Winter 1973

Jefferson Alumni Bulletin – Volume XXII, Number 2 Winter 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/149

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

Peter A. Herbut, M.D.
President of Thomas Jefferson University

As institutions look back over a long and illustrious history, they often find themselves enmeshed in currents that they themselves have helped to generate. This circumstance seems to apply to Jefferson Medical College. In educating more doctors than any other United States medical college, Jefferson has not only provided exemplary medical care for millions of Americans, it has simultaneously created a demand for medical services of uncompromising quality that are immediately available to all our citizens. One might call this with great accuracy “the burden of success” or “the obligations of leadership.”

All of us, as doctors, find ourselves in February, 1973 in the growth industry of the last quarter of this century. Medical care is an overriding concern and an uncompromising demand in our society. The national legislation that has been proposed for health plans that extend the care provided through Medicare and Medicaid, and the action of state medical societies in proposing obligatory continuing medical education for all physicians are symptoms of the growing concern for changes in our medical care system.

Change should be made only to implement goals and objectives that have been carefully researched. Change should come about as a response to predictable needs—a solution to problems that we perceive.

It is in this context that Jefferson has agreed to an expanded spectrum of goals for the decades immediately ahead. The programs we are fashioning to meet those goals have been painstakingly developed through a carefully structured planning effort that has spanned more than two years. By fulfilling those goals, Jefferson is responding to the demand for superior health care that it has historically helped to create.

When we look only at the price tag assigned to our Sesquicentennial Campaign effort, the goal seems overwhelming. Upon closer examination, however, these goals come into better focus, into sharper perspective as the kind of challenge that has made Jefferson great because of its ability to meet such challenges successfully. All but $25 million required for Jefferson’s total program is obtainable through debt financing or other sources. The $25 million that must come through private sources of philanthropy represents the immediate challenge where our efforts will be measured objectively by our achievements.

The Executive Committee of the Jefferson Medical College Alumni Association has agreed to a $4 million goal as the Alumni Association’s portion of the $25 million required in private support.

continued on inside back cover
Jefferson Medical College

Volume XXII, Number 2

Winter 1973

Century Twenty-One
Jefferson announces a ten year, $84 million capital campaign to implement new programs and provide new facilities.

The Valley With A Heart, Coming Back Better Than Ever
Billboards in Pennsylvania's Wyoming Valley carry the above motto, as the area recovers from the devastation of Hurricane Agnes (June, 1972).

Graduate School: Progress Report
Dean Robert C. Baldrige reports on the state of the Graduate School.

The New President
Dr. Paul A. Bowers comments on his office.

Jefferson Scene 20 Profile 22

Class Notes 25 Obituaries 34

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

The Alumni Association of Jefferson Medical College
1020 Locust Street, Philadelphia, Pennsylvania 19107
Present and future view of Thomas Jefferson University's campus. Looking northwest, the white building to the far right, rear, is the new Clinical Teaching Facility. Moving clockwise, the tall gray structure is the Edison Building, located at Ninth and Sansom Streets; the white complex in the foreground will be the new student housing; the white building directly to the rear is an education facility not in present planning.
In 1974, Thomas Jefferson University, through its predecessor institution, the Jefferson Medical College of Philadelphia, will observe the one hundred and fiftieth anniversary of its founding. As it reaches this point in history, the University is determined that the occasion shall mark more than mere longevity.

Since its founding in 1824, Jefferson has responded in successive generations to the needs of a growing nation. During this time, its faculty and students have made significant contributions to medical science. For a century and a half Jefferson graduates have been leaders in their field.

There are numerous hospitals throughout the world named for Jefferson Alumni. Nearly one hundred hospitals and ten medical colleges were founded by Jefferson Medical College graduates. Nearly half of the presidents of the United States chose to be served by Jefferson physicians. Jefferson graduates were instrumental in the founding of three American scientific societies.

Today, in every part of our nation, 7,000 Jefferson alumni are contributing to the betterment of mankind. It has been their good fortune to live in an age of medical advance, but medical advance can be only as good as the medical education that precedes it. Therefore, every hope for improved medical care tomorrow rests upon the improvements made in medical education today.

Jefferson faces a three-fold challenge in the delivery of health care in this country:

... To make high quality medical care available to all people who need it, when they need it;

... To increase the efficiency of medical care by extending the physician’s expertise through supporting teams of medical manpower and facilities;

... To increase the emphasis of medical care from that of curing sickness to one of preventing disease.

If the University is to meet its responsibilities in the light of these challenges, it is obliged to face facts boldly and realistically. Never has there been greater need for studying, sorting, and changing the old approaches to the practice of medicine in order to bring more meaningful health care to all people. This is what the Master Planning Committee has done (Jefferson Alumni Bulletin, Spring 1972).

After two years of study of all aspects of Jefferson’s activity, the Committee has developed a bold, innovative program. Its purpose is to give our students an educational experience of the deepest significance under the soundest leadership.

With its Sesquicentennial Program, Thomas Jefferson University will build on this great heritage for the next several decades. New concepts of health care are being developed, and new facilities are being planned to accommodate these concepts. Although the planning extends across the entire spectrum of medical education and health care, first priority will be given to the educational improvement program. As President Peter A. Herbut has stated,
"Bricks and mortar without complementary manpower and brainpower are absolutely worthless."

Jefferson's plans affect undergraduate, professional medical education, post-graduate training and continuing education, and integrates these with allied health and graduate programs in basic medical sciences. The total cost for this pace-setting, ambitious undertaking is $84 million. Of this amount, $25 million will be sought in pledges and other gifts to meet the immediate and long-range needs for which other funds are not available. This is the Sesquicentennial Campaign.

Some may say, "Why doesn't the federal government pay the entire amount?" The Carnegie Report has a very clear answer for that question. "Private sources—individuals, industries, and foundations—remain the largest contributors to the support of medical education. This fact must never be obscured by the prominence of federal and tax support. Private support has allowed American medical education the flexibility which made it strong."

As has been frequently stated, the medical institution that begins to pay less and less of its own way in this world begins to maintain less and less control over its own destiny.

Jefferson's Sesquicentennial plans are far-reaching. They are worthy of the University's heritage because they promise to make a major contribution to the future of medical education. Only such purpose and aspiration could justify the proposed effort in the CENTURY TWENTY-ONE SESQUICENTENNIAL CAMPAIGN.

The campaign will give Thomas Jefferson University financial strength for the next thrust forward.

Immediate and long-range plans in Jefferson's Sesquicentennial Program encompass both program innovations and physical expansion. The program will contribute directly to medical education and strengthening health care delivery systems in the next quarter century.

In many respects revolutionary in character, the new program of medical education is based upon certain important general principles. Elements in medical education and planning anticipate the kind of changes in health care delivery now under consideration in Congress and the executive branch. Initial implementation of Jefferson's educational improvement programs will require an investment of $15.8 million for transition and program start-up costs and initial funds for new construction. An additional $9.2 million is needed to strengthen the existing academic programs—making a total of $25 million.

phase I—capital needs

One of the greatest needs facing the University today is the replacement of obsolete hospital facilities (main building and Thompson Annex). Since 1968, Jefferson's planners, its consultants and architects have been studying the problem. They have proposed the development of a Clinical Teaching Facility (hospital). Such a building will meet the changing patterns of patient care and permit maximum communication among faculty members, teachers and students.

To be built on a site bounded by Eleventh, Chestnut, Tenth and Sansom Streets, at the northern edge of the Jefferson campus, the building will be limited in size to Jefferson's teaching needs. It will offer a full range of inpatient and ambulatory services and will complement our outreach programs.

Perhaps the most unusual feature of the proposed four hundred bed acute care facility is its physical structure.

Private support has allowed American medical education the flexibility which made it strong.
The design makes available contiguous areas for ambulatory care and office space, teaching and research, in addition to inpatient accommodations for primary, secondary and tertiary care.

The family medicine program will serve as the coordinating base for ambulatory care in the Clinical Teaching Facility. Ambulatory programs will provide educational opportunities for both medical and allied health students. The newly established Department of Family Medicine will be equipped with the latest technical equipment so that it can function as a demonstration unit in efficient health maintenance and care, both in the inpatient area as well as the ambulatory setting. Thus a team of health workers which is caring for a family can provide for hospitalization of family members when serious illness arises and can coordinate the multiple consultation services that specialty departments of the University can provide.

Recognizing that the land upon which the building will be constructed must be shared with tax-producing commercial users to prevent serious depletion of tax income to the city, Jefferson has included in its plans tax-producing, commercial and other types of leased space and services. A parking garage will be housed within the facility.

Plans call for the Clinical Teaching Facility to be connected to the Foerderer Pavilion by tunnels and bridges at each level. The Foerderer Pavilion will increase a number of services which will complement the activities in the Clinical Teaching Facility.

Although the new facility is estimated to cost $54 million and can be financed almost entirely through self-supporting, long-term loans, Thomas Jefferson University must provide a minimum investment of $5.1 million to achieve the funding required.

Representing Jefferson’s first venture into student housing, the Orlowitz Residence Hall on the southwest corner of Tenth and Walnut Streets, has been eminently successful. Since its opening in 1968 its availability has demonstrated a great need for additional housing at the University.

Plans are now underway for the development of additional housing in the form of apartments comparable to those in Orlowitz. A site in the block between Walnut and Locust Streets, east of Tenth Street has been committed to Jefferson by the Redevelopment Authority. Current scheduling calls for the new housing to be available in the fall of 1974. Total cost of the one hundred twenty-two low-rise units will be $6 million.

The Edison Building, a fine twenty-two-story structure at Ninth and Sansom Streets, has been purchased by Jefferson for two sequential functions. Jefferson’s outpatient services and activities are presently scattered over a wide area of the campus. By bringing them together into the Edison Building, the University can offer a readily accessible, comprehensive range of care for every patient. The patient will be able to make a one-stop visit, and at that stop all medical specialties, and laboratory, radiologic and other services will be available.

In reorganizing its Ambulatory and Community Medicine Program, Jefferson will achieve substantial advantages in the levels of health care provided, the educational programs that are dependent upon this health care, and in the funding through which payment for the care is achieved.

Upon completion of the Clinical Teaching Facility, the ambulatory care programs will be transferred to the new building. At that time, an expanded College of Allied Health Sciences can combine its various programs and curricula in the Edison Building which will be near all components of the Jefferson campus.

The Edison Building was obtained at a square footage cost far below that associated with even minimal new construction. Total funds required for its purchase and renovations—$5.92 million.

In order to accommodate the Cardeza Foundation which will be demolished to make way for the Clinical Teaching Facility and to expand the facilities of the Clinical Departments, renovations will be required in the Curtis Clinic Building at a total cost of $1.5 million.

**phase I—program needs**

The education of physicians and health personnel should be carried out within a modern and high quality system for providing health care. At the same time, an academic medical center such as Thomas Jefferson University should work directly to improve the accessibility and quality of care in areas where this is appropriate.

Jefferson has joined actively with South Philadelphia Health Action, a community-dominated corporation of consumers and providers in South Philadelphia, which is dedicated to improvements in the accessibility, quality, and efficiency of health care.

The University will participate in the joint development of a network for health care delivery. Specific plans call for the development of three primary health care units. One would be based within the new ambulatory care facility at Jefferson, and the other two in South Philadelphia. These centers will constitute a readily available point of initial contact with the health care system.
Medical care provided by these community health centers would emphasize the practice of family medicine and ambulatory care. As part of Jefferson's educational programs, and in the process of providing primary health care, the community health centers will incorporate the special skills of family physicians, nurses, licensed practical nurses, medical technologists, radiologic technologists, occupational therapists, physical therapists, cytotechnologists, histologic technologists and physicians' assistants. Both the educational and service dimension fulfilled by the community health center rests solidly upon its organizational ties to Thomas Jefferson University.

Operational funds required for this program amount to $300,000 per year for three years, a total of $900,000.

As the size of the student body and the number of programs have continued to grow at Jefferson, the affiliated hospitals have become increasingly essential participants in the educational program. At the present time, the Jefferson Medical College is affiliated with fourteen hospitals in the Delaware Valley area, and a majority of third and fourth year clinical education programs are carried out in these hospitals.

There is a need for Jefferson to further develop relationships with its affiliated hospitals, to seek a rearrangement of certain affiliations in order to share more equitably the teaching responsibilities for medical students, for residents, for specialties provided by allied health personnel and for programs of continuing medical education.

To do this, Jefferson must be prepared to provide funds to meet the costs of these increased teaching responsibilities. These programs require development of a teaching faculty in each of the affiliated hospitals and the establishment of coordinators in the various teaching programs so that there is a carefully planned inter-relationship between the teaching a student receives at Jefferson and that which is given at an affiliated hospital. Teaching programs can be extended beyond medical school into the residency training years so that residents can be rotated from Jefferson to one or more affiliated hospitals during different phases of any residency program.

Affiliations with area hospitals aid in providing a full range of clinical experience in each of the allied health disciplines. They also provide a desirable variety of clinical emphasis and involvement for students in licensed practical nursing, medical technology, radiologic technology and other allied health curricula.

In the long run, funding will have to be obtained from regular operating budgets, but, at the beginning, activation funds are essential. These funds will be used over a period of three to five years at a total cost of $1 million.

The College of Allied Health

Mr. Edward J. Dwyer will serve as the overall chairman for the $25 million Campaign. Chairman of the Board of ESB, Inc. Mr. Dwyer has been named to Jefferson's Board of Trustees.
Affiliations with area hospitals aid in providing a full range of clinical experience in each of the allied health disciplines

Sciences at Jefferson offers six certificate, diploma and degree programs in nursing, radiologic technology, and medical technology, with its subdivisions.

To meet a well-documented need, additional programs for physicians' assistants, and programs in occupational therapy, radiologic technology and physical therapy, must be developed and activated for baccalaureate degrees.

All curricula within the allied health spectrum will correlate clinical experience with academic classroom work. This clinical experience will be provided in the community health centers, and in both ambulatory and inpatient settings in the Clinical Teaching Facility and affiliated hospitals.

The four additional programs, projected for introduction as early as 1973-74, will each require support in the amount of $500,000 over an initial three year period. Total amount required is $2 million.

As graduate study has evolved in the United States, superior graduate students have achieved a dual function within the structure of higher education. On the one hand they have initiated and contributed to some substantial research activities and at the same time have provided an able core of instructors for undergraduate classes.

While Jefferson is a relative newcomer in the field of graduate education, it has made a significant contribution to the production of the nation's bioscientists. Since 1949, graduate education at the University has grown considerably, from about twenty-five students in the first ten years to over one hundred students today.

In order to attract the best minds among our young people into the basic medical sciences, Jefferson must provide an educational experience that will equip them to work closely with physicians in devising effective and efficient procedures that can apply
to large numbers of people.

The creation of Thomas Jefferson University Fellowships will make it possible for deserving, highly motivated and highly talented young men and women to choose this career. Each University Fellow will gain experience in teaching professional students in the Jefferson Medical College and the College of Allied Health Sciences, with special emphasis on tutoring minority students and those of disadvantaged educational backgrounds. In addition, the Fellows will work with members of Jefferson's faculty on research projects designed to provide a deeper understanding of normal and abnormal development, so essential if we are to understand the nature of disease.

Jefferson is seeking funds to provide fifty Fellowships to be awarded annually each covering the normal cost of tuition and providing a modest stipend for the student—a total of $4,750 for each Fellow. The entire cost for this program is $3.8 million, with principal and interest to be expended over a twenty year period.
**phase II—program needs**

The idea that we must continually strive to maintain and enhance the quality of our academic institutions is so often taken for granted that it is in danger of losing its meaning if not reaffirmed and reemphasized periodically.

It is the continuing responsibility of a private, medically oriented university to encourage preeminent minds among the faculty, for it is by interacting with them that students gain understanding. To a greater extent than is true among other disciplines, the education of physicians depends upon interpersonal contacts between students and faculty members.

During the past two decades, federal funding for research and faculty career awards has resulted in a quantum jump in the quality of education in medical centers throughout the country. A major need for the coming decade is that of private resources to enable Jefferson to support the imaginative inquiry, and to recognize the challenge that an outstanding faculty can bring to the Medical College and its students.

To enhance the quality of the institution, Jefferson has identified the need for fourteen Distinguished Professorships at the University. These would provide a supplement of $10,000 to the annual salary, and $10,000 for research and clerical support. Total cost of the program is $56 million.

A career in academic medicine—a place on the faculty of a medical university—can never equal the financial rewards of private medical practice, especially at the end of a costly and lengthy medical education. Academic medicine does offer its own, often unique, rewards to outstanding graduates in medicine and the basic biologic sciences. Particularly important for the future of medical education, research in the biologic sciences, and in medical care, is the "multiplication factor" that outstanding doctors achieve through teaching careers. An outstanding doctor, if he enters academic medicine, can multiply the number of patients who benefit from his insights and understanding by as many students as he may face throughout his career.

To encourage doctors to undertake academic careers, there must be a way to offset the financial appeal of private practice. Recognizing this need, Jefferson will establish Honor Fellowships for young faculty members to be awarded for a five year period and would provide a salary supplement of $7,500 per year.

Honor Fellowships of $7,500 each would be accorded to sixteen young faculty members in every year ($120,000), and the program would continue over a twenty year period. A total of $24 million will be required.

The impact of rising educational costs due to the inflationary spiral threatens to keep out of medical and allied health education many students whose ambition and abilities qualify them as superb candidates for higher education, careers in medicine, research in basic sciences, and the allied health occupations.

Recent analyses of Jefferson's students show that fifty-six to sixty-five percent require some form of tuition assistance, and that this assistance may amount to anything between thirty-eight and eighty-five percent of a student's expenses each year.

Critical today is the need for highly skilled personnel in medicine, basic biological research and allied health occupations. Forecasts suggest that the existing needs in these fields will continue for at least the coming decade. In the face of such tangible requirements in the health fields, no student should be obliged to leave Thomas Jefferson University for financial reasons alone.

To insure that financial assistance will be available for those who need it (a majority of students) and that the funds will not be restricted to specific disciplines, Jefferson proposes loans and scholarships in the amount of $60,000 per year over a twenty year period, for a total of $1.2 million.

Jefferson's $54 million Sesquicentennial Program will be financed through $57.5 million in self-supporting, long-term loans, $1.5 million through miscellaneous sources, and $25 million in private funds to be raised through the Sesquicentennial Campaign.

In the past, the Jefferson Medical College Alumni Association has lent vital support to programs of expansion. During the first century of the Medical College's existence, the Alumni Association spearheaded the building fund campaign for Jefferson's first modern hospital. It set an original goal of $250,000 and oversubscribed at $350,000 in two months.

Since then, the Curtis Clinic, the Foerderer Pavilion, and the present new Medical School buildings were constructed on the foundations of gifts from Jefferson Alumni. Annual giving has now reached a level of over $400,000 a year.

Jefferson Alumni have again stepped forward to lead the way for the Sesquicentennial Campaign. Dr. Henry Coley '34 has accepted the post as National Chairman of the Alumni Division of this campaign. His leadership will be shared by three vice chairmen: Dr. C. Lee Liggett '44 of Baytown, Texas—National Vice Chairman; Dr. Francis Gallo '34 of Winsted, Connecticut—Task Force Chairman; and Dr. Benjamin Bacharach '56 of Philadelphia—Vice Chairman, Delaware Valley and Pennsylvania. They are now in the process of selecting their teams for the national effort. Mr. Edward J. Dwyer, Chairman of the Board of ESB, Inc., will serve as overall Campaign Chairman.

Jefferson's Board of Trustees feels extremely fortunate that these dedicated alumni will assist in the Sesquicentennial Campaign in reaching its goal of $25 million. Toward that effort, the Executive Committee of the Alumni Association has approved an amount of $4 million as the sum to be raised among our 7,000 living alumni.

The Sesquicentennial Campaign is a means of constructing a strong financial bridge into CENTURY TWENTY-ONE. It is a challenging effort.
The Valley With a Heart,

June 23, 24 and 25, 1972, lasted forty days and forty nights in Wilkes-Barre, Pennsylvania. The Susquehanna River, swelled by rains in the wake of Hurricane Agnes, reached a crest of forty feet on Saturday the 24th, causing water levels as high as eighteen feet in sections of Wilkes-Barre and the surrounding Wyoming Valley. The river washed out or destroyed many of the Valley’s bridges, isolating Wilkes-Barre from the west, and damaged at least 2,728 buildings in central Wilkes-Barre. Inflicting billions of dollars of damage, the Susquehanna drove 50,000 of Wilkes-Barre’s 65,000 residents from their homes and forced the evacuation of 100,000 to 165,000 people from the Wyoming Valley as a whole; 16,000 of these people were over sixty years of age.

The reaction of most area residents to early Civil Defense flood warnings was disbelief. Although the Susquehanna had broken through the dikes in 1936, the 1972 barriers were higher and stronger. When evacuation became a reality, however, only isolated instances of panic disrupted the prevailing efficiency. Medical people in particular acted with necessary composure.

The unexpected and unrehearsed evacuations of area hospitals, for example, were orderly and complete. Evacuation priorities were similar at Mercy Hospital in Wilkes-Barre and across the river at Nesbitt Hospital in Kingston; where possible, patients were discharged. Hospitals on high ground such as Wilkes-Barre General and Wyoming Valley admitted those who needed special or intensive care. One very special evacuee from Nesbitt Hospital was a two-pound baby. Doctors used a chemical heat pack, then wrapped the infant in blankets and aluminum foil for a successful trip to Wilkes-Barre General.

Emergency treatment centers set up by Civil Defense cared for patients needing intermediate aid. Helicopters, ambulances and even a squad of hearses provided transportation.

Physicians were in demand at both the functioning hospitals and the emergency facilities, and many of the sixty Jefferson alumni in the area volunteered in both capacities. Dr. Burton S. Benovitz (Jefferson ’55) became a week-long resident of hectic Wilkes-Barre General, helping to treat the increased patient load. Hospital routine was adapted to the situation or abandoned. An obstetrician-gynecologist, Dr. Benovitz recalls that “whoever was in the labor room did deliveries. There was no possibility of private patients.” Although most patients treated did not have flood-related medical problems, Wilkes-Barre General did report an increase of cardiac stress emergencies.

In addition to taking patients from flooded Mercy and Nesbitt Hospitals, Wilkes-Barre General and Wyoming Valley Hospitals had to cope with helicopter referrals from the emergency centers in cases where refined equipment or special personnel were required. The GAR High School emergency center, for example, had no laboratory facilities and only one physician, Dr. George P. Moses (Jefferson ’62). With a staff of fifteen volunteer nurses, he ran a medical center for 800-900 people in the early days of the emergency. Working initially with drugs and supplies he obtained free of charge from an area pharmacy, Dr. Moses, a general surgeon, attended to everything his equipment would allow. He performed surgery and deliveries, took care of lacerations and infections and treated general medical problems.

On a larger scale, an emergency center west of the Susquehanna was established at Misericordia College. Designated a shelter by Civil Defense some years ago, it already had a storehouse of emergency supplies. Additional materials, patients and personnel came in primarily by helicopter and boat. Obstetrician-gynecologist Dr. Paul D. Griesmer (Jefferson ’54) notes that at Misericordia, “We treated 5000 people in the emergency room alone and cared, moreover, for three hundred in-patients including fifty-two deliveries. The center even developed a sophisticated Coronary Care Unit.”

The relative order and efficiency of emergency medical activity were in sharp contrast with the tumult in the Wyoming Valley. Because power failure limited communication to ham radio and word of mouth, the population was unaware that health conditions in general were good and that in fact very few flood-related deaths had occurred. Nor, in the early hours of the emergency, did many

Mrs. Mara joined the staff of the Bulletin in November replacing Mrs. Elizabeth Landreth. She is a graduate of American University and received her master’s degree in English from the University of Pennsylvania.
Coming Back Better Than Ever
by Joy R. Mara

Downtown Wilkes-Barre, Pennsylvania watches the winter-peaceful Susquehanna River.
know for certain to what level the water had risen. Some who were on high ground, like Dr. Benovitz, were able to find out for themselves, but found no solace in certainty. "I'll never forget the disbelief and wave of nausea I felt standing on the roof of Wilkes-Barre General Hospital and seeing the river where my house should have been."

Those who could not confirm their fears had to deal with them in a comfortless, macabre atmosphere. Some of the news that did circulate reported the disinterring of 1,056 bodies from nearby Forty Fort cemetery and boats sailing across the square in Wilkes-Barre. It reported vacant streets, open only to National Guardsmen brought in to prevent looting and to enforce the near universal travel restrictions which prolonged the isolation and the uncertainty. To Dr. Charles N. Burns (Jefferson '41) who lived through the 1936 flood "the first few days of Agnes were almost like wartime. People were frightened, but purposeful, and when activity was necessary we went out in pairs; it was the only assurance families had of maintaining communication."

Because banks were closed or inaccessible, many people were caught without money to replace lost necessities. Dr. Moses wore a scrub suit for three weeks, because he had neither clothes nor money. Although the Red Cross eventually supplied vouchers for items like underwear, in many cases merchandise was difficult to find at any price.

Housing, of course, became a problem. Emergency centers like GAR High School and Misericordia College doubled as residence quarters. They sheltered people who had been evacuated from nursing homes, people whom the flood had left homeless and people without transportation to the hospitality of friends or relatives on high ground. All shared a common scarcity of ordinary necessities like shower and laundry facilities. Even clean diapers became a luxury for someone whose home, for a week or a month, was an army cot.

The possibility of typhoid unnerved the Valley, although very few medical centers felt inoculations were necessary or desirable except for rescue workers. Fortunately, the disease never developed.

Once the waters began to recede, some normal activities tentatively were resumed. Area hospitals reopened, operating with those facilities the flood had not damaged. The basements of Mercy and Nesbitt Hospitals, both of which had been recently renovated, sustained the greatest losses. Mercy lost its new urology facilities and Nesbitt a new X-ray center; over-all damage for both ran to millions of dollars.

In Wilkes-Barre, Dr. Moses found that the GAR center became less pressured and shortly was able to be closed. "We worked incredibly hard for about a week," he recalls,
In June the now icy Susquehanna broke through this stretch of dike near Forty Fort cemetery. Repair work continues.

"but I knew the true emergency was over when I received requests for birth control pills instead of typhoid shots!" The larger Misericordia center was maintained for a month. When the medical staffs were no longer needed at the centers, the overburdened conventional hospitals asked for their help. Some doctors, like urologist Charles Burns, practiced their specialties for several hospitals. Others, like George Moses, worked eight hour shifts in various emergency rooms. In between duties, however, physicians, like the rest of the Valley, were returning to their homes and offices to begin the arduous process of recovery.

Of all the problems attending the early clean-up effort, mud was the most exasperating. "Most people don't realize it," says Kingston's Dr. Burns, "but the Susquehanna is a highly polluted river. The filth of the water made the odor of the mud and the waterlogged buildings unbearable. It took months to dry out, and I don't think we'll ever be entirely rid of the smell." Dr. Burns and his son, a student at Jefferson, worked for days to remove the mud from his office building. Even after scrubbing the basement repeatedly, the area remained gritty with residue.

Dr. Burns' experience was a common one in the Wyoming Valley. For George Moses, "All July was like a lost week-end. Any time we weren't at the hospital we spent trying to clean and repair. That month must have lasted one hundred years." Dr. Griesmer and Dr. Benovitz found that people from areas untouched by the flood were anxious to help in the recovery "almost as if they felt guilty they were spared," reflects Dr. Griesmer. "Many suburbanites housed evacuees, both friends and strangers. While the men helped in town with the clean-up, their wives drove from house to house with refreshments and encouragement." Civil Defense also offered clean-up crews to families who wanted help. Vandalism was not a significant problem, although sporadic acts did occur.

While most area residents began clean-up efforts as soon as Civil Defense allowed them to travel, there were some who could not face the recovery activity or the prospect of living with memories of the destruction. Dr. Lewis L. Rogers (Jefferson '43) tells of a couple who abandoned their home entirely for a new one on higher ground, visiting their home site only long enough to axe their way through antiques to salvageable belongings. Very few people, however, left the Wyoming Valley altogether.

Once the mud was cleared away, the people who stayed on began to comprehend the horrifying extensiveness of their losses. The Wyoming Valley segment of the Luzerne County Medical Society reports that at least one hundred fifty-five out of two hundred fifty area doctors sustained damage to home or office. The experience of Dr. Moses,
Area alumni sustained flood damage to home and office. Top left, trailer is temporary residence for Dr. Burton S. Benovitz while his home (right) undergoes repairs. Top right, Dr. George P. Moses surveys waterlogged office equipment. Bottom, two trailers welded together serve as temporary office for Dr. Charles N. Burns. The house in the rear is Dr. Burns' old office building where post-flood renovations continue.
whose losses to both home and office were nearly total, is typical.

"My family’s home was entirely covered by the water and has to be totally rebuilt and refurbished. My office is structurally intact, but is indelibly water and mud marked. My equipment, my medical books, my files are all gone. Even my diploma from Jefferson was virtually ruined, but at least it can be restored. The things that hurt the most are the items I can never replace like first edition books and personal mementos.”

Resumption of utility services was not matter of fact. Even after the return of water service, all water had to be boiled, and drinking water was a luxury. Electricians were in constant demand as were telephone workmen. Dr. Rogers remembered that, “All ordinary procedures were in abeyance. If you had a friend who was an electrician, you had some hope of restoring electrical service. Otherwise, you stopped an electrician or a phone man wherever you saw one working and lured, cajoled or begged him to come to your house next.”

As recovery efforts got underway in earnest, money became a major problem. The Pennsylvania Medical Society offered area doctors $5000, five year, no interest loans, but for many $5000 was only a beginning. Small Business Administration and Housing and Urban Development loans gradually became available, but the application forms were lengthy and complicated, and approval was often slow. Surprisingly enough, only two area residents had flood insurance policies per se on their homes or offices. Some like Dr. Moses had flood coverage riders to other policies; Dr. Lewis Rogers had a physician’s equipment floater covering all destruction. Dr. Rogers, an orthopaedic surgeon who presently does only consultant work, found that his major office loss was his expensive X-ray equipment. Including lost practice revenue, he estimates his total flood loss at $120,000. Although his policy only covered a portion of that sum, the difference proved irrelevant; Dr. Rogers to date has not received a penny from the insurance company. After ninety days of estimates, bargains and red tape, the company denied his claim without explanation. In contrast, automobile insurance companies reportedly gave excellent claim service to the thousands whose cars were damaged by the flood. Often, however, the money the owners received in claims could not be spent for a new car, because so many auto dealers had incurred merchandise losses.

Regardless of a family’s financial situation, it was also difficult to find a contractor to do necessary repairing or rebuilding. Many local contractors suffered losses themselves in the flood, increasing the demand for those who could work to capacity. In an effort to alleviate the shortage, the government established the Property Improvement Program (PIP) which brought in out-of-town contractors, but as Lewis Rogers explains, the program was not an unqualified boon. “Although in principle PIP is excellent, many abuses have occurred because the program is too widespread for close surveillance. The contractor we obtained through PIP actually did more damage than repairs, and the charge was exorbitant. When we had a PIP inspector look at the work, he assured us we had grounds for suit, but that doesn’t board up our windows or plane our doors.”

Measures are beginning to be taken against illegal exploitation of area residents, but the shortage of contractors and other workmen continues. The people of the Wyoming Valley have learned to make do and to do without things that were necessities before Agnes, and doctors are no exception. Although most physicians were able to resume private practice in some form by late July or August, many are still in temporary or makeshift quarters awaiting office renovations. Kingston partners Burton Benovitz and Paul Griesmer practice in Nesbitt Hospital’s nurses’ residence hall with the equipment they were able to salvage from their inundated office building. Across the street, Dr. Charles Burns conducts his practice in two trailers welded into a long temporary structure. Renovation of his old office building began in August, but completion is seemingly months away.

For the majority of Wilkes-Barre/Kingston area doctors, the practice of medicine is not yet back to normal. Already faced with limitations of structure and equipment, the loss of patients’ files has placed an additional strain on the physician. “Everyone is a new patient,” explains Burton Benovitz. “We are trying to reconstruct the histories from hospital records and from some waterlogged files that are marginally legible. But our records go back to 1958, so even transferring the data is a formidable operation.”

 Elective surgery, which was curtailed during the flood emergency, is still not routine. Mercy Hospital, for example, lost seventy beds and has to arrange its operating room schedules accordingly. For doctors other than surgeons the routine check-up is a thing of the future, when time and facilities again become available. For the present, only chronic or emergent problems are treated. Not one doctor, however, has left the Wyoming Valley. Although there are still inconveniences like restricted hospital visiting hours, it is felt that medical services available to the public are now reasonably complete.

In addition to revising established medical routine, however, the flood has presented new problems for area doctors. Venereal disease, for example, has increased sharply, presumably because of the many transient workers attracted by the emergency. Physicians have also been concerned with mental health, particularly among the elderly. Mental health programs and clinics provide an area-wide counseling service, and psychiatrists are finding that Valley residents have not suffered the depression and collapse predicted by some.

No one could deny, however, that life has changed in the Wyoming Valley. Living with trailer camps, ubiquitous construction and double mortgages demands
a change in perspective. It is most obviously reflected in a more casual ambiance that rejects formally conventional dress and manner as anomalous in today's mud-dusty, disjointed Wyoming Valley.

In some instances perspectives have been narrowed and focused by the experience. Residents, for instance, have become experts in bump geography, a local fascination with previously unnoticed slopes, gradings and inclines. This preoccupation developed when the flood waters receded and people found that being located on a seemingly negligible hill significantly minimized flood damage.

On a larger scale, the flood may have encouraged a more encompassing, less parochial perspective for the thirty-three communities which comprise the Wyoming Valley. Although in the aggregate these cities and towns are essentially a metropolis, each one has its own peculiar laws and government. Moves for greater regional coordination and consolidation attracted few proponents in the past, with the result that the Valley was not prepared to deal with the flood as a community. Major delays in securing relief from the federal government were inevitable with thirty-three different bureaucracies applying for aid. The lack of integration also has been an obstacle to future flood prevention. Although dredging the river would secure Wilkes-Barre against another Agnes, towns down river would be inundated. Some engineers feel that retaining dams could protect the entire area, and people realize now that inter-community cooperation is a prerequisite to effective regional planning. There is no guarantee that the shared emergency will unite the valley, but the flood has made local governments intellectually and emotionally aware of the alternatives.

On a less theoretical level, Wilkes-Barre's economic perspective has been revolutionized. The federal government, overseeing its recovery efforts, has become the largest single employer in the Valley. Because government pay scales are markedly higher than local levels, other area employers have a hard time finding help. As a result, the job market is one of the few in America where available jobs far outnumber interested applicants. The economy in general is now surging with incoming federal monies and large-scale replacement buying.

Higher and stronger new dikes now hide much of the river from street-level view; but if the river is hidden, the flood is inescapably evident. It is in the staccato of gouged roads and the chiaroscuro of abandoned buildings. It has left its sepia lines on houses and its strain lines on faces. And when technology has returned the area to normal, when bridge repairs end the current New York style traffic jams, and functioning sewers no longer occasion astonished glees, even then the aftermath of Hurricane Agnes will still be part of the Wyoming Valley.
graduate school: progress report
by
Robert C. Baldridge, Ph.D.

The College of Graduate Studies now has a Graduate Faculty of some ninety members, most of whom are members of the basic science departments of Jefferson Medical College.

There are one hundred eleven students currently enrolled, of whom sixty-nine are engaged in full-time graduate study. The greatest number are in programs in physiology and pharmacology. In accord with the national trend, the proportion of students engaged in part-time study has increased, due primarily to the decreased availability of adequate financial support. However, through the good offices of the Chairman of the Board of Trustees, William W. Bodine, and President Peter H. Herbut, the Foerderer Foundation has generously provided fellowships for six of our thirty-nine new graduate students.

This past year we inaugurated a Master's program in Clinical Microbiology designed to prepare students for supervisory positions in hospital laboratories. We also entered into an agreement with Drexel University whereby students interested in nutrition at Drexel and Jefferson may take course work at both institutions; this arrangement is especially valuable to our students in the Master's program in Community Health and Preventive Medicine that runs concurrently with residency training.

Matters of continuing concern are the leveling-off of federal funds for research and research training and some of the projections about employment opportunities for future graduates. Certainly the growth of government-sponsored health research and research training could not continue at the rapid rate of the mid-nineteen sixties; however the concern is that the cutbacks may be so severe as to jeopardize the continuation of the remarkable advances in biomedical knowledge of the past decade and the continuous provision of highly skilled and productive bioscientists.

The results of recent surveys indicate that in some fields of the humanities and natural sciences there may be more doctorates produced in the next few years than can be accommodated in existing or projected academic positions. In most of the biomedical sciences, however, the employment opportunities in the future will be quite diverse. There is a growing awareness that more efficient and less costly methods of prevention and treatment must be developed if we are to provide expanded health care for additional numbers of people. To do so, we must find ways to rapidly convert advances in our understanding of basic physiologic and pathologic phenomena into usable therapeutic techniques. We anticipate that increasing numbers of our graduates will be participants in this type of applied research—in clinical research centers, in governmental and industrial laboratories, and possibly under other organizational umbrellas that we cannot envision at present. It would be tragic indeed if highly talented young men and women who aspire to careers in the biomedical sciences were dissuaded from entering graduate study on the basis of generalities and imperfect projections about future job markets. Certainly we will need all the expertise and creativity we can garner if we are to solve the problems associated with improving the health of all the people of our nation.
Dr. Paul A. Bowers '37, new President of the Alumni Association in front of the recently renamed Jefferson Alumni Hall.
the new president

As the new President of the Alumni Association, Dr. Paul A. Bowers '37 brings to the office a unique perspective: he combines the spirit of loyalty and comradarie of the old Jefferson with the energy and aspirations of the new. "I'm in a happy position," he smiles. "I've been at Jefferson long enough to know a lot of people. I've been privileged to know many of the greats of the past, and I'm privileged now to be teaching some of the outstanding doctors of the future. I want to help us all work together."

Dr. Bowers emphasizes the need for the Alumni Association to communicate the excitement and the possibilities that University status has created. But he also wants students and graduates of the evolving Jefferson to realize that greater scientific breadth need not preclude turning out the good clinician, "the doctor who knows how to take care of patients," which has been Jefferson's strength in the past. He sees the new Department of Family Medicine as helping to maintain that strength.

A member of the Executive Committee since 1946, Dr. Bowers sees his presidential role primarily as administrative. He has the responsibility for making strong committee appointments and for correlating committee actions. He intends to use his position of leadership to show what the Alumni Association can do for the alumni, in addition to rallying the alumni to support Jefferson. "It was once said that Jefferson alumni were blindly loyal to the institution. However, our alumni today are not blind and many of them are not so loyal either. We have to show them that Jefferson is interested in more than their contribution to Annual Giving. I want to ask how we can help them. I want to be able to react to a situation like the Wilkes-Barre flood with concrete aid and not just concern."

In this connection he feels that relations between the Board of Trustees and the alumni need improvement. The alumni delegates to the Board represent the beginnings of better communication, and the new President thinks they should play an important part in decision-making.

Dr. Bowers wants the alumni to know how the money they contribute is spent, and why. He sees the relationship between the alumni and the University in far broader than simply financial terms, however. He believes, for example, that alumni can participate actively in guaranteeing Jefferson students a first-rate education. As clinicians, local area doctors can contribute their teaching skills, either at Jefferson or in affiliated hospitals. Physicians outside the Philadelphia area can serve as preceptors for specializing Jefferson students and further the decentralization of medical academia.

Joining the Jefferson faculty in 1946 he progressed throughout the academic ranks until he was appointed full Professor of Obstetrics and Gynecology in 1971. He has been Chairman of the Pennsylvania Section and is present Chairman of District III of the American College of Obstetricians and Gynecologists; past President of the Obstetrical Society of Philadelphia and of the Medical Staff of Philadelphia General Hospital. In 1959 he was awarded the Bucknell University Alumni Achievement Award for his achievements in medicine, and the U.S. Army recently awarded him the Outstanding Civilian Service Medal.

Because he sees himself primarily as a clinician, Paul Bowers cares very much about the human relationships in medicine. A proponent of physiologic childbirth, Dr. Bowers remembers patients and the children he has delivered for them. Becoming a part of a happy family experience is essential and exhilarating to him. He feels the same way about his students, residents on the gynecologic service, whom he instructs in surgery and patient care. "I'm very impressed with their intelligence, social commitment and activism."

Obviously Paul Bowers is enthusiastic about Jefferson, both the old and the new. He took office February 22 at the Annual Business Meeting and hopes during his term to bring back to the institution the pride and loyalty of all alumni because "it can rejuvenate the University and the alumni themselves."

Other officers elected to serve the 1973-1974 term are President-elect, Dr. John J. Gartland '54; Vice Presidents, Dr. J. Wallace Davis '42, Dr. John Y. Templeton, III '41, Dr. John J. DeTuerk '38 and Dr. William H. Baltzell '46; Secretary, Dr. Norman J. Quinn, Jr., '48; and Treasurer, Dr. W. Bosely Manges '54.
the jefferson scene

Dr. Paul C. Brucker, new Chairman of the Department of Family Medicine.

appointment
Dr. Paul C. Brucker has been named Professor of Family Medicine and the first Chairman of Jefferson's new Department of Family Medicine. Previously an Instructor in the Division of Family Medicine, Dr. Brucker has served as a preceptor for medical students from the University of Pennsylvania, Temple University and Jefferson Medical College for ten years. He has been in general practice in Ambler, Pennsylvania since 1960.

A 1953 summa cum laude graduate of Muhlenberg College, Dr. Brucker received his M.D. in 1957 from the University of Pennsylvania. He interned at Lankenau Hospital in Philadelphia and took his residency at Hunterdon Medical Center in Flemington, New Jersey and at Lankenau.

Senior Attending Physician (Medical Service) at Chestnut Hill Hospital and Attending Physician (Family Practice Division) at Abington Memorial Hospital, Dr. Brucker was certified by the American Board of Family Practice in February, 1970.

The Board of Family Physicians, the American Medical Association and the College of Physicians of Philadelphia. Dr. Brucker is married and has three children.

The Executive Committee of the Alumni Association voted last Fall to allocate $50,000 a year to the Department of Family Medicine.

alumni trustee
Dr. Joe Henry Coley '34 has been elected to serve as an Alumni Trustee on the Thomas Jefferson University Board of Trustees. A gynecologist from Oklahoma City, Dr. Coley replaces Dr. Abraham Cantarow who resigned last spring. Dr. Coley will complete the Cantarow term and serve his own three year term beginning June, 1973.

The son of an alumnus, Dr. Coley has been an active and productive worker since his graduation. He has successfully lead his class fundraising efforts over the years for Annual Giving, is a member of the Thomas Jefferson University Founders Fund, and serves on the Executive Committee of the Alumni Association.

Dr. Coley is an Assistant Professor of Obstetrics and Gynecology at the University of Oklahoma School of Medicine and a retired Commander in the United States Navy.

He has accepted the national alumni Chairmanship for the Capital Campaign announced in January (see related story on page 2).

affiliation
Jefferson has signed an affiliation with Our Lady of Lourdes Hospital in Camden for joint programs in education, research, patient care and community service. Medical students, interns and residents now will be eligible for training in Lourdes' departments of medicine, surgery, obstetrics-gynecology and pediatrics.

Lourdes, founded in 1950, is a three hundred thirty-four bed, fully accredited patient care facility.

number one
President Nixon has signed into law a bill which recognizes Thomas Jefferson University as the first university in the country bearing the full name of the third president of the United States. The joint resolution of Congress was sponsored by Senate Minority Leader Hugh Scott, Republican from Pennsylvania.

The resolution recognizes that the Medical University has long represented and promoted the principles for which Thomas Jefferson stood. He advocated the creation of a national university as early as 1786 although these plans never materialized. When Jefferson Medical College became a University in 1969 the name change honored one of the nation's founders and helped perpetuate his name.

tay-sachs testing
Jefferson, in conjunction with Jewish agencies and hospitals in the area, participated in two mass screening programs for Tay-Sachs disease. The fall programs tested over three thousand people for the rare ailment that occurs almost exclusively among Jews of Eastern European ancestry. Caused by an inherited enzyme deficiency Tay-Sachs disease strikes at newborns and takes about four years to kill a child. There is no cure.

The programs, manned by volunteer physicians and technicians, and medical students, were set up in the Germantown and Northeast areas of the city. The simple blood test, performed on couples of childbearing age, identifies parents who might give birth to a child with the disease. Thus identified parents can be aided in selectively having unaffected children.

Tay-Sachs is a recessive disease. The carrier, both normal and healthy, transmits the genetic information to his children creating new carriers. When both parents are carriers there is a one in four chance that the pregnancy will produce a Tay-Sachs child.

Dr. Laird G. Jackson who holds appointments as Associate Professor in the Departments of Medicine, Pediatrics and Obstetrics and Gynecology, is Director of the Tay-Sachs Disease Prevention Program.
Dr. Jackson, Director of the Division of Medical Genetics and Head of the Genetic Counseling Unit at Jefferson, was a featured author in the Summer issue of the Bulletin.

examinations computerized
Jefferson has received an $18,000 grant from Merck Company Foundation to develop the country's first computerized examinations for medical students. The computer would devise questions and grade tests thus giving faculty members additional time to teach and make meaningful student evaluations. Dr. Joseph S. Connella, Director of the Office of Medical Education at Jefferson, states that eventually the computer could supplement or replace all individually administered paper and pencil tests.

career award
Dr. Stephen I. Bulova, an Assistant Professor of Medicine at Jefferson, has received a Career Development Award of $125,000 by the National Institutes of Health. His continuing research, aimed at a further understanding of the body's natural processes in fighting disease, focuses on the control of protein synthesis within white blood cells. Dr. Bulova, a magna cum laude graduate of Yale University, received his medical degree from Harvard University.

The award, given over a five year period, is presented to young scientists who have outstanding research potential in the health sciences.

regional medicine
Dr. Walter H. Mikulich has been named Deputy Director of Jefferson's Regional Medical Program Activities, an operational unit of the Greater Delaware Regional Program. One of his primary objectives at Jefferson will be to develop new ways of assessing the quality of health care throughout eastern Pennsylvania and southern New Jersey. In addition to promoting the cooperation of health care providers in organizing resources for more efficient delivery of care, the project also focuses on the continuing education of physicians and other professionals and on the development of new programs to train paramedical personnel.

rehfuss lecture
Dr. Harry F. Harlow, the George Cary Comstock Research Professor at the University of Wisconsin, delivered the annual Martin E. Rehfuss lecture of Internal Medicine at Jefferson on November 9. His subject was "Induction and Alleviation of Infant Depression in Monkeys."

Dr. Harlow, a former President of the American Psychological Association, currently directs Wisconsin's Primate Laboratory and the Social Psychology Unit of the University's Regional Primate Center. The experimental psychologist is the 1960 recipient of the Distinguished Psychologist Award and the 1967 winner of the National Medal of Science. He is a former Chairman of the Division of Anthropology and Psychology of the National Research Council.

The Rehfuss Lecture, which is endowed by the Percival E. and Ethel Brown Foerderer Foundation, was established to honor the late Martin E. Rehfuss, Professor of Clinical Medicine at the College from 1914 to 1952.

Participating in the program were Dr. Robert I. Wise, Magee Professor of Medicine and Chairman of the Department, Dr. William J. Snape, Clinical Assistant Professor of Medicine and Dr. Floyd S. Cornelison, Jr., Professor of Psychiatry and Chairman of the Department.

faculty changes
Dr. Thomas Behrendt promoted from Associate Professor to Professor of Ophthalmology.
Dr. Leon Cander appointed Professor of Medicine, Daroff Division.
Dr. Adrian D. Copeland appointed Chief of Adolescent Psychiatry and Associate Professor of Psychiatry.
Dr. Richard A. Crocco appointed Assistant Chief of Jefferson's Family Therapy Unit at 1234 Locust Street.
Dr. Gabriel A. P. d'Amato appointed Professor of Psychiatry and Human Behavior (Child Psychiatry) (Primary) and Professor of Pediatrics (Secondary).
Dr. Aaron Finkelman resigned as Chief of Services of the Division of Oral Surgery. He will retain his appointment as Clinical Professor of Otolaryngology (Oral Surgery). Dr. Finkelman, who has been associated with Jefferson for forty years, established a three year residency program and attained accreditation by the Board of Oral Surgery of the American Dental Association.
Dr. William T. Hunt, Jr., '27, promoted from Associated Professor to Clinical Professor of Ophthalmology.
Dr. James R. Leonard resigned as Professor of Otolaryngology and Chairman of the Department.
Dr. David Naidoff '36, promoted from Associate Professor to Clinical Professor of Ophthalmology.
Dr. John J. O'Keefe '37 appointed Acting Chairman of the Department of Otolaryngology.
Dr. Paul B. Pearson appointed Visiting Professor of Community Health and Preventive Medicine.
Dr. Sidney G. Radbill promoted from Associate Professor to Clinical Professor of Ophthalmology.
Dr. Sandor S. Shapiro promoted from Associate Professor to Professor of Medicine. He was inaccurately cited as a Professor of Microbiology in the Fall issue of the Bulletin.
Dr. Joseph W. Stayman, Jr., '42, promoted from Associate Professor to Clinical Professor of Surgery, Chestnut Hill Hospital.
Dr. George P. Studzinski promoted from Associate Professor to Professor of Pathology.
Dr. Martin B. Wingate, a Professor of Obstetrics and Gynecology, has received a secondary appointment as Professor of Pediatrics.
Dr. Warren Lang is a doctor's doctor, dedicated to medicine, to teaching and to Jefferson. An active alumnus ('43) and a Professor of Obstetrics and Gynecology for the last ten years, Dr. Lang recently made an unusual and energetic career choice: he returned to Jefferson as a resident in pathology.

Although he had enjoyed the patient contact in obstetrics and gynecology Dr. Lang had become increasingly curious about the academic side of medicine. Several years ago in his capacity as Secretary-Treasurer of the American Society of Cytology he attended its convention with the Chairman of Jefferson's Department of Pathology, Dr. Gonzalo E. Aponte. Prompted by his interest in cytology Dr. Lang realized late one night that "I wanted very much to study pathology on a full time basis. Although I knew it would be difficult to make the change after many years in another specialty I was convinced I was making the right decision. That same night, at midnight, I called Dr. Aponte and we discussed the technicalities of my becoming a Jefferson student again after twenty-five years." After spending two years in training at Jefferson he spent a year of special study at Case Western Reserve in Cleveland.

Dr. Lang sees his pathology training as an addition to his medical career, not a radical change. He finds pathology stimulating because it is basic to all medical specialties, in no way limiting to a physician's perspective. In choosing pathology he did not have to reject his background in obstetrics and gynecology; rather he combines the two by giving special emphasis to pathology of the female genital tract. Dr. Lang was notified in December that he had passed his Boards in pathology.

He brings to his new career every bit as much energy as he did the old. Considering his varied and successful work in obstetrics and gynecology, he has set himself a rigorous standard.

After internship and residency at Jefferson (1943 to 1945) he began teaching and clinical research. The research has produced one hundred forty-seven publications on colposcopy, vaginitis, pediatric gynecology, a sub-specialty which he particularly enjoys, abnormal menstruation in young women and cytology.

His greatest interest, however, is teaching. He feels it is one of the vitalizing influences of his profession. "Words and communication—I truly enjoy them," he remarks. "And medical students! They are more alert, more vibrant and more individualistic than those of our student days." Remembering with amused pride that he has been accused of running a "square ship" in class Dr. Lang will point his ever present pipe at his listener and whisper STUDY. "Study, work and more study, it's the only way." This personal philosophy and hard work earned him eleven prizes and highest cumulative average for four years at Jefferson in 1943. Among the prizes received were the Alumni Medal, the William Potter Memorial Prize and the Obstetrics and Gynecology, Psychiatry, Urology, Ophthalmology and Otology prizes. Thirty years later the same standard applies.

Dr. Lang takes an active, personal interest in his students particularly those who endorse his theory of hard work. They find that he always has time for extra counseling or a few minutes to share an unusual slide.

Currently teaching obstetrics and gynecologic pathology, general pathology and cytology he also instructs residents and students in cytology. Dr. Lang says that if he were twenty years younger neuropathology would be his first choice. "But, you can't do everything." He runs his classes discussion style, encouraging questions and willingly repeating difficult points. Residents report that Dr. Lang's trademark is his quiz book.
from which he tests them anytime on anything medical. Proposed changes in the curriculum do not disturb him because he feels the core program is sound. "Curriculum changes come and go," he shrugs. The greatest satisfaction comes from being able to say to yourself "that you have stimulated some medical student to achieve in medicine." He is eminently well suited for teaching.

Philadelphia and Jefferson always have been home to Dr. Lang. Born in the Bridesburg section of the city he did his undergraduate work at Temple. Because of his interest in science he considered several related careers before deciding on medicine. It was a happy choice. "I came to Jefferson as a student and stayed on to become Professor because I like it here. I like my colleagues and I respect Jefferson as a fine teaching school." He has had to make several difficult career decisions but always elects to stay where the students are.

Dr. Lang got his first classroom experience during a military stint in Korea teaching English to Korean doctors and nurses at a local hospital. In addition to his duties at a U.S. Military hospital he obtained local hospital affiliations through Korean friends. "In those days medical conditions there were appalling," he recalls. "Operations were performed without gloves. I remember seeing a stillborn child, delivered by Caesarean section, casually tossed upon the floor. A simple appendectomy which I performed on a youngster made me a hero to the family. It was a memorable experience."

Dr. Lang voluntarily returned to east Asia in 1963 to operate and teach under the auspices of Medico-Care, a non profit group which evolved from Dr. Tom Dooley's work in southeast Asia. The war was in its earliest stages during his month in Saigon but he did deal with rare medical problems such as hydatid mole and choriocarcinoma.

Although studying pathology has meant that he hasn't had time to read a novel in four years his little black book of jokes always is being updated. The Lang puns are legend at Jefferson. He enjoys hiking and usually walks from his bachelor apartment to his laboratory at Jefferson Alumni Hall. That center city apartment religiously is decorated for Christmas by the third week of November. He also is a classical music buff with a special interest in opera. At present, however, all his activities take second place to pathology. Because he sees it as both "the greatest move I ever made in my life" and "a new and fascinating toy" he has absolutely no regrets. But frustrations ?? "Positively."
Chapters

Two hundred alumni and guests meet for dinner at the Hotel Hershey outside of Harrisburg, Pennsylvania. The following night in Los Angeles Dr. and Mrs. George C. Griffith ’26 host a dinner at their home in La Canada for nearly that number. The next weekend eighty-five percent of the alumni contingent of thirty-one in Puerto Rico gathers in San Juan for dinner and a meeting. In Connecticut where there are one hundred and thirty-nine alumni throughout the state over sixty arrive at the Tumblebrook Country Club near Hartford to hear Jefferson’s President, Peter A. Herbut, speak of changes, plans and innovations at the University. Dr. Frederick C. DeTroia ’35, Secretary of the Northern New Jersey Chapter, calls a meeting for area alumni.

All these functions are part of an ongoing program of the Executive Committee of Jefferson’s Alumni Association. Considered by the governing body as one of its most important functions, these dinners bring news of the College to alumni away from the institution. Scheduled usually on an annual basis the meetings permit area residents to meet colleagues and fellow alumni and allow for a flow of information from both the field and the College. The Organization Committee also is charged with the responsibility of securing speakers for these events. Frequently requests will come from the Chapter for a senior member of the administration or a member of the Executive Faculty. In nearly all cases these requests are satisfied.

Presently Jefferson supports thirteen active Chapters with others meeting on a less formal basis. The active organizations and their Presidents are: Connecticut, Dr. Francis Gallo ’34; Florida, Dr. Issac B. Cippers ’27; New York, Dr. Harvey J. Breslin ’54; Northern New Jersey, Dr. George F. Hewson, Jr. ’58; northeastern Pennsylvania, Dr. Hugo Mori ’62; Central Pennsylvania, Dr. Raymond C. Grandaon ’45; Southwestern Pennsylvania, Dr. Bernard L. Braveman ’44; Puerto Rico, Dr. Antonio Ramos Barros ’56; Washington D.C., Dr. Jack R. Woodside ’49. Other areas which meet regularly but do not have formal elections are Northern and Southern California, Hawaii and North Carolina. Two of the most recently organized areas include the Lehigh Valley in Pennsylvania and Rhode Island. Dr. Henry B. Fletcher ’40, Vice President for Rhode Island, called a meeting last fall of the state’s forty-six alumni and thirty-eight were present. Members elected Dr. Vincent J. MacAndrew ’45, President for the coming year.

Dr. Leon A. Peris ’55, has served as Chairman of the Organization Committee, a Standing Committee of the Executive Committee, for the past three years.
S prings Rd., Lynchburg, Va., is as little as I feel like doing." active practice there with his son. "I am 1913 Dr. Simon H. Rosenthal, 1900 Tate Springs Rd., Lynchburg, Va., is still in private practice in both Glen Falls and New York. He presently is working on his second volume of poetry, a volume of photographs in color of wildflowers and a volume titled "Attica and the United Nations."

Dr. John H. Gibbon, Jr., Lynfield Farms, Providence Rd., Media, Pa., was awarded the third Dickson Prize in Medicine last fall at ceremonies at the University of Pittsburgh. The $10,000 prize was established from the estates of the late Dr. Joseph Z. Dickson, of that University, and his wife Agnes Fischer Dickson and is given to individuals foremost in United States medicine. Following the presentation Dr. Gibbon spoke on "The Development of the Heart Lung Apparatus."

Dr. William T. Hunt, Jr., 513 Parkview Dr., Wynnewood, Pa., has been promoted to Clinical Professor of Ophthalmology at Jefferson.

Dr. Ronald C. Moore, 599 Central Ave., Hammonton, N. J., an ophthalmologist, has been appointed to the medical staff at William B. Kessler Memorial Hospital there.

Dr. Oscar H. Cohen, 115 Church St., Boonton, N.J., is a Councillor of the American College of Radiology (New Jersey).

Dr. George L. Erdman, 50 Cedar St., Millburn, N.J., presently is serving as President of the Medical Staff at Overlook Hospital in Summit where he has directed the laboratories for the past twenty-three years. He recently returned from Izmir, Turkey, where his son, Dick, is a Vice Consul.

Dr. James L. Fisher, 166 Mill Creek Dr., Youngstown, Ohio, writes "old Doc Fisher is still working every day in 1919 Dr. Ronald C. Moore, 599 Central Ave., Hammonton, N. J., an ophthalmologist, has been appointed to the medical staff at William B. Kessler Memorial Hospital there.

Dr. William T. Hunt, Jr., 513 Parkview Dr., Wynnewood, Pa., has been promoted to Clinical Professor of Ophthalmology at Jefferson.

Dr. Herman M. Parris, 3600 Conshohocken Ave., Philadelphia, sends word that his son, Ted, is a freshman at Jefferson.

Dr. David Naidoff, William Penn House, Philadelphia, has been promoted to Clinical Professor of Ophthalmology at Jefferson.

Dr. Alexander E. Penneys, 149 N. Orange Dr., Los Angeles, sent a flyer which announced the New York debut of his twenty-six year old daughter. A pianist, she played a program of Handel, Schumann, Chopin, Debussy and Bartok at the Alice Tully Hall, Lincoln Center on December 4. Prior to her New York debut Miss Penneys had received rave notices at performances in Warsaw, Philadelphia and Cleveland. The Philadelphia Inquirer, for example, wrote of her "massive technique and inspiring recital." The review continued "it is awesome to contemplate what her artistic stature may be in ten or twenty years." Dr. Penneys is a radiologist in the Los Angeles area.

DaCosta Oration

Jefferson's first Samuel D. Gross Professor of Surgery, John Chalmers DaCosta, 1885, is honored each year by the Philadelphia County Medical Society with the Annual DaCosta Oration. The forty-second Oration was delivered on December 13 by Dr. George Libman Engle, Professor of Medicine and Psychiatry at the University of Rochester School of Medicine. It was in April of 1930 that the Medical Society's publication, *Weekly Roster and Medical Digest*, carried an announcement of a testimonial dinner in honor of Dr. DaCosta. Additional information announced the establishment of the DaCosta Foundation which was to be used for educational purposes by the Society. The first Oration, given in March the following year by Dr. DaCosta, was titled "Odds and Ends of Forty Years."

The DaCosta name is legend to nearly all of Jefferson's seven thousand graduates. His professional reputation made him one of the most sought after surgeons of the times. He was a brilliant physician, teacher and author. DaCosta the man was equally known. His rhetoric was poetic, his knowledge prodigious, his zest for life contagious. To his clinics, which for the last ten years of his life he taught from a wheelchair, came the most renowned figures in medicine. Jefferson's greatest tradition was inaugurated when the graduating class of 1924 presented Blossom Farley's portrait of DaCosta to the Medical College.
Dr. William F. Putnam graduated from Dartmouth four years prior to receiving his Jefferson diploma in 1934. His class of 1930 honored him with the following citation.

William Frederick Putnam, M.D., is far too formal a way to address a man, whose doctoring career ten miles up the river in Lyme, New Hampshire, has been characterized by the homespun qualities of the north country citizens you serve. We prefer to call you "Doctor Bill" and we do so with affection and with admiration for the good you have done and the way you have lived your life.

The press has smoked you out from time to time, and almost invariably it declares that you are a vanishing breed of American—the rural general practitioner. We hope it isn't so, because you have shown how much can be accomplished by a dedicated G. P., practicing in a small town yet making a successful effort to keep abreast of modern medicine.

You didn't quite follow Eleazar Wheelock's example in coming from Connecticut to Hanover, but you were born there and got to Dartmouth by way of a detour through Montclair (N.J.) High School. After majoring in Greek, you entered Dartmouth Medical School, received your two year diploma in 1932, and then got your M.D. degree at Jefferson Medical College in 1934. You served your internship at Hanover's Mary Hitchcock Hospital, and on January 1, 1936, nearly thirty-seven years ago, you began the general practice of medicine in Lyme, inaugurating a career that has made you, if we may resort to understatement, a pillar of the community.

You soon found yourself providing medical care for twenty small communities in New Hampshire and Vermont, covering 1000 square miles by your own estimate; you took to the road in all seasons and ministered to the sick in their homes, day or night. You once recalled that within a twenty-four hour period you traveled two hundred miles, delivered two babies, attended a medical conference in Hanover, and called on two dozen patients while driving through two states and three counties.

But many patients came to your headquarters in Lyme, and your wife Billy, who has devotedly shared in your medical work as secretary, bookkeeper, laboratory technician and office nurse, gradually gave up her living room, her kitchen and one bedroom for extra office space and examining rooms. With the necessity of providing living space for four sons and two daughters, something had to be done. The answer was a thorough re-modeling of your 1840 home near the green in Lyme, so that there came to be fourteen rooms with five assigned to medical service.

Something also had to be done about the eighteen hour days you were working. Formation of Lyme Medical Associates in 1945 gave you what you called "the joys of working with another doctor," and since that time your staff has included one or two other physicians. Branch offices were established in Strafford and Fairlee, Vermont, and more self-imposed medical work came from conducting courses for nurses in the area and giving more than one hundred medical student preceptees a chance to learn what the life of a country doctor is like. Almost unbelievably, you took on the added duties of Medical Referee of Grafton County, regional Medical Examiner in Vermont, school doctor, and Chief of Staff, as well as Trustee, of Alice Peck Day Memorial Hospital in Lebanon.

You advised your pregnant patients to have their babies at night because that was when you would have the most time for them. We doubt that you took your pay in homemade doughnuts, but it has been recorded that you told one expectant mother that you would like some fresh doughnuts when you came to make the home delivery, and the poor woman made them every morning for two weeks until the big day finally arrived. In this example of a patient's wish to please her doctor there must be some moral about the ideal doctor-patient relationship.

It must not be omitted that you are an honored member of the American Academy of Family Physicians, and that you firmly believe in the continual postgraduate study that one must do to maintain membership. The earnestness of your own study is attested by your winning the Academy's coveted prize, the Ross Award, in 1958 for your paper on "Long-Term Anti-Coagulant Therapy." Another paper by you won the Pray Burnham Prize from the New Hampshire Medical Society. In 1963, to everyone's delight, you were chosen family physician of the year by the New Hampshire Chapter of the Academy of General Practice.

You also found time to teach Greek at Thetford Academy during your lunch hours, and you took on a number of important civic responsibilities for Lyme. You have been a long-time leader in your church, serving for six years as President of the New Hampshire Conference of the Congregational Church.

There has never been a more deserving recipient of Dartmouth's Class of 1930 Award.
1937
Dr. John F. Wilson, 2013 Delancey St., Philadelphia, recently completed a term as President of the Pennsylvania Academy of Dermatology. At the fall meetings in Hershey, Dr. Wilson participated in ceremonies honoring speakers from the University Medical College in Newcastle on Tyne, England, and the University of Southern California. The organization is the first statewide educational dermatological academy in the United States and has served as a stimulus for the formation of similar societies across the country. Dr. Charles H. Greenbaum '54 served as Secretary.

1938
Dr. Victor P. Satinsky, who is an Associate Dean of Human Resource Development at the Hahnemann Medical College, is conducting innovative seminars and academic programs for high school and college students.

1939
Dr. Raphael A. Levin, 10 N. 35th St., Longport, N.J., has opened a new office for general practice at 300 Hampshire Drive in nearby Ventnor.
Dr. Nicholas E. Patrick, 349 Toftrees Ave., State College, Pa., writes “new everything—including position as emergency room physician at Centre Community Hospital.”

1940
Dr. James J. O'Leary, 180 Singletary La., Framingham, Mass., writes “that

1940
I have been to the University of Basel in Switzerland where I took courses on plastic surgical repairs of pressure ulcers following spinal cord injuries.”

Dr. Roger B. Thomas, 8 Vining La., Wilmington, Del., writes that his wife owns and operates a successful gift shop in Wilmington and that his oldest son Roger, Jr., is an internist there and is on the teaching staff at Jefferson.

1941
Dr. Vincent S. Palmisano, 300 S. Black Horse Pike, Runnemede, N.J., was named a Charter Fellow of the American Academy of Family Physicians at the September convention and scientific assembly in New York.

Dr. John Y. Templeton, III, 829 Spruce St., Philadelphia, has been named President-elect of the Philadelphia County Medical Society. He will take office next January. Dr. Templeton also has been reelected to a three-year term as a Governor for Pennsylvania of the American College of Surgeons. He is Professor of Surgery at Jefferson and a Vice President of the Alumni Association.

1942
Dr. M. Boyd Brandon, 702 Grant St., Reynoldsville, Pa., has a son in the pre-med program at Allegheny College who “is doing quite well.”

Dr. Harold E. Brown, Red La., Danville, Pa., has been elected President of the Urologic Association of Pennsylvania and Chairman of the Professional Relations Committee of the mid-Atlantic Section of the American Urological Society.

Dr. Michael J. Ressetar, 25 Clifton Ave., Clifton, N.J., is President of the Medical Staff at St. Mary's Hospital of Passaic, New Jersey. He also has been appointed to the Board of Education in Clifton.

Dr. Joseph W. Stayman, Jr., 350 Roumfort Ave., Philadelphia, has been promoted to Clinical Professor of Surgery at Jefferson, Chestnut Hill Hospital.

Dr. J. Arthur Steitz, 479 High St., Mt. Holly, N.J., has closed his practice of twenty-seven years to join the Emergency Room group at the Burlington County Memorial Hospital there. He hopes this will "permit some control of time not possible in general practice."

1943
Dr. Francis B. Nelson, 275 Orchard St., Westfield, N.J., was made a Charter Fellow of the American Academy of Family Physicians at the annual convention in September.

1944J
Dr. Robert L. Breckenridge, 13 Cunningham L.a., Cherry Hill, N.J., has been appointed Pathologist and Director of the Laboratory at Elmer Community Hospital there. Dr. Breckenridge, an Associate Professor of Pathology at Jefferson, is a member of the Board of Governors of the College of American Pathologists.

Dr. Frank Clark, 15 W. Monument Ave., Hatboro, Pa., has joined the emergency room staff at Abington Memorial Hospital. He has discontinued his private practice.

Dr. Samuel D. Kron, 2108 Spruce St., Philadelphia, is serving as President of the South Philadelphia Medical Group and Secretary of Group Health Planning of Greater Philadelphia. His interest is in the development of group practice.

Dr. John A. Martin, 2037 Crystal Spring Ave., Roanoke, Va., has been named President-elect of the Medical Society of Virginia. Dr. Martin, a radiologist, will be installed in November 1973.

Dr. Maxwell W. Steel, Jr., 4005 Mass Dr., Annandale, Va., has been awarded the Legion of Merit for outstanding service to the United States as Command Surgeon, Military Airlift Command from August 2, 1970 to August 11, 1972. The presentation was made at USAF headquarters by Lt. General Robert A. Patterson, Surgeon General of the Air Force. Dr. Steel holds the rank of Major General.
Dr. John J. Douling, center, who served as chairman for the 25th reunion class of 1947 last spring, presents a new series of tapes, known as the Medical Skills Library, to Dean William F. Kellou, right, and Assistant Dean Robert C. Mackowiak. Under the leadership of agent Martin M. Mandel, the anniversary class voted to designate a portion of its class gift from Alumni Annual Giving to a special project as suggested by the Administration. The tapes, produced by the American College of Physicians, utilizes a multimedia approach to physician instruction, combining single concept films with accompanying books which describe the rationale for the technique as well as common errors that can occur. The six initial topics are Lumbar Puncture, Central Venous Pressure Measurement, Venous Cutdown, Arterial Puncture, Endotracheal Intubation and Tracheostomy. The Library is on loan in the Scott Library.

Vienna and Rome for '48

The 25th reunion for the class of 1948 is making history in the Medical College. In addition to the traditional activities at the College such as the dinner dance at Jefferson Alumni Hall on Wednesday evening, June 6 the always innovative chairman, Norman J. Quinn, has booked passage on Lufthansa's flight 421 the following evening out of Philadelphia International Airport. Destination: Vienna and Rome. The ten day tour of the two major European capitals will include medical sessions held in conjunction with the University of Vienna Medical Center and ample leisure time for sightseeing.

In the past the class of '48 has held similar if not such ambitious junkets to area resorts in the Poconos, the Jersey coast and Bermuda. But never before has a class elected to travel abroad in honor of a reunion. Any inquiries should be directed to Dr. Quinn through the Alumni Office.

1944s

Dr. William S. Rothermel, 2600 6th St., Canton, Ohio, writes that his son, Bill, Jr., will graduate in July from Ohio State Medical School and will begin his residency in surgery there.

1945

Dr. Stephen F. Balshi, 3354 Green Meadow Circle, Bethlehem, Pa., writes

"I'm proud to say I have a daughter, Kathleen, in the freshman class at Jefferson."

Dr. Roy T. Forsberg, 4 Breeze Knoll Dr., Westfield, N.J., is Attending Physician at Elizabeth General Hospital.

Dr. Herbert A. Laughlin, 66 S. Portage St., Westfield, N.Y., is President of the New York State Academy of Family Physicians. He was elected a Fellow of the American Academy of Family Physicians last September.

Dr. John S. Madara, 31 Market St., Salem, N.J., has been elected Chief of Staff at Salem County Memorial Hospital. His son, Glenn, is a pre-med student at Ursinus College.

1946

Dr. Ralph A. Carabasi, 255 S. 17th St., Philadelphia, has been promoted from Clinical Assistant Professor of Medicine to Clinical Associate Professor of Medicine at Jefferson. Dr. Carabasi serves on the Association's Executive Committee.

Dr. Leonard J. Levick, Kennedy House, Philadelphia, since 1969 has limited his practice to medical oncology and cancer chemotherapy. His brother, Dr. Stanley N. Levick '54, and Dr. Richard S. Bornstein are in practice with him. He adds that "our first grandson born to our daughter Bonnie and son in law, Dr. Joel I. Cossrow '72, is making application to Jeff for the class of 1993."

1947

Dr. Joseph N. Aceto, 104 Meadow Ln., Wheeling, W. Va., was elected Vice President of the West Virginia Radiological Society last August and due to the death of the organization's President, is now serving in that position. He was appointed by the state's Governor to the West Virginia Planning and Advisory Council for the Developmentally Disabled with particular interest in mental retardation.

Dr. Laurance A. Mosier, 10510 Chapman Ave., Garden Grove, Calif., is an Assistant Clinical Professor of Surgery at the University of California at Irvine, California College of Medicine.

1948

Dr. Charles R. Barton, Jr., Box 8, Scottsville, Va., has been elected President of his local medical society. He has been practicing in "the country" for the past two years.

Dr. Eugene P. Hughes, 113 W. Chestnut Hill Ave., Philadelphia, has been appointed Clinical Assistant Professor of Surgery at Jefferson, Chestnut Hill Hospital.

Dr. Robert C. Laning is Commanding Officer of the Naval Hospital in Yokosuka, Japan. "We are enjoying living in the land of the rising sun although it costs more than in 1950."

Dr. Melvin L. Schwartz, P.O. Box 279, McKeesport, Pa., writes "that I doubt if I'll be able to make the reunion--have one for me if I don't show and give my best regards to all."
1949

Dr. Stuart W. Hamburger, 17116 Alta Vista, Southfield, Mich., presented a scientific exhibit on the "Suspicious Thyroid Nodule, Surgical Management" at the meetings of the American College of Surgeons last fall in San Francisco. He also showed a film on "Total Thyroidectomy and Modified Neck Dissection for Papillary Carcinoma of the Thyroid."

Dr. Harold Rovner, 270 Linden La., Merion, Pa., has been promoted from Associate in Surgery to Clinical Assistant Professor of Surgery. He is also a member of the Executive Committee of the Association.

1950

Dr. Charles R. Derrickson, 612 Fountain Rd., Salisbury, Md., is practicing radiology at Peninsula General Hospital there.

Dr. James R. Hodge, 295 Pembroke Rd., Akron, Ohio, had an article published in the July, 1972 issue of the American Journal of Clinical Hypnosis titled "Hypnosis as a Deterrent to Suicide." He also received the Physician's Recognition Award for 1972 from the AMA.

Dr. Irwin N. Perr, 14 Liberty Bell Ct., E. Brunswick, N.J., has been appointed Professor of Psychiatry (Legal Psychiatry) and Community Medicine (Legal Medicine) at Rutgers Medical School.

Dr. Aaron M. Rosenthal, 8825 Kenneth Terr., Skokie, Ill., has accepted the position of Director of P.M. and R. at Fox River and Weiss Memorial Hospitals in Chicago. Prior to this he held the same position at Mt. Sinai and Schwab Rehabilitation Hospital.

Dr. Robert S. Stein, 645 Wolf St., Easton, Pa., has been named Director of Health Services and College Physician at Lafayette College.

Dr. Arthur Steinberg, 264 S. Van Pelt St., Philadelphia, has been appointed Assistant Professor of Pathology at Jefferson, Daroff Division.

1951

Dr. Paul F. Crutchlow has been named Chief of Urology of the Veterans Administration Hospital in Fresno, California. Prior to his new post which he began in November, he was in practice in Paterson, New Jersey. Dr. Crutchlow is a Diplomate of the American Board of Urology and is a Fellow of the American College of Surgeons.

Dr. Ernest F. Doherty, 219 Heritage Rd., Cherry Hill, N.J., has been named a Fellow of the American Academy of Family Physicians. He writes that his son, Robert, is a freshman at the University of Pennsylvania School of Medicine and his younger son, John, is a biology major at Dickinson College.

Dr. Victor F. Greco, E-Z Acres, R. D., Drums, Pa., has been elected Surgeon General of United League of Veterans Associations and is Chief of Surgery at St. Joseph’s Hospital in Hazelton.

Dr. Robert G. Hale, 4004 Fairway Rd., Lafayette Hill, Pa., notes that “after many years it’s a great experience to be back at Jeff—this time as volunteer faculty, Clinical Instruction, Department of Family Medicine.”

Dr. Earl Kanter, 15 S. Brunswick Ave., Margate, N.J., is President-elect of the New Jersey Obstetric and Gynecology Society, Director of OB-GYN at Shore Memorial Hospital and Attending Chief at Atlantic City Hospital.

Dr. Howard C. Mofenson, 160 Emory Rd., Mineola, L.I., N.Y., recently was appointed Professor of Clinical Pediatrics at the State University of New York at Stony Brook. He also is Chairman of the Accident Prevention Committee of the American Academy of Pediatrics, President of the American Association of Poison Control Centers, and Director of the Poison Control Center at Nassau County Medical Center and Director of the Juvenile Diabetic Clinic at that Institution.

Dr. Robert L. Mulligan, 600 Brobst St., Shillington, Pa., has been appointed Director, Section of Nuclear Medicine of the Department of Radiology at the Reading Hospital there.

Dr. David J. Reinhart, III, 400 Bay Ave., Lewes, Del., has been elected to a second three year term on the Board of Directors of the American Heart Association. He also serves as President of the Medical Staff at Beebe Hospital in Lewes and is Chief of the Department of Medicine and Cardiology.

Dr. George E. Riegel, III, 501 Irwin Dr., Sewickley, Pa., became a Charter Fellow of the American Academy of Family Physicians during the annual convention in New York last fall.

Are you employed by an organization that participates in the Matching Gift Program? Under such a program your institution will match any donation sent to Jefferson’s Alumni Annual Giving. It doubles your dollar amount.

1952

Dr. Edward W. Ditto, III, 625 Orchard Rd., Hagerstown, Md., notes news of his three children; Allen a pre-med student at Emory University, David at Mercersburg Academy, and Betsy at North Hagerstown High School.

Dr. Joseph M. Fiorello, 690 Lawrence Rd., Trenton, N.J., is moving to Florida in June. He is certified as a Charter Diplomat of the American Academy of Family Physicians and is Florida licensed. He would welcome any information on association, group or solo practice from Pompano to Palm Beach.

Dr. George F. Gowen, 1630 E. High St., Pottstown, Pa., a Clinical Associate Professor of Surgery at Jefferson, was married on September 16 to Miss Eleanor Page Roberts.

Dr. Robert M. Zweig, 2936 McAllister St., Riverside, Calif., is finishing his year as President of the Riverside County Medical Association (450 physicians). His wife notes that he “is waging a tremendous fight against air pollution in our area.”

1953

Dr. Harold Y. Allen, 1055 Marseille Dr., Marion, Ohio, writes news of his children: Todd, married in June ’71, is stationed in Greece with the Air Force; Gregg is a pre-med student at Oberlin College; Tamara is a freshman at Ohio State and Jon and Darin are in high school.

Dr. Franz Goldstein, 707 Arlington Rd., Narberth, Pa., has been elected Chairman of the Philadelphia Gastrointestinal Training Group for 1972-1973. He attended meetings in January in San Juan on sprue and related problems of malabsorption. Dr. Goldstein, a Professor of Medicine at Jeff, presently is at Lankenau Hospital.

Dr. Raymond P. Seckinger, a psychiatrist, is Medical Director of the Correlative Therapy Educational Center at 4285 Tilghman St., Allentown, Pa. The Center correlates individual, family and group techniques with team approach of psychiatrist, social worker, mental health worker and lay volunteers.

"Thanks to Jeff for good start."
1954

Dr. Marvin Dannenberg, 177 Main St., Huntingdon, N.Y., is President of the Long Island Dermatologic Society and serves on the Board of Directors of the United Fund of Huntington.

Dr. Jack W. Fink, 126 Holly Dr., Lansdale, Pa., writes that "Janet and I enjoyed the alumni trip to Spain and Portugal and look forward to Japan, Hong Kong and Bangkok with the county medical society.

Dr. Harold Lipschutz has been appointed Chief Radiologist at Ingalls Memorial Hospital in Harvey, Illinois, a southern suburb of Chicago.

Dr. Edward M. Salisbury has been promoted to Captain in the United States Navy. He is on duty in Brooklyn with the Military Sealift Command and resides at Mitchel Field in Garden City, New York.

1955

Dr. John J. Hoch, 50 S. Green St., Nazareth, Pa., received his Fellowship from the American Academy of Family Physicians in New York. He is past President of the Northampton County Medical Society, Associate in Medicine at Easton Hospital and Medical Examiner for the Nazareth School District.

Dr. Robert Pathroff, 457 Easton Rd., Horsham, Pa., writes that he is in general practice there. He, his wife Dee and the three children enjoy free time at their home at Split Rock in the Poconos.

1956

Dr. William D. Bacon, 1205 N. 200th St., Seattle, Wash., was elected Vice Chairman of the Washington State Chapter of the Association of American Physicians and Surgeons, which, he writes, "is the only national organization fighting for the right of physicians to practice private, free-enterprise medicine."

Dr. Bernard Berne, 250 Westmoreland Dr., Wilmette, Ill., passed the board examinations of the American Academy of Family Physicians.

Dr. William E. Clendenning, 7 Pleasant St., Hanover, N.H., has been appointed Clinical Professor of Medicine (dermatology) at Dartmouth Medical School and Head of the dermatology section at the Mary Hitchcock Memorial Hospital and Clinic.

Dr. C. Robert Jackson, Rt. 2, Timberlane Rd., Verona, Wis., the Vice Chief of Staff of Madison General Hospital, reports the birth of a son, Thomas Robert, on October 14, 1972.

Dr. Joseph A. McCadden, 613 Morris Ln., Wallingford, Pa., has been named a Fellow of the American Academy of Family Physicians.

1957

Dr. Robert S. Brodstein, 3343 Baker Dr., Ogden, Utah, writes "three of us practic ing ophthalmology in this fantastic ski

Scott Library Award

The newest addition to Jefferson's expanding campus, the Scott Library and Administration Building, has been cited three times for architectural excellence. The Pennsylvania Society of Architects presented the Silver Medal, its highest award, to Harbeson, Hough, Livingston and Larson at a recent dinner. A citation for excellence also was awarded by the College and University Conference and Exposition. And finally the Library was included in a slide show of notable Philadelphia architecture by the Philadelphia Museum of Art.
area. David, 11, has left me way behind on the slopes and Diane, 10, will shoot ahead this year. This is a great area for those who like the out of doors.”

Dr. John R. Prehatny, 402 Penn Rd., Wynnewood, Pa., has been promoted from Clinical Assistant Professor of Surgery to Clinical Associate Professor of Surgery. He also serves on the Association’s Executive Committee.


Dr. Nicholas Spock, 300 N. Shamokin St., Shamokin, Pa., became a Fellow of the American Academy of Family Physicians in September, 1972.

1958

Dr. Richard A. Cautilli, 343 Holmecrest Rd., Jenkintown, Pa., has been promoted from Instructor to Clinical Assistant Professor of Orthopaedic Surgery.

Dr. Paul M. Roediger, 1244 Rydal Rd., Rydal, Pa., was appointed Chief of Internal Medicine at Abington Memorial Hospital, Abington.

Dr. Jerome L. Sandler, 5901 Medical Terrace, Cheverly, Md., Vice Chairman of the Department of Surgery at Prince Georges General Hospital, has been joined in practice by his brother, Dr. Steven C. Sandler ’65.

1959

Dr. Stuart B. Brown, 7925 S.W. 135th St., Miami, Fla., has been appointed Associate Professor of Neurology at the University of Miami School of Medicine. His particular interest is pediatric neurology.

Dr. Robert V. Davis, Jr., Box 295, Waverly, Pa., recently returned to his home town, Scranton, to practice ophthalmology with a group.

Dr. Leonard F. Greenberg, 1335 Tabor Rd., Philadelphia, has added two associates to his Philadelphia practice. He has also been elected a Fellow of the American College of Cardiology and the Philadelphia College of Physicians.

1960

Dr. William H. Mahood, 1239 Wheatsheaf La., Abington, Pa., has passed his boards in gastroenterology. He is Chief of that service at Abington Memorial Hospital. “Donna and I enjoy this suburb of Philadelphia and find it ideal for raising Matthew, 4, and Christopher, 3.”

Dr. Connell J. Trimber, 121 N. Washington, Alexandria, Va., is practicing ophthalmology in Alexandria and teaching residents and students of Georgetown Medical School at the Veterans Hospital in Washington, D.C.

Dr. Ulysses E. Watson has been appointed to the Commonwealth’s Department of Public Welfare as Assistant Deputy Secretary for Mental Health Research and Training and Superintendent of Eastern Pennsylvania Psychiatric Institute. He formerly was Medical Director at Friends Hospital in Philadelphia.

1961

Dr. David J. Graubard, 14041 Saratoga Hills Rd., Saratoga, Calif., has been elected to fellowship in the American Academy of Orthopaedic Surgery. He practices orthopaedics at Sunnyvale Medical Clinic.

Dr. James E. Herlocker, 2355 E. Stadium Blvd., Ann Arbor, Mich., is a Fellow of the ACC, ACS and the ACCP.

Dr. Karl R. Herwig, 2444 Dundee Dr., Ann Arbor, Mich., received the University of Michigan’s Distinguished Service Award for the junior faculty. The award honors distinguished scholarship, teaching and service.

Dr. James S. Horewitz, 5675 Chelton Dr., Oakland, Calif., writes that his private practice in Berkeley is going well.

Dr. Elliott Perlin, 2717 Weller Rd., Silver Spring, Md., is the staff hematologist and oncologist at the Bethesda Naval Hospital in Bethesda.

Dr. Jack C. Sabo, 1400 14th St., Lakewood, N.J., joined Dr. Jesse Schuman ’45 in a general and thoracic surgery practice in Lakewood. A Diplomat of the American Board of Surgery and the American Board of Thoracic Surgery, Dr. Sabo is married and has three children.

Dr. Stanton N. Smullens, 3300 W. Penn St., Philadelphia, has been promoted from Instructor to Assistant Professor of Surgery at Jefferson. He also is a member of the Executive Committee of the Association.

Dr. Robert W. Solit, 155 E. Godfrey Ave., Philadelphia, has been promoted from Instructor to Assistant Professor of Surgery at Jefferson. He serves on the Executive Committee of the Alumni Association.

Dr. Robert B. Tesh, P.O. Box 1680, Honolulu, Hi., is an epidemiologist with the Institute of Allergy and Infectious Diseases of the National Institutes of Health. He moved to the Pacific Re-

search Laboratory in Honolulu after five years at the Middle America Research Unit in Panama.

Dr. James Vorosmarti, Jr., Connavacts U.K., P.O. Box 84, FPO, New York, is beginning a three year tour as an exchange medical officer with the Royal Navy in Gosport Hants, England.

1962

Dr. Charles J. Bannon, 11 Starlight Dr., Clarks Green, Pa., was installed as a Fellow in the American College of Surgeons last fall. Presently Dr. Bannon is practicing general surgery at the Medical Arts Building in Scranton.


Dr. Henry Gelband, 15020 S.W. 69th Ct., Miami, Fla., was recently certified in his specialty, pediatric cardiology. He is an Assistant Professor of Pediatrics at the University of Miami School of Medicine.

Dr. Robert M. Glazer, 11 Maloney Bldg., Philadelphia, practices orthopaedic surgery at the Hospital of the University of Pennsylvania. He reports the birth of his third child, Carolyn Beth, in April, 1972.

Dr. Richard J. Hamburger, 1209 Darby La., Indianapolis, Ind., has been appointed an Associate Professor of Medicine at the Medical School there.

Dr. Louis E. Levinson, 515 Westbank Expressway, Gretna, La., is now practicing in New Orleans. He has been made a Fellow of the American College of Obstetrics and Gynecology. “We would enjoy meeting any of the class coming to New Orleans,” he writes.

Dr. John W. Miller, Jr., 234 N. Duke St., Lancaster, Pa., announces the birth of his third child, Evan Patrick, born on January 3, 1972.

Dr. Melvin L. Moses, 113 Harrogate Rd., Philadelphia, has been promoted from Instructor in Surgery to Clinical Assistant Professor of Surgery at Jefferson. Dr. Moses also is serving on the Executive Committee of the Alumni Association.

Dr. Robert C. Nuss, 3627 Cathedral Oaks Pl., Jacksonville, Fla., writes that, “eighteen residents keep me on my toes at the University Hospital in Jacksonville.” Dr. Nuss is a happy gynecologic oncologist.

Dr. Stanley F. Peters, Box 563, R.R.1, Furlong, Pa., is a Diplomate with the American Association of Family Physi-
Dr. Joseph Snyder, 1109 Spring St., Silver Spring, Md., has successfully completed the examinations for the American Board of Ophthalmology.

1963
Dr. Dale C. Brentlinger, 6165 E. Fair Ave., Englewood, Colo., has moved his practice to Denver where he's joined a group of four other interns.

Dr. Robert M. Davis, 5 Rathon Rd., York, Pa., has just entered private practice in plastic surgery after studying plastic and reconstructive surgery at the University of Pennsylvania Medical School for the last two years.

Dr. Ronald O. Gilcher, 180 Colonial Village Dr., Pittsburgh, Pa., has been appointed Assistant Professor of Medicine at the University of Pittsburgh School of Medicine. He also serves as Assistant Medical Director for the Central Blood Bank of Pittsburgh.

Dr. David E. Glow, Box 2133, Sierra Vista, Ariz., has passed the boards for the American Association of Family Physicians.

Dr. Daniel W. Horner, Jr., 1637 Jarrettown Rd., Dresher, Pa., is an Associate Physician in cardiology at Abington Memorial Hospital. He is Board Certified in Cardiovascular Diseases. He and his family are readjusting to life in Pennsylvania after two years at Yale.

Dr. William A. Merlino, 1207 S. Lakeside Dr., Medford, N.J., announces the birth of a son, William Andrew, on September 30, 1972.

Dr. Herbert C. Rader, Catherine Booth Hospital, Nagercoil - 1, Tamil Nadu, India, who became a Fellow in the American College of Surgeons in October, 1972, writes he is enjoying his work "in our 350 bed hospital amid the rice fields." The hospital, which is building new facilities to celebrate its seventy-fifth anniversary, took care of 68,000 outpatients, 6,000 inpatients and performed 2,000 operations during the past year.

Dr. Donald E. Shearer, 915 Elm St., Montoursville, Pa., reports the birth of his fifth son on September 18, 1972.

Dr. B. Dawson Shoemaker, 1064 Ollerton Rd., Woodbury, N.J., is in general practice with three other physicians.

1964
Dr. Robert L. Alan, 200 North Shore Drive, Bellingham, Wash., is in private practice as an ophthalmologist in Bellingham. Married to the former Patricia Puchalla, he has three children.

Dr. James M. Delaplane, 6190 Ardleigh St., Philadelphia, has been appointed Medical Director of Friends Hospital, the one hundred seventy-eight-bed psychiatric hospital in the northeast section of the city. Following his psychiatric residency at Jefferson and Friends, Dr. Delaplane served three years as a staff psychiatrist with the Army's Mental Hygiene Consultation Service in the Panama Canal Zone. He held the rank of Major. Upon his return to Philadelphia in 1971, Dr. Delaplane served as Director of Geropsychiatry at Friends. Dr. and Mrs. Delaplane have three children.

Dr. David L. Paskin, Pennsylvania Hospital, 8th and Spruce Sts., Philadelphia, has been named Director of Surgical Education at Pennsylvania Hospital.

1965
Dr. Nancy S. Czarnecki, 9410 Academy Rd., Philadelphia, has a general practice there. She recently had her third child, a girl.

Dr. Jay M. Grodin, 10408 Great Arbor Dr., Potomac, Md., recently served as head of the Infertility Branch of the National Institutes of Health. He lives with his wife and seven-year-old daughter in Bethesda, where he practices obstetrics, gynecology and reproductive endocrinology.

Dr. William F. Renzulli, 1904 Van Buren St., Wilmington, Del., has been appointed a Clinical Instructor in Medicine at the Wilmington Medical Center, an affiliate of Jefferson.

Dr. Thomas J. Schneider, 705 N. Olive Ave., P.O. Box 2068, West Palm Beach, Fla., passed his boards in internal medicine in May of 1972 and is now practicing gastroenterology with the Palm Beach Medical Group.

Dr. Richard P. Wenzel, University of Virginia School of Medicine, Department of Medicine, Charlottesville, Va., is now Assistant Professor of Medicine and Hospital Epidemiologist at the University. He is continuing his interest in infectious diseases in the Division of Virology and Epidemiology. He has a son Richard, three months, and a daughter Amy, three years.

1966
Dr. James S. Dyer, 1211 Vine St., Denver, Colo., is in his second year of a pathology residency at Presbyterian Medical Center in Denver.

Dr. James N. Judson, Box 9003, U.S. N.R. Guam, FPO San Francisco, writes that he is still with the Navy in Guam. He recently passed the certifying exam for the American Board of Orthopaedic Surgery.

Dr. Howard Silberman, Fairwood West Apts., 717 White Oak Dr., O'Fallon, Ill., recently entered the Air Force. He was an Associate in Surgery at the University of Pennsylvania Hospital and Assistant Chief, Surgical Service in the University of Pennsylvania Division of the Philadelphia Veterans Administration Hospital.

Dr. Robert L. Tober, 3725 Henry Hudson Pkwy., Riverdale, N.Y., is on active duty with the U.S. Navy, stationed in St. Albans, New York.

1967
Dr. Carl P. Mulveny, W. Chestnut Hill Rd., Newark, Del., has been named a Clinical Instructor in Medicine at the Wilmington Medical Center, an affiliate of Jefferson.

Dr. Vance R. Stouffer, Box 249, R.D. #2, Etters, Pa., has been named physician for the York County Prison. He will have regular sick call twice a week and will be on call for emergencies.

Dr. James M. Sumerson, 43 Forest Hill Dr., Cherry Hill, N.J., has been appointed Assistant Clinical Professor of Otolaryngology at Jefferson. He is practicing otolaryngology with two associates in Haddonfield, New Jersey, and serves on the staffs of Philadelphia General Hospital and West Jersey Hospital.
1968

Dr. Clifford A. Gordon, 5 Phyllis Ct., Pequannock, N.J., is practicing internal medicine and gastroenterology in the Paterson-Wayne, New Jersey area. He and his wife have two daughters.

Dr. William K. Grossman, 440 S. 43rd St., Philadelphia, was married to the former Joan Kalinosky of Kingston, Pa., on November 25, 1972. He is the Chief Psychiatric Resident in the Adolescent Unit at the Institute of Pennsylvania Hospital. He’s heading reunion plans for the fifth.

Dr. Malcolm S. Weiss, 500 E. Bruceton Rd., Pittsburgh, Pa., is in general practice in Monessen.

1969

Drs. John and Elizabeth Bussard, Old Croton Rd., Star Rte. A, Box 1C, Flemington, N.J., have both been appointed to the anesthesiology staff of Hunterdon Medical Center. Togetherness is not new for the Bussards. They met at Jefferson and were married a month before graduation. Interning together at Lancaster General Hospital in Pennsylvania, they served their residencies in anesthesiology at Hartford Hospital in Connecticut.

Both are members of the American Society of Anesthesiologists, the New Jersey State Society of Anesthesiologists and the Hunterdon County Medical Society.

Dr. Thomas F. Carrig, Jr., 138C Haddon Hills Apts., Haddonfield, N.J., has been appointed an Instructor in Anesthesiology at Jefferson.

Dr. Jay S. Skyler, 1829 Front St., Durham, N.C., has been named Associate in Medicine and Associate in Community Health Sciences at Duke University School of Medicine, where he was also appointed Medical Director of the Physician’s Associate Program.

1970

Dr. Harvey B. Lefton, 4400 Clarkwood Pkwy., Warrensville Heights, Ohio, announces the birth of a daughter, Allison Rachel, on August 21, 1972. He is a Fellow in Gastroenterology at the Cleveland Clinic.

Dr. Joseph W. Kozieleski, 3046 Livings ton St., Philadelphia, reports the birth of his first child, Justine Elizabeth, on October 31, 1972.

1971

Dr. Terrence S. Carden, 4302 Malvern Rd., Durham, N.C., who presently is a resident in radiology at the Duke University Medical Center, will “forsake clinical medicine, at least for now, and direct all efforts to medical publishing.” He will assume responsibilities for all publications at SAMA and also will develop a new journal in the field of family practice. “If things go right I will make this my life’s work.”

Dr. Barry R. Klein, Robert Packer Hospital, Guthrie Square, Sayre, Pa., was named to the Robert Packer emergency room staff. He interned at Allentown General Hospital before coming to Packer.

Jefferson Chairs
Order Through Alumni Office

Jefferson Captain’s Chair $44.00

Jefferson Side Chair 27.00

Jefferson Deacon’s Bench 54.00

Jefferson Rocker 35.00

Jefferson Child’s Rocker 20.00
Dr. John H. Gibbon, Jr., one of the most illustrious of Jefferson graduates, passed away February 5, 1973 just three months short of the twentieth anniversary of the first successful use of a heart-lung machine.

Dr. Gibbon was sixty-nine years old having been born in Philadelphia on September 29, 1903. He was the fifth generation Gibbon to practice medicine and the second generation to serve as Professor of Surgery at Jefferson. His father was Professor from 1895 to 1930. His maternal grandfather had been Surgeon General of the United States.

He graduated from Penn Charter School of Philadelphia, went to Princeton University and finally Jefferson, graduating at the age of twenty-three, in 1927. He interned at Pennsylvania Hospital and took his residency training at Massachusetts General Hospital. He served four years with the Army in the Pacific theatre during World War II and on his return joined the staff at the University of Pennsylvania. He then moved to nearby Pennsylvania Hospital. From there he was invited to return to Jefferson to establish a research program, and he became a Professor of Surgery and Director of Surgical Research in 1946. In 1956 he was given the Gross chair and made Chairman of the entire Department, a position he held until he retired in 1967.

The invention of the heart-lung machine is an example of a perfect experiment. It was a brilliantly conceived idea, carefully worked out and proven practical on laboratory animals and then applied to human patients. While best known for his invention of the heart-lung machine he made other important contributions. The study of the intrapericardial anatomy of the heart done with Dr. John Healy during the infancy of heart surgery is a classic. He showed that respiratory acidosis could be prevented by providing adequate pulmonary ventilation. The demonstration
that adequate ventilation could be accomplished without interfering with cardiac output by maintaining a low mean endotracheal pressure led to the development of the Jefferson ventilator. This was the first positive and negative pressure ventilator used successfully clinically. He was basically a physiologist, and many publications came from his laboratory elucidating various principles of cardiac function, pulmonary ventilation, acid base balance and pulmonary burns. Clinically, he accumulated a large series of patients with carcinoma of the lung or esophagus. These formed the basis of many important publications from Jefferson.

Jefferson was an exciting place during the later stages of the development of the heart-lung machine. It was the mecca for thoracic surgery at that time. We rubbed shoulders with the great and near great thoracic surgeons of the whole world, who flocked to see how the work was progressing. We frequently saw more of them than many of our own staff.

A tall, aristocratic-looking, athletic man, Dr. Gibbon cut a familiar figure with the tails of his long, white, carefully starched coat trailing behind him as his house staff frantically attempted to keep up with him. He encouraged his house staff to think physiologically as they trained. New ideas were always welcomed on the service provided they were backed by sound physiologic principles and adequate evidence. He had a great ability to stimulate people to think. Any idea advanced by one of his staff was greeted with careful consideration and advice. The interest he took in each individual and the effort he put into furthering their careers instilled a great bond between him and his protégés. He was a soft-spoken man who never needed to raise his voice to make a point. He and Mrs. Gibbon enjoyed sharing their beautiful pre-Revolution home overlooking a Media reservoir with his house staff, associates and friends. His most important hobbies were tennis, painting and chess. As was characteristic of him he was good at all three.

Of the “Geheimrat” philosophy, he shunned courting students to gain their favor. On the other hand, it was easy for him to gain their admiration on his straightforward manner and obvious ability. He abhorred chit-chat and in any group, be it scientific or social, he would quickly have everyone engaged in fruitful discussion. He was a very effective speaker and teacher. Articulate, with a great ability to think on his feet backed up with a large fund of basic knowledge, he was able to present any topic in a well organized and lucid manner. His appearance, stage presence and presentation made him colorful without contrivance. He was a strong proponent of a broad general education prior to specialization.

He never hesitated to take an unpopular stand if he were convinced of the justice of this. At one point he almost single-handedly preserved the great library of the College of Physicians as the library for this area. When it became necessary for a member of the medical profession to stand up for a principle in the public press he was willing to do so.

He received many honors for the development of the heart-lung machine. He received the Lasker Award, the Rudolph Matas Award in Vascular Surgery, the Roswell Park Award of the University of Buffalo, the Distinguished Service Award of the International Society of Surgery, the Dickson Award of the University of Pittsburgh, the Shaffer Award of St. Joseph's College, the Gardiner International Foundation Award from the University of Toronto, the Distinguished Service Award from the Pennsylvania Medical Society, the John Scott Award, the Philadelphia Award, the Strittmatter Award of the Philadelphia County Medical Society and the Alumni Award of this Association.

Dr. Gibbon received honorary Doctor of Science degrees from Princeton University, Duke University, the University of Buffalo, the University of Pennsylvania and Dickinson College. He received a Doctor of Laws degree from Jefferson in 1969. One of the honorary lectures of the American College of Surgeons is named in his behalf. He was an Honorary Fellow of the Royal College of Surgeons of England and an Honorary member of the Society of Thoracic Surgeons of Great Britain and Ireland. In 1967 he was elected a member of the National Academy of Arts and Science.

He was invited to give many important lectures such as the Churchill Lecture of the Excelsior Surgical Society, the Connor Memorial Lecture of the American Heart Association, the Arthur Dean Beran Lecture of the Chicago Surgical Society, the Alvarenga Lecture of the College of Physicians of Philadelphia and the Harvey Lecture of the New York Academy of Medicine. He served as Visiting Professor at innumerable medical schools.

He was an active member of all the major national and international surgical societies. He was President of the American Surgical Association, the American Association for Thoracic Surgery, the College of Physicians of Philadelphia, Heart Association of Southeastern Pennsylvania, Laennec Society of Philadelphia, Pennsylvania Association for Thoracic Surgery, Philadelphia Academy of Surgery, Society for Vascular Surgery and Society of Clinical Surgery. He was President of Jefferson's Alumni Association in 1960. He served as Chairman of the Editorial Board of the Annals of Surgery for many years and as consultant to numerous governmental, educational and service organizations.

I am honored that the Alumni Association has asked me to write this. It has allowed me to again sense the great pride I experienced as I followed Dr. Gibbon through the corridors of Jefferson and the great conference centers of the world. I so wish I could convey to you how great it was to be part of Jefferson when he was there.

Thomas F. Nealon, Jr., M.D. 'S44
Obituary

Marshall C. Rumbaugh, 1908
Died on December 8, 1972 at the age of ninety. A general surgeon from Kingston, Pennsylvania, Dr. Rumbaugh was a founding member of the Board of Blue Shield of Northeastern Pennsylvania. He was a member of the International and American College of Surgeons. Dr. Rumbaugh served Jefferson from the time of his graduation till the time of his death. He was President of the Alumni Association in 1952, served as both agent for his class and as a member of the Annual Giving Committee and was a member of numerous other Standing Committees of the Executive Committee over the years. He was one of the earliest subscribers to the Thomas Jefferson University Founders Fund. Surviving are a son, Dr. Marshall U. Rumbaugh, a brother, Dr. Ulrich D. Rumbaugh '23 and a sister.

Clarence H. Morian, 1912
Died on August 30, 1972 at the age of ninety-eight. He had practiced in the Denver, Colorado area since 1914. Surviving is his wife, Helen.

Peter B. Mulligan, 1916
Died on September 8, 1972 after a long illness. Dr. Mulligan, a radiologist, was associated for over forty years with the Ashland State General Hospital. The Department of Radiology there carries his name. He was an authority on the disease of anthraco-silicosis and wrote extensively on the subject. Dr. Mulligan was a past President of the Schuylkill County Medical Society and the Pennsylvania Radiological Society and a Vice President of the Pennsylvania Medical Society. Dr. Mulligan served as agent for his class of 1916 and for many years was a member of the Executive Committee of the Alumni Association.

Andra H. Yarnall, 1916
Died on July 7, 1972. He is survived by his wife, Alice.

William H. Summers, 1920
Died October 2, 1972 at the age of seventy-five. Dr. Summers had practiced in Gouldsboro, Pennsylvania and served as Chief Medical Officer for the Veterans Administration at Wilkes-Barre for many years. Surviving is his wife, Martha.

Critz F. Lambert, 1921
Died on June 15, 1972 at the age of seventy-seven. A veteran of World Wars I and II, he was associated with the Veterans Administration.

Earl B. Ross, 1921
Died on April 24, 1972 at the age of seventy-seven.

Peter G. Mainzer, 1926
Died November 17, 1972 in Erie, Pennsylvania. Dr. Mainzer was Chief of Surgery at St. Vincent's Hospital there and President of the Northwest Pennsylvania Chapter of the American College of Surgeons. He is survived by his wife, Catherine, two daughters and a brother, Dr. Francis S. Mainzer '26.

Oliver J. Menard, 1926
Died October 22, 1972. An internist, Dr. Menard was Physician in Chief at Springfield Hospital in Springfield, Massachusetts, where he had his practice. His wife, Janet, and a son survive.

Eugene L. Hedde, 1928
Died on September 3, 1972. Dr. Hedde, a general surgeon in the Logansport, Pennsylvania area for forty-two years, was a past President of the Cass County Medical Society (two terms) and was Chief of Staff at both Memorial and St. Joseph Hospitals. He also was active in civic affairs and served as President of the Rotary Club there. He is survived by his widow, Helen Susie.

Carl M. High, 1928
Died on September 18, 1972. He is survived by his wife.

William C. D. McCuskey, 1928
Died on June 3, 1972 at the age of seventy-three. A urologist, he was on the staff of the Wheeling, West Virginia Hospital.

Allison H. Roberts, 1928
Died on October 16, 1972. For the past forty years he was associated with United Hospitals in Newark, New Jersey, as well as having a general practice in the Newark area. He was sixty-six years of age.

Joseph Russo, 1928
Died October 6, 1972. Dr. Russo was a general practitioner in Norristown.

Kenneth J. Crothers, 1930
Died on October 21, 1972. Dr. Crothers practiced urology for forty-one years in Chester, Pennsylvania, and was past President and Chief of Urology at Taylor Hospital in Ridley Park, Pennsylvania. He also served on the staff of Crozer Chester Medical Center and Sacred Heart Hospitals. He is survived by his wife, Dorothy, two children and a brother, Dr. W. Gifford Crothers '27.

Andres G. Oliver, 1931
Died November 1, 1972. Dr. Oliver was a former Health Director for five counties in Virginia. He served in the USAF until 1965 and was decorated with the Legion of Merit. His wife, Marta, survives him.

Alfred E. James, 1932
Died on May 25, 1972 at the age of sixty-three. A surgeon, he was on the staff of the Tulare County General Hospital, Tulare, California.

Stephen A. Jonas, 1934
Died on July 18, 1972 at the age of sixty-four. He was the Chief Resident Surgeon at Nanticoke State General Hospital, Nanticoke, Pennsylvania. He is survived by his wife, a son and three sisters.

Gordon E. Snyder, 1938
Died October 11, 1972. Dr. Snyder was a former President of the Medical Staff at Grove City Hospital in Mercer, Pennsylvania.

Caryl B. Heimer, Faculty
Died February 5, 1973. Wife of Dr. Ralph Heimer, Professor of Biochemistry at Jefferson, she was an Assistant Professor of Pediatrics here. Dr. Heimer was a 1946 graduate of Women's Medical College of Pennsylvania. She was a member of the American Academy of Pediatrics and had published extensively in her field.
continued from inside front cover

This $4 million segment of a $25 million campaign was established by consider-
ing the Alumni Association's $700,000 achievement as part of Jefferson's 1963-64 Building Fund drive for $7 million. It takes into consideration the fact that ten classes have graduated since 1962 and have added more than 1,600 doctors to the number of Jefferson alumni. The figure is just under the eighteen to twenty percent of a campaign goal that characterizes the alumni support ex-
perienced in many fund raising efforts by American colleges and universities.

Let me emphasize some aspects of our $25 million goal. About $19.2 million
will be used for programs and facilities pertaining directly to Jefferson Medical
College. An additional $3.8 million will be used to support University fellowships
in the pre-clinical basic sciences—an area as vital to Jefferson Medical College as
to the College of Graduate Studies. Only $2 million of the $25 million required
from private sources has been earmarked for undergraduate education.

During our planning process we discussed at great length the desirability of
maintaining throughout our Sesquicentennial Campaign the annual giving pro-
gram of Jefferson Medical College Alumni Association. Our fund raising counsel,
Ketchum, Inc., advised us that in more than fifty years of experience in profes-
sional fund raising, they had found it essential to maintain a successful annual
giving program at the same time that a major gifts campaign is undertaken. An-
nual giving represents an ongoing achievement sustained by the momentum of
a class agent structure and individual alumni support provided each year. A major
campaign effort such as our Sesquicentennial Campaign should be conducted
terestingly apart from the annual giving effort. The Sesquicentennial Campaign
represents support for a different purpose (new programs and facilities). It seeks
support on a larger order of magnitude and it requires the face-to-face contact
among alumni that will renew former associations and invite participation in
Jefferson's once in one hundred fifty-year achievement.

As Doctor Hodgges and I mentioned to you in our letter of January 3, all Jef-
fersonians can share our feelings of good fortune that Dr. Joe Henry Coley '34
has accepted the position as National Alumni Chairman of the Sesquicentennial
Campaign. We are all equally fortunate that Dr. Frank Gallo '34 will be Task
Force Vice Chairman, Dr. C. Lee Liggett '54 will be National Alumni Vice
Chairman and Dr. Benjamin Bacharach '56 will serve as Alumni Vice Chairman
for the Greater Delaware Valley. If all of us can share their enthusiasm, under-
standing and dedication, we should exceed our goal.

Every challenge can be viewed as an opportunity. This is not merely rhetoric.
It does recognize that the structure of medical education and health care will be
different ten to twenty years from now than we have known it up to this moment.
The challenge of our Sesquicentennial program is an opportunity to help shape
the educational and health care system on which all human enterprise depends.
We have each committed our lives to the study and practice of medicine. Through
Jefferson's Sesquicentennial program we can help to shape the future of the in-
stitution to which we all owe our professional careers.
ALUMNI CALENDAR

February 22
Annual Dinner and Business Meeting of the Alumni Association, Jefferson Alumni Hall

March 23
Parents' Day for Sophomore Students, the College

March 26 to May 9
Otolaryngology, Tutorial Course
Tuesday evenings
Jefferson Alumni Hall

March 27 to May 22
“Oncology”
Jefferson Alumni Hall

April 6
Dinner
New York Alumni
Dorset Hotel

April 10
Reception in conjunction with the meetings of the American College of Physicians, Conrad Hilton, Chicago

April 25 to May 16
Eleventh Postgraduate Seminar to the British Isles

April 27, 28, 29
Symposium on Genetics
Jefferson Medical College

May 2, 3, 4
Symposium on Hypertension
Jefferson Medical College

May 5
Black and Blue Ball
Jefferson Alumni Hall

May 11
Dinner for alumni in Florida in conjunction with the meetings of the Florida Medical Association.
The Americana Hotel, Bal Harbour

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

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

May 22
Reception in conjunction with the meetings of the American College of Obstetrics and Gynecology, The Americana Hotel, Bal Harbour

June 6
Reunion Clinics, Dean's Luncheon
Jefferson Alumni Hall
Class Parties

June 7
Alumni Banquet, Bellevue Stratford Hotel

June 8
Commencement, Academy of Music

REUNIONS

50th 1923
Dinner
Bellevue Stratford Hotel
Wednesday, June 6
Co-Chairmen:
George J. Willauer, M.D.
Benjamin Haskell, M.D.

45th 1928
Dinner
Jefferson Alumni Hall
Wednesday, June 6
Co-Chairmen:
Joseph Tiracchia, M.D.
William T. Lampe, M.D.
James Anthony Thomas, M.D.

40th 1933
Dinner
The Union League
Wednesday, June 6
Chairman:
Charles W. Semisch, III, M.D.

35th 1938
Dinner
The Barclay Hotel
Wednesday, June 6
Chairman:
Edward James Coverdale, M.D.

30th 1943
Dinner Dance
The Union League
Wednesday, June 6
Co-Chairmen:
Gerald Callery, M.D.
John N. Lindquist, M.D.

25th 1948
Dinner Dance
Jefferson Alumni Hall
Wednesday, June 6
Thursday, June 7 leave for ten day tour of Vienna and Rome
Co-Chairmen:
Norman J. Quinn, Jr., M.D.
Charles G. Steinmetz III, M.D.

20th 1953
Dinner Dance
The Marriott Hotel
Wednesday, June 6
Chairman:
Joseph J. Armao, M.D.

15th 1958
Dinner Dance
Jefferson Alumni Hall
Wednesday, June 6
Co-Chairmen:
Frederick W. Floyd, M.D.
Austin P. Murray, M.D.

10th 1963
Dinner
Bellevue Stratford
Wednesday, June 6
Co-Chairmen:
John M. Fenlin, Jr., M.D.
J. Thomas Williams, M.D.

5th 1968
Dinner
Jefferson Alumni Hall
Saturday, June 9
Chairman:
William K. Grossman, M.D.