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Women in Medicine
REUNION CHAIRMEN 1975

1925
   Harlan F. Haines, M.D.
   I. Charles Lintgen, M.D.
   50th

1930
   Leon L. Berns, M.D.
   Edward J. Gough, M.D.
   Patrick J. Kennedy, M.D.
   45th

1935
   John A. McCormick, M.D.
   J. Edward Lynch, M.D.
   40th

1940
   Thomas B. Mervine, M.D.
   35th

1945
   Edward H. McGehee, M.D.
   30th

1950
   William B. McNamee, M.D.
   25th

1955
   Richard H. Schwarz, M.D.
   20th

1960
   Richard R. Soricelli, M.D.
   15th

1965
   Nancy S. Czarnecki, M.D.
   10th

1970
   John A. Azzato, M.D.
   5th
Training the Complete Physician
With the moral and financial support of the Alumni Association, Dr. Paul Brucker's new Department of Family Medicine is making an impressive start.

Specializing in Diversity
Family practice residents at the Wilmington Medical Center study various medical specialties in order to treat the whole man.

Jefferson Alumnae: Making It
A career in medicine is still a different proposition for a woman than it is for a man.

Health Care in the People's Republic of China
Dr. Samuel Kron J'44 reports.

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The Alumni Association of Jefferson Medical College
1020 Locust Street, Philadelphia, Pennsylvania 19107
Training the Complete Physician

by Paul C. Brucker, M.D.

Although the family doctor is a standard figure in American medicine, family practice has only been a recognized specialty for five years. With specialty status, family practice has become a more attractive alternative for medical school graduates, but a more demanding one as well. For instance, a three-year residency program and recertification every six years are now required of family practice specialists. Nevertheless, some medical education experts predict that by 1976 twenty percent of our new M.D.s will enter family practice, with that number growing to thirty percent by 1980.

As interest grows in the family practice specialty, so too does the need for family practitioners. More programs need to be developed to meet both demands, and recognizing this fact, Jefferson established a Division of Family Medicine in 1971. Dr. Willard Krehl, Professor and Chairman of the Department of Community Health and Preventive Medicine, along with representatives from the Pennsylvania Academy of Family Practice, organized the new Division, enrolling approximately twenty-five volunteer Board-certified family physicians, and establishing an undergraduate curriculum. Family Medicine became a separate Department in the Medical College in January 1973.

Undergraduate Programs

The new department is involved in programs at the undergraduate, graduate and post-graduate levels. With the development of the new curriculum (JAB Spring '74), for instance, we began to take an active role in undergraduate curriculum planning on both the interdepartmental and departmental levels. Working with the Departments of Psychiatry and Human Behavior, Community Health and Preventive Medicine, Physical Medicine, Pediatrics and the Office of Medical Education, we helped design the new "Medicine and Society" course offered weekly to freshmen and sophomores. In addition to helping plan "Medicine and Society," members of the Family Medicine faculty helped teach the course, through both lectures and seminar discussions. As a department, Family Medicine has constructed a curriculum outline for the first mandatory family medicine clerkship, which begins this fall. Every six weeks, approximately twenty-seven students in the junior class will be assigned primarily to an outpatient activity where they will participate in the ambulatory care of patients and their families.

Beginning in 1975, senior students will have an opportunity to elect a track in family medicine. Our outline of this track envisions twelve initial weeks of ambulatory care, where the student will see unscreened and ill-defined problems involving any system of the body in a selected population. This approach is somewhat novel; ordinarily, students see defined problems in an unselected population. In this part of the track, which will take place primarily in clinical units staffed by faculty members at Jefferson and the affiliated hospitals, students will learn to recognize problems and initiate procedures for solving them. He or she will perform simple, but important laboratory studies, prescribe therapy under the
Touring the Model Family Practice Unit last May, Dr. Edward H. McGehee, Dr. Paul C. Brucker and Dr. William N. Mebane found that the waiting room was not quite ready for business.
The Family Practice office at the Wilmington Medical Center is a converted house and it looks more like the office of the small town doctor you grew up with than a division of a high-powered metropolitan health care center. Inside, too, lack of pretension and friendliness create a personal ambience not usually associated with the big city hospital. Three of the people who contribute to this atmosphere are Jeffersonians, Dr. James Blore, Dr. Gregory Edinger and Dr. Steven Flynn, all class of 1972, all third year residents in WMC's family practice program.

The residency program began in July, 1971 with the three Jeff men in the second class. “We weren’t sure exactly what we were getting into,” Dr. Flynn comments. “Family practice has only recently been established as a specialty and many told us it was a fad, we should get into something more traditional.”

Despite the specialty’s uncertain future, it had a very definite appeal for all three men. “I had always wanted to be a people doctor with my own office practice. I hesitated to enter family medicine, because I wasn’t sure I could be competent in so many areas. When I saw the intensive yet diversified training this residency program offered I saw that a general competence was possible,” Dr. Blore explains. After his Jefferson rotations Steven Flynn found he had enjoyed everything equally and wasn’t happy about the prospect of choosing one area of specialization, excluding all others. With the family practice residency he didn’t have to.

As the three-year program is conceived, the first year is similar to the regular rotating internship, with the resident spending only one or two days a week at the family practice office. During the second year more time is spent treating patients at the office, but the residents are still rotating through the major specialties. In the final year there are twenty weeks of electives and twenty weeks of nearly full-time duty at the family practice center. Greg Edinger currently is the senior resident whose full-time job is manning the F.P. office. He is there to see patients himself and to teach and consult with residents from the first and second years. Drs. Blore and Flynn spend part of their time at the office and part attending to various other responsibilities. Dr. Blore, for instance, is the senior resident on the family practice floor at Wilmington General Division.

The residents see patients on their own, asking for help from the third year residents or attendings as needed. All charts are reviewed for the first two years. Consultation among residents is constant, especially in the third year, and many specialists are available for in depth consultation at any time. The residents say most of their patients come to them with muscle aches, sprains, colds, bad backs, emotional problems, hypertension and chronic disorders. Only about ten percent of all cases are referred to specialists, and all preliminary work is done at the family practice office.

The family practice center is not a clinic. About half its patients were carried over from the private practices of the program’s “founders,” Dr. Dene Walters and Dr. Bernadine Paulshock. The other half has been picked up in the last three years through hospital or medical society referrals, word of mouth referrals, and primarily through the residents themselves who have become family physicians to many patients they’ve attended in the hospital. Dr. Edinger alone has added thirty families. Whenever possible, and except in emergencies it usually is possible, patients see the same doctor on every visit. In this respect the office is actually similar to a group practice. Fees are competitive, and the residents take calls at home as in private practice. Even in this friendly atmosphere, however, no one recalls making more than one house call in three years.

Six residents per year are now accepted into the program, and Director Dene Walters receives many more applications than he can match with positions. Many Jefferson students get interested in the concept when on rotation at Wilmington, a JMC affiliate, because the facilities and opportunities are impressive.

Wilmington Medical Center came into being in 1965 with a merger of the city’s three major hospitals. The Center now has 1100 beds under three roofs, with sixty percent of the hospital beds in the state of Delaware; there are 600 doctors on staff out of 820 doctors in the entire state. About thirty Jefferson students are on rotation at Wilmington at any given time. All the major rotations are offered there. Jefferson and Delaware also are associated under the DIMER program, whereby the state of Delaware pays a portion of the cost of medical education for Delaware residents studying at Jefferson.

After their three years of family practice training, the residents will have the specialist’s know-how. Already, however, they have been influenced by the program’s philosophy. “I don’t just want to treat a strained back,” says Greg Edinger. “I want to understand the patient’s state of mind, have a personal relationship with him and his family, and have the family think of me not just as a practitioner of medicine but as a trusted friend.”
guidance of a faculty member and counsel the patient regarding his illness and its long-term significance, the aims and reasons for therapy. Students also will counsel surgical patients, helping them to understand and accept their surgery, and following them through the hospital experience when feasible. We hope to involve the student with families of severely ill patients and with families of those who have recently died, so that he or she will be able to help during their bereavement.

The second major section of the track will provide specialty contact. The student will have in-patient experience in the traditional fields such as internal medicine, pediatrics, obstetrics-gynecology, psychiatry and human behavior and the surgical sub-specialties. We also plan exposure to preventive medicine, community health, legal medicine, rehabilitation medicine, genetics and counseling, and a six-week block in the basic sciences as they specially pertain to the practice of family medicine.

**Residency Programs**

One of the most important aspects of the family medicine program at Jefferson is the residency training program. Approved by the AMA Council on Graduate Education in December 1973, the program began at Jefferson last June. Two of the six family practice candidates, Dr. James D. Plumb and Dr. Franklin C. Kelton, Jr., are 1974 graduates of Jefferson.

The residency program hopes to train residents to serve as the physician of first contact who provides for the patient a means of entering into the health care system. A properly trained family practitioner will evaluate the patient's total health needs and provide personal medical care within one or more medical fields of medicine, referring the patient, when indicated, to appropriate sources of care while preserving the continuity of care. Accepting the responsibility for the patient's comprehensive and continuous health care within the context of his environment including the community, the family and comparable social units, the family practitioner also will act as a leader or coordinator of the team that provides the health services.

In addition to preparing a resident for these roles, we hope that upon completion of the three-year program he or she will be able to pass the Board examination for certification in family practice. Naturally, we also hope our residents will actually enter the field of family practice. Where appropriate, we encourage physicians to practice in underserved areas, and we prepare them to do so. In all cases, we try to help the resident establish his or her own educational and professional goals, particularly with respect to the medical needs of the community in which the physician plans to practice. We also train our residents to feel comfortable with the concept of group practice.

The Department has certain philosophical goals for the program. We want, for instance, to instill the desire in the learner to continue his
or her medical education programs, by extension of and reinforcement of necessary professional skills, by participation in medical audit and by involvement in teaching health staff, preceptee students and peers. Making every effort to stimulate the resident’s academic curiosity to do research in the field concerning delivery of primary care, we at the same time encourage our own faculty members to spend the majority of their time in clinical teaching activities. The resident is trained to deliver quality care and, in turn, at a future date, to receive adequate remuneration for his or her efforts.

**Family Practice Facilities**

Over a three-year period, eighteen residents will enter the program at Jefferson. Each one of the residents will spend approximately one and one-half years in an in-patient training experience and one and one-half years in an out-patient training experience. We hope the family practice residency will serve as a model training program which will warrant the respect of the faculty and students at Jefferson.

The primary training facilities for the residency program are on the Thomas Jefferson University campus. These include the Hospital and the Model Family Practice Unit, consisting of approximately 8,000 square feet, which is located in the newly renovated Thomas Jefferson University Health Science Building, a twenty-two-story building designated for ambulatory care. The Model Family Practice Unit’s facilities include adult and children’s waiting rooms, record room, insurance and clerical section, nurses’ stations, laboratory, special procedures room for sigmoidoscopy, a paramedical work-up room for vision testing, hearing testing, tonometry, etc., doctors’ offices, examining rooms, computer terminal room, interviewing room, conference room and observation room with one-way mirror.

The additional hospitals, Wilmington Medical Center, Wilmington, Delaware, Chestnut Hill Hospital, Philadelphia, and Latrobe Area Hospital, Latrobe, Pennsylvania, have affiliated for family medicine with Thomas Jefferson University. The affiliate hospitals are solely responsible for the financial support of their individual programs, but their faculty have appointments in the Department of Family Medicine at Jefferson Medical College. The affiliate activity occurs in the areas of planning and executing various educational programs. Each affiliate hospital program has its own resident class and is responsible for its stipend. The recommended number of residents for each program is five per year at Wilmington, three per year at Chestnut Hill, and three per year at Latrobe. This means that by July, 1976 Thomas Jefferson University should be intimately concerned with the educational experience of some forty-eight residents in family medicine residency programs. In addition to their own residency programs, the affiliate hospitals also will participate in the undergraduate training.

**Post-graduate Programs**

On a post-graduate basis, the Department of Family Medicine and the faculty at Jefferson have worked with the Pennsylvania Academy of Family Practice and the American Academy of Family Practice in designing continuing education programs. A very successful program was conducted in September 1973, and a similar program was presented October 2, 3, and 4, 1974.

The topics presented in this review course in Family Medicine were selected to meet defined deficiencies and/or interests of primary physicians. These were determined by the results of questionnaires mailed to physicians and also in cooperation with members of the Pennsylvania Academy of Family Practice.

The purpose of the course is to allow practicing family physicians the opportunity to review current concepts in such traditional fields as pediatrics, obstetrics-gynecology, oncology, psychiatry, internal medicine and surgery.

To implement the program, handouts complementing the discussions were distributed to the participants. There was opportunity for self-evaluation through small examinations with a question format resembling that used in the American Board of Family Practice examination.

For many reasons the interest in Family Medicine at Jefferson has rapidly accelerated. Although in June, 1973 only five graduates entered into the field of family medicine, thirty-five applicants from the class of 1974 applied for family medicine residency training, and twenty-one of them will enter family practice residency programs starting July 1. One of the reasons for this sharp upswing of interest in family medicine is the establishment of the specialty board the American Board of Family Practice. At the same time separate departments or divisions of family medicine have been established in approximately fifty percent of U.S. medical schools. In addition, exposure to and training experiences in family medicine on both an undergraduate and graduate level has better prepared the family physician and makes him or her feel more comfortable carrying out the duties of a primary physician. The recognition that much of the health care delivery problem in the United States is related to maldistribution of physicians and an undersupply of family physicians or general physicians has also motivated many graduates to enter this field.

In addition to the facilities that are at the affiliate hospitals and the volunteer faculty physicians enrolled in 1971, other general physicians have been included within the Department. Dr. Edward
H. McGehee, an alumnus of Jefferson, class of 1945, and a practicing Board-certified general internist in Chestnut Hill, joined the Department as a Professor of Family Medicine in January 1974. Dr. William N. Mebane, III, a certified pediatrician who practiced general pediatrics in the Chestnut Hill area for some fourteen years, joined the Department as a Clinical Professor in March, 1974. The Department feels fortunate in having so many individuals so dedicated to training people to be good family physicians.

Hopefully, as the program grows and matures, more and more individuals will consider going into family medicine and, in turn, become superbly trained individuals who will help to meet and resolve some of the general health requirements of the population. Indeed, the next five to ten years at Jefferson should be very exciting as far as Family Medicine is concerned. The unselfish support of the administration, faculty, and student body, the encouragement received from professional organizations, from legislatures, and from society in general should prove invaluable in assuring the success of the department.
Since the advent of the family practice specialty, the responsibilities and skills of the family physician have come under a good deal of scrutiny. With this scrutiny and with the recognition of the extraordinary need in this country for competent family physicians, promising medical students are no longer discouraged from entering the practice of general medicine. Dr. Edward H. McGehee ’45, who is a Professor in Jefferson’s new Department of Family Medicine, encourages the reevaluation of the family practitioner and helps train the young doctors attached to the new family practice program.

Dr. McGehee couldn’t be better suited to the job. His post-graduate training has been broad enough to allow him to deal comfortably with diverse patient programs. He took a rotating internship at City Hospital in Mobile and spent two years in the Navy before returning to Jefferson as the Ross V. Patterson Fellow in Pathology. After serving as an Instructor in pathology at Jefferson he took a Fellowship in hematology at Pennsylvania Hospital and an internal medicine residency the following year. As a Thomas McCrae Fellow Dr. McGehee went to London to work in medicine and hematology at Guys Hospital, where he treated serious diseases on an outpatient basis.

“My time in England was a tremendous experience. The British are excellent clinicians and they taught me a great deal. I also became the defender of American medicine for a year. Every week at our conferences I was cut to ribbons, and they were so smooth I didn’t even feel it. But we all enjoyed it, and more importantly, we all profited from the rounds.”

In addition to his diversified training, Dr. McGehee also has many years and a full range of experience in practice to share with his students. This experience began when he returned from England as a staff member at Pennsylvania and Chestnut Hill hospitals. As the hematologist and physician to Pennsylvania Hospital and the Ben Franklin Clinic he taught Jefferson and University of Pennsylvania students. In 1966 he left his post at Pennsylvania to become Director of the Department of Medicine at Chestnut Hill Hospital. “I only served in that capacity for four years. It was a time-consuming, friend-losing job, which really turned out to need someone’s full-time attention. With my private practice I just couldn’t give it enough time.” The practice to which Dr. McGehee refers is a private practice in Chestnut Hill which he conducted in partnership with Dr. Charles T. Lee, Jr., his successor as the Thomas McCrae Fellow in London and a physician with a similar medical outlook and training. In his practice Dr. McGehee spent about one-third of his time doing hematology, one-third internal and one-third family medicine.

Perhaps Dr. McGehee’s most important qualification as a family physician training future family physicians is that he likes people. He’s the kind of man one trusts instinctively and respects both as a human being and as a professional. Because he bears a pronounced resemblance to one-time Watergate prosecutor and Harvarded Archibald Cox his easy Alabama drawl can take you by surprise. That such a people-oriented man should have had a successful practice, however, is no surprise at all.

“My practice was a mutual love affair,” Dr. McGehee grins. “My patients were great people, appreciative, never annoying. And we had the kind of office where everyone seemed to feel at home.”

Dr. McGehee’s patients returned his affection. When he retired from private practice in 1973 to join Jefferson’s Family Medicine Department, they filled the Philadelphia Cricket Club for a surprise going-away party. Over five hundred people from cooks to bank presidents attended; their only common ground was that each had been a patient of Dr. McGehee’s.

Although it was difficult for Dr. McGehee to leave such a gratifying practice, his decision to come to Jefferson full-time was a very natural one. He had worked at Chestnut Hill Hospital with Dr. Paul Brucker, the Chairman of Jefferson’s Family Medicine Department, and with Dr. William Mebane, a Professor in the new department, for fifteen years. They all had similar feelings about various medical problems, and they had all reached the conclusion in their practices that they had been inadequately trained in counseling and the management of family problems. Coupled with the national need for family practitioners, the necessity for a different approach to family medicine became clear. The three helped instigate the family practice residency at Chestnut Hill Hospital, and all three eventually joined the department at Jefferson.

“The chance to be around students again was a big factor in my decision to come to Jefferson. I’m enjoying exchanging ideas with colleagues and learning from them.”

Active in professional organizations, Dr. McGehee helped
develop a self-assessment examination for practicing physicians under the aegis of the Philadelphia County Medical Society and the American College of Physicians. The exam was designed for practicing doctors; it has been used in most of the fifty states, Argentina, India and Israel. With Dr. Brucker and Jefferson Associate Dean Joseph S. Gonella he also worked to improve the record systems at Chestnut Hill Hospital. The Hospital is now working with problem-oriented records, and through one of their former residents the same system is in wide use at Temple University Hospital. Another subject Dr. McGehee is very concerned with is death and the care of the dying patient. “Big teaching hospitals have much to learn in this area. We want to try to deal with this problem in the family practice program, but it is something all specialties need to take another look at.”

Dr. McGehee initially came to Philadelphia because he had decided on a career in medicine and his father, a physician, thought that this was an excellent city in which to study the subject. His older brother had attended the University of Pennsylvania’s Medical School, and Dr. McGehee came up to enroll at Penn for his undergraduate training. Although he has lived happily in the same house in Chestnut Hill since 1954, his early living experiences in Philadelphia were less sanguine. He and his Jefferson roommate Douglas W. MacKelcan ’45 studied until 3 AM for a bacteriology exam at their Tenth and Clinton Street apartment. At 4 AM they were faced with a more immediate problem: MacKelcan had been bitten on the nose by a rat. “Needless to say, we moved,” Dr. McGehee laughs.

Most of the physician’s Jefferson memories are a good deal more pleasant. He has always been active in the institution, and most aspects of his life seem to have been shared with at least one Jeffersonian. Dr. McGehee’s younger brother, John, graduated from Jefferson in 1952, and the two brothers and the late Dr. Albert Haas ’50, also from Mobile, “assisted” Dr. Paul Bowers ’37 when he delivered Dr. Edward McGehee’s first son. Mrs. McGehee delivered the baby without anesthesia, which was an unusual procedure in 1949. “But it was a fantastic experience. It was like a family get-together, and it was more of a picnic for my wife than a misery.” The McGehees now have four children, “none of whom are going into medicine!” Mrs. McGehee is a professional musician and an accomplished contralto.

In addition to golf, sailing, music and photography, Dr. McGehee has a fairly unusual avocation, archeology. He has served as team doctor with the University of Pennsylvania Museum trips to Italy, Sardinia and Egypt. “And I’ve had to turn down trips to some wonderful places.”

Part of the impact of the new family practice specialty has been to enhance the prestige of the family physician. The difficulty of specializing in family care, the need to be competent in many fields instead of just one, can appear a somewhat awesome task. Obviously, however, Dr. Edward McGehee had a head start.
A young woman named Elizabeth Blackwell became interested in a career in medicine after an unhappy love affair had left her without a sense of purpose. She had studied physiology and science at a small, girls' college in New York and in order to improve her credentials before applying to medical school she came to Philadelphia for graduate study in anatomy. Eventually, convinced that she was prepared to begin her medical education, Miss Blackwell applied for admission to Jefferson Medical College and the other four Philadelphia area medical schools.

None of these schools requested her scores on the Medical College Admission Test, her three professorial recommendations, nor even her undergraduate transcript. Although she was granted a personal interview at Jefferson, the results were discouraging. One professor suggested she try some of the less established New England medical schools, and another, Dr. Joseph Pancoast, hesitantly proposed that something might be arranged—if she would agree to attend classes disguised as a man.

It didn’t occur to Elizabeth Blackwell to sue Jefferson for violating her civil rights, because the year was 1846, and in 1846 a woman had very few rights, civil or otherwise. None of the Philadelphia schools took Miss Blackwell’s candidacy seriously, but after practically making a career of applying to medical school she was eventually accepted by the Geneva Medical College in New York. She received the first medical diploma ever granted a woman in the United States, and although the hospital medical establishment confined her to midwifery, she opened a dispensary of her own for the poor in New York City and spent a lifetime demanding respect for the intelligence of women.

Since that time, the statistics and prospects for women in medicine have slowly, but significantly, improved. There are over 30,000 women physicians out of the approximately 375,000 physicians registered with the AMA. Increasing numbers of women are being admitted to medical school, rising from about 3,000 in 1968 to about 6,000 in 1972. Nationally, women account for approximately thirteen percent of medical school enrollments.

Since 1961 when Jefferson began admitting women to the Medical College, it has graduated over one hundred women. The new freshman class contains thirty-nine women, about seventeen percent of a class of two hundred twenty-three. Thirty-nine women join ninety sophomore, junior and senior female students. Out of a JMC faculty of over 1200, about sixty-five are women, one of whom is a full Professor.

Based on responses to a questionnaire sent to Jefferson’s female graduates (over fifty percent response) and on conversations with many of these women, it seems safe to say that a career in medicine is still a different experience for a woman than it is for a man. Even the fact that an article like this is being written indicates that a female doctor is still very often regarded as something of an anomaly, still somewhat unique. That feeling of uniqueness began for most alumnae during medical school where women, at Jefferson and at most medical schools, have always been a distinct minority.

Most women have found that their status in medical school has been both an advantage and a disadvantage. As a member of a minority, women students at Jefferson have been noticed more often and singled out as individuals, which can be a significant educational and social benefit. Many felt that faculty members had made a special point of being polite and helpful to the females, particularly in the earlier classes. This, as one member of the class of 1966 remarked, “evened out,” however, because women who attended JMC in the early 1960s had virtually no on-call facilities, no shower or
changing facilities and practically no
bathroom facilities (one men's room
in the College was initially
converted to a ladies' room). A
female on night call during an
obstetrics and gynecology rotation,
for instance, had to sleep in a labor
bed if she wasn't lucky enough to
tog a key to the interns' quarters on
fifth Main. These conditions have
been largely eliminated but
occasional problems do still exist.

As one might expect, women
students have not been immune over
the years to some hostility from their
male counterparts. "It was much
more common, however, for me to be
congratulated for being in medical
school than it was to be told I was
taking the place of a deserving man," on one alumna noted. "Of course, the
best compliment was when nothing
was said at all and my being there
was accepted as natural." One
hazard women face at any medical
school, Jefferson included, is the
men's club humorist who sometimes
confuses locker room with
classroom. One typical comment
which infuriated many women
described an obstetrician-
gynecologist who had made
a fortune with his goldfinger.
This level of communication is
hardly new or shocking for most
post-college women. It is,
however, offensive, and particularly
so in an atmosphere purporting to be
academic and professional.

It should be stressed that this kind
of comment is not in any way the
norm. And most agree that while the
female medical student does face
annoyances because she is a woman,
she does not face any substantive
discrimination at Jefferson. Being
female is becoming less of a
disadvantage in the admissions
process, and once a woman is
accepted she is judged on the basis
of her performance. Although on the
question of academic performance
questionnaire responses were too
erratic to allow a statistically valid
conclusion, it was obvious that,
similar to the reports of national
studies on female medical students,
Jefferson women as a group are high
achievers. Medical school
admissions here and elsewhere are
gradually reflecting that fact.

The number of women at Jefferson
has become significant enough for a
women's group, the 1961 Society, to
have formed on campus. The Society
is not a raving, demanding enclave of
medical Betty Friedans. Like similar
groups at Philadelphia's other
medical schools, the Jefferson
women gather to share their
experiences and give each other
mutual support. The inter-class
communication males often find
through athletics and fraternities
was not easy for women to achieve
before "1961," and members agree
that they now feel much less
isolated. The Society sponsors
speakers on subjects of interest
to women and to all health profes-
sionals; men regularly attend
its programs. This fall the group
sponsored an orientation dinner for
incoming freshman women and
offered a symposium on medicine,
mariage and motherhood. Although
interest in 1961 is not universal, one
of the group's founders reports that
its meetings generally outdraw the
Hare Society.

There seems to be general
agreement that if stereotyping is
going to occur for a female
physician it will be felt most strongly
during internship and residency. Many
women, for instance, reported being
the only female in their training
program, and others felt that they or
female friends had been denied
certain training opportunities
because of sex. It has to be noted that
perception of discrimination and
discrimination are not always
identical. But the law forces
discrimination to be subtle, and
women physicians as all minorities
are frustrated by conscious
restrictions which are known to exist
but which by their very nature leave
behind no tapes or other "smoking
pistols" to incriminate.

The stereotype of certain
"women's" specialities does appear
to hold true for many Jefferson
alumnae and, incidentally, for
Jefferson female faculty members as
well. Nationally, according to AMA statistics, pediatrics is the most popular female specialty. Although women constitute only about seven or eight percent of all physicians, twenty-two percent of all pediatricians are women. According to the AMA, specialties which together with pediatrics constitute the preferences of over seventy percent of active female physicians include internal medicine, psychiatry, general practice, anesthesiology, pathology and obstetrics and gynecology, in that order. Fewer than one hundred women nationally as of 1973 specialized in the fields of aerospace medicine, otorhinolaryngology, and urologic, abdominal, cardiovascular and neurologic surgery combined.

These trends are generally reproduced for Jefferson women, with internal medicine heading the list, followed in order of preference by pediatrics, psychiatry and radiology. Somewhat surprisingly surgery was the next most popular choice, with pathology and family practice, anesthesiology and obstetrics and gynecology following closely. With few variations the Jefferson female faculty distribution is the same. Roughly one third of alumnae respondents have engaged in scientific or clinical research, with approximately the same percentage holding academic appointments.

This distribution in the great majority of cases is not the product of overt discrimination, nor indeed of any definable discrimination. Where ordinary human preference is not the main factor, considerations of hours and schedules to enable a normal family life usually predominate. The most valid conclusion drawn from questionnaire response is that most women take family responsibilities very much into account when choosing a specialty.

One stereotype, which is by now thoroughly discredited, pictures women leaving medicine in droves for the maternity ward, never to be seen again. At Jefferson, as nationally, this is manifestly untrue. Not a single questionnaire respondent reported that she never practiced medicine after graduation. Of those who were not on house staff or Fellowship only one currently is not practicing, two are practicing parttime and all the rest maintain full-time practices. Group or hospital practice is more common than single private practice.

Salary levels for Jefferson alumnae seem to be equal to those of their male counterparts, although some women noted that they had been offered less and were only brought up to par when they had refused to accept less. With the exception of some men with urologic or proctologic problems, most patients have accepted being treated by a woman without difficulty, and some younger women now actively seek female physicians. For some, particularly in rural areas, a woman doctor is a novelty. However, one resident in a large city medical center recounts treating a woman in the emergency room with another female resident. “We took care of her problem, but she seem reluctant to leave. Finally she thanked us but asked, ‘Do you think it would be possible for me to see a doctor now?’” There is probably no female physician who has not been mistaken for a nurse many times, particularly if she has a youthful appearance. One alumna recalls that as an intern a chief resident began giving her orders meant for a nurse. “And do you know his own wife was a physician?” But the woman’s ability and her own confidence in her ability are major reassurances to her patients, and it is by these standards that she ultimately will be evaluated.

The same two factors are important in gaining male colleague acceptance. Most women who initially perceived hostility from male physicians seem by their own conduct to have been able to mellow many of those attitudes. In very few instances has personal hostility materially affected a woman’s professional situation. Rather than encountering hostility and

one stereotype . . . pictures women leaving medicine in droves for the maternity ward, never to be seen again.
scepticism, some women have found they are initially treated like medical superstars. Some men seem to feel that a woman in medicine has faced greater obstacles than her male counterparts and must therefore be an extraordinary physician, or something like that. While some women enjoy their celebrity status, many wish they had less to live up to. Although individual idiosyncrasies will no doubt continue to confound generalities, most alumnae feel that as women physicians become more numerous and therefore more common, attitudes about them will more accurately reflect reality.

Part of the reality facing a female physician is balancing her private life and her profession. A medical career has many ramifications for one's social life and certainly for one's marriage. Single women have reported, for instance, that after medical school being an unmarried woman in medicine can be a very lonely experience. Hospital social life centers around couples, but the single woman has limited opportunities to meet suitable suitors. Most male physicians are married, and the few non-physician single males one encounters in the hospital setting very often are intimidated by the salary level, social class or intellectual image of the female doctor. Single men physicians do not have these restrictions and additionally have the opportunity to meet many single women right in the hospital setting: nurses, secretaries, technicians and physicians. One's locale, of course, is an influencing factor.

For the married woman, and particularly for the married woman with children, managing both marriage and career has always presented some conflicts regardless of her profession. Longer training, longer hours and responsibilities that can be awesome make a career in medicine more difficult to combine with family life than most fields. The family is no less important than career for Jefferson alumnae, and most have found that some compromise in both arenas has been necessary. Some have restricted the hours they devote to practice in order to have time for young children. Others restrict the range of their interests, perhaps not pursuing a subspecialty or a research line that interests them in order to accommodate family responsibilities. A husband's career choices and opportunities may markedly affect a woman's options when both partners want to be able to live together. Most women still seem willing to defer to the man's career plans, working within whatever structure that demands. No one, however, reported sacrificing a dreamed of residency in Boston because her husband practiced law in Philadelphia, etc.

Arranging for maternity leave and finding competent child care are major concerns for married alumnae. One woman notes that "maternity leave for house staff has only been a real interest in recent years, because men don't have babies. Maternity leave policies in this country are generally archaic, but as more career women become mothers an improvement should be inevitable." "I hired help for house chores and babysitting is common, as is a resigned "what gets done, gets done" attitude which many career women find necessary to adopt with regard to the cleaning, the ironing and the baking. An understanding husband seems to be the prerequisite for successfully combining career and marriage, whether he actively helps with household responsibilities or just agrees to overlook imperfections. Interestingly, and certainly fortunately, women with physician husbands and women with non-physician husbands seem equally certain that their own arrangement is best.

In all the questionnaire responses and in all my personal interviews I did not encounter a single radical feminist. Of course, no career woman would deny the validity of equal opportunity and equal pay for equal work. Women who were refused bank loans on the basis of their sex, who had successful practices but could not get credit cards in their own names, and who had suffered insurance inequities were often amazed that physicians are treated in this way. But while there was justifiable selected outrage, there were no characters out of Ms. Most felt that the views of radical feminists are oversimplified and extremist, and that in general the "movement" is irrelevant to them because they have already proven themselves as individuals. "Please," I was asked. "Don't even mention the words 'Woman's Lib.'"

Dr. Estelle Ramey, the Georgetown physiology professor who helped to harass off the market an anatomy textbook illustrated with what could have been Playboy centerfolds, is a feminist and she's not very hopeful that the cultural bias against women physicians will be eliminated any time soon. "Stereotypes," she states "are bred in the bone of a society, and the stereotype of a woman doctor is a horse-faced, flat chested female in supphose who sublimates her sex starvation in a passionate embrace of the New England Journal of Medicine..." But Jefferson females do not seem to feel they are being judged by those standards nor, quite obviously, do they conform to them. Perhaps because all Jefferson alumnae are still young there is less cynicism about the present and more hope for the future.

And while the evolution of attitudes may seem excruciatingly slow to some, for many of the older male physicians the changes are so extraordinary they are almost impossible to grasp. At a recent professional meeting for obstetricians and gynecologists some female physicians encountered male friends from medical school days. Greeting their friends warmly, the women noticed a venerable Jefferson professor staring in amazement. "My God," he said. "I never thought I'd see the day when one obstetrician would be kissing another obstetrician in public."
When you walk down Allegheny Avenue in the Richmond area of Philadelphia with Dr. Nancy Szwec Czarnecki and her husband “Dr. Joe” it is clear what a family practice in an inner city neighborhood can mean. Doctor and patient know one another. There is a rapport between the Czarneckis and this neighborhood that can be expressed, like greetings exchanged, in Polish, Ukrainian and maybe Lithuanian.

Nancy Czarnecki and her husband are partners in family practice. In addition to enjoying her patients, Dr. Czarnecki finds the practice of general medicine stimulating because she treats young families and old, is able to deal with many different problems, and can understand her patients as whole people not just as bad backs or ear aches. They have their own lab where she is able to keep up her pathology, a subject she particularly enjoyed at Jefferson. As it works out, she generally treats the female patients and her husband the male, so she also does a good deal of gynecologic work. With a new office building opened this fall the Czarneckis have taken on another partner to meet a patient load which never seems to stop growing.

Dr. Czarnecki and her husband have arranged another division of labor, one which has allowed her to have four children since 1970 and still practice medicine. She works her own version of part-time, seeing patients only several days a week but working long hours the days she does go in. With a husband for a partner maternity leaves, such as the one she is currently enjoying, are relatively easy to arrange, and Dr. Joe can cover her patients. The children think having a physician for a mother is a great boon. Dr. Czarnecki can administer the routine immunizations, and getting injections seems to be a lot less traumatic with Mommy on the other side of the hypodermic. When the children are older and require less of her time, Dr. Czarnecki hopes to build up her hospital practice, because she feels one can learn even more that way.

The dictates of the alphabet made Nancy Czarnecki the first woman ever to graduate from Jefferson Medical College, class of 1965. And she liked it that way. “Everybody went out of his way for us at Jeff, and there was really a warm feeling. Because we were the first class of women, we were special; I don’t think our experience could ever be duplicated.”
M.D., Mrs.
and Mme.
Trustee

In the futuristic maze of Philadelphia’s new Children’s Hospital you’ll know you’ve found Dr. Marie Olivieri Russell’s lab if you see a picture of a mustachioed man in a Doc Watson’s teeshirt holding a beautiful grinning baby. The baby is Dr. Russell’s one-year-old daughter, Sarah Jane, and the teeshirt is Dr. Edward R. (Ned) Russell ’72, Dr. Russell’s husband. To all appearances Marie Russell, who as Marie Olivieri graduated from Jefferson academically number one in the class of 1970, seems to be the woman who has everything.

Having recently completed her internship and pediatric residency at Children’s, Dr. Russell is in the Division of Hematology and an NIH Fellow in pediatric hematology. As a researcher she is working with others on some of the abnormal properties of sickle hemoglobin. As a clinician she deals with children with any kind of blood disorder, including many children with hemophilia and sickle cell anemia. Dr. Russell is a pediatric hematologist at PGH and has a faculty appointment in pediatrics at the University of Pennsylvania. She is also helping to prepare an audio/visual series for parents of hemophiliacs to help the parents deal more rationally and more constructively with the disease. During her residency she encouraged the development of a battered child program at Children’s.

Although she admits that it’s hard to leave her own daughter in the mornings, Dr. Russell very much enjoys working with all children. She finds being a woman a distinct advantage for a pediatrician. “The children seem to trust me instinctively and often don’t even suspect that I’m a doctor. And because I am a mother too I think I have a greater understanding of the parents’ needs when a child is ill.”

Like many women Dr. Russell is very aware that the reputation of women in medicine is being made now. What today’s women doctors accomplish will help to determine how future women are received. She worked, for instance, until the day she gave birth to Sarah Jane and took seven weeks of accumulated vacation time to spend with the baby. She knows her ability as a physician is in no way limited by her sex, and she also knows she works just as hard as any man.

Dr. Russell admits that establishing priorities and organizing her time are major concerns. Dr. Ned Russell is a surgical resident at Lankenau, and they have a new house as well as the new baby to care for.

Their responsibilities don’t prevent them from camping, biking and entertaining, and they haven’t stopped Dr. Marie Russell from accepting another position of trust: she is a full voting member of Jefferson’s Board of Trustees. Appointed in March, 1971, she served a three-year term and was reelected for a second term in 1974. She is on the College Committee, the Master Planning Committee and has been on search committees. She does not feel she is a token woman or a token young person, and even the hoariest members of the Board seem respectful in considering her opinions. When you are trusted by children and civic and financial leaders, you must be doing something right.
She Never Wanted To Be a Nurse

Dr. Martina Mockaitis Martin came to Jefferson in 1957 to begin studying nursing. She left Jefferson in 1968 with her M.D. Obviously much happened in between.

"I never really wanted to be a nurse; I actually didn't know what I wanted to do. But my mother is a nurse, so she sent my application to Jefferson. When I was accepted into the R.N. program it seemed that fate had decided for me."

After graduating from nursing school, she stayed on working parttime at Jefferson and parttime at Barton. She became interested in a career as a physician while she was working with Dr. Thomas F. Nealon S'44 and others doing animal research. Talking with Dr. Joyce Price '65, who had been a nurse before she became a doctor, made her realize it could be done if she were willing to undertake eight more years of schooling. She was, and she enrolled as an undergraduate at the University of Pennsylvania, where she worked as a nurse parttime to pay for her education. She got her B.A. in August, 1964 and came to Jefferson as a medical student the following September.

After an internship and internal medicine residency at Bryn Mawr Hospital, Dr. Martin went to Temple Medical School for her rheumatology training. She is now practicing with a medical specialty corporation in Bryn Mawr in a lovely wooded setting that looks more like a contemporary retreat than a doctor's office. Her practice is about eighty percent rheumatology with the other twenty percent internal or general medicine. She is a physician to Bryn Mawr College where her work is equally divided between general practice, gynecology and psychology. Currently she also is involved in a research project which is teaching her to use arthroscopy, something she hopes to do more of in the future.

She finds that her nurse's training has been very useful to her practice of medicine, particularly so in the training years. "I was used to caring for patients so I was able to relax in the hospital setting. As a medical student I had some perspective on what information I was really going to need so I avoided some of the panic-stricken memorization many students got caught up in."

Dr. Martin probably remembers her rheumatology training with greater fondness than most physicians, because she married her professor. Her husband, an Associate Professor of Medicine (rheumatology) at Temple, already had three teenage children, so Dr. Martin found she had a ready-made family.
and she loves it. Because her hours are quite predictable and because she lives “around the corner” from her office, she has no trouble finding time for her family. She and her husband enjoy sailing and tennis, and they now are working together building their own sailboat. Both Drs. Martin enjoy anything mechanical, from working on cars to repairs and remodeling projects around the house.

Martina Martin spent twenty-four years of her life in school, not counting post-graduate training. Remarkably, she has no complaints. Because she was always doing just what she wanted to be doing, the time never dragged. And although she has recognized the problems women in medicine can encounter, she doesn’t feel that she personally has suffered any prejudice, beyond the societal inequities which affect every woman. “But I’m Irish,” she grins, “and I really have been lucky.”

The Soft-Spoken Fellow at NIH

Dr. Judith Andersen: using Jefferson training at NIH

It isn’t easy for anyone to become a Fellow at the prestigious National Institutes of Health in Bethesda, Maryland. In recent years positions at NIH carried with them a draft deferment, making men more anxious than ever for a job at NIH. That, of course, had the consequence of making it more difficult than ever for a woman to be selected for an NIH position. In July, however, Jefferson’s Dr. Judith Cooper Andersen ’69 started a Senior Staff Fellowship with the hematology division of the NIH Clinical Center. She is involved in research in the biochemistry of various clotting factors, primarily factor VIII and platelets. She also has clinical responsibilities.

Dr. Andersen is the only female in her division, but having just spent one year as the only female intern and then four years as a resident and Fellow in the largely male Department of Medicine at Duke University Medical School, it’s a familiar position. At Duke she was a Research Fellow of the National Hemophilia Foundation for her final two years, and she worked with a prominent investigator in the Department of Cardiology during all three years of her Fellowship.

Although she thoroughly enjoys her work at NIH and would choose a career in medicine if she had it to do again, Dr. Andersen noted that medicine has closed some doors for her. “I’m a congenital dabbler, but medicine doesn’t allow dilettantes. I’m very interested in art and music, for instance, but I don’t have the stamina to pursue any subject properly but medicine.” She worries that medicine will make her narrow, and she can’t escape some guilt feelings regarding her one-year-old baby daughter. “I was always theoretically confident that a mother could combine a career and raising her child; quality instead of quantity, etc. The doubts came only after I had my daughter, when I realized that a housekeeper would be spending more time with my child than I and that a mother preoccupied with work-related problems is not necessarily as instinctively warm and attentive during her hours at home as she would like.” Dr. Andersen’s husband, also a Clinical Associate at NIH, has a schedule as busy as hers, so she wants a housekeeper who will be a positive influence on the child.

One thing that Dr. Andersen emphasized about her medical career is the influence that her Jefferson education continues to have on it. Even after years of specialized training she finds that her Jefferson learning still is central to her practice of medicine. “I’m not sure I always felt this way as a student, but the background Jefferson provided in the basic and clinical sciences has proven really valuable for me. I use my Jefferson training every day.”
The Housewife as Surgeon

Dr. Virginia B. Clemmer '71, a third-year surgical resident at Jefferson, says that hopefully her day lasts from 6:30 A.M. to 6:30 P.M. Hopefully, but not predictably and not at all regularly. She has this fantasy about her male counterparts coming home after work to a dinner cooked by a wife, in a sparkling home cleaned by a wife, and then retiring to the study for journal reading while the children are amused by the wife. Unlike her fantasy, however, she never sits down until she goes to bed.

Although her husband Richard I. Clemmer '71 helps care for their twenty-month-old daughter and they employ a live-in sitter to watch the baby during working hours, Dr. Clemmer does all the housework and makes and cleans up after a full dinner every night ("no hoagies, no T.V. dinners"). She emphatically does not feel that her family life and her medical career are in competition. Both are equally important to her, and she is convinced she can do both well.

Dr. Clemmer had served her internship at Bryn Mawr Hospital and decided to come to Jefferson in general surgery because her husband was coming here as an orthopaedic resident. She hopes eventually to join a group practice of general surgery, but she is also interested in immunology and would like some day to teach parttime in a medical school.

Although she loves surgery, she would never advise a family woman to choose it as a specialty, "unless she were really sure nothing else could make her happy. Actually, that same advice could apply to a family man, because the sacrifices in free time are so great."

One of Dr. Clemmer's greatest outside interests is the field of child care. She and her husband have learned to live with the inconvenience and awkwardness of having a stranger occupy one bedroom of a two-bedroom apartment in the Orlowitz Building, because "if your live-out sitter misses her morning bus and you are scheduled for surgery, you've had it." In China, she notes, provisions are made routinely for child care centers at one's place of employment. New mothers are given time off during the work day to nurse their babies, and mothers of older children are allowed short breaks to visit them. While she was on maternity leave Dr. Clemmer tried to get a cooperative nursery arrangement started in Orlowitz, but many of the mothers there do not work so the project never excited enough interest.

Although she is the only female surgical resident at Jefferson, Dr. Clemmer feels that she is in general accorded equal treatment and certainly is given her share of the assignments. Although no one questions her skill, she does occasionally run into someone who questions her motives. Is she serious? Will she ever actually go into practice? Is this an ego trip? "I tell them about my late night trips to the A & P and watching the sun rise while I mop the floor. If I weren't convinced I wanted to spend my life as a surgeon, do you think I'd put myself through this?"
Consciousness-raising Is Not Analysis

Being the interviewee was an unusual experience for Dr. Merle Edelstein, because as a psychiatrist she usually asks the questions. It is necessary, Dr. Edelstein notes, for a psychiatrist to maintain a certain personal anonymity in dealing with patients, and this attitude is perhaps difficult to dismiss in any non-personal encounter. But despite the distance one cannot escape the impression that Dr. Edelstein is a very striking, very poised, very intense young woman who exudes capability.

Most interested in the analytic or Freudian approach to psychiatry, Dr. Edelstein has a private practice and is currently taking additional analytic training at the Institute of the Philadelphia Association for Psychoanalysis. For those whose psychiatry rotation is in the distant reaches of memory, analysis differs from therapy in intensity; a patient in analysis sees his or her psychiatrist four or five times a week to the therapy patient’s one or two weekly visits. The approach of an analytic psychiatrist also is different from that of a behavioral psychiatrist, who, superficially, sees behavior modification as the first step in treating emotionally disturbed patients. Dr. Edelstein maintains the traditional view that behaviorism has not yet proven its validity.

The physician has no enthusiasm for the pop/para psychiatry of insufficiently controlled, inadequately selected group therapy, a good example of which is the so-called consciousness-raising groups popularized by the feminist movement. “With the proper supervision and in some situations the group concept is valid and can be useful. Where the professional guidance is not strong enough, however, I’ve seen many instances where people have been harmed. Problems can be unearthed which a person simply cannot deal with on his or her own.” Dr. Edelstein also is not the villainous/ineffectual psychiatrist of feminist literature whose answer (in reeking dialect) to every female’s problem is, “You must accept your womanhood.” In most cases, she says, being chauvinized is only a symptom of the woman’s real problem.

On a personal level, the “woman’s place” has never been difficult to define for Merle Edelstein. She grew up in an environment in which women had careers as a matter of course. Her family was supportive of
a career in medicine and she caught
the enthusiasm of female friends
who had chosen to become
physicians. She was a psychology
major at the University of
Pennsylvania, but she took enough
science electives to keep medical
school an option. After graduating
from Jefferson in 1965 she took an
internship at Bryn Mawr Hospital
and a residency at Einstein Northern
and Hahmemann Hospitals. Dr.
Edelstein and her husband then
spent six months in New York City
while she was on a Fellowship there.
They were not at all suited to be New
 Yorkers, and when her husband
abandoned law to become a student
at Hahmemann Medical School they
were happy to be able to return to
Philadelphia.
Although she is the sole
breadwinner in the family at
present, Dr. Edelstein purposely has
limited her practice to accommodate
the third member of the family,
two-year-old Chris. She has no
hospital practice and except for
teaching one course at Hahmemann
and her analytic training she has no
outside professional commitments.
Although she has a deep sense of
responsibility about keeping every
appointment with a patient, she
finds it relatively easy to schedule
her day so that she has breakfast and
lunch with her son, and the whole
family dines together at the evening
meal. Because she is expecting a
second child in February, Dr.
Edelstein plans to cut down perhaps
to a six-hour day before the child is
born, take off three weeks after
the birth and resume a half-day schedule
while she recuperates thereafter.
Since her office is in her home she is
spared the fatigue of commuting.
Dr. Edelstein cannot imagine
being happy without either her
career or her family. She doesn’t
separate or compartmentalize the
different facets of her life, from each
other or from herself. “My career and
my family are an integral part of me.”

Medical
School Was
Worth the Wait

When Joan Simpson applied to
medical school she knew that her
 chances for admission might be
affected by her membership in three
minority groups. She was black. She
was a woman. And she was older
than the maximum age limit for
admission. With her Jefferson
application she attached a letter
asking that she be given
consideration anyway. “I explained
that there are opportunities and
special recruitment programs today
for women and blacks that just didn’t
exist when I got out of college. These
additional opportunities were
designed to redress years of
discrimination. I felt I had the
qualifications to be given a chance
too.”

Despite her three-fold minority
status Mrs. Simpson, who is now a
senior medical student at Jefferson,
has been able to handle any
problems that status has entailed.
She feels no particular pressure at
Jefferson because of her race or her
sex, perhaps in part because her
academic standing is high. Because
she is not married to a physician (her husband is a teacher of special education and a youth counsellor) and because she has three teenage children (sixteen, fourteen and twelve), her social life does not revolve around Jefferson. She feels the more limited association makes her less likely to perceive or encounter hostility or discrimination than a campus-oriented student. “Jefferson is people, and it’s really a fair cross-section of the country. You realize you may have problems with some people and none with others, and you don’t let it bother you.”

Before coming to medical school Mrs. Simpson graduated from the University of Pennsylvania and taught chemistry at Overbrook High in Philadelphia for nine years. Although her family was used to a working wife and mother, the hours in teaching left much more time for home activities than the hours in medicine. Having older children is a help in many ways, because they don’t need a babysitter and can help with the housework. But Mrs. Simpson feels it would be unfair to give them too much responsibility for the house when they should be enjoying their high school activities. Their age is a problem to an extent, too, because they can remember the “good old days” when Mom baked cakes and went to the PTA meetings and got home from work when they were getting home from school. “I explained to them that I waited to go to medical school until now because I wanted to be with them when they were young. I think—I hope—they understand.”

Because they are old enough to understand, Mrs. Simpson has brought the children to the hospital and even to her psychiatry rotation in Delaware to give them a better idea of what it is she’s doing and why she finds medicine so rewarding. But she can’t escape a feeling that she’s in the middle. “When I’m getting ready to go to the hospital in the mornings the kids often ask if I could take the day off to do this, go in late to do that, and I say no, it’s important for me to be at the hospital. When it’s six o’clock and I’m getting ready to leave the hospital people look at me like I’m a clockwatcher. ‘Why is she here,’ they must be thinking, ‘if she’s so anxious to get home?’ But I’d have to say to them that it’s important to my family that I get home.”

There is no question in Joan Simpson’s mind, however, that the difficulties are more than compensated for by the pleasure she gets from her new career. Because she is what she calls “mentally free” in her professional life, she finds she gets greater enjoyment from her traditional feminine role in the home and a better perspective for having combined the two. “It’s what I’ve always wanted to do.”

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Delivering Babies Hasn’t Lost Its Thrill

Although Dr. Gwen Kaplow ’66 was a biology major at Antioch College, for the first twenty years of her life she made every effort to avoid the sight of blood. As part of an Antioch work-study program, however, she worked in Europe as a nurse’s aide. When she came back to America she was very used to blood and very interested in medicine.

After graduating from Jefferson Dr. Kaplow was still unsure of what field of medicine she wanted to enter. Although she had enjoyed her Jefferson rotation in obstetrics and gynecology, ob-gyn is a field which makes women with families nervous; training hours are long and erratic, and in practice one’s hours are more influenced by nature than by the appointment book. After unsatisfactory experiences working at the St. Mary’s Hospital Accident Ward and a well baby clinic where she was only allowed to refer, Dr. Kaplow decided to try a residency in ob-gyn. Although it was twice interrupted for maternity leaves of her own, she finished her residency in 1973 and soon after joined the full-time staff at Jefferson.

Although private practice would
have been more lucrative, she opted for hospital practice because the hours are shorter and more predictable. She is still able to spend a good deal of time with her two young children and her husband.

Dr. Kaplow considers this arrangement a compromise while the children are young and plans to reevaluate her status as they get older. But whatever the arrangement, she very definitely enjoys her specialty because she likes women, likes pregnant women in particular and especially enjoys her own patients, who are predominantly young and healthy. "Delivering babies has not lost its thrill for me. Obstetrics is basically a happy field, which is good for me in that it counteracts my natural pessimism. Of course there are no little tragedies; results are either fantastic or abysmal. And nine out of ten times a janitor could perform a successful delivery. But it's that one time in ten that makes you very glad you're there."

Dr. Kaplow also does some gynecologic surgery but the youth of her patients is a natural limiting factor. She teaches medical students in Jefferson's obstetric clinic, runs an OB and a Gyn clinic at Einstein's Daroff Division and works with the family planning center at Jefferson. She delivers from two to five babies a month and performs first trimester abortions, referring any second or third trimester for what she calls "purely emotional but not judgmental" reasons.

Although no one could accuse Gwen Kaplow of being chauvinized or repressed, she does believe in some traditional role-playing. She is certain, for instance, that her husband married her for her veal parmesan, and she is proud of being a good cook. In her professional life, however, she rejects the attitude which caused her own son to explain patiently to her that she couldn't be a doctor, because men are doctors, and that she must, ergo, be a nurse. "He was finally convinced I was not a nurse because I don't wear a little white cap."

Surgery
Is a
Way
of Life

You know you're in New York. You ask the woman at the reception desk of Francis Delafield Community Hospital please to page Dr. Kathleen McNicholas and you get a grunted "Wait a minute" whose tone clearly indicates that the apostrophic, "chump," was omitted only by oversight. Twenty minutes later when the receptionist has finished her Daily News and has been grudgingly convinced that there is a female Dr. McNicholas on the house staff, contact is made.

It is no surprise, then, when Dr. McNicholas, a general surgery resident at Columbia Presbyterian Medical Center (of which Delafield is a part), mentions that a patient pulled a knife during rounds last week. With creditable good sense Dr. McNicholas locked herself in a nurse's station, called the police, and called administrative authorities demanding the right to confine the man to a psychiatric institution. Fifteen minutes later when the knife-wielder was subdued and removed to Bellevue Hospital the other patients on the ward were shaking their heads. "That lady doctor, man, don't mess with her." Obviously Kathleen McNicholas has made it in New York.

Dr. McNicholas, a 1973 Jefferson graduate, has many more substantive achievements to her credit. At Jefferson Class Day she was presented the Janet M. Glasgow Memorial Scholarship Award for clinical proficiency, the Henry Keller Mohler Memorial Prize for the field of therapeutics, an honorable mention for her essay on cancer and an honorable mention for excellence in clinical surgery. She displays an engraved silver bowl presented to her as a remembrance by Dr. John Y. Templeton '41, Professor of Surgery at Jefferson, and his associates, on whose service she spent much of her time at Jefferson. Dr. McNicholas is the first woman in almost thirty years to be accepted into the prestigious surgical residency at Columbia Presbyterian. She hopes, perhaps intends is a better word, to continue into cardiothoracic surgery. It is impossible to doubt that she will succeed.

Because of the extensive ward service at the Columbia Center, residents have a great opportunity to perform surgery, and Dr. McNicholas is kept as busy as she wants to be. Columbia serves as a primary care center for many of the neighborhood residents, and as such Dr. McNicholas sometimes feels like she's in family practice. Everyone seems to be related to somebody she's seen before, and she probably gets as many calls at home as most country doctors.

Two things about her residency are inescapable. Number one, it is incredibly grueling, very difficult and very demanding both physically and emotionally. Number two, Kathleen McNicholas is in her element. Her enjoyment and satisfaction, her need to be doing what she's doing, are manifest. She understands that her commitment to
surgery requires overlooking some aspects of her life. She loves outdoor sports of any kind, for instance, but finds it difficult to play tennis in the middle of the night, her major block of free time.

Dr. McNicholas does not feel her sex has been at all a factor in her career, even in a traditionally male field like surgery, and she is emphatically not a feminist. Ms. magazine wanted to photograph her hands for an article about professional women, but she turned them down. "It just seemed silly." She did balk, however, when she first talked about going into medicine and her father, Dr. Edward M. McNicholas '42, suggested she could some day apply to what was then Women's Medical College. "Even though we first discussed it before Jefferson began admitting women, Jeff was always my first choice."

Although her schedule allows little time for recreation, her life as a lone woman is far from lonely. "Surgery, probably because it's such a team effort, is a very sociable field. All the residents spend so much time together that we come to know each other very well." At a recent Surgery Task Force at the Arden House retreat, she was the only female asked to attend. In addition to being flattered, she had a marvelous weekend with, in effect, sixty dates for dinner every night.

Kathleen McNicholas has indeed made it in New York.

*Dr. Kathleen McNicholas: No Ms.*
In health care in China, as in every other aspect of life in China, there are political overtones. Most observers agree that without measures that may seem radical to us, China would never have been able to overcome the terrible conditions that existed there.

To understand and appreciate the status of health in China today one must recognize what health was like in China in the past. Before liberation (1949) the great rivers regularly flooded the land; millions died by drowning and starvation. In the city streets corpses were a common sight, death coming from disease or malnutrition. Drug addiction and venereal disease were widespread. The city streets were filthy with beggars everywhere. Medical care was accessible only to those who could afford it and little value was placed on the lives of poor peasants and workers. In the 1930s, the life expectancy of a newborn child in Shanghai was about forty years.

All this has changed. Today the rivers are controlled by dikes and dams. Irrigating projects are everywhere. There is enough food for everyone. The city streets are clean; there are no beggars. Drug addiction and venereal disease have been wiped out. Medical care is available to everyone and life expectancy is more than seventy years. In a country of eight hundred million people, the health and welfare of each individual seems to be of the greatest concern.

How has all this been accomplished in just twenty-five years? It is my observation that it came about from strong central leadership and mass education and mass movements among people who were living under the worst possible conditions. The campaigns against drug addiction and venereal disease are examples. The leadership determined that these must be eliminated, and it launched educational programs throughout the country concerning the evils of drugs and prostitution, pointing out that sufferers should not be stigmatized, because they were victims of exploitation by capitalists in the society.

Mass movements then began to uncover and treat the victims and to prevent the activities of the exploiters. People in neighborhoods knew who these offenders were, and through discussion tried to educate the drug addicts and those suffering from venereal disease to seek treatment. It was pointed out to prostitutes how they were being exploited; and they were trained in jobs so that they could earn a living by other means. Drug dealers were told they could stay in the country if they desisted, or else they must leave. And many did, for Hong Kong and Taiwan. If they stayed and continued dealing in drugs, they were prosecuted under the law.

At a meeting in Shanghai with the official who was responsible for helping eliminate drug addiction, we told him that we had heard from some sources in this country that pushers were simply put to death. We were informed that all attempts were made to “educate” those who remained, and if this failed they were tried legally and if found guilty were put in jail; only in the most serious recurrent offenses, less than one percent, was the death penalty handed down. And incidentally, he told us that the municipal department in charge of the drug problem has been closed down because there is no longer any work for that department.

Dr. Samuel D. Kron J'44, a general surgeon, is on the faculty at the University of Pennsylvania School of Medicine and is a staff member at Pennsylvania Hospital and Einstein-Daroff. This article presents some of his impressions of health care in China during a three and one-half week visit in March, 1974. He was a guest of the People's Republic as a representative of the U.S.-China Peoples Friendship Association.
In my travels to many countries I have never seen healthier looking people than the Chinese. I suppose this may be attributed to a variety of factors. Exercise is a very important part of their lifestyle. In every school I visited exercises were a part of the daily schedule. I was told that in factories they have an “exercise break” instead of a mid-morning coffee break. Elderly people traditionally do their early morning exercises; I could see this whenever I had a room overlooking a park or a square.

There also is a great interest and participation in sports; next to ping pong, basketball is the most popular. When on a train in remote areas it is not unusual to see a basketball court in the most unlikely setting.

Diet is mostly vegetarian, although fish, chicken and pork are eaten. I saw very few obese individuals. Everyone appeared well-clothed and well-fed; there are no shortages. Housing seemed to be adequate but in general far below our standards. On some of my walks alone in the larger cities there seemed to be crowding in small, old homes. However, sanitation and cleanliness were most impressive. Bicycling and walking are the primary modes of transportation in the cities, ensuring additional exercise and decreased air pollution.

The Chinese believe in adequate rest. Whenever we had a particularly strenuous activity, such as the walk on the Great Wall, time was set aside for tea and rest. Near the end of our visit our hosts felt we needed a more prolonged rest and we were taken for one and a half days to the Hot Spring Resort, a delightful, serene area in the mountains approximately one hundred miles from Canton. This is used primarily as a convalescent center for patients with long term illnesses such as tuberculosis.

The Chinese retire early. They put in a hard day’s work and there are few diversions to keep them up late. There is television in the large cities but this is on only for a few hours in the early evening. I saw many movie theaters and went to ballets and operas and other stage performances that are available to workers at very little cost.

I was most impressed by the use of the large parks. One evening we visited the Peoples Cultural Park in Canton and there were literally about 100,000 people enjoying a variety of events: ballet, opera, storytelling, orchestra, plays, basketball, roller skating, museums, aquariums, tea houses, amusement areas. I saw no bars while there. I did not see one intoxicated person. The Chinese did serve beer with all our meals and wine and a powerful drink called Mao Tai at banquets.

I observed that the Chinese do smoke a great deal. Tobacco is grown throughout the country and each locality seems to have its own brand of cigarettes. When I questioned the contradiction of emphasis on physical fitness and yet the widespread smoking habit they responded facetiously “We hear that in the United

Mid-morning “exercise break”; “In my travels to many countries I have never seen healthier looking people than the Chinese.”
States smoking can cause cancer.”

Other factors that contributed to the overall impression of relaxation and good health in most people could be ascribed to what seemed to be a lack of anxiety and tension in daily life. In visits to many schools and homes one observes that children are treated with much affection. The family unit appears strong with three and four generations traditionally living together. The elderly are made to feel useful in the household, helping with the children, shopping, etc. When visiting a commune I asked what happens to old people who have no family; I was then taken to a fifty-bed old age home called a House for Respect, where the residents appeared well cared for. I did not sense the feeling of depression that I have had visiting similar homes here. Perhaps because these old people are still living in their old neighborhoods and have frequent visits from old friends they are not lonely.

In visits to factories and in spontaneous conversations with workers I received the impression that they were happy in their work due in no small measure to the concept that the factories “belonged to them.” Profits are returned to the workers in the form of better facilities for housing, health care, education and recreation. Profits do not go to individuals.

Workers feel secure because there is no unemployment, and at retirement a satisfactory pension is provided. Every week workers gather for meetings, primarily for political discussions. However, there is an opportunity for individuals to introduce personal problems for help from fellow workers. I sensed that one is never alone with his problems. This could also be interpreted as a lack of privacy.

Preventive medicine seems to be an important part of the Chinese health care system. This was evidenced in many ways. Posters related to health care are everywhere. In schools there are

“The family unit appears strong with three and four generations traditionally living together.”
Illustrations on proper exercises and hygiene. I even saw special charts for eye exercises which were supposed to minimize the need for glasses. Safety regulations are routinely posted in factories, although safety guards on machinery are not up to our standards.

The ready accessibility of primary health care and minimal (if any) cost were other factors that I felt contributed to preventive medicine. People seek care at the first symptom of disease such as a cough, headache or pain. Admittedly the standards for this primary care are low considered by our standards. However, prior to liberation there was no such care.

When a member of our delegation had the slightest complaint our hosts tried to bring a doctor. But as is generally true in this country, we were unwilling to seek care until real illness developed. Our Chinese hosts found this difficult to understand. Maintaining one’s health in China is almost considered a duty.

The Chinese continually try to avoid elitism in all fields, including health care. This was evidenced during the cultural revolution in the late 60s when teachers and doctors did work in factories and communes. Even today the slogan “Physical labor is equal to mental labor” is heard. Doctors are expected to spend part of each year with the workers. The focus of health care is the countryside where eighty percent of the population resides. At the Industrial Exposition in Shanghai I saw both sophisticated electronic monitoring devices and small portable X-ray and dental units for use by mobile health teams traveling to remote areas. In order to treat the workers the Chinese feel that the physician must know how they live. On every educational level students work in factories as a part of their curriculum. At Peking University, for example, pre-medical students manufactured commercially-sold drugs in a pharmaceutical factory.

With all these accomplishments has there been a concomitant loss of freedom? Yes, to a certain extent particularly when it comes to a choice of career and location. If someone wishes to become a physician I understand these are the steps he must follow.

Upon graduation from middle school (or high school) every young person is assigned a job, such as in a factory or commune. After approximately two years of work, he or she then can indicate a desire to enter the university for preparation for medical school. Selection is based upon certain criteria, one of the most important being “attitude;” and this is determined by fellow workers, who decide whether they would want this individual as their physician. It is understood that following training the physician will come back to the same community. Attitude also includes the desire to “serve the revolution.” Other factors in selection involve the need for physicians in that area and openings in the medical schools, as well as ability.

Probably the most impressive aspect of health care was its efficient organization and the fact that primary health care is immediately accessible to every individual, even in the most remote areas. This is accomplished in the countryside by “barefoot doctors,” who are peasants, selected by their fellow workers, for several months of training in the district or county hospital. In the cities, there are small street or lane clinics in each neighborhood run by health workers who are usually housewives, again selected by the people in the neighborhood for training in the district hospital. These para-professionals are capable of treating minor ailments such as upper respiratory infections and gastrointestinal upsets, and of recognizing more serious conditions requiring referral to the hospital. They also inoculate the neighborhood children; and since they have a record of immunizing every child, it is my understanding that China is ahead of us in the percentage of immunized children.

These health workers are also knowledgeable in all methods of birth control and counsel the neighborhood women on this. (Population control is a very important goal in China and they have one of the most effective programs in the world.)

I visited these primary care facilities and found them to have only the bare essentials for diagnosis and treatment. Considering that one of our problems, particularly in the inner city, is the frequent lack of accessibility of primary health care, one questions whether the system in China could not be applied here. In this country there would be a demand for “higher standards” of care; and there would be problems with the laws pertaining to health care by non-physicians. It should be noted that the fact that health workers in China are selected by their neighbors seems to inspire confidence. Furthermore, health workers receive continuing education both by going regularly to the district hospital and by visits to the health center from hospital physicians.

I had the opportunity to observe operations under acupuncture anesthesia and spent some time with the Chief of Acupuncture Anesthesia at one of the large hospitals in Shanghai. In that particular hospital I was told that approximately twenty percent of abdominal surgery cases were done under acupuncture anesthesia, and almost one hundred percent of operations above the diaphragm. The “shortcomings” of acupuncture anesthesia in abdominal operations are incomplete muscular relaxation and uncomfortable sensations when there is traction on viscera. And so, conventional anesthesia (general or spinal) is used for those cases in which relaxation is important and traction on viscera anticipated. In those cases in which acupuncture anesthesia is to be recommended, the patient is visited the day prior to surgery by the surgeon and the
"Under acupuncture anesthesia, it is not unusual for patients to walk back to their rooms after major surgery." Dr. Kron (right) is a witness.

“...a cupuncture anesthetist for a "cordial talk." At this time if the patient appears nervous about this type of anesthesia, it is not recommended. If the patient is agreeable, the entire procedure is explained, including any unusual sensations he may experience during the operation, so that he will not be concerned and may cooperate with the surgeon.

Pre-operative medication similar to ours is used in all cases. With acupuncture anesthesia, the patient is placed on the operating table and the acupuncture needles are inserted in the appropriate places; wires are attached and the needles are twirled (or rotated) by a small battery-operated device. In the past (or where the mechanical device is not available) the needles have been rotated manually. The patient is awake during the entire operation, and this includes brain and thoracic surgery. The needles are removed when the operation is completed. Patients do experience the expected post-operative pain and this is treated either by acupuncture or medication, such as analgesics or narcotics or both. Since patients have not received any anesthetic drugs, there are none of the usual after-effects that we identify with general or spinal anesthesia. It is not unusual for patients to walk back to their rooms after major surgery under acupuncture anesthesia.

Although most of the hospitals do not have the benefit of the sophisticated equipment we are used to in our large city hospitals, the Chinese do perform all of the types of operations we do, including open heart surgery. They are further advanced than any country in treatment of extensive burns and in re-plantation of severed limbs and digits.

I spent some time with the Chief of Surgery at one of the large hospitals in Canton. I was aware then, and during my entire visit, that the Chinese are up-to-date on advances in medicine in the U.S. Apparently, they have access to all
current journals and texts. In our discussion I was interested in which operations were performed most frequently and found that biliary tract calculi and duodenal ulcer were common. In the case of the former, it is interesting that calculi are usually small and soft and frequently in the common bile duct. I was told that the common duct is explored in about seventy percent of cases in Canton and because of the nature of the calculi and difficulty in removal, choledochoduodenostomy is a common procedure. The fact that duodenal ulcer is common might make one question the apparent lack of tension and anxiety in daily life.

The administration of health care institutions is interesting. All institutions in China (factories, museums, schools, hospitals, etc.) are governed by "revolutionary committees." In the case of a hospital, such a committee might include doctors, nurses, administrators, non-professional workers (such as orderlies, kitchen employees, etc.) and patients. These would all be elected by their respective groups. The physicians with whom I met assured me that the revolutionary committee did not dictate or interfere with their treatment of patients.

I raised the question of what happened to the "Professors" and "Chiefs of Service" at the time of liberation. This is my impression of the transition. Hospitals and medical schools were taken over by the government and everyone was put on salary. The government recognized the importance of keeping well-trained teachers. While everyone who wanted to was permitted to leave the country (and many did) those who remained were guaranteed that their income would continue at the same level. In China today it is recognized that although there are salary differentials among physicians on hospital staffs, with those chiefs who stayed after liberation at a higher level, the fact that they did stay has been appreciated and there is no resentment. The salaries for other physicians are basically the same and are not much higher than those for nurses and other health workers. Since my return from China I have been asked, "What incentives do doctors have?" I must confess, as corny as it may sound, my answer has been, "To serve the people." I guess you have to see it to believe it.

In the clinic of a truck factory I visited, the doctor and nurses told me that if they were not busy in the clinic it was not unusual for them to help out on the production line.

It is also interesting to note in the Chinese medical literature that no individual authors are named but rather the department and name of the hospital from which the article emanated.

Research is "people-oriented." It is directed for the most part against the problems that affect the greatest numbers of people, such as bronchitis and gastro-intestinal diseases. At the same time there is research of an esoteric nature, such as neurophysiologic studies attempting to explain the phenomenon of acupuncture anesthesia.

It was during our first meeting with our Chinese hosts in Peking that we were told, "Please do not judge China by standards in the United States. We are a poor country. We would like you to compare what we have today with what we had before liberation in 1949." I have tried to give a picture of just a few of these accomplishments in health care as I saw them along with some of my impressions of how they came about.

The Chinese were most friendly. Everywhere we went they told us, "Please give our warm regards to our friends, the people of the United States." And then they would often say, "We have great admiration for your people; you had your revolution, and look how much you accomplished." And then when I told them I was from Philadelphia, I heard, "Oh, yes, we know all about Philadelphia. That is an heroic city!"

The Great Wall
the jefferson scene

chairman
Dr. Jewell L. Osterholm has been appointed Professor of Neurosurgery and Chairman of the Department at Jefferson Medical College. His appointment was effective in September. Dr. Osterholm, a cum laude graduate of the Washington University School of Medicine in St. Louis, Missouri, comes to Jefferson from Hahnemann Medical College and Hospital, where he also was Professor and Director of the Division of Neurological Surgery. At Hahnemann Dr. Osterholm was Director of the Spinal Cord Injury Center and Director of Neurosurgical Residency Programs.

His training was done primarily at the Montreal Neurological Institute of McGill University where he was a Cerebral Palsy Fellow in 1959 and a resident from 1960 to 1963. He was certified by the American Board of Neurological Surgery in 1965.

Dr. Osterholm is a member of seventeen medical and scientific societies among which are the Society of Neurological Surgeons, the Congress of Neurosurgeons and the American Association for the Advancement of Science. Among his various awards and honors are the Mosby Scholarship, membership in AOA and the Golden Apple Award for best teacher of the year at Hahnemann.

Dr. Osterholm has presented papers and exhibits at some thirty-nine meetings throughout the United States, Canada and Europe. His bibliography includes forty-three papers.

Married and the father of two children, he and his family reside in Stratford, Pennsylvania.

honorary degree
Dr. Peter A. Herbut, President of Thomas Jefferson University, received the honorary degree of Doctor of Science at the 175th Commencement exercises of Washington and Jefferson College last spring. It was Jefferson College (prior to the merger with Washington College in 1865) that established the Medical College in Philadelphia. Dr. Herbut has served as President since 1966.

new trustee
Edward C. Driscoll, President of the L. F. Driscoll Company, a Philadelphia based construction firm, was elected a term trustee to the Thomas Jefferson University Board on June 3, 1974. A graduate of the University of Pennsylvania, Mr. Driscoll is involved in numerous civic organizations including the Boards of Gwynedd Mercy College and Ravenhill Academy. He serves as a member of the Young Presidents' Organization.

acting chairman
Dr. Daniel Lieberman has been appointed Acting Chairman of the Department of Psychiatry and Human Behavior. Dr. Lieberman has been a member of Jefferson's faculty since 1965. Dr. Floyd S. Cornelison resigned the Chairmanship of the Department but will remain on the faculty as Professor.

Dr. Osterholm
colonoscopy
On September 13 and 14 Jefferson sponsored a symposium on
fiberoptic colonoscopy, the first major interdisciplinary gathering
devoted to the topic. Twenty specialists in such diverse
fields as anatomy, pharmacology, surgery, gastroenterology,
radiology, engineering, law and etymology served on the faculty.
They hosted panel discussions and presented individual findings from
their use of the colonoscope both for diagnosis and treatment of colon
conditions. It was a comprehensive approach to fiberoptic colonoscopy with
review of relevant basic science topics and emphasis on the practical
aspects of colonoscopy in medical and surgical practice.

Registration for the symposium at the Marriott Motor Hotel in
Philadelphia was closed well in advance due to over subscription.
Dr. Gerald Marks '49, Clinical
Associate Professor of Surgery at Jefferson, and Dr. H. Worth Boyce,
Chief of the Gastroenterology
Service at Walter Reed Hospital, were the program co-directors.

hemophilia grant
The Cardesa Foundation at Jefferson has been awarded
$200,000 for continuing research in the Hemophilia Center here. This
represents two grants, one from the Food and Drug Administration for
$177,000 and the balance from the Delaware Chapter of the National
Hemophilia Foundation. Dr. Sandor S. Shapiro, Professor of Medicine, is
Director of the Hemophilia Center.

fellowships
The College of Graduate Studies has been
awarded a $21,000 grant by the Jessie Smith Noyes Foundation to
establish five graduate fellowships in environmental studies.
Recipients will be selected by the graduate school faculty from
applicants in doctoral programs in pharmacology and toxicology and
anatomy.

faculty changes
Dr. John L. Abruzzo promoted to
Professor of Medicine
Dr. Serge W. Duckett promoted to
Professor of Neurology
Dr. Farid I. Haurani promoted to
Professor of Medicine
Dr. Carl M. Mansfield promoted to
Professor of Radiation Therapy
and Nuclear Medicine
Dr. Bernard J. Miller '43 promoted to
Professor of Anatomy
Dr. George T. Wohl appointed
Professor of Radiology

trustee honored
Jefferson Trustee Richard C. Bond is
the recipient of the 1974 Edward
Powell Award. It was presented to
him for his many business and
cultural endeavors on behalf of the
Philadelphia community. Mr. Bond,
President of the Board of Trustees at
John Wanamaker, presently is
serving as Chairman of Philadelphia’s Bicentennial planning
agency. Among his other numerous activities are the World Affairs
Council, the Philadelphia Museum of Art, the Philadelphia Orchestra and
the United Fund. Mr. Bond was
appointed a Life Trustee to
Jefferson’s Board in 1957.

appointments
Dr. G. William Atkinson has been
directed of the Division of Pulmonary Diseases of the
Department of Medicine at
Jefferson. A graduate of Ohio State
Medical School, Dr. Atkinson served
his internship and residency at
Jefferson. He spent two years on a
pulmonary disease Fellowship as a major in the Air Force stationed in
Vietnam. He rejoined the Jefferson
staff in 1970 as an Instructor in
Medicine and Director of the
Pulmonary Laboratories. He
presently holds the rank of Assistant
Professor.

Also, a new Director of the
Emergency Department has been
appointed following the resignation
of Dr. Joseph Keiserman. He is Dr.
Joseph A. Zeccardi, a Clinical
Assistant Professor of Pediatrics.

opening exercises
September 4 marked Jefferson’s
151st Opening Exercises
Ceremonies. Jefferson’s President Peter
A. Herbut gave the convocation, replete with facts and figures about
the University. For the 223 places in
JMC’s freshman class, Jefferson
received 4,914 applications. Of the
233 matriculants, 155 are Pennsyl-
vania residents. Twelve students are
part of the new Physician Shortage
Area Program, which is designed to
train doctors for family practice in
underserved areas. Thirty-eight
freshmen are sons and daughters of
Alumni, thirty-nine are women and
five are black. The cumulative
undergraduate grade point average
of the entering class is 3.50.

Held in McClellan Hall, the pro-
gam’s featured speaker was Dr. Jay
Jacoby, Professor of Anesthesiology
and Chairman of the Department; William W. Bodine, Chairman of
Jefferson’s Board of Trustees, pre-

nurseries director
Dr. Paul A. Branca has been
appointed Director of Nurseries at
Thomas Jefferson University
Hospital. He replaces Dr. Mary
Louise Sontgen who resigned to
accept a position at the Conemaugh
Valley Memorial Hospital in
Johnstown, Pennsylvania. Dr.
Branca, who holds dual faculty
appointments as Associate Professor in
both pediatrics and obstetrics and
gynecology, is a graduate of Albany
Medical College. He comes to
Jefferson from the Hospital of the
University of Pennsylvania.

exhibit
Laird G. Jackson, M.D., Director of
the Division of Medical Genetics,
Halley S. Faust '76, Larry R.
Glazerman '76 and Philip Nimoy
'76 presented a scientific exhibit
"Tay Sachs Disease: Model for the
Prevention of Genetic Disease" at
the American Medical Association
annual convention in Chicago last
summer. The exhibit was awarded
the Certificate of Merit of the
Section on Internal Medicine.
1919
Dr. Burgess L. Gordon, 1350 Lakeshore Dr., Chicago, II., retired as Director of the AMA Department of Current Medical Terminology. He will continue to work as a consultant to the Department.

1924
Dr. Henry A. Brodkin, 377 S. Harrison St., East Orange, N.J., is working part-time at the Newark office of the Veterans Administration as Chief Chest Physician and also is working as a physician for the New Jersey Board of Health in Newark in the Tuberculosis Division.

1931
Dr. George W. Paschal, Jr., 1110 Wake Forest Rd., Raleigh, N.C., is Chairman of the Board of Wake-Forest University and has been a member of its Board of Trustees for sixteen years.

1933
Dr. John E. Leach, 60 Madison Pl., Ridgewood, N.J., has retired from the practice of internal medicine. A diagnostician and cardiologist, he has been practicing for thirty-nine years and was President of the Passaic County Medical Society in 1950. Dr. Leach is a member of Alpha Omega Alpha, a Diplomate of the American Board of Internal Medicine and a Fellow of the American College of Physicians. He is the author of many medical publications.

1935
Dr. William Winick, 206 Fairview Ave., Brockton, Ma., retired from the Veterans Administration after thirty-seven years of service. At his retirement dinner he received the Distinguished Career Service Medal and Certificate. Congressman James A. Burke from Massachusetts cited Dr. Winick in the Congressional Record for his contributions to the rehabilitation of the emotionally ill veteran. Dr. and Mrs. Winick will remain in Brockton.

1936
Dr. Chalmers F. Carr, 1715 Queens Rd., Charlotte, N.C., has been elected Speaker of the House of Delegates of the North Carolina Medical Society. Dr. Carr had been serving as Vice-Speaker during the past year.

1937
William P. Robinson, 4015 Fitler St., Philadelphia, writes that his son, Kevin Robinson, is a freshman at Jefferson this year.
Dr. James T. Stephens, 224 W. Lorain St., Oberlin, Oh., is spending the last half of 1974 in volunteer service in a hospital in Kenya.
Dr. Bernard B. Zamostien, 1335 Tabor Rd., Philadelphia, was honored by the Philadelphia County Medical Society with their first “Practitioner of the Year” Award. The ceremony took place at a special dinner in May. Dr. Zamostien is a past President of the Pennsylvania Academy of Family Physicians and has been instrumental in furthering family practice in the medical schools and hospitals in Pennsylvania. A consultant in the planning of the Eva and Morris Caplan Family Medical Center of the Albert Einstein Medical Center, he is affiliated with several area hospitals and is a Clinical Instructor in Family Medicine at Jefferson and a Clinical Instructor in Internal Medicine at Temple.

1938
Dr. Martin Green, Director of Pediatrics and Pediatric Allergy at the Atlantic City Medical Center, was presented an essay award by the Medical Center for the paper “Sublingual Provocative Testing for Foods and F.D.&C. Dyes.” The paper will be published in the November issue of the Annals of Allergy, dealing with allergic sensitivity to food, drug and cosmetic dyes. Dr. Green also is a Clinical Assistant Professor at Jefferson.
Dr. George A. Silver, Yale University, New Haven, Ct., recently had published Family Medical Care: A Design for Health Maintenance by the Ballinger Publishing Co.

1940
Dr. James R. Herron, 1055 Haddon Ave., Collingswood, N.J., was elected President of the Camden County Medical Society in May. Dr. Herron is a Clinical Assistant Professor of Obstetrics and Gynecology at Jefferson and is Senior Attending Physician in OBG at Our Lady of Lourdes Hospital, where he has served as President of the Medical Staff.

1944
Dr. John R. Hoskins, III, 202 Doctors Bldg., Asheville, N.C., is a member of the Board of the Chamber of Commerce in Asheville, North Carolina.
Dr. Marion M. Young, 921 E. Third St., Chattanooga, TN., is with the Chattanooga Health Department. Recently he had a Fellowship with the World Health Organization, for which he spent two months in England, Denmark, Norway and Sweden studying health care delivery systems in these countries. He has also participated in a Public Health Study Tour of several European countries including Poland, Russia, Greece and Hungary.

1945
Dr. William C. Gaventa, 3914 Elmwood Ave., Louisville, Ky., has recently returned from Africa where he practiced and trained house officers at the Baptist Medical Centre in Nigeria. The Centre has five Board-certified physicians and offers internships and “Senior House Officer” programs approved by the Nigerian Medical Council.
Dr. Francis L. McNelis, 350 Wayland Ave., Providence, R.I., just finished a year as President of the New England Otorhinolaryngological Society. He is an Assistant Clinical Professor at Brown University Medical School.

1946
Dr. Aaron D. Bannett, 1319 W. Tabor Rd., Philadelphia, has been appointed Chairman of the Division of Surgery, Albert Einstein Medical Center, Northern Division. He is also a Clinical Associate Professor of Surgery at Temple University School of Medicine. An authority on vascular surgery, Dr. Bannett has served as Acting Chairman at Temple for two years.
Dr. Harold Meyer has been appointed Chairman of the Division of Pediatrics at Albert Einstein Medical Center's Northern Division. Dr. Meyer was Director of the Department of Pediatrics and Chief of the Adolescent Clinic at Episcopal Hospital prior to his new appointment. He is an Associate Professor of Community Medicine at Temple University School of Medicine and an Associate Attending Physician at St. Christopher's Hospital for Children.

Dr. Frank J. Shannon, Jr., 99 Kleyona St., Phoenixville, Pa., has retired from the U.S. Army. An obstetrician-gynecologist, Dr. Shannon estimates that he delivered 5,000 babies during his duty with the Army. He is now interested in going into medical administration. Dr. Shannon had attained the rank of colonel, was Commander at Valley Forge General Hospital, and had received many military awards and honors. He and his wife have three sons.

Dr. Howard G. Shaub, 817 Penn St., Hollidaysburg, Pa., has been elected Chief of Staff of Miners Hospital in Pennsylvania. A pathologist, Dr. Shaub has served in many academic posts teaching forensic medicine. He is presently the Director of Laboratories at Tyrone Hospital and Miners Hospital. He is a consultant with the Veterans Administration and for Hollidaysburg State Hospital. Certified in pathologic anatomy, clinical pathogy and forensic pathology by the American Board of Pathology, he also is a member of many professional societies.

1947

Dr. William P. Coghan, 4 Davidson Dr., Beaver Falls, Pa., is Chairman of the Department of Surgery at the Medical Center of Beaver County. A former Jefferson faculty member, he holds Fellowship in the American College of Surgeons and is certified by the American Board of Surgery and the American Board of Thoracic Surgery.

1948

Dr. Murray Kahn, 214 Engle St., Englewood, N.J., was elected President of the New Jersey Dermatological Society for 1974-75.

Dr. Joseph P. Kenna is a member of the Medical Services Department at the Jennersville Community Memorial Hospital in Pennsylvania. Dr. Kenna served his internship at Fitzgerald Mercy Hospital and his residency at the Philadelphia Veterans Hospital.

Dr. Richard M. Landis, 1315 Clayton Rd., Lancaster, Pa., has a private practice in Lancaster and is also an Army Reserve Medical Officer with the 90th Evacuation Hospital.

Dr. James O'Connor, President of the Staff and Director of Laboratories at Mercy Hospital in Scranton, is a Diplomate of the American Board of Pathology, a Fellow of the American Society of Clinical Pathology and a Fellow of the College of American Pathology.

A scholarship fund has been established in honor of Dr. Alfred E. and Rona B. Brunswick by members of the family and friends of the late Dr. Brunswick. Dr. Brunswick was a member of the Class of 1925.

Dr. Ernest G. Shander, 1107 Richmond St., Scranton, Pa., writes that "we enjoyed the 25th Class Reunion at Jefferson. Do hope that more of our class would attend the yearly reunions."

1949

Dr. Thomas F. Head, an Obstetrician-Gynecologist at St. Joseph's Hospital in Rhode Island since 1957, has been appointed Director of the Obstetrics and Gynecology Department. Dr. Head has been President of St. Joseph's Medical Staff, and is the immediate past President of the Providence Medical Association and a member of the House of Delegates of the Rhode Island Medical Society. He is a Diplomate of the American Board of Obstetrics and Gynecology and a Fellow of the American College of Physicians.

Dr. Gerald J. Marks, 630 Revere Rd., Merion Station, Pa., has been promoted to Clinical Associate Professor of Surgery at Jefferson.

Dr. Arthur E. Orldige, Box 98, Shanksville, Pa., has been appointed Clinical Director and Acting Superintendent of Somerset State Hospital. He also was elected a Charter Fellow of the American Academy of Family Physicians.

Dr. John J. Gartland S'44, James Edwards Professor of Orthopaedic Surgery and Chairman of the Department at Jefferson, hosted the 1974 British Exchange Fellows in Orthopaedic Surgery. Left to right: Sydney Nade, Sydney, Australia; Roger Pillemer, Johannesburg, South Africa; James Graham, Glasgow, Scotland; Christopher Colton, Nottingham, England; Thomas Duckworth, London, England; John Kenwright, Oxford, England. The exchange Fellowship is a coveted honor and includes a six-week tour of orthopaedic centers in the host country.
Dr. Woodrow S. Dellinger '37 insists that his twenty-year study of Abraham Lincoln is only a hobby, and that he is "in no way a Lincoln scholar." But the physician's virtual museum of Lincoln memorabilia and the wealth of information that he has accumulated on his subject certainly give evidence of more than a casual interest.

Dr. Dellinger first became interested in Lincoln during the fifties when as President of his Rotary Club he was asked to present a Lincoln's birthday program. "I didn't know much about the man," Dr. Dellinger recalls, "so I went out and bought Benjamin Thomas' book and gave what amounted to a book report."

Thomas' biography was enough to stimulate Dr. Dellinger's interest, and he began to haunt rare book shops, seeking first editions of Lincoln biographies. Today, the Doctor's extensive library includes first editions of three early Lincoln biographers, Herndon, Whitney, and Lamon; a three volume diary by John Hay, Lincoln's private secretary during the war; and a copy of Battles and Leaders of the Civil War, dated 1894, which was owned by the son of Simon Cameron, Lincoln's Secretary of War. This edition contains hand-written marginal notes about the various generals that the younger Cameron had met personally during the war.

Impressive, too, is the large collection of Lincoln memorabilia that Dr. Dellinger has assembled. Among his most valued acquisitions are several Lincoln signatures, one affixed to the commission of General Birdseye McPherson, one on a letter to General McClellan written after the Battle of Bull Run, and a piece written to Simon Cameron following the Bull Run conflict. Dr. Dellinger notes that on Lincoln's personal correspondence he signed his name "A. Lincoln," while on official documents his signature read "Abraham Lincoln."

The collection also includes a signature of Vice-President Andrew Johnson and a document signed by Lincoln and Seward, who was then Secretary of State. An original playbill published for the Ford's theater performance at which Lincoln was assassinated, John Wilkes Booth's personal calling card, Lincoln campaign buttons, a program from the second inaugural ball and a proclamation instructing the people of York what to do when the President's funeral train passed through their city: the catalogue seems endless. Perhaps the most valuable pieces in the collection, however, are the cup and saucer from Lincoln's White House china and several paintings, one of the President, one of Mrs. Lincoln, and a painting by Percy Moran that depicts Lincoln and his son Tad seated in the yard of the White House in sight of the Capitol dome.

The single subject to which Dr. Dellinger has been most devoted is Lincoln's religion. "Contrary to what many people thought at the time, and what many still believe today, Lincoln was a deeply religious man," he says. "But he was non-denominational; he transcended denominations and the religion of that day. He was once asked why he didn't belong to a church. And this was his reply: 'When you put above the doors of your church an inscription that says Thou shalt love the Lord thy God with all thy heart, with all thy mind, with all thy soul, and thy neighbor as thyself, and then live up to it, I'll be the first member of your congregation.'"

Although Dr. Dellinger feels that many of the legends surrounding Lincoln's life have been exaggerated, particularly the image of young Lincoln as a rail splitter and the emphasis on his affection for Ann Rutledge, most of the virtues attributed to the man, he feels, can be substantiated. "Without a doubt he was a humble man, he was a humane man and he was a man who possessed great wisdom."

From his study of Lincoln, Dr. Dellinger is quick to point out that the President was much misunderstood during his term of office. At first many of his cabinet officers lacked respect for him and considered him a bumpkin. McClellan was violently against him, and Lincoln in effect had to run the war himself until he found Grant. "The Lincoln legend," Dr. Dellinger notes, "particularly the portrayal of his virtues, didn't take hold until after the assassination when Stanton said, 'Now he belongs to the ages.'"
Dr. Erwin R. Smarr has been appointed Director of Professional Education of the Philadelphia Psychiatric Center. He is an Assistant Clinical Professor of Psychiatry at Jefferson, and Director of Professional Education at Haverford State Hospital.

1950
Dr. Frank R. Hendrickson, 304 N. Scoville Ave., Oak Park, Ill., has been invited to chair the section on therapy by the College of Radiology and has thus become a Chancellor of the College.

Dr. Robert G. Hunter, Box 960, R.D. 4, Mountaintop, Pa., has been practicing pathology in Berwick, Pennsylvania since 1970.

1951
Dr. Earl Kanter writes that he is alive and well in Absecon Island, Somers Point, Ocean City, New Jersey. He practices obstetrics there.

Dr. Richard J. Kester, Forest Hills Park, Wilmington, De., has been named Chief of Psychiatry at Rockford Center, a new sixty-bed hospital designed for patients with short-term, non-acute psychiatric needs. Formerly in private practice, Dr. Kester also is Chief of Psychiatry at St. Francis Hospital and on the active staff at Wilmington Medical Center. A licensed pilot, he and his wife Dorothy are members of the North East River Yacht Club. The Kesters have three children, two boys in college and a daughter in high school.

1952
Dr. Jose H. Amadeo, Box 10837, Caparra Hghts, P.R., was selected to author this year's Ciné Clinic films, one of eighteen distinguished surgeons so chosen. The films were shown for the first time during the 1974 Clinical Congress of the American College of Surgeons in October, Miami Beach.

Dr. Raymond L. Cunneff, 30 Alston Ct., Red Bank, N.J., an orthopaedic surgeon, has become the new team physician for the New York Giants. Dr. Cunneff is President-elect of the New Jersey Orthopaedic Society.

Dr. James J. Fitzpatrick, Jr., 49 Bayberry Rd., Trenton, N.J., Executive Vice-President of the Hospital Research and Educational Trust of New Jersey, was the featured speaker at the Annual Meeting of the American Lung Association of New Jersey. He is also a Clinical Assistant Professor of Medicine at Rutgers Medical School.

1953
Dr. Joseph E. Belgrade, 4606 Beechwood Rd., Wilmington, De., has been promoted to Clinical Assistant Professor of Surgery at Jefferson. Dr. Belgrade is on the staff of Jefferson affiliate Wilmington Medical Center.

Dr. Werner J. Hollendonner, 3607 Nottingham Wy., Hamilton Sqt., N.J., is Medical Director of Morris Hall Health and Rehabilitation Center in Lawrenceville, New Jersey.

Dr. Frederick S. Wilson, 1338 Jericho Rd., Abington, Pa., has been appointed Director of the Family Practice Residency Training Program at Abington Memorial Hospital. An assistant physician on the Hospital's internal medicine service, Dr. Wilson had been Director of Clinical Investigation at McNeil Laboratories, Inc.

1954
Dr. Harvey J. Breslin, 36 Barstow Rd., Great Neck, N.Y., writes that he and his wife enjoy living and practicing in Great Neck. Their older daughter, Lynne, is a senior at Radcliffe and his older son, Curtis, is a sophomore at Colgate. His other two children are still at home. Dr. Breslin is a Clinical Assistant Professor of Ophthalmology at New York University-Bellevue Medical Center and Cornell Medical College.

Dr. Charles T. B. Coyne recently started a new job as emergency room physician at the Portsmouth Hospital in Portsmouth, New Hampshire. His daughter, Lynne, just graduated from the University of New Hampshire and is working as a nurse in the Portsmouth Hospital Intensive Care Unit. His son, Todd, is starting his junior year at UNH as a pre-med, and his son, Scott, is a freshman at UNH in hotel management. "Now you know why we left Pennsylvania for New Hampshire."

Dr. Stanley R. Kern, 57 N. Wyoming Ave., S. Orange, N.J., was elected Treasurer of the New Jersey Psychoanalytic Society and Chief of the section on psychiatry of the New Jersey Academy of Medicine.

Dr. John S. Purnell, Jr., Dutch Mill Rd., Newfield, N.J., has been named to the Board of Directors of the Vineland Family Health Center. Dr. Purnell is an Associate Professor at Hahnemann Medical School.

Dr. Edward M. Salisbury, 3071 LeJeune Cti., Twenty-Nine Palms, Ca., is the Chief Medical Officer at the U.S. Naval Hospital at the above Marine Corps Base.

Dr. Murray N. Silverstein, who is Head of a Section of Hematology and Internal Medicine at the Mayo Clinic, has been promoted to Professor of Medicine at Mayo's Medical School. Dr. Silverstein has been at Mayo since his residency in 1957. Since then he has moved through the academic ranks until his appointment as Professor this August. Dr. Silverstein will have a book published this January titled *Agnogenic Myeloid Metaplasia* by the Publishing Sciences Corporation of Boston. He also has written extensively with over fifty papers listed on his curriculum vitae.

T. Dr. Silverstein has served as a Visiting Professor fifteen times including teaching visits at the Cornell, Yale and Wisconsin Medical Schools. He received the Judson Deland Travel Award for Outstanding Fellow in Internal Medicine and was both Junior and Senior Counsellor of the American
1957

Dr. John M. Bender, University of Utah College of Medicine, Salt Lake City, Ut., is an Instructor in Physical Medicine and Rehabilitation at the above University. He is also the Medical Director of a new rehabilitation medicine department at the McKay-Dee Hospital in Ogden, Utah.

Dr. Divo A. Messori, 1000 E. Abington Ave., Philadelphia, has joined Dr. David L. Forde '63 at Chestnut Hill Hospital for the practice of pulmonary diseases, gastroenterology and inpatient critical care medicine.

Dr. Stanley C. Rosenzweig has been appointed to the medical staff at Elmer Community Hospital in Vineland, New Jersey. Dr. Rosenzweig is certified by the American Board of Obstetrics and Gynecology.

1958

Dr. Robert A. Cooper, Jr., 555 Clover Hills Dr., Rochester, N.Y., Professor of Pathology at the University of Rochester School of Medicine and Dentistry, has been appointed Director of the University of Rochester Cancer Center. Dr. Cooper will also assume the position of Professor of Oncology.

The physician has been Director of Rochester's surgical pathology division, a consultant to the Population Council of Rockefeller University and a member of a special study section on cancer epidemiology of the NIH. He is the author of many research papers dealing with animal and human neoplasms. He has, on four occasions, received awards for teaching excellence, the most recent being Teacher of the Year for 1973 by the sophomore class at the Medical School. His major research interests include the cell dynamics, pathobiology, and radiobiology of cancerous tissue.

Dr. Farrell R. Crouse is the Medical Director and Chief Executive Officer at Ancora Psychiatric Hospital in Hammonton, New Jersey.

Dr. Mark C. Eisenstein, 43 Stonicker Dr., Trenton, N.J., has become Chief of the Department of Anesthesia at the Mercer Medical Center, Trenton. Dr. Gerald E. Galietta has joined him in a partnership.

Dr. Edward Fine, 43 Kings Hwy., Haddonfield, N.J., has been appointed a Clinical Assistant Professor of Obstetrics and Gynecology at Jefferson.

Dr. Austin P. Murray, 227 Tower La., Narberth, Pa., has been promoted to Clinical Assistant Professor of Ophthalmology at Jefferson.

1959

Dr. Joseph A. Besecker, 1209 Marietta Ave., Lancaster, Pa., writes that he "thoroughly enjoyed the 15th reunion. Jefferson Alumni Hall is a fabulous facility and should be seen by all graduates."

Dr. William H. Steinbach, Ste. 822, Connell Bldg., Scranton, Pa., is associated in the practice of orthopaedic and hand surgery with three other physicians. Dr. Steinbach formerly was Co-Chief of the Section of Orthopaedic Surgery at the Guthrie Clinic and Robert Packer Hospital in Sayre. A Fellow of the American Academy of Orthopaedic Surgery and a Fellow of the American College of Surgeons, Dr. Steinbach is active in professional societies.

1960

Dr. Richard Alley, 272 Pierce St., Ste. 201, Kingston, Pa., is President of the Northeastern Pennsylvania Chapter of the American Heart Association. A Clinical Instructor in Medicine at Hahnemann, he is a medical consultant at St. Joseph's and Berwick Hospitals and is an attending physician at several Wyoming Valley area hospitals.

Dr. Alan B. Rubens, 5121 Duggan Pl., Edina, Minn., was named Associate Editor of a new journal, Brain and Language. Dr. Rubens is Chief of Aphasia at Hennipen County Hospital, Minneapolis.

Dr. William E. Staas, Jr., 323 Mimosa Dr., Cherry Hill, N.J., has been appointed to the Abilities Center of Southeastern New Jersey. Director of Physical Medicine and Rehabilitation at Cooper Hospital in Camden and the Camden County General Hospital, Dr. Staas is an Associate Professor of Rehabilitation Medicine at Jefferson. He is involved in clinical research and has published many articles in his field.

1963

Dr. William W. Atkinson has been named Director of the Division of Pulmonary Diseases, Department of Medicine, at Jefferson. Dr. Atkinson succeeds Dr. Richard Cathcart, who is retiring after twenty-one years of service.

Dr. Salvatore C. DePasquale, 304 York Ave., W. Pittston, Pa., has been named area medical officer for the Scranton-Wilkes-Barre Post Offices. He was last associated with the Rancocas Hospital in Willingboro, New Jersey, where he was Director of emergency services.
Dr. J. Thomas Williams, Jr., 406 Warwick Rd., Haddonfield, N.J., has become the Chief of Orthopaedic Surgery at West Jersey Hospital. He is also associated in practice with Dr. Charles E. Wilkins '65. Dr. Williams and his wife have four children.

1964

Dr. David A. Brian has joined in the practice of otolaryngology with Dr. Denzel Hartshorn at 729 Bookcliff Ave., Grand Junction, Colorado.

Dr. Donald B. Knapp, 6499 38th Ave., St. Petersburg, Fl., announces the birth of a son, Colin Ashley, on May 16, 1974.

Dr. Vincent R. Sanderson, 955 Forest La., Sharpville, Pa., has been named a Diplomate of the American Board of Ophthalmology. A member of the medical staff of Sharon General Hospital, Dr. Sanderson is associated in a group practice.

Dr. Harvey M. Tucker, 7406 Silverwood Dr., Manlius, N.Y., is Director of Laryngeal Research at the Upstate Medical Center of the State University of New York. He recently presented a paper at the Centennial Conference on Laryngeal Cancer in Toronto.

1965

Dr. Victor B. Slotnick, 312 Melrose Rd., Merion, Pa., recently coauthored a paper entitled “Safety Evaluation of Penfluridol, a New Long-Acting Oral Antipsychotic Agent” which was published in the Journal of Clinical Pharmacology.

Dr. Ralph D. Woodruff, 514 Glendale Ave., Decatur, Ga., is an Assistant Professor of Pathology at the Emory University School of Medicine.

1966

Dr. Merrill J. Cohen, 15205 Aylesbury St., Silver Spring, Md., is in the practice of urology. He has two children, a girl 6 and a boy 18 months.

Dr. Emanuel Kistick, 525 Paddock Rd., Havertown, Pa., has been appointed an Instructor in Radiology at Jefferson.

Dr. Nicholas J. Ruggiero, 15 Fordham Rd., Oakwood Park, Pa., has completed his two-year Fellowship in cardiology at Jefferson, where he served as Chief Cardiology Fellow. He was also the recipient of a research Fellowship from the Southeastern Pennsylvania Heart Association. He has joined in practice with another physician for the practice of cardiology and cardiovascular diseases.

Dr. Robert G. Timmons, 317 Mohawk Dr., Erie, Pa., practices internal medicine and infectious diseases in partnership. He is certified by the American Board of Internal Medicine. He and his wife have three children.

Dr. Robert C. Vannucci has joined the Department of Pediatrics at the Milton S. Hershey Medical Center as an Assistant Professor and Chief of Neurology. Dr. Vannucci was Assistant Professor of Pediatrics and Instructor in Neurology at Cornell Medical Center and a Fellow in Pediatric Neurology at Memorial Hospital for Cancer and Allied Diseases in New York prior to coming to Hershey.

1967

Dr. David A. Balling, 7448 Lincoln Ct., Apt. 8, Forest Park, Il., has spent two years on the ambulatory medicine staff at the University of Illinois at Chicago since completing his internal medicine residency there. He has now returned as a Fellow in infectious diseases.

Dr. James R. Bieber, 5 Bridle Path Ct., Framingham, Ma., has been appointed an Assistant in Psychiatry on the full-time staff of the New England Medical Center Hospital, Department of Pediatric Psychiatry. Dr. Bieber came to NEMCH in July 1973 as a second year psychiatry resident. He has been serving recently as a preschool nursery supervisor at Dorchester House and consultant at the O’Reilly School in South Boston.

Dr. Stephen Slogoff, 8906 Weymouth Ave., Houston, Tx., is an Assistant Professor of Anesthesiology at Baylor College of Medicine in Houston. He finished his tour of duty with the Army in July.

Dr. Michael D. Weiner, 181 Westward Dr., Miami Springs, Fl., has been elected to Fellowship in the American College of Obstetricians and Gynecologists.

Dr. Melvyn A. Wolf, 1645 Yale Pl., Rockville, Md., is completing his second year of an ophthalmology residency at George Washington University. On March 20, 1974 his wife, Elaine, gave birth to their second daughter, Susan Joyce.

Dr. Gary L. Wolfgang, 100 Laura Dr., R.D. 4, Danville, Pa., completed his orthopaedic surgery residency in March, 1974. He accepted a position as an Associate with the orthopaedic staff at Geisinger Medical Center in Danville. He and his wife, Janet, have three daughters, Lynn, Kristi and Beth.

Dr. Alan H. Wolson is an Assistant Professor of Radiology at the University of Michigan and is Director of Chest Radiology and Ultrasound. He and his wife, Gail, have a new son, Joshua David. They reside at 1837 Shirley Lane in Ann Arbor.

1968

Dr. Carl B. Binn, 305 Hopkins Rd., Haddonfield, N.J., has been appointed an Instructor in Radiology at Jefferson.

Dr. Irving S. Colcher, 2660 Shady La., R.D. 2, Lansdale, Pa., announces the arrival of his daughter, Estelle Rochelle, born April 6, 1974.
Dr. Richard L. Davies, 6208 Vernon Way, Carmichael, Ca., is a second-year radiology resident at the University of California, Davis. He announces the birth of a daughter on June 4, 1974.

Dr. Hubert W. Gerry, 14 Dunkirk Rd., Baltimore, Md., was awarded a Doctor of Philosophy degree by Johns Hopkins University at May 24 commencement ceremonies.

Dr. Lawrence V. Hofmann and his family moved to Vicksburg, Mississippi this past summer, where Dr. Hofmann will direct a children and youth project affiliated with the University Medical Center. The program will provide comprehensive health care for low income children in a four-county area.

Dr. Bruce L. Stevens, 2362 Brevard Rd., Charleston, S.C., passed his oral radiology Board Examination. He is currently on the staff of Naval Regional Medical Center in Charleston.

Dr. Russell J. Stumacher, Boston City Hospital, Boston, Ma., has completed a Fellowship in infectious diseases at the Boston University Medical Center and has started an additional research I.D. Fellowship at the same center.

Dr. Donald C. Urban, R.D. 2, Box 122, Newville, Pa., was married in April 1973. He is associated in family practice with Dr. Jay A. Townsend '68.

Dr. J. Stewart Williams, 5807 B, Billhymer St., Fort Knox, Ky., has completed a five-year general surgery residency at Northwestern University and is now stationed at Fort Knox, Tennessee for two years of duty in the U.S. Army.

1969

Dr. Robert Abel, Jr., 1300 N. Harrison St., Wilmington, De., has returned to the Philadelphia area to practice ophthalmology with a cornea and external disease subspecialty in Wilmington, and is affiliated with the Wills Eye Hospital and Jefferson. "I look forward to seeing my old Jefferson classmates again."

Dr. Robert L. Arkus, 1653 A Point Blank Loop, Cannon AFB, Clovis, N.M., is Chief of Internal Medicine and Chief of Hospital Services at the above air force base.

Dr. Paul J. Coverdale is now a resident in internal medicine at Abington Hospital in Abington, Pennsylvania.

Dr. John H. DeFrance, Veterans Administration Hospital, Oteen, N.C., completed his general surgery residency at the Harrisburg Polyclinic. He is taking a residency in thoracic and cardiovascular surgery at the above address. He and his wife are expecting their third child.

Dr. Philip H. Geetter, 22 Hickory Ln., Chalfont, Pa., has been appointed to the staff of Grand View Hospital in Sellersville, Pennsylvania with privileges in the Division of Ophthalmologic Surgery. Dr. Geetter completed his residency in ophthalmology at Jefferson.

Dr. Leonard M. Glassman, Box 2019, APO New York, began to fulfill his military obligation this July at Lakenheath Air Base near Cambridge, England. He has taken a three-year leave of absence from Jefferson.

Dr. Harris M. Goodman, General Surgery Service, Womack Army Hospital, Fort Bragg, N.C., entered the Army in July. He and his wife are expecting their first child in November.

Dr. M. Dean Kinsey, 3004 Quail Hollow Ter., Brookeville, Md., finished his Fellowship in GI at Jefferson in July, 1973 and is now in the Army in the GI Department at Walter Reed Army Institute of Research.

Dr. Thomas A. Lane, 602 Washington Sq., Philadelphia, has one more year of a hematology Fellowship at Jefferson.

Dr. Furey A. Lerro, 26 Bernice Dr., Freehold Twp., N.J., is on active duty in the Army at Fort Monmouth, New Jersey.

Dr. Sander J. Levinson, 802 Jefferson Ave., Scranton, Pa., has opened a practice of internal medicine and pulmonary diseases. Dr. Levinson took his internship and residency at Jefferson and received a Fellowship in clinical pulmonary diseases at Temple University Hospital. He subsequently returned to Jefferson for additional training in pulmonary techniques. He is certified by the American Board of Internal Medicine and is a member of the Pennsylvania Thoracic Society.

Dr. Lee A. Malit, 128 Duval La., Gaithersburg, Md., has passed his Boards and is a Diplomate of the American Board of Anesthesiology.

Dr. Stanton M. Raynes, 18211 Kingsport Dr., Malibu, Ca., is practicing pediatrics in a multispecialty group. He is also a Clinical Instructor of Pediatrics at UCLA. He and his wife have a son, Sean, 2 1/2.

Dr. Fred P. Sherman, 3651 N. 33rd Terr., Emerald Hills, Hollywood, Fl., has opened an office for the practice of urology in Miami.

Dr. Barry S. Smith, 3620 Linnet La., Portsmouth, Va., announces the birth of his third child, second son, Eric Wade, born May 20, 1974. Dr. Smith is currently in charge of PM & R at Portsmouth Naval Hospital.

Dr. Linda and Paul Weinberg, 5010 Merrimac Ct., San Diego, Ca., announce the birth of their first child, Joshua Martin, on March 11, 1974. "Paul is a staff pediatric cardiologist at the San Diego Naval Hospital."

1970

Dr. William D. Bloomer, 21 Upson Rd., Wellesley, Ma., has been appointed Instructor in Radiation Therapy at Harvard Medical School and is a member of the staff of the Joint Center for Radiation Therapy at the Peter Bent Brigham Hospital.

Dr. Paul H. Douglass, 3230 Eastern Blvd., York, Pa., has joined two other physicians in the practice of obstetrics and gynecology. He completed his internship and residency at York Hospital.

Dr. Alan J. Green, 1106 Graylyn Rd., Chatham, Wilmington, De., has completed his tour of active duty in the Army and has returned to Wilmington Medical Center as a second-year resident in obstetrics and gynecology.

Dr. Ronald A. Leff, 1031 Felder Ave., Montgomery, Al., is at Maxwell A.F.B. after completing his residency in anesthesiology at the Cornell Medical Center.

Dr. Theodore C.M. Lo has completed his residency in radiation therapy at Yale and is now a Clinical Instructor at the University of Wisconsin.

Dr. Allen C. Richmond, 135 Crosshill Rd., Overbrook Hills, Pa., has changed his specialty from internal medicine to ophthalmology.

Dr. Judith Parker Schwartz, 14814 Perthshire Rd., Apt. 270, Houston, Tx., announces the birth of her second child, Rebecca, on July 18, 1974. Her husband Dr. Burton Schwartz '67 is taking a two-year Fellowship at Baylor College of Medicine in Houston.

Dr. Peter V. Scolis, 3174 Riverview Ci., Columbus, Oh., is a senior resident in orthopaedic surgery at Ohio State University.

Dr. Phyllis M. Smoyer, 2401 Marleton Dr., Wilmington, De., has been appointed a Clinical Instructor in Psychiatry at Jefferson. Dr. Smoyer is on the staff of Jefferson affiliate Delaware State Hospital.

Dr. John V. Whitbeck has moved to 3352 Weeping Willow La., Virginia Beach, Virginia, beginning a two-year stint in...
Jefferson isn’t the only Philadelphia institution celebrating a birthday in 1974. It is the 250th anniversary of the Carpenters’ Company of the City and County of Philadelphia. The First Continental Congress marks its bicentennial this year, the Franklin Institute and the Historical Society of Pennsylvania are commemorating their sesquicentennials, and the Philadelphia Zoo, the first zoological garden in the United States, is celebrating its jubilee, or, as it is locally billed, its Zoobilee.

Philadelphia might never have been the site of America’s first zoo without the often unappreciated efforts of Jefferson graduate William Camac. Dr. Camac had traveled throughout Europe and had enjoyed visiting many of the well-established continental zoos. When he returned to Philadelphia he encouraged the establishment of a zoological garden here. Communicating his enthusiasm for the concept to friends and associates, he managed in 1859 to get the project organized and the Zoo incorporated.

Unfortunately, when it came to raising the money needed to fund the project, local enthusiasm was less marked. Dr. Camac noted that “but few people seemed to understand the objects of the (Zoological) Society.” And one can well imagine that the idea of admitting an assemblage of strange wild animals might have seemed bizarre to those who lacked the advantages of European travel. Shortly thereafter the Civil War intervened, and Philadelphians, including Dr. Camac who served in the Union Army with distinction, had other preoccupations.

In retrospect, however, it seemed to Camac that the delay in establishing the Zoo was a fortuitous one. The proposed grounds in 1859 were a “wretchedly small affair” in east Fairmount Park, where a first rate garden would have been impossible. The site selected when the project was revived in 1872, the terminus of the Girard Avenue bridge on grounds occupied by the Penn mansion, was substantial, beautiful and green. The Zoo remains at that location today.

As the Zoo’s first President, a position he held from 1872-1878, Dr. Camac directed the acquisition of its first animals. An expedition to India was organized which netted elephants Empress and Bolivar, and Pete, a rhinoceros. Mormon leader Brigham Young presented a pair of black bears, and the American west also was represented in the Zoo’s prairie dog “village,” the first such in the world. On opening day, July 1, 1874, the significant mammal collection numbered forty-three species of six orders.

Dr. Camac himself was born in 1829 of distinguished and very wealthy parents. The family had a large estate in Philadelphia, and it is reasonable to assume that the city’s Camac Street is named for the family. Because Dr. Camac was in no way obliged to work for a living, it is said that he went to medical school to win the hand of a lovely Quaker lady who had a very strong belief in the work ethic. She had refused to marry Camac until he put himself to some useful employment. Since he had a scientific bent he enrolled at Jefferson, and after he got his M.D. degree in 1852 he also got his woman. It would appear, however, that he concerned himself very little with medicine thereafter.

Obviously a man with a taste for the exotic, Camac (presumably after 1880 when he retired from the Zoo’s Board of Directors) rented a houseboat and moved his wife, his children, his servants and his entire household to Egypt to sail the Nile. One source indicates that while in Africa he entrusted the management of his Philadelphia affairs to a close friend. Upon returning to Philadelphia, Camac learned that this chum had absconded with virtually his entire fortune and that he was, in effect, ruined. He moved his family to New York and died in 1900.

Although the Zoo faced hard times during the Depression and during the World Wars, it has done much more than simply survive its first one hundred years. It has evolved architecturally and technologically, and more importantly, the Zoo is no longer just a menagerie. One of the most positive consequences of Dr. Camac’s early endeavor is the Zoo’s vital contribution today to the preservation of endangered species.

Dr. Camac
the Navy. He and his wife have three daughters, Bridget 2 and Rebecca and Jennifer 6 months.

1971

Dr. James E. Barone, 77 Seventh Ave., Apt. 17-E, New York, is a surgical resident at St. Vincent’s Hospital. He has received a clinical fellowship from the American Cancer Society. Dr. Barone was married in April, 1974 to Mary Woods, a nurse.

Dr. Gregory P. Borkowski, 2205 B. Pennsylvania Ave., Homestead, Fl., was married to Eva Rose Herics in September, 1974 to Gayle M. Heinrichs. He is currently a nephrology resident at the Peter Bent Brigham Hospital in July of 1975.

Dr. Harry R. Cramer, Jr., M.O.Q. 26-4, N.A.S., Corpus Christi, Tx., was married in September, 1974 to Gayle M. Heinrichs. He is currently a resident at the Corpus Christi Medical Center in New Mexico. He plans to begin a pediatrics fellowship at the University of Texas at Austin in January, 1976. He and his wife have two children, Jennifer 6 months and Eric, 4 months.

Dr. Robert F. Falk, Jr., has joined the house staff of the Milton S. Hershey Medical Center in Hershey, Pennsylvania.

Dr. Henry M. Feder, Jr., is in his second year with the Public Health Service at the Indian Health Service in Mescalero, New Mexico. He plans to begin a pediatric infectious diseases fellowship at the University of Colorado in September, 1975. He and his wife have two children and are expecting a third in December.

Dr. John L. Nosher, 30 E. Maple St., Plaza Apts., Teaneck, N.J., has been appointed Chief Resident in radiology at Columbia Presbyterian Medical Center in New York. He and his wife, Margie, have one son, Christopher.

Dr. Susan Mon Pacheco, 1100 Clove Rd., Apt. 6-C, Staten Island, N.Y., is married to Dr. Jaime Pacheco.

Dr. Barry H. Penchansky has completed his residency at the Lancaster Pennsylvania General Hospital. Dr. Penchansky has joined the Air Force as a family physician and flight surgeon at Beale Air Force Base in California.

Dr. Edward B. Ruby has joined the house staff of the Milton S. Hershey Medical Center in Hershey, Pennsylvania.

Dr. Timothy E. Urbanski, 571 Coach Rd., Horsham, Pa., has completed his residency at the Hershey Medical Center and now is in practice in Ambler, Pennsylvania. He has two daughters, Meg 4 and Kate 1.

1972

Dr. Michael L. Eisemann, 11 Stonewain Ct., Towson, Md., is in his second year as an E.N.T. resident at the Johns Hopkins Hospital in Baltimore.

Dr. Martin Fenster, Turkey Woods Rd., Harmony Twp., Pa., has been appointed to the staff of Barnes-Kasson Hospital in Susquehanna, Pennsylvania. A member of the National Health Service Corps, Dr. Fenster also has offices in the Barnes-Kasson Health Center.

Dr. Ronald L. Kabler, 25355 Shawnee Rd., 105-9, Southfield, Mi., has begun a urology residency at Henry Ford Hospital.

Dr. Helen A. Leibowitz, 1206 Rodman St., Philadelphia, was married last November in Jefferson Hall to a Jefferson student, Paul Hoyes. She has begun a radiology residency at Pennsylvania Hospital.

Dr. Sandra S. Mossbrook, Apt. 20-A-2, 6640 Aker Mill Rd., N.W. Atlanta, Ga., writes that she and her husband, Steven, are enjoying Atlanta very much. She recently finished a pediatric residency at Grady Memorial Hospital.

Dr. Carol T. Rivera, Edificio Oliver, Apt. 308, Arecibo, P.R., has begun a second year of residency at the University Hospital in San Juan. Her husband is in private practice in ear nose and throat there.

Dr. Joan H. Shapiro, Dr. Marc W. Shapiro, 23300 Providence Dr., Apt. 415, Southfield, Mi., announce the birth of a son, Evan Ronald, on March 24, 1974. "Marc is a resident in dermatology at Henry Ford Hospital in Detroit and Joan is a resident in ob/gyn at William Beaumont Hospital, Royal Oak, Michigan."

Dr. Barry Skeist, Thomas Jefferson University, Department of Radiology, Philadelphia, put on a satirical concert in March for the benefit of the TJU choir and the Sesquicentennial Fund. He hopes to do another benefit, possibly a dinner concert, in the fall.

Dr. Theodore R. Sunder, 1315 Morreene Rd., Apt. 21-E, Durham, N.C., recently completed a residency in pediatrics at the Children’s Hospital of the District of Columbia. He has begun a three-year fellowship in pediatric neurology at the Duke University Medical Center.
1973

Dr. Peter C. Amadio, 714 Trevor Terr., Richmond, Va., has been accepted for a 1975 residency in orthopaedics at Massachusetts General Hospital.

Dr. John H. Benner, IV., 205 E. Athens Ave. Ardmore, Pa., was married in July to Judy Patrick.

Dr. Arthur W. Colbourn, 1000 Walnut St., Apt. 402, Philadelphia, is a resident in internal medicine at Jefferson after having completed an internship at the University of Virginia Hospital in Charlottesville. He and his wife announce the birth of a daughter, Deborah, born on October 31, 1973.

Dr. Robert A. Gordon, 2991 Schoolhouse La., Philadelphia, joined the professional staff at the Mountain Top Area Medical Center. Dr. Gordon came to the Center through the National Health Service.

Dr. Jerry J. Grossman, 1211 Spruce St., Philadelphia, has begun a residency in internal medicine at Pennsylvania Hospital.

Dr. E. Bruce Hilton, Oak Knoll Naval Hospital, Oakland, Ca., announces the birth of a daughter, Christine, born on March 22, 1974. Before moving to Oakland for his residency he took a trip from San Diego to San Francisco in his twenty-three foot sailboat.

Dr. Peter R. Hulick, 29 Windflower Dr., Newark, De., has begun a residency at the Wilmington Medical Center.

Dr. Ivan H. Jacobs, 331 E. 29th St., New York, has begun an ophthalmology residency at NYU.

Dr. Harry R. Katz, 1150-6 Bibbs Rd., Voorhees, N.J., has begun a residency in radiation therapy at Jefferson.

Dr. Anton P. Kamps, 8500 Rio Grande, N.W., Albuquerque, N.M., writes that he and his wife have a new daughter, Tonia Joan, born February 19, 1974. He is serving in the Public Health Service in the Albuquerque area.

Dr. Russell E. Perry, R.D. 1, Dallastown, Pa., announces the first birthday of his son, Rodney Joseph, on October 17.

graduate school

Dr. Ronald P. Jensh, Assistant Professor of both Anatomy and Radiology at Jefferson, has been named an Outstanding Educator in America. Dr. Jensh, who received his doctorate at Jefferson in 1966, received the Lindback Award for Distinguished Teaching in 1973.

1973

Obituary

William J. Harman, 1900
Died June 4, 1974. Dr. Harman, an obstetrician, delivered 14,000 babies during his career. He was Chief of Obstetrics at St. Francis Medical Center from 1926 to 1943. His son William Francis survives him.

Eben Alexander, 1904
Died February 23, 1974 at the age of ninety-four. He practiced obstetrics and surgery in Knoxville, Tennessee.

Howard E. Blanchard, 1905
Died June 9, 1974. Dr. Blanchard was Chief of Staff at Rhode Island Hospital in Providence and specialized in ENT.

Arthur E. Billings, 1906
Died April 18, 1974 at the age of eighty-nine in Bryn Mawr Hospital. Dr. Billings, a surgeon, was on the staffs of Pennsylvania, Jefferson and Bryn Mawr Hospitals. He was both Chief of Surgery and Chief of Staff at Bryn Mawr. He was a member of the College of Physicians of Philadelphia and the Founders Group of the American Board of Surgery. His three children survive him.

Roy R. Norton, 1907
Died August 20, 1974 at the age of ninety-three. Dr. Norton, whose specialty was ENT, was Chief of that Department at the Sharon General Hospital in Sharon, Pennsylvania. He was a charter member of the Society for the Preservation and Encouragement of Barber Shop Quartet Singing. Dr. Norton maintained his practice until he was eighty-six.

Alfred Dean, 1911
Died June 6, 1974. Dr. Dean had practiced ophthalmology from 1918 to 1952 in Sagola, Michigan, where he died last summer. He was a life member of the American Academy of Ophthalmology and Otolaryngology.

Galen D. Castlebury, 1914
Died July 15, 1974 at the age of eighty-two in Lewisburg, Pennsylvania. For more than fifty years Dr. Castlebury had a practice of obstetrics in nearby Williamsport. He served as President of the Lycoming County Medical Society.

M. Norman Moss, 1919
Died May 28, 1974. He was a resident of Los Angeles.

William T. Lemmon, 1921
Died September 1, 1974. Dr. Lemmon, an Emeritus Professor of Surgery at Jefferson, was first appointed to the faculty in 1923 as Assistant Demonstrator in Surgery. He was appointed Clinical Professor in 1949 and Emeritus in 1962. He held similar posts at the Medical College of Pennsylvania. Dr. Lemmon particularly was known for his innovation for continuous spinal anesthesia. He was associated with Jefferson, Doctors, Philadelphia General and Woodbury Memorial Hospitals. At the latter he was President of the Staff and Chief of Surgery. Dr. Lemmon was a member of numerous medical organizations including the American College of Surgeons, the International College of Surgeons and the College of Physicians of Philadelphia. He was an honorary member of Alpha Omega Alpha. Dr. Lemmon served as agent for his class and was a member of the Executive Committee of the Alumni Association. Surviving are his wife, Madeleine, a son Dr. William T. Lemmon, Jr., '60, four daughters, Nancy, Jane, Suzette and Constance, and eleven grandchildren.

Karl J. May, 1921
Died April 9, 1974. Dr. May was residing in Guadalajara, Mexico at the time of his death.
Francis E. Proctor, 1921
Died July 23, 1974. Dr. Proctor had been a general surgeon who resided in Yardley, Pennsylvania.

Lewis S. Reese, Jr., 1921

George A. F. Moyer, 1925
Died August 16, 1974. Dr. Moyer was a family practitioner residing in Shamokin, Pennsylvania.

Vincent T. McDermott, 1926
Died July 23, 1974. Dr. McDermott, a past President of the Alumni Association, was an internist with a practice in Camden, New Jersey. He was Chief of Staff at Our Lady of Lourdes Hospital there, serving in this post from its opening in 1950 to 1965.

In 1964 Dr. McDermott was named a Knight of Saint Gregory by Pope Paul VI. He was a past President of the Camden County Medical Society and a member of the New Jersey State Medical Society, The American Medical Association, the Camden County Heart Association and the Philadelphia Medical Club.

He served with the Army Medical Corps in Africa and Europe during World War II.

In addition to serving the Association as its President in 1967, Dr. McDermott was a member of the Executive Committee and acted as agent for his class for annual giving.

He is survived by his wife, Ella Marie Schwab, whose brother is Dr. John E. Schwab '38, a son Dr. Vincent T. McDermott, Jr., '60, three daughters, Marie Therese, Margaret Mary and Kathleen, and nineteen grandchildren.

Brady A. Hughes, 1927
Died April, 1974. Dr. Hughes had a general medical practice in Birmingham, Alabama.

Meyer Q. Lavell, 1928
Died August 11, 1974. Dr. Lavell, who had resided in San Diego, California, for the past nine years, had been an ophthalmologist in the Philadelphia area. He was co-founder of Doctors Hospital here and the American Geriatric Society. His wife survives him.

Orlando A. Lazzaro, 1928
Died May 13, 1974. Dr. Lazzaro, an ophthalmologist, was Chief at St. Agnes Hospital in Philadelphia and Associate Chief at Wills Eye Hospital. He was a member of the American Association of Ophthalmologists. Surviving is his wife, Mary.

William J. Hutchinson, 1929
Died June 18, 1974. Dr. Hutchinson had a practice of internal medicine in York, Pennsylvania until his retirement in 1971 when he moved to Simsbury, Connecticut. He was a member of the American College of Physicians. Surviving is his wife, Barbara.

Hilary F. White, 1931
Died April 6, 1974. He was a general surgeon in Fall River, Massachusetts.

Francis Maloney, 1932
Died February 26, 1974. Dr. Maloney was an obstetrician, gynecologist and served on the staff of Meadowbrook Hospital in Hempstead, New York.

Donald G. McHale, 1935
Died April 10, 1974. Dr. McHale had been Chief of Surgical Services at the Veterans Administration Hospital in Danville, Illinois, and more recently a physician on the staff of the student health service at the University of Delaware. He is survived by his wife, Elino.

Rayford L. Weinstein, 1936
Died March 21, 1974. Dr. Weinstein was a family practitioner and resided in Fairmont, North Carolina.

Eugene S. Gladssden, 1938
Died May 20, 1974 at Georgetown University Hospital in Washington, D.C. A gastroenterologist, Dr. Gladssden had been an Associate Clinical Professor of Medicine at George Washington University School of Medicine for twenty-five years. He also served as consultant at D.C. General and Veterans Administration Hospitals. He is survived by his wife, Loretta.

Leonard S. Cooper, 1943
Died April 30, 1974. Dr. Cooper was a general surgeon residing in Sarasota, Florida. His widow survives him.

Herbert Lipshutz, 1944S
Died May 8, 1974. Dr. Lipshutz was Clinical Professor of Surgery at the University of Pennsylvania School of Medicine and Chief of Plastic Surgery at Pennsylvania Hospital. He was a member of numerous organizations including American Association of Plastic Surgeons and the American College of Surgeons. His wife, Bette Jane, survives him.

David J. Reinhardt, 1951
Died June 16, 1974. Dr. Reinhardt was Chief of Cardiology at the Beebe Hospital in Lewes, Delaware where he moved in 1968. Prior to this he was Director of the Hypertension Clinic at Delaware Hospital and Attending Chief and Cardiac Consultant at the Delaware State Hospital. Dr. Reinhardt was President of the Delaware Heart Association in 1961 and on the Board of Directors of the American Heart Association. He served as a Governor of the American College of Cardiology from 1962 to 1968. Surviving is his widow, Jane.

William P. Fiscus, 1965
Died February 27, 1974. Dr. Fiscus, a resident of San Bruno, California, was certified by the American Board of Internal Medicine.

Michael D. Lauria, 1970
Died June 15, 1974 at his residence in Terre Hill, Pennsylvania at the age of thirty. Dr. Lauria practiced general medicine with his father, Dr. Michael H. Lauria '40 in Terre Hill. He was on the medical staff of Ephrata Community Hospital. In addition to his parents, he is survived by his wife, Linda, and a daughter.
Marilyn Schotland, Faculty
Died August 1, 1974. Dr. Schotland, an Assistant Professor of Pediatrics, had been on the Jefferson faculty since 1967. Her specialty was pediatric endocrinology. Surviving are her husband, Dr. Donald L. Schotland, and three sons.

Rendall R. Strawbridge, Faculty
Died July 28, 1974. Dr. Strawbridge, a Clinical Assistant Professor of Medicine, was an internist at Lankenau Hospital. He had been a member of the faculty since January of 1952. Surviving is his widow, Martha, two sons and three daughters.

Raymond B. Moore, M.D.
(1895 - 1974)

Raymond B. Moore, A.B., M.D., (1895-1974), Assistant Professor of applied anatomy (Honorary) was born in Delaware and educated at the University of Pennsylvania (A.B. 1918, M.D. 1923). He served in World War I (1918-1919) in the first Infantry Division. Following graduation and internship (Lankenau) he took a residency in surgery under Dr. John B. Deaver. Dr. Moore's first appointment at Jefferson was in 1927 as Assistant Demonstrator of anatomy, and he continued teaching Jefferson students until his retirement, with "Honorary" status in 1967.

Following a study of pathology under Dr. Stanley B. Reiman, he was appointed Assistant Demonstrator of pathology at Jefferson and, later, in neuropathology (1937-1943). His contributions to medical literature dealt with abdominal surgery. His hospital connections included Delaware Hospital, Wilmington General and Memorial Hospital.

Dr. Moore's major teaching thrust was in the third year courses in Applied Surgical and Topographic Anatomy given at the Daniel Baugh Institute of Anatomy, under the cooperative administration of the anatomy and surgery departments. His wealth of knowledge of surgery and basic anatomy (including embryology, neuroanatomy, histology and gross anatomy) as well as his broad background in the other basic and clinical disciplines gave to his dynamic teaching an aura of subject matter relevancy rarely attained by a teacher (and one so sought after by our modern medical students). His rapid fire predissection orientation talks were lucid, terse and enthusiastic, and his bias in favor of University of Pennsylvania football soon gained him the nickname of "Coach" Moore.

Student respect, admiration and gratitude led the class of 1961 to dedicate their Clinic to him. One of American medical education's last surgeon-anatomists, Dr. Moore's reputation spread throughout the northeastern states and drew requests for a post-graduate course in surgical anatomy from hosts of physicians. Only the critical shortage of cadavers limited the size of these courses held in the Daniel Baugh Institute. Upon his retirement from Jefferson, he continued his first love, teaching at Wilmington Medical Center. Death came on July 2, 1974.

Surviving Dr. Moore are his widow, the former Ann Catherine Rommel, and one daughter.

Andrew J. Ramsay, PhD.
Emeritus Professor of Anatomy
An Invitation to Alumni
to present names of candidates for:

The Alumni Achievement Award

The annual Alumni Achievement Award will be presented at the Alumni Banquet on June 5, 1975.

Nominations with supporting information regarding suggested candidates for the 1975 Award should be submitted as soon as possible to:

John J. Dowling, M.D.
Chairman,
Committee on Alumni Achievement Award
Alumni Office
Jefferson Medical College
1020 Locust Street
Philadelphia, Pa. 19107

Alumni Trustee

Alumni will elect a successor to Dr. Thomas F. Nealon S’44, in early spring balloting. The new trustee will serve a three-year term with Dr. Joe Henry Coley ’34 and Dr. Robert L. Evans ’52. Names of candidates to be considered by the committee should be submitted by March 1, 1975 to:

William H. Baltzell, M.D.
Chairman,
Nominating Committee for Alumni Trustee
Alumni Office
Jefferson Medical College
1020 Locust Street
Philadelphia, Pa. 19107
The Academy of Music will be the scene for the Alumni Association's Sesquicentennial Celebration on November 15. The black tie affair will feature a special performance by the Royal Ballet of Sweden with a reception and dancing following at Jefferson Alumni Hall. Saturday afternoon at the Philadelphia Museum of Art there will be a cocktail party reception in the Great Hall with a special display on works associated with the Gross Clinic and talks in the Eakins Galleries. Tickets for both of these events are still available through Jefferson's Alumni Office.