From "The Great Occasions"

Processional
Commissioned by the Alumni Association of the Jefferson Medical College

Music by Burle Marx

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The Class of 1950:
A 25th Reunion Profile
The senior students of 1950 are the established physicians of 1975. But how else have they changed?

The State of Medical Malpractice in the United States
Physician and Attorney Irwin Perr '50 outlines the legal evolution of today's surreal malpractice dilemma.

Expanding and Enriching Continuing Education
In fifteen years JMC's program of continuing education for physicians has grown explosively but with definition.

To the Other Side of the Mountains
The mountains to which author Dr. John S. Koltes '47 refers are the Himalayas and his destination: Mongolia

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On the Cover: The score of the Jefferson Processional, the Alumni Association's Sesquicentennial gift to the University. The Processional was composed for orchestra by Philadelphian Burle Marx and was premiered by the Orchestra of the Royal Swedish Ballet at the Academy of Music during the Alumni Association's Sesquicentennial Week-end last November. The Processional will be played at Commencements, Opening Exercises and other official University functions. As written, the piece has no lyrics, but the Sesquicentennial Committee hopes to rectify that. Any alumnus or alumna wishing to try his or her hand at putting suitable words to the music (see preceding two pages) may send an entry to the Alumni Office, 1020 Locust St., Philadelphia by October 1. The Committee will review all contest submissions and select the best effort. Why not enter? Your words could be sung by generations of future Jeffersonians.

Published four times a year, Fall, Winter, Spring, Summer Second Class Postage Paid at Philadelphia, Pa.

The Alumni Association of Jefferson Medical College
1020 Locust Street, Philadelphia, Pennsylvania 19107
The Class of 1950: A 25th Reunion Profile

by Joy Roff Mara

The Jefferson Medical College class of 1950, this year's twenty-fifth reunion class, was by its own account somewhat different from those in the 1940s immediately preceding it. According to information compiled from a questionnaire survey and representative personal interviews, they were the first class at JMC made up predominately of World War II veterans. They were apt, therefore, to be older than the usual medical student, which together with the war experience tended to make them very serious about their studies, very determined and, in most cases, very stable.

"We had the feeling," says class member Dr. Frans Vossenberg, "that we had waited long enough to get started with our lives. We knew where we were going and we were anxious to begin."

When the class applied for admission to Jefferson more than half were residents of Pennsylvania. St. Joseph's, Franklin and Marshall and the University of Pennsylvania had been the most popular undergraduate schools. The attention given by the media to the highly competitive nature of medical school and medical school admissions today tends to obscure the fact that there have been other times when getting into medical school was a very difficult proposition. The post-war era was one of them. Although precise figures are not available for the class of '50 admissions process, it is clear with reference to national averages that competition was keen for the one hundred sixty class openings. Although no stories surfaced to compare with current tales national in their foundation, with most students pleased to be at Jefferson and pleased with the education they received here; there seem to have been few rebels or habitual malcontents. Drs. Andrew J. Ramsay, Hobart A. Reimann, George Bennett, John H. Gibbon and Abraham Cantarow were some of the favorite professors. Naturally everyone was not pleased with everything all the time. Class members recalled some particularly unpleasant instances of anti-semitism (the class contained no women or blacks), and some complained the curriculum was too rigid. Jefferson had the reputation at that time of producing first rate practicing physicians who received broad-based, inclusive clinical training.

There was a far greater emphasis on general medicine than there was on academic medicine or the specialties. While some were unhappy with the conduct of particular specialties, the school's clinical reputation was the prime reason many chose to attend Jefferson. Of course, there were the usual range of other motives: proximity, financing, acceptance and other more random associations. Classmates remember that Dr. Joseph Rowe made up his mind as a corpsman during the war, asking doctors wherever he was stationed which they considered to be the three finest medical schools. Discounting the first school mentioned on the assumption that it was undoubtedly the physician's own alma mater, Jefferson was the name he heard most often.

Although generalizations about group motives for choosing a career in medicine have to be superficial and replete with exceptions, the common portrayal of today's medical students as concerned with job security and financial reward does not seem, against the backdrop of 1975 economics, wholly without foundation. Nor, in broad terms, does the stereotype of the student of the late '60s as idealistic and sometimes revolutionary seem groundless. The merits of generalizations aside, it is much more difficult to fashion any such handy categorization for the class of 1950. Many, of course, had had paramedical experience in the service and many an interest in science. If any one motivation could be ascribed it is perhaps the respect felt for physicians in home communities who served as highly favorable role models.

A large percentage of students in the class of '50 were married during medical school. Most questionnaire respondents reported living in a fraternity house at some point in their four years, and many students lived in apartments or rooming houses in center city. Dr. Donald Meyers was one of a number of his class who lived for a time in the now defunct Gladstone, better known as the Gallstone. "Living in the Gladstone," he notes, "made the most serious medical student feel like a bohemian. His fellow tenants were show people, prostitutes, pimps, and various other perverse Damon Runyon-esque characters. It got rather brutal sometimes at the Gladstone, for instance, the night two drunken sailors threw a homosexual from an upper story window, but it was a real initiation."

Chassey's and the Central Luncheonette were the favorite hang-outs, although it is difficult from a 1975 vantage point fully to appreciate why.
However, we were able to determine that in addition to convenient location and those indefinable qualities which give a place its personality, Chassey's had a remarkable pepper steak sandwich and a sympathetic owner who was known to float a more than occasional loan for a needy student. The Central Luncheonette had Meyer the bookie. Neither exists today.

It is depressing to note that it was just as inadvisable to walk down Locust Street alone at night in 1950 as it is in 1975.

The class of 1950 graduated one hundred fifty-three of its members, one hundred thirty-five of whom are alive today. Fifty-nine men, or about forty-five percent of the class, completed the Alumni Office questionnaire, a sufficient percentage to allow statistically valid conclusions. Since the number of respondents was a manageable one, the computer was not needed for tabulation; naturally, however, this has precluded some of the more sophisticated correlations. Because the questionnaire was sent only to the class of 1950 we have no valid means of comparing the results with statistics for other graduation classes.

Consistent with Jefferson's reputation in 1950, more members of the class chose general practice than any other specialty. Surgery was next in order of preference, followed by radiology, internal medicine, psychiatry and pathology. At least two class members, Drs. J. Harold Williams and Irwin Perr (see p. 11) went on to obtain a law degree as well. Both now are in the practice of law, both involved with law as it relates to the practice of medicine. Sixty-one percent of respondents are Board-certified in their specialties, with family practitioners the least likely to hold certification. As class member Dr. William Barba points out, the American Board of Family Practice was established only recently, and many have not sought certification because they initially opposed the creation of the Board. "Many of us felt," he said, "that Board certification in our specialty would be substantively meaningless, just another way to pat ourselves on the back."

The average number of years of post
graduate training for the class was three. This ranged from zero years for some of the general practitioners to nine years for a psychiatrist who had taken analytic training. Eighteen respondents, or about thirty percent, hold faculty appointments at a medical school, with all ranks represented, and two of them full Professors. Only one physician reported holding a full-time appointment, with the other seventeen on volunteer status. Dr. Donald Meyers, an Assistant Clinical Professor of Psychiatry, notes that while Jefferson did not stress careers in academic medicine, he had always had a desire to become involved in teaching. The actual opportunity came about through connections made in professional societies.

Not surprisingly, a high percentage of those holding faculty appointments also are Board-certified. Contrary to the "publish or perish" dictum, however, there is no strict correlation between faculty members and those who had published material in their field; perhaps this can be attributed to the high percentage of volunteer faculty. Twenty-four respondents (forty percent) are published authors; only twelve of these are faculty members. Twenty percent of all respondents have done clinical or basic science research. From these latter two statistics it can be concluded either that some researchers have not published their results or that some publications have not been research-oriented.

More than half of the class of 1950 is now in solo practice, with group practice and partnership respectively accounting for nearly everyone else. Somewhat surprisingly only one respondent mentioned being incorporated, although he is more than satisfied with its tax and bookkeeping advantages. Most men practice in a suburban office building, and forty-seven percent own their own office facility. Seventeen percent have hospital-based office practice, and only six percent have offices in their homes.

A very high percentage of respondents belong to the American Medical Association, and more than half described themselves as active in their state or county medical society.
everyone belongs to at least one professional society, with the greatest number holding membership in societies relating to their specialty. A large number hold or have held offices in these societies, particularly at the county level, or on their hospital staffs.

Although society activity is fairly constant for the class of '50, individual motivation and benefits perceived vary widely. "Why do I participate?" said one class member about to assume Presidency of a national organization. "Pure narcissism." Dr. Robert Bair, a Pennsylvania general surgeon, feels that medical societies are necessary to convey the physician's point of view to the public. He is active in professional organizations because, "the image of the doctor has been steadily deteriorating. I don't feel that physicians are the materialistic, self-serving individuals the politicians lead the public to believe, and through our societies we can perhaps begin to let the public know it."

Dr. William Barba, a family practitioner from Warren, Ohio, says the major attraction for him of the local medical societies has been their social aspect. "We have been, until recently anyway, a very close-knit, friendly group, and it is personally enjoyable to attend meetings." Some mentioned feeling a sense of accomplishment at seeing their ideas effectuated in their communities, or of feeling a simple sense of obligation.

The stability which most felt characterized the class of 1950 as students is still evidenced in many different ways now that the class members are established physicians. Sixty percent of questionnaire respondents, for instance, have lived at the same address for between ten and twenty years. Twenty percent have made no major geographic changes since 1950, and sixty percent have made two or fewer. One physician reported having made eighteen major moves, but he was in the military. Other than that, there is no correlation between number of geographic changes and specialty.

Every respondent had been married
Dr. Hal E. Snedden, (right) class agent, and Dr. Robert E. Karns: "During internship and residency I consistently found my Jefferson training to be superior to that of my colleagues."

at some time, and only two had ever been divorced, one of whom is now remarried. With the growing divorce rate in the United States, and with studies that show that the greatest number of M.D. marriages fail when partners are between the ages of thirty-three and forty-five, a three percent divorce rate for the class of 1950 is, on the face of it, a rather startling figure. "I think because we were more mature," says Dr. Robert Bair, "we chose our mates for the long run." Dr. Richard Duffy, a Maine orthopaedic surgeon, notes that twenty-five or thirty years ago, when their values were being formed, the divorce rates were not as high. They had been brought up with the traditional view of marriage as a lifetime proposition, rather than a contractual arrangement, "and maybe we purposely chose women who had the capacity to deal with the long and erratic hours of a physician."

Perhaps the low divorce rate also is in some measure related to the large families which are characteristic of the class. Only three respondents reported having no children, and five or more are not uncommon; 3.44 children per person is the mean. Boys slightly outnumber girls, and ages range from five to thirty-three. College age is the median, with five reporting children in pre-med courses. Three offspring attend medical school, including William B. McNamee, Jr. and Michael H. Snedden, who are in the Jefferson classes of 1977 and 1979 respectively, and others in diverse graduate and law schools. Leonard DelVecchio, Jr., is a graduate of JMC, class of 1973. Of the pre-college group, more than twice as many students attend public schools as private.

In keeping with the traditional nature of the class, only twenty percent of the wives work outside the home. Those that do, almost without exception, are professionals. There are several nurses and teachers, one physician, two college professors, a fashion coordinator, an administrative assistant to a district attorney and even a Mayor Pro Tem and city council member. Some of the wives
do not hold full-time positions but help manage their husband's office.

The Journal of the American Medical Association and the New England Journal of Medicine are the most widely read professional periodicals. About half the class regularly reads from four to six journals, usually in their own specialty. Slightly more than one-third report reading three or fewer journals and sixteen percent read seven or more. One physician, whether through error, facetiousness or honesty, listed the Reader's Digest under medical journals read. Three listed none.

According to the questionnaire tally, the class of 1950 are not, as a whole, avid readers of non-professional periodicals and books. Sixty percent of respondents reported reading regularly three publications or fewer, and sixteen percent read none at all. Time, Newsweek and Sports Illustrated were the most frequently mentioned magazines, and the greatest percentage of class members read newspapers or news magazines, followed by the hobby or special interest magazines. Few mentioned reading journals of commentary or ideas, and equally few had a broad-based reading list. It was impossible to find any pattern in the reading of books, except that Erica Jong's best-selling Fear of Flying appeared on more questionnaires than any other book, and on those of psychiatrists in particular.

There appeared to be no correlation between the usual amount of reading done in the professional periodicals, non-professional periodicals or books, eg., those who read more in one area do not necessarily read more (or less) in another. Without a computer it was not usually possible to correlate nature or breadth of reading with specialty. It was obvious, however, that psychiatrists are the most well-rounded readers, a fact which psychiatrist Donald Meyers feels is perhaps related to the personality factors which led them initially to choose that specialty.

In the area of special or leisure interests, politics and attending the ballet are clearly the least popular activities of the class of 1950. Class member Dr. William B. Holman is probably the most politically active of all respondents. He

Dr. Robert C. Bair (left) and Dr. Donald I. Meyers: "Life at 'the Gallstone' made bohemians of us all."
Dr. Frans J. Vossenberg: “We knew where we were going.”

Dr. John C. Lychak and Dr. William Barba (right): “Local medical societies have a strong social aspect.”
The class of '50 enjoyed its twenty-fifth. The evening began with cocktails here in the garden court of Jefferson Alumni Hall and included a prime rib dinner and dancing.
The State of Medical Malpractice in the United States

by Irwin Perr, M.D. '50

The fact that professional liability or malpractice has reached crisis proportions in the United States is no secret. The news media, professional literature, and now protest demonstrations by physicians throughout the country attest to the current state of affairs which can be documented in many ways—suits filed, insurance premiums, awards made. To add to this would be surplusage. However, a few examples will serve to demonstrate the increasing risk factor in medical practice—not for the patient but for the physician.

One measure of litigation vulnerability is the incidence of malpractice claims per year. The figures are changing so rapidly that they are obsolete by the time they are published. To give some index, low risk physicians such as psychiatrists face a claim in New Jersey approximately once every fifty years of practice (based on statistics up to 1974). Thus the average at that time would be less than once in an average medical career. The overall rate for all physicians was one to every five-seven years. In January, the Newark Star Ledger noted a California rate of one in seven years; in May, the insurer for the Southern California Medical Society reported a claim rate of over thirty-five percent per year or more than one every three years. If the growth of litigation and awards in California continues at the same rate in the future as it has in the past, then by 1985 the annual premium for high risk physicians, the Category V practitioners, will be approximately $175,000 per year. In New Jersey last year, the claim rate against neurosurgeons reached one for every two doctor years. In response, insurance premiums were raised two hundred fifty percent in a one step increase.

The rapid growth of litigation directed against a small, somewhat privileged and legally unprotected professional group is without comparison in history. It must reflect either extremely poor and rapidly deteriorating quality of medical practice or it must represent either a very good legal system or a very bad legal system. It is my belief that the latter is the case. This forum does not permit adequate elaboration of the inequities of American tort law which evolved in a different era and from a rationale no longer relevant to contemporary society. Therefore, I shall focus on some of the factors for the malignant growth of litigation.

In the past, the legal base of liability operated within a narrow framework of rules which offered a modicum of protection to defendants. A physician was guilty of malpractice if his standard of care was below that of his peers. If a patient was injured, he had the responsibility of demonstrating this defect in physician failure through expert testimony by physicians. Inasmuch as the standard was a professional one, only a professional person from that field could inform the court and the jury as to expected norms of professional behavior. This acted as a constraint on litigation; this also resulted in meritorious claims failing for lack of medical evaluation, a situation so colorfully categorized as the "Conspiracy of Silence" by plaintiff's attorneys.

Attorneys were well aware that litigation claims could be increased and pursued successfully only if the rules could be changed. California has led in creating new ways in monetarily rewarding litigation which (as the public is slowly becoming aware) results in the enrichment of the non-patient participants who receive close to seventy-five percent of the monetary input. In a recent review of two hundred forty-five cases reported in Citation, the A.M.A. publication on law and medicine, ten percent of the cases were in New York State, fifty percent in forty-eight of the states, and forty percent in the state of California which has ten percent of the population. As it is unlikely that medicine is four times worse in California, one can only assume that these figures reflect the legal system in that state of institutionalized irrationality.

One of the early legal doctrines which allowed for successful litigation was the application of Res Ipsa Loquitur to medicine. This evolved from an early English case where a barrel fell from a barn, rolled down a hill, and hit somebody. The court said that as barrels do not move on their own, it would seem that the owner was negligent in allowing such an event to occur and that it was his responsibility to exercise sufficient care on his property to prevent injury to others. In other words, the burden shifted to the defendant in a case where the means of injury was totally under the control of the defendant, that the event could be explained only by negligence or defective care, and the person injured could not have contributed in any way to the ultimate result by his own behavior. This was analogous to medical situations where a patient suffered injury, where such injury had to reflect some indication of negligence, and where the patient could not have contributed to the result. Thus a hemostat or sponge in the abdomen post-surgically would meet these stan-
procedures nor did it question the uniform reliability of the procedure. The menace of this case is that courts of no medical competence may dictate the type of care provided to patients—an unbelievably inappropriate intrusion by the law into areas where previously it feared to tread.

Not finding sufficient traditional negligence to whet its monetary appetite, the American Litigation Complex has been developing another potential gold mine of professional suits. In the past, the law stated clearly that a person is the master of his body and if the physician is to intervene, it can be only with the consent of the patient. Thus, other than in an emergency situation, if a physician treats a patient without consent, he is subject to a charge of assault and battery even if there was no negligence and even if the results were beneficial. Not content with this, there have been a series of cases in which the concept of consent has been retroactively negated with the claim made that the consent was invalid because the patient was not adequately informed about likelihood of success, possible complications and treatment alternatives. The impact of such law has been both complex and variable where it has been applied. Again the physician is faced with uncertainty, particularly in those states where the standards of the medical profession have been excluded as irrelevant.

Another curious development in law has been the attribution of blame to physicians where the patient’s behavior is the crucial event. Thus in a number of cases, physicians and other health providers have been held liable for a patient’s suicide—this in an area marked by unpredictability and limitations both of foreseeability and capacity for control. Similarly, lawsuits have occurred where patients, particularly psychiatric patients, have injured others. Psychiatrists find themselves in the untenable position of being sued for false imprisonment if patients are arbitrarily hospitalized and for negligence if the patient is released. Beyond this is the mythology that if the patient cannot control his own behavior, the physician will be able to.

A recent California case has once more demonstrated the penchant in that state for irrationality in medical care litigation. In the now famous Tarasoff case, a clinic patient, considered non-committal and two months after expressing an intent to harm his girlfriend, killed her. The family sued and the California Supreme Court affirmed a cause of action, stating that a doctor or psychotherapist has an obligation to warn third parties in such circumstances. Numerous professional organizations have protested this decision on the grounds of lack of feasibility, interference with confidentiality and potential damage to attempts at treatment of the basic disorder.

A sampling of cases has been presented to reflect the constant expansion of the law, often on weakly rational grounds, resulting in greater liability by health professionals for a multitude of events over which they have little control. The American tort system has evolved rather wildly with a malignancy comparable to the impact of that word in medicine. As a result, physicians see themselves as victims of a rigid system, unprotected by law, faced with immense expenses in a world of uncertainty and anxiety.

This paper has not focused on other aspects of legalistic malevolence. The philosophy of the law based on a world which no longer exists, the peculiar damages system, the vast enrichment of non-patient participants who control the system, the creation of an atmosphere of anxiety and fear, the adversarial presentation of scientific testimony, and the lack of fairness and reason all merit detailed exploration.

For these reasons, the medical profession must become much more knowledgeable and must communicate the nature of the problem to the public at large who ultimately suffer financially and medically. The concept of “defensive medicine” under these circumstances is most wishful thinking. Organized medicine must carefully scrutinize governmental efforts to improve the situation in order to avoid the very great possibility that impetuous action will result in a continuance of the system at high cost to the many and for the benefit of a very few.
Expanding and Enriching Continuing Education

by John H. Killough, M.D. and Joseph J. Rupp, M.D. '42

Continuing Medical Education as an organized educational effort of Jefferson Medical College will celebrate its fifteenth birthday this fall. During this decade and a half it has grown from providing twelve hours of instruction for practitioners in 1960 to 4,819 hours in 1973-74, the last academic year for which complete data are available. Attendance has grown similarly from about one hundred twenty-five in 1960 to 30,000 annually. Faculty involvement has grown from two in 1960 (James Clark and John Killough) to more than two hundred. Organized programs have expanded geographically from Pennsylvania alone to include Delaware and New Jersey, as well as the foreign countries where the annual Postgraduate Seminars abroad are held.

During this same period of time the number of Continuing Medical Education courses offered by all the medical schools of the United States has increased by a factor of three. The explosive growth at Jefferson is, in part, accounted for by the fact that the size of the program was restricted intentionally at the outset. Although it was recognized at the time that medical schools were in the process of adding postgraduate educational programs to their prior commitments to undergraduate and graduate programs, it was uncertain how easily this new teaching load could be shouldered. As time has shown, this uncertainty was not justified at Jefferson for the large faculty of our College has

Dr. Killough (left) is Director of Continuing Education at Jefferson and an Associate Dean. Dr. Rupp is the Associate Director of Continuing Education and a Professor of Medicine.
participated generously. In the process they have been spreading the "good word" of the high level of quality of the school and its staff, and have reaped the rewards of identification with medical education and service at all levels.

**Community Hospital Programs**

The expansion of the community-based educational activity has been one of the major thrusts of Jefferson’s Office of Continuing Medical Education. Jefferson Medical College and the staffs of the various community-based hospitals co-sponsor physician education programs in three states—Pennsylvania, Delaware and New Jersey. Twenty hospitals relate to Jefferson’s Office of Continuing Medical Education. This cooperation between the educational committees and staffs of the community hospitals and the Office of Continuing Medical Education at Jefferson has made it possible for physicians to keep abreast of advances in diagnosis and treatment and to do so with a minimal expenditure of their valuable time, inasmuch as the programs are given in their communities.

The success and impact of an educational program depends upon the selection of topics which are meaningful for patient care, and a faculty who has empathy for and the ability to communicate with physicians mainly engaged in health care delivery. A careful selection of pertinent topics for presentation is required in that each seminar must have a broad appeal, cut across the lines of many medical disciplines and offer new information. The material presented at these seminars is selected by the educational committee of the community hospital staff. The choice is based on chart review, the reports of utilization review and suggestions from the staff. The subjects selected are then discussed by the full staff and those considered most meaningful are programmed. The topics discussed usually recur at intervals of four to five years. Lists of suggested topics are kept in the Jefferson Office and are made available to the educational committees of the community hospitals. New advances, considered to have potential clinical importance, are suggested to the hospital planning committee by the Office.

The topics selected by the community hospital staff are sent to the Office of Continuing Medical Education at Jefferson. The selection of the faculty is, in most instances, left to the discretion of the Office. However, occasionally, specific speakers are requested by the community hospital education staff, and almost always their requests are fulfilled. When teachers from other institutions are desired, they generally are recruited successfully, but on balance the vast majority of programs are staffed by Jefferson faculty members. The community hospitals programs in Delaware constitute a special situation. The programs are co-sponsored by Jefferson, the Wilmington Medical Center, the Delaware Medical Society and the University of Delaware. For these programs, two-thirds of the faculty are Jeffersonians and one-third largely from the Wilmington Medical Center.

In the total Continuing Medical Education effort, about two hundred members of Jefferson’s staff participate. The individuals selected are those who are able to communicate, know the area under discussion and are dedicated to the concept that a teacher has an obligation to his students not only when they are undergraduates but when they are practitioners removed from close proximity to the medical school. The Office has had the unstinting cooperation of both the full-time faculty members and those engaged in full-time practice. Continuing Medical Education is proud of each group and especially of the latter who repeatedly make sacrifices of time in order to teach other physicians.

The number of seminars held in the community hospitals varies from as few as one per year to as many as thirty per year; in most, ten programs are held each year. The duration of each program is usually three hours; a few are two. The guest speaker has a formal presentation of forty-five minutes to one hour with a period for audience participation. The remainder of the seminar involves the community-based physicians in case presentations, case discussions and ward rounds. The more successful programs are those in which the guest faculty is able to involve the hospital staff members in the presentations and discussions. The guest speaker is advised to lead, but when possible not dominate the case presentations, case discussions or ward rounds. Educational experiments utilizing work shops and formal discussions by the community-based physicians have been initiated. The Office is making an effort to engage a greater number of the community-based physicians in the actual presentation of the seminars. The goal of this effort is to encourage the spill-over of educational expertise gained by the community-based physicians into their educational activities that are not directly co-sponsored by Jefferson.

Evaluation of each program is made by the community hospital staff, both in respect to the speaker and to the material. Preliminary educational experiments are being carried out at the community hospitals in an attempt to assess the impact of the Continuing Educational Programs on physicians in attendance. Pre- and post-testing are used.
A special situation exists between Jefferson and the hospitals associated through major affiliation agreements. Each of these hospitals is an educational extension of Jefferson Medical College and each has a considerable number of physicians who are on the College faculty. Through arrangement with the American Medical Association, the Continuing Medical Education accreditation of the College is extended to each of these teaching hospitals. The responsible physician at the affiliated hospital is the Director of Medical Education, and he works closely with his staff and the Office at Jefferson. He adheres to the same standards of excellence and cooperates in accrediting in his own hospital only those educational efforts that constitute a planned program for his medical staff. Continuing Medical Education at the Medical College helps to facilitate these efforts; it makes no effort to dominate. The relationship has worked well and the quality of the programs is judged excellent.

Programs on Campus

As the years have passed, Continuing Medical Education has evolved and is continuing to evolve in terms of the types of educational offerings. The programs of the early years were organized exclusively for the community hospitals. This was a wise starting point but it quickly became evident that to reward the faculty for their considerable efforts in traveling about the state, it would be desirable to develop a series of specialty programs for which they could bring in their peers from other institutions both in the United States and abroad. The first symposium was presented in 1962 and subsequently from four to seven symposia have been offered annually.

In the beginning many symposia were held at prominent hotels and resorts in Pennsylvania. However, as the physical facilities on campus have improved, the trend has been to have as many of the symposia as is feasible on campus. This trend has both advantages and disadvantages, but the balance is judged to favor the former. In particular, Continuing Medical Education wants the registrants to see and experience the facilities of the new Jefferson and recall later that they attended a meeting at Jefferson rather than at some hotel. It remains necessary, however, to seek outside accommodations for symposia that attract more than three hundred physicians.

Two symposia have become annual events: The Symposium on Obstetric and Gynecologic Endocrinology and the Review Course in Family Medicine. The skillful co-directors of the former are Drs. Abraham Rakoff and Alvin Goldfarb and of the latter, Dr. Paul Brucker. Each of these programs is carefully planned for the practicing physician and each has developed a considerable annual following. Indeed the Office of Continuing Medical Education receives many telephone inquiries about these symposia from doctors who plan their personal educational schedules well in advance.

Bidding to join these two as an annual event is a course first presented by the Office of Continuing Medical Education for the Sesquicentennial Celebration in the fall of 1974. This program, Modern Therapeutics, was extremely well planned by a committee and staffed almost exclusively with Jeffersonians. The registrants who evaluated the program gave it high marks and the faculty perceived that it filled a genuine need for the practitioner who must struggle mightily to evaluate new treatment regimens. As a follow-up, another symposium on the same general topic will be presented during this academic year and if there is a similar level of interest, this too may become an annual symposium.

Every physician knows that it is almost impossible to attend an educational program when the schedule of the program conflicts with his usual daily schedule and when his office is near the meeting. Thus for physicians in the Greater Delaware Valley, it was deemed desirable to offer evening courses. These programs were begun ten years ago and continue to be well attended. Generally two-hours of class are offered on a particular evening of the week for a period of five to fifteen weeks, depending upon the subject matter.

Symposia Abroad

A special case is the Annual Postgraduate Seminar Abroad. These scientific programs are designed to acquaint the registrants with medicine in the nations that are visited. The educational offerings are presented with both foreign faculty and Jefferson faculty so as to facilitate interaction and to encourage future contacts between Jefferson faculty and the foreign physicians. The result has been both very stimulating scientific meetings and the addition of “Friends of Jefferson” in foreign lands. The total hours of program for each trip varies between eighteen and twenty-four according to the duration of the trip. Like all of Jefferson’s educational efforts these Continuing Medical Education programs are accredited. Thus a physician who wishes to qualify for the Physician’s Recognition Award of the American Medical Association every three years can obtain all of his sixty hours of required Category 1 credits while mixing large intervals of pleasure between the scientific meetings.
The Future

Ten years ago the article in the Alumni Bulletin on Continuing Medical Education stated that, “The future of continuing of education is most promising.” This statement is just as true today as it was then. Although Continuing Medical Education at Jefferson has grown considerably in the intervening years, there are several factors external to the program that are accelerating the growth. Without considering the controversial nature of the various factors, one must recognize that relicensure and recertification, as well as continuing educational requirements for memberships in societies are motivating many physicians to register for accredited educational programs. Some of the factors that are stimulating physicians’ interest and demand for Continuing Medical Education are as follows:

(1) Twenty medical specialty boards are either considering or already have introduced recertification requirements and several have included, or are discussing, the inclusion of Continuing Medical Education as an element in the process.

(2) Some specialty societies are planning certificate programs requiring Continuing Medical Education for their members.

(3) Ten state medical associations have either activated or passed resolutions requiring Continuing Medical Education for memberships.

(4) Four state Boards of Medical Examiners have permissive legislation authorizing the requirement of Continuing Medical Education for relicensure and two state boards have implemented the requirements.

(5) Additionally, there are a number of other situations in which documented evidence of attendance at educational programs is desirable for reasons such as tax deductions, third party payors, etc.

Although there are obviously limits on the educational effort that can be made by any institution for postgraduate students, Jefferson has not been stressed by its contributions to date. It seems probable that most of the increased numbers can be dealt with by simply increasing class size. Yet, there are certain courses for which there must be a strict limit placed on the numbers of physicians who can be accepted. These are courses in which a considerable quantity of individual instruction is necessary because techniques must be practiced by the student-physician. Examples are courses in Office Otolaryngology, Cytology and Teratology—recent courses at Jefferson for which maximal registrations were established. The only alternatives that exist for oversubscription to courses of these types is either to present the same or a similar course in a subsequent year or to advise the potential student where he can obtain similar instruction. Both processes have been used by the Office of Continuing Medical Education.

At some time in the future, Continuing Medical Education must have the facility and financial support to produce and distribute videotaped programs. Properly planned taped courses now are accredited toward the Physician’s Recognition Award; therefore, if the demand for educational programs exceeds the capacity of the faculty to teach in person, video can be substituted. Practically, however, the Office of Continuing Medical Education cannot financially support the expensive equipment and the video technical specialists required to field this type of educational effort. In the future as the Audiovisual Services at Jefferson begins to produce tapes for use in undergraduate courses, then the Office will be able to purchase that share of the services which will meet its needs.

Although physical facilities have improved greatly at Jefferson in the last decade and a half, these facilities are designed primarily for the undergraduate schools. This is proper, for Jefferson Medical College’s raison d’être is to train new physicians. Its secondary goal is graduate education for house officers and its tertiary goal is Continuing Medical Education. Nonetheless, facilities are needed that are available primarily for physician education and designed to accommodate their needs and numbers. For the time being McClellan Hall is the focus for large programs on campus. The sound and projection facilities have been greatly improved in recent years, and it is possible to arrange closed-circuit television transmission to the nearby lecture halls when they are not in use for other students. However, when there are over two hundred registrants (which is not infrequent), the lower floors of the College Building become noisy and crowded. During coffee breaks, the traffic gels making it almost impossible either to get into or out of McClellan Hall. This leads to complaints from physicians which are justified but unavoidable for the present. In the future, there are plans for a teaching facility which will have the flexibility to accommodate such large groups with needs somewhat different from the undergraduates.

As Sherlock Holmes said, “Education never ends, Watson.” For this lifetime of incessant study, Jefferson has assumed a major role in assisting a very large postgraduate student body. The Continuing Medical Education Program has grown remarkably and those of us who are involved on a daily basis are enthusiastic and look forward to directing it toward ever-improving quality.
To the Other Side of the Mountains

by John S. Koltes, Jr., M.D. '47

Around the waist of the earth, stretching from Afghanistan to China rise the majestic Himalayas, the noblest mountains of the world. From the southern slopes of this great range one can see the sunrise over Mt. Everest. What wondrous optical spectra nature creates as the sun casts hues of gold and scarlet and orange and red in the morning light. We had the pleasure a few years ago of observing the sunrise over the Himalayas while touring in Nepal. Now, I want to describe a visit to the other side of the mountains to the great vastness of Eastern Siberia, the land of the Golden Horde, and to Outer Mongolia, the land of the Khans.

Friends asked why anyone would want to go to Outer Mongolia of all places. The answer to such a question is not an easy one. Perhaps the best is the one that is given by mountaineers when asked why they climb mountains and they always say, "because it’s there." We wanted to see Outer Mongolia for this reason and many others. Historically the people of this small country at one time controlled all of Asia from the Pacific Ocean to the Danube River. From this country came a band of nomadic warriors who forced the Chinese in the second century B.C. to start construction of the Great Wall as a defense against invasion. The Chinese extended the Wall over the centuries because the nomadic tribes from the north, the Mongolians of the great Asian plateau and of the Gobi Desert who were such fierce warriors, continued to make raids against them, eventually conquering them in the thirteenth century A.D.

So we wanted to see Mongolia, to study the customs and ways of life of the people, to observe their medical programs and to attempt to catch a glimpse of their past culture. And we wanted to ascertain what influence a collectivist form of government and modern technology had on a group of people whose ancestry was nomadic and individualistic. We flew from Philadelphia to Russia for a few days in Leningrad and Moscow as a prelude to our exploration of Outer Mongolia.

Our night flight took us east from Moscow into the rising sun to Irkutsk, near the shores of Lake Baikal, by way of Novosibirsk in Central Siberia. It was mid-summer and the temperature in the evening was in the seventies. By day, it rose well into eighties, so that summertime in Siberia was pleasant and similar to that of North America. It goes down to fifty degrees below zero here in the wintertime.

Lake Baikal is one of the natural wonders of the world. From north to south, it stretches a distance of three hundred and fifty miles and is sixty miles in width and one mile deep. It is the world’s eighth largest lake but the first in limnological interest because it contains fish and wildlife found nowhere else in the world. The volume of water is so great that it contains twenty percent of the world’s natural supply of fresh water. The water itself is cold, never rising much above sixty-three degrees Fahrenheit in the summer and freezing several feet thick in the wintertime. It is crystal clear and reasonably clean. Even in this distant land so far removed from active civilization, the ravages of society appear, for the lake is somewhat contaminated and pollution has taken its toll on the wildlife.

The city of Irkutsk is the capital of Eastern Siberia and is a modern city of tall buildings, streetcars, institutes, colleges and a medical school. It began as an outpost of fur traders and trappers in the seventeenth century. They built a village along the shores of the Angara River, the river which drains Lake Baikal. Exiles from the czarist government migrated there as did those from the days of the 1917 Revolution. More recently it was mentioned by Solzhenitsyn in Gulag Archipelago as one of the places where prison camps were built for those who defected from the Communist regime under Stalin. The city is connected to Moscow by the Trans-Siberian Railroad and by Aeroflot, the

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Russian airline. But in former times, the exiles walked the hundreds of miles through the Tega forest and across the Steppes to reach this outpost of civilization.

The trip from Irkutsk to Ulan Bator, the capital of Mongolia, is only an hour by air but in this short distance, one bridges centuries of time and history. Whereas the people of Irkutsk are largely Russian and Caucasian in origin and customs, the people of Mongolia are of an entirely different origin, probably a combination of Turkish and Oriental. They are brown-skinned people with high cheek bones accenting the olive shape of their eyes. They roughly resemble the North American Eskimo in appearance rather than the Chinese.

The flight took us south to Ulan Bator (pronounced Ulan Batter) over vast stretches of open plain and hummock. The countryside appeared to be sparsely populated and the roads were little more than dirt trails. The landscape seemed to be largely treeless except for an occasional conifer or grove of deciduous trees. Here and there were small lakes or a river. Through the plane window, we could see far below clouds of dust streaming behind a small truck as it drove over a distant dirt road.

Our plane, a noisy two-engine propeller machine of Air Mongolia landed on the single runway of the capital city. As we taxied to the administration building, the scene reminded us of airport terminals in the U.S. before World War II. The single strip was much too short to accommodate jet planes. The administration building was small and a bit jaded. There were no floodlights or loading docks. As the plane door opened, a large Mongolian man and woman entered dressed in military type uniform. They asked for our passports and took them from us, something which is always alarming in a foreign land. We were then directed to the terminal building to be processed through customs. Surprisingly, this took little time. Usually, by rule of thumb of international travel, the smaller the country, the larger the amount of red tape and delay.

Momentarily, we left for the city in a private bus over the only road leading from the airfield. We crossed an open plain of rolling, verdant hills dotted here and there with cattle. The city was clearly in view in the distance nestled at the foot of surrounding hills. Nowhere did the ground appear to be cultivated. On the outskirts of town, we passed a series of high-rise apartments, reminiscent of those seen throughout Russia. They appeared to be modern and reasonably well kept, although the grass about them had not been mowed, and there were no gardens. They were far less trimmed than those one finds in Europe.

Enroute to the city, one could see large factories belching huge clouds of black smoke toward the sky, a sign of modern industrialization. Across the landscape, there were steel towers carrying high tension wires to supply power to the more distant sections of the country. The electric power has made the work of the people easier no doubt, but also more complicated and, perhaps, the pressure created by this will eventually have deleterious effects as well as beneficial ones.

The capital city is small, less than 100,000 people, but it stretches over a considerable amount of ground because there is plenty of space available. There were very few cars on the broad, tree-lined streets which are laid out in grid fashion. There were no traffic lights and very few police and pedestrians. Our bus was stopped by a goat herder driving his flock down the middle of the street. The main city square, which is larger than the Place de la Concorde in Paris but less artistically decorated is surrounded by government buildings, a movie theatre and the State Opera House. The buildings are various shades of yellow and brown and grey stucco with white columns except for the cinema which is a modernistic, garish affair advertising the latest films from Mongolia and Russia.

The Hotel Ulan Bator is several blocks from the main square. The building takes up an entire city block and is located across the street from a lovely park. The hotel itself is rather modern and well appointed by eastern standards. The halls are carpeted with oriental rugs and on each floor there is a public room with television (I watched a Russian war film with Mongolian subtitles). Meals were served in a large dining room and were always satisfying, if somewhat plain; plenty of meat and potatoes and native beer. There was little wine and no whiskey.

Outer Mongolia, now called the Mongolian People's Republic since the Revolution of 1921, was once the land of mighty rulers and of nomadic tribes. The Mogul rulers were more warriors than administrators. Eventually their vast empire was lost to them and was broken up into segments of governments and lands that became the precursors of modern Europe, Russia and China. Mongolia was divided into Outer Mongolia and Inner Mongolia. The former became affiliated with Russia, the latter with Manchuria and China. Currently, Inner Mongolia is an integral part of China and is no longer an independent country. Outer Mongolia, while a satellite of Russia, is independent and has its own government in a fashion similar to that of the countries of Eastern Europe which are behind the Iron Curtain.

In many ways, Ulan Bator is like the mythical Shangri-La—isolated, mystical, far removed from the main crossroads of the world, anachronistic, ancient, populated by people of vastly different lifestyles and customs—one step toward Valhalla. It is a city which maintains an intimate link with the past through preservation of some of its ancient customs, yet is progressive with its extensive compulsory education, highrise apartments, broad boulevards and industrialization.

A tour of the city took us to some of the main cultural and civic facilities. We stopped first at the Central State Museum. The building is in the main area of downtown Ulan Bator within walking distance of the hotel. It was founded in 1924 and has been repeatedly modernized and enlarged. In its Natural History section, one can see an extensive collection of prehistoric animals found in the Central Asian plateau. Such things as dinosaur skeletons and dinosaur eggs as well as fossil remains of extinct lizards, a mammoth and bison are there. The largest land mammal
ever found on earth is a prehistoric rhinoceros which was discovered in Mongolia and is displayed in the museum. Roy Chapman Andrews, an American archaeologist, was one of the early investigators of these prehistoric findings in Mongolia and many of his specimens are in the museum. In addition to the Natural History section, there are exhibits of social history going back to the Paleolithic and Neolithic periods, together with findings from the thirteenth century reign of Genghis Khan. In the Ethnography section, opened only a few years ago are exhibits of the customs and life of the people of more recent times.

From the State History Museum, we drove past the medical school, a long, low profile building in the central part of the city which was not open to us. Our guide reported that it was “unavailable” but we learned that it is operated along the lines of modern Russian medical schools, and that its methods of teaching are closer to those of western tradition than oriental. Medicine in the People’s Republic of Mongolia is controlled by the same socialist reforms as those found in the USSR. There is one doctor per six hundred people in Mongolia, one per seven hundred and seventy in the U.S.A. The reports of the hospital in Ulan Bator varied from neat and clean to primitive. We were not privileged to visit it, although from the outside it looked like an ordinary government office building.

The Art Museum housed a collection of ancient and modern paintings. There was nothing that could be called “decadent” in the eyes of the socialist government. But, by the same token, most things were largely photographic or pictorial, paintings of landscapes and of political scenes predominating. There was a collection of medieval scenes depicting Mongol life in the Middle Ages, of which the museum director was very proud, but there was a blandness about the museum and a lack of aura or of emotional involvement with the paintings. There was a certain drabness, a uniformity of style which, in some ways, reflected much of what one saw in the people. The national costume, for example, was the same for both men and women, a full length heavy cloth robe, cinched at the waist with a sash, heavy leather boots with turned up toes, and a close fitting cocked hat. Somehow, one felt that the museum depicted the emotions of people who had moved in from the range and the forests, and that their artistic tastes, at least by western standards, are either uncultivated, repressed by inner feelings or repressed by the State.

Wrestling, archery and horsemanship comprise the main interests of the people. For a country rich in tradition and in mineral and land resources, there seemed to be relatively little cultural development. It is probable that more industrial and political development have occurred in the past fifty years than cultural development.

Organized religion in the People’s Republic of Mongolia is divided between Hinduism and Buddhism. There are many Buddhist temples in the city, a few of which remain active. At one of the active temples on the edge of the city we entered the temple courtyard as services were in progress. The main building was constructed in pagoda style and dominated a collection of smaller structures, all within a walled garden. People clad in the traditional costume of brown or port wine color robes milled about the temple. An occasional lama in bright orange cloth wrapped about himself in sari-like fashion walked among the people. Only the lamas were inside the temple, praying loudly, chanting and beating drums or cymbals during the Buddhist service. On one side of the temple several men were prostrating themselves before bright red statues of the Buddha. They completely ignored us. On the other side, two elderly women carried mortar...
between them in a crude barrow to a
mason laying bricks. They looked at us
but made no other sign of reacting to
our presence in their temple gardens.

For many years the government was
theocratic, the Chief of State being a
Buddhist Lama from Tibet. This was the
case until 1921 when he was replaced
by a socialist congress as a result of the
popular revolution supported by the So-
viet government against the Manchu
Chinese suzerainty. The revolution was
led by Sukhbat, the first premier of
the country after the revolution. He
died in 1924 and the government has
been run by a communist-type central
committee since that time. The last
Lama ruler was Bogd Khan who lived in
the palace in Ulan Bator. He ruled from
the palace but when he was deposed,
extensive government buildings were
erected.

These buildings in downtown Ulan
Bator are a conglomeration of Oriental,
Greek and Russian architecture. They
are rather low massive affairs with
monumental doric-type columns de-
signed by European trained Mongol ar-
chitects. Interestingly, in front of the
main government building, on the main
square of the town, is a red granite maus-
oleum, very similar to that of Lenin’s
tomb in Red Square in Moscow. It con-
tains the remains of the first premier of
the country under socialism.

Our tour took us on past the modern of-
\ce and government buildings to the pal-
ace grounds of Bogd Khan at the edge of
the city. This was a fascinating place sur-
rounded by a high wall. We entered
through a massive gate painted with
bright red colors and adorned with huge
ferocious figures whose purpose was to
ward off the evil spirits or those who
would threaten the monarch. The gate
was surmounted by multiple green tiled
roofs in a pagod alike oriental motif. Pass-
ing through the gates, one entered a hall
on either side of which were massive fig-
ures of the Buddha, ten feet tall. Then we
went out into the open courtyard at the
end of which lay a long low building
which was the main palace of the Lama. A
walking tour through this ornately deco-
rated building and its many chapels and
Buddhist shrines reveals a treasury of
priceless silk wall hangings and elegant
religious paintings.

In the evening we attended the State
Opera Ballet Theatre where a concert
by the State orchestra and chorus
thrilled the packed house. The singers
were in brightly colored, full-length
robes of silk and other fine cloth. Some
of the younger women were dressed in
the clothes of Mongolia of the Middle
Ages, the most striking of which was the
headdress consisting of a very large
yokelike structure of cloth. The orches-
tra played western-type instruments to-
gether with oriental instruments which
had a tinkling, high-pitched sound
whether string or wind-type. We re-
corded the music and the singing of the
chorus and orchestra. Those with us
who did not have any recording devices
bought records in the lobby but re-
ported that when the records were
played at the three speeds available on
American machines none of it was un-
derstandable. The audience was as in-
teresting as the performance. Although
they seemed to pay attention to the
singing, they talked constantly, evi-
dently commenting on the quality of
the performance. Whereas in European
or American opera houses the least
noise in the audience is considered rude
or annoying, in Ulan Bator the people
chattered constantly in a friendly in-
teraction with the performers.

There are a few small shops in the
downtown section of the city and a
seven story department store. A visit
there gave us a chance to see the wares
for sale and to mingle with the people
from the street. There were no bargains
in the store by our standards. Prices
were comparable to ours for things like
foodstuffs, hardware and clothing. The
people shopped quietly and attentively.
The scene was scarcely different from

"Dromedaries are
very common in the
desert area."

21
that in the GUM store in Moscow, the Galaries Lafayette in Paris or Selfridges in London. The people paid little attention to us and the clerks tried their best to show us articles that we requested through sign language.

It was at the International Wrestling Tournament that the people expressed themselves actively. While the Opera House was filled with a low drone of conversation, the sports palace rang with shouts of encouragement for the favored wrestler and the people openly expressed their pleasure or displeasure as giant men dressed in brightly colored tights and the perennial curled toe boots tumbled about the ring.

Mongolia borders on China and Russia. The country is mountainous, especially in the western portion, the highest being in the Altai range which is snowcapped in the wintertime. The country is divided topographically into two sections, the northern part which is hilly, green pasture land dotted with forests, lakes and streams, and the south which is arid in nature. The latter is the great Gobi Desert of Asia. The land is sparsely inhabited by Mongol people who are largely nomadic. The weather is less bleak and frigid in the wintertime than it is in Siberia because Mongolia is further south and is protected by the mountains. In the summer, it is pleasantly warm and temperate.

The transportation system, in the form of roads, railways and air facilities is under developed. There are main concrete highways leading into Ulan Bator but the vast majority of the roads that one can see are little more than dirt tracks going in a variety of directions over the hills. A branch of the Trans-Siberian Railway runs through Mongolia providing freight and passenger service connecting with the Soviet Union. But this is still a country of horsemen and modern transportation has not superseded the horse.

The mainstay of the national economy of the country is animal husbandry. The Mongols are primarily herdsmen, and herds of horses, sheep, cattle and goats are very common. Occasionally, in the open plains one sees yaks, but in our relatively brief visit we saw no other animals, although a wide variety of wildlife exists here. Dromedaries, the two humped camels, are common in the desert area.

The language of the country is a mixture of Turki-Tatar and Tungus-Manchu, roughly a mixture of Turkish and Chinese. It is written at the present time with Russian characters and looks like the Russian language when printed, but a Mongolian citizen cannot read Russian or vice versa because the roots, word structure and sentence structure are different. The written language prior to the introduction of Russian characters was somewhat similar in appearance to Chinese and was difficult to translate because one character may have several meanings; for example, the words house, palace, how and long are written alike. Interestingly, in the palace grounds above the entrance to one of the temples, signs were printed in Chinese, Mongolian and Sanscrit.

Education is compulsory for all children up to the age of sixteen. There are five hundred secondary schools with over a quarter-million pupils. Mongolia prints some of the world's most beautiful postage stamps and although they are expensive, they are very attractive and possession of them is the envy of all stamp collectors. Fine quality leather goods are also one of the outstanding buys of the country.

We took a bus tour out some distance from the capital into the country over bumpy, rough, dirt roads. We passed enroute many herds of horses and occasional clusters of yurts. A half-dozen yurts pitched together house a group of farmers and herdsmen. The yurt is an ancient flexible tent-like structure which these nomadic people have used for centuries as shelter. It consists of a latticework interior frame covered by rawhide, pelts or canvas. The yurts are circular and are about the height of a man at the entrance. The center of the yurt is open to the sky to emit smoke. Many of them have a rather elaborate wooden door, the only semblance of a stable structure in this otherwise fluid way of living. The yurt can be erected in a short time and struck and packed within half an hour. Until fifty years ago, the only permanent buildings in the whole country were to be found in the cities, and there were few cities because the people had continued their nomadic existence as they had for centuries.

For several hours, we bounced along this rocky, rough, dirt road climbing up over one hill and down another, occasionally fording a stream. At one place we stopped and prospected for gold but quickly learned that it was iron pyrite or "fool's gold." The landscape within one hundred miles of Ulan Bator was rather treeless and, in many ways, reminded us of the prairie land of Wyoming or Montana. There were large monolithic rocks around which the bus labored, broad vistas of multi-colored hills and best of all, open fields blanketed by millions upon millions of wildflowers to be seen in all directions.

At our destination, we found a cluster of yurts in a lovely valley surrounded by flower covered hills. A crystal clear stream flowed through the valley floor. This is an area that is used by the Mongolian people as a resort camp. It is located well into the mountains. We were treated to a typical herdsmen's dinner of rice, meat and a boiled potato and for those with strong gastronomic constiuations, a swill of kumis, the national drink of the Mongolian horsemen—fermented mare's milk! It tastes like thin skimmed milk to which some vinegar has been added.

We spent the night under a bright and starry sky, free of pollution and the evil influence of civilization, and awakened with the sweet smell of wildflowers and crystal clear sunlight. After an early breakfast of Mongolian hotdogs (whatever they were), rice and tea prepared by our guide, we boarded our bus for return to Ulan Bator. At breakfast we listened to an English language broadcast by shortwave radio from Moscow about the Watergate problems of the Nixon administration.

The flight from Ulan Bator back to Irkutsk in Eastern Siberia took no longer than the flight down a few days earlier. Somehow, however, it seemed infinitely longer because we were now stepping back into the twentieth century.

We hope the people of Mongolia can keep the beauty of their land.
During this year's Alumni Week Jefferson twice honored Dr. Anthony F. DePalma, its James Edwards Emeritus Professor of Orthopaedic Surgery. At the annual Alumni Banquet, he was presented the 1975 Alumni Achievement Award. At June 6 Commencement ceremonies (see p. 24) he was the recipient of an honorary degree, Doctor of Letters. This is the first time both awards have been presented to one man in the same year. He had previously received another of Jefferson's highest honors, when in 1962 his portrait was presented to the College by Jefferson's senior class.

Dr. DePalma graduated from Jefferson in 1929, serving his internship at Philadelphia General Hospital and his residencies at New Jersey Orthopaedic Hospital in Orange, New Jersey. He came to Jefferson in 1945 and became Chief Orthopaedic Surgeon at the Hospital and James Edwards Professor and Head of the Department in 1950. He served as consultant to many area hospitals while on the Jefferson staff.

As Dr. Mario Castallo '29, Honorary Clinical Professor of Obstetrics and Gynecology and close friend of Dr. DePalma, noted in his presentation of the Achievement Award, a simple reading of the physician's curriculum vitae would take half an hour. It is even difficult to highlight the career of a man who has published over eighty books and articles and holds membership in thirty-one medical societies. He is a Fellow of the American Academy of Orthopaedic Surgeons, a Fellow of the Association of Bone and Joint Surgeons and a Fellow of the American College of Surgeons, as well as holding membership in the American Association of Physical Anthropologists, the College of Physicians of Philadelphia, the American Orthopaedic Association and other local, national and international organizations.

Dr. DePalma is Editor-in-Chief Emeritus of Clinical Orthopaedics and Related Research and a member of the editorial board of American Practitioner. He has received many awards for scientific exhibits and has made two movies on the cervical spine. His book Management of Fractures and Dislocations is a classic in the field and is now in its second edition.

In 1971 Dr. DePalma retired from Jefferson to become Chairman of the Department of Orthopaedic Surgery at Martland Hospital, College of Medicine and Dentistry of New Jersey, which position he holds at the present time. He continues also in a consultant capacity for many New Jersey area hospitals. Known for his fine residency program while at Jefferson, he now has thirty-two residents under his direction at the College of Medicine in New Jersey. Dr. DePalma and his wife reside in West Caldwell, New Jersey.

The 1975 Alumni Banquet at which Dr. DePalma was honored was held June 5 at the Bellevue Stratford Hotel. More than six hundred alumni, spouses and members of the graduating class attended and heard talks by members of the administration, Senior Class President Robert E. Wall and Dr. Hal E. Sneddon, who was the speaker for the twenty-fifth reunion class. Dr. J. Wallace Davis presented the awards in the Annual Giving class competition. Dr. Frederick B. Wagner, Jr., President of the Association for 1975-1976 acted as toastmaster.
commencement

This year two hundred fifteen men and women received M.D. degrees at Jefferson Commencement ceremonies on June 6 in the Academy of Music, bringing the total number of JMC graduates to 22,449. Thirty-three members of the class of 1975 were participants in the Penn State cooperative program and received the M.D. degree and the B.S. degree five years after high school graduation. Eleven doctor of philosophy degrees also were awarded as well as fifty-six bachelor of science degrees in nursing and twenty bachelor of science degrees in medical technology. Three degrees were awarded magna cum laude and nine cum laude.

In the traditional ceremony, each graduate received his or her hood and diploma individually on stage. Dr. Gonzalo E. Aponte administered the Oath of Hippocrates to the new physicians. By mutual agreement of the students and faculty there was no Commencement speaker.

Receiving honorary degrees at this year's ceremony were Herbert E. Carter, Ph.D., Coordinator of Interdisciplinary Programs at the University of Arizona (Doctor of Humane Letters); Anthony F. DePalma, M.D., Emeritus James Edwards Professor of Orthopaedic Surgery, Jefferson Medical College, and Chairman of Orthopaedic Surgery at Martland Hospital, College of Medicine and Dentistry of New Jersey (Doctor of Letters) (see page 23); and Althea K. Hottel, Ph.D., member of the Pennsylvania Board of Education and its Council on Higher Education (Doctor of Laws).

class day

Class Day, held traditionally on the day before graduation (this year June 5), is always one of the best attended Jefferson events. The reason, of course, with all due respect to the speakers, is the awards and prizes presented that day. Although the full list is too long to include in toto, we should mention that the Alumni Prize, awarded for the highest cumulative average, went to Bruce J. Stratt, with honorable mention to Geoffrey G. Hallock. William G. Palace won the Henry M. Phillips Prize in Medicine; Alan C. Gold received the Obstetrics and Gynecology Prize; Steven G. Pratt was awarded the Henry M. Phillips Prize in Surgery, the William Potter Memorial Prize in Clinical Medicine and the W.B. Saunders Prize for attaining the highest scholastic average in the senior year. Thomas L. Lewis was presented the Charles LaBelle Prize for an outstanding candidate for the degree of Doctor of Philosophy. Thirty-two student awards were presented in all.

Speaker for the faculty but chosen by the members of the senior class was Dr. Gonzalo E. Aponte, Professor of Pathology and Chairman of the Department.

As is traditional, the 1975 Christian R. and Mary F. Lindback Awards for Distinguished Teaching also were announced during Class Day ceremonies. Dr. Richard G. Berry, Professor of Pathology (Neuropathology) was honored in the basic sciences and Dr. Arturo R. Hervada, Professor of Pediatrics, in the clinical sciences.

Dr. Berry, a 1938 graduate of Albany Medical College, joined the staff at Jefferson in 1954 as an Associate Professor. He had taught previously at the Georgetown School of Medicine and the U.S. Naval Medical School, following an internship at the U.S. Naval Hospital in Newport, Rhode Island and residences at the U.S. Naval Hospital in Philadelphia, Jefferson Hospital and the Armed Forces Institute of Pathology in Washington, D.C.

Certified by the American Boards of Psychiatry and Neurology, he is a Fellow of the American Academy of Neurology and a member of the American Association of Neuropathologists, the Society of Sigma Xi and the Philadelphia Physiological Society, among others. In addition to his position at Jefferson, Dr. Berry also is an Instructor in Neuropathology at Eastern State Psychiatric Institute and a consultant to several area hospitals. He has a number of scientific publications to his credit.

Dr. Arturo Hervada came to Jefferson in 1962 as an Instructor in Pediatrics. In 1963 he became an Associate Professor at Hahnemann Medical College. He returned to the Jefferson faculty when he became Chairman of the Department of Pediatrics at Mercy Catholic Medical Center, a Jefferson affiliate, in 1969. He is currently Attending Pediatrician and Director of Pediatrics at the Medical Center, Fitzgerald Division.

Dr. Hervada studied with the Medical Faculty of Santiago University and the Medical Faculty of Salamanca University, both in Spain. He was a resident at the Casa Provincial de Maternidad in Barcelona and later at Jefferson. He also undertook a Fellowship in pediatric cardiology at Children's Hospital in Philadelphia. Certified by the American Board of Pediatrics, Dr. Hervada is a member of the Philadelphia Pediatric Society, of which he has served as Secretary, and the American Academy of Pediatrics, and he is an honorary member of the Sociedad Catalana de Pediatría in Barcelona. His bibliography includes publications in both Spanish and American journals.

portrait presentation

Even amidst all the construction sites and modern facilities, tradition is very much in evidence at Jefferson. The senior class portrait presentation is perhaps the warmest of all Jefferson traditions, because the subject is nominated by members of the senior class and ultimately elected by them. This year's choice: Jay, J. Jacoby, M.D., Professor of Anesthesiology and Chairman of the Department.

Dr. Jacoby is involved in teaching at all levels in the Medical College. In the first two years he lectures on the resuscitation and care of injured persons emphasizing the pharmacology and physiology inherent in the subject. Although he gives some lectures during the last two curriculum years, he primarily offers clinical instruction. Students are enthusiastic about Dr. Jacoby both because of the excellence of his teaching and because of the personal attention he gives to them. Although he is now an official Student Advisor regarding curriculum he has long been an
unofficial student confidant and aide, probably because students find he is unfailingly pleasant and easy to talk to.

He also has impressive credentials. An M.D. and a Ph.D., Dr. Jacoby graduated from the University of Minnesota and the University of Chicago in 1941 and 1947 respectively. His Ph.D. was the first of its kind ever offered, combining pharmacology and anesthesia. He has put his academic training to work in research, where his particular concern has been in reducing the hazards of anesthesia. He has published extensively in this field. A Diplomate of the American Board of Anesthesiology and a Fellow of both the International College of Anesthesiologists and the American College of Anesthesiologists, Dr. Jacoby is active in the Association of University Anesthetists and the Society of Academic Anesthesia Chairmen, among many others. His favorite society has nothing to do with anesthesia: it is Jefferson's X Society, an elite organization of fourteen members, who are theoretically former Jefferson residents, which Dr. Jacoby is not. "I don't understand why I was elected," he says, "but I'm sure it's a great honor, and I know it's a great eating and drinking club."

Dr. Jacoby was Chairman of the Department of Anesthesiology at Marquette University when his friend and Chairman of the Department of Pharmacology at Jefferson Dr. Julius Coon asked him for a list of anesthesiologists that Jefferson might consider to fill the Chairmanship vacancy in its department. "I submitted a long list of names, but a few months later Dr. Coon called and said none of them had worked out, so I gave him another long list. Some time later the Dean asked if I would come to Philadelphia to talk to him about what qualifications were necessary to run an anesthesia department. When we finished our discussion he offered me the job." At first, Dr. Jacoby refused the position because, in his words, he was a country boy and expected he'd get skinned here in the big city. His association since 1965 with the Jefferson city slickers, however, has proven a happy one for both.

Now that Dr. Jacoby's three daughters are married, he has time for a hobby outside of his family. He has chosen painting, a very natural selection since one of his daughters is the artist whose geometric works adorn his office. He and his wife have travelled all over the world, and one of his special interests, Eskimo art and culture, is the result of an unexpected trip to the Arctic. "When I was in the Army Medical Corps in World War II, I received orders to pick up supplies for an off-base assignment. No one told me where I was being sent, but when I was issued a parka, a pistol and a rifle I began to suspect. I was the only doctor within five hundred frozen miles, and the parka was very useful. The gun was useful too, but not in the defense of my country; it came as no surprise to those of us stationed there that the Japanese never invaded the North Pole. But I shot a polar bear, and now I can talk about it for the rest of my life."

Although naturally he is honored by his selection as portrait subject, Dr. Jacoby finds he is embarrassed too. "First of all there are people who have been at Jefferson longer than I who are very deserving. But more importantly this year has been the worst year for teaching since I've been at Jefferson. Because of the new curriculum our time is abbreviated, and I don't feel we've done the best job we could."

At the McClellan Hall presentation of the portrait on May 9, Dr. Jacoby endorsed the Jefferson tradition, but broke with it to a degree as well. With what students say is characteristic simplicity, he accepted the honor on behalf of his whole department and invited all his staff members to join him on stage and share the acclaim.

Chairman for this year's portrait committee was Dr. Ann Hench. Their choice of artist was Charles Diletto.

lentz portrait

It is difficult to imagine that there is any Jeffersonian who has not been helped, directly or indirectly, by Librarian Robert T. Lentz, who retired in June after forty-four years of service. He has been a formidable resource for many on questions of College history and Jefferson
personalities as well as lending invaluable counsel to faculty and students on a day to day basis.

When Mr. Lentz came to Jefferson during the Depression as a clerk-typist and graduate of Banks Business College, there were two employees at the Scott Library and he was one of them. He was attracted to library work and went to Temple University at night for his B.S. degree and then on to Drexel University’s School of Library Science for his Master’s degree. He has been Head Librarian at Jefferson since 1949.

In addition to having a significantly enlarged staff (about twenty) the Library has grown in many other ways during the Lentz years. The most obvious of these, of course, is the new Library facility in the Scott Building on Walnut Street, which now houses the collection of 98,000 volumes amassed systematically during his tenure. During the planning stages Mr. Lentz worked with the architects and was able to contribute his expertise in library organization to the final design. As anyone who uses the Library will testify, he has built a creditable collection of medical information and has seen to it that the Library has changed with the evolving University. Automated services, for instance, include a MEDLINE terminal which retrieves bibliographic citations from the National Library of Medicine, and the OCLC terminal for retrieval of cataloguing information. The Library’s collection also has expanded into the general studies area.

Under Mr. Lentz’ direction there also has been a change in attitude from the Library’s Depression years, when students had to leave a dollar deposit to borrow a book overnight, the longest period a borrower was granted. In those days, too, the Library had what you could understatedly call closed stacks: all books were kept under lock and key. Today the atmosphere in no way suggests a penitentiary. All books are shelved in open stacks and most are loaned for at least two-week periods, sans security deposit. The Library, in addition to fulfilling its function well, is also a pleasant place to be.

As a professional librarian, Mr. Lentz’ accomplishments have been variously recognized. He has been both a member of the Board of Directors and President of the Medical Library Association and President of the Philadelphia chapter of the Special Libraries Association. The Drexel University Library School has honored him with its Distinguished Alumni Award and with its Presidency. He also enjoys a position on its faculty, teaching medical bibliography and medical librarianship. At Jefferson he has held the rank of Professor of Medical Bibliography and Library Science. He was honored on June 12 with the presentation of his portrait to the University by faculty members and friends.

Although Mr. Lentz has plans for reading, travel and gardening in his retirement, he also will assume a new responsibility at Jefferson on a parttime basis. As the University Archivist he will be cataloguing and restoring such memorabilia as George McClellan’s desk, antique surgical tools, an early Hospital operating table and the innumerable records that are the traditional domain of the archivist. And some of us will no doubt take undue advantage of his intermittent appearances at Jefferson to tap for our own uses what he modestly calls his memory for trivia.

Succeeding Mr. Lentz as Librarian is Mr. John A. Timour who will hold the faculty rank of Professor of Bibliography. He began his new position July 1. Mr. Timour received his B.A. from Miami University, Oxford, Ohio, an M.A. in personnel management from George Washington University in Washington, D.C. and an M.L.S. from the University of Maryland.

Mr. Timour has had diverse personnel and administrative experience in the federal government and with universities, including positions with George Washington and American Universities in Washington, D.C. and with the Public Housing Administration and the National Library of Medicine. More recently he was Library Services Director for the Yale-University Regional Medical Program from 1969 to 1973, following which he came to the College of Physicians of Philadelphia as Director of its Mid-Eastern Regional Medical Library. Like Mr. Lentz he is active in professional societies and has published a number of articles in his field.

student seminar

By their own account, senior medical students have traditionally made perfect victims. Besieged in their final months by the myriad jabberwocky of insurance barkers they have found that their medical training has not prepared them for such dealings, nor indeed for the many other complications attendant upon their imminent incomes.

This year, however, Jefferson, in the person of Development Director George V. King, designed a program to help students become better informed before the fact. An April 10 seminar in the Solis-Cohen auditorium, “Financial Perspective for the Young Physician,” attracted two hundred twenty-four juniors, seniors and house staff which, as one bystander pointed out, is a notably larger crowd than usually turns out for a major scientist. The affair was sponsored jointly by the Jefferson Alumni Association, Student Council, the House Staff Association and the University.

Participants that evening were advised by lawyers, bankers and insurance experts on such topics as home buying, negotiating entry into a partnership or corporation, the problems of joint ownership, business deductions and life insurance. They were told, for instance, that as their affairs become increasingly more complicated they will probably need a financial doctor just as others need a medical doctor. They were advised to buy a home rather than rent one because real estate is the best investment a young person can make. They had the near unprecedented opportunity to hear the various life insurance options explained objectively.

By all accounts the seminar was a success, both because it was an idea whose time had more than come and because, according to questionnaire respondents, the program itself was well-conceived and well-executed.

The idea for the seminar was the aftermath of a program in financial planning for alumni, first offered in 1974 during reunion week.
affiliates

Because Jefferson's affiliate program is designed to give medical students a wide variety of experience with diverse hospital situations, institutions as different as Methodist Hospital and Mercy Catholic Medical Center each provide an important aspect of clinical training. The difference in size between the 250-bed Methodist and the 750-bed MCMC means of course that the student at Mercy Catholic will be able to deal with a wider range of medical problems. At Methodist the student has the opportunity to become involved in a community-oriented primary care hospital.

Since the 1950s Jefferson has had an informal agreement with Methodist Hospital for clinical teaching in medicine, surgery and obstetrics and gynecology for undergraduates and in surgery for residents. A formal affiliation was signed in 1970, and other divisions such as orthopaedics have since been added both for undergraduates and residents. This year the Department of Medicine began accepting rotating interns. In 1975 seventeen JMC students and thirteen house staff participated in Methodist's program. Dr. John Giacobbo is their Director of Medical Education.

Methodist stresses direct physician to student bedside teaching, with teaching in both the operating room and the delivery room. There are audio-visual slide sound lecture series for juniors in obstetrics and gynecology and for juniors and seniors in other specialties. Closed circuit color TV production facilities allow taping of selected lectures and procedures. A monthly lecture series supplements the daily conferences in medicine, surgery, obstetrics and gynecology, orthopaedics, anesthesia and urology. The Hospital and its staff feel they benefit educationally from the affiliation as well, because inquiries from students and house staff insure a stimulating atmosphere.

Methodist Hospital opened at its present site at 2301 South Broad Street in 1892; its facilities were completely modernized in 1970. Its founding was provided for in the will of Dr. Scott Stewart, a Methodist physician who lived and practiced in South Philadelphia.

Today Methodist has over eight hundred employees and an active staff of one hundred thirty-five. Numbered among its physicians past and present are many Jefferson alumni and faculty including Dr. Peter A. Herbut, Dr. George J. Willauer, Dr. Anthony F. DePalma, Dr. John J. Garland, Dr. John J. DeTuerk and Dr. John B. Montgomery. In addition to the South Philadelphia community, the Hospital serves the South Jersey area, the sports complexes, the Food Distribution Center, the refineries, bridges and Philadelphia International Airport. Its Emergency Room is one of the city's busiest, serving over 30,000 people per year.

Methodist is known for its friendly and informal atmosphere. It works with the community in an active way through such projects as its Health Fair, its Preparation for Parenthood classes and its involvement with the new South Philadelphia Community Center.

Although Mercy Catholic Medical Center is considerably larger than Methodist Hospital, community involvement, particularly at Misericordia Division, is nonetheless strongly stressed. Staff members work with block leaders, who are volunteers from the surrounding community, to inform people in the neighborhood of services available to them and to plan events like the annual Health Fair. Communication is systematic and efficient, with a monthly newsletter keeping the client community aware of hospital programs and activities.

Mercy Catholic is a very unusual institution in that its two divisions, Misericordia and Fitzgerald Mercy, serve very different communities. Although geographically they are relatively close, Fitzgerald Mercy serves suburban Darby from its Lansdowne Avenue site, while Misericordia is an inner city hospital, located at 54th Street and Cedar Avenue in West Philadelphia. Misericordia often functions as a primary care center, while Fitzgerald primarily treats referred patients. High ward occupancy and busy emergency rooms (71,000 patients last year) offer diversity of experience and clientele. The Divisions were founded in 1918 and 1932 respectively as separate institutions and functions as such until 1969 when the two hospitals merged. Both facilities have been enlarged and modernized over the years; for instance, a new medical science building was completed at Fitzgerald in 1966 and a modern ambulatory care wing is now under construction at Misericordia.

The merger was effected to provide a wider range of patient services and additional training capability and to eliminate duplication of services. The Center's medical staff of three hundred twelve physicians divide their time between Misericordia and Fitzgerald, and the 750 beds are about equally divided between the two facilities. Both are administered and partially staffed by the Roman Catholic Sisters of Mercy. All departments exist in both Divisions, but the core of radiologic work, for example, is done at Misericordia and hematology, the heart of the department is at Fitzgerald; centralization of many services is still being accomplished. The two Divisions represent the fourth largest health care complex in the Delaware Valley.

The affiliation between Jefferson and Mercy Catholic began in 1969 when cooperative programs were established in the departments of medicine, surgery, obstetrics and gynecology and pediatrics. Under the direction of Dr. Ward O'Sullivan, Chairman of Surgery at MCMC who also holds the rank of Professor of Surgery at Jefferson, students began taking clinical rotations and Jefferson department chairmen participated in the program appointment to the Center's consulting staff. As is the case with all Jefferson affiliates, MCMC staff members involved in the program receive appointments to the Jefferson faculty. More than thirty Jefferson students studied at Mercy Catholic over the past year. The Center also offers straight medical, mixed medical and medical surgical internships and residencies in the major specialties.
The pediatric radiology facilities at Jefferson are not likely to be mistaken by anyone for their adult counterparts. The seats in the waiting room are painted to resemble toy drums and double as toy boxes. Diagnostic equipment is scaled to child size and brightly colored. Windows are colorfully curtained to make the rooms seem smaller, and large plywood figures of the Peanuts, Disney and Dr. Seuss characters populate the walls. This environment was conceived very deliberately by Dr. A. Edward O'Hara, whose wife and two daughters fashioned the cartoon figures. "We try to make the child feel that while he's in radiology he's in his own environment. We stress the fact that our patients are children, and not miniature adults."

Dr. O'Hara has geared his facilities to children in ways less immediately noticeable than the decor. He insists, for
instance, that one technologist be in charge of all pediatric patients in order to develop skill in working with children. Because it is more difficult to deal with youngsters, someone expert in eliciting their cooperation is invaluable.

"There are many pitfalls in making a diagnosis in pediatric radiology," Dr. O'Hara says. "Perhaps the child doesn't breathe as deeply as is necessary or perhaps he doesn't stay as still as he should. A skilled technologist can often mean the difference between an accurate and an inaccurate diagnosis."

Until recently infants from the intensive care nursery who needed testing had to be brought down seven floors to the radiology equipment, losing heat, strength and time in transport. Portable equipment often gives imperfect results, so Dr. O'Hara had a permanent X-ray machine set up in the ICN itself. As soon as funds become available he will install a processing unit there as well, so that ICN personnel can see results immediately. There are also plans to install a fluoroscope in the nursery.

Well-planned facilities and good technical care are important, but the personal factor can be equally important, particularly with children. And Dr. O'Hara, as might be expected because of his concern, has a very natural relationship with them. Children trust him, which puts them at ease and, significantly, puts their parents at ease as well. Very often only a meagre past history is available regarding the child, and the parents have to provide him with information he needs for diagnosis. If he is so well able to reassure and to gain the confidence of both children and parents it is perhaps because he does not see himself merely as a consultant. "We are not just shadow-readers," he says. "We can't just give uninvolved opinions, because we are physicians too."

After a three-and-one-half year association with The Children's Hospital of Philadelphia, Dr. O'Hara came to Jefferson in 1958 as an Assistant Professor of Radiology. A graduate of West Virginia Wesleyan College and of the University of Pennsylvania Medical School, he took his internship at Allegheny General Hospital in Pittsburgh and his radiology residency back at Penn. In addition to being a Diplomate of the American Board of Radiology and a Fellow of the American College of Radiology, he is a member of the Radiological Society of North America, the Society of Pediatric Radiologists, the Society of University Radiologists and the Philadelphia Roentgen Ray Society, among others. He has travelled throughout the world in connection with professional society meetings and presentations and as a Visiting Professor. Dr. O'Hara was part of the faculty on the recent Jefferson alumni symposium in the Far East. The physician is now Professor of Radiology and Clinical Professor of Pediatrics at Jefferson.

In addition to doing the routine pediatric work, Dr. O'Hara has an active teaching involvement. In his early years at Jefferson he gave lectures in the pediatrics block, and in 1966 was honored for his teaching with the Christian R. and Mary F. Lindback Award. With the new curriculum and cut-backs in teaching time, he now teaches medical students and pediatric residents through his active conference schedule. He also is involved in residency training in the Radiology Department. Although with the construction of the new Clinical Teaching Facility he is looking forward to more modern quarters, his current teaching aids are sophisticated. A closed circuit television, for instance, allows students and residents to watch fluoroscopic work being performed in another room, and with the use of a videotape machine interesting cases can be recorded for future use. A large rotating viewer allows the more than twenty radiology residents to examine roentgenograms with their Professor.

Dr. O'Hara also has conducted clinical research in pediatric radiology, particularly concerning evaluation of children with poor speech and cleft palates, in collaboration with a plastic surgeon. He is currently doing cine-radiography studies (X-ray movies) to determine the function of the soft palate in speech development.

If little mention has been made of Dr. O'Hara's non-medical activities, it is because over the years he has had time for few of them. His time away from the hospital is spent with his wife, Jean, a nurse whom he met at Children's Hospital, and his daughters Debra and Connie at their Gladwyne home. He enjoys sports, particularly swimming in the family pool, which his wife has painted in an exotic Pucci print.

Dr. O'Hara projects an image of enthusiasm and energy, even in the way he walks. Moving with him from one area of the hospital to another one senses the positive relationship he has developed with the various staff members and the positive attitude he radiates. Dr. Louis Plzak, Professor of Surgery (Pediatrics) at Jefferson, notes that he came to Jefferson from Boston in great measure because of the reputation Dr. O'Hara has established here. "It is impossible to perform good pediatric surgery without good pediatric radiology," he says.

"And under Edward O'Hara pediatric radiology at Jefferson is first rate."
1914

Dr. Barney D. Lavine, has retired from his Trenton, New Jersey practice of medicine after sixty years. He was honored with a plaque by the Board of Trustees and medical staff of St. Francis Hospital, where he has been affiliated since 1914. He resides at 333 W. State Street.

Keiser, who died in May of 1970, has left $50,000 to the Department of Urology. Dr. Keiser, a urologist, practiced in Murphyboro, Illinois. Dr. Paul D. Zimskind, the Nathan Lewis Hatfield Professor of Urology, has indicated that the bequest will be used in his department for research.

1915

Dr. Edward D. Leete, 274 Washington St., Apt. 50, Quincy, Ma., was awarded a fifty-year gold pin to Fellowship as a member of the Massachusetts Medical Society.

Dr. Herman H. Hostetter, 910 Poplar St., Hershey, Pa., received the Alumni Association Citation at Lebanon Valley College for his distinguished career in medicine and for his service to the community with his biography of the late Milton S. Hershey. He served for thirty-six years as Medical Director of the Milton Hershey School and of the Hershey Interests and was Medical Director and Hospital Administrator of the Hershey Hospital for twenty-five years. Dr. Hostetter also was personal physician to Milton Hershey.

1917

Dr. Henry L. Bockus, 250 S. 18th St., Philadelphia, has been awarded MEDICO's Distinguished Service Award. Dr. Bockus, a member of the MEDICO Advisory Board, served as its first Chairman, remaining in that capacity for close to a decade. He was a Vice-President of CARE from 1962, when MEDICO became its medical arm, until 1969 and has continued as a member of the CARE Board of Directors. An Emeritus Professor of Medicine at the University of Pennsylvania, he is a consultant at Graduate Hospital, Abington Memorial Hospital and Bryn Mawr Hospital. Dr. Bockus received Jefferson's Alumni Achievement Award in 1964.

1926

Dr. William Fox, 251 174th St., Apt. 1108, Miami Beach, Fl., writes that he is now retired.

1928

Dr. En S. Tai, Bonny La., R.D. #2, Collegeville, Pa., celebrated his seventy-fifth birthday in 1974 and all family members, from as far away as Germany, were home for the occasion. Dr. Tai retired from his practice in pulmonary diseases several years ago.

1918

Dr. Paul B. Reisinger, 855 Berkeley Ave., Trenton, N.J., writes that he has office hours twice weekly and makes house calls and hospital rounds in the mornings. He plays bridge in the evenings and is traveling in Europe this summer.

1933

Dr. Anthony Ruppersberg, 332 East State St., Columbus, Oh., has been elected President of the Ohio State Medical Board.

1919

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1929

Dr. Mario A. Castallo, 1621 Spruce St., Philadelphia, honorary Clinical Professor of Ob/Gyn, attended a meeting of the Society of the University Surgeons held in Tucson, Arizona, as a guest. He was the guest of honor at a reception at the home of Dr. James Bevan '63 and cosponsored by Dr. Frederick Kenan '37, Vice-President of the local alumni chapter. The affair was attended by more than twenty Jefferson graduates and their wives.

1920

Dr. Cesar Dominguez-Conde, 1900 S.W. 21st St., Miami, Fl., writes that he has not visited Philadelphia since 1960 for his 40th reunion, but planned to attend the 55th reunion in June to see all the changes at Jefferson.

1934

Dr. John A. C. Leland, 3904 S. Peardale Dr., Lafayette, Ca., retired from his private family practice in Berkeley. He is now the admitting physician at the V.A. Hospital in Martinez, working twenty hours per week, which "provides more spare time for gardening, some golf and trail riding. I plan to attend our 40th in 1976."

1923

Jefferson Medical College once again has been the recipient of funds from a member of the class of 1923 as a result of its most successful Bequest Program. Dr. Frank M. Jefferson, Philadelphia General, and Women's Medical College. For many years he also was the Medical Director of the Philadelphia Police Department.

1936

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1940

Dr. William Fox, 251 174th St., Apt. 1108, Miami Beach, Fl., writes that he is now retired.

1937

Dr. James T. Stephens, 374 Morgan St., Oberlin, Oh., writes that he and his wife returned recently from six months of volunteer service in a hospital in Kenya. "It was a very rewarding, frustrating and challenging experience."

1938

Dr. Wilfred I. Carney, 154 Waterman St., Providence, R.I., writes that his son Wayne Jr., '68 is back in Philadelphia at the Naval Hospital for two years after completing his residency at the New England Medical Center in Boston.

1940

Dr. Stephen E. Matsko, 15 Tresckow Rd., McdAdoo, Pa., has practiced surgery in the Hazleton area for the past twenty-five years. He is Chief of Surgery at St. Joseph
Building

Pigeonholes

Around

People

Dr. Victor Satinsky: a reputation for eccentricity can be useful.

Dr. Victor Satinsky '38, who is best known as an innovative cardiovascular surgeon, researcher and medical inventor (to wit: the Satinsky clamp, Satinsky scissors, Satinsky searcher and medical inventor (to wit: the Satinsky forceps, Satinsky patch, etc.), also has some novel ideas about education. Regarding medical education, for instance, he has conceived what he calls the "Renaissance man" curriculum, where a student, proceeding at his or her own pace, could simultaneously earn an M.D. and a Ph.D. in a basic science and a Ph.D. in the arts and humanities in five years after two years of college. While, if successful, the program could provide a liberal education Thomas More would be proud of, Dr. Satinsky did not expect entrenched medical educators to adopt his concept instantaneously and enthusiastically. And they did not. But he maintains that the proposal is practical, and it may yet become accepted, if his past success in realizing avant garde ideas is any predictor.

Hahnemann Medical College's Institute for Human Resource Development, of which Victor Satinsky is Director, founder and motivating spirit, is one such unconventional success story. The program began in 1961 when Dr. Satinsky brought high school students into his research laboratories at Hahnemann on a Saturday volunteer basis, to help acquaint them with different aspects of careers in the health sciences. Today the Institute, fully recognized by the states of Pennsylvania, New Jersey and others, and by high schools and colleges, is fiscally independent and offers over thirty programs to an extraordinarily diverse student body.

Although the Institute's programs by their nature defy categorization ("We build pigeonholes around people, rather than forcing people into pigeonholes," says Dr. Satinsky), they primarily serve gifted students, drop-outs and the emotionally disturbed. Perhaps the best known program is for one hundred eighty gifted high school students, who complete their junior and senior year of high school and freshman year of college in one year. With the exception of English, History and Physical Education which are required by law, the students choose and design their own courses of study. The Institute purposely has no permanent faculty of its own; the students find, hire and fire their own professors, many of whom are on the staffs of area colleges or are established in professional or creative occupations.

There are no incompletes and no withdrawals, because the student proceeds at his or her own pace and enjoys the right to "divorce" himself from a course without penalty. In addition to once-a-week didactic lectures each student spends a minimum of two full days a week in a lab, in an active learning by doing experience. Students are not sent out to type and file in a lawyer's office or to wash glassware in the labs. They may be doing cardiovascular research, or practicing at the bar with a member of the Pennsylvania Ballet Company, or writing a prize-winning paper that makes a significant contribution to the body of knowledge in their field.

As is the case with the field work, the level of the lectures is uncommonly advanced in comparison with the usual high school fare. Dr. Satinsky himself teaches several courses, among them cardiovascular research surgery, creative anthropology, creative writing, psychology, fencing and swimming. In creative anthropology, for instance, the students create their own society with Dr. Satinsky as devil's advocate. "Usually the initial consensus decrees no laws, no government, no formal institutions like marriage. But when they consider problems like establishing the paternity of children or protecting people and property without government or laws, the students begin to see how and why many of our institutions and traditions have evolved." Students from this program regularly go on to attend the most prestigious colleges and graduate schools in the country.

The format for the drop-out program is basically the same, but the expectations for performance are different. "We try," Dr. Satinsky says, "to establish an emotional equilibrium at a level commensurate with the student's potential." He believes these students come to the Institute with an illness of the emotions. Initially he is supportive but not demanding, letting the individual's emotions heal just as an orthopedist would let a bone fracture heal.

Through such involvements as art and poetry therapy (Hahnemann is the only medical school Dr. Satinsky knows of with an artist-in-residence), he helps the students get rid of the guilt feelings he believes prompts their withdrawal from society. By his own account he has had no failures. "Most of the drop-outs return to school, but primarily we try to make an individual more satisfied with himself, to promote his happiness and independence."

While the Institute is not dependent on grants for its survival, Dr. Satinsky's record of grantsmanship is impressive; he has received grants from the National Science Foundation, the W.T. Grant Foundation, the National Institute of Mental Health, the Federal Office of Child Development, National Heart and Lung Institute, American Company Foundation and other smaller private foundations. Some of the grants currently in effect are funding a child advocacy program and a program for gifted preschool children in art and dance. Naturally the grant money makes the Hahnemann administration happy and helps give him the freedom to experiment with the unorthodox.

Dr. Satinsky has a reputation as an eccentric which he does not discourage, because it has often been useful in his efforts to bypass the wrangling bureaucracy. He maintains that he is foremost a practical man, and the very real and practical success of his Institute can support that claim.
Hospital and Chief of the Emergency Department at Hazleton State General Hospital. He is a Fellow of the American College of Surgeons and of the American College of Emergency Physicians. He is also a Diplomate of the American Board of Abdominal Surgery and a past President of the Hazleton Branch of the Luzerne County Medical Society.

1941

Dr. James A. Collins, Box 22, Riverside, Pa., has been reelected to the American Society of Internal Medicine’s Board of Trustees. The internist, who has served as Director of the Department of Internal Medicine at Geisinger Medical Center since 1958, first became a trustee in 1972. He also heads the Society’s Component Societies Council.

Dr. Collins, a Fellow of the American College of Physicians, was certified by the American Board of Internal Medicine in 1956. A past President of the Pennsylvania Society of Internal Medicine, he has been President of the Pennsylvania Medical Continuing Education Institute since 1972. He is a Clinical Associate Professor of Medicine at Hershey Medical Center.

Dr. Willard M. Drake, P.O. Box 816, Wellsboro, Pa., has joined the staff of Soldiers & Sailors Memorial Hospital in Wellsboro. Previously he had been Chief Attending Urologist and a member of the senior staff of Cooper Hospital in Camden and Assistant Urologist at Jefferson Hospital. He holds the rank of full Professor of Urology at Jefferson. He is a member of the American Urological Association and a Fellow of the American College of Surgeons. While on the staff at Cooper, Dr. Drake was Chairman of the O.R. and Anesthesia Committee and Vice-President of the Medical Staff.

1942

Dr. Edgar T. Gibson, 928 Kresson Rd., Cherry Hill, N.J., writes that his daughter, Barbara, graduated from Jefferson in June and has started a three-year family practice residency at Eastern Maine Medical Center in Bangor.

Dr. Edmund T. Hackman, 180 Miantonemo Dr., Warwick, R.I., has been elected Vice-Chairman of the Blue Shield of Rhode Island Board of Directors. Past President of the Kent County Medical Society, the Rhode Island Medical Society, and the Rhode Island Chapter of the American Board of Family Practice, Dr. Hackman is a general practitioner and a charter member of the Kent County Memorial Hospital.

1943

Dr. John J. Stanton, Jr., 308 W. Godfrey Ave., Philadelphia, has practiced family medicine in the Logan section of Philadelphia for twenty-five years.

1944

Dr. Otto T. Boysen, 1210 Brace Rd., Cherry Hill, N.J., is in practice in South Jersey and is on the staff of Cooper Hospital. He has been doing orthopaedic surgery since 1957 and is also on the staff of Elmer Hospital. He and his wife have four children.

Dr. Raymond A. McCormack, Jr., 433 Bellevue Ave., Trenton, N.J., has been awarded the Bronze Medal of the New Jersey Branch of the American Cancer Society for his twenty-five years of service to the cancer cause. A Past President of the staff of Mercer, New Jersey Medical School, he is a member of the Board of Directors of Morris Hall Rehabilitation Center in Lawrenceville. He is also Chairman of the Service and Rehabilitation Committee of the New Jersey Cancer Society and serves as a delegate to the National Society.

Dr. John A. Martin, 117 McLelanah St., S.W., Roanoke, Va., has been appointed Clinical Professor of Radiology at the University of Virginia Medical Center.

1944S

Dr. Richard H. Ross, 646 Golfcrest Dr., San Antonio, Tex., has been awarded the Distinguished Service Medal, presented upon his retirement from the U.S. Army. In addition Colonel Ross was awarded the Army Surgeon General’s Bronze Medallion for over thirty-three years of service with the Army Medical Department. He retired as Deputy Chief for Operations, U.S. Army Health Services Command, a position he has held since April, 1973.

1945

Dr. J. Elder Bryan, Jr., 1411 Brookshire Ave., Downey, Ca., has been working with Representative Del Clawson on a national health insurance plan that would virtually exclude government involvement. He writes “If you want more information and/or petitions, please write to me.”

Dr. John J. Cox, 410 Austermuhl Ave., Hadendonfield, N.J., has been appointed a Clinical Instructor of Medicine at Jefferson, Lourdes Hospital.

Dr. Raymond C. Grandon, Grand Acres Mounted Route, New Cumberland, Pa., was profiled in the May, 1975 issue of Pennsylvania Medicine.

Dr. Edward H. McGehee, 319 E. Gravers La., Philadelphia, Professor of Family Medicine at Jefferson, has been elected Secretary of the College of Physicians of Philadelphia.

1946

Dr. John J. Dowling, Chief of Orthopaedic Surgery at Lankenau Hospital, Philadelphia, has been honored by St. Edmond’s Home for Crippled Children, which he serves in a volunteer capacity. The new therapy center at St. Edmond’s will be named for Dr. Dowling because of services he has rendered to the hospital.

Dr. Robert B. Funch, 2033 Woodland Rd., Abington, Pa., has been named President of the Germantown Hospital and Dispensary medical staff. Director of Radiology at the Hospital, he is a Fellow of the American College of Radiology, Secretary of the Pennsylvania Radiologic Society and former Secretary and President of the Philadelphia Roentgen Ray Society. He is a Clinical Professor of Radiology at Temple Medical School and has published more than thirty papers.

Dr. S. Victor King, 515 26th St., Altoona, Pa., has been installed as Director of the Medical Staff of Mercy Hospital in Altoona, Pennsylvania. Dr. King has been a member of the staff of Mercy Hospital since 1963 and has served as Director of Orthopaedic Services, Director of the Department of Physical Medicine and Director of the Emergency Room. He is a member of the Pennsylvania Orthopaedic Society and is a past President of the Blair County Medical Society.

Dr. Martin M. Mandel, The Benson East, Ste. 110B, Jenkintown, Pa., and his wife have established an Annual Lectureship in Neurology at Jeanes Hospital in honor of Dr. Mandel’s father. The first to deliver the lecture was Dr. Bernard J. Alpers, Emeritus
Ten members of the class of 1948 and their wives mustered their energies May 9 for a full weekend of reunion celebrating. Guests began arriving at the Skytop Lodge in the Poconos mid-afternoon Friday for the twenty-seventh annual event. This yearly “gathering of the clan” is the unique to Jeff’s Alumni Association and establishes another first for the class of 1948. For two years we earned first place in dollar amount for Alumni Annual Giving.

In addition to the annual golf tournament which was won this year by Don Birrell we all enjoyed Jim Loftus’ lesson on Potter’s version at bridge and John Atkinson’s swimming and diving demonstrations. Elbow-bending, dining, dancing and just plain loafing complimented these activities. In addition to Don and Pat Birrell, Jim and Nancy Loftus and John and Eve Atkinson, Pat and Mim Frank, Dave and Shirley Thomas, Marie and Rudy DePersia, Veilio and Dottie Berardis, Ernie and Irma Shander and Kathy and I were on hand for the celebration. Next year: Williamsburg, Virginia, in May ’76.

Norman J. Quinn, Jr., M.D.

Dr. Joseph V. Conroy, 430 E. Belgrade St., Philadelphia, a general surgeon, has been elected Vice-President of the Holy Redeemer Hospital Medical Staff. He is also Director of the Department of Surgery at the Hospital.

Dr. Eugene P. Hughes, Sr., 113 W. Chestnut Hill Ave., Philadelphia, writes that his eldest son, Gene, graduated from Jefferson in June. Gene was married last summer and he and his wife now have a baby girl. Dr. Hughes’ other son, Ed, who is Gene’s twin brother, is a graduate of Villanova Law School.

Dr. Richard W. Skinner, 402 Foulk Rd., Apt. 302, Wilmington, De., has been appointed a Clinical Instructor in Anesthesiology at Jefferson, Wilmington Medical Center.

1949

Dr. Matthew E. Johnson, 803 Colford Ave., Collingswood, N.J., will finish as a Psychiatrist II at Temple University Hospital during the summer. His son, Eric, is a student at Jefferson in the class of 1977.

Dr. Gerald Marks, 255 S. 17th St., Philadelphia, has presented papers during the spring before the Puerto Rican Chapter of the American College of Surgeons, the American Society of Colon and Rectal Surgeons, the Mayo Clinic, the Texas Medical Association/Texas Society of Colon and Rectal Surgeons and the Society for Surgery of the Alimentary Tract.

Dr. John D. Paul, Jr., 716 N. Lime St., Lancaster, Pa., has been appointed a Clinical Assistant Professor of Obstetrics and Gynecology at Jefferson.

Dr. Carl Zenz, 2418 Root River Pkwy., West Allis, Wi., has been named Second Vice-President of the American Occupational Medical Association. Medical Director of Allis-Chalmers Corporation, Dr. Zenz also holds an appointment as Clinical Professor of Preventive Medicine at the Medical College of Wisconsin. He is a Diplomate of the American Board of Preventive Medicine, certified in occupational medicine, a Fellow and Past-President of the American Academy of Occupational Medicine and Chairman of the Occupational Health Committee of the Wisconsin Medical Society.

1950

Dr. Richard H. Smith, 341 E. Lancaster Ave., Downingtown, Pa., is President-elect of the Chester County Medical Society.

1951

Dr. John H. Deam, Island Medical Center, Holmes Beach, Fl., is Chief of Staff at Moraine Memorial Hospital in Bradenton, Florida. He writes that Dr. Joseph Sloss ’52 is President-elect for 1976.

Dr. Leonard S. Girsh, Benjamin Fox Pavilion, Ste. 325, Jenkintown, Pa., was Program Chairman of the Pennsylvania Allergy Association’s Annual Meeting in Hershey. Dr. Girsh is an Assistant Professor of Internal Medicine at Temple.

Dr. David S. Grab, 567 Snowball Dr., Levittown, Pa., writes that he is in a very active solo general practice. He and his wife have four children, one in nursing, one preparing for medicine or veterinary medicine. He has a second home in the Poconos for sailing and cross country skiing. “Still hyper about photography, clinical and personal.”

Fourth Generation

This June the Coghlan family graduated a member of their fourth generation of Jeffersonians. The family’s Jefferson connection began with Dr. William E. Matthews, class of 1887. Dr. Matthews practiced in Johnstown, Pennsylvania where he specialized in public health work. His son, Dr. Robert A. Matthews, graduated from Jefferson in 1928 and served as Professor of Psychiatry and Chairman of the Department at Jefferson.

Dr. Robert A. Matthews’ daughter, Patricia, married a Jefferson alumnus, Dr. William A. Coghlan ’47, a general surgeon presently practicing in Beaver Falls, Pennsylvania. Their son, Patrick Coghlan, graduated this June in the class of 1975. In addition Patrick’s sister, Ann, is a 1969 graduate of Jefferson’s Nursing School, and his new wife, Edythe, also is a Jefferson Nursing School graduate, class of 1974.

There currently is one more member of the fourth generation still attending Jefferson Medical College. Dr. Robert Matthews had three daughters in a second marriage who are the ages of the Coghlan’s sons. One of these women, Sandra Matthews Wolf, will be a junior at the Medical School in the fall and will graduate in the class of 1977.
Dr. Herbert C. Mansmann, Jr., Jefferson Hospital, Department of Pediatrics, has been named Director of the Pulmonary Disease Program at Children's Heart Hospital, a Jefferson affiliate. Dr. Mansmann established the pulmonary program in 1970, and its expansion has demanded greater supervision. Dr. Mansmann is Professor of Pediatrics and Associate Professor of Medicine at Jefferson, where he is also Director of the Division of Clinical Immunology and Pediatric Allergy.

Dr. George M. Meier, 11 High St., Butler, N.J., remains in general practice. He writes that his one son graduated from Lafayette College and his daughter is a freshman at Muhlenberg.

Dr. Nelson P. Aspen, Paoli Memorial Medical Bldg., Paoli, Pa., was recently selected by President Gerald Ford to serve on the Assay Committee for 1975, a committee which examines and tests a sample of coins from all the U.S. mints. He is also Commander of the Frankford Camp 200 of the Sons of the Union Veterans.

Dr. James E. Clark, Crozer—Chester Medical Center, Chester, Pa., is Chairman of the Department of Medicine and Chief of the Section of Nephrology at Crozer-Chester Hospital. He is also Chairman of the Kidney Foundation of Southeastern Pennsylvania.

Dr. Donald C. Davidson, 4127 Atlantic Ave., Atlantic City, N.J., writes that his daughter, Gail, will be the fifth generation to attend Jefferson when she begins her freshman year in September.

Dr. Robert L. Evans is taking an Alfred P. Sloan Fellowship at the Sloan School of Management at Massachusetts Institute of Technology. He and his wife are residing at 144 Sherburn Circle, Weston, Massachusetts.

Dr. Miles D. Harriger, 2081 Edgemont Dr., E. Petersburg, Pa., writes that he is looking forward to the twenty-fifth reunion in 1977.

Dr. Thomas S. Lynch, 12 Brunswick Ct., Cumberland, Md., has been named Director of Emergency Services at Sacred Heart Hospital there. Prior to his appointment at Sacred Heart, he was associated with Deacutur Memorial Hospital in Illinois. He and his wife have three daughters and two sons.

Dr. Milton M. Perloff, Northern Family Practice Medical Associates, Fridenberg Bldg., York and Tabor Rds., Philadelphia, is President-elect of the Philadelphia County Medical Society. A Clinical Instructor in Medicine at Temple University and the Attending in Medicine at Albert Einstein Northern Division, Dr. Perloff is a Charter Diplomate of the American Board of Family Practice, a Fellow of the American Academy of Family Physicians, the College of Physicians of Philadelphia and the American Society of Clinical Hypnosis. In the past he has held the Presidencies of the Philadelphia Academy of Family Physicians, the Pennsylvania Academy of Family Physicians, the Philadelphia Society of Clinical Hypnosis, the Einstein Professional Society, and the Medical Staff of Albert Einstein Medical Center.

Dr. Charles A. Syme, 340 Ginger Rd., Huntingdon Valley, Pa., has been appointed to the Board of Trustees of Holy Redeemer Hospital in Meadowbrook. He has also been elected Chairman of the Department of Medicine at Nazareth Hospital in Philadelphia.

1952

Dr. John H. Harris, Jr., 224 Parker St., Carlisle, Pa., has been named to the Board of Chancellors of the American College of Radiology. He has served as Speaker of the ACR Council for the past two years. Dr. Harris is a Clinical Assistant Professor of Radiology at Jefferson and an Associate Professor of Clinical Radiology at Milton S. Hershey Medical Center.

Dr. Charles H. Greenbaum, 8220 Castor Ave., Philadelphia, has been reelected Secretary of the Pennsylvania Academy of Dermatology. He also has been elected Secretary of the Philadelphia Dermatological Society and President of the Northern Branch of the Philadelphia County Medical Society.

1955

Dr. Burton S. Benovitz, 425 Tioga Ave., Kingston, Pa., writes that his home and office are completely restored since the 1972 flood. His wife has been appointed to the Pennsylvania State Board of Education. His daughter is a happy freshman at Brown University.

Dr. Dominic F. Coletta has been appointed Executive Medical Director of the Damon Corporation in Needham Heights, Massachusetts, where he is member of Damon's Board of Directors and Chairman of the Corporation's Medical Advisory Board. He previously was Medical Director of the Philadelphia Medical Laboratory of Tvesco, a Damon laboratory.

Dr. J. Philip Nolan, 268 Pepper Rd., Huntingdon Valley, Pa., has been elected President of the Holy Redeemer Hospital Medical Staff. He is a Fellow of the American College of Obstetricians and Gynecologists and the Philadelphia Obstetrical Society among others.

Dr. Louis Pierucci, Jr., North Park Dr., Pennsauken, N.J., has been appointed Chief Attending Surgeon at Cooper Hospital in Camden. Dr. Pierucci, an Attending Surgeon in the Division of Cardio-Thoracic Surgery, has been on the Cooper staff since 1968. He is certified both by the American Board of Surgery and the Board of Thoracic Surgery and is a Fellow of the American Heart Association. He holds the rank of Associate Professor at Jefferson.

Dr. Richard H. Schwarz, 2235 Scottsdale Rd., Lansdowne, Pa., is Director of the Jerrold R. Golding Division of Fetal Medicine at the University of Pennsylvania Hospital. A Professor of Ob/Gyn at the Medical School, Dr. Schwarz is Chairman of the Pennsylvania section of the American College of Obstetricians and Gynecologists.

Dr. Paul M. Selfon, 13116 Foxhall Dr., Silver Spring, Md., has been selected by the U.S. Secretary of Commerce to receive the Bronze Medal Award for "consistently superior direction and conduct of occupational health services programs."

1956

Dr. James P. Boland, 3300 Henry Ave., Philadelphia, has been promoted to Professor of Thoracic and Cardiovascular Surgery at the Medical College of Pennsylvania. He is coordinator of the Geriatric Surgical Unit.
at the Hospital and is working in the field of immunobiology. He is certified by the American Board of Surgery and the Board of Thoracic Surgery and is a member of many medical societies.

Dr. David C. Schechter, New York Medical College, Department of Surgery, New York, has been presented the Laurance Redway Structural and Functional Changes After Thoracic Surgery and is a member of the College, Department of Surgery, New York, and the American Board of Surgery. He is Clinical Professor of Surgery at New York Medical College, practices cardiovascular and thoracic surgery in Manhattan.

1957

Dr. Nathan Brillman, 109 Wetherill Rd., Cheltenham, Pa., writes that he is in a five-man group family practice with lots of time to practice good medicine and to play tennis. His son, David, will enter his second year at Jefferson this fall.

Dr. Gerald Labriola, 88 Timothy Rd., Naugatuck, Ct., has been named Assistant Clinical Professor of Pediatrics at the University of Connecticut Health Center School of Medicine. He is a member of several local medical societies and on the staff of Waterbury and St. Mary's Hospitals. He is Chief of the Waterbury Regional Department of Pediatrics.

1958

Dr. Roger H. Brodkin, 520 White Oak Ridge Rd., Short Hills, N.J., has joined the part-time staff of Hunterdon Medical Center in New Jersey in the Department of Dermatology. He conducts a private practice of dermatology in Irvington and holds appointments on the staffs of several Essex County hospitals. He is also a Clinical Associate Professor at the New Jersey College of Medicine and Dentistry in Newark.

Dr. Arnold Singer, 729 Stanwick Rd., Moorestown, N.J., writes that "Larry Greenwood '59 and I have taken Mike Horn, who finished his residency at Jeff in June, 1974, into our ob/gyn practice."

1959

Dr. Mark S. Kaufman, 7919 Rolling Green Rd., Cheltenham, Pa., presented an exhibit on total wrist arthroplasty at the American Academy of Orthopaedic Surgeons in San Francisco. He also delivered a paper on the same subject in New York at the Hospital for Special Surgery. He is a visiting lecturer at York Hospital and has had a paper accepted by the Orthopaedic Digest.

1960

Dr. William F. Hushion, 437 W. Springfield Rd., Springfield, Pa., writes that he is enjoying life as Assistant Medical Director of the Philadelphia Electric Company. He is on the local School Board and active in a theatre group. He and his wife have three children. "Looking forward to 15th reunion."

Larkin Memorial

The new field house and activities center at Scranton Preparatory School will honor the memory of Dr. Robert M. Larkin by naming the facility for him. Dr. Larkin, a member of the class of 1960, died at the age of thirty-four on April 22, 1969. The young physician was practicing obstetrics and gynecology in Scranton at the time of his death. In addition to the Dr. Robert M. Larkin Field House, the Preparatory School also presents an award each year in his name to the most outstanding athlete. Dr. Larkin is the son of Dr. Walter J. Larkin '23 and his brother is Dr. Larkin, Jr., '53.

1961

Dr. Jerry D. Harrell, Clinica Tumi Chucua; Casilla 64; Riberalta, Beni, Bolivia, writes that he is enjoying the practice of ophthalmology and general medicine in eastern Bolivia. "We live on the edge of a lake in the lowland, jungle-covered portion of this country. Would love to greet any Jeff alumnus who might be paddling down the Beni River."

Dr. Warren Katz, Oak Hill Estates, Pa., has been appointed Chief of Rheumatology and Clinical Professor of Medicine at the Medical College of Pennsylvania. He is also a Clinical Associate Professor of Physical Medicine (rheumatology) at Temple University Health Sciences Center and Attending Physician in rheumatology and has directed the rheumatology laboratory at Albert Einstein Hospital Medical and Rehabilitation Hospital in Philadelphia. President of the Philadelphia Rheumatism Society, he is a Fellow of the American College of Physicians.

1962

Dr. Robert M. Glazer, 110 Maloney Bldg., 3400 Spruce St., Philadelphia, is in orthopaedic surgery at the Hospital of the University of Pennsylvania and other affiliated hospitals. He is in parttime teaching and parttime practice.

Dr. William V. Harrer, 241 Kings Hwy. W., Haddonfield, N.J., has been elected President of the Medical Staff of Our Lady of Lourdes Hospital in Camden. Dr. Harrer is Director of Laboratories at Our Lady of Lourdes. Dr. John P. Capelli, a classmate, was elected Vice-President of the staff.
While engaged in an inner city practice in Cleveland, Dr. Wallace J. Mulligan '61 volunteered to serve as an internist on the S.S. Hope hospital ship, the ship which until its recent demise sailed the world offering medical care and training to the needy. The Hope organization, in what has turned out to be its infinite wisdom, assigned him instead to a Navajo reservation hospital on a plateau in the Arizona desert. While the setting is hardly pelagic, its needs and attractions have proven compelling. Since he joined the staff of Sage Memorial Hospital in Ganado two years ago, Dr. Mulligan has left only long enough to sell his home and his practice. "I have no plans to leave Ganado," Dr. Mulligan says. "That's not to say I intend to die here, but right now we're happy, there's no other place I'd rather be."

Hope, which took over the administration of Sage Memorial Hospital from the Presbyterian Church in 1969, last year relinquished its role to a Navajo Board of Directors, under the auspices of the Navajo Nation Health Foundation. Sage is the only non-government health care facility on the reservation, which is the size of West Virginia and has a population of 150,000. The hospital employs primarily native personnel with the exception of the physicians, all of whom are caucasian, or in the local jargon, anglos. Since there is only one Navajo physician in the entire United States and he is a member of their Board of Directors, personnel policies are hardly discriminatory.

The staff includes five full-time physicians: a surgeon, a pediatrician and two young family practitioners. In addition to their work at the hospital, the physicians travel to outlying clinics and, yes, make house calls. Navajo and Hopi nurse practitioners provide much of the primary care.

"We treat the problems of poverty," says Dr. Mulligan, "and most of the medical conditions we face would be eliminated if the standard of living were improved." Most of the older Navajos live in hogans, eight-sided log and mud huts, while the younger people live in tar paper and plaster dwellings. Usually both structures are damp, poorly insulated and overcrowded, without electricity or plumbing. Water is difficult to come by. There is virtually no rainfall and water is hauled across the desert in fifty-five gallon drums.

"Because the water frequently becomes contaminated, we see many cases of diarrhea, gastroenteritis and infectious disease. The inadequate shelters mean that nearly every child gets a cold and every cold means an ear infection. Therefore ear surgery is one of our greatest needs. These same conditions produce pneumonia; we also see a lot of tuberculosis, in far greater proportion than most physicians."

The guidelines for dealing on a personal level with Navajo patients are also very different from those to which an eastern physician is accustomed. During an examination, for instance, there is an unwritten rule minimizing eye contact. While most of us expect and even demand friendliness and at least a veneer of personal concern from our physicians, the Navajos prefer detachment, a gentleness and passive quietness from their doctors. Acceptance by the community is gradual, and the longer Dr. Mulligan stays the more he is developing the same "wait-and-see" attitude about the many bright, enthusiastic transients who arrive, do their research and depart.

The qualifications of staff physicians are excellent. Dr. Mulligan, for instance, is highly trained, having completed his internship and residency at Cincinnati General Hospital and the University of Cincinnati. He had a three-year chest Fellowship at the Cleveland V.A. Hospital, and in addition to his private practice and University teaching at Case Western Reserve Medical School he was a Consultant to the Cleveland V.A. Hospital and worked in the inner city with the Cleveland Jobs Corps. He is a Board-certified internist. Although Dr. Mulligan feels the care he and his colleagues deliver is first-rate, nevertheless the more serious problems have to be referred to hospitals off the reservation because inadequate funding has meant a lack of specialized equipment. "Despite my chest background I'm essentially practicing general medicine. We all are. We simply don't have the tools we need to deal with sophisticated problems. When we see the millions of dollars appropriated for humanitarian aid abroad while health care for native Americans is so limited by lack of funds, it makes us—I won't say bitter, but at the least, sardonic."

Life for the Mulligan family is very different than it was in suburban Cleveland, and that is one of Ganado's main attractions. Although he and his wife, a nurse at the hospital, and their two children share a comfortable three-bedroom home in the hospital compound, all resemblance to urban life ends there. There are no committee meetings or escalating property taxes or forty-mile commutes to work. Solitude is a positive value and in Navajo thought nature is the preeminent frame of reference. The stark but beautiful landscape, the predominance of the wide sky and its sunsets with the distant etching of mountain snow becomes more real than "Ford or Nixon or Sadat or Thieu. Things that seemed important in Cleveland no longer do." For Dr. Mulligan there is time and place to write poetry and for his children there is time and place to be children, in the reservation school "where they are neither taught nor encouraged to be miniature adult." Outdoor activities are important to the whole family. Every weekend they go to the desert to camp or ride horseback, or to the mountains for skiing or canoeing. Mrs. Mulligan teaches both weaving and silverwork. Their son rides in a junior rodeo and their daughter cares for local horses.

Dr. Mulligan has encountered virtually no militancy among Navajos despite the glaring injustices and continuing incapacity to which they are still subject, and despite their very strong cultural identification. Those who have managed to get a college education (there are two colleges on the reservation) and a chance to improve their standard of living usually have to do so elsewhere; there is little industry and thirty to forty percent unemployment in the area. And the Navajos look askance at anything the government offers. In 1868, in the last treaty signed with Washington, they were assured they would be able to live in peace, free from harassment "...as long as the grass is green, so long as the rivers shall run." "It's catch-22," says Dr. Mulligan. "The Navajo can escape poverty by deserting the heritage."
Dr. Wallace J. Mulligan: treating the problems of poverty.

Nazlini

Sleep alone, timeless . . .
By the ancient Anasazi sentinels
Whose spirits stand over you
Watching
From the glorious mountain shadows
Stretch the ancient yellows and reds
of day and twilight
Stretch through the centuries to cover you
Isolated, lonely . . .
Until it could be borne no longer
By those outside
And the roads were paved part way
And electric wires snaked through
To the chapter house
The clinic
The boarding school
Civilization
Like an ever creeping lava
That would destroy you like
Pompeii
Descended down the mountain
To bring you
Government food
Anglo medicine
Whiskey, VD and auto accidents
Smothering you
Ancient Navajo mistress
Lonely, beautiful
Untouched
Unused
How I have cried to see you dressed up
Mascared
And made like all the other whores
For I shall remember you
As poignant, beautiful
Unspoiled
Isolated, lonely and loved.

Wallace J. Mulligan
1963

Dr. Robert S. Levitt, 967 Hoover Dr., N. Brunswick, N.J., is a Clinical Assistant Professor at Rutgers Medical School in the Department of Obstetrics and Gynecology. He also maintains a private practice. Dr. Levitt and his wife, Joan, have three children.

Dr. James Price, 3303 58th St., Lubbock, Tx., has been appointed Professor and Chairman of the Department of Ophthalmology at Texas Tech University School of Medicine. He and his wife, Ann, have three daughters.

Dr. Fernando Santiago-Rivera, 207 Professional Medical Center, Caguas, P.R., has been certified by the American Board of Surgery. He is a thoracic and cardiovascular surgeon and Chief of Surgery at the Caguas Sub-Regional Hospital.

1964

Dr. Kenneth A. Baer, 6821 S.W. 144 Terr., Miami, Fl., is in the practice of ob/gyn in Miami. He and his wife, Sandy, and their three children are enjoying Florida living.

1965

Dr. James R. Dingfelder, 2003 Fireside Dr., Chapel Hill, N.C., is an Assistant Professor of Ob/Gyn at the University of North Carolina Medical School. He has worked for the International Fertility Research Program and has traveled extensively for them, teaching laparoscopy. Last summer he went to Malaysia, India, Zambia and Europe for teaching purposes.

Dr. Charles K. Francis, 30417 S. Camino Porevenir, Palos Verdes, Ca., has been appointed Chief of the Cardiology Division of the Department of Medicine at Martin Luther King Jr. General Hospital in Los Angeles. Dr. Francis, an Assistant Professor of Medicine at the Drew Postgraduate Medical School, joined the King-Drew Medical Center in 1973 after completing specialty training at Boston City Hospital, Massachusetts General Hospital and the Tufts and Harvard Medical Schools. He is Associate Director of the King Hospital Hypertension Clinic and directing a biomedical research and training project examining the impact of renin on blood pressure and cardiac physiology.

Dr. John A. Hildreth, 720 Pelican Wy., N. Palm Beach, Fl., has been elected Chief of the Department of Medicine at Palm Beach Gardens Hospital.

Dr. James R. Warden, 404 Wedgewood Dr., Erie, Pa., is associated for the practice of surgery with two other physicians. A member of the staffs of Hamot Medical Center and St. Vincent Health Center, Dr. Warden is certified by the American Board of Surgery.

1966

Dr. Thomas J. Green, 615 W. South St., Carlisle, Pa., is practicing orthopaedics with Dr. Frank S. Bryan '57 at Carlisle Hospital. His wife is active in the community.

Dr. James N. Judson, Mainland Medical Center, 1750 Zion Rd., Northfield, N.J., has been inducted into the American College of Surgeons. He is in solo practice in Northfield and is a member of the staff of Shore Memorial Hospital in Somers Point, New Jersey.

Dr. Ira Lable, 5 Emerson Pl., Boston, Ma., is in the private practice of psychiatry and on the staff of Massachusetts General Hospital.

Dr. Stanley Z. Noshey, 1119 Tannerie Run Rd., Ambler, Pa., has opened a second office for the practice of rheumatology at the Medical College of Pennsylvania where he is an Assistant Professor of Medicine (rheumatology).

Dr. Paul L. Schraeder, 736 South St., Dalton, Ma., passed his neurology boards and is now practicing in the Berkshires.

Dr. Robert L. Tobler, 219 Holt Rd., Andover, Ma., is in the private practice of oto-laryngology in Lowell, Massachusetts and is enjoying it immensely. He is Board-certified in his specialty. He and his wife, Harriet, have a 10-month-old son, Benjamin Ari, born May 11, 1974, and they recently purchased a home in Andover.

Dr. Robert L. Fowl, 700 South St., Dalton, Ma., is on the staff of Geisinger Medical Center in the Rheumatology Section. A Diplomate of the National Board of Medical Examiners and certified by the American Rheumatism Association, Dr. Fowl was the 1971 winner of the American Medical Association's Physician Recognition Award.

1967

Dr. Robert M. Friedlander, Little Sunapee Rd., New London, N.H., is in the private practice of radiology, covering two hospitals, one in Vermont and one in New Hampshire. He commutes by flying his own Cessna plane. Dr. Friedlander also has a teaching appointment at Dartmouth Medical School.

Dr. Charles H. Klieman, 4 Quarterdeck, Marina Del Rey, Ca., is practicing thoracic and cardiovascular surgery in Los Angeles.

Dr. Robert F. Littie, 4621 Tarryton Dr., Harrisburg, Pa., writes that there are ten members of the class of 1967 in the Harrisburg area who often have mini-reunions in the hospital hallway. The ten are: Donald L. Adams, an obstetrician; Thomas G. Balsbaugh, a radiologist; George B. Faris, Jr., a general surgeon; John R. Freshman, an internist; Robert F. Hall, a radiologist; Robert F. Little, Jr., family medicine; Brent J. O'Connell, a pediatrician; Franklin J. Rothman, a radiologist; Vance R. Stouffer, Jr., a family practitioner; and Walter B. Watkin, Jr., an internist.

Dr. Robert R. Madigan, Knoxville Orthopaedic Clinic, 630 Concord St., S.W., Knoxville, Tn., is a Clinical Instructor of Orthopaedic Surgery at the University of Tennessee and is practicing at the above clinic. He and his wife, Brenda, have three children, Amy, Robin and Luke.

Dr. Richard T. Vernick, 6 Irving St., Weston, Ma., writes that he and his wife, Ann, have a 15-month-old son, William. Dr. Vernick has started a group practice in Brockton, Massachusetts and has constructed a multispecialty medical center in East Bridgewater. He remains a Clinical Instructor of Medicine, Cardiovascular Disease, at Harvard Medical School.

Dr. Jonathan L. Williams, 2991 School House La., Philadelphia, is a Assistant Professor of Radiology at St. Christopher's Hospital for Children.

Dr. James Wong, who was a Clinical Fellow in Infectious Diseases at the University of Washington, has entered practice at St. Joseph's Hospital in Reading, Pennsylvania.

1968

Dr. Joel M. Barish completed his Fellowship in gastroenterology in June and has entered practice in San Diego at 7930 Frost Street with a partner. He and his wife, Carole, who finished her residency in pediatrics recently, have purchased a home in La Jolla at 1988 Calle Madrigal. They have a son, 2.

Dr. Barry Corson, 795 Butternut Cti., Blue Bell, Pa., has been honored by the Lansdale Jaycees with their President's Award of Merit for 1974. Dr. Corson, a parttime general practitioner with the Ambler Medical Association, was given the award for his assistance in establishing a free V.D. clinic in the community. Dr. Corson also is on the staff of Chestnut Hill Hospital.

Dr. John D. Frost, 1710 Brink Dr., Anchorage, Al., has completed his active duty with the Air Force and plans to live and practice in Anchorage. In May, 1974 he was married to Ruby Faye Mossman of Nebraska, and in September, 1974 he passed his Board exams in orthopaedic surgery.

Dr. Thomas J. Gal left the Navy in July and has joined the Anesthesia Department at the University of Virginia as an Assistant Professor.
Dr. Clifford A. Gordon, 1777 Hamburg Tpke., Wayne, N.J., continues in the practice of gastroenterology. He has two daughters, Beth and Shara, with a new arrival in June.

Dr. Gerald A. Hiatt, Box 92, Brooke General Hospital, San Antonio, Tx., finished his residency in internal medicine at Tripler Army Hospital in Hawaii and is now on a gastroenterology Fellowship at Brooke Army Hospital, where he is on the gastroenterology staff. He plans to enter private practice in Hawaii in September, 1976.

Dr. Bohdan Malyk, 2962 Fairfield Dr. N., Allentown, Pa., has completed a tour of duty in the Air Force and has joined a group practice of ob/gyn in Allentown. He is an Instructor of Ob/Gyn at the University of Pennsylvania. He writes that he would be interested in hearing from classmates or other Jeffersonians in the Allentown area.

Dr. Howard N. Sabarna, 7533 Palm Rd., W. Palm Beach, Fl., is practicing urology in partnership in Atlantis, Florida. He writes that he and his wife, Debbie, are enjoying their Florida lifestyle, and their 2-year-old, Nancy Eve, had a new brother in January, Joshua Benjamin.

Dr. Stewart D. Shull, 4920 N. 36th Ct., Hollywood, Fl., has finished a GI Fellowship at the Hospital of the University of Pennsylvania and has entered practice in Hollywood. He and his wife have two children, Daniel and Rebecca.

Dr. Mark R. Stein has begun a Fellowship in allergy and immunology at Fitzsimons Army Medical Center in Denver, Colorado.

Dr. James B. Turchik, 3617 Pine Rd., Portsmouth, Va., has been certified by the American Board of Internal Medicine in infectious disease.

Dr. Harold A. Yocum, 1651 B. Birch St., Ft. Dix, N.J., is Chief of Orthopaedic Service at Walson Army Hospital; his current plans are for a career in the Army. Dr. Yocum passed his Boards in September, 1974.

1970

Dr. Gerald S. Besses, Timber Trail, Rye, N.Y., has completed an endocrinology Fellowship at Yale and began a private practice of full-time endocrinology consultation in Westchester County in July.

Dr. Christia B. Goeggel Lamping, Hopkinson House, Philadelphia, was married on April 7 in the Virgin Islands to Richard Lamping of Wilkes-Barre. Mr. Lamping is Director of the Rural Health Corporation there. Dr. Lamping joined the Faculty of Hahnemann Medical College as a Senior Instructor in hematology and oncology on July 1.

Dr. John T. Martsolf, 671 William Ave., Wilmingtonton, N.J., is Chief of Orthopaedic Service at Walson Army Hospital; his current plans are for a career in the Army. Dr. Yocum passed his Boards in September, 1974.

Dr. Alan S. Bricklin, 1140 Sea Gull La., Cherry Hill, N.J., is an Associate Pathologist at the Cooper Hospital in Camden. He and his wife, Bonnie, have two children, Melissa and Seth.

Dr. Philip H. Geetter, 711 Lawn Ave., Sellersville, Pa., announces the birth of a second son, Todd Adam, on February 3, 1975. Dr. Geetter is a Clinical Assistant at Wills Eye Hospital.

Dr. William J. Heim, 10118 Little Pond Pl., Gaithersburg, Md., writes that he and his wife have a daughter, Gretchen, born January 26, 1975. He is certified by the American Board of Internal Medicine and has completed a Fellowship in hematology/oncology at Walter Reed Hospital.

Dr. Alan S. Bricklin, 1140 Sea Gull La., Cherry Hill, N.J., is an Associate Pathologist at the Cooper Hospital in Camden. He and his wife, Bonnie, have two children, Melissa and Seth.

1971

Dr. Alvan W. Atkinson, 11755 S. Briarpatch Dr., Midlothian, Va., continues his residency in general surgery, completing this year a one-year Fellowship in cardiovascular surgery.

Dr. Delwyn C. Case, Jr., 430 E. 67th St., New York, announces the birth of a son, Delwyn C. Case, III. Dr. Case, a Fellow in Oncology at Memorial-Sloan-Kettering Cancer Center, is certified by the American Board of Internal Medicine. He is the Investigator-in-charge of an immunogenetic study of Hodgkin’s disease and since July has been on the Bone Marrow Transplant Service and in Hematology.

Dr. George W. Dennish, III, 4355 Calle de Vida, San Diego, Ca., is a Fellow in Cardiology at the Naval Hospital in San Diego. He was certified by the American Board of Internal Medicine and has presented papers before the American Federation for Clinical Research and the American College of Cardiology.

Dr. Paul M. Fernhoff, 2592 Briarcliff Rd., Atlanta, Ga., is in the U.S.P.H.S. at the Center for Disease Control as a Medical Officer in the cellular genetic laboratory. He finished his residency in pediatrics at Philadelphia Children’s Hospital in July, 1974.

Dr. Ronald D. Grossman, 17 Model Ave., Hopewell, N.J., is in solo practice in Hopewell and is a Diplomate of the American Academy of Family Practice. Dr. Grossman and his wife, Anne, have a daughter, Rebecca, and a son, Hunter.

Dr. William C. Hamilton, 23 E. Homestead Ave., Collingswood, N.J., is in his third year of an orthopaedic residency at Jefferson, currently at the A.U. Dupont Institute. Their second child is expected this summer.

Dr. Joseph W. Kozielski, 3046 Livingston St., Philadelphia, has joined the orthopaedic staff of Elizabethtown Hospital for Children and Youth.

Dr. Randolph A. Read teaches at the University of California San Diego, where he took his psychiatric training. A Consultant at the Western Institute of Human Resources, Dr. Read and Dr. Thomas Rusk have published a book entitled “Treat Your Ego in Four Hours.”

Dr. Dennis S. Riff, 16211 Santa Barbara La., Huntington Harbour, Ca., has finished his first year of a gastroenterology Fellowship at the University of California, Irvine. He has passed his Boards in internal medicine. “I’d be happy to hear from any classmates visiting the Los Angeles-Orange County area.”

1972

Dr. Richard M. Donner, 151 Bishop Ave., #D-13, Secane, Pa., has begun a Fellowship in pediatric cardiology at St. Christopher’s Hospital for Children in Philadelphia.

Dr. Michael T. Dotsey, 3007 Coachmen E. Apts., Lindenwold, N.J., is Chief Resident at Cooper Hospital in Camden. He and his wife have a baby girl, Jennifer, who was born on October 22, 1974.
Wake-up music is playing softly on the portable radio in the nurses’ station of Ward 3 East at 5:30 a.m. Dr. Bruce Zaret ’74 is sitting near it, his legs crossed, a patient’s chart on his lap, a ballpoint pen poised in the air, his eyes closed in a doze that has lasted for almost a minute.

In the darkened hallway, a patient shuffling toward the bathroom leans in. “Hey doc,” he says. “Time to go home.” The doctor’s eyes open, and he murmurs something unintelligible. Then he puts his head down on the ward clerk’s desk and falls asleep again.

The patient is wrong. It isn’t time for the doctor to go home. The twenty-four-year-old intern at Jacobi Hospital in the Bronx started his day twenty-two hours and fifteen minutes ago. It won’t be over until another thirteen hours and fifteen minutes go by.

Now Bruce Zaret snoozes for only 10 minutes until the phone at his elbow rings loudly and jolts him awake. “Oh, Lord,” he says into the receiver. “Be right there.” A leukemia patient is throwing up blood. The doctor pushes himself heavily from his chair and hurries down the ward. “Things aren’t looking good,” he mumbles. “This is a bad day—a bad day.”

Is the Ordeal Necessary?

But the days don’t get much better for Bruce Zaret in his first year out of medical school. His job as an intern is to care for acutely ill people minute by minute, a fine method, in the view of the medical profession’s traditionalists, for a young doctor to absorb an enormous amount of learning in a brief time.

This is the way it has long been for interns, a one-year ordeal of 120-hour weeks—the ultimate test on a doctor’s dedication. Yet it is an ordeal that a good many interns would rather live without, particularly those who see the internship as a way for hospitals to sign on cheap labor. Their distaste for the system led to the first doctors’ strike in the nation’s history, against more than 20 hospitals (not including Jacobi) in New York City.

The doctors were back at work after four days, but their gripes won’t end with the end of their strike. They won a limit of no more than one night on the job out of every three. That was a victory. But it won’t dramatically improve the lives of most interns here, including the ones who went out on strike. Many of them already work a 36-hour tour every third day, and they often find it a torment.

Around the country, 18,000 of a total 56,000 interns and residents are organized, and they are pressing legal battles to be recognized as bargaining units. In Los Angeles contract negotiations are under way with hospital doctors demanding a 40-hour week.

“It Just Wipes You Out”

The issues in this argument are more

**Perspectives on the 36-Hour Day**

**1973**

Dr. Robert P. Good, 1000 Walnut St., Apt. 307, Philadelphia, writes that he is an orthopaedic resident at Jefferson.

**1974**

Dr. David A. Brent, 1276 Race St., Denver, Co., will take a Fellowship next year in psychosocial aspects of pediatrics at the University of California Medical Center.

**facultty**

Dr. Charles P. Kraatz, who retired in 1972 as Professor of Pharmacology after twenty-five years at Jefferson, appeared as a featured player in the musical “Canterbury Tales” at the Plays & Players Theatre, Philadelphia. Dr. Kraatz, who has appeared in theatrical productions in the Players Club of Swarthmore, the Three Little Bak­
ers Dinner Theatre, the Barnstormers and the Cafe Theatre of Allens Lane, played the role of the Miller.

Dr. Stephen P. Flynn, 3210 N. Van Buren, Wilmington, De., writes that he and classmates Dr. James Blore and Dr. Gregory Edinger have finished their family practice residencies and are joining the Navy.

Dr. Wolfgang A. Huhn, Willow Grove Ave., Philadelphia, was married on January 25, 1975 to Joanne M. Wasko, a graduate of Ursinus College and Cornell University Nursing School. Dr. Huhn is now on active duty with the U.S. Navy and will begin a residency in dermatology in July, 1976.

Dr. Nicholas Jarmoszuk, 64 Juniper Ct., Deptford, N.J., is taking a GI Fellowship at the Philadelphia Naval Hospital.

Dr. Myles K. Krieger, 747 NE 61st St., Apt. 101, Miami, Fl., is taking a residency in ENT at Jackson Memorial Hospital of the University of Miami.

Dr. Charles J. Locke, 465 N. Harlem Ave., Oak Park, Il., is in his second year of residency in general surgery at the Cook County Hospital in Chicago.

Dr. James W. Mahoney is spending a year training in anesthesia at the Auckland University Hospital in New Zealand.

Dr. William J. Thomas, 6589 Red Deer St., San Diego, Ca., is doing a pediatric hematology-oncology Fellowship in San Diego with the Navy. He writes that his wife, Fran, and two daughters welcome a son, Billy, born in January, 1975.
complex than hours alone. They have been
hashed out for years in the annals of medi­
cal conventions and will certainly continue
to be. But the realities of the situation be­
come jarringly simple after spending a 35½­
hour "day" with Dr. Bruce Zaret. They
come down to one incontrovertible biologi­
cal truth: When a human being stays awake
for a long, long time, he gets very, very
tired.

“Just wears you out,” Dr. Zaret says
toward the end of his day. “It just wipes you
out entirely. And it goes on week after
week. You get to the point where you don’t
care. You can’t care. You’re too tired.”

At Jacobi Hospital an intern’s life is as in­
tense as it can get. It is one of the toughest
teaching hospitals in New York, and it is a
municipal hospital drawing patients from
the most destitute sections of the Bronx:
500,000 outpatient visits a year, 150,000
emergency-room visits and 26,000 patients
admitted. It is a place where a young man
like Bruce Zaret specializing in medicine
makes life or death decisions under
enormous pressure as a matter of course, no
matter how tired he is. The 500 interns here
learn one maxim: “Remember, it’s you
against the Bronx.”

Dr. Zaret spends his days at Jacobi fre­
etically taking new admissions from the
emergency room (four this day), treating
patients he admitted on previous days
eleven at the moment, and caring for
other doctors’ patients through the night
(thirty-six on this tour).

He walks endlessly through corridors and
trudges up and down stairs (the elevators
are too slow) from treatment rooms to X-ray
rooms to conference rooms, from intensive
care to coronary care, from laboratories to
bedsides to nurses’ stations to storage clos­
ets. He takes blood samples and urine sam­
ples, adjusts intravenous tubes, questions and
examines patients, makes his rounds, at­
tends conferences, fights with nurses, curses
the hospital administration—and every so
often tears along the hallways to try to save
a flickering life.

This is his schedule: Officially, he gets
one Sunday off every three weeks; theoreti­
cally he gets one half day off every week.
Otherwise he works a three-day cycle of
two thirteen-hour days followed by a day
that lasts thirty-six hours, during which he
tries to grab some sleep but often can’t.
So he is scheduled to work at least ninety
hours a week. He often works as many as
one hundred and twenty. This goes on for
three months, and Dr. Zaret has nine
weeks left. “Now, that’s depressing,”
he says.

Today his electronic pocket beeper be­
gins beeping at 7:15 a.m. while he is still in
his apartment a few blocks away. He is
“first up,” meaning that he is the first of
four interns on call to admit medical
patients. Without bothering with breakfast,
Then a man comes out of the TV room. "You want me?" he says. "I was watching the ball game."

When things settle down a bit, Dr. Zaret talks about himself for a minute while peer­ing at some urine samples through a micro­scope. He got out of Jefferson Medical College in Philadelphia only last June, got married, went on a honeymoon in Bermuda and came to Jacobi in July. He and his wife, who doesn't have a job, live in a $327-a-month apartment on his $13,500-a-year salary.

A few weeks after starting the internship, Dr. Zaret tried lifting a patient into bed and slipped a disk in his back. So he spent his vacation in bed. His back isn't healed, but he is working anyway. The pain and the long hours make it next to impossible to study at home. And his leisure life, literally, is dormant; all he does is rest.

As far as Bruce Zaret is concerned, the internship system is torturous, useless and dangerous. "Patients severely suffer," he says. "They get a functional doctor only one day out of three. It doesn't benefit anybody, except obviously there's some money saved. Insanity doesn't have to persist just because it's a tradition. You can give only so much to your work."

Cardiac Arrest
That's all the personal talk Bruce Zaret will have time for.

At 1:10 a.m. an announcement is coming over the loudspeaker: "Attention! Attention! One Two Six! One Two Six!" It's a cardiac arrest. The doctor calls up all his energy and sprints to the stairs, taking them three at a time, to converge with other interns and residents on the coronary-care unit.

They all rush to a bedside but only stand there silently for a few moments. It is too late. Then they turn and walk back into the corridor, past a woman who is about to be told that she is a widow.

Just as he returns to the ward, a nurse tells Dr. Zaret that the young girl with leukemia is running a 103-degree fever. Something is infecting her, and she hasn't any white blood cells to fight it off. She could easily die. "God, I feel so helpless," the doctor says. He finds the resident on duty, and they spend two hours straining to insert a tube deep into the girl's jugular vein so she can be pumped full of antibiotics.

No sooner is that done than Bruce Zaret's beeper is beeping again. This time it is a call from the emergency room, he can head for the cafeteria to eat his first real meal since coming on—two pancakes and a bowl of Rice Toasties, without milk.

The doctor has two hours now to finish writing up all his cases before making his rounds at 10 a.m. with a senior attending physician from Jacobi's associated medical school, Albert Einstein School of Medicine. The nurses are changing duty (for the fourth time), and people are crowding the station. Dr. Zaret writes for a while, then falls asleep, writes, and falls asleep. At 10 a.m., to his own surprise, he is finished. He shakes himself awake and spends two hours on rounds.

In the cafeteria at noon, Dr. Zaret falls asleep leaning on his hand over a half-finished plate of chow mein. Then he looks for an empty couch in the staff lounge where he can catch a nap, but there aren't any. So he goes up to the laboratory to look at more test samples with medical student Deena Nelson.

For three more hours he fills out forms in the nurses' station. At 3:30 he falls asleep, arms thrown over a test-tube cart, face pressed to its stainless-steel rail. He stays that way half an hour and wakes with a deep red mark across his cheek. "I feel like I've been run over," he grumbles. "Where's my chart?"

By 3:30 p.m. the end of the "day" is in sight but the thought only makes Dr. Zaret more edgy. "I gotta get this over with," he says. One last time on the rounds: more tests, more prescriptions. Another doctor asks if a patient has had his urine tested. "Yesterday... or was it today?" the doctor replies. "It's all a big blur."

It is 6 p.m. Dr. Zaret, his head aching, is about to turn over his service to the intern spending the approaching night on the ward. He writes up his orders and discusses each patient with his fellow intern. Then at 6:45, he takes some aspirin and walks home to sleep until 7 a.m.—when he is due back at the hospital for a day that this time will only last 12 hours.

On his way out through the emergency room, past policemen and people on stretchers, another doctor calls after him: "How's everything upstairs?" "All right," the intern answers. "Couldn't be better."

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Thomas Jefferson University Hospital
Philadelphia

David J. Azar
Ohio State University Hospital
Columbus, Oh.

William Bader
Mercy Hospital
Pittsburgh, Pa.

Robert B. Baker
Jackson Memorial Hospital
Miami, Fl.

Geoffrey R. Barger
Thomas Jefferson University Hospital
Philadelphia

Lawrence T. Beatty
Conemaugh Valley Memorial Hospital
Johnstown, Pa.

Jerry M. Belsh
Albert Einstein Medical Center
Philadelphia

Richard H. Bennett
Thomas Jefferson University Hospital
Philadelphia

Stuart M. Berger
Mount Sinai Hospital of Greater Miami
Miami Beach, Fl.

Paul D. Berguson
Thomas Jefferson University Hospital
Philadelphia

Howard F. Berlin
Abington Memorial Hospital
Abington, Pa.

Gerard T. Berry
Mercy Catholic Medical Center
Darby, Pa.

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Allegheny General Hospital
Pittsburgh, Pa.

Alan H. Bierlein
United Hospital Center, Inc.
Clarksburg, W.V.

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Thomas Jefferson University Hospital
Philadelphia

Richard N. Blutstein
Wilmington Medical Center
Wilmington, De.

Bruce B. Borgelt
Thomas Jefferson University Hospital
Philadelphia

Winslow J. Borkowski, Jr.
Milwaukee Children's Hospital
Milwaukee, Wi.

Joseph M. Branconi
University Hospital
Ann Arbor, Mi.
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Robert R. Houston  
Allegheny General Hospital  
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Eugene P. Hughes, Jr.  
Thomas Jefferson University Hospital  
Philadelphia

Samuel C. Hughes, Jr.  
New York University Medical Center  
New York City

Lawrence M. Hurvitz  
St. Mary's Hospital  
St. Louis, Mo.

Richard S. Jackson, Jr.  
Medical Center Hospital of Vermont  
Burlington, Vt.

Nathan A. Jacobson  
Jackson Memorial Hospital  
Miami, Fl.

David S. Jezyk  
Wilmington Medical Center  
Wilmington, De.

Steven C. Johnson  
Children's Hospital  
Columbus, Oh.

James M. Jones  
West Virginia University Medical Center  
Morgantown, W.V.

David M. Kamler  
Temple University Hospital  
Philadelphia

Jonathan L. Kates  
Bryn Mawr Hospital  
Bryn Mawr, Pa.

John J. Kavanagh, Jr.  
Medical University of South Carolina  
Charleston, S.C.

Jonathan Kay  
Milwaukee County General Hospital  
Milwaukee, Wi.

Marilyn C. Kay  
Milwaukee County General Hospital  
Milwaukee, Wi.

Wesley E. Kerschbaum  
Wilmington Medical Center  
Wilmington, De.

Michael J. Kilcullen  
Thomas Jefferson University Hospital  
Philadelphia

William J. Kitei  
Albert Einstein Medical Center  
Philadelphia

Peter G. Klaesmann  
Johns Hopkins Hospital  
Baltimore, Md.

Steven A. Kolker  
New England Medical Center Hospital  
Boston, Ma.

Joseph J. Korey, Jr.  
Abington Memorial Hospital  
Abington, Pa.

Karen F. Kuhns  
Abington Memorial Hospital  
Abington, Pa.

Mary L. Kundrat  
Allegheny General Hospital  
Pittsburgh, Pa.

Dr. Michael P. Flacco, Co-Editor of the 1975 Clinic

Dr. Steven C. Pratt, winner of Class Day awards in medicine and surgery
Dr. Peter A. Herbut congratulates Dr. Bruce J. Stratt, winner of the 1975 Alumni Medal for the highest cumulative average.

Craig F. La Force
North Carolina Memorial Hospital
Chapel Hill, N.C.
Ellis R. Levin
Thomas Jefferson University Hospital
Philadelphia
Gregory L. Lewis
Thomas Jefferson University Hospital
Philadelphia
Dale Linton
Memorial Hospital of Long Beach
Long Beach, Ca.
Hyman D. Lipsitz
Presbyterian University Hospital
Pittsburgh, Pa.
Edward H. Lowenstein
State University Hospital
Syracuse, N.Y.
Randall F. Maguire
Thomas Jefferson University Hospital
Philadelphia
Thomas M. Malachesky
Geisinger Medical Center
Danville, Pa.
Herbert E. Mandell
Medical College of Pennsylvania
Philadelphia
Jeanne I. Manser
St. Christopher’s Hospital for Children
Philadelphia
Richard P. Marcello
Thomas Jefferson University Hospital
Philadelphia
Gerald B. Martin
George W. Hubbard Hospital of the
Meharry Medical College
Nashville, Tn.

Janine A. Matsko
Wilmington Medical Center
Wilmington, De.
Thomas J. Maxwell
Wilmington Medical Center
Wilmington, De.
David P. Mayer
Strong Memorial Hospital
Rochester, N.Y.
James E. McGearry
Sacred Heart Hospital
Allentown, Pa.
John M. McGowan
Hunterdon Medical Center
Flemington, N.J.
Cheryl L. McJunkin
Wilmington Medical Center
Wilmington, De.
Geno J. Merli
Thomas Jefferson University Hospital
Philadelphia
Martin R. Mersky
Abington Memorial Hospital
Abington, Pa.
Fred H. Miller
St. Luke’s Hospital
Denver, Co.
William M. Mirenda
Roanoke Memorial Hospital
Roanoke, Va.
Thomas J. Mizianty
United Health and Hospital Service, Inc.
Wilkes-Barre, Pa.
David H. Moore
Thomas Jefferson University Hospital
Philadelphia
Carol A. Morningstar
Chestnut Hill Hospital
Philadelphia

Phyllis J. Morningstar
Wilmington Medical Center
Wilmington, De.
Wayne S. Morris
Mercy Catholic Medical Center
Darby, Pa.
Stephen C. Mory
McKeesport Hospital
McKeesport, Pa.
Craig L. Muettterties
Thomas Jefferson University Hospital
Philadelphia
Donald L. Myers
Case Western Reserve University
Affiliated Hospitals of Cleveland
Cleveland, Oh.
John F. Nansteel, Jr.
Lankenau Hospital
Philadelphia
Thomas J. Nasca
Mercy Hospital
Pittsburgh, Pa.
Allan J. Neff
Hartford Hospital
Hartford, Ct.
Bernard F. Oddi
The Norwalk Hospital
Norwalk, Ct.
Gary M. Owens
Wilmington Medical Center
Wilmington, De.
Stanley S. Paist, III
Highland Hospital
Rochester, N.Y.
William G. Palace
Georgetown University Hospital
Washington, D.C.
C. Paul Pancerev
Thomas Jefferson University Hospital
Philadelphia
Shelley J. Parr
St. Vincent’s Hospital
and Medical Center of New York
New York City
Alexander G. Paterson
Latrobe Area Hospital
Latrobe, Pa.
Alexander R. Pedicino
Chestnut Hill Hospital
Philadelphia
Jeanne M. Pelensky
The Cleveland Clinic
Cleveland, Oh.
Mark J. Pello
Cooper Hospital
Camden, N.J.
Frank R. Penater
Sacred Heart Hospital
Allentown, Pa.
L. Douglas Pepper
McKeesport Hospital
McKeesport, Pa.
Michael D. Perilstein
York Hospital
York, Pa.
Paul A. Piccini
Thomas Jefferson University Hospital
Philadelphia
Obituary

Thomas H. Gates, 1909
Died February 21, 1975 at the age of ninety. A retired physician specializing in diseases of the eye, ear, nose and throat, Dr. Gates practiced in Tucson, Arizona until 1947, when he retired to Santa Barbara, California.

Josiah R. Haney, Jr., 1910
Died November 15, 1974 at the age of eighty-nine. Dr. Haney practiced in the Colorado Springs area and was among the pioneers in the use of pneumothorax for management of tuberculosis. He was the last surviving founding member of the El Paso County Medical Society. He also was an original member of the staffs of both Penrose and Memorial Hospitals where he on occasions held the position of Chief of Staff. Dr. Haney's widow, Katherine, and two daughters survive him.

Camille M. Shaar, 1916
Died April 13, 1975. Dr. Shaar retired and residing in Pierson, Florida. His widow, Mary, survives him.

Herschel C. Walker, 1916
Died March 31, 1975 at the age of eighty-four. During World War I Dr. Walker was chosen by Herbert Hoover for relief work among the children of Eastern Europe. He took charge of a similar mission in Leningrad and one in Greece some years later. Dr. Walker, a retired surgeon, resided in New York City.

Edgar W. Kemner, 1917
Died April 12, 1975 at the age of eighty-seven. A retired ear, eye, nose and throat specialist, Dr. Kemner had lived in St. Petersburg, Florida for twenty years. Previous to that he had practiced in Upper Darby. He was a member of the American College of Surgeons and several local societies.

William W. Becker, 1919
Died April 4, 1975 at the age of eighty-four. Dr. Becker was associated with the Visiting Nurse Association of Reading and Berks County for over fifty years before retiring last June. He was a member of the staff of Reading Hospital.

James A. Wilson, 1919
Died August 10, 1974. Dr. Wilson practiced internal medicine in Meriden, Connecticut.

Harold J. Collins, 1920
Died February 12, 1975 at the age of eighty-one. Dr. Collins had conducted a general practice in the Brockport, New York area for forty-eight years, delivering over 2,000 babies and twelve sets of twins. He retired from medical practice in 1968 at which time he was honored by the Board of Directors of Lakeside Memorial Hospital. Dr. Collins is survived by his widow, DeEtta.

George H. O'Brasky, 1920
Died November 13, 1974 at the age of eighty. Dr. O'Brasky practiced radiology in New Haven.

Max R. Goldman, 1922
Died November 16, 1974 at the age of seventy-six. An ophthalmologist in the Pittsburgh area, Dr. Goldman is survived by his wife and two sons.

Jacob Hoffman, 1925
Died May 15, 1975 at the age of seventy-five. Dr. Hoffman was Honorary Clinical Professor of Obstetrics and Gynecology at Jefferson. He joined the Jefferson staff in 1934 and became the gynecologic pathologist. Dr. Hoffman also was responsible for initiating a clinic in gynecologic endocrinology and infertility. In 1944 he published a text on Female Endocrinology. Dr. Hoffman is survived by his widow Gertrude and a son, Dr. J. David Hoffman, '56, Clinical Assistant Professor of Orthopaedic Surgery at Jefferson.

Samuel E. Senor, 1925
Died January 11, 1975. A general surgeon from St. Joseph, Missouri, Dr. Senor is survived by his wife.

David M. Brooks, 1926
Died July 27, 1974 at the age of seventy-one. The retired physician was a resident of Drexel Hill, Pennsylvania.

Alexander H. Sneddon, 1927.
Died January 26, 1975 at the age of seventy-five. Dr. Sneddon practiced family medicine in Lore City, Ohio.

Marion M. Kalez, 1928

Dwight E. Wilson, 1930
Died February 7, 1975. A urologist and founder of the Grove Hill Clinic in New Britain, Connecticut, he had a private practice in New Britain until his retirement in 1961. He was a Clinical Instructor at the Yale Medical School and a staff member of the urology clinic at New Haven Hospital. Dr. Wilson was certified by the American Board of Urology. He is survived by his wife, Edith, and two sons.
Stanley M. Stapinski, 1933
Died March 11, 1975 at the age of eighty. Dr. Stapinski an internist, resided in Glen Lyon, Pennsylvania. He had served as Coroner for Luzerne County and was Chairman of the State’s Committee on Forensic Medicine. His widow survives him. His brother, Dr. Cyril C. Stapinski is a member of the class of 1942.

Louis N. Kerstein, 1934

Fred L. Byerly, 1939

Gerard O. Helden, 1943
Died April 20, 1975 at the age of fifty-six. A former Director of the Department of Medicine at Hackensack Hospital and a private practitioner in Hackensack, Dr. Helden was Assistant Bergen County Medical Examiner from 1950 to 1955 and served as President of the Bergen County Heart Association from 1957 to 1959. In 1967 he received the Society of Clinical Psychology Award for achievements in the field of mental health. He was a member of the American Society of Internal Medicine and the American Academy of the Sciences. Surviving are his wife, Marjorie, a son and a daughter.

Richard S. Jackson, 1943
Died March 9, 1975. A urologist who lived in Nashua, New Hampshire, Dr. Jackson is survived by his wife, Lillian.

Carl V. Anderson, 1944]
Died March 11, 1975 at the age of sixty. The Chief Surgeon at Kent County Memorial Hospital in Rhode Island, where he had been a member of the staff for over twenty years, was a Diplomate of the American Board of Surgeons and a Fellow of the American College of Surgeons, as well as a member of numerous professional societies. Dr. Anderson is survived by his wife, Jessica, and his son Gregory.

Merrill D. Cunningham, 1945
Died February 28, 1975 at the age of seventy-four. Dr. Cunningham, a general practitioner in Mt. Union Pennsylvania, was a Director of the Huntingdon County Unit of the American Cancer Society.

Benjamin S. Perkins, 1946
Died March 17, 1975. Dr. Perkins had retired from private practice over a year ago to become a physician for General Electric. He is survived by his wife, Helen, and three children.

Frederick W. Deck, Jr., 1949
Died March 17, 1975. Formerly Chief Radiologist at D.C. General Hospital in Washington, Dr. Deck had practiced radiology at the Memorial Hospital in New York, Fairfax Hospital in Virginia, St. Agnes Hospital in Baltimore and was the consulting radiologist for the D.C. correction system and the National Security Agency. He had been on the faculties at one time of Cornell University Medical School, George Washington University and was an Assistant Professor at Georgetown University School of Medicine. A Diplomate of the American Board of Radiology, he was a member of the American College of Radiology. He is survived by his wife, Katherine and three children.

Edward R. Green, 1957
Died March 23, 1975 at the age of forty-four. He was fatally injured in an auto accident responding to a medical call in a snowstorm.

Dr. Green practiced pediatrics in the Syracuse area and was a veteran of the Marine Corps. He is survived by his wife, Edith, and six children.

Leo Riordan
Died June 6, 1975 at the age of seventy-two. Mr. Riordan served as Director of Public Relations at Jefferson after joining the staff in 1959. Recently he has been the school’s official historian. Prior to his association at Jefferson Mr. Riordan served as Executive Sports Editor at the Philadelphia Inquirer. He was a graduate of St. Joseph’s Preparatory School and College. His wife, Kay, and a son survive him.
Jefferson Medical College Alumni Annual Giving Fund

Final Report

TWENTY-SEVENTH CAMPAIGN 1974-1975

The Davis Report

Nearly three thousand Jefferson alumni gave $365,000 to Jefferson Medical College during the past fiscal year, an increase of $12,800. To each of you who elected to support annual giving my very warm and personal thanks.

Unfortunately nearly sixty percent of the Association never took the pen in hand. There are many reasons for this: the economy, the malpractice crisis and pledges to the sesquicentennial campaign. However, I am banking on each of you to make it a very temporary situation.

I particularly wish to cite the class of 1950 which celebrated its 25th reunion in June, for establishing the only new record of the year. Under the leadership of class agent Hal E. Snedden 72 members gave just under $24,000, the highest amount ever recorded by a single class.

I also wish to congratulate those two old war horses, 1953 and 1956. With Bob Poole and Joe Armao ('53) and Gene Bonacci ('56) as the class agents they again took the first place for percentage and number of gifts. Two classes in the sixties, 1966 and 1968, deserve special commendation for their excellent percentage of participation; 51% for George Adams' class of '66 and a superb 53.9% for Larry Hofmann and Hal Yocum's class of '68. And that young class of 1972 with Glenn Nye and Ned Russell as co-chairmen brought in 85 gifts for 44.5% participation. It seems many of us could take lessons from these young performers.

The leadership societies continue to prove the most successful aspect of our program. The figures on page 52 record number and amounts and you will note that eighty percent of our total comes from gifts in these categories.

Allocation of gifts also is printed for your information. However, I would like to draw to your attention that we continue to support the Department of Family Medicine, with a $50,000 gift annually. Many alumni have reported back to us favorably on this restricted gift from annual giving.

As we close our books on one campaign we most naturally turn to the next. Annual Giving has been defined "as the custom of making a gift a year to an institution in which one has faith. It is a friendly, altogether happy custom...a perennial reunion in spirit...a pooling of hope and good wishes by those who wish the institution well." We hope you think so.

J. Wallace Davis, M.D.
Chairman

Dr. Davis '42
Chairman
Jeff's Annual Giving Program
Twenty-Seventh Annual Giving Fund

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### Class Summaries

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<td>Norman R. Scott</td>
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<td>BOLDFACE: Over $10,000 or 50%</td>
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### Reunion Class Agents

- **Thomas B. Mervine, M.D. '40**
- **James H. Lee, M.D. '45**
- **Hal E. Snedden, M.D. '50**
- **Robert J. Senior, M.D. '55**
The Twenty-Seventh Fund

Class Winners

Amount
1950  Hal E. Snedden, M.D.  $23,881
1948  Norman J. Quinn, Jr., M.D.  13,755
1956  Eugene F. Bonacci, M.D.  11,085

Number
1956  Eugene F. Bonacci, M.D.  99
1953  Robert Poole, M.D., Joseph J. Armao, M.D.  98
1948  Norman J. Quinn, Jr., M.D.  88

Percentage
1953  Robert Poole, M.D., Joseph J. Armao, M.D.  64.1%
1948  Norman J. Quinn, Jr., M.D.  62.0%
1956  Eugene F. Bonacci, M.D.  60.4%

Advancement Society Program:
Analysis

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<td>President’s Club and Founders Fund ($1,000 up)</td>
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<tr>
<td>Samuel D. Gross Associates ($500 to $999)</td>
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<td>McClellan Merit Society ($250 to $499)</td>
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<td>Century Club ($100 to $249)</td>
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<td><strong>Total</strong></td>
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Reflects 80% of total gift

Allocation of 27th Fund by Contributors

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<td>Unrestricted Funds</td>
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<td><strong>Total</strong></td>
<td><strong>$365,429.24</strong></td>
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</table>
The block between Tenth and Eleventh and Chestnut and Sansom Streets has been leveled, and is ready for the construction of the new Jefferson Hospital. You will recall that Dr. Frank J. Sweeney, Vice-President for Health Services, fully described this new facility in the Commentary of the Winter 1974 issue of the Alumni Bulletin. He mentioned in that article that funding would be obtained through the sale of tax-free bonds.

Many of you have inquired about the availability of these bonds for your own investment portfolios. This notice will serve as first announcement that on or about October 1, 1975 the Hospitals Authority of Philadelphia will issue tax-exempt bonds in the amount of approximately $75,000,000. Prior to this you will receive from the underwriter, Kidder, Peabody and Co., Inc. materials fully explaining this program. Additional underwriters will be Butcher and Singer, Janney Montgomery Scott Inc., and Smith, Barney and Co., Inc. Initial contact may be made through your own broker.

My personal best wishes to each of you.

Frederick B. Wagner, Jr., M.D., ’41
President
The Alumni Association
Jefferson Medical College
The handsome bust of Thomas Jefferson has been given to the University by William W. Bodine, Jr., President of Jefferson from 1959 to 1966 and presently Chairman of the Board of Trustees. Created in the 1930s by the late Rudulph Ecans, it portrays Jefferson at the age of thirty-three, a time when he was in Philadelphia writing the Declaration of Independence. The sculptor, who died long before the cast was made last spring, was internationally known and may best be remembered for the nineteen foot statue of the nation's third President that is enclosed in the Jefferson Memorial in Washington, D.C. The bust resides on the first floor of the Scott Library.
ALUMNI CALENDAR

September 3
Opening Exercises, McClellan Hall

September 24
Reception in conjunction with the meetings of the American Academy of Ophthalmology and Otolaryngology, The Fairmont, Dallas

October 1-3
Family Medicine Symposium
Jefferson Medical College

October 8-11
Hematology Symposium
Jefferson Medical College

October 14
Reception in conjunction with the meetings of the American College of Surgeons, The Fairmont, San Francisco

October 15
Chapter Dinner for alumni in Connecticut

October 21
Reception in conjunction with the meetings of the American Academy of Pediatrics, The Washington Hilton, Washington, D.C.

November 7
The President’s Club Dinner
Jefferson Alumni Hall

November 12-14
Ob-Gyn Endocrinology Symposium
Jefferson Medical College

November 16
Reception in honor of John J. Goldschmidt, M.D. '54, President of the American Congress of Rehabilitation Medicine, The Regency Hyatt, Atlanta, Georgia

April 8-22
Fourteenth Postgraduate Seminar, Holland, Belgium, Germany