ALUMNI FALL CALENDAR

September 16
Reception in conjunction with the meetings of the Pennsylvania Medical Society, Jefferson Alumni Hall

September 21
Reception in conjunction with the meetings of the American Academy of Family Practice, Boston

September 22-24
Fiberoptic Colonoscopy Symposium
Cherry Hill Inn, New Jersey

September 29
Class Agents' Dinner
Jefferson Alumni Hall

October 6-27 (Wednesday Afternoons)
Occupational Medicine Symposium
Jefferson Medical College

October 12
Reception in conjunction with the meetings of the American College of Surgeons, the Blackstone Hotel, Chicago

October 13-15
Family Medicine Symposium
Jefferson Medical College

October 25
Reception in honor of J. Edward Berk, M.D., '36 President of the American College of Gastroenterology, Montreal

October 29
President's Club Dinner
Thomas Jefferson University

October 30
Dinner, Pennsylvania alumni
Hotel Hershey

November 10-12
Reproductive Endocrinology Symposium
Jefferson Medical College

November 18
Rehfuss Lecture
Jefferson Medical College

December 6
Reception in conjunction with the meetings of the American Medical Association
Jefferson Alumni Hall
Teaching and Research in the Department of Pharmacology

The Department's retiring Chairman reviews its direction and accomplishments.

Fire and Excitement in Bronze

When sculptor Henry Mitchell cast Jefferson's Winged Ox, he started with its soul.

The Apocryphal Radicals

1971, a class that has been identified with the unrest of the '60s largely sees itself as achievement-oriented, bastions of the family, JMC enthusiasts and even, yes, supporters of the AMA.

In Jewelry There Is Only Harmony, Peace and Beauty

Jefferson Professor Joseph Sataloff is a jewelry collector, devotee and scholar.

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

The Alumni Association of Jefferson Medical College
1020 Locust Street, Philadelphia, Pennsylvania 19107
Dr. Julius M. Coon grew up in the heart of America, Missouri. One grandfather was a farmer, and one was a Baptist minister. His father was a Rhodes scholar at Oxford University and obtained a Ph.D. in classical studies at the University of Chicago. He taught Latin and Greek at William Jewell College in Liberty, Missouri and then at Indiana University. Whether this represents heredity or environment, Julius always did well in languages, but he had to struggle with science. I do not mean to imply that ability in science was lacking in his family, because both of his brothers obtained Ph.D.s in physics from the University of Chicago. Julius’s twin brother, Jesse, is now Professor of Physics at Texas A & M University. His younger brother James worked on the development of the atom bomb, and is now a group leader at the Los Alamos Scientific Laboratory. Facility with both words and science does appear to run in the family, because Dr. Coon’s son, James, took his bachelor’s degree in English at Yale and is now in law school; whereas his daughter, Margaret, took a bachelor of science degree in geology at Yale, and is now working with the Forest Service in the state of Washington.

Regarding his childhood, Julius says he remembers it as all fun. He was not bookish, and made only average grades in school. The most famous person of his home town of Liberty, Missouri was Jesse James, the outlaw of the 1870s. Because his father was a professor, money was scarce, and Julius and his brothers had to keep the one acre garden where they raised all the vegetables for the entire family. The Boy Scouts were a big part of his life, and the old swimming hole received much attention, with swimming and fishing for catfish during the summer, and skating on thin ice during the winter months.

Julius majored in Latin in high school, took one more year in college, then “gave it up, figuring that five years of Latin should last me a lifetime.” His grades improved in high school; he made the National Honor Society. At Indiana University he majored in chemistry, graduating in the midst of the Great Depression in 1932. Throughout college he worked for 20 hours a week in the university library. Athletics played a major role in his life; his hobbies are sailing, swimming and figure skating. He was captain of the swimming team in 1932 at Indiana University. He held the Indiana state records in the 220 and 440 yard freestyle until his younger brother broke the records four years later. He was a member of Sigma Alpha Epsilon social fraternity and Alpha Chi Sigma, the professional chemistry fraternity.

Young People in the midst of the Great Depression were uneasy and restless with no jobs available after graduation. Julius did what many of us do—he became a perennial student. He took graduate courses in biology, chemistry and physiology. It was during a course in physiology, when he observed the blocking effect of atropine on the action of acetylcholine in a dog, that he got the first glimmer of interest in the actions of drugs, and this led him eventually to pharmacology.

But first Julius decided to get out and see the world. He hitch-hiked and rode the freight trains to California, took a Japanese boat to Japan, and then went to Shanghai, China. He lived in Shanghai for four months, with a relative, he says. I could never find out anything else about what he did in Shanghai, except that he did join the YMCA swimming team, and he participated in swimming meets in places like Hong Kong and Manila. In December he got a job as officers’ messboy on a Danish freighter bound for California, and he spent 35 days out of sight of land on a rough winter crossing of the Pacific. He then was able to get a job as librarian and swimming coach at the Montezuma Mountain School for Boys in California.

Julius finally received a scholarship to the University of Chicago, as a graduate student in biochemistry. In his first year he took the medical student course in pharmacology, and then changed his major in that subject, Julius’ chief, Dr. Eugene Maximillian Carl Geiling, stimulated everyone into the most unusual endeavors. He and Julius were interested in the pituitary gland. They decided there would be no better way to find out about it than to get the biggest ones in existence. So they went out on whaling ships and dissected the pituitary glands of whales. The dissecting tools were axes and butcher knives. This project resulted in his Ph.D. thesis, “A New Method for the Assay of Posterior Pituitary Extract.”

As a young Instructor in Pharmacology, he was told by his Chief that “if you plan to teach medical students, you should go through medical school yourself.” Admitted as a student at the Rush Medical College of the University of Chicago, he both taught and studied, completing the third year of medical school. Then World War II started.

I first knew Julius Coon immediately after the War. On terminal leave from the army, I came to the University of Chicago as a junior staff member in anesthesia, and a graduate student in pharmacology, and found Julius Coon there as an Assistant Professor. He had spent the war years there.

Julius had worked at a more dangerous job during the War than most of us who had been in uniform. Postponing his medical studies, he worked on the toxicology of chemical warfare agents at the University of Chicago Toxicology Laboratory which had been established by the Office of Scientific Research and Development (OSRD). He later became Director of this laboratory.

When the war ended, Rush Medical College had been taken over by the University of Illinois, and Julius ultimately got his MD degree there in 1945. It took him 11 years to do it. He had never intended to practice medicine and consequently did not take an internship. He served from 1951 to 1953 as director of the US Air Force Radiation Laboratory at the University of Chicago which had been the previously mentioned Toxicity Laboratory. However, when the Korean War came and
Dr. Coon: Twenty-three years as Chairman of the Department of Pharmacology

He was required by his draft board to apply for medical service in the armed forces; he was found unqualified for a commission in the Air Force Medical Corps because he had had no internship. For this he wept no crocodile tears.

In 1953 Dr. Coon came to Jefferson as Professor of Pharmacology and Chairman of the Department, a post he has held with distinction for 23 years. He has made Jefferson a famous center for toxicologic research, and he himself has been given every form of recognition for this work. He is a member of all the distinguished societies related to his fields of interest. He has served on the editorial boards of distinguished journals. He is a consultant to our national government, to our military forces, and to the World Health Organization. He is recognized as an expert on the toxicology of chemicals added to foods, insecticides which get into food, the toxicology of natural ingredients in foods and the safety of foods in general. He has written almost 100 scientific papers and has been invited to participate at many national and international scientific meetings.

With this background in toxicology, one would not suspect that he is a charter member of the Jack Daniels Club. He takes pride in being a member of the Chaos Club in Chicago, the Order of the Yellow Dogs of the US Department of Agriculture, the Confederate Air Corps, the Tennessee Squires Association, the Arctic Circle Club, and the Order of the Alaska Walrus. He even belongs to SEWERS (Society for Encouraging the Wearing of Emblems on the Right Side).

Most of us at Jefferson remember Mary Elizabeth Coon, who was Julius' wife and our friend from 1947 until she died in 1973. She had a happy life with Julius and raised two children, James and Margaret. In 1975, Julius married Ethel Peterson Blood, the widow of the late Frank Blood, Professor of Biochemistry at Vanderbilt University. The Coons and the Bloods had been friends and colleagues for many years, and this seemed to be a most happy decision.

Ethel Coon was welcomed to the Jefferson family last year. At the same time, Julius became instant grandfather of Jason and Geoffrey, as well as stepfather of Sally and David Fargo, who is an Episcopalian priest in Winston-Salem, North Carolina. Julius and Ethel have at home a most remarkable “Continuity Room” where the stored up memorabilia of both families are kept.

All of us are familiar with Julius' talent as a doodler. Many times the only thing that has kept him awake, and the rest of us alert, at the Executive Faculty meetings, was Julius' doodling and our watching in amazement as the beautiful shapes grew on the back of the Dean's memoranda. Some of the doodling has appeared at the Jefferson Art Show. Besides his scientific work, Julius is also known as a poet.

Dr. Coon retired on June 30. His handsome portrait by Furman Fink, presented to the University by his colleagues, students and friends is hanging on the third floor at Jefferson Alumni Hall.
Teaching and Research in the Department of Pharmacology

by Julius M. Coon, Ph.D., M.D.

The Department of Pharmacology and its activities were last described in the December 1962 issue of the Alumni Bulletin. In that article a very brief history of the Department was presented. Though now the primary purpose is to write about the more recent developments and the current status of the Department in medical education and research, it seems appropriate to reiterate various aspects of its earlier history in order to provide some perspective.

The Department of Pharmacology at Jefferson was established only 44 years ago. The science of pharmacology was the latest of the basic medical sciences to achieve general recognition as an independent academic discipline in the medical curriculum of medical schools in the United States. This development was taking shape in the late 1920s. In 1932 Jefferson was among the first medical schools in this country to accord the young and rapidly developing science of pharmacology separate departmental status similar to that of anatomy, physiology and the other basic medical sciences. Prior to 1932 the medical students learned about drugs and poisons in several courses presented by other departments. For example, a course in toxicology was taught in the first year of the medical curriculum by what was then the Department of Physiological Chemistry and Toxicology (now Biochemistry) and, in the second, third and fourth years, courses in pharmacy and pharmacology, materia medica, therapeutics, and prescription writing were offered by the Department of Materia Medica and Therapeutics (now Medicine).

In its 44-year history the Department of Pharmacology has had only two chairmen, Professor Charles M. Gruber, from 1932 to 1953, and the current incumbent whose “term” expired on July 1, 1976, after 23 years, through the normal process of retirement. On the latter date the chair became occupied by Professor C. Paul Bianchi, from the Department of Pharmacology at the University of Pennsylvania School of Medicine (see p. 19).

It is interesting to note that in 1932 Professor Gruber and one other faculty member presented the course in pharmacology to the medical students. This is in contrast to the seven faculty who presented the course in 1953, and the 15 who now participate in the teaching of pharmacology to the medical students in the second and fourth years of the curriculum.

The primary responsibilities and the essential nature of the activities of the Department in 1976 are very similar to those of 1962. In the last 14 years, however, there have been substantial changes involving number of faculty, numbers of medical and graduate students taught, courses presented in both the Jefferson Medical College and the College of Graduate Studies, subject matter presented in old courses, manner of course presentation, intensity and focus of research programs, magnitude of outside funding of research and physical plant. In all these respects the changes have paralleled the contemporary trends in education and research in the biomedical sciences.

Present Personnel of the Department

The current (May, 1976) personnel of the Department of Pharmacology includes 15 faculty members, two research associates, one teaching fellow, 22 graduate students, two secretaries, and five technicians. Of the faculty members, eight are employed full time and two part time in the department, two full time in the Cardeza Foundation, and three are employed full time outside the University and have “courtesy” faculty appointments. The graduate students have always been considered bona fide departmental personnel because they work essentially full time in the department facilities and most of them receive stipends as research assistants, research Fellows or teaching Fellows. The total number of personnel in the department is approximately twice that of 1962.

The stability of the department with respect to faculty since 1962 is noteworthy. Of the eight faculty members in residence at that time only one has resigned to take a position elsewhere, and one has retired (Professor Charles P. Kraatz in 1972). Of the nine added to the faculty roster since 1962 all remain with the department.
Each of the 15 faculty members participates in the teaching activities of the department and has an active research program underway. Twelve of these have significant roles in the teaching, training, research direction and the general guidance of graduate students toward their Ph.D. degrees, and consequently have faculty appointments in the College of Graduate Studies as well as in the Jefferson Medical College.

Teaching Responsibilities
(1) The teaching programs of the department include a 14-week core course in pharmacology and toxicology for the entire medical class in the sophomore year. This course has evolved since 1962 from a program of 90 hours of lecture, 126 hours of laboratory work and 18 hours of small group conferences, to the present program of 75 lectures and 46 hours of group conferences, case studies, films, reviews prior to exams and post-exam discussions. The most drastic change in this course has involved the elimination of the laboratory exercises. This change has been welcomed by most of the medical students and conforms to the general trend in medical school courses in pharmacology in the United States. Considered to favor the no-lab practice in the course are the facts that it reduces pressure on the student, gives him more time to study the basic content of the subject matter for which he is responsible, reduces the faculty time required in the class room, and markedly reduces the cost of presenting the course.

On the other hand, however, it practically eliminates the opportunity for the faculty to become acquainted with more than a handful of students. Furthermore, the student misses what is considered the valuable educational experience of observing the actual effects of drugs and poisons in the experimental setting, interpreting this observation in the light of his learning from the lectures and books, and relating his observations and interpretations to the clinical situation. As the pharmacology course evolves in the future it is predicted that a moderate program of well-designed laboratory work will be re instituted.

In 1973, the department initiated the use of the computer in the teaching of a limited number of medical students in the pharmacology course. The computer was also used as an aid in the preparation and in the grading of examinations, in analyzing each exam question as to class response and its merit for examining purposes, and in formulating a letter to each student with an analysis of his performance on the examination. In 1975-76 50 students in the class were selected to take their pharmacology course in an Independent Study Program in which, by the use of the computer and other study materials, and without attending class, they could proceed at their own pace. This program was well received by that group of students and their performance has encouraged the faculty to develop further the computer-assisted teaching programs in pharmacology.

(2) A six-week course in advanced basic pharmacology is presented twice in the track program of the senior year. This course is not designed to be a broad spectrum review of the pharmacology taken in the second year, but to examine in depth, for several important classes of drugs, the basic principles and mechanisms of drug actions and the resulting biochemical, physiological and pharmacological responses as they relate to the application of drugs for human therapy. It stresses the chemical and structural requirements of drugs which determine their selectivity and concentration at a receptor site as well as current theories about the structure and function of various receptors. The discussions are aimed at providing the student with a basis for critically evaluating clinical data on drug efficacy and better understanding of the drug actions.

Throughout its teaching of pharmacology to the medical students the department places much emphasis on the basic established knowledge and the general principles of this field of science. Individual drugs and the detailed aspects of their practical usage in therapeutics may “come and go” but the basic knowledge and general concepts remain the same. The latter, well applied in the practice of medicine, produces the best in drug therapy.

(3) Several specialized courses in pharmacology are presented for graduate students in pharmacology or other basic science departments. All graduate students in pharmacology take the same course as is presented to the sophomore medical students. In addition, courses in general toxicology, drug metabolism, psychopharmacology, instrumentation and a series of “special topics” courses, each dealing with an organ or organ system or an area of recent development, e.g., the prostaglandins, are offered. These are taken by all graduate students in pharmacology and by some from other departments. Attendance at weekly seminars, for credit, is required, and each student takes research courses continuously throughout his graduate career.

Since Jefferson initiated a graduate training program in 1948 the Department of Pharmacology has been very active in this phase of its teaching. Fifty students have been granted the Ph.D. degree in pharmacology and six the M.S. degree. Of the 22 graduate students now enrolled five are expected to complete their requirements for the Ph.D. degree by the end of the summer of 1976.

(4) A 16-week course in Pharmacology, with 46 lectures and no laboratory, is offered to the freshman students in the School of Nursing of the College of Allied Health Sciences. This teaching experience is considered not only valuable but also enjoyable by those faculty members who participate in it.

In addition to teaching, a primary activity of the Department is, of course, research. The Pharmacology Department has a very active program of research which encompasses several different areas of inquiry.

The Influence of Drug Metabolism on Therapy
Isoniazid and metronidazole, two drugs which are basic to the chemotherapy of tuberculosis and trichomonas vaginitis were evaluated in the Pharmacology Department shortly after they were introduced into therapy. Is it the drug or one of its metabolic products that is responsible for the therapeutic and side effects seen when these drugs are given to patients? This is the question that has been central to the ongoing research
conducted by Professor Roland W. Manthei and his graduate students over the past 23 years. Twelve students in the Department have joined in these investigations and have written their Ph.D. dissertations on studies conducted in this area. Since the focus of these studies has been on what happens to drugs when they are given to patients, considerable effort has also gone into determining what influence the disease process or the physiologic state of the patient has on the fate of the drug in the body.

In recent years working in collaboration with Dr. Arthur J. Weiss of the Department of Medicine, this laboratory has concentrated its efforts on pharmacologic studies on new antineoplastic agents while they are undergoing Phase I and Phase II investigation in the Jefferson Hospital. Thus, at the request of the National Cancer Institute, this laboratory has helped to determine what the most efficacious dosage and scheduling should be for such new agents as dibromodulcitol, 5-azacytidine, streptozotocin, Yoshi-864 and cytembena. Currently this same group is undertaking a study of the influence of dosage and scheduling on the cardiomyopathy associated with the important new cancer agent, Adriamycin.

From a research viewpoint, these studies have necessitated the development of a large number of new analytical procedures and the utilization of recently developed analytical techniques. This aspect of the work has been most beneficial to the graduate students at Jefferson in that it offers them an excellent opportunity for advanced laboratory training in pharmacology. The interdisciplinary nature of these studies has also encouraged the graduate student to broaden his concept of basic biomedical research, a process which many pharmacologists feel is essential for the advancement of medical science in the future.

Studies on Taurine

Structure and structure-in-action, or function, are basic to pharmacology; that is, the study of pharmacology is based on a knowledge of anatomy, physiology and biochemistry. Form and function are combined when one studies the changes in structure that a drug or natural constituent undergoes in the body and how these metabolic changes affect the biological actions of such compounds. Thus, prostaglandins, adrenergic amines and their congeners are pertinent examples of natural products with whose biogenesis, metabolism and biologic effects a biomedical researcher in pharmacology may be concerned.

Taurine stands as another example of a naturally occurring amino acid-like compound whose unusual structure confers on it unusual biological properties. Research to date indicates that taurine functions in the central nervous system (CNS), the eye and the heart. Metabolically, beta-amino ethane sulfonic acid (taurine) comes from cysteine and belongs to the same family of omega amino acids as gamma amino butyric acid (GABA), the agent perhaps best known to act as an inhibitory neurotransmitter; according to some investigators, taurine acts like GABA in parts of the CNS. Recently, taurine has been found to be lower in concentration in experimentally induced epileptogenic foci and has been used successfully in the treatment of some patients with epilepsy resistant to the usual anticonvulsant drugs.

Taurine also seems to have unique functions in the retina and in some of the processes of vision. For example, blindness in kittens produced by feeding a taurine-free casein diet may be cured by adding just taurine to the deficient diet; clinically, taurine is the only retinal amino acid reduced in concentration in retinitis pigmentosa, a disease leading to blindness. Also, increases in retinal taurine concentrations found after dark adaptation are lost rapidly from the retina on exposure to light. Professor James J. Kocsis and associates found in an experimental study of aging in the rat that an age-dependent decline in taurine concentrations occurs both in the retina and lens throughout the lifetime of the rat from 30 to 840 days of age. How changes in taurine level in rat eye tissues are related to the retina and lens in man may be the concern of future research.

The findings of unusually high levels of taurine in heart tissue, the increased heart taurine levels seen in human congestive failure as well as in experimentally induced myocardial hypertrophy and the fact that exogenously administered taurine exerts antiarrhythmic effects suggest that taurine may also have an important biological role in the heart.

Dr. Kocsis found in a study of the distribution of taurine in heart tissues in 12 different species that (1) in most species the ventricles showed higher taurine concentrations than the auricles (the dog was a notable exception) and (2) a direct correlation exists between mean myocardial taurine concentration in these 12 species and their mean heart rates (r = 0.93).

More detailed studies conducted in dog hearts showed that taurine is not distributed uniformly throughout the myocardium. The endocardium had higher taurine levels than the meso- or epicardium and under certain circumstances the apical portions of dog myocardium also showed higher taurine levels than the basal portions. This distribution of taurine may be related to blood flow patterns through the myocardium.

Behavior, Chemistry and Drugs

The main purpose of the research efforts of Dr. Wolfgang Vogel and his group is to study the chemical composition of the animal and human brain, the chemical reactions which underly behavior and the mode of action of psychoactive substances.

a. Chemistry of animal and human neuronal tissue: Based on previous findings in this laboratory that most brain enzymes remain active post mortem, this laboratory is now studying enzymes which are involved in the formation and destruction of putative neurotransmitters in the human brain obtained at autopsy. So far, about 15 different enzymes in various areas of the human brain have been examined and basically no difference in the activity of these enzymes between rat and human brain tissue has been found. This could mean that the rat brain can indeed serve as a model for the human brain and that there might not be a marked qualitative difference between animal and human nervous tissue (a rat is a rat is a man?). Studies are now being extended to include brains from individuals who had

Studies on Taurine
suffered various mental disorders during their lives.

b. Chemical reactions underlying behavior: Although it is unknown to what extent behavior of animals and man is influenced by chemical reactions, it is accepted today that chemical processes in the brain are indeed involved in the regulation of behavior. The chemical processes most likely to be involved are those which are responsible for neurotransmission or the communication between neurons. It is believed that a chemical has been found in the brain (5-methoxytryptamine or 5-methylated serotonin) which might be a “new” transmitter and which has extremely strong psychoactive properties. This chemical is being studied at present—no easy task since it occurs at very low levels in the CNS: about 1 ng/g of brain (or 1/1,000,000 of a mg).

c. Mode of action of psychoactive substances: Substances such as LSD or mescaline can produce certain reactions which are also seen in schizophrenic patients and amphetamine can produce a clinical state which is almost indistinguishable from a schizophrenic episode. Clarification of the mode of action of these compounds could then perhaps result in information on the chemical basis of schizophrenia (and it is firmly believed that there is a chemical basis of mental disorders). The problem is approached from several angles: to modify chemically an active compound (e.g., mescaline) in various ways to obtain information on structural requirements for optimal psychoactivity and to measure changes in brain chemistry after administration of these compounds. Although enough human volunteers could probably be obtained for these studies, rats trained in a classical conditioned avoidance situation are being used. These animals receive the compounds (some of the co-workers feel this to be a waste of “good” material), the behavioral effects are quantitated in a “shuttle-box” and, if “abnormal behavior” is produced, the animals are sacrificed for neurochemical studies.

It is the hope of this laboratory that these studies will reveal some of the chemicals and chemical processes which underly behavior and will help us to understand better and correct “abnormal” behavior such as mental retardation, schizophrenia and/or depression with the appropriate medications.

Levels of Neuroactive Components during Neurological and Mental Disorders

Studies in the laboratory of Dr. Theodore Hare have produced advances of analytical technique which provide several orders of magnitude more information than has been available in the past about certain neuroactive compounds as related to various CNS disorders. These analyses are being used to gain a detailed understanding of the chemical composition of the cerebrospinal fluid (CSF) and discreet areas of the brain, the origin of the components and the relevance of these measurements to advance the understanding and management of various neurological and mental disorders.

At present, the best approach to detecting changes in brain chemistry or monitoring response to treatment in living patients seems to be through study of CSF. Unfortunately, until now, the study of CSF has produced only very limited information because the components are generally present at levels which could not be readily measured. The sensitivity of previously existing methodology had not been sufficient for clinical measurement except for the few compounds present at the highest levels. Now a relatively rapid and highly sensitive method has been developed for the detection of amino acids and other amines in biological fluids and tissues. For example, GABA has been reported to be absent in CSF when conventional methods were used which would detect about 1 nanomole. This method readily detects GABA in CSF and has shown an average level of about 200 picomoles/ml. This has led to a preliminary study of patients with various neurological disorders which shows that certain patient populations have characteristic levels of GABA. For example patients with Huntington's chorea have a reduced level of GABA, about 100 picomoles/ml and the same seems to be true of those with epilepsy. This result is consistent with current theories about these disorders in view of the role of GABA as a putative inhibitory neurotransmitter. Studies with monkeys have shown a substantial increase of CSF-GABA following stroke. This latter observation may have significant diagnostic value especially in the case of transient ischemic attacks.

During preliminary studies with CSF a much greater number of compounds than had previously been reported in CSF was also found. Therefore this laboratory plans to characterize these compounds to determine whether they represent either known compounds not previously reported in CSF or unknown compounds which may be of neurochemical interest.

Thus highly sensitive and practical methods have been developed with the demonstrated capacity to study certain aspects of the chemistry of neuroactive amines in the CNS. These methods are being utilized to elucidate the relationship between brain and CSF in animals, to study the chemistry of human CSF obtained from healthy individuals and from individuals suffering from various neurological and mental disorders and to study the influence of drugs on these relationships.

Neuropharmacology Research Program

The neuropharmacology research program under the direction of Dr. Walter W. Baker at the Eastern Pennsylvania Psychiatric Institute is affiliated with Jefferson. One of its major objectives is the investigation of the direct effects of psychoactive drugs on the functioning of integrative centers in the intact brain of experimental animals. The group has developed techniques for micro-injecting drugs into key areas of the brain while recording changes in brain electrical activity from neurons at the injection site and from other related brain centers. Of the sites studied, the caudate nucleus is an important modulator of motor activity and has been implicated in stereotyped (schizoid) behavior. The hippocampus, as the cornerstone of the limbic system, is thought to play a major role in emotional disorders.
As part of this "chemical dissection," pharmacologic agents are injected into the brain and are used as tools to create "biochemical lesions." Frequently, these lesions selectively interfere with the action of a local transmitter (acetylcholine, norepinephrine, dopamine) which then disrupts the functioning of the center. These chemically-lesioned centers not only provide a model system for analyzing the effects of psychotropic drugs (anti-depressants, anti-psychotic agents, etc.) on the various types of brain dysfunctions, but also provide a chemical and biological framework for understanding neuropsychiatric disorders. In conjunction with this research approach, one can keep abreast of the rapid strides which are being made in all of the neurosciences and incorporate these into the investigations. The information so developed in our drug research offers insight into how drugs acting on different mechanisms may intervene therapeutically in treating mental illnesses. This body of knowledge should directly contribute not only to more effective clinical use of these drugs, but should also help uncover clues leading to the development of even more effective agents.

Environmental Toxicology of Insecticides

Studies of several aspects of the toxicology of the organo-phosphate insecticides have been directed by Dr. Anthony J. Triolo and myself during the last 15 years. This group of chemical substances, the main action of which is inhibition of cholinesterase, first became of interest during World War II and was known as the "nerve gases," some of them being extremely toxic. In connection with their use as insecticides they constitute an important health hazard to man and domestic animals around the farm, the garden or in the household. In this department, research on these substances has dealt with treatment of poisoning, with their metabolism, and more recently with their toxicologic interactions with each other, with the chlorinated hydrocarbon insecticides, or with a variety of drugs. It has been found that certain pairs of the organophosphates exhibit a profoundly potentiated toxicity. Also, some of these substances greatly prolong the action of hexobarbital and pentobarbital. Of considerable further interest is the discovery that drugs such as chlorcyclizine and phenobarbital, which stimulate the production of the liver microsomal enzymes responsible for detoxifying many chemical substances, offer marked protection against some of the organophosphates by hastening their enzymatic detoxication. These findings have opened up several interesting avenues for productive research.

The general significance and applicability of these examples of protective interactions of toxic pesticides, among themselves or with a number of drugs, have yet to be established. In this line of investigation most of the observations in this and other laboratories have been done with mice and rats, and whether other species of animals, including man, will respond in a similar manner remains unknown. The results thus far, however, if they can be extrapolated to man, suggest that the induction of enzymes by toxic chemicals in our environment, as pesticides, drugs, or otherwise, may play an important role in protecting man against the great multiplicity of substances to which he may be exposed in his "chemical environment."

Various authorities have estimated that 60 to 80% of the incidence of cancer is caused by environmental factors. Though only about 20 chemical substances have been proved to be cancer producing in man, about 1,000 chemicals, many of which are known to be present in the environment, have been shown experimentally to be carcinogenic in some species of animal. Most experts agree that a substance shown to be carcinogenic in animals is very likely also to be carcinogenic for man.

Organophosphate insecticides (e.g., parathion) are the most toxic of a class of chemicals that are widely used and disseminated in the environment, and their use will increase as current control efforts directed toward limiting the use of persistent organochlorine insecticides become more vigorous. Information is lacking on the influence of exposure to these insecticides on the metabolism and carcinogenicity of polycyclic aromatic hydrocarbons (e.g., benzo(a)pyrene) also present in small quantities in our air, water and food. Presently experiments are being conducted with female Ha/ICR and A/HeH mice to determine if dietary feeding of organophosphate insecticides influence the tumor incidence in lung and stomach after the administration of benzo(a)pyrene. We are particularly interested in finding out whether the lowest levels of chronic intake of organophosphate insecticides, as they enter into the above types of interactions with tumor producing benzo(a)pyrene, are realistic in terms of the levels that are encountered by man in the general or occupational environments. This information might provide some basis for evaluating the potential hazards to public health of combined exposure to organophosphate insecticides and carcinogenic polycyclic aromatic hydrocarbons in our environment.

Mechanism of Benzene Toxicity

In the laboratory of Dr. Robert Snyder and his associates Drs. James Kocsis, E.W. Lee and Charlotte Witmer, the principal interest has been the role of biotransformation of drugs and other chemicals in regulating their biological activity. It is well known that the therapeutic activity of drugs may be either enhanced or decreased when undergoing the process of drug metabolism. Similarly, the toxicity of drugs and other chemicals to which we are exposed, as well as their carcinogenicity, may be either increased or reduced, depending upon the route of metabolic transformation. These investigators elected to study the toxicity of benzene, the world's most extensively used aromatic chemical, to determine whether benzene or one of its metabolites is responsible for its well described toxic effects and to investigate the mechanism of toxicity. Although benzene metabolism is known to occur in the liver, the primary effect of chronic benzene toxicity is bone marrow depression, i.e., decreases in the production of erythrocytes, leucocytes and thrombocytes. The most severe form is expressed as aplastic anemia. This laboratory has been engaged in determining the relative roles of the liver and the bone marrow in producing benzene toxicity. Since the bulk of
the evidence to date suggests that a toxic metabolite mediates benzene toxicity. We are trying to determine whether the metabolite is made in the liver and transported to the bone marrow or whether the marrow itself is the site of toxicological activation of benzene.

Solutions to complex problems of this type require diverse technical approaches. Thus benzene toxicity is evaluated using "Fe uptake into red cells as a measure of bone marrow function; the use of "H-benzene allows us easily to follow the localization of benzene and its metabolites in body organs as well as in urine and to help us identify the various metabolites. This laboratory is currently setting up tissue culture techniques to study the effects of benzene in cultured liver and bone marrow cells. The group has also looked in depth at the enzyme system responsible for benzene metabolism, i.e., the mixed function oxidase. It is hoped that knowledge gained in these studies will lead to a more thorough understanding of benzene toxicity as well as to the development of approaches for studying the relationship between metabolism and toxicity of other chemicals.

**Platelets and Prostaglandins**

A research program carried out by Drs. Melvin J. Silver, John B. Smith and James J. Kocsis stems from the initial observations in 1971 that prostaglandins are synthesized during blood platelet aggregation, and that this biosynthesis is prevented by aspirin. It was already well established that aspirin inhibits platelet aggregation and prolongs bleeding through its effect on platelets. Therefore, it seemed possible that the prostaglandins synthesized by platelets are, in fact, inducers of aggregation, and that the mechanism of action of aspirin is to inhibit their biosynthesis.

These investigations of the effects of stable prostaglandins on platelets led to the discovery that one prostaglandin, PGD,

platelet aggregation. This aggregation and the associated prostaglandin formation were prevented by aspirin. The hypothesis was therefore modified and it was suggested that intermediates in platelet prostaglandin biosynthesis induce platelet aggregation.

The intermediates in prostaglandin biosynthesis, PGG

and PGH

were isolated in 1974 and shown to induce platelet aggregation. These results have been confirmed and have shown that small amounts of PGG

and PGH

do transiently accumulate during platelet aggregation. However, very recent research now indicates that another intermediate, thromboxane A,

which is formed from PGG

and PGH

accumulates in greater amounts during platelet aggregation and may be the active compound.

For prostaglandins to be synthesized during platelet aggregation, their precursor, arachidonic acid, must be hydrolyzed from membrane phospholipid. It was recently shown in this laboratory that this is indeed the case, and at present they are actively studying the metabolism of arachidonic acid by platelets in order to define more closely the factors which regulate platelet prostaglandin synthesis and consequently platelet aggregation.

The aggregation of platelets is the principle cause of arterial thrombosis, and the long term goal is to provide rationales for the development of agents which will inhibit the in vivo aggregation of platelets, and hence prevent thrombosis. The rationales that have been developed so far include 1) the use of inhibitors of prostaglandin biosynthesis such as aspirin to prevent the formation of intermediates which induce platelet aggregation; 2) the use of stable prostaglandins such as PGD

which inhibit platelet aggregation, and 3) the modification of the diet so that there is a decreased intake of arachidonic acid, the precursor of the intermediates which induce platelet aggregation.

**Studies on Alcohol**

For the past several years, Dr. Herbert Sprince and associates at the Veterans Administration in Coatesville have been screening chemical compounds (particularly certain naturally-occurring metabolites) for their protective action against acetaldehyde toxicity and lethality. The significance of this research is as follows. Acetaldehyde is a toxic agent common both to heavy alcohol drinking and heavy cigarette smoking. It is a key intermediary metabolite of ethanol (ethyl alcohol) and is 10-30 times more toxic than ethanol. It is found in varying amounts in alcoholic liquors and also occurs in cigarette smoke. It has been implicated in alcoholic cardiomyopathy, alcohol addiction, ethnic sensitivity to alcohol, alcoholic cerebellar degeneration, and is associated with the disulfiram-ethanol reaction used in the aversion treatment of alcoholism. It is also found in association with toxic fractions of cigarette tar and is quantitatively the highest cilia-toxic agent found in cigarette smoke.

**Clinical Pharmacology Program**

For the last several years a clinical pharmacology unit has operated under the direction of Dr. John E. Stambaugh, Jr., for the purpose of clinical drug research, postdoctorate clinical pharmacology training, and medical and graduate student teaching as applied to the clinical use of drugs. The research involves Phase I, II and III drug evaluation, studies on drug metabolism and kinetics, specifically of analgesics, and clinical protocols of Phase II-III chemotherapeutic agents. The main research interest has centered around the metabolism, kinetics and interactions of analgesic drugs and has concerned itself specifically with analgesic evaluation as related to clinical usage. These efforts have resulted in a series of publications related to meperidine usage and potential toxic drug combinations with meperidine that, although currently in trade usage, offer no increased analgesic efficacy but increased toxicity. The rationale for combination usage of such combinations as meperidine with the antihistamines and phenothiazines has been questioned.

The clinical pharmacology unit plans to study other analgesics regarding kinetics and metabolism as related to clinical usage.
Fire and Excitement in Bronze

When Henry Mitchell cast the Winged Ox, he started with its soul.

by Joy Roff Mara
Sculptor Henry Mitchell says the idea for TJU's Winged Ox originated with his personal impression of Jefferson, like McGill and Johns Hopkins, first as a center for healing and second as an educational institution. Because St. Luke was a physician and the patron saint of both physicians and sculptors, Mitchell immediately thought of him and his traditional symbol the ox or bull as an appropriate subject for the Jefferson competition. The supporting column with its spiral of famous medical names representing a caduceus was Mrs. Mitchell's idea, one conceived in part for other than aesthetic considerations. In a city where even the walls of the Art Museum are not immune to that peculiar variety of property defacement euphemistically known as graffiti, the column puts the Ox out of the easy reach of would-be vandals.

The early history of religious symbols is far from exact, but Irenaeus, a Bishop of Lyon, France who was killed as a martyr in A.D. 202, is credited with first assigning the ox, the traditional symbol of sacrifice, to St. Luke, because his gospel is primarily concerned with the sacrificial death of Christ; it also opens with an account of the sacrifice of Zachary. St. Jerome's use of the symbol gave it even greater authority.

The concept of self-sacrifice also seemed fitting with reference to the ideal of the physician. Because Luke's ancestry was Greek as well as Hebraic, some experts look to Hellenic symbolism and note that the bull was important to Greek religion. Particularly relevant to the physician Luke, the sacrifice of a bull at sacramental feasts was thought to convey the superhuman powers of the bull for fighting disease.

Several sources attribute the nomination of the ox as the symbol of sacrifice to a quote from Matthew (11:30), "For my yoke is easy, and my burden is light." If that sounds tenuous, the issue is further confused by the interchangeable use, depending on source consulted, of ox, bull, steer or calf as the sacrificial animal symbol; thus references to the winged bull or calf of St. Luke are not uncommon. Since artists are not bound by the literal, anatomy is of little use in clarification.

Mr. Mitchell lives much of the time in Switzerland and was at his home there when Jefferson, under mandate of the Philadelphia Redevelopment Authority to use one percent of the construction costs for the Scott and Orlowitz buildings for artistic purposes, announced a sculpture competition. He received his notice of the contest only three weeks before entries were due. Once the idea came, however, the actual model was finished quickly, done in wax over copper armature. Mitchell had three models cast in bronze to insure that at least one survived the Atlantic voyage. Although the journey was uneventful, it is fortunate that the sculptor had taken precautions: the first model to arrive was stolen from the jury room at Jefferson and a second had to be substituted. The third model was eventually purchased by the wife of TJU's Chairman of the Board William W. Bodine as a Christmas present for her husband.

After Mr. Mitchell's concept was approved, it took about a month to enlarge the statue from its one-twelfth size presentation model, through a mediumsized clay figure, to its full height. About six additional months were required to take the Ox from its plaster negative mold to its finished bronze.

The figure was fashioned by the lost wax method. "Contrary to the impression one gets from reading Time magazine," Mitchell stresses, "the wax is lost, not the method. The essential method, in fact, has been used by many cultures for more than 4000 years." The first step in the genesis of the Ox was making the negative plaster mold from the largest clay model. Because of its fine detail, the negative head mold was done in gelatine, which allows greater precision. Each negative mold is half of the figure, with extra inches of plaster at the outside edges. Much like the seam allowance and system of notches on a dress pattern, the true end line of the figure is marked in the plaster. Thus, while there is no need for the negative molds to fit together exactly, the lines ensure that the wax molds in the second step will.

To get these second step molds, very sensitive hot wax is painted into the negative molds at a thickness of one-six-
teenth of an inch to pick up the detail. The former Greek pitch wax is then pressed into the mold in several coats to provide the necessary thickness. This one-eighth to one-quarter inch thick wax positive mold is assembled and a wet mix of plaster, silica-sand and brick dust is poured in to make the core which will take the heat of the fire and reduce shrinkage. Hollow bars of wax, molds for the space into which the bronze eventually will be poured, are affixed to the outside of the completed positive mold. The entire figure is then covered with the plaster, silica, etc. mixture and an oven built around it; the oven is plastered shut and burns at a heat of 700°F for ten days.

During this time the wax burns off, so that at the end of firing, the form is actually negative space in plaster. The 2000° white to green hot bronze is then poured into the space through the now hollow space the bars have left. The bronze goes first to the bottom of the figure; as it fills the space it forces the air above it up and out. The outside plaster and the bars are then chipped away, revealing the final bronze sculpture. The eventual patina of the Ox was achieved through the use of sulfides and acids, the color a result of the metal's reaction to the chemicals. The entire procedure was done at a foundry in Milan, Mitchell's favorite working place.

The column and platform on which the Ox rests were cast separately, and the column offered its own particular challenges. Stacked sewer pipes were the original model for the column, and the original wax positive model was unlettered. To make up the names that spiral the column, Mitchell bought three complete bronze alphabets and had them vacuum-molded in plastic, which burned out just as the wax does. The most difficult aspect of the column, however, was the angling of the spiral. The column was cast, first of all, in three sections and the spiral, obviously, had to connect precisely at each juncture. Mitchell also had to keep in mind the animal's eventual location and ensure that the column's caducean spiral would begin facing Walnut Street. The sculptor's engineering training has always served him well, and in this case aided the precision centering of a perfect spiral between the o and the c in Hippocrates. Hippocrates is the first name of the fifty famous men (actually men and women, with the token addition of Florence Nightingale), and it faces Walnut Street head on. The Ox's rectangular platform was sand cast in a different foundry and the ring at the base of the column was turned mechanically by a company that makes ships parts.

Despite a total statue weight of nearly 5000 pounds, about 1400 pounds of ox alone, the entire piece took only four and one-half minutes to assemble once it got clearance at Jefferson. The attachment is secure and ingenious; it is also, Mr. Mitchell says, better left unexplained, for the security of the animal the sculptor always refers to as he or him. Everything fit together perfectly, right down to the veins that continue the spiral effect on the support platform's underside. Mitchell had even taken care to have rings set in concrete in the surrounding area between the Orlowitz Residence Hall and the Scott Library Building, so that the statue's weight is supported equally, 90 pounds per square inch, by the stones in the immediate environs.

It should be noted that one problem with which Mr. Mitchell did not have to contend was selecting the column's 50 names. That was left to George M. Norwood, Vice-President for Planning and now TJU's Interim President. With the help of former Librarian Robert Lentz, Mr. Norwood compiled a list of names that should be familiar to anyone with an interest in medical history. Jefferson alumni are represented five times on the column: Samuel D. Gross, Carlos Findlay, J. Marion Sims, Chevalier Jackson and John H. Gibbon, Jr.

Henry Mitchell's works abound in the Philadelphia area, although they are by no means limited to it. Animals are his favorite subjects ("They're more human than humans."), and many of his statues are designed to be play pieces. His hippo at the Philadelphia Zoo and bronze giraffes in some of Philadelphia's parks are notable examples. Two of Mitchell's best known local pieces are the impala fountain at the Philadelphia Zoo, an impressive piece of engineering as well as sculpture, and the three Drexel University horses. Although he says his latest statue, in this case the Ox, is always his current favorite, two of his long-term favorites are the abstract "Logos," the Adlai Stevenson Memorial at the University of Illinois, and "Pegasus" at the Cultural Center for the Arts in Canton, Ohio. All of his works are characterized by a vital sense of grace and movement, and he frequently uses bronze because he feels it adds an undertone of fire and excitement. "Michelangelo said sculpture should always come towards you. That's why I prefer modeling to carving. In carving you move from outside to inside. With modeling you build from the core, the soul, the anima, as the Italians call it, out towards yourself.

In a sagging economy where art is hardly a first budget priority, Henry Mitchell's business sense has been almost as important to his success as his artistic talent. He is as animated and articulate explaining the intricacies of the City's one-percent statute and the various tax laws pertinent to an artist, as he is explaining the intricacies of his own work. Although he insists he is not an expatriate, he and his wife often spend as much as 18 months at a time in their Locarno, Switzerland home and their Milan, Italy apartment where Mitchell does much of his work. Their 1790s-vintage Pennsylvania home on the Perkiomen River, where he has a studio in the property's old mill, is a setting that would encourage anyone to come home.

Unlike the artistic issue of many of the Redevelopment Authority's one-percent mandates, the Winged Ox has enjoyed a highly favorable reception at Jefferson and seems to be viewed, even by the most cynical, as a striking and fitting addition to the campus. Mitchell attributes its visual success in part to its having the Scott Library for a backdrop, a locale he took into account in conceiving the statue. "I think the Library Building is the most effective new architecture in Philadelphia in the last 50 years," Mitchell says. "I attempted to give the Winged Ox enough of a feel of the past and of the 20th century to complement the building and the Jefferson tradition."
Once Walnut Street traffic problems were resolved, components of the 5000 pound Winged Ox took only four and one-half minutes to assemble, says sculptor Henry Mitchell (lower right).
The Apocryphal Radicals

A class that is identified with the unrest of the '60s sees itself as bastions of the family, JMC enthusiasts and even, yes, supporters of the AMA.

by Terrence S. Carden, M.D. '71

In the relatively few years since members of Jefferson's class of 1971 took their seats in the tiered, third-floor lecture hall of the old Daniel Baugh Institute of Anatomy—the last class of Jeffersonians to train there—the nation and most of the world we live in have undergone apocalyptic upheaval.

As students, we were witness to the strife and protest of the late '60s. We were shocked by the tandem assassinations of Robert Kennedy and Dr. Martin Luther King, Jr. We saw an American president driven from office by a public weary of fighting a war that many of us felt was immoral, so far from our shores and so demoralizing to our youth.

As new physicians we were often too beleaguered by the demands of our training programs to notice much of what was going on in the world. But no one could escape the national catharsis of Watergate—a scandal that shook the confidence of many Americans in their traditional institutions and values.

Luckily, the nation had the Bicentennial observance to restore its confidence.

The events described above—and many other private and more personally significant occurrences—were on the minds of 49 members of the class of 1971 as we journeyed to Philadelphia from near (Spruce Street) and far (Naples, Italy) for the fifth annual reunion at Jeffers-
son Hall on June 12. Those of us from out of town were interested in the changes that had taken place in the Bicentennial City since we had left. We were particularly interested in the changes at Jefferson—physical as well as philosophical—and in our classmates.

Physical changes were readily apparent as we approached Jefferson Alumni Hall for the reunion dinner. On the site of the old parking lot—south of what, for us, was the new library and administration building—stands the new parking lot and mall. Prominently displayed are plans for the national experience, with family practice residencies perhaps the most competitive and sought after postgraduate training opportunities available to graduating seniors.

This is a significant change for 1971 graduates, who were exposed to and influenced by the move toward subspecialty medicine that still characterizes much of the health-care-delivery system in the United States. However, in doing so, Jefferson has resurrected one of its honored traditions and may be known again as the institution that educates well-rounded generalist clinicians—an image it was trying to “shed” in the ’60s in an attempt to become more “academic.”

For those looking for obvious changes in his or her classmates, there were few. Except for pounds gained or shed, mustaches or beards grown or shaved and a few new spouses, the gathering on June 12 could have taken place five years previously.

James E. Barone, M.D., the class president and fellow class agent, who just completed his residency in general surgery, offered a typical welcoming speech; direct and to the point. Jim Delvyn is no longer organizing antiwar protests. Perhaps the greatest change in his outlook since leaving Jefferson is his looking at organized medicine, particularly the AMA, in a “more favorable” light—“for protection,” he explains.

Among the 49 class members who attended the reunion, there must have been hundreds of other significant shifts in opinion, attitude and behavior over the five years since graduation. But if a four-page survey distributed to all members of the class and returned by 65 is accurate, there have been very few changes in attitude or interests, despite...
the social upheaval engulfing the world around us.

One of the measureable changes has been in the attitudes now expressed by class members about the AMA and organized medicine. Perhaps due to their increasing frustration over encounters with the bureaucracy at all levels and perhaps because of their introduction to the realities of private practice, a number of those who responded to the survey saw a need for physicians to band together to resist further intrusion by outside forces in the practice of medicine. The response came from those who considered themselves liberal as well as conservative and included those who have been in practice for a few years as well as those still in training or just entering private practice. If anything, several of those who answered felt organized medicine wasn't doing enough to represent the practicing physician. Many would agree with Christopher K. Balkany, M.D., an internist practicing in Wilkes-Barre, Pennsylvania, that “the AMA seems too weak to represent medicine effectively.”

Among those still in training, a majority considered themselves either disinterested in or uninformedit about organized medicine and very few (nine) indicated that they had had a favorable opinion of organizations like the AMA while at Jefferson—reflecting, undoubtedly, the seemingly unavoidable hostility between academe and organized medicine.

In their answers to the survey questionnaire, doctors from the class of 1971 indicated that they have been and still are overwhelmingly achievement-oriented. Of particular interest were answers to questions addressed to the class that progressed through Jefferson during the height of student unrest about their ideological orientation, both during their student days and now. Less than a third of those who answered (19) indicated that they considered themselves liberal or radical as students. Of those, seven indicated that they had become more conservative since leaving Jefferson. Only one former conservative admitted to being somewhat “radicalized” in the ensuing years.

As with all student groups, few participated in campus student activities yet more than half of those answering the question favored more student involvement in the university decision-making process. Student apathy apparently carried into the training years, with some improvement, however, since nearly a third of those answering indicated they had been active in the housestaff movement. Nevertheless, nearly all either fully or partly support the goals of the housestaff movement, enumerated in the questionnaire as “shorter work week, better salaries and limit on ‘scutwork.’” Nothing was said in the questionnaire about housestaff efforts to improve patient care and ensure due process to physicians-in-training, but presumably those so recently involved in training programs would support these goals as much as the others.

With regard to training, 1971 graduates followed the subspecialty model so uncritically portrayed to them during their medical school years. Only five of those who responded to the questionnaire listed themselves as family practitioners. The majority are in internal medicine or one of its subspecialties: six listing themselves as internists; gastroenterology, four; hematology/oncology, nephrology and endocrinology, two each and rheumatology and cardiology, one each. Ten 1971 graduates listed themselves as pediatricians. Five are in anesthesiology, four in general surgery, five in radiology, three in emergency medicine, three in ophthalmology and two in ENT. Three are pathologists and one each is in neurology and dermatology. Only one of those who answered the questionnaire listed obstetrics/gynecology as his specialty, the significance of which is obscure.

Postgraduate training has led to certification in the specialty of their choice for 31 of the 1971 graduates who completed the questionnaire. Nine more are
Board eligible. Twenty-five are still active academically, eight serving full-time as medical school faculty members, eight serving on the volunteer faculty and the rest presumably teaching as part of their residency or fellowship responsibilities.

In their choice of a practice, those who responded seemed to follow the trend of the times, with only five listing themselves as in solo practice. Eleven are practicing in groups and six in partnerships. Most of the 43 who listed themselves in "other" forms of practice either were still in training or the military. Similarly, 22 respondents listed themselves as practicing in university hospitals, 17 in community institutions and 23 "other," undoubtedly mainly military. Interestingly, 33 of the 65 indicated that they are engaged in some form of clinical or basic science research. And, true to their student and housestaff record of noninvolvement, only 10 indicated that they were active in their state or county medical societies. Nevertheless, most indicated membership in one or more professional organizations, with specialty societies heading the list and, for those in private practice, membership in their county and state societies. Similarly, the medical journals read regularly seemed to be concerned with the respondents' individual specialty or subspecialty interests. All but six of the respondents read three or more journals, and 25 indicated that they read five or more, presumably indicating that at Jefferson and afterwards they developed an appreciation for the need for continuing education to help ensure continuing professional competence.

A busy professional reading schedule should not imply that young physicians have no time for other interests, and such is not the case, according to the questionnaire. Nearly two-thirds indicated that they had read at least one book in the recent past, the two most common titles being "All the President's Men" and "The Final Days," the two Woodward-Bernstein chronicles of the Watergate scandal and the end of the Nixon administration. The choice of titles somewhat belies the class' professed disinterest in politics, but may also reflect the professional interest of physicians in the aberrations of human behavior that allowed the circumstances leading to Watergate to develop. In addition to books, most survey respondents expressed a preference for one or more general circulation publications, with Time and Newsweek the clear favorites. Hobby journals and intellectual or commentary publications also have a strong following. Only two respondents admitted reading Playboy (and none listed Hustler), two indicated a preference for Readers Digest and three listed Sports Illustrated as read regularly.

Preference in leisure time activities is as diverse as reading materials, but more than two-thirds of those who responded indicated that they preferred to engage in participation athletics, such as golf or tennis, rather than limiting their involvement to spectator status. Also, an overwhelming majority listed travel as one of their leisure time activities. Most have some hobby or other, and two-thirds attend the movies regularly. About half attend the theater, visit art galleries or museums or go to concerts.

In their family lives, most of the class is conventional. Only one of the survey respondents is divorced, (somewhat remarkable considering the national averages), 54 are married, and ten are single. Most of the couples have children and, as expected, most of the children are five years old or younger. Despite the post graduation appearance of the majority of the class' offspring, 40 of the couples were married during their years at Jefferson, though admittedly many of the marriages occurred during the senior year. The prevalence of marriage among class members prior to graduation explains the preponderance of respondents who lived in private homes or the Orlovitz Residence Hall during their Jefferson years. Only 20 indicated that they had lived in one of the traditional fraternity houses.

The questionnaire also tested class
members' memories of their professors and their Jefferson education in general. Dr. Aponte and Dr. Rupp were the clear favorites of those who answered the questionnaire, as they were of those who attended the reunion dinner at Jefferson Hall. Others mentioned often as "favorite professors" included Drs. Robert C. Mackowiack, Irving J. Olshin, and O. Dhodanand Kowlessar. Scores of others were mentioned also, though many respondents failed to list any, possibly agreeing with John F. Motley, M.D., a pediatrician entering private practice in Lansdale, Pennsylvania, who observed: "too many to list. I have a positive feeling for the men who have helped me and have forgotten the ones that did not."

Clearly one thing that hasn't been forgotten by virtually all of the respondents, and presumably most of their classmates who did not answer, is their education at Jefferson and their attitudes toward that education. Though discontent was prevalent during their student days, in light of their maturity as physicians and after having an opportunity to compare their preparation with that of colleagues from other institutions, a whopping 55 of the 65 survey respondents indicated that they were satisfied with their Jefferson education. Of these, 47 indicated that, given the choice of a medical school again, they would choose Jefferson. Only four indicated that they would not choose Jefferson again, while 13 indicated that they were not sure, or that some other factors might enter into the decision.

Of those satisfied with their Jefferson education, many had comments, criticism and/or suggestions.

"No doubt a better medical school education than a lot of my colleagues," was the comment of Gary K. Buffington, M.D., a family practitioner in Pensacola, Florida. That opinion was mirrored somewhat by the comment of Norman E. Wilson, M.D., an anesthesiologist in Gaithersburg, Maryland, who received his specialty training at Harvard's Massachusetts General Hospital: "The more general, rounded medical education at Jefferson prepared me well for a specialty that overlaps with and requires knowledge of multiple medical specialties." Dr. Barone, the class president, also agreed: "The clinical education at Jefferson meshed nicely with my residency and internship in general surgery at a non-university big-city hospital."

Other comments came from David W. Jones, M.D., an emergency physician in Boulder, Colorado, who wrote that a Jefferson education "compares favorably with the more prestigious schools." Edwin P. Ewing, M.D., a pathologist at the Walter Reed Army Medical Center commented on the curriculum: "I am convinced that the discipline-oriented curriculum we had is superior to the system-oriented curricula I have seen elsewhere."

Obviously, not all the comments were laudatory. Many respondents indicated that they felt the large class size was a disadvantage because the professors did not have an opportunity to really get to know the students, though many others indicated that they had had a warm, personal relationship with a number of professors during their Jefferson years. For those uncomfortable in a class of 186, the current 223 would be even more unacceptable. According to some critics, the plethora of students was not matched by an abundance of competent and interested professors. Among those voicing this criticism was the class' number one student, Augustin J. Schwartz, M.D., now a hematologist/oncologist in Palm Beach Gardens, Florida, who complained that he was exposed to "too few interested and able professors" while at Jefferson. "The uneven quality of professional competence in the clinical years" bothered Daniel B. Gould, M.D., a nephrologist practicing in Palo Alto, California, who also complained that "there are never pre-paid envelopes for surveys."

Nevertheless, he returned his survey questionnaire, as did about one-third of the class of 1971. The significance or relevance of their answers is in the interest they provoke. The validity of drawing any conclusions therefrom is suspect, though the survey seemed to show that the class of 1971 is pretty much what it might be expected to be: a rather conventional group of young doctors with conventional opinions, a conservative outlook (mostly unchanged from their medical school days) and certainly not representative of or products of the past decade of upheaval.
search committee

On July 12, 1976, the Board of Trustees of Thomas Jefferson University approved the formation of a Search Committee to find a successor to Dr. Peter A. Herbut who died suddenly on March 31, 1976. George M. Norwood, Jr., Vice-President for Planning, had been appointed Interim President.

The Board of Trustees designated the Committee for Master Planning to function as the Search Committee for President. This Committee is broadly representative of the constituent groups of the University. By virtue of their deep involvement in long range planning for the institution, its members are well acquainted with the mission and objectives of Jefferson, as well as the requirements for the Presidency.

Heading the Search Committee for President is Frederic L. Ballard, Vice-Chairman of the Board of Trustees and Chairman of the Committee for Master Planning. Three Alumni are among the members of the Committee: John Y. Templeton, III, '41, President of the Alumni Association of Jefferson Medical College, John J. Gartland, S'44, Immediate Past President, and James H. Lee, Jr., '45.

The first meeting of the Search Committee was being held as this issue of the Bulletin was going to press. More detailed information on the search will be provided in the next issue. Meanwhile, inquiries may be addressed to George V. King, Director of Development of Thomas Jefferson University, who is serving as Executive Secretary of the Search Committee.

new chairman

Following the June 30 retirement of Dr. Julius Coon as Chairman of the Department of Pharmacology (see p. 2), Dr. Carmine Paul Bianchi assumed the post. Dr. Bianchi, who received his Ph.D. in physiology from Rutgers University, had been a Professor of Pharmacology at the University of Pennsylvania.

Dr. Bianchi had been associated with the University of Pennsylvania since 1962, prior to which he had been an Assistant Member of the Institute for

achievement award

With the addition of the recipient of this year's Alumni Achievement Award, Dr. Jo Ono '28, the membership of distinguished men so honored by Jefferson becomes international. Dr. Ono, who came from Japan to accept the award and to attend his 50th reunion at Lafayette College in Easton, Pennsylvania, also received an honorary Doctor of Laws at TJU's June 11 Commencement exercises.

It was on December 24 of last year that two letters arrived at the Ono residence in Tokyo, one by air, the other by sea. Both contained news of his selection for 1976 honors at Jefferson. However, neither the Alumni Association
nor the Administration had knowledge of the other's selection. It was a very special Christmas for the Onos.

Dr. Ono began his medical career with an internship and residency at Jefferson, a special study of chest diseases at the Pennsylvania State Sanitarium and a study of bronchoesophagology with Dr. Louis H. Clerf '12 at the Chevalier Jackson Clinic. At the invitation of St. Luke's International Hospital in Tokyo, he returned to Japan in 1934 to become Chief of Internal Medicine and Otolaryngology, which position he held until 1945 when he retired because of the war and entered general practice. In 1947 he received a Doctor of Medical Science from Keio University School of Medicine and in 1948 became a Visiting Professor of Bronchoesophagology there.

Among Dr. Ono's many contributions to medicine was his work in organizing the International Federation of Otorhinolaryngological Societies (IFOS) in 1965 and becoming its Chairman and Executive Director until 1973; he still remains a Councillor of this society. He has been a Regent of the American College of Chest Physicians since 1953 and was influential in forming the Society's Japanese chapter. Since 1971 he has been the Director of the Society for Promotion of International Otolaryngology (SPIO), of which he is also a founder. Due in great measure to his efforts, the Japanese government in 1952 legally recognized bronchoesophagology as a medical specialty with status equal to internal medicine and surgery. Dr. Ono has given more than 50 courses in bronchoesophagology and thereby instructed more than 1500 physicians in the subject.

Dr. Ono, who is a member of many other Japanese, American and international medical specialty organizations, has lectured abroad, been the official delegate of Japan to international meetings 15 times and been an officer of 15 medical societies. He was Secretary General of the Fifth International Congress on Diseases of the Chest and of the Eighth International Congress of Oto-Rhino-Laryngology. Former President of the International Bronchoesophagological Society, he was recently elected President of the 13th International Congress on Diseases of the Chest, to be held in Japan in 1978. The physician has published eight books and 100 medical papers and has editorial connections with nine publications.

Jefferson is not the first institution to recognize and honor Dr. Ono's achievements. In addition to an honorary Doctor of Science degree from Lafayette College, Dr. Ono was awarded a Gold Medal, an International College Award at the Ninth International Congress on Diseases of the Chest in Copenhagen in 1966 and a Gold Medal for Meritorious Contributions at the Tenth World Congress of Oto-Rhino-Laryngology in Venice in 1973. He was made Honorary President of the 11th International Congress of Bronchoesophagology in 1965 and has been an Honorary Advisor to the Otolaryngological Society of Japan since 1962.

Dr. John J. O'Keefe '37 Emeritus Professor of Otolaryngology, presented the award to Dr. Ono at the June 10 Annual Alumni Banquet, attended by over 600 in the Bellevue Stratford Ballroom. Alumni Association President John Y. Templeton III '41 hosted the affair at which Dr. David M. Davis and Dr. Bernard J. Alphers also were honored (see page 35). Dr. John B. Montgomery '26 gave the invocation, and Dr. Francis J. Sweeney, Jr. '51 gave a memorial to the late Peter A. Herbut. Dr. Philip Nimotyn spoke for the graduating seniors.
pgh closes

In mid-February the Rizzo Administration announced the intended "phase-out" of Philadelphia General Hospital, which began as an almshouse in 1732 and has been providing the city's indigent with medical care ever since. June, 1977 is the projected closing date.

The decision followed lengthy investigations of the institution by federal and state health departments and the Joint Commission on Accreditation. PGH was cited for its inadequate staff, its failure to acquire modern equipment and its general physical deterioration. Health consultants estimated that it would cost the City $50 million to renovate existing structures to meet minimal standards and $105 million to rebuild PGH.

The City alleges that the shut-down will save taxpayers these costs and an additional $10 million per year in operating costs. It plans to spend $3.5 million to renovate Landis State Hospital, at Girard and Corinthian Streets, which will provide care for the 400 non-acute patients currently housed at PGH. The Administration hopes to persuade area private hospitals to accept the approximately 200,000 outpatients per year, 100,000 of whom were emergency room patients, that PGH has traditionally treated. About $800,000 is projected to be spent to upgrade District Health Centers, which are expected to take on part of the outpatient load.

Proponents of the closing contend that in addition to being a budgetary problem, a city-run hospital for the poor like PGH inevitably leads to a two-class system of medical care. Those whose insurance coverage or private resources permit will seek, and in fact have sought, private hospital accommodations. The indigent are forced to accept what has become, some allege, second-class care at the city-run facility because it is the only segment of the health care system to which they have access.

While virtually no one in the health care community disputes Philadelphia General's inadequacy, the decision to close the Hospital, predictably, was a controversial one. The Chairman of the Board of Trustees at PGH resigned when the decision was announced, indicting the system of under-financing that allowed the once-esteemed PGH to deteriorate to its present state. He also objected to the City's failure to consult either the Board or the Hospital's senior medical staff prior to announcing the phaseout. The Medical Staff issued a statement calling the move "preposterous," and a group called Concerned Physicians for PGH articulated the doubts felt by many that area hospitals could "absorb" the PGH patients as readily as the City seemed to hope.

Citizen and neighborhood groups objected that the move will most affect those least able to cope: the old, with non-acute problems like incontinence and senility; those whose chronic medical problems outlast their insurance coverage and therefore their access to private facilities; prisoners, addicts, the homeless, skid-row bums and others of society's unblissed. Community groups were also unimpressed with the City's unspecific "commitment" to keeping viable PGH's much praised programs for drug and child abuse, rape victims and neonatal care for babies born to heroin addicts. The political expediency of closing down a facility that benefits only the poorest at a time in which an $80 million City budget deficit had impeded brutally upon the public consciousness, cannot be lost on those of even minimal political astuteness. Those with a sense of irony must also be struck by the expectation that all PGH structures will be razed and the land reserved for a hotel complex.

Observers point out that the decline of PGH really began in the 1960s when Medicare and other insurance coverage allowed most patients to choose their own hospital; the Hospital had 1858 beds in 1960 as compared with fewer than 900 today. The area voluntary hospitals who are expected to pick up segments of PGH's constituents note, however, that insurance coverage does not always provide the hospital with complete reimbursement. In Pennsylvania, Medicaid, for example, pays only $6.00 to a hospital for an outpatient visit which actually costs the hospital about $20.00. While the City uses the empty-bed count to support its contention that PGH patients will be able to obtain care from the voluntary hospitals, it is argued that empty beds do not necessarily imply the resources or the commitment to meet the need.

It should be noted that city-run hospitals around the country are all plagued with budgets declining almost in proportion to their physical plants; the American Hospital Association reports that 14 so-called charity hospitals closed in 1975. Next June, however, Philadelphia will become the only major U.S. metropolis with no city-run hospital for the indigent.

commencement

Jefferson's 152nd Commencement took place Friday, June 11, at Philadelphia's Academy of Music. The Medical College awarded degrees to 217 men and women, one summa cum laude, three magna cum laude and 11 cum laude. Twelve College of Graduate Studies students received the Ph.D. degree and nine the M.S. Bachelor of Science degrees were awarded to 79 students.

Dr. Gonzalo E. Aponte '52 was chosen to administer the Oath of Hippocrates. Honorary degrees were awarded to Marion Anderson, Roger W. Heyns, Arthur C. Kaufmann, James C. Michener and Dr. Jo Ono '29, also the winner of this year's Alumni Achievement Award.

class day

When the number of awards and prizes annually presented at Commencement to graduating seniors appeared to be approaching unmanageable proportions, it was decided in 1964 to hold special Class Day exercises honoring the award recipients. Since that time Class Day has become a part of the Medical College tradition, evolving its own traditional program of activities.

Each year, for instance, the class chooses a faculty speaker to address them; this year Dr. Irving J. Olshin, Professor of Pediatrics, spoke on "Medical Life: Balancing Service with Self-Fulfillment" at the June 10 ceremonies in McCellan Hall. Usually, too, the senior class President speaks; because the class
of '76 chose to elect five equal representatives instead of conventional officers, representative Eugene E. Wolfel spoke for the class. Although it is not strictly speaking traditional, it is not uncommon on Class Day for the winner of the Alumni Prize for the highest cumulative average for all four years of medical school to be awarded several of the other prizes as well. This year's Alumni Prize winner, Neal Flomenberg, was no exception, winning the Henry M. Phillips Prize in Medicine, the William Potter Memorial Prize in Clinical Medicine and the W.B. Saunders Company Prize for the highest senior year grade average. The Henry M. Phillips Prize in Surgery went to Michael O. Stick and the Obstetrics and Gynecology Prize to Joanna Miller. Larry S. Andrews won the Charles La Belle Prize for the outstanding candidate for the Doctor of Philosophy degree in the College of Graduate Studies.

Another set of honors presented annually at Class Day are the Christian R. and Mary F. Lindback Awards for Distinguished Teaching. Two awards are presented, one for the clinical and one in the pre-clinical disciplines; the recipients of the awards this year are Dr. Carla E. Goeppe and Dr. Gabriel Cerón respectively.

Dr. Goeppe is a graduate of Georgetown University School of Medicine. She completed her internship and residency in internal medicine at Jefferson, serving as Chief Medical Resident on the Jefferson service at Philadelphia General Hospital in her third year. Dr. Goeppe also took a two-year Fellowship in Oncology and Cytogenetics at the National Cancer Institute.

Beginning her teaching career as an Instructor of Medicine at Jefferson in 1968, Dr. Goeppe is now an Assistant Professor of Medicine in the Division of Oncology and Genetics. She is the coordinator for the freshman clinical course and for the sophomore clinical course. Dr. Goeppe is also Program Director of the Medical Department at our Lady of Lourdes Hospital in Camden. Certified by the American Board of Internal Medicine and a Diplomate in the subspecialty of oncology, Dr. Goeppe is a member of the Service Committee of the American Cancer Society, Philadelphia Division.

Dr. Gabriel Cerón, Assistant Professor of Anatomy at Jefferson, received his M.D. from the National University of Bogotá, Colombia, and his Ph.D. in Anatomy from the University of Florida in Gainesville. He came to Jefferson in 1971 from his medical alma mater where he was Chairman of the Department of Morphology and Head, Cell Biology Section. He was also a member of the research staff at Colombia's National Institutes of Health.

Dr. Cerón has held grants from the U.S.N.I.H., the World Health Organization and from the National University School of Medicine in Bogota. He is a member of several Colombian professional organizations and has published scientific articles.

Breaking with tradition, or perhaps beginning a new one, the class of '76 presented their senior portrait at Class Day as well. Dr. Edward H. McGehee '45, Professor of Family Medicine, was chosen for the honor. He was a profile subject in the Fall '74 Bulletin.
class notes

1900

Dr. Harry Richardson has been chosen "Resident of the Alpine," a Pennsylvania retirement center. Dr. Richardson first practiced medicine in Pennsylvania's coal mining regions near Silverbrook, and later practiced industrial medicine for employees of the Pennsylvania Railroad. Dr. Richardson says that he enjoys life at the Alpine located in Hershey.

1915

Dr. Warren S. Reese, 2118 Locust St., Philadelphia, was honored by the Ophthalmic Club of Philadelphia as one of its surviving founders and because he was a pioneer in intraocular implant surgery in the United States.

1917

Dr. Henry L. Bockus, 250 S. 18th St., Philadelphia, was the guest of honor at the Golden Gala held in the University of Pennsylvania Museum for the benefit of Graduate Hospital. Guests included members of the Bockus International Society. At Graduate Hospital the Bockus Institute of Research is named for the renowned gastroenterologist. Dr. Bockus is Emeritus Professor of Medicine at the University of Pennsylvania and continues to serve as consultant in gastroenterology at Graduate Hospital, Abington Memorial Hospital and Bryn Mawr Hospital. He received Jefferson's Alumni Achievement Award in 1964.

1918

Dr. David R. Brewer, RR #1, Box 61, Clear Spring, Md., has been retired for 11 years. He sends regards to his classmates and writes that his activities as gardener and housekeeper help him to maintain his health.

Dr. Chin Wen Low, 982 Yenan Rd., Shanghai, People's Republic of China, wrote to classmate Reynold S. Griffith that he is now 84 years old and is living with relatives. He sends regards to all his classmates.

1925

Dr. Emery D. Wise, 95 Fairmont Ave., Fairmont, W. Va., marked his 50th year in practice and his 50th wedding anniversary this year. Dr. Wise represented all physicians in his county's celebration of Doctor's Day.

1926

Dr. J. Wallace Cleland recently received a plaque from the Delaware County Medical Society for 50 years of service. At Jefferson for his 50th reunion in June Dr. Cleland presently is residing in Waverly, Ohio.

Dr. Morris Harwitz practices medicine in Wilmington, Delaware. Dr. Harwitz and his wife, Fannie, have three sons. Gordon, on Long Island, is a high official for the OSHA of the U.S. Department of Labor.

Daniel (class of 1965), of Miami, heads a highly successful family practice housed in his own medical building and runs an equally vibrant HMO. Paul is President of a financial firm headquartered in Wilmington. During the 1950s and 1960s he was a famous radio personality as Dr. X and Dr. Delnorth.

Dr. William C. Schultz, Jr., 134 Clayton Ave., Waynesboro, Pa., who retired in 1973, spends ten months of the year in St. Petersburg, Florida.

1930

Dr. Francis J. Braceland has been honored with the American Psychiatric Association's Distinguished Service Award. Dr. Braceland is currently Editor of the American Journal of Psychiatry, and he is a past President of the APA. Dr. Braceland served from 1951 to 1965 as Psychiatrist-in-Chief at the Institute of Living in Hartford.

Dr. Cecil H. Coggins, 200 Glenwood Cir., Monterey, Ca., is a rear admiral (retired m.c.) in the U.S. Navy.

Dr. Don B. Weems, 105 E. Mantua Ave., Wenenah, N.J., writes that he recently suffered two myocardial infarctions and was attended at Jefferson.

1932


Dr. William L. Hughes, 721 Viewmont Ave., Johnstown, Pa., is retired but works a few hours daily at the hospital.

Dr. Jacob Lichstein, 3870 Latrobe St., Los Angeles, was appointed Associate Clinical Professor of Medicine at U.C.L.A. School of Medicine. He is Physician Emeritus at the L.A. County-U.C.L.A. Medical Center. He has written more than 35 medical papers and has taught at six university medical schools. He is past President of the Southern California Society of Gastroenterology.

Dr. Joseph Lomax, 610 San Servando, Coral Gables, Fl., writes that he is retired but still does some clinical teaching with students at the Medical School of the University of

The class of 1926 held its 50th reunion dinner at the Bellevue Stratford and a stag luncheon the next day at the Union League. Over 60% of the class members were present.
Springs since 1946.
s ons were guests at a dinner in his honor.
state Senate from Garland County, Ar-
600 infants and children under the care of
Jefferson Barra cks, St. Loui s, Mo ., is a staff
Dr. T. Henry Dembinski, Rt. 8, Box 802 ,
rows since 1946.
1939
Dr. Wayne A. Geib, 5004 Falcon Ridge Rd.,
Roanoke, Va., writes that he had a nice visit
with classmate Gordon Page and his wife in
St. Petersburg, Florida in January.
Dr. Arthur I. Sims, 3215 Columbia Pk., Ar-
lington, Va., is a Clinical Professor of
iatrics at Georgetown University Medical
School. He was recently appointed a con-
sultant in pediatrics at the NIH.
Dr. Isadore S l ovin,710 W. Matson Run
Pkwy., Wilmington, De., is active coordinat-
ing music and medical cruises. "Would like to
hear from any alumni interested:"
Dr. Henry H. Stroud, 708 Ashford Rd., Wil-
mington, De., received the Distinguished
Service Award from the Medical Society of
Delaware.
1940
Dr. Frank M. Gre m, 546 N. Elmwood Ave.,
Oak Park, Il., writes that his daughter, Jean,
will enter Jefferson as a freshman in Sep-
tember. His son, Philip, and daughter-in-
law, Judy, graduated from Jeff in June.
Dr. Richard I. Rich, P.O. Box 99130, Tacoma,
Wa., retired in 1975. "Enjoying much that I
was too busy to appreciate before."
1941
Dr. Charles N. Burns, 445 Wyoming Ave.,
Kingston, Pa., has been elected to the Board
of Directors of Nesbitt Memorial Hospital in
Wilkes-Barre. Dr. Burns, a urologist, is
President of the Nesbitt Medical Staff.
Dr. James A. Collins, Box 22, Riverside, Pa.,
is Chairman of the Division of Medical
Services at Geisinger Medical Center. A
gastroenterologist, he has been President of
the Montour County Medical Society and
the Pennsylvania Society of Internal Medi-
cine. He is a Clinical Professor of Medicine
at Milton S. Hershey Medical Center.
Dr. Frederick A. Robinson, Jr., 160 Foxcat-
cher La., Media, Pa., retired from Phila-
delphia General Hospital and the University
of Pennsylvania Medical School faculty.
He is still in a private practice of internal
medicine in Lansdowne.

Dr. John R. Bower, 1669 Garfield Ave.,
Wyomissing, Pa., went on the Alumni Trip
to Belgium, Holland and Germany. "Have
covered most of this territory before but en-
joy these places very much."
Dr. C. Perry Cleaver, 250 Main St., Cata-
wissa, Pa., retired this year from practice
and was honored for 33 years of service to
Bloomsburg Hospital in January. Fifty per-
sons were guests at a dinner in his honor.
He will continue to work at Danville State
Hospital for one more year.
Dr. N. VanSant Myers, 480 Navesink River
Rd., Red Bank, N.J., retired from his practic-
e of proctology in 1968 and has since been trav-
eling around the world by freighter. He
writes that he is enjoying his retirement years
better than any time in his life.
1934
Dr. Hugh G. Grady, 813 Wyn cote House,
Wyncote, Pa., is a Visiting Professor of Pa-
thology at Jefferson through October, 1978.
Dr. Stanley G. McCool, Veterans' Hospital,
Jefferson Barracks, St. Louis, Mo., is a staff
physician in internal medicine.
1935
Dr. T. Henry Dembinski, Rt. 8, Box 802,
Hot Springs, Ak., is a candidate for the
state Senate from Garland County, Ar-
kan s. Dr. Dembinski, who is active in
civic affairs, has practiced medicine in Hot
Springs since 1946.
1936
Dr. Barclay M. Brandmiller, 5104 Market
St., Youngstown, Oh., was honored by the
Catholic Service League for volunteer serv-
tice to the agency. Since 1946 he has treated
600 infants and children under the care of
the League.
Dr. Oscar H. Cohen, 115 Church St., Boon-
ton, N.J., is a Fellow of the American Col-
lege of Nuclear Medicine and has passed his
Boards in Nuclear Medicine. He is working
part time at the V.A. Hospital in Lyons,
New Jersey.
Dr. Martin L. Tracey, 3810 Poinciana Dr.,
Lake Worth, Fl., is practicing internal med-
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cent McDermott '26 will update the cane
with a name plate for each Gross Professor
in perpetuity.

1939
1944S

Dr. Martin L. Tracey, 3810 Poinciana Dr.,
Lake Worth, Fl., is practicing internal med-
icine at the Lake Worth Medical Center.

Dr. Agustin M. deAndino, Doctors' Medi-
cal Center, Santurce, P.R., was in Phila-
delphia in June for the graduation of his
son, Richard. During activities at the
Dean's Luncheon Dr. deAndino presented
to Jefferson the diploma of the first Puerto
Rican graduate. The diploma of Dr. An-
tonio Goicuria, class of 1874, signed by Drs.

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icine at the Lake Worth Medical Center.
Gross, Pancost, Meigs and DaCosta, will be placed in the Archives.

Dr. Robert G. Salasin, 6012 Pacific Ave., Wildwood, N.J., was honored with a testimonial dinner sponsored by the Union League of Cape May County of which he is a former President.

1945

Dr. Stephen F. Balshi, 3354 Green Meadow Cir., Bethlehem, Pa., writes that his daughter, a former President, as did her husband, Dr. Frank Kucer in 1974. JMC in June and his daughter, Marianne Kathleen, graduated from Jefferson in June, Ave., New Orleans, is President of the Emory Medical School '75, is beginning an endocrinology Fellowship and entered the ob-gyn residency under classmate James Annal in September his son, James, will enter JMC.

Dr. Jose L. Garcia-Oller, 3401 Nashville Ave., New Orleans, is President of the American Council of Medical Staffs.

Dr. Victor M. Ruby, 101 S. Montgomery Ave., Atlantic City, N.J., writes that his eldest son, Edward '71, has just completed an endocrinology Fellowship and entered the Army. His son, Samuel, graduated from JMC in June and his daughter, Marianne (Emory Medical School '75), is beginning an ob-gyn residency under classmate James Lee at Jefferson.

Dr. Peter J. Savage, 28 Center Ave., Plymouth, Pa., writes that his fourth son, Michael, is a member of the freshman class at JMC.

1946

Dr. Harry E. Fidler, H-210, The Hamlet, Delray, Fl., has retired from practice for reasons of health. He lives half the year at the above address and half in Hawley, Pennsylvania in the Poconos.

Dr. DeArmond Lindes, 3229 E. Linden St., Tucson, Az., is a colonel in the USAF at Davis Monthan AFB. He is Chief, Primary Care Services there.

Dr. Harry C. Smith, 2105 8th St., Douglas, Az., was elected Chief of Staff at Chochise County Hospital in Douglas, Arizona.

Dr. J. Donald Wentzler, Box 219, Montoursville, Pa., is an anesthesiologist in central Pennsylvania. Recently he took a six-month sabbatical leave to attend the University Klinik of Erlangen, West Germany, as a guest anesthesiologist. He also teaches German and Austrian medical students each summer. He and his wife are restoring an old farm homestead.

Dr. John M. Koval, 4017 San Amaro Dr., Miami, Fl., notes that his son, Jon, graduated from the University of Miami Medical School in 1974.

Dr. John A. Surmonte has been named Chief of the Medical Staff at Salem County Memorial Hospital. He held this position previously from 1969 to 1972. A Diplomate of the American Board of Surgery, Dr. Surmonte recently completed a postgraduate course in surgery at Harvard. He and his wife have three children and reside in Pens Grove, New Jersey.

1948

Dr. William H. Annesley, Jr., 135 Lankenau Medical Bldg., Philadelphia, has recently been elected as Chairman of the Section of Ophthalmology at the Philadelphia College of Physicians. Dr. Annesley also is the Treasurer of the Retina Society. He currently is Chairman of the Department of Ophthalmology at Lankenau Hospital, Chief of the Retina Service at Wills Eye Hospital, and Attending Surgeon at Wills Eye Hospital.

Dr. John D. Bealer, 3639 Emerson Ci., Bethlehem, Pa., is a class "A" Trustee of the General Service Board of Alcoholics Anonymous. He has also been elected the first "civilian" Board member of A.A.W.S. All other members of A.A.W.S. are recovered alcoholics. Dr. Bealer is Assistant Medical Director of the Bethlehem Steel Corporation. He is a member of the American Medical Society on Alcoholism and a Director of the National Council on Alcoholism.

Dr. Richard L. Huber, 1112 Columbia St., Scranton, Pa., is a Trustee and Councilor for the Third District of the Pennsylvania Medical Society. A member of the medical staffs of Moses Taylor, Community and Mercy Hospitals in Scranton, Dr. Huber has been President of the Lackawanna County Medical Society and has been very active in PMS affairs for 10 years.

Dr. W. Clark Kittleberger, Jr., has joined the active staff of the Quakertown Community Hospital in the Department of Gynecology. He resides in Telford, Pennsylvania.

Dr. Richard M. Landis, 1315 Clayton Rd., Lancaster, Pa., retired from the army Reserve in 1976. He writes that he has a daughter in her second year of medical school, a daughter finishing a physical education major, a daughter looking at colleges and a son engaged in Scouts and model airplanes.

Dr. Robert C. Lanning, 2112 Wicomico St., Falls Church, Va., is Assistant Chief, Bureau of Medicine and Surgery, for support of the operational forces of the Navy. "It is good to get back to the continental U.S."

1949

Dr. Gerald Marks, 255 S. 17th St., Philadelphia, is the Program Director for a Jefferson-sponsored program, Flexible Fiber-optic Colonoscopy, a multidisciplinary international symposium, to be held September 22-24, 1976 in Cherry Hill, New Jersey.

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

1951

Dr. Charles S. DeBonis, 32 First Ave., Kingston, Pa., has been appointed to the Board of Directors of Nesbitt Memorial Hospital in Wilkes-Barre. Dr. DeBonis is a specialist in cardiology and internal medicine.

Dr. Victor F. Greco, E-Z Acres, Drums, Pa., has been appointed Medical Consultant for

The class of 1948 at their 28th reunion at The Homestead in Hot Springs, Virginia.
Portrait of the Physician, at his Best

Dr. Medoff: "The artist captured me as I am."

Dr. John Capelli '62, who made the biographical remarks at the May 7 presentation of Dr. Joseph Medoff's portrait to the University, recalled in his own preceptorship with Dr. Medoff helping treat a young woman with advanced metastatic carcinoma and intestinal obstruction. The situation was unrelievably difficult and discouraging for all involved. The patient's condition declined slowly, painfully and inevitably. The family had become exhausted emotionally and financially during the prolonged and intractable ordeal. Dr. Capelli, as a junior medical student, found the questions, the fears and the bitterness increasingly difficult to cope with and asked Dr. Medoff how even the experienced physician could come to deal with such suffering and frustration. "John," he said. "When a patient is at his worst, that's when a physician must be at his best."

Dr. Medoff, a Clinical Professor of Medicine who graduated from Jefferson in 1939 and who has been on staff here since 1946, still has the enthusiasm for medicine of a man who never entertained a notion of entering any other profession. Seventeen members of the present generation in his family are MDs. Dr. Medoff cannot imagine practicing medicine without teaching, because, "In addition to its individual rewards, teaching unquestionably leads to better patient care."

The gastroenterologist was the first Jefferson professor asked to be a preceptor in 1957; since then he has had a junior student every six weeks and one resident every month, in addition to his regular house staff supervisory responsibilities. Although he also gives lectures in gastroenterology to sophomores, most of his preceptees request the training on the advice of former preceptees. Dr. Medoff says the preceptorship is the best way to teach clinical medicine if the instructor is patient and willing to devote a great deal of time to his students. "I feel I first have to gain the respect of the preceptee," he says, "and then show that I respect him (or her) as well by allowing him to participate in decisions and to make his own trial and error mistakes when feasible."

That Dr. Medoff is a respected and popular teacher is evidenced in part by his having received the Christian R. and Mary F.
Comprehensive Health Planning for Pennsylvania. He has been active in health care planning, having been recently appointed to the Health and Hospital Planning Council of Northeastern Pennsylvania. He also serves as a member of Governor Shap's Advisory Commission for Anthracosis and Lung Related Problems. He was instrumental in having the chronic lung disease clinic established at the Hazleton State Hospital.

1952

Dr. William J. Dubigg, 1270 Overlook Rd., Lakewood, Oh., is Director of Neurology at St. Vincent Charity Hospital in Cleveland.

Dr. Eugene E. Kegel, 1059 Columbia Ave., Lancaster, Pa., has a son who is a sophomore at Jefferson and a daughter who is a freshman. "Both love it!"

Dr. Jack L. Mahoney, Hospital Moma Yemo, B.P. 169 Kinshasa, Republique du Zaïre, and his wife are working with FO-MECO, an international medical organization providing medical care in Zaïre at the country's largest hospital. As Chief of the Department of Otology, he handles many otological problems such as otitis media, head and neck tumors and a large variety of plastic cases. Dr. Mahoney's wife is a surgical nurse.

1953

Dr. William E. Delaney, after 22 years in pathology, has begun a two-year residency in internal medicine at Lankenau Hospital. He has also been appointed an Associate Professor of Pathology at Jefferson. He formerly was with St. Vincent's Hospital in New York City. He and his wife, Marge, will reside at 408 Millers Lane, Wynnewood.

Dr. Werner J. Hollendonner, 3067 Nottingham Way, Hamilton Sq., N.J., is the Medical Director of Morris Hall, has a private practice in internal medicine and is on the Associate Active staff at Mercer Hospital.

"Married to the former Lee Sargeant and have thereby acquired six children."

Dr. Thomas M. Ullmann, U.S.C.G., Support Ctr., Governors Island, N.Y., entered the U.S. Public Health Service and has been assigned to the Coast Guard.

1954

Dr. Robert A. Hinrichs, 2007 Galatea Ter., Corona-del-Mar, Ca., just finished an interesting year as Chief of Staff at 475-bed Hoag Hospital in Newport Beach. His son, Mark, will come east to attend Amherst College this fall.

Dr. Howard E. Sullivan, Jr., has been elected to the Board of Directors of the Havertford School. He is Chief, Service of Allergy-Immunology at Bryn Mawr Hospital and an Associate Professor of Medicine at the University of Pennsylvania School of Medicine.

1956

Dr. Robert N. Cottone, Forest and Franklin Sts., Trenton, N.J., is President of the Medical Staff at St. Francis Medical Center. He is also Head of the Section of Urology and a member of the Board of Trustees there.

Dr. Ernest R. Griffith, 1805 Vincennes Rd., Richmond, Va., has been named Chairman of the Department of Rehabilitation Medicine at the Medical College of Virginia. Prior to his new post, Dr. Griffith served as Assistant Director of the Department of Physical Medicine and Rehabilitation at the University of Cincinnati.

Dr. Hyman R. Kahn, 1149 Westbury Rd., Jenkintown, Pa., has entered a new three-man group for the practice of internal medicine. The practice is located in Elkins Park.

Dr. Charles K. Mervine, III, 1500 Sandy Hill Rd., Norristown, Pa., is a Diplomate of the American Board of Family Practice.

Dr. Edward L. Minier, 212 Grand Ave., Box 449, Hacketstown, N.J., is Chief of the Medical Staff at Hacketstown Hospital.

Dr. Charles J. Stahl, 14105 Flint Rock Rd., Rockville, Md., a Captain in the Medical Corps of the United States Navy, is a Diplomate of the American Board of Pathology in Anatomic Pathology, Clinical Pathology, and Forensic Pathology. He is Chairman, Department of Laboratory Medicine, National Naval Medical Center, Bethesda, Md.; Consultant in Laboratory Medicine, Bureau of Medicine and Surgery; and Clinical Course Director, Laboratory Schools, Naval Health Sciences Education and Training Command, as well as Professor of Pathology, George Washington University School of Medicine, and Professorial Lecturer, Graduate School of Arts and Sciences, George Washington University. For service at the Armed Forces Institute of Pathology from 1965-75, he received the Joint Service Commendation Medal in April 1975. He is a former Editor, Journal of Forensic Sciences; Honorary Fellow, American College of Legal Medicine; and Honorary Member, Hollywood Academy of Medicine.

1957

Dr. Robert C. Bastian, Jr., 46 Grandview Rd., Williamsport, Pa., has been named a Human Resource of the United States by the American Heritage Research Association.
1958

Dr. George E. Hudock, Jr., 51 E. Valley View Dr., Courtdale, Pa., is a Diplomate of the American Board of Pathology. He is Medical Director of the Laboratory for Nanticoke State Hospital; Co-Director of the Pathology Laboratory of Mercy Hospital and Luzerne County Coroner, among other posts. He is also President of Laboratory Procedures of Wilkes-Barre and Consulting Pathologist to neighboring county coroners.

Dr. Marvin Z. Rotman, 59 E. 80th St., New York, has been named a Fellow of the American College of Radiology. Dr. Rotman is affiliated with Flower 5th Avenue Hospital, Metropolitan Hospital Center, Bird S. Coler Hospital in Queens, and Grasslands Hospital in Valhalla.

1959

Dr. Robert V. Davis, P.O. Box 295, Waverly, Pa., is taking a one-year Fellowship in retinal surgery in New York beginning in July.

Dr. Lawrence J. Mellon, 708 N. Morton Ave., Morton, Pa., has been promoted to Clinical Assistant Professor of Community Health and Preventive Medicine at Jefferson.

1960

Dr. Robert P. Bridenhaugh, 3000 Oakland Rd., Martinsburg, Pa., has been named a Diplomate of the American Board of Family Practice. He has been practicing medicine in Martinsburg since 1963, after a residency in internal medicine at York Hospital.

Dr. Ernest C. Dunn, 15 E. Newcastle Rd., Ocean City, N.J., is the 1976 President of Shore Memorial Hospital Medical Staff and a member of its Radiology Department. Dr. Dunn is married and has four children.

South Philadelphia's “Country Doctor”

Dr. Michael Oriente, 46, a general practitioner in South Philadelphia, will never be mistaken for a matinee idol.

But when he stepped into a crowded banquet room at Palumbo's on a Friday in March, a middle-aged woman suddenly leaped to her feet and screamed "We love you, doctor."

Nearly 400 others joined her, clapping and shouting the doctor's praises. Before he left Palumbo's nearly two hours later, Dr. Oriente had more lipstick on him than an Avon lady.

He also had two awards for humanitari-anism, symbols of the love and respect that his patients, his friends and the City of Philadelphia have for him.

"All I do is my job," said Dr. Oriente. "They're trying to show their appreciation, but I don't feel like I'm doing anything special."

Everyone else, however, does.

"We all love him; he's a country kind of doctor," said Marie DiNubile, 66, one of the doctor's patients and a leader of the South Philadelphia Ladies of Charity, who honored the doctor yesterday.

"When you're sick, he comes that quick," she said, snapping her fingers. "Older people love him. He charges $5 a visit. He comes 11, 12 at night. I don't know how his wife stands it."

"When I go to church on Sunday, I always pray for him," said Mary Benefiel, 54. "We can't do enough for him."

The doctor, whose offices are at 918 Catharine St., seemed uncomfortable in the midst of the adulation.

"It's scary," he said.

When he entered the hall and saw the 400 people there, he chided Mrs. DiNubile, who had promised him that this was to be "a small affair."

His wife, Isolon, said she understood how the patients felt. "He's so gentle and passive, you can't help but love him," she said.

"And to the children (patients), he's just a big lollipop." (Dr. Oriente admitted that he does magic tricks for the children.)

Anthony Zecca, deputy to Mayor Frank L. Rizzo, awarded Dr. Oriente the Philadelphia Bowl and called him an "extinct species."

"Today, you call doctors and they make an appointment for three weeks later," Zecca said. "The only one who has more patients than the doctor is his wife."

Then the doctor rose to another standing ovation.

"The love emanating from this affair is indescribable but deeply felt," he said.

"South Philadelphians are a special people. They have a subtle but deep-seated tie of togetherness. I'm proud to be part of that."

After the luncheon, the doctor was kissed and hugged by almost everybody. Then, even though yesterday was his day off, he quietly left to "make a few calls to patients and go to the hospital."

Dr. Oriente: affection and appreciation

Courtesy of Philadelphia Inquirer
Dr. David Green, 1030 N. Elmwood Ave., Oak Park, Ill., writes that he is spending a sabbatical six months in Leiden, the Netherlands, through July of 1976. He will return to Northwestern Medical School in August.

Dr. Howard E. Hock, 75 Union St., Montclair, N.J., has been reelected Associate Chief of Staff of the Newark Eye and Ear Infirmary Unit of United Hospitals of Newark. He has been a member of the staff since 1965. Dr. Hock is certified by the American Board of Otolaryngology.

Dr. Harvey M. Levin, 7754 Clements Rd., Wynnewood, Pa., has been promoted to a Clinical Assistant Professor of Obstetrics and Gynecology at Jefferson, at the Methodist affiliate.

Dr. Arnold H. Weinstein, 10 Mott Ave., Norwalk, Conn., writes that his first child, a daughter, was born on June 26, 1975, Margaret Topper.

1961

Dr. Kenneth A. Greenawald, 431 Westchester St., Birmingham, Mich., is Chief of the Division of Chemistry and Executive Vice-Chairman of the Department of Pathology at Henry Ford Hospital in Detroit.

Dr. James A. Lehman, Jr., 870 Cliffside Dr., Akron, Ohio, writes that a daughter was born December 4, 1975, Nicole Elizabeth.

Dr. Elliott Perlman, 2717 Weller Rd., Silver Spring, Md., is at the Naval Hospital, National Naval Medical Center in Bethesda as Chief, Hematology/Oncology Branch. He is now a captain.

Dr. William M. Shue, 586 Fairview Ter., York, Pa., has been installed as President of the York County Medical Society. Dr. Shue, a York surgeon, is a Diplomate of the American Board of Surgeons and a Fellow of the American College of Surgeons.

Dr. David K. Sabin, 770 Washington St., San Diego, writes that his practice is going well. He is an Assistant Clinical Professor of Orthopaedics at the University of California, San Diego, and rotating Chief in the Hand Surgery Service. He was admitted into the American Society for Surgery of the Hand this year. He is associated in his busy practice with three other orthopaedists.

1962

Dr. Irwin Becker, 216 W. Chelten Ave., Philadelphia, has been appointed Director of Service in the Department of Family Practice at Germantown Dispensary and Hospital. Dr. Becker is an Assistant Clinical Professor at Temple University Medical School. President-elect of the Philadelphia Academy of Family Physicians, Dr. Becker was elected in 1974 to a three-year term as a Director of the Pennsylvania Academy of Family Practice.

Dr. Stanley Bernstein, Professional Bldg., Bridgeton, N.J., has been appointed a Federal Aviation Examiner and attended the Federal Aviation Agency convention in February. He is Board certified in family practice.

Dr. George Blewitt, 21 Patriot Ct., Devon, Pa., is Associate Director of Clinical Services of Smith Kline & French. Previously Dr. Blewitt maintained a private practice in internal medicine and nephrology in Burlingame, California. He was also Clinical Assistant Professor of Medicine at Stanford School of Medicine. Dr. Blewitt and his wife, Anne, have four children.

Dr. Alan R. Freedman, 57 Levering Ct., Bala Cynwyd, Pa., is Chief of Ambulatory Pediatrics and Director of the Pediatric Clinics at Pennsylvania Hospital. He, his wife, Arlene, their two daughters and one son, have lived in Bala Cynwyd for six years.

Dr. Ronald F. Green, 181 E. 73rd St., New York, is in the practice of physical medicine and rehabilitation and is on the staff of New York Hospital-Cornell University Medical College.

1963

Dr. Andre R. Boissevain, 109 Quaker Farm Rd., Oxford, Conn., has joined the University of Connecticut School of Medicine as an Assistant Professor of Family Medicine. Dr. Boissevain previously practiced family medicine in Seymour.

Dr. Rodger J. Winn, 36 Pembroke Rd., Summit, N.J., has been appointed to the State Board of Public Health. He is Chief of Oncology at St. Barnabas Hospital and a member of the Community Practice Committee of the American Association of Clinical Oncologists.

1964

Dr. Henry L. Babitt, 4623 Hawsbury Rd., Baltimore, writes that his third daughter, Wendy Lauren, was born on March 9, 1975.

The Philip Syng Physick House in Philadelphia's Society Hill was the scene of 1961's reunion party.
Reunion classes of 1951 (above) and 1956 held dinner dances in Jefferson Alumni Hall. Nearly 50% was on hand from both classes.
He has recently been named a Fellow of the American College of Cardiology and the American College of Physicians.

Dr. George E. Fleming, Oak Knoll, Hollidaysburg, Pa., has been appointed Director of Anesthesia at the Altoona Hospital. He was previously Chief of Anesthesia and Inhalation Therapy at Lenoir Memorial Hospital in Kingston, North Carolina. He was also Medical Director of the Respiratory Therapy Program at Lenoir Community College. Dr. Fleming is a Fellow of the American College of Anesthesiologists and a Diplomat of the American Board of Anesthesiology.

Dr. Nicholas R. Salerno, 7 Stuart Dr., Bloomfield, Ct., writes that his son, Matthew, is three and a second child was expected in June. He is in a group practice of radiology in Hartford.

Dr. Vincent R. A. Sanderson, 701 N. Hermitage Rd., Greenville, Pa., has joined the staff of Greenville Hospital. Dr. Sanderson is an ophthalmologist and orthopedic surgeon, a Diplomate of the American Board of Ophthalmology and a Fellow of the American College of Surgeons.

1966

Dr. Warren D. Lambright is Director of the family practice residency program at Chestnut Hill Hospital. He resides at 10 Brondesbury Drive, Cherry Hill, New Jersey.

Dr. Stephen C. Padnes, 504 Edann Rd., Glenside, Pa., has been promoted to Clinical Assistant Professor of Psychiatry and Human Behavior at Jefferson.

Dr. James S. Paolino, 9 Silver Spring Rd., W. Orange, N.J., is a Fellow of the American College of Physicians and a Clinical Assistant Professor of Rheumatology at the New Jersey College of Medicine in Newark.

Dr. Jerome Singer, 212 Croft Ridge Dr., Broomall, Pa., is practicing pediatrics in Havertown with four associates.

1967

Dr. Joseph P. Chollak, Jr., 184 Brookside Dr., Medford, N.J., writes "Living happily in historic Medford with Penny and our two children. Involved in four-man man group family practice. Became Diplomate of American Board of Family Practice."

Dr. William M. Dellevigne is practicing general surgery at Chester County Hospital in West Chester and at Paoli Memorial Hospital.

Dr. Joel B. Jurnovoy, Delaware County Medical Center, Broomall, Pa., is a Diplomate of the American Board of Dermatology and is on the Board of Directors of the Delaware County Medical Society.

Dr. James P. O'Hara, Rural Route 4, Iowa City, Ia., is in the private practice of orthopedics in Iowa City. He received a Master of Science from the University of Minnesota in 1975.

Dr. Leonard H. Seltzer, P.O. Box 269, Wilmington, De., recently spoke at the University of Mississippi Medical School on atopic dermatitis.

Dr. Paul A. Sica, Jr., Ste. 58, 2300 Pennsylvania Ave., Wilmington, De., is in the practice of dermatology. He is on the medical staff at Wilmington Medical Center and St. Francis Hospital and has been elected to the American Board of Dermatology. He and his wife, Trish, have four children, three daughters and a son.

Dr. Stephen Slogoff, 8906 Weymouth, Houston, is an Attending Anestesiologist at Texas Heart Institute. An Associate Examiner for the American Board of Anesthesiology, he was recently elected to the American Society of Anesthesiologists-American Board of Anesthesiologists Joint Council on in-training examinations.

Dr. Scott C. Stein is Chief of Anesthesiology at Margate Hospital in Margate, Florida.

Dr. Vincent J. Varano, 203 N. Crestwood Dr., Danville, Pa., is practicing gastroenterology at Geisinger Medical Center. He was elected to membership in the American Society for Gastrointestinal Endoscopy and American Gastroenterological Association. His second son, third child, arrived in October, 1975.

Dr. David E. Williams, 476 Prospect St., Lajolla, Ca., has been certified in internal medicine and cardiovascular disease. He is with the Scripps Clinic Medical Institutions in the Cardiovascular Division.

Dr. Jonathan L. Williams, 524 Britton Dr., King of Prussia, Pa., writes that his first son arrived in November, 1975. He is still on the staff of St. Christopher's Hospital for Children in Philadelphia as a radiologist.

Dr. Melvyn A. Wolf, 1219 Lois Rd., Ambler, Pa., and his wife are proud to announce the recent birth of a son, David Michael. They also have two daughters, Karen and Susan. Dr. Wolf has a solo ophthalmology practice in Ambler.

1968

Dr. Charles M. Brooks, 11 Woodland Ave., Bloomfield, Ct., has been Board certified in gastroenterology. His third child, Allison, was born in October.

Dr. Irving S. Colcher, 2660 Shady La., Lansdale, Pa., has opened his own office for the practice of pediatrics in Audubon. He is a Fellow of the American Academy of Pediatrics.

Dr. Nicholas W. DiCuccio, Hemlock Dr., Lock Haven, Pa., is a Fellow of the International College of Surgeons. He practices with the Clinton Association of Physicians and Surgeons.

Dr. William K. Grossman, 58 Highland Blvd., Dallas, Pa., has been certified as a Diplomat of the American Board of Psychiatry and Neurology in the field of psychiatry.

Dr. John A. Jefferies has joined the staff of the Mayo Clinic as a consultant in the Department of Obstetrics and Gynecology. He is also an Instructor in Mayo Medical School.

Dr. Garth A. Koniver, 313 Glen Gary Dr., Havertown, Pa., recently joined Papastouras Associates, Wilmington, in diagnostic radiology.

Dr. Virginia Campbell Poirier, 217 Hathaway Ct., Sacramento, Ca., is in private practice in diagnostic radiology in Sacramento. She was honored as the 1000th member of the Sacramento County Medical Society. She has one child, Brett, age three. Her husband, Tom, is a gastroenterologist.
In Jewelry There Is Only Harmony, Peace and Beauty.

Even at its pinnacle, the short-lived creative movement known as art nouveau was regarded by many as a ludicrous artistic aberration. Historically credited with existence only from the 1890s through the beginning of the First World War, it rejected the orthodoxy and conservatism of Victorianism and came to have what were for its time revolutionary political and social overtones. Devotees of catch-phrase identification usually associate art nouveau with sensuous women's faces surrounded by free-flowing, spiralling hair. Like the impressionists to whom they were spiritually and intellectually indebted, however, the artistes nouveaux have had a significant and wide-ranging influence on art in the 20th century.

Jefferson Professor of Otolaryngology Joseph Sataloff, who has, almost by default, become one of the few experts in the field of art nouveau jewelry, believes art nouveau says something basic about the human spirit that could only have emerged in a free society. Speaking about jewelry he says, "Pieces in the art nouveau style are very individualistic, very emotional. The sensuous, chaste/erotic, dreamy quality about them was an attempt to screen out harshness and go beyond realism."

Dr. Sataloff also finds art nouveau jewelry the most interesting of all styles because the pieces are more than designs. Like paintings or sculptures, each brooch or pendant makes a statement or expresses an emotion. Many of them actually are sculptures or paintings in miniature, complete with perspective. The best art nouveau pieces reverberate; they make you think, they are in subtle ways always new, their beauty increases each time you see them. "The real art nouveau masters like René Lalique are artists," says Dr. Sataloff. "Most jewelers of other styles are merely craftsmen."

Craft, however, was almost as important to the artistes nouveaux as the spiritual integrity of their work, and Dr. Sataloff feels that the finest technique the jewelry world has ever seen was done during the art nouveau period in France. Although un-exotic materials like horn, tortoise shell, ivory and glass were used more often than precious stones, unusual effects were achieved through the use of color and attention to the possibilities of various lighting conditions. The backs of the pieces were as finely conceived and executed as the fronts.

Dr. Sataloff has had ample opportunity to study art nouveau jewelry first hand, because pieces of this style comprise the bulk of his sizeable antique jewelry collection. For security reasons, no collector will reveal the exact size of his collection. Unlike, both Dr. and Mrs. Sataloff stress that all the jewelry is kept in a bank vault for its and their protection.

The physician became a collector almost accidentally. A dealer in antique books told him of an antique jewelry collection a Germantown woman was anxious to sell, and he and his wife were curious enough to take a look at it. "The woman had 1500 pieces," Dr. Sataloff recalls, "laid out on beds, dressers, every available flat surface in several rooms of a gloomy old house. We bought two or three pieces that day and had them appraised. When we saw their value, we went back and started our collection by buying 500 pieces."

As the collection began to interest Dr. Sataloff seriously he made regular trips to New York antique shops hoping that diligence or serendipity would uncover art nouveau pieces of note. "We stopped in one shop at the end of a long day," he recounts, "and asked the proprietor if he had any art nouveau jewelry. 'No I don't,' he said, 'but I couldn't sell it to you if I did. We've all been alerted to save any pieces that come in for some crazy doctor in Philadelphia.'"

Dr. Sataloff has since found that he is the only major collector of antique jewelry in Philadelphia. And he no longer pounds the pavement in search of new bijouterie: every two or three weeks dealers from New York, Paris and London call and describe pieces to
him by phone, and he now makes all his purchases through such dealers or at auction.

As his collection grew, so did Dr. Sataloff's academic interest in the subject. He began first to read, and he now has 120 books on antique jewelry in his library. As he became more knowledgeable he began to write himself, scholarly articles in antique magazines like the British Connoisseur (there are no comparable American publications), chapters on jewelry in a book on antiques and finally his own book, The Pleasures of Jewelry and Gemstones. The Life magazine-sized book of 96 pages traces the history of jewelry from ancient to modern times, interspersing lush color photographs with literate comments on dates, quality, pertinent historical background and style. It took Dr. Sataloff about five years to assemble the work, which can only be described as gorgeous in the original sense of the word. The volume, published by Octopus Books, has sold more than 50,000 copies worldwide and has been especially successful in Japan and Taiwan. Although Dr. Sataloff received no royalties from these sales, he has been working for the past four years on a second book, this one dealing with 1000 Parisian artist-jewelers.

While an academic study of jewelry may seem an unusual pursuit, it is one of the few outlets open to the jewelry enthusiast. Unlike other arts, antique jewelry is rarely exhibited. Dr. Sataloff, for instance, has lent some of his pieces over the years to Duke and Rutgers Universities and currently to the Smithsonian for unusual special showings, but there has never been an antique jewelry exhibition in Philadelphia. Neither is antique jewelry a popular lecture topic. At a recent talk about his art nouveau pieces before a Barnes Foundation group, Dr. Sataloff noted that what he said had probably never been articulated in public before. Antique jewelry in general and art nouveau jewelry in particular seem to be subjects with few devotees and fewer experts. "There hasn't been a book written on art nouveau jewelry in 70 years," Dr. Sataloff says, "although there have been many written on the art nouveau period."

Some collectors can wear, or see their wives wear, their treasures, but for the most part this, too, is impossible for the Sataloffs. Many art nouveau pieces were designed for the stage and are thus too outsize and too theatrical to be easily adaptable as accessories for a modern wardrobe. Additionally, most art nouveau work is extraordinarily fragile and delicate; wearing it constitutes a substantial risk to the value of the jewelry, which depends on perfect workmanship rather than on precious stones or metals.

If jewelry as art is a largely neglected topic in this country, for Dr. Sataloff it has one marked advantage over the visual arts. "Jewelry has none of the turmoil often represented in other art forms," Dr. Sataloff notes. "In jewelry there is only harmony, peace and beauty."
Dr. David R. Cooper, 280 Iven Ave., St. Davids, Pa., writes that he has been very happily married for two years and has entered the practice of orthopaedic surgery in Lansdale.

Dr. Carolyn S. Crawford, 506 Spruce St., Philadelphia, has been named Chief of the Department of Neonatology at Albert Einstein North in Philadelphia. She also holds the rank of Assistant Professor of Pediatrics at Temple University School of Medicine.

Dr. Edwin P. Ewing, Jr., 2912 Aquarius Ave., Silver Spring, Md., has been certified by the American Board of Pathology in anatomic and clinical pathology. He is now a member of the Department of Experimental Pathology, Walter Reed Army Medical Center in Washington, D.C.

Dr. William C. Hamilton, 23 E. Homestead Ave., Collingswood, N.J., a resident in orthopaedics at Jefferson, has received a North American Traveling Fellowship from the American Orthopaedic Association. The Fellowship includes a four-week tour of orthopaedic centers in the U.S. and Canada.

Dr. Edward L. Langan, III, 1030 Remington Rd., Wynnewood, Pa., has been appointed an Instructor in Obstetrics and Gynecology at Jefferson, Lankenau affiliate.

Dr. Edward Rosof, 600 Somerdale Rd., Voorhees, N.J., completed a Fellowship in pediatric endocrinology/diabetes at Philadelphia’s Children’s Hospital. He is now in the private practice of pediatrics.

Dr. Jeffry F. Rubin, 102 Harvest Cti., Bala Cynwyd, Pa., has been appointed an Instructor in Orthopaedic Surgery at Jefferson.

Dr. Joseph L. Seltzer, 116 Dupont Wy., Wright Air Force Base, Oh., is a staff anesthesiologist at the Air Force Medical Center there. Another son, Gregory Parke, was born on May 23, 1975.

Dr. Timothy E. Urbanski, 571 Coach Rd., Horsham, Pa., is in practice in Ambler. He passed his Boards in internal medicine and is on the staff at Chestnut Hill Hospital.

1972

Dr. Anthony J. Calabrese, 208 Hobart Dr., Laurel Springs, N.J., is a gastroenterology Fellow at Jefferson.

Dr. Paul M. Dainer has begun a Fellowship in hematology at the San Diego Naval Regional Medical Center. He recently completed duty as attending physician at the Portsmouth Naval Regional Medical Center and was selected for promotion to lieutenant commander.

Dr. Stephen P. Flynn, 245 Hollywood Blvd., Havelock, N.C., writes that classmates Gregory Edinger and James Blore are doing a two-year tour of duty with the Naval Hospital in Cherry Point, North Carolina. “We all passed our Board in family practice.”

Dr. Joseph P. and Rosemary Andries Horstmann, Merion Gardens, A404, Merion, Pa., write that they were married in December, 1975. “After Joe finishes his pathology residency at Jefferson he will start his Berry plan with the Navy. I will finish a psychiatry residency at the Institute of Pennsylvania Hospital and hope to find work where Joe is assigned.”

Dr. Lawrence Howard, 502 Jefferson Ave., Scranton, Pa., is affiliated with the Professional Medical Associates at the above address. Dr. Howard and his wife, Patricia, have one son, Michael Sean.

Dr. Richard R.P. McCurdy, 211 Sykes La., Wallingford, Pa., completed a residency in internal medicine at Jefferson in June, 1975 and took a cardiology Fellowship at Temple. He has been appointed to the medical staff at Methodist Hospital.

Dr. Robert E. Rinaldi announces the birth of Tracy Lynn on December 23, 1975. Dr. Rinaldi is serving two years at Langley Air Force Base in obstetrics and gynecology.

Dr. Jeffrey M. Rosch has opened an allergy and clinical immunology practice in Altoona, having completed a Fellowship in the same at the University of Pittsburgh.

Dr. Robert E. Steward, R.D. 6, Danville, Pa., writes that he is completing a general surgery residency at Geisinger Medical Center. He and his wife, Dixie, have two children, Robert III and Dwight, now four and two respectively.

1973

Dr. Frank A. Borgia, 16 Fuller Rd., Apt. 7, Foxboro, Ma., is continuing a general surgery residency at St. Elizabeth’s Hospital of Boston.

Dr. Peter R. Hulick, 29 Windflower Dr., Newark, De., writes that he spent the month of January, 1976 attending classes at M.D. Anderson Hospital and Tumor Institute in Houston. He is a resident in radiation therapy at the Wilmington Medical Center.

Dr. Alan S. Jesselman has completed his training in internal medicine at Wilmington Medical Center and is now a Fellow in pulmonary disease at Jefferson. He and his wife, Gail, had their first child, Steven Daniel, on December 30, 1975.

Dr. Anton P. Kemps, 8500 Rio Grande, N.W. Albuquerque, N.M., is working with the Indian Health Service in Albuquerque. “My wife, Barbara, and children, Tonia and Gerrit, bid hello to all and encourage you to visit the beautiful southwest.”

Dr. Frederick L. Kramer, 275 Bryn Mawr Ave., Bryn Mawr, Pa., is a radiologic resident at Jefferson.

Dr. Paul D. Manganiello, 1000 Walnut St., Philadelphia, is an obstetrics and gynecology resident at Jefferson. He married a graduate of Jefferson’s nursing school in May, 1975, Wendy Obst.

Dr. Lynne E. Porter, 16 Fuller Rd., Apt. 7, Foxboro, Ma., completed her medical residency at Miriam Hospital in Providence, R.I. and began a two-year gastroenterology Fellowship at Rhode Island Hospital in Providence.

Dr. Cyril M.J. Puhalla, 1218 Walnut St., Philadelphia, finished his psychiatry residency at Jefferson and is staff psychiatrist at the Jefferson Community MH & MR Center. He has begun training in psychoanalysis and will take advanced post-graduate work at the Institute of the Philadelphia Psychosanalytic Association.

1974

Dr. Tom E. Campbell, 2240 Glencoe Hills Dr., Ann Arbor, Mi., was married in February to RoseMary Herman in Ann Arbor. Mrs. Campbell is a student at the Ann Arbor School of Nursing. Dr. Campbell is a resident in pathology at the University of Michigan Medical Center.

Dr. John Hermanovich, Jr., 700 Ardmore Ave., Ardmore, Pa., a second year resident in internal medicine at Lankenau Hospital, has accepted an appointment as a Fellow in cardiology at the University of California at Davis to begin in July, 1977.

Dr. Jay R. Trabin, 2207 Prior Rd., Wilmington, De., is Chairman, District III, of the Junior Fellow College Advisory Council of the American College of Obstetricians and Gynecologists.

1975

Dr. Alan H. Bierlein, United Hospital Center, Clarksburg, W.V., married Miss Valerie Scott in May. Mrs. Bierlein is Director of Medical Records and Social Services-Quality Assurance at the United Hospital Center. Dr. Bierlein just finished his first year of a family practice residency.

Dr. John E. Hocutt, Jr., 4005 Golfview Dr., Newark, De., is a family practice resident at the Wilmington Medical Center.
Dr. Eugene P. Hughes, Jr., 1000 Walnut St., Philadelphia, writes that his second daughter, Mary Beth, was born in February, at which time their first daughter, Amy, was one year old.

Dr. Nathan A. Jacobson, 7830 Camino Real, K-406, Miami, married Ricki Sue Eidelson in October, 1975. He is continuing his residency in internal medicine at Jackson Memorial Hospital.

Dr. William M. Mirenda, Jr., is in a general surgery residency at Roanoke Memorial Hospitals. He resides at 2208 South Jefferson Street, Roanoke, Virginia.

Dr. Jere F. Seelaus married Mary F. Ramsay in April. Dr. Seelaus was a resident in internal medicine at Bryn Mawr Hospital, and is now a resident in diagnostic radiology at Temple University Medical Center.

Dr. Keith M. Staiman has returned to Philadelphia for a residency in pediatrics at Children's Hospital. He recently completed his first year of pediatric training at Beth Israel Medical Center in New York. He is residing with his wife, Eva, and their daughter, Debra Anne, at 1530 Locust Street.

faculty

Dr. David M. Davis, The Nathan Lewis Hatfield Emeritus Professor of Urology, and Dr. Bernard J. Alpers, Emeritus Professor of Neurology, were specially honored by the Alumni Association at the Annual Banquet on June 10 at the Bellevue Stratford Hotel. Dr. Davis served as Chairman of the Department from 1935 to 1951, Dr. Alpers from 1939 to 1965. President Templeton, who presented each Professor with an unusual desk telephone affixed with the Jefferson seal, read the engraved citation. "The Alumni Association of Jefferson Medical College recognizes the significant contributions to Jefferson and its students by distinguished teachers, David M. Davis, M.D. and Bernard J. Alpers, M.D.

Dr. Franz X. Hausberger, 1009 Clinton St., Philadelphia, a Professor Emeritus at Jefferson, is now a Clinical Professor in the Department of Anatomical Sciences at Temple University School of Dentistry.

Dr. Charles P. Kraatz, retired Professor of Pharmacology of the Medical College, appeared as Bottom in the Hedgerow Theatre production of "Midsummer Night's Dream." Dr. Kraatz has acted with a number of local groups, including the Players Club of Swarthmore, The Cafe Theatre of Allen's Lane, the Barnstormers and the Pocket Playhouse of Philadelphia.

Obituary

Frank M. Phifer, 1908
Died March 26, 1976 at the age of 89. Dr. Phifer, a resident of Eureka, Illinois, was a urologist at numerous area hospitals including Cook County Hospital in Chicago where he was responsible for organizing the Department. Dr. Phifer was an Emeritus Professor of Urology at Loyola University where he was Chairman from 1919 to 1933. He was a member of the American Urological Association and the American Board of Urology.

Arthur B. Landry, 1909
Died June 10, 1975. Dr. Landry was Chief of Staff at St. Francis Hospital in Hartford, Connecticut, where he had practiced medicine for 60 years. He was the former President of the Connecticut State Medical Society and the Hartford County Medical Society. Dr. Landry received an honorary Doctorate in Humane Letters degree from St. Joseph College in 1965. Dr. Landry served Jef ferson for many years as agent for his class of 1909. Surviving are two sons, Dr. Arthur B. Landry, Jr. '56 and John B. Landry and three daughters.

Fred P. Simpson, 1910
Died January 10, 1976. Dr. Simpson was a general practitioner in the Harrisburg, Pennsylvania area.

Abraham L. Mann, 1912
Died September 14, 1975. Dr. Mann practiced medicine in Albany, New York and resided in Ellenville.

Frederick C. Freed, 1913
Died February 4, 1976. Dr. Freed was an obstetrician/gynecologist practicing in New York City.

Elmer R. Grigg, 1914
Died October 27, 1974. Dr. Grigg had a practice of ophthalmology in Boulder, Colorado. His daughter survives him.

Robert J. P. Harmon, 1914
Died October 7, 1975 at the age of 87. Dr. Harmon, an ophthalmologist, resided in Elcerrito, California.

Barney D. Lavine, 1914
Died March 27, 1976 at the age of 83. Dr. Lavine, a general practitioner in Trenton, New Jersey had served as Medical Chief at St. Francis Medical Center there.

Edward D. Leete, 1915
Died May 5, 1976. Dr. Leete practiced medicine in the area of Quincy, Massachusetts.

Raymond A. Tomassene, 1916
Died February 21, 1976 at the age of 84. Dr. Tomassene had practiced ophthalmology in Wheeling, West Virginia since 1921. A son survives him.

John J. Neal, 1917
Died April 20, 1976. Dr. Neal was a general practitioner in Danville, Virginia.

Asa L. Myers, 1918
Died December 4, 1973. Dr. Myers, a general surgeon, was residing in Sarasota, Florida at the time of his death.

Sam R. Luster, 1919
Died April 24, 1976. Dr. Luster, a general practitioner, resided in Los Angeles. A son survives him.

D. Russell Perry, 1919
Died April 22, 1976. Dr. Perry was an internist with offices in Durham, North Carolina.

Henry V. Bories, 1920
Henri E. Gauthier, 1923  
Died February 2, 1976 at the age of 79. Dr. Gauthier had been a surgeon in Woonsocket for more than 50 years and was responsible for the accreditation of Woonsocket Hospital and for its two-year residency program in general practice. A Fellow of the American College of Surgeons he had been President of its Rhode Island chapter and of the Rhode Island Medical Society. Until his resignation in 1961 Dr. Gauthier had been Chief of Surgery at Woonsocket Hospital. Dr. Gauthier was very active in civic affairs and received many honors from his community. Dr. Gauthier served for more than 30 years as the State Vice President for Jefferson’s Alumni Association. He is survived by his wife, Germaine, and three daughters.

Oscar S. Goodwin, 1923  
Died April 22, 1976 at the age of 81. He had been practicing medicine in Apex, North Carolina since 1924, and he had never gone into retirement. A recipient of the Navy Cross for heroism and the French Croix de Guerre in World War I, Dr. Goodwin received the Distinguished Service Award from the University of North Carolina School of Medicine where he completed his first two years of medical training. He was a member of the American Academy of Family Physicians, physician to the Norfolk and Southern Railroads and a former President of the Seaboard Coastline Railroad Surgeons. He was also active in civic and church activities. He is survived by his widow, Elizabeth, three sons, and one daughter.

Joseph V. Springer, 1923  
Died June 28, 1975 at the age of 78. Dr. Springer, who practiced family medicine in Portland, Oregon, is survived by his widow, Ruth, and two daughters.

John J. Burns, 1924  
Died June 11, 1976 at the age of 76. Dr. Burns, who had retired in 1970 from his medical practice, lived on Philadelphia’s Rittenhouse Square. He is survived by his widow, Anna, two daughters and two sons, one Dr. Robert B. Burns, ’64

Thomas F. Cooper, 1924  
Died June 3, 1976 at the age of 77. Dr. Cooper was a retired vice admiral and former commanding officer of the National Naval Center in Bethesda. Since his 1959 retirement he was a member of the medical department of ConRail in Philadelphia. He was a member of numerous military and medical associations. Surviving are his widow, Alice, a daughter and a son.

Hoichiro Uchiyama, 1929  
Died April 9, 1975. He had practiced family medicine in Honolulu.

Charles L. Vick, 1929  
Died April 30, 1976 at the age of 74. Dr. Vick was a family practitioner in Seaboard, North Carolina.

Edward P. Swartz, 1930  
Died February 7, 1976. Dr. Swartz practiced internal medicine in Scranton, Pennsylvania.

Henry N. Bronk, 1932  

David Naïdoff, 1936  
Died suddenly May 5, 1976. Dr. Naïdoff, who received his first Jefferson appointment in 1940, advanced through the professional ranks until he was named Clinical Professor of Ophthalmology in 1973. He was a member of numerous organizations including the American Academy of Ophthalmology and Otolaryngology, the Association for Research and Vision and the American Association for the Advancement of Science. Surviving are his wife, Rose, and two sons.

Charles Schlechter, 1939  
Died March 13, 1976. Dr. Schlechter had practiced general medicine in Philadelphia.

James R. Swan, 1941  
Died March 6, 1976 at the age of 65. In 1971 he retired as Medical Director of the South Mountain Restoration Center. During World War II he served as Battalion Surgeon of the 394th infantry regiment and received the Bronze Star for service in Germany. He was a Fellow of the American College of Chest Physicians and several other organizations, and at the time of his death was employed parttime by the Bureau of Medical Assistance in Harrisburg. He is survived by his widow, Romayne.

Eugene V. Higgins, 1942  
Died March 15, 1976. Dr. Higgins, Associate Medical Director of the U.S. Life Insurance Company, had been a member of the New York County Medical Society, the AMA and the Association of Life Insurance Medical Directors.

Wasyl J. Polischuk, 1942  
Died October 12, 1974. Dr. Polischuk, who had been affiliated with Chester and Taylor Hospitals in Pennsylvania, was a general practitioner in Chester, Pennsylvania.

Howard W. Pierson, 1944  
Died May 1, 1976 at the age of 56. Dr. Pierson practiced medicine in New Jersey from 1947 until 1963 when he became Health Services Director of the Gary, Indiana Public Schools. He also practiced medicine at the Ross Clinic in Merrillville. He is survived by his wife, Mary and three sons.

John M. Apple, 1949  
Died March 31, 1976 at the age of 53. A urologist, Dr. Apple was a past President of the medical staff of St. Lukes Hospital in Bethlehem, where he had been a staff member since 1956.

Marshall T. Bagley, 1963  
Died May 12, 1976 at the age of 38. A urologist and genito-urinary surgeon, Dr. Bagley practiced in Manassas, Virginia. He was affiliated with Prince William Hospital and was active in the Washington Urological Association and the Prince William County Medical Society. He is survived by his wife, Caroline, a son and a daughter.
Appointments Received by the Class of 1976

David A. Allan
Thomas Jefferson University Hospital
Philadelphia

Ann A. Ashley
Mount Sinai Medical Center
Milwaukee, WI.

Harry A. Bade, III
Roosevelt Hospital
New York

Raymond L. Baraldi, Jr.
Bryn Mawr Hospital
Bryn Mawr, Pa.

David S. Batt
Methodist Hospital of Indiana
Indianapolis, In.

Richard J. Bearoff
Bryn Mawr Hospital
Bryn Mawr, Pa.

James K. Beebe
Wilmington Medical Center
Wilmington, De.

Jonathan B. Belmont
Lankenau Hospital
Philadelphia

Joseph M. Bender
George Washington University Hospital
Washington, D.C.

Gary B. Bernett
Lankenau Hospital
Philadelphia

David G. Berry
Georgetown University Hospital
Washington, D.C.

Donald M. Bielawski
Monmouth Medical Center
Long Branch, N.J.

Mark E. Blaker
Coney Island Hospital
Brooklyn, N.Y.

John D. Blannett, Jr.
Mercy Catholic Medical Center
Darby, Pa.

Carol F. Boerner
Bryn Mawr Hospital
Bryn Mawr, Pa.

Dennis J. Bonner
Thomas Jefferson University Hospital
Philadelphia

Robert E. Bonner
Pennsylvania Hospital
Philadelphia

Scott W. Bowman
Thomas Jefferson University Hospital
Philadelphia

Robert L. Boyd
Thomas Jefferson University Hospital
Philadelphia

James E. Bradfield
Naval Regional Medical Center
Portsmouth, Va.

Harry M. Brener
Northeastern Hospital of Philadelphia
Philadelphia

Barry S. Brenner
Franklin Square Hospital
Baltimore

Ira Brenner
University of Virginia Hospital
Charlottesville, Va.

Robert R. Brenner
Mary Hitchcock Memorial Hospital
Hanover, N.H.

David C. Brock
Reading Hospital
Reading, Pa.

Martin D. Broff
University of Connecticut Health Center
Farmington, Conn.

Richard E. Brownstein
Western Pennsylvania Hospital
Pittsburgh

Elizabeth J. Buechler
Presbyterian-University of Pennsylvania
Medical Center
Philadelphia

Charles N. Burns
Geisinger Medical Center
Danville, Pa.

William F. Cappiello
Monmouth Medical Center
Long Branch, N.J.

William S. Carter, III
Maine Medical Center
Portland, Me.

Lenn J. Chalfin
Albert Einstein Medical Center
Philadelphia

Glenn B. Charnley
Brigham and Women's Hospital
Boston, Mass.

Francis A. Chervenak
Metropolitan Hospital Center
New York

Michael C. Ciarniello
Stanford University Hospital
Stanford, Ca.

Mark A. Clark
Anderson Memorial Hospital
Anderson, S.C.

John R. Cohn
Thomas Jefferson University Hospital
Philadelphia

Raymond L. Coleman
Mercy Catholic Medical Center
Darby, Pa.

Joseph D. Conti
Lankenau Hospital
Philadelphia

Paul T. Cullen
Washington Hospital
Washington, Pa.

William J. Daly
Medical Center of Western Massachusetts
Springfield, Ma.

Richard M. DeAndino
Centro de Practica de Familia
Caguas, P.R.

Vincent F. X. Deeney
Andrews Air Force Base Hospital
Md.

Edward C. Denny
Children's Hospital of the District of Columbia
Washington, D.C.

James J. Dobson
Wilmington Medical Center
Wilmington, De.

John R. Donahue
Bryn Mawr Hospital
Bryn Mawr, Pa.

Miriam T. Dougherty
Thomas Jefferson University Hospital
Philadelphia

Brad M. Dworkin
The New York Hospital
New York

Herbert A. Ecker, Jr.
Harrisburg Polyclinic Hospital
Harrisburg, Pa.

Robert P. Eillers
Eastern Pennsylvania Psychiatric Institute
Philadelphia

Richard F. Eisen
Kings County Hospital Center
Brooklyn, N.Y.

Gary A. Emmett
Thomas Jefferson University Hospital
Philadelphia

Richard B. English
United Health & Hospital Service, Inc.
Kingston, Pa.

Sanders S. Ergas
Lafayette Medical Center
Lafayette, Pa.

Robert R. Farquharson
Chesterfield Memorial Hospital
Philadelphia

Halley S. Faust
Good Samaritan Hospital
Phoenix, Az.

Charles S. Finch
Orange County Medical Center
Orange, Ca.

Neal Flomenberg
Bronx Municipal Hospital Center
New York

David C. Foster
Johns Hopkins Hospital
Baltimore

Barry Franton
Cooper Medical Center
Camden, N.J.
Christopher M. Frauenhoffer
  Thomas Jefferson University Hospital
  Philadelphia
Garry L. Fuller
  Mercy Hospital
  Pittsburgh
Edward H. H. Garber, Jr.
  Harrisburg Polyclinic Hospital
  Harrisburg, Pa.
Robert C. Garrett
  The New York Hospital
  New York
James H. Carvin, Jr.
  Children's Hospital of Philadelphia
  Philadelphia
Mark D. Gernerd
  Milton S. Hershey Medical Center
  Hershey, Pa.
Paul B. Gilman
  New England Deaconess Hospital
  Boston, Mass.
Steven J. Glass
  Thomas Jefferson University Hospital
  Philadelphia
Larry R. Glazerman
  Allentown Hospital
  Allentown, Pa.
Robert L. Goldberg
  Scenic General Hospital
  Modesto, Ca.
Arthur J. Goldman
  Mercy Catholic Medical Center
  Darby, Pa.
Scott M. Goldman
  Thomas Jefferson University Hospital
  Philadelphia
Michael S. Goodman
  Nassau County Medical Center
  East Meadow, N.Y.
Marc E. Gottlieb
  Albany Medical Center
  Albany, N.Y.
Stewart G. Gottstein-Eidelson
  Anchorage, Al.
Kathleen J. Grant
  Mercy Hospital
  Pittsburgh
Linda D. Green
  Thomas Jefferson University Hospital
  Philadelphia
Judith F. Grems
  Harrisburg Hospital
  Harrisburg, Pa.
Philip C. Grem
  Harrisburg Hospital
  Harrisburg, Pa.
Jerome E. Groll
  Worcester City Hospital
Roderick B. Grooms
  Los Angeles Medical Center
  Los Angeles
Roy Grossman
  Queens Hospital
  Honolulu
Mark D. Hagedorn
  Hartford Hospital
  Hartford, Ct.
Theodore J. Harrison
  Bryn Mawr Hospital
  Bryn Mawr, Pa.
Timothy J. Heffron
  Geisinger Medical Center
  Danville, Pa.
Thomas J. Hetrick
  Akron General Hospital
  Akron, Ohio
George J. Heymach, III
  Thomas Jefferson University Hospital
  Philadelphia
Bertrand J. High, II
  Reading Hospital
  Reading, Pa.
Brad L. Hilaman
  Naval Regional Medical Center
  Oakland, Ca.
Sandra W. Horowitz
  Rush-Presbyterian-St. Luke's Hospital
  Chicago
Paul J. Hoyer
  Thomas Jefferson University Hospital
  Philadelphia
Richard A. Jacoby
  Lankenau Hospital
  Philadelphia
Kurtis D. Jens
  Butler Hospital
  Providence, R.I.
Sally Ann Cunningham Johnson
  Duke University Medical Center
  Durham, N.C.
W. Edward Jordan, III
  Chicago Medical School
  Downey, Ca.
Ned H. Kalin
  University Hospital
  Madison, Wl.
Michael C. Kallay
  Genesee Hospital
  Rochester, N.Y.
Yi How Kao
  Thomas Jefferson University Hospital
  Philadelphia
Scott M. Kastner
  Boston University Affiliated Hospitals
  Boston
Barbara L. Katz
  Medical College of Virginia Hospitals
  Richmond, Va.
Stephen K. Katz
  Medical College of Virginia Hospitals
  Richmond, Va.
Robert F. Kehm
  York Hospital
  York, Pa.
Richard C. Kernish
  Bowman Gray School of Medicine
  Winston-Salem, N.C.
Thomas S. Kilcheski
  Hospital of the University of Pennsylvania
  Philadelphia
Kenneth I. Klein  
Family Practice Center  
Scottsdale, Az.

Raymond A. Klein  
Monmouth Medical Center  
Long Branch, N.J.

Kathy T. Kline  
Hospital of the Medical College of Pennsylvania  
Philadelphia

Robert A. Kloss  
Edward J. Meyer Memorial Hospital  
Buffalo, N.Y.

Richard L. Kradin  
Pennsylvania Hospital  
Philadelphia

Robert A. Krall  
Thomas Jefferson University Hospital  
Philadelphia

Joseph R. Kreiser, Jr.  
Harrisburg Polyclinic Hospital  
Harrisburg, Pa.

Frederic B. Kremer  
St. Luke’s Hospital  
Denver, Co.

John B. Kribs  
Geisinger Medical Center  
Danville, Pa.

Kathleen B. Kucer  
Bryn Mawr Hospital  
Bryn Mawr, Pa.

Stuart F. Kushner  
New York University Medical Center  
New York

Alice M. LaFever  
University of Maryland Hospital  
Baltimore, Md.

John J. Lammie  
Dwight D. Eisenhower Army Medical Center  
Fort Gordon, Ga.

Robert W. Lamparter  
Geisinger Medical Center  
Danville, Pa.

Lydia M. Lasichak  
Geisinger Medical Center  
Danville, Pa.

Robert A. Leipold  
Geisinger Medical Center  
Danville, Pa.

Robert J. Lenox  
Robert Packer Hospital  
Sayre, Pa.

Andrew J. Levin  
Thomas Jefferson University Hospital  
Philadelphia

Norman P. Levin  
Thomas Jefferson University Hospital  
Philadelphia

Michael H. Levy  
Mount Sinai Hospital  
New York

Ivor F. Lewis  
Geisinger Medical Center  
Danville, Pa.

Mark D. Lichtenstein  
Deaconess Hospital  
Buffalo, N.Y.

John S. Liggett, Jr.  
Pensacola Education Program  
Pensacola, Fl.

Paul R. Long  
Geisinger Medical Center  
Danville, Pa.

Lawrence H. Lyons, Jr.  
Chestnut Hill Hospital  
Philadelphia

Nelson K. Lytle  
Geisinger Medical Center  
Danville, Pa.

G. Dwight Malone  
George W. Hubbard Hospital of the Meharry Medical College  
Nashville, Tn.

Richard J. Mandel  
Thomas Jefferson University Hospital  
Philadelphia

Peter K. Marsh  
Albert Einstein Medical Center  
Philadelphia

Donald E. Martin  
Lankenau Hospital  
Philadelphia

Robert H. Martsolf  
Conemaugh Valley Memorial Hospital  
Johnstown, Pa.

Robert G. McCaigmns, Jr.  
Thomas Jefferson University Hospital  
Philadelphia

James P. McCann  
Cooper Medical Center  
Camden, N.J.

Edward J. McConnell, III  
Wilmington Medical Center  
Wilmington De.

Robert J. McCunney  
Northwestern University Medical Center  
Chicago

Guy E. McElwain, Jr.  
Temple University Hospital  
Philadelphia

Patrick J. McGraw  
St. Margaret Memorial Hospital  
Pittsburgh

Mark A. McLaughlin  
Philadelphia Naval Regional Medical Center  
Philadelphia

Michael A. Meloni, Jr.  
Jackson Memorial Hospital  
Miami, Fl.

Robert I. Michaelson  
Lankenau Hospital  
Philadelphia

Joanna Miller  
Thomas Jefferson University Hospital  
Philadelphia

Frank Montique, Jr.  
Bryn Mawr Hospital  
Bryn Mawr, Pa.

Manuel B. Morman  
Hospital of the University of Pennsylvania  
Philadelphia

Allston J. Morris, III  
New England Medical Center  
Boston

Monica Morrow  
Medical Center Hospital of Vermont  
Burlington, Vt.

Dr. Neal Flomenberg: winner of the alumni prize for highest cumulative average
<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>John J. Nevulis</td>
<td>Temple University Hospital</td>
</tr>
<tr>
<td>William T. Nessa</td>
<td>Medical Center of Western Massachusetts</td>
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<tr>
<td>Virginia C. Myers</td>
<td>Springfield, Ma.</td>
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<tr>
<td>Joseph C. Noreika</td>
<td>Mary Hitchcock Memorial Hospital, Hanover, N.H.</td>
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<td>David E. Nutter</td>
<td>Brown University Affiliated Hospitals, Providence, R.I.</td>
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<td>David A. Olson</td>
<td>Geisinger Medical Center</td>
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<td>Gordon J. Ostrum, Jr.</td>
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<td>Ted M. Parris</td>
<td>University of Virginia Hospital, Charlottesville, Va.</td>
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<td>Stuart R. Paul</td>
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<td>Richard J. Pierotti</td>
<td>Thomas Jefferson University Hospital, Philadelphia</td>
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<td>John E. Plastino</td>
<td>Deaconess Hospital, Buffalo, N.Y.</td>
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<td>Ruth L. Polan</td>
<td>Albert Einstein Medical Center, Philadelphia</td>
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<td>Ira S. Porter</td>
<td>Northwestern University Medical Center, Chicago</td>
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<td>John O. Punderson, Jr.</td>
<td>University of Minnesota Hospitals, Minneapolis, Mn.</td>
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<td>Gary F. Purdue</td>
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<td>Rush-Presbyterian-St. Luke’s Hospital, Chicago</td>
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<td>Nancy S. Roberts</td>
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<td>Kent A. Sallee</td>
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<td>Jeffrey J. Sands</td>
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<td>David W. Willis</td>
<td>University of Oregon Medical School Hospitals &amp; Clinics, Portland, Or.</td>
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<td>Dean L. Winslow</td>
<td>Wilmington Medical Center, Wilmington, De.</td>
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<tr>
<td>Eugene E. Wolfe</td>
<td>Ohio State University Hospitals, Columbus, Oh.</td>
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<td>Steven R. Ytterberg</td>
<td>Thomas Jefferson University Hospital, Philadelphia</td>
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<td>Michael S. Zamore</td>
<td>North Shore University Hospital, Manhasset, N.Y.</td>
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<td>Paul L. Zazzow</td>
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<tr>
<td>Robert S. Zibelman</td>
<td>Cedars-Sinai Medical Center, Los Angeles</td>
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