member of the Jefferson Board of Trustees, was presented with the Greater Philadelphia Chamber of Commerce's William Penn Award. Mr. Amsterdam received the honor on June 1 at a dinner at Philadelphia's Bellevue-Stratford Hotel. The annual award is presented to "an outstanding American who has made a major contribution to the advancement and welfare of business in the Delaware Valley."

Amsterdam, a former Chairman of the Philadelphia Redevelopment Authority, has had a lifetime involvement in civic projects. He was a leading figure in Good Judges for Philadelphia, and is a Director of the United Fund of Philadelphia, a Board Member of the Philadelphia Orchestra Association, the Franklin Institute, and the Philadelphia Urban Coalition, and is a member of many other philanthropic groups and concerns.

**breast diagnostic center**

One of the largest breast cancer screening programs in the world, geared to include 20,000 area women, begins at Jefferson this fall under a $3.4 million contract with the National Cancer Institute. Women between the ages of forty-five and sixty-five will receive a thorough physical examination of the breasts, an evaluation by means of standard X-ray, and a new test, "thermography," which records body heat patterns. All the examinations will be free of charge.

A major goal of the five-year project will be to determine the reliability of thermography, which is based on the principle that a cancerous mass emits more heat than normal tissue. The technique enables a visual print of heat waves radiating from the skin surface, and trials on much smaller groups have shown that thermography can lead to the early detection of breast cancer.

Professor John D. Wallace, Research Professor of Radiology at Jefferson, is directing the Breast Diagnostic Center. He is known internationally as a pioneer authority on the subject of thermography and has taught over half those using the technique in the world today.

The Center is located in the newly acquired Edison Building at Tenth and Chestnut Streets.

**opening exercises**

Jefferson's 150th Opening Exercises were held Wednesday, September 5 in McClellan Hall auditorium. The ceremonies, which opened and closed with a formal academic procession, welcomed students and their families from each school of the University to Jefferson. President Peter A. Herbut offered the Convocation, which profiled the new freshman class of medical students. Out of a class of two hundred twenty-three, one hundred fifty-eight are Pennsylvania residents, forty are women, thirty-six are sons or daughters of alumni, thirty are part of the Penn State accelerated program and twenty participate in the Delaware program.

The traditional exercises featured the awarding of academic prizes by William W. Bodine, Chairman of Jefferson's Board of Trustees. Dr. Floyd S. Cornelison, Jr., Professor of Psychiatry and Human Behavior and Chairman of the Department, was the featured speaker for the event; his remarks were entitled "On Seeing and Being Seen."

A reception for students and their families under the arches of the Scott Building followed the ceremony.

**neurosurgery appointment**

Dr. Harold B. Vogel, Assistant Professor of Neurosurgery at Jefferson, has been appointed Acting Chairman of the Department following the resignation of Dr. Philip D. Gordy. Prior to his 1972 appointment at Jefferson, Dr. Vogel was Chief of Neurosurgery at the Salt Lake Veterans Administration Hospital.

**faculty changes**

- Dr. Stanley K. Brockman appointed Professor of Surgery
- Dr. Edward K. Chung appointed Professor of Medicine
- Dr. John J. Dowling '47 promoted to Clinical Professor of Orthopaedic Surgery (Lankenau)
- Dr. Thomas G. Gabuzda promoted to Professor of Medicine (Lankenau)
- Dr. Philip D. Gordy resigned as Professor of Neurosurgery and Chairman of the Department
- Robert O. Gorson appointed Professor of Radiation Therapy and Nuclear Medicine (secondary)
- Dr. John A. Koltes '47 promoted to Clinical Professor of Psychiatry and Human Behavior
- Dr. Norman Lasker promoted to Professor of Medicine
- Dr. James H. Lee '45 appointed Professor of Obstetrics and Gynecology
- Dr. George C. Lewis, Jr. appointed Professor of Neurosurgery and Gynecology
- Dr. John Walker Maroney appointed Clinical Professor of Pediatrics
- Dr. Nagalingam Sundraralingam appointed Professor of Radiation Therapy and Nuclear Medicine (secondary)
- Dr. Martin B. Wingate appointed Research Professor of Surgery (secondary)
1919
Dr. Ronald C. Moore, 599 Central Ave., Hammonton, N.J., received his Golden Merit Award from the Medical Society of New Jersey last spring. Dr. Moore has received fifty year awards from Jefferson and the Pennsylvania Medical Society. He still maintains three offices and is affiliated with two hospitals.

1920
Dr. Cesar Dominguez-Conde, 1900 S.W. 21st St., Miami, Fla., has been retired for the last six years. He still owns the Clinica Oriente Inc. in Puerto Rico, which his son-in-law, Dr. Juan L. Balaguier, now directs.

1923
Dr. John P. Prioletti, 428 Clenmore Blvd., New Castle, Pa., was guest of honor at a dinner celebrating his fifty years of practice in New Castle. The Lawrence County Medical Society sponsored the affair, which was attended by one hundred twenty-five doctors, wives and guests. Special guests included his wife, his son, Robert, and his daughter, Mrs. Victor Thomas, and family.

1926

1928
Dr. Richards S. Hoffman, 218 Marigold Ave., Corona del Mar, Calif., writes that he was sorry to have missed his class reunion, but his wife was taken ill at that time. She is recovering nicely now, and they are enjoying retirement.

Dr. Jo Ono, 6-13 6-Chome, Roppongi, Minato-Ku, Tokyo, Japan, was honored at the Tenth World Congress of Otolaryngology held in Venice in May with a gold medal presented by Padua University. Dr. Ono has been involved for the past ten years in the conception and development of the International Federation of Otolaryngological Societies, which has grown in member-

1929
Dr. Sherman A. Eger, Valley View Apts., A406, King of Prussia, Pa., was elected Regent of the International Board of Proctology by the officers of the organization. Dr. Eger is an Honorary Clinical Professor of Surgery at Jefferson.

Dr. Robert A. Houston, 500 Bricker La., Lebanon, Pa., retired from his position as Chief, Medical Service, at the Lebanon Veterans Administration Hospital in 1972.

1930
Dr. David B. Karr, 250 N. Crest Rd., Chattanooga, Tenn., writes that he was married to the former Martha R. Beamguard on May 27, 1973.

1931
Dr. Leo Kahn, 3725 S. Ocean Dr., Apt. 418, Hollywood, Fla., retired in 1970 due to illness. He and his wife, Clara, are enjoying life near the ocean. Dr. Kahn's son, Dr. Charles L. Kahn '63 practices rheumatology in the same area. "It is all worth the forty years of practice behind me."

1932
Dr. Charles W. Bair, 57 Hess St., Quarryville, Pa., is working part time due to his illness in 1972. He just finished a stint of fifteen years as Chairman of the Department of Family Practice at Lancaster General Hospital, Lancaster, Pennsylvania.

1934
Dr. John S. Goldcamp, 810 Dollar Bank Bldg., Youngstown, Ohio, writes that he hopes to make his fortieth reunion in 1974. He still practices ophthalmology full time "except with more vacations." He has one son and one daughter on their own, and one son in college who plans to make golf his career.

Dr. Joseph P. Robinson, 533 8th Ave., Bethlehem, Pa., has retired as Plant Medical Director at the Bethlehem Steel Corporation. Dr. Robinson went into private practice after his internship at Williamsport Hospital and maintained that practice until entering the U.S. Army Air Corps in 1942, from which he retired in 1946 with the rank of major. In 1948 he accepted a position with Bethlehem Steel as a physician. In 1961 he was promoted to Medical Director.

1936
Dr. Louis C. Jacobs, 4600 Connecticut Ave., Washington, D.C., retired recently from the U.S. Public Health Service with the rank of Assistant Surgeon General (rear admiral).

1938
Dr. Charles J. Dougherty, 13391 California St., Suite 8, Yucaipa, Calif., writes that his wife, Jane, is with the State Department of Mental Hygiene. His son was graduated from Phillips Academy in Andover, Massachusetts in 1972. He is now attending Claremont Men’s College in California and “wants to be an actor!”
Dr. Clement B. Potelunas, R.D. #4, Box 564A, Prospect Rd., Mt. Top., Pa., has retired from the private practice of dermatology for reasons of health. He writes that four of his six children are finished college with two more to go.

Dr. Victor P. Satinsky, 2601 Parkway, #774, Philadelphia, Associate Dean for Human Resource Development at Hahnemann Medical College, recently received the Humanitarian Award of Hahnemann’s Mary Bailey Institute for Heart Research.

1939

Dr. George Evashwick, 204 Roswell Ave., Long Beach, Calif., is serving on the Los Angeles Medical Association Council and is Chairman of the Executive Committee of the Long Beach District.

1942

Dr. Phil L. Barringer, P.O. Box 968, Monroe, N.C., has been chosen President-elect of the Lenoir Rhyne College Alumni Association. Dr.

Dr. Dore ’43

Barringer is a member of the North Carolina Medical Society, the New York Academy of Science, the Founders Group of the American Board of Abdominal Surgery and a life Fellow of the American College of Surgeons.

Dr. Raymond E. Deily, 942 7th Ave., Bethlehem, Pa., has been appointed Medical Director of the Bethlehem Steel Corporation’s plant in Bethlehem, Pennsylvania. He previously held the post of Assistant Plant Medical Director.

Dr. Deily served as a U.S. Army surgeon in World War II, achieving the rank of major. From 1946 to 1963 he maintained a private practice in Bethlehem. In 1963 he joined the Bethlehem Corporation as a physician and five years later became Assistant Plant Medical Director. He currently serves on the active medical staff of St. Luke’s Hospital as Associate in Medicine.

He succeeds Dr. Joseph P. Robinson ’34.

1943

Dr. Clarence E. Dore, 2 School St., Waterville, Me., was honored by a testimonial lobster and clam bake at the Colby College Fieldhouse on August 5. About 2000 invitations were sent to friends and colleagues of Dr. Dore, who was honored “in recognition of all that he has done for his college, community and profession.” This in no way indicates retirement for Dr. Dore.

Joe Tursi: Four Years at the Track

He is at Liberty Bell, Philadelphia’s race track, by 11 or 11:30 A.M. every day of every thoroughbred meeting. And he doesn’t leave until well after the last race has been run. But Joseph Tursi hasn’t seen a race live for two years.

It seems he is too busy down in his basement office, treating injured or ill jockeys, track employees or patrons. Dr. Joseph J. Tursi ’39 seldom allows himself the luxury of seeing daylight during working hours.

“I have always been an avid sports fan and I always had a desire to somehow tie medicine in with sports, to become involved,” said the Somerton native who now makes his home and private practice in Feasterville. “I always had a dream of becoming the team physician for the Phillies or something like them.”

Dr. Tursi didn’t make it to the Phils. But four years ago, when he learned the thoroughbreds were coming to Philadelphia, he spoke to a friend about the job of track physician.

The Phils no longer interest him beyond the realm of being among their most loyal boosters—one who likes to talk about the 1-0 decision Jim Konstanty dropped to the New York Yankees in the first game of the 1950 World Series.

“This takes the place of it (the dream) very nicely,” said the graduate of North Catholic, St. Joseph’s College and Jefferson Medical College.

Dr. Tursi gets a kick out of the occasional colleague who feels that his job involves nothing more than sitting in that impeccable basement waiting for things to happen. A normal day sees him treating anywhere from twenty to thirty persons whose ailments range from minor injuries to heart attacks.

At night, he returns to his private general practice.

Dr. Tursi loves nothing better than to spend his free time watching a horse race (which he doesn’t do at the Bell), auto race, baseball or football game or boxing match.

“I get a thrill out of being associated with sports figures,” he said. “This includes those not only actively engaged in sports, but the allied personnel as well—the newspapermen, the officials. I enjoy these associations.”

Dr. Tursi has seen just about every injury imaginable during his four years of treating jockeys at the Bell.

He rates them among the most “stoic” and “spartan” athletes he has ever seen.

Besides coming to him with their broken bones and bruises, some seek advice on how to keep their weight down.

“I tell them self-control of appetite and diet is actually the only way to keep the weight down, in view of the fact it is something they must always do. I am definitely opposed to the use of amphetamines or any stimulant drugs in a program for weight loss. There are just no short cuts to losing weight.”

Dr. Tursi, who notes that he is blessed with four very capable nurses, gets along well with all the jockeys and has a tacit understanding with his wife, Martha.

Mrs. Tursi is not a racing buff, “but she tolerates my interest in racing,” he laughs.

That interest goes back many years to a trip to Cleveland while preparing for a job with Goodyear Aviation. He saw Ascot Park on the road, stopped for an initial closeup view of horse racing and cashed a few tickets on Traveling Agent (“since I was traveling”) and Secret Nurse (“since my wife is a nurse”).

He left there with some of the track’s money and an undying respect for the sport.

Reprinted courtesy of the Evening Bulletin and Mr. Bill Fidati
Dr. Armando Garcia-Castillo, Ste. 404, Ashford Medical Center, San Juan, Puerto Rico, was sorry he could not attend his thirtieth reunion because of illness in the family, but he sends his regards to all.

Dr. Francis B. Nelson, 275 Orchard St., Westfield, N. J., has resumed private general practice after surgery last June. He reports that he is the team physician to the Westfield, New Jersey High School football team. The team has posted a 94-9-5 record since 1961 and has not lost in its last forty-two starts. The only blot on its record has been a tie in 1970.

1944J

Dr. Stephen W. Bartoshesky, 830 Spruce St., Wilmington, Del., writes that his son, Louis, is a 1970 graduate of Cornell Medical School, and is now a captain in the U.S. Air Force. When he leaves the Air Force in September he plans to go to Harvard.

Dr. John A. Martin, 2037 Crystal Spring Ave., Roanoke, Va., assumed the Presidency of the Medical Society of Virginia during its October meetings in Norfolk. The Alumni Association gave a reception hosted by Dr. John Y. Templeton, III ’41 during the Society’s meetings.

Dr. Martin served as Commanding Officer of the Twenty-fifth Medical Battalion with the Twenty-fifth Infantry Division in Osaka and Nagoya, Japan, immediately following World War II. After a Teaching Fellowship at the Peter Bent Brigham Hospital of Harvard Medical School, he entered the practice of radiology in Roanoke, Virginia. He is currently President of Radiology Associates, Roanoke, and Chief Radiologist at the Roanoke Memorial Hospitals.

A Diplomate of the American Board of Radiology and a Fellow of the American College of Radiology he is a past President of the Roanoke Academy of Medicine, the Virginia Chapter of the American College of Radiology, and a former Chief of Staff of the Roanoke Memorial Hospitals.

1945

Dr. William T. Lineberry, Jr., Qtrs. W, Naval Hospital, Bremerton, Wash., is still CO of the Naval Hospital in Bremerton but since last July has had an additional duty as Director of the Navy Regional Medical Center, which includes the above Naval Hospital, the Naval Hospital at Whidbey Island and several area dispensaries. “With the Trident Submarine base to be built at Bangor soon we can expect a significant increase in Naval personnel and dependents in this area.”

Dr. John S. Madara, 31 Market St., Salem, N.J., has been appointed an Instructor in Family Medicine at Jefferson.

1946

Dr. Jack Gelb, 2812 Faulkland Rd., Wilmington, Del., has been appointed a Clinical Instructor in Family Medicine at Jefferson. He will be affiliated with Wilmington Medical Center.

Dr. John J. Hanlon, 525 W. Winding Hill Rd., Mechanicsburg, Pa., has been elected Vice-President of the Pennsylvania Academy of Family Physicians.

1947

Dr. Chester L. Schneider, 320 Cushmore Rd., Southampton, Pa., has joined the staff of the Penn Foundation for Mental Health, Inc. He recently completed his psychiatric residency at Temple University Hospital. Prior to this residency he served as Staff Physician at Faith Hospital in Alaska for nineteen years, as part of a program of the Central Alaskan Missions.

Dr. Stanley Weinstein, 114 Kingston Rd., Cheltenham, Pa., has been appointed an Instructor in Medicine at Jefferson. He will be affiliated with Albert Einstein Medical Center, Daroff Division.

Jack Gocke:
Fred Schaus
Broke His Record

In the 1930s the game of basketball, like most sports, was somewhat different from the game of today. Dr. Jack T. Gocke ’42, a 1937 graduate of the University of West Virginia, held the Mountaineers’ career scoring record in basketball from 1937 to 1948 with a total of seven hundred seventy-four points. Although today career totals of 1000 or more points are common in college basketball, it took nine years and a player of the caliber of Fred Schaus to break Gocke’s record. Schaus went on to coach at WVU and later to become head coach for the Los Angeles Lakers.

Dr. Gocke, a basketball forward lettered additionally as West Virginia’s quarterback in football and pitcher in baseball. He also held the 1930s record for the best single basketball season at WVU with two hundred thirty-seven points (one hundred nineteen field goals and thirty-five free throws), and came in second for the best single game with twenty-three or twenty-four points; first place went to the team’s center who made twenty-four points. In college ball of the 1960s and 1970s a Pete Maravich or a Kareem Abdul-Jabbar made twenty-three or twenty-four points on a bad night. The team played twenty-two or twenty-three games a season in the late 30s, and had a winning season every year Gocke played except his senior year.

Jack Gocke returned to Clarksburg, West Virginia, where he had been a star athlete at Victory High, to practice ophthalmology. He has continued his association with West Virginia University athletics, as a member of the WVU Athletic Council and currently as second Vice-President of the WVU Alumni Association.

Annual Dinner and Business Meeting
The Alumni Association of
Jefferson Medical College
February 28, 1974

Dr. Martin ’44J
1948

Dr. John B. Atkinson, 624 Sussex Rd., Wynnewood, Pa., has been appointed head of the Department of Medicine at Carrier Clinic near Princeton, New Jersey. His son, Robert, entered the freshman class at Jefferson in September.

Dr. Leonard F. Bender, Physical Medicine, University Hospital, Ann Arbor, Mich., has been elected President of the American Academy of Physical Medicine and Rehabilitation. Dr. Bender, Professor of Physical Medicine and Rehabilitation at the University of Michigan Medical School and member of the medical staff at the University Hospital, has been a Diplomat of the American Board of Physical Medicine and Rehabilitation since 1955. He is a member of numerous professional societies, including the American Congress of Rehabilitation Medicine, and is an Associate Editor for the Newsletter of the American Academy for Cerebral Palsy. Dr. Bender is active in community service organizations.

Dr. Bender assumed the Presidency of the Academy at its October meetings in Washington, D.C. The Alumni Association held a reception in his honor during these meetings. President of the Alumni Association, Dr. Paul A. Bowers, '37 was host.

Dr. Donald M. Blatchley, 225 Professional Bldg., Greensburg, Pa., has been elected President of the Westmoreland Hospital Medical Staff. He is senior attending staff member in dermatology and has had a private practice in Greensburg since 1960. He is on the staffs of many area hospitals and is President of the Pittsburgh Dermatological Society. (see page 21).

1949

Dr. Peter L. Eichman, 10108 Donegal Ct., Potomac, Md., has been promoted to Acting Director of the Bureau of Health Manpower Education of the Department of Health, Education and Welfare.

1950

Dr. James R. Hodge, 2975 W. Market St., Akron, Ohio, has been appointed Adjunct Professor of Psychology at the University of Akron.

Dr. William B. McNamee, 151 Long L., Upper Darby, Pa., writes that his son, William, Jr., started his freshman year at Jefferson in September.

Dr. Hubert S. Sear, Department of Radiology, Massachusetts General Hospital, Boston, Mass., has been appointed Assistant Professor of Radiology at the above hospital.

1951

Dr. David M. Carberry, Rockefeller Center, New York, has been named Medical Director of Rockefeller Center. Dr. Carberry, who has been Associate
Broom Closets and Palaces

by Norman J. Quinn M.D., '48

With the best wishes of classmates and fellow alumni at the Annual June Banquet thirty members of the Class of 1948 departed from the Bellevue Stratford Hotel for Philadelphia International Airport to begin a nine day medical seminar and holiday in Vienna and Rome. Next day the group arrived in Vienna. The first day brought many surprises one of which belonged to Rudy and Marie DePersia when they checked in at the Hotel La France in Vienna. Their room measured four by four and was decorated with brooms and mops on each wall. This was the suite; the others had no decorations. Eloise and Paul Bowers' room was located at the bottom of the elevator shaft. The meals and service matched the quarters, and one got the feeling Americans were as welcome as a Russian tank.

The City of Vienna, however, was charming. Dr. Arthur Kline, Director of the American College of the University of Vienna, was most gracious and provided some interesting insight to medical care provided at the University in years gone by. Schonbrun was enjoyed by all. Earl and Pat Moyer have films and pictures to prove it. The Vienna opera was excellent. Sunday morning provided, among other things, a trip to the Spanish Riding School. The performance passed the critical eye of our expert horseman, Jim Daly, who led the final act riding a large white stallion and wearing his Jefferson straw hat. Other members of the class followed the finale carrying brooms and shovels.

In the afternoon we visited the location of the Imperial Hunting Lodge of Mayerling in the famous Vienna woods. Long time bull hunter John Kohl, using a special device called a stein, navigated us to safety. Fortunately, we were able to locate additional steins considerably shortening the trip to the city.

Monday morning we arrived in ROMA, a city where everyone smiles and is happy. The Italian members of the class, Daly, Atkinson, Quinn and De Persia, managed the small details requiring translations. It was difficult to understand why so many Italians could not understand the perfect diction of Rudy De Persia. The Hotel Metropole, by comparison to our previous quarters, was a palace with good food, smiling waiters and an air of friendliness felt throughout Rome. That afternoon, we were off to see the Colosseum, the Forum, St. Peters, etc. Dave and Shirley Thomas and family had a great time shopping and dodging Roman automobiles driven by the descendants of Ben Hur.

On Tuesday morning, the "Jefferson Medical College Class '48" bus was filled and rolling by 8 A.M. on the way to Sorrento, Naples and Capri. A beautiful day with only a single mishap. One classmate overloaded his boat as it passed through the Blue Grotto and sank. Appropriate services were held in the bar atop the mountain. The body was carried up using the ski lift, cameras and all. The next day in Rome was devoted to that terrible American curse, shopping. Gifts which could not be carried in the Italian U Haul attached to the bus were mailed direct. Pat and Mimi Frank, who purchased the Piazza della Signoria in Florence, have arranged to have it sent through American Customs stone by stone, brick by brick circa 1974.

It was then time for a party and it was indeed a good one. John and Eve Atkinson were celebrating their twenty-fifth anniversary and invited all to a small restaurant with excellent music and food. The singing Italians of the class, Frank, Kohl, Thomas, Moyer and guest, DeMarino, contributed significantly to the performance.

A day in Florence is not enough. It is a magnificent city with much to see and many shops with things to buy. The friendly atmosphere of Rome prevails there. Enroute to Rome the Class dined at the Village of Orvieto.

It was indeed a great sorrow for all when we again boarded the plane and suddenly realized the Twenty-fifth Reunion was over. Who's ready for the Twenty-sixth? With the Class of 1948 you never know where.
Attending Surgeon at Roosevelt Hospital and Associate Attending Thoracic Surgeon at Harlem Hospital and the New York Polyclinic Hospital, assumed his new post July 1. He is also Assistant Clinical Professor of Surgery at the College of Physicians and Surgeons of Columbia University. Dr. Carberry is a Diplomat of the American Board of Surgery and the American Board of Thoracic Surgery. He is a member of the American College of Surgeons, the New York Society for Thoracic Surgery and the American Thoracic Society. He is a thoracic surgical consultant to the New York City Police Department.

Dr. Carberry and his wife have three daughters and a son.

Dr. Stanley Dannenberg, 110-34 70th Rd., Forest Hills, N.Y., had an exhibit entitled "Xeroradiography: Its General Application to Roentgen Diagnosis" at the June AMA Convention in New York. He has also appeared on the "A.M. New York" television show to discuss the same subject.

Dr. David A. Peters, 185 Mountain Wood Rd., Stamford, Conn., is the Vice President, Studies and Surveys, for Anthony J. J. Rourke, Inc., a Fellow of the American College of Hospital Administrators and a member of the American Hospital Association. He is also a member of the Board of Directors of the Andrew Freedman Home in the Bronx.

1952

Dr. Albert L. Babcock, 75 Uplands Dr., West Hartford, Conn., served a voluntary tour of duty with the S.S. Hope in Maceio, Brazil from March until May. He practices plastic and reconstructive surgery in Hartford.

Dr. Jerome M. Cotler, Curtis Clinic, 10th and Walnut Sts., Philadelphia, has been appointed Clinical Professor of Orthopaedic Surgery at Jefferson. He was also made Director of the Hospital's Residency Program in Orthopaedics.

Since 1967 Dr. Cotler was Co-Chief of the Hip Service at the Pennsylvania State Hospital for Crippled Children in Elizabethtown, Pennsylvania, where he was also Chief of Surgery for four years. He has been Chief of Orthopaedics at Salem County Memorial Hospital for the past ten years and has held appointments at several area hospitals. In addition he is a consultant to six New Jersey school systems, in addition to Bell Telephone Co., Western Electric Co., E. I. DuPont Co., and Owens Illinois Glass Co.

Dr. Cotler is married and has two children.

1953

Dr. Charles V. R. Dauerty, Box 18, Constantia, N.Y., is Staff Anesthesiologist at the Syracuse V.A. Hospital and is on the faculty at Upstate Medical Center.

Dr. Charles G. Heil, Jr., 253 Pepper Rd., Huntingdon Valley, Pa., and his wife, an R.N., spent a month at a hospital in Haiti for the second year in a row. Working at the Hinch Medical Mission, Dr. Heil said that "it was a great adventure and an education." Dr. Heil has been in the private practice of obstetrics and gynecology in affiliation with the Holy Redeemer Hospital in Meadowbrook, Pennsylvania. He is currently engaged in clinical research with Wyeth Laboratories in Philadelphia.

Dr. William J. McLaughlin, Box 6, Kalaau Kauai, Hi., writes that classmates William E. Delaney and Donald B. Stein, Jr. visited him while attending a pathology convention in Honolulu. "We had a nice evening together including a tour of our hospital."

Dr. Harold J. Reinhard, Warren State Hospital, Warren, Pa., has been named a Director of the Warren area Pennsylvania Bank and Trust Co. A Fellow of the American Psychiatric Association, Dr. Reinhard is Superintendent of the Warren State Hospital, where he has served in several capacities since 1954. He is also a consultant for Warren General Hospital, the Social Security Administration, the Veterans Administration and an Adjunct Associate Professor of Psychiatry at the University of Pittsburgh.

Dr. Reinhard and his wife, Eileen, have six children.

1954

Dr. W. Robert Jacobs, 511 Fairbanks St., Phillipsburg, N.J., has been elected President of the Warren County Medical Society. Dr. Jacobs has conducted a general practice in Phillipsburg since 1957. He was President of the medical and dental staff of Warren Hospital in 1965. Dr. Jacobs served his internship at Allentown General Hospital, following which he served as Senior Assistant Surgeon in the Sante Fe Indian Hospital in New Mexico with the U.S. Public Health Service.

Dr. Robert C. Lee, Jr., 372 Alexander Young Bldg., Honolulu, Hi., is a past President of the Hawaii ENT Society. He and his wife won a trip to New York in August; his wife will represent Hawaii in the national Gorham Silver Company contest.

1955

Dr. J. Donald Schultz, Pierson Dr., R.D. #1, Box 250, Shelburne, Vt., continues to enjoy his work in student health at the University of Vermont. He delivered a paper at the first international conference on education at the Hague, Holland, in 1972.

1956

Dr. Benjamin Bacharach, 829 Spruce St., Philadelphia, Director of the Surgical Cardiac Care Unit at Jefferson has taken on two major fund-raising responsibilities. He is Vice-Chairman for Delaware Valley and Pennsylvania in Jefferson's Sesquicentennial campaign. He has also been named Chairman of the Betty Bacharach Rehabilitation Center Building Campaign. The latter campaign hopes to provide funding for a new rehabilitation center to be located on the campus of Stockton State College in Pomona, New Jersey.

Dr. Richard P. Baker, 457 Derwyn Rd., Drexel Hill, Pa., has been appointed to the staff of Riddle Hospital. He joins the division of diagnostic services.

Dr. Warren M. Levin, 140 Joralemon St., Brooklyn, N.Y., has a practice in Staten Island with a secondary office in Brooklyn. He was just appointed to the Board of Governors of the International College of Applied Nutrition.

1957

Dr. Alfred O. Health, Box 233, Charlotte Amalie, St. Thomas, V.I., has been appointed Commissioner of Health
for the U.S. Virgin Islands. Prior to this he served as Director of Hospitals and Medical Services for the Virgin Islands.

Dr. Heath, a Diplomate of the American Board of Surgery and a Fellow of the American College of Surgeons, continues his practice of general and thoracic surgery. His wife, Geraldine, is Director of Secondary and Adult Education of the U.S. Virgin Islands. They have three children.

Dr. Gerald Labriola, 88 Timothy Rd., Naugatuck, Conn., was elected Chairman of the Department of Pediatrics at Waterbury Hospital Health Center. He is in association with two physicians in private practice in Naugatuck.

Dr. Harold S. Orchow, 360 N. Bedford Dr., Beverly Hills, Calif., is practicing child and adult psychiatry in Beverly Hills. "Any classmates coming out this way, please look me up."

1958

Dr. Robert A. Cooper, Jr., 555 Clover Hills Dr., Rochester, N.Y., is still at the University of Rochester Medical School. He left his former position as Associate Dean in January, 1973 to become a full Professor of Pathology and Head of the Surgical Pathology Division.

Dr. Mark C. Eisenstein, 43 Stonicker Dr., Trenton, N.J., is practicing anesthesiology and intensive respiratory care. He and his wife have three sons.

Dr. Edward Fine, 271 Moore La., Haddonfield, N.J., was elected to membership of the medical staff of Cherry Hill Medical Center.

Dr. James M. Stern, Waynesboro Hospital, Waynesburg, Pa., has been appointed to the general surgery staff of the above hospital. He comes to Waynesboro from Meyer Memorial Hospital of the University of Buffalo, where he completed a general surgery residency. Dr. Stern served for ten years in Zambia, Africa as a medical missionary. He has received special training at Jackson Memorial Hospital in Florida and has served as Assistant Clinical Instructor at Meyer Hospital. Dr. Stern and his wife, Linda, have four children.

Dr. Stewart A. VerNooy, Jr., 28 N. Main, Homer, N.Y., has been voted Chief of Staff, Cortland Memorial Hospital. He is also preceptor of a Nurse-Clinician Program.

1959

Dr. Richard S. Kolecki, Cardinal Lake Dr., Cherry Hill, N.J., was elected President of the New Jersey Blood Bank Association. He is associated with West Jersey Hospital, where he is Director of the Blood Bank and Transfusion Service and an Associate Pathologist. He also serves as Medical Director of the Community Blood Bank of Southern New Jersey and is an Instructor in Pathology at Jefferson.

1960

Dr. G. Robert Constable, 704 Malin Rd., Newtown Square, Pa., has been appointed a Clinical Instructor of Medicine at Jefferson. He will be affiliated with Lankenau Hospital.

Dr. Joseph M. Gagliardi, Jr., Forest Glen Dr., Woodbridge, Conn., writes that his son, Joe, is in class with Herbert Kleber’s ’60 daughter, Pam. He also saw classmate Edward Lipp, Jr. at his home in Kailua, Oahu, Hawaii in March.

Dr. Peter W. Hebert, 660 Seminole Rd., Meadville, Pa., has opened an office for the private practice of urology in Meadville. He recently returned to the area after twelve years with the Navy, five of which were with the Polaris submarine Force. His last post was as Chief of Urology at the Bremerton Naval Hospital.

Dr. Hebert originated and perfected a cure for urethral strictures which is now recorded in the Medical Journal of Urology.

1961

Dr. Joseph D. Avellino, 203 Remington Rd., Broomall, Pa., has been appointed a Clinical Instructor of Medicine at Jefferson. He will be affiliated with Methodist Hospital.

1962

Dr. Charles J. Bannon, 11 Starlight Dr., Clarks Green, Pa., has been named a Fellow of the American College of Surgeons. Dr. Bannon, who was certified by the American Board of Surgery in 1968, is in private practice.

Dr. Francis B. Boland, Jr., Burnt House Hill Rd., Doylestown, Pa., has become Board certified in orthopaedic surgery. He is currently practicing in Doylestown. Dr. Boland and his wife have five children, three boys and two girls.

Dr. Hugo Mori, 714 Glenburn Rd., Clarks Green, Pa., has been named a Fellow in the American College of Surgeons. He interned at Misericordia Hospital from 1962 to 1963 and then took a four year residency in urology at Philadelphia Veterans Administration Hospital from 1963 to 1967.

Dr. Mori became a Diplomate of the American Board of Urology in 1970. He is on the staffs of Moses Taylor Hospitals, Community Medical Center and Mid-Valley Hospital and maintains an office in Scranton with his brother Dr. Gino Mori ’58. He and his wife, Jean, have two daughters.

Dr. Stanley F. Peters, R.R. #1, Box 563, Furlong, Pa., is Medical Director of TODAY, Inc. a drug treatment center, in Newtown, Pennsylvania. He also has been elected President of the Bucks County Medical Society. Dr. Peters has an office in Plumsteadville and is on the medical staff of Doylestown and Abington Hospitals.

Dr. Hobart J. White, 2nd General Hospital, APO, N.Y., is still in the Army Medical Corps. He’s just finished his residency in plastic surgery and will spend the next three years in Germany at the above address. He and his wife, Dian, have four children.

1963

Dr. Charles A. Binder, 83 Perkins Row, Topsfield, Mass., is practicing urology in Salem, Massachusetts and has just been certified by the American Board of Urology. He is married with two children.

Dr. Joseph A. Slezak, 300 S. Hickory St., Scottsdale, Pa., has been named a
Fellow of the American College of Obstetricians and Gynecologists. He is also a Diplomate of the American Board of Obstetrics and Gynecology. Dr. Slezk, Chief of the Department of Obstetrics and Gynecology at Connells-ville State General Hospital, is also affiliated with the Frick Community Hospital. Married to the former Georgia Nicholson, he and his wife have four children.

Dr. Ted Verbinski, 1414 Old Mill Rd., Wymissing, Pa., has been installed as a Fellow of the American College of Obstetricians and Gynecologists. Dr. Verbinski served his internship and residency at The Reading Hospital. He is presently in private practice, associated with Dr. John E. Hillig '62, Dr. John R. Bower '66 and Dr. John B. Anderson '69.

1964

Dr. John T. Dawson, Jr., Second General Hospital, Landstuhl, Germany, APO N.Y., has completed two years in a cardiology Fellowship at the Texas Heart Institute in Houston. He is now a cardiology consultant for the U.S. Army.

Dr. Irvin B. Keller, 507 N. Harbor City Blvd., Melbourne, Fla., is in the private practice of neurosurgery, soon to be joined by Dr. Robert J. Sarnowski '64.

Dr. Robert M. Steiner, 3600 Conshohoken Ave., Philadelphia, an Assistant Professor of Radiology at Jefferson, spent two months in Maceio, Brazil as a volunteer member of the S.S. Hope. In addition to his Jefferson post, Dr. Steiner holds a similar rank at Rutgers School of Medicine and is the attending radiologist at Albert Einstein Medical Center. He is also affiliated with Deborah Heart and Lung Center.

1965

Dr. Harvey J. Bellin, 119 Green Vale Ct., Cherry Hill, N.J., has completed a year as a Fellow of the American Cancer Society at Sinai Hospital in Baltimore, Maryland. Prior to that he spent four years at Jefferson as a pathology resident. In July Dr. Bellin accepted a post as staff pathologist at Cooper Hospital in Camden. He and his wife have two children, a boy and a girl.

Dr. Nathan B. Hirsch, 507 Sevilla Ave., Coral Gables, Fla., was installed as a Fellow of the American College of Obstetricians and Gynecologists. Dr. Hirsch is on the medical staff of Mercy Hospital, Cedars of Lebanon Hospital and Jackson Memorial Hospital of the University of Miami.

Dr. Robert V. Miller, 733 Elmer St., Vineland, N.J., completed his residency in ophthalmology at Wills Eye Hospital in July, 1971. He is in the private practice of ophthalmology in Vineland, New Jersey.

Dr. William H. Rogers, 175 E. Brown St., E. Stroudsburg, Pa., has begun the practice of general surgery at the General Hospital of Monroe County, Pennsylvania. He recently completed a Fellowship in vascular surgery at Temple University Hospital. He served previously as a Captain in the U.S. Air Force, where he studied aerospace medicine, and served as a flight medical officer at Laredo Air Force Base in Texas.

He has participated in two research projects, as an epidemiology trainee for the California Department of Public Health in Berkeley and as a Research Fellow for the Heart Association of Southwestern Pennsylvania, where he did research at Jefferson. He has also received a Clinical Fellowship from the American Cancer Society and a Research Fellowship from the York Adams Pennsylvania Heart Association.

Dr. John C. Steiner, 2109 Huray Ave., Cincinnati, Ohio, has been appointed Assistant Professor of Neurology at the University of Cincinnati. He is also Director of the Applied Neurophysiology Laboratory there. He completed his two year military obligation and took a one year Fellowship in neurophysiology at the University of Pennsylvania.

Dr. Phillip H. Winslow, 304 Fairview St., Ponca City, Okla., has joined in association in the practice of urology with Dr. Jack Alexander at the above address. Dr. Winslow recently completed his residency at the University of Missouri-Kansas City General Hospital Medical Center. He and his wife have two boys, Matthew, 5, and Paul. 2.

"Jeffersonians are always welcome to stop by and say hello if they are in the area. We will show them around our beautiful town."

1966

Dr. Edward T. Carden, 308 Devon Rd., Cinnaminson, N.J., finished a two year tour "at foggy Fort Dix" in July and has set up a private practice in otohino­laryngology in the Moorestown area. He is a Clinical Instructor in Otolaryngology at Jefferson.

Dr. Nathan Cohen, 140 Kent Ct., San Bruno, Calif., is working with Kaiser-Permanentene in south San Francisco with two Jefferson alumni.

Dr. Michael C. Coplon, 2108 Haverford Rd., Ardmore, Pa., is practicing psychiatry in Chestnut Hill.

Dr. N. LeRoy Hammond, III, Lankenau Medical Building, Suite 201-202, Philadelphia, has joined with Dr. John J. Dowling '47, in the practice of orthopaedic surgery there.

Dr. Gwen H. K. Kaplow, 271 S. Third St., Philadelphia, has been appointed an Instructor in Obstetrics and Gynecology at Jefferson.

Dr. Donald J. Kearney, 1816 West Point Dr., Cherry Hill, N.J., has been appointed a Clinical Instructor in Medicine at Jefferson. He will be affiliated with the U.S. Naval Hospital in Philadelphia.

Dr. Robert H. Kirschner, 6822 S. Euclid Ave., Chicago, has returned to the Pathology Department at the University of Chicago as an Assistant Professor. His research on the structure of mitochondrial and viral nucleic acids continues. He was Board certified in anatomic pathology last year.

Dr. Stanley Z. Nosheny, Meadows of Lower Gwynedd, Apt. 5B, Ambler, Pa., is practicing rheumatology in Philadelphia with Dr. Warren A. Katz '61.

Dr. Carl L. Reams, 600 Bloom St., Danville, Pa., finished his residency in July and joined the full time staff of Geisinger Medical Center.

Dr. Nicholas J. Ruggiero, formerly in practice in West Pittston, Pa., has been awarded a Fellowship for the year 1973-1974 by the Southeastern Pennsylvania Heart Association. He has also been named Chief Fellow in Cardiology at Jefferson Hospital for the same year. Dr. Ruggiero interned at Wilkes-Barre General Hospital, and following three years of general practice returned to Jefferson for a two year residency in internal medicine. He also was awarded a two year Fellowship in cardiology at Jefferson.

Dr. Ruggiero is married to the former Ontalee Sorcelli.

Dr. James V. Snyder, 1137 Wightman St., Pittsburgh, Pa., is coordinator of the ICU at Presbyterian University Hospital at the University of Pittsburgh.

1967

Dr. Daniel C. Harrer, 312 Fairlamb Ave., Havertown, Pa., has been appointed an Instructor in Obstetrics and Gynecology
at Jefferson. He will be associated with Lankenau Hospital.

Dr. George H. Hughes, 2075 27th Ave., E., Eugene, Ore., completed his family practice residency at the University of Oregon Medical School in July and began private practice there in September.

Dr. Martin E. Koutcher, 415 Country Club Dr., Cherry Hill, N.J., has been appointed a Clinical Instructor of Medicine at Jefferson. He will be affiliated with Methodist Hospital.

Dr. Robert G. Little, 4621 Tarryton Dr., Harrisburg, Pa., has been elected to the Board of Trustees of Lycoming College. He was elected to a three year term by the Alumni Association as their representative on the Board.

Dr. Little served two years with the U.S. Public Health Service at the Blackfeet Indian Reservation in Montana and two years at St. Joseph's Hospital in Syracuse, New York where he specialized in family medicine. He is in general practice with the Hamilton Health Center in Harrisburg. Married to the former Bjorg Storbge, he and his wife have three children.

Dr. Brent J. O'Connell, 1022 Topview Dr., Harrisburg, Pa., is in the private practice of pediatrics, having completed his residency at the Harrisburg Polyclinic Hospital.

Dr. Barry A Silver, 635 N. Broad St., Lansdale, Pa., has joined in association for the practice of orthopaedic surgery. Dr. Silver took his internship at Abington Memorial Hospital and then took a two year tour with the U.S. Public Health Service at its general hospital in Staten Island, New York, where he was assigned to the Department of Orthopaedic Surgery. He took his residency at the University of Pennsylvania Hospital, where he held the rank of Instructor in Orthopaedic Surgery. Married to the former Judith Cohen, he and his wife have three children.

Dr. Richard T. Vernick, 84 Dudley Rd., Sudbury, Mass., has just completed his training in cardiology and cardiac catheterization at the Peter Bent Brigham Hospital. He has joined the cardiology division there and is an Instructor in Medicine at Harvard Medical School.

Dr. Walter B. Watkin, Jr., 7544 Morningstar Ave., Harrisburg, Pa., has begun private practice in association with Dr. John R. Freshman '67. They are in the practice of internal medicine.

Dr. Michael D. Weiner, 181 Westward Dr., Miami Springs, Fla., has started a practice in obstetrics and gynecology at the above address. He and his family look forward to hearing from any classmates who might be vacationing nearby.

Dr. Lewis Winters, 6027 Adobe Falls Rd., San Diego, Calif., is a staff anesthesiologist at the Kaiser Foundation Hospital in San Diego.

1968

Dr. Bonnie L. Ashby, 797 Darby-Paoli Rd., Bryn Mawr, Pa., has been appointed a Clinical Instructor in Medicine at Jefferson. She is affiliated with Bryn Mawr Hospital.

Dr. William K. Grossman, 440 S. 43rd St., Philadelphia, has completed his psychiatry residency at the Institute of the Pennsylvania Hospital in Philadelphia. At graduation he received the Mathey Prize for authorship of eight research papers and certification as a group therapy specialist. During his residency he served as Chief Resident of the Adolescent Unit.

Dr. Grossman was a participant in the Penn State accelerated program while at Jefferson. He has been awarded a Fellowship in Medical Education by Jefferson for next year. He sends "thanks to all those who helped make the Class of 1968's fifth reunion the best and largest in the history of the Alumni Association's fifth reunion classes."

Dr. Jerold Kaufman, 220 E. Mermaid La., #116, Philadelphia, has joined the staff of Taylor Hospital in Ridley Park, Pennsylvania. Dr. Kaufman also has offices in Chester where he practices radiology.

Dr. Bohdan Malyy, 1106 Winding Rd., Dover, Del., is currently serving the remainder of his tour of duty at Dover Air Force Base. He looks forward to the private practice of obstetrics and gynecology. He and his wife have two sons.

Dr. Harry E. Ramsey, Jr., 2991 School House Lane, Hawthorne 14-E, Philadelphia, has completed two years of a residency in internal medicine at The Reading Hospital. In July he began a two year Fellowship in hematology at Hahnemann.

Dr. Steward D. Shull, 7780 Spring Ave., Elkins Park, Pa., has started a GI Fellowship at the University of Pennsylvania.

Dr. James B. Turchik, 3617 Pine Rd., Portsmouth, Va., has completed a two year research Fellowship in infectious diseases with Dr. Louis Weinstein in Boston. He is now a consultant for infectious diseases at the Portsmouth Naval Hospital. He and his wife have three children, Kirsten Elizabeth, 2, and twins James Jason and Rebecca Lea, born December 13, 1972.

Dr. Harold A. Yocum, Orthopaedic Service, Meddac U.S.W.A.H., Fort Dix, N.J., has completed his residency at Tripler Army Hospital in Honolulu and is now on the orthopaedic staff at Walston Army Hospital in Fort Dix. His wife, Paula, received her B.S. degree in June from the University of Hawaii in medical technology.

1969

Dr. Thomas F. Carrig, Jr., Philadelphia Naval Hospital, Philadelphia, writes that he began his residency in internal medicine at the above hospital in July.

Dr. John H. DeFrance, Harrisburg Polyclinic Hospital, Harrisburg, Pa., is Chief Surgical Resident at the above hospital. He and his wife, Jean, have two children.

Dr. Robert W. Egdell, U.S. Naval Station, Box 8, FPO, N.Y., has completed his residency in obstetrics and gynecology at the Wilmington Medical Center. He is now serving in the U.S. Navy in Iceland. He and his wife, Jan, have a daughter, Kristen.

Dr. Robert H. Friedman, 860 Clermont St., Denver, Colo., has completed his residency in neurology at Mt. Sinai Hospital in New York and is now taking a Fellowship in EEG at the University of Colorado Medical Center.
The fifth reunion class of 1968 at its reunion party last June. Held in Jefferson Alumni Hall, the reunion, for a younger class, was one of the largest in Jefferson's history.

Dr. Leonard M. Glassman, Hopkinson House, Philadelphia, has been appointed an Instructor in Radiology at Jefferson.

Dr. Dale B. Gouger, R.D. #2, Box 499, Molnton, Pa., has opened a private practice in psychiatry and is an Associate Psychiatrist with the Reading Hospital in West Reading. Dr. Gouger completed his residency at the Sheppard-Pratt Hospital in Towson, Maryland. He and his wife have one son, Robert, 2.

Dr. Carol B. Hersh, 2206A Wheeler Ave., Killeen, Tex., writes "Bob is still tolerating the Army (the feeling is mutual) and I'm in the practice of pediatrics in a small multispeciality group in Killeen. I'm keeping pretty busy since I'm the only pediatrician in the area (aside from the few at the Army Hospital), but not so busy that we can't anticipate the arrival of the first addition to our own family in December!"

Dr. Alan E. Kravitz, 1938 Peachtree Rd., N.W., Atlanta, Ga., has joined in association in a practice of cardiology and internal medicine in Atlanta.

Dr. John C. Schiro, 855 Kiehl Dr., Lemoine, Pa., is practicing internal medicine in Camp Hill, Pennsylvania. Married to the former Maurine Perreault, he and his wife have two sons.

Dr. Jay S. Skyler, 4977 Battery La., Bethesda, Md., has taken a two year leave of absence from the Departments of Medicine and Community Health Sciences at Duke University Medical Center while at the Laboratory of Biochemical Pharmacology, Experimental Therapeutic Branch of the National Heart and Lung Institute in Bethesda.

Dr. Mitchell A. Weinstein, 58 Arvine Heights, Rochester, N.Y., finished two years of a general surgery residency at Philadelphia's Pennsylvania Hospital and is now a second year resident in neurosurgery at the Stony Memorial Hospital of the University of Rochester.

1970

Dr. Joseph A. Breslin, U.S. NCSO Bahrain, FPO New York, is serving with the Navy on Bahrain Island in the Arabian Gulf until June of 1974. He then plans a urology residency at Vanderbilt University.

Dr. Leonard J. Cerullo, Wesley Memorial Hospital, Department of Neurosurgery, 250 E. Superior St., Chicago, was selected by Northwestern University and the Ministry of Foreign Education of France for a Fellowship in
neurosurgery at Hospital Foch and the Hospital Lariboisiere in Paris. The scholarship is for six months and will center on advanced neurosurgical and neuroradiologic techniques. Dr. Cervello is presently a resident in neurological surgery at Northwestern University.

Dr. Peter D. Pizzutillo, 14 Barberry Pl., Wilmington, Del., is in his third year of an orthopaedic residency at Jefferson. He and his wife and three children (Lara, 4; Peter, 2; Amy Beth, born March 14, 1973) are living in Delaware while Dr. Pizzutillo is studying at the E. I. Du Pont Institute.

Dr. Marie V. O. Russell, 306 Conestoga Rd., Wayne, Pa., and husband Ned '72 announce the birth of a daughter, Sarah Jane, on June 14.


1971

Dr. John H. Read, Jr., 233 Baer Dr., Erie, Pa., was married to the former Karin P. 1971

Dr. Harvey F. Saskan, 261 Commonwealth Ave., Boston, Mass., received an MPH degree from Harvard in June and has begun a pathology residency at the Beth Israel Hospital. The Saskens announce the birth of a daughter, Sari Juliana, born June 10.

Dr. Augustin J. Schwartz III, 14183 Castle Blvd., #403, Silver Spring, Md., has completed his two years of training in internal medicine at Duke University Medical Center and has begun a two year Clinical Associateship with the National Cancer Institute of the National Institutes of Health. He and his wife, Carolyn, have one son, Derek.

Dr. J. Stanley Smith, Jr., Harrisburg Polyclinic Hospital, Harrisburg, Pa., is a third year surgery resident at the above hospital.

Dr. James P. Blore, Jr., 131 Spanish Oaks Dr., Wilmington, Del., announces the birth of a son, Scott Michael, on October 27, 1972.

Dr. Richard J. Bonanno, 10 Carden St., Bay Shore, N.Y., writes that he and his wife had a son, Kevin, on November 15, 1972. He will specialize in family medicine.

Dr. James A. Brooks, Jr., 8 Rivercrest, Hanover, N.H., has begun a residency in dermatology at Mary Hitchcock Memorial Hospital of the Dartmouth Medical College.

Dr. Dennis J. Cleri, 1563 E. 33rd St., Brooklyn, N.Y., was married August 11 to Carol Beck, a 1971 graduate of Jefferson's Nursing School. Dr. Cleri is a first year resident at Coney Island Hospital.

Dr. Rodney D. Dorand, 1710 Whittier Ct., Garden City, N.Y., is in his second year of training in internal medicine. He and his wife and three children (Lara, 4; Peter, 2; Amy Beth, born March 14, 1973) are living in Delaware while Dr. Pizzutillo is studying at the E. I. Du Pont Institute.

Dr. Martin J. Fliegelman, 19309 Club House Ct., #202, Gaithersburg, Md., is a staff associate at the National Institutes of Health, National Cancer Institute, in viral oncogenesis.

Dr. Stanley J. Goldberg, 16 Gallowhill Ct., New York, N.Y., announces the birth of a daughter, Jennifer Melissa, on December 20, 1972. He is training in general surgery.

Dr. Richard M. Goodman, 7745 S.W. 86th St., Apt. D322, Miami, Fla., announces the birth of a son, Benjamin Jay, born September 27, 1972. He is a resident in internal medicine.

Dr. Craig T. Haytmanek, 1012 H. Woodson Rd., Baltimore, Md., has finished a medicine internship at Johns Hopkins Hospital and will stay on for an otolaryngology residency.

Dr. Richard H. Niemeyer, 154 E. Main St., Leola, Pa., announces the birth of a daughter, Jennifer Jean, on April 11, 1973. His specialty will be family medicine.

Dr. Glenn C. Nye, 816 Grove Pl., Havertown, Pa., announces the birth of a daughter, Jean Taylor, on April 20, 1973. He is a resident in internal medicine at Lankenau Hospital. He also writes that Dr. David P. Hughes '72 was married on September 8 to Miss Duffy McWilliams.

Dr. Louis D. Pietragallo, 642 Robinwood Dr., Pittsburgh, Pa., writes that he and his wife have a son, Louis Jr., born on July 23, 1972. He is a resident in internal medicine.

Dr. Morton M. Rayfield, 1023 Yverdon Apts. #955, Huntington Valley, Pa., will stay on at Abington Hospital for a residency in internal medicine. She married Dr. Raul Rivera in January, 1973.

Dr. Thaddeus R. Szydlowski, 855 Easton Rd., Apt. 782, Glenside, Pa., was married to Susan Mathes of Springfield, New Jersey. He was an intern at the Reading Hospital and is a lieutenant in the U.S. Naval Reserves. In July Dr. Szydlowski began his residency at Abington Memorial Hospital.

Dr. John R. Tyler, 14 Upper Overlook Rd., Summit, N.J., announces two new additions to his family. Megan Rebecca and Barnard St. Barnard.

1972

Dr. Steven A. Ager, Temple University School of Medicine, Philadelphia, has transferred to the psychiatry program at Temple as a second year resident.

Dr. Paul A. Andrulonis, 1720 Chislett St., Pittsburgh, Pa., is still at the University of Pittsburgh specializing in child-adolescent psychiatry.

Dr. David H. Paul, Barnes Medical Center, St. Louis, Mo., was married to the former Lois Rapport in June. He and his wife now reside in Creve Coeur, Missouri, while he is serving his internship at the above medical center.

Dr. Louis C. DeMaria, Hunterdon Medical Center, Hunterdon, N.J., has joined the staff of the above hospital for a three-year family practice training program.

Dr. Cyril M. J. Puhalla, 1025 Spruce St., Philadelphia, was married in June to Miss Pamela Bourgey. Dr. Puhalla has begun a residency in psychiatry at Jefferson.

Dr. Mary Ann Starzynski and Dr. Alan M. Resnik '73 were married at the Heinz Memorial Chapel in Pittsburgh. They both have started internships at Jefferson.

Graduate School

Dr. William W. Cady, Robert Packer Hospital, Sayre, Pa., was named Outstanding Medical Resident by the hospital physicians at Robert Packer, for his outstanding contribution and performance during the year. Dr. Packer received his M.D. from Temple University and an M.S. in physiology from Jefferson.
Obituary

Deshler F. Sells, 1908
Died January 29, 1973 in Spokane, Washington, at the age of ninety-six. Dr. Sells had been in general practice.

Robert G. Furlong, 1909
Died March 19, 1973 at the age of eighty-seven. A general practitioner who resided in Donora, Pennsylvania, he is survived by his wife.

Samuel B. Kaufman, 1912
Died April 15, 1973 in Fall River, Massachusetts. Dr. Kaufman had been in general practice.

David F. Bentley, 1914
Died August 19, 1973 at the age of eighty-three. He was on the staff of Cooper Hospital in Camden as a pathologist and emeritus urologist. A past President of the Camden County Medical Society, he was a member of the American Urological Association and the New Jersey Society of Surgeons. He is survived by his widow, Mabel.

Joseph Turner, 1915
Died July 6, 1973 in New York at the age of eighty-one. Dr. Turner was Director of Mount Sinai Hospital from 1928 to 1948 when he became consultant to the Board of Trustees there. He is survived by his widow, Henrietta, and two sons, Louis and Joseph.

Walter A. Bacon, 1916
Died June 22, 1973 at the age of seventy-nine. An eye, ear, nose and throat specialist, Dr. Bacon practiced in Pottsville, Pennsylvania.

Dr. Bacon was a Fellow of the American College of Surgeons and a past President of the Schuylkill County Medical Society. He was also past President of the Pottsville Medical Society and the Gill Academy in Roanoke, Virginia.

Surviving are his widow, Elizabeth, a daughter, Dorothy Goodman, and a son Dr. William D. Bacon ’56.

Harry W. Croop, 1917
Died May 11, 1973 at the age of eighty-eight. A retired Kingston, Pennsylvania physician and former President of the staff of Wilkes-Barre General Hospital, Dr. Croop had delivered over 10,000 babies in his fifty years of practice. He practiced medicine until the flood last June. Dr. Croop served as doctor at Luzerne County Prison for twenty-six years. He was also a past President of the Luzerne County Medical Society. Four children survive him.

Ralph D. Green, 1919
Died January 11, 1973 at the age of eighty-two. The retired physician died in Sioux Falls, South Dakota.

Leon H. Dembo, 1920
Died July 14, 1973 at the age of seventy-eight. A pediatrician in Cleveland, Ohio for the past fifty years, Dr. Dembo was on the staffs of a number of Cleveland hospitals and the head of St. Ann’s Hospital Pediatric Department. He was a past President of the Northern Ohio Pediatric Society.

Dr. Dembo was co-author of medical textbooks and child care books and was on the medical advisory board of the Cystic Fibrosis Foundation at University Hospital.

He is survived by his wife, Leah, two daughters and a son.

Frank H. Krusen, 1921
Died September 16, 1973 at the age of seventy-five. Dr. Krusen founded the Temple University Physical Medicine Department in 1928 and in 1963 directed the expansion of that facility called the Krusen Rehabilitation Center. He also established and directed the physical medicine department at the Mayo Clinic and was the senior editor of the standard textbook in the field. He is widely credited as the man responsible for the acceptance of physical medicine as a medical specialty. He was Professor of Physical Medicine at Tufts University Medical School until his retirement in 1969.

Dr. Krusen received the Eisenhower Medal for outstanding contributions to international understanding in 1969. He was named the American Medical Association’s Gold Medal Doctor in 1968 and was an honorary
Fellow of the Royal Society of Medicine in London.

He is survived by his wife, Margaret, and two daughters.

**Frank W. Ingram, 1922**
Died May 17, 1973 at the age of eighty-five. Dr. Ingram practiced his eye, ear, nose and throat specialty for fifty years in Rochester, New York. He is survived by his wife, Dorothea.

**Hubert T. Ivey, 1922**
Died April 18, 1973 at the age of seventy-six. A veteran of World Wars I and II, he served on the staff of the Veterans Administration Hospital.

**Oliver L. Sharp, 1922**
Died July 21, 1973. A specialist in cardiology and chest diseases, Dr. Sharp was a former Guilford County Health Officer and Chief of Medicine at the Richardson Hospital in North Carolina. He was a charter member of the American College of Chest Physicians and on the staffs of several area hospitals.

**Thayer C. Lyon, 1923**
Died June 21, 1973, in Bethel, Kansas. He is survived by his wife, Ethel, three sons and a daughter. Dr. Lyon retired in 1965.

**Stanley C. Mazaleski, 1924**
Died June 10, 1973 at Moses Taylor Hospital in Old Forge, Pennsylvania where he had practiced general surgery since his graduation. He was on the staff at Pittston and Taylor Hospitals there, and was a Fellow of the American College of Surgeons and a member of the American Society of Abdominal Surgeons. Surviving are his wife, Vera, three sons and a daughter.

**Norman A. Olsen, 1924**
Died September 2, 1973 at the age of seventy-six. Dr. Olsen was in general practice in Cut Bank, Montana from 1934 to 1973. He is survived by his wife, Kerma, a son and a daughter.

**Frank J. Jodzis, 1925**
Died June 2, 1973. The former Bucks County physician is survived by a sister and a brother.

**Arthur J. Redland, 1926**
Died January 24, 1973 at the age of seventy-three. Dr. Redland, whose specialty was administrative medicine, died in Kerrville, Texas.

**Robert F. Sterner, 1926**
Died July 4, 1973 in San Diego, California.

**Clifford H. Trexler, 1926**
Died May, 1973 at the age of seventy. Former Chief of Staff at the Good Shepherd Rehabilitation Hospital in Allentown, Pennsylvania and Chief of the Surgical Division at Allentown Hospital, Dr. Trexler was a past President of the Lehigh County Medical Society. He was a Fellow of the American College of Surgeons.

Dr. Trexler, a graduate of Muhlenberg College, served as a member of its Board since 1949 and was a Life Trustee. Dr. Trexler is survived by his wife, Lucille, and his daughter, Mary.

**Herbert R. Glenn, 1927**
Died April 28, 1973 in Naples, Florida. His specialty was general preventive medicine.

**Fred H. Beaumont, 1928**
Died July 24, 1973 in Boise, Idaho. He was a native of Council Bluffs and practiced medicine there from 1931 until five years ago, when he moved to Dallas, Texas to serve as Medical Director for the Postal Services. He was a Fellow of the American College of Surgeons.

Dr. Beaumont is survived by his wife, Virginia, two sons and a daughter.

**Henry A. Davidson, 1928**
Died August 23, 1973. A psychiatrist, Dr. Davidson had been recently installed as President of the Academy of Medicine of New Jersey. Medical Director of the Overbrook Medical Center for many years, he was affiliated with St. Barnabas Medical Center, Newark Beth-Isreal Hospital and other area hospitals. He was a past President of the Essex County Mental Health League and a long-time Editor of the Journal of the Medical Society of New Jersey. Dr. Davidson was also the author of many books, some of which were on non-medical subjects.

**Thomas Purser, Jr., 1928**
Died January 24, 1971 in Mississippi.

**Jacob Z. Heberling, 1929**
Died June 30, 1973 at the age of sixty-nine. He practiced as a specialist of the eye, ear, nose and throat in Bangor, Maine for the past forty-two years. He was a former physician for the Bangor Board of Health and on the staffs of several area hospitals. He is survived by his widow, Elinor, and a daughter, Sandra.

**Arthur T. Colley, 1930**
Died February 21, 1973 at the age of sixty-seven. A veteran of World War II, he served on the staff of Muhlenberg Hospital. He was certified by the American Board of Psychiatry and Neurology.

**Merritt C. Schultz, 1930**
Died May 29, 1973 in Johnstown, Pennsylvania. Dr. Schultz was in general practice.

**Marston T. Woodruff, 1930**
Died September 8, 1973 at the age of sixty-eight. A prominent radiologist and former head of the X-ray Department of Frankford Hospital in Philadelphia, Dr. Woodruff had retired from Frankford two years ago but had maintained a private practice until last January.

Dr. Woodruff was a past President of the Philadelphia Roentgen Ray Society, former President of the medical staff at Frankford, a former Vice-President of the Philadelphia County Medical Society and a former Vice-President of the Pennsylvania Radiological Society. He was a member of the American College of Physicians and a Fellow of the American College of Radiology.

Surviving are his wife, Viola, two physician sons, Dr. Charles L. Woodruff '66 and Stephen, and a daughter, Constance.

**David D. Detar, 1933**
Died September 12, 1973. He had practiced as a G.P., a general surgeon
and obstetrician in Pottstown since residency. A former athlete and once intercollegiate runnerup for the U.S. Olympic team, Dr. Detar was the physician for the Pottstown School District athletic teams. He was also a physician for Firestone Tire Company.

Survivors include his wife, a son and a daughter.

Myles T. Kavanaugh, 1933
Died February 2, 1973 in California.

J. Stanley Smith, 1933
Died May 10, 1973 in Riviera Beach, Florida. A dermatologist and allergist, he practiced his specialties in Pennsylvania until 1964. He then became a Medical Director in the State Health Department and later served as Traffic Epidemiologist and Consultant in the Transportation Department. In 1970 he retired and moved to Florida. In Williamsport he served for three terms on the School Board and was an unsuccessful candidate for Mayor.

A former President of the Lycoming County Medical Society, he was also a delegate to the White House Conference on Aging. He served as an editorial consultant to Medical Economics. Surviving are his wife, Eleanor, and his sons Donald and Dr. J. Stanley, Jr., '71.

John Lohmann, Jr., 1934
Died April 1, 1973 at the age of sixty-four. He had practiced medicine in Scranton for over thirty-five years. He is survived by his wife, a daughter and a sister.

John D. LeFevre, 1937
Died September 8, 1973 at the age of sixty-two. A specialist in internal medicine, he had served as President of the Clark County Medical Society in 1957 and was a past Chief of Staff of both City Hospital and Mercy Medical Center in Ohio.

Survivors include his wife, three sons and two daughters.

Paul F. Dunn, 1941
Died August 7, 1973 at the age of fifty-eight. He was the Director of the Delaware Guidance Services for Children and Youth. Surviving are his wife, Lorraine, three daughters and two sons.

Jerry H. McNickle, 1941
Died February 14, 1973. The former Ashland, Kansas general practitioner is survived by his wife and four sons.

John F. McGinty, 1943
Died May 6, 1973 in Kennebunkport, Maine. He was fifty-five years of age. He was former Chief of Staff at Bon Secours Hospital, a senior staff member at both Lawrence General and Bon Secours Hospitals in Massachusetts, former school physician for the Lawrence General Hospital School and a former Fellow in Cardiology at Massachusetts General Hospital. He was a past President of the Northeast Chapter of the Massachusetts Heart Association.

Surviving are his wife, Shirley, and three daughters.

Richard T. Shaar, 1947

Virgil L. Houck, 1952
Died July 27, 1973. Dr. Houck had been a general practitioner in Greenville and Sheakleyville, Pennsylvania until 1959, when he joined the staff of Greenville Medical Center as an ophthalmologist. Most recently he was a specialist at a clinic in Bloomington, Indiana. He and his wife and two of their three daughters were killed when their private plane was struck by lightning.

Robert S. Gamon, Jr., 1954
Died July 14, 1973. He was Chief Attending Pediatric Surgeon and Clinical Associate in Surgery at Cooper Hospital, a Jefferson affiliate. He was associated with several other area hospitals and maintained a private practice in Cherry Hill.

Dr. Gamon was President of the Camden County Medical Society and a former member of the Merchantville Board of Education. He was a Fellow of the American College of Surgeons and of the American Academy of Pediatrics.

Surviving are his wife, Mary, two sons, Thomas and Robert, and a daughter, Lindsay.

John T. Dooley, 1957
Died July 18, 1973, at the age of forty-eight. The Pittsburgh general practitioner was a member of the Centerville Medical Group in Centerville, Pennsylvania. He had practiced in Salem, New Jersey for nine years, serving as the social disease clinician for Salem County and as a staff member of the Salem County Memorial Hospital.

Dr. Dooley was a member of the American Board of Family Practice and the Pan-American Medical Association.

Surviving are his widow, Ruth, and his son, Mark.

John D. Corbit, Jr., Faculty
Died August 10, 1973. Dr. Corbit was Chairman of the Department of Obstetrics and Gynecology at the Lankenau Hospital and active in the medical education program of students and house officers. He held the rank of Professor of Obstetrics and Gynecology at Jefferson. Previous to his position at Lankenau Dr. Corbit held the same post at Presbyterian Hospital and at PGH.

He was a Fellow of the American College of Obstetrics and Gynecology. Active in the National Council on Alcoholism, he last year received that organization's Bronze Key from Governor Milton Shapp.

He is survived by his widow, Dorothy, a son, John, two daughters, a stepson and a stepdaughter.

Carl L. Hansen, Faculty
Died August 10, 1973. A Professor in Jefferson's Department of Radiation Therapy and Nuclear Medicine since 1971, Dr. Hansen's original appointment was as Professor of Radiology in 1969. Until 1965 Dr. Hansen's career was spent in the Medical Service of the United States Air Force. Following his retirement from the Air Force he became Deputy Director of the Armed Forces Radiology Research Institute. He is the author or coauthor of numerous scientific articles.
Recent analyses of Jefferson students show that fifty-six to sixty-five percent need financial assistance, totaling from thirty-eight to eighty-five percent of his or her yearly expenses. In order to permit more qualified and interested students to prepare for health careers in these inflationary times, additional funds for student loans and scholarships over a twenty-year period are required. Modest fellowships in the Graduate School will allow deserving and talented students to gain experience in teaching professional students in the Medical College and in the College of Allied Health Sciences. Fellows will also work with faculty members on research projects, helping to apply the findings of science to the improvement of health care.

The quality of medical education obviously depends in great measure upon the quality of the faculty. To encourage the best doctors to undertake academic careers, there must be a way to offset the financial appeal of private practice. Jefferson proposes to establish Honor Fellowships for sixteen young faculty members which would provide a salary supplement of $7,500 per year over a five year period. In addition, fourteen Distinguished Professorships, providing a supplement of $10,000 to the annual salary plus $10,000 for research and clerical support, are proposed to attract preeminent minds to the Jefferson faculty. Jefferson has had a tradition from Gross to Gibbon of teachers who can inspire by example as well as by explanation. We hope to maintain this tradition in Century Twenty-One.

Along with improvement in programs Jefferson recognizes the need for improvement in certain of its facilities. A new Clinical Teaching Facility has been designed to modernize and coordinate hospital services. The new hospital building can be financed almost completely through self-supporting, long-term loans, if Jefferson provides a minimum initial investment.

In the area of ambulatory services, plans are underway to integrate all specialty services into one building where patients will be able to make a one-stop visit for medical, laboratory and radiologic services. The Edison Building has been purchased by Jefferson to this end. Plans also call for the development of three new primary health care units to be organized in conjunction with South Philadelphia Health Action. These units would increase the accessibility, quality and efficiency of health care in the surrounding community.

The overall cost of these new programs comes to a staggering $84 million. All but $25 million is obtainable through debt financing and other sources. Of the $25 million that must come from private sources, the Executive Committee of the Alumni Association has agreed to assume responsibility for obtaining $4 million. This figure was reached by considering the Alumni Association's $700,000 contribution to the 1963-64 Building Fund Drive for $7 million and realizing that ten classes have become alumni since 1963. Alumni support for other universities' campaigns is generally estimated at about this level, eighteen to twenty percent of the campaign goal.

Let us all help, let us all give and give generously to the one institution that has made our lives so plentiful.

We can show our appreciation for those wonderful training years by giving generously to this once in a lifetime anniversary.
Dr. Elmer H. Funk, Jr.  '47
510 Millbrook Rd.
Devon, Pa.  Chester Co. 19333