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The Search for a President

by Frederic L. Ballard,
Chairman, Presidential Search Committee

On the invitation of the Chairman of the Publications Committee of the Alumni Association of Jefferson Medical College, Dr. Gonzalo E. Aponte, I am pleased to provide this report on the activities of the Search Committee for President of Thomas Jefferson University.

Stories about unsuccessful presidential searches in higher education are legion. Perhaps you have heard some: members of a search committee unable to find a president or unable to agree on a choice; the search committee and Board of Trustees unable to agree; premature announcement of a selection that later had to be retracted; selection of a poorly qualified individual; and many more.

We have conferred with a number of people with the hope of benefitting from their experience and avoiding the pitfalls. What has evolved, we believe, is an effective search process for Jefferson, one which enhances the opportunity for success.

Following the unexpected death of Dr. Peter A. Herbert, the appointment of George M. Norwood, Jr., formerly Vice-President for Planning, to the post of Interim President has provided Jefferson with experienced leadership during the search process and greatly relieves the pressure on the Search Committee for speed. Evidence indicates a thorough presidential search should take from six to twelve months. We are moving ahead without delay, but we also intend to take whatever time is necessary to accomplish what we have set out to do.

As reported to you in the Summer Issue of the Bulletin the Search Committee was appointed in July by the Board of Trustees. This committee is broadly representative of the constituent groups of the University. Each member has a long and deep involvement in the long range plans for Jefferson and each is well acquainted with the mission and future objectives of the institution.

The mission of the Search Committee is quite clear. The Bylaws of the University identify the Board of Trustees as the “sole authority to elect the President.” By creating a Search Committee, the Board has not delegated this authority. Specifically, the Board has charged the Search Committee to submit to it by May 1, 1977, the names of “at least three qualified candidates for President.” The Search Committee is not a final selection committee. It is a committee to narrow down the choices from the hundreds of names that will likely be suggested.

The Board has instructed the Search Committee to seek nominations from a wide variety of sources and to develop and carry out an effective procedure for evaluating and screening candidates. In addition to alumni and faculty, selected Deans and Officers of Medical Schools across the country, members of Administrations of affiliated institutions and governmental offices will be among those contacted. All appropriate forms of assistance will be employed.

Before the search process was begun, much effort was devoted to drawing up guidelines to the requirements of the Presidency. After all, we could hardly develop a set of realistic qualifications desired in the new President without knowing what demands are likely to be placed upon him in the next decade. Presidencies change as institutions change.

Provided below are some excerpts from the guidelines:

...The new President of Thomas Jefferson University will be called upon to lead an institution deeply rooted to the past, yet new to the demands posed by university status. He will face the challenge of refining the basic concept of a medically oriented university. In the foreseeable future, the breadth and depth of the institution's commitments are likely to be tested from within and without the University.

At the same time, the new President is offered a unique opportunity to help shape the future of an institution aspiring to greater stature as a university. New activities must be initiated to enrich the educational experience of students enrolled in existing programs. The quality of operation of new units of the institution must be raised to standards set by older components. In the near future, the new President will be required to use his knowledge and experience to evaluate plans to establish additional health-related programs.

continued on inside back cover
Jefferson Scene

Clinical Practice is not the Only Option

Four alumni describe their uncommon career experiences.

Women's Surgeon

Dr. Robert S. Sparkman tells the story of the renowned physician, whom some have called the father of gynecology.

Tribute


Class Notes

Obituaries
magee professor

Dr. Frank D. Gray of Lankenau Hospital has been appointed the Magee Professor of Medicine and Chairman of the Department effective September 13. The duties of Chairman have been carried out on an interim, rotating basis by several members of the Department since the resignation last October of Dr. Robert I. Wise. Dr. Gray was Director of the Division of Medicine at Lankenau Hospital, Program Director for its medical residency and a Professor of Medicine at Jefferson.

Dr. Gray is enthusiastic about his new position and about Jefferson. "Jeff has always been known as a first rate clinician's school. I think educating good clinicians is a medical school's most important task, and I'm proud to be associated with a school of Jefferson's reputation."

The new Chairman notes two areas in the Department of Medicine that will initially receive his attention. He feels one of JMC's greatest strengths is the high calibre of its volunteer faculty. However, he believes that with better organization more effective teaching for the effort will result. Dr. Gray also praises the quality of the full-time staff but notes that like all academic departments of medicine Jefferson's gets less research time than it would like from its full-time staff. The medical academic's need to maintain a private practice for financial stability is universal, and the problem of finding time for research in such a schedule is probably not altogether resolvable. At Lankenau Dr. Gray had a good deal of success obtaining research and teaching funds, and he hopes that his techniques, expanded to a larger scale, will improve the situation at Jefferson as well. Dr. Gray notes that the soundness of Jefferson's basic financial structure makes the task somewhat easier.

A great believer in bedside teaching as the most effective learning experience, Dr. Gray was recruited to Lankenau from Yale University, where he had been an Associate Professor of Medicine and had run a pulmonary disease training program, because Lankenau wanted to improve its teaching program in the Division of Medicine. He feels his Division now can offer training in internal medicine and the subspecialties equal to any University Hospital, and last year's 300 applications for ten first year residency spots corroborate that belief.

While many of Gray's responsibilities at Jefferson will be similar to those he had at Lankenau, he sees the change from a community hospital to a university primarily as one of outlook and methodology. "A university hospital," he says, "must be innovative both in teaching and patient care to justify its existence, and I consider it my responsibility to experiment and find better ways of doing things. At Lankenau it was more appropriate to learn the best available methods and apply them in the best possible way."

Dr. Gray, whose own research interests and more than 50 scientific publications concern the circulation of the lung, believes that research is vital to medical education to help faculty remain open to innovative patient care and to develop the student's ability for critical thought. Dr. Gray hopes to be able to work with Dr. William Atkinson's Division of Pulmonary Disease at Jefferson, if his administrative duties allow time.

A 1943 graduate of Columbia University's College of Physicians and Surgeons, Dr. Gray took Postgraduate training at Bellevue Hospital, Johns Hopkins University and Yale University-New Haven Hospital. He is a Fellow of the American College of Physicians and the American College of Chest Physicians, of which he has been New England States chapter President and Governor for Pennsylvania. The new Chairman also has been President of the Connecticut chapter of the American Thoracic Society and the Connecticut and New Haven chapters of the American Heart Association. He was also associated with the Army reserve for 25 years, retiring as a colonel in 1971. He notes that he maintained his military involvement primarily to take advantage of their many training programs in health care administration and hospital management. Dr. Gray has also been active on Jefferson faculty committees.

Dr. Gray is married to a physician, who is currently the Director of Ambulatory Services at PGH. The Grays reside in Gladwyne.

Dr. Gray: new Magee Professor
trustee

Dr. Orville H. Bullitt, Jr., has been re-elected to a three-year term as a member of Jefferson’s Board of Trustees. Dr. Bullitt has served as a Trustee since 1971.

Dr. Bullitt, who has a Ph.D. in organic chemistry from the University of Illinois, is an environmental and training manager for the Dupont Company in Wilmington. In addition to his Jefferson post, he is Director of the Penn Virginia Corporation and a Trustee of the Institute for Cancer Research.

At Jefferson, Dr. Bullitt is Chairman of the Graduate Studies Committee. He is a member of the Medical College Committee, the Presidential Search Committee and the Joint Advisory Committee of Cardenza.

The Board member is the great-great-grandson of Dr. Samuel D. Gross.

privacy

What began as a little-noticed piece of legislation, lobbied for by parents of secondary school students and passed without hearings by the U.S. Congress, rapidly became a major headache for HEW, the education lobby and higher education administrators. The Family Rights and Privacy Act of 1974, better known as the Buckley Amendment after its unlikely sponsor Conservative Senator James Buckley of New York, had as its background and motivation the rather ludicrous policies of most high schools regarding student files. To wit, neither the students themselves nor their parents were permitted to see the files for any reason, but almost anyone else, including credit bureaus, potential employers and the F.B.I., was granted unquestioned access. The worst result of this policy was that files often contained inaccuracies, and students suffered from judgments made about them on the basis of recorded misinformation.

The Buckley Amendment sought to reverse these priorities, by making it a condition of federal funding that schools allow students over 18 or parents of minors to see their files for purposes of verification and correction and withhold access to files from any other person or organization without the express consent of student or parent.

The altogether laudable intent of the legislation, however, was compromised both by its textual vagueness and by its inclusion of institutions of higher learning without taking their unique situations into account. Were “files,” for instance, to be interpreted to include medical records, confidential letters of recommendation, parents’ confidential financial aid statements, notes made by counselors, etc., administrators asked? The possibility of such inclusions touched on a fundamental problem of law: one person’s right of privacy versus another’s right to know. More to the point for colleges and universities, some administrators feared that letters of recommendation would lose their candidness if writers knew students could later see their evaluations. The prospect of necessarily obtaining student or former student consent to release such routine information as date of birth or year of graduation threatened a bureaucratic nightmare as did obtaining consent to release records to other educational institutions to which students might apply. Some feared that providing students with copies of files for inspection would overwhelmingly increase the workload for records offices. These problems and many others caused an 18-month delay in implementation, while HEW received comments and questions and compiled the lengthy regulations governing definition and enforcement of the Act.

At Jefferson the Registrar’s Office, which is responsible for student educational records, is charged with administering the Act’s now fairly clear-cut provisions. In accordance with the Act’s requirement that students be informed annually of their rights in this regard, a brief statement is included in students’ fall registration materials. Students are told that TJU will withhold access to their educational records from parties outside the University without the student’s express written consent, except for accrediting agencies, other educational institutions and certain state and Federal officials, within the limits of their need to know. Routine or so-called directory information is available at the University’s discretion unless a student makes a written request that the Registrar withhold it.

Matriculated students are also given the opportunity to examine their own files within 45 days of a written request to the Registrar; they may have copies made at their own expense at the prevailing rates. If a student finds inaccuracies in his file there is an appeals procedure for correction that begins with the Office of the Registrar and can continue through several stages to a review committee made up of the Associate Deans.

Because so much of the problem with the original Buckley Amendment was with its vague, inclusive terminology, HEW’s recent regulations are quite specific in their definitions and categorizations of “files” and “records” for this purpose. Educational records which a student is allowed to review consist of admissions files (including letters of recommendation received after January 1, 1975), student affairs files and academic record. Specifically excluded from student inspection are financial aid files, and a student’s medical or psychological records, although he or she may have the latter examined for accuracy by a physician of his or her choice. The definition of directory information, of particular interest to an alumni office, includes student’s name, address, telephone number, date and place of birth, major field of study, sports participation and data, dates of attendance, degrees and awards and the most recent previous educational institution attended.

In Jefferson’s experience, anyway, it would appear that most of the envisioned problems with the Buckley Amendment have not materialized. The letters of recommendation question has been somewhat mitigated by the Act’s provision of an optional student waiver of his inspection rights, an option, it should be noted, that may not be tied by the admitting institution to acceptance. Director of Admissions Dr. Samuel S. Conly, Jr. notes that the majority of students at Jefferson do sign waivers. The recommendations of those who have not waived their rights have not seemed different in kind or lacking in candor. And
interestingly, according to Registrar Arthur Owens, very few past or present Jefferson students have requested access to their files.

**allied health dean**

Dr. Marten M. Kernis, Ph.D. has been created last January by the resignation of Dr. John W. Goldschmidt '54.

Dr. Kernis comes to Jefferson from the College of Medicine, University of Illinois, where he had been Associate Dean of the School of Basic Medical Sciences and Basic Sciences Coordinator for the Area Health Education System. In addition to his administrative posts Dr. Kernis was an Associate Professor in Anatomy and Obstetrics and Gynecology at the University of Illinois. He was very active on campus committees at Illinois, including membership on the Faculty Senate, the Committees on Research and Interdepartmental Appraisal, and the Executive Committee.

A doctoral graduate of the University of Florida, Gainesville, Dr. Kernis is a member of the American Association of Anatomists, the American Society of Zoologists, the Teratology Society and the New York Academy of Science, among others. He has served as consultant to the Cook County Graduate School of Medicine, the American Chemical Society and the American Board of Family Practice.

Dr. Kernis' primary research interest has been teratogenic action and its effects on embryonic development and associated function. In addition to his position as Dean, Dr. Kernis will hold the rank of Associate Professor of Anatomy.

**psychiatry chairman**

Jefferson's Department of Psychiatry has a new Chairman, Dr. Paul J. Fink, effective September 1. Dr. Fink, an alumnus of Temple's School of Medicine who received the 1958 graduation prize in psychiatry, took his internship at Albert Einstein Medical Center and his residency at Philadelphia Psychiatric Center and at Einstein. He took postgraduate training in psychoanalysis at the Institute of the Philadelphia Association for Psychoanalysis and two Fellowships at the Bowman Gray Medical School.

Immediately prior to assuming the Jefferson post, Dr. Fink was Professor and Chairman of the Department of Psychiatry and Behavioral Science at Eastern Virginia Medical School in Norfolk. He was also Director of the Department of Psychiatry of the Medical Center Hospitals and Medical Director of the Community Mental Health Center, in addition to being Psychiatrist-in-Chief of the Eastern Virginia Medical Authority.

From 1962 to 1973 Dr. Fink was on the faculty of Hahnemann Medical College and Hospital, attaining the rank of Professor. From 1969 to 1973 he held the position of Director of Education and Training and he had been Director of Psychiatric Education as well. He was a member of the committee that did the organizational work in the development of Hahnemann's College of Allied Health Sciences and the committee that made continuing education a separate school. He has been a committee member of numerous organizations and a member of the editorial board of several publications. He has also published and delivered many scientific papers of his own. Dr. Fink is currently President-elect of the Association for Academic Psychiatry.

The new Chairman hopes to upgrade the medical student education program in psychiatry and to increase the number of residents as well. In addition to changing the residency curriculum to include more consultation and liaison with other departments and more cooperative arrangements with the affiliate hospitals, he also hopes to offer Masters and Doctoral level studies in cooperation with the College of Graduate Studies. Dr. Fink is interested in cooperative arrangements with many different specialties, including the primary care specialties and obstetrics and gynecology, in the area of human sexuality.

Clinically, he hopes to develop a Jefferson outpatient clinic in psychiatry and improve the service for inpatients. He wants to effect better integration of the Department with the Community Mental Health Centers. The third floor of the Curtis Clinic is now being renovated, and Dr. Fink hopes with these expanded facilities to upgrade the Department of Psychiatry's research program as well.

Dr. Fink aims for a cohesive Departmental program pulling together all aspects of psychiatric concern and hopes to have the Department accepted as "an important part of the Jefferson family."
faculty changes

Dr. Turgut N. Hamdi promoted to Clinical Professor of Ophthalmology (Wills Eye)

Dr. George J. Haupt ’48 promoted to Clinical Professor of Surgery (Lankenau)

Dr. M. Bernard Hermel promoted to Clinical Professor of Surgery (Lankenau)

Dr. Devendra J. Kochhar appointed Professor of Anatomy

Dr. George D. MacEwan promoted to Professor of Orthopaedic Surgery

Dr. Otto F. Muller promoted to Clinical Professor of Medicine (Magee)

Dr. A. H. Frazer Parry appointed Clinical Professor of Rehabilitation Medicine (duPont Institute)

Dr. Robert J. Merkin promoted to Professor of Anatomy

Dr. Alex M. Raney promoted to Professor of Urology

Dr. Robert Snyder promoted to Professor of Pharmacology

first aid

Nine Jefferson junior medical students provided emergency medical assistance this summer for bicentennial tourists in the Independence Mall area. The project was conceived by junior student Ronald Springle and funded by grants from Philadelphia ’76, the City’s bicentennial planning agency, and Jefferson’s Women’s Board.

On the Fourth of July alone the group saw 140 patients in a trailer equipped with three treatment rooms (five beds), reception and kitchen facilities. Although primarily a first aid station, oxygen and suction life supports were on hand, as well as a variety of splints, bandages and drugs. Fruit juice, noted medical student Marian Klepser, was perhaps the most popular therapeutic, especially on Independence Day. After the big “Freedom Week” crowds, patient numbers dropped to a more easily manageable level, about 20 per day.

The Eucharistic Conference in August was another peak period.

Patients reportedly came from as far away as Belgium, France, Israel and Hawaii, and have responded favorably to the treatment center, “particularly when they were told it was free,” said Jefferson R.N. Mary Ann Taraskas who was assigned full-time to the center for the summer along with other rotating part time nurses. The most common complaints were cuts and abrasions, heat exhaustion, bee stings and particles in the eye. There were cases of angina and fractures, however, and patients with these more serious problems were taken by Fire Rescue to the Jefferson, Metropolitan and Pennsylvania Hospital emergency rooms.

The students were selected for the summer positions on the basis of test results on a first aid examination and interviews with the head of Jefferson’s ER. While the range of medical problems did not in itself contribute significantly to their medical education, student Sam Puleo noted that the summer was very valuable to him as an opportunity for patient contact. And the Fourth of July was an experience from all standpoints. “Just dealing with that kind of patient volume,” said Marian Klepser, “was a clinical experience most medical students will never have.”

no excuse

Dr. Brent, Professor and Chairman of the Department of Pediatrics, Professor of Radiology and Professor of Anatomy, gave these remarks at the September 8 Opening Exercises ceremonies for the 223 entering medical freshmen, their families and other new students.

Each year since 1966 the medical students at the Jefferson Medical College have asked me to address the first year medical students during Orientation Week. My first presentation was entitled “Medicine: An Excuse from Living” and each new class has heard variations on that theme. What I would like to relate to you is not only the content of that presentation but also the reaction of my colleagues and their spouses.

First of all, I had difficulty with the title. For the first several years the students listed the title erroneously on the program as “Medicine An Excuse for Living.” It was apparently difficult for the students to accept or believe the real title.

In spite of the maturing experience that medical education offers medical students, some slip through untouched. I have received many interesting comments about this presentation from some students and physicians. One physician informed me that I did not understand the role of a good physician, for his best friends were his patients. This statement was a reflection of his own serious family problems and an exploitation and distortion of the doctor-patient relationship. A student visited me after the freshman orientation somewhat disturbed, because he had come to medical school prepared to “sacrifice” his life to the profession and he was quite unprepared to hear a faculty member tell him that there were other more important things in life. After minimal contact there was no doubt that this student needed emotional counseling. The most positive response has come from the spouses of physicians. One wife told me that she placed a summary of this talk on the bulletin board in her kitchen. Her physician husband was outraged and he immediately dispatched it to the trash can.

It is sad to observe how so many physicians have tormented personal lives when they, more than anyone else, should be able to obtain the greatest rewards from their own interpersonal relationships.

Every year I have told the medical students that the presentation was directed to the wrong audience. It really should be directed to the students, parents, spouse and children, for it is because of responsibilities to them and their needs that a physician may exaggerate certain aspects of his professional life to the detriment of his family. Furthermore, other members of the family unit would be much quicker to perceive that the adoption of some of these concepts are essential for their growth and survival and they will have a greater willingness than the students to alter the style that is adopted for one’s professional life. This is the first year that I have had the opportunity to talk to the
parents, spouses and children of the students.

It is interesting that it is one of the benefits of being a physician that can become a liability to the family. For the M.D. degree provides:

- Intellectual stimulation
- Flexibility and independence
- Maturing educational experience
- Choice of locale and position
- Excellent financial compensation
- Direct service to people in need

With a large number of prospective physicians, trouble begins with this last asset, namely, Being of Service. For some individuals, being of service can become a mechanism of escaping from very important responsibilities, namely, the responsibilities to one's parents, spouse and children. I am certain that many of the students entering medical school consider their professional responsibilities to be the most important part of their lives. Furthermore, many of the parents of medical students have reinforced the concept that the study of medicine has first priority in their households. This is where we shall disagree, for the thesis that I put forth today is that becoming a good doctor is, relatively speaking, an egocentric although respectable goal and that the most difficult and most important accomplishments in life are the development of giving relationships with other human beings, be they spouse, parents, children or friends.

If one compares the development of mature, interpersonal relationships with the attainment of excellence in the medical profession, it is perfectly obvious that the rewards and recognition are greater and quicker from one's profession. I firmly believe that one should devote significant time and energy to the development of mature interpersonal relationships, in spite of the meager recognition and long-term rewards, because it is our prime responsibility; and when things go wrong at the interpersonal level, the anguish and heartache are measureably greater than one will ever experience from disappointments in one's profession. There is no comparison between not obtaining a desired internship, failing to make AOA, or not receiving an award when compared to going through a divorce, having a runaway child or seeing indifference, anguish, hate or disrespect in the eyes of one of your grown children. How does the profession of medicine become number one in an individual's or family's list of life functions? It is easier in medicine than in any other profession. Lay individuals, including the families of medical students and physicians, place the care of the sick in a special category. In all likelihood, there is a great deal of projection of one's own worry about well-being in establishing this special pedestal for medicine. Parents may become over-protective of the student by overlooking indiscretions or failures to contribute to family functions because he "has to study." Everyone has to be quiet because Melvin is studying. Melvin's father cuts the grass because Melvin is studying. Soon Melvin learns he can get out of anything because he is studying. Melvin's wife gives up her education, recreation, friends and vacations because of Melvin's training needs. But even more importantly, their interpersonal relationship fails to mature because he is immersed in his training.

The children may never see him at the dinner hour, at their school concerts or at parents' night. Children have ingenious methods of paying back parents for lack of concern and love.

Little by little, with everyone bending and twisting their lives so that Melvin can become a doctor, he intuitively learns that when and where he wishes, his studies and medical responsibilities can be used to defer other responsibilities. The loved one can be made to feel guilty about taking the doctor away from a sick patient. Some physicians will develop their indispensability to patients into a way of life, for there are few families that will have the assertiveness to place their needs above the life or well-being of a patient. The exploitation of guilt is the physician's method of suppressing the goals, aspirations and needs of other members of the family unit.

Here are some examples that anyone can recognize:

1. Physician Dawdler—He is in the hospital coffee shop two or three times each day and is seen frequently talking in the halls but never gets home before 8 p.m. (because he doesn't really start working until 4 p.m.). He doesn't want to be home, and he has the perfect alibi: he's saving lives.

2. Electronic Pediatrician—A real physician who established multiple electronic devices so that he would be on call 24 hours each day, seven days a week. He is telling his family where his priorities are.

3. The Out-of-Town Academician—He can never refuse a speaking engagement and magnifies the importance of each commitment that takes him away from his primary professional and family responsibilities.

There is no simple answer for the overcommitted physician and his family. There are several reasons why a physician will choose this path but most of them reside in deep-seated personality characteristics that one brings to medical school and that are not changed by one lecture. Yet one should ask—"Are there any preventive measures?"

Somewhere early in our development, the matter of family vs. profession has to be considered and thrashed out and frequently discussed. The dialogue must continue and everyone's needs must be evaluated, considered and appropriately satisfied. Another way of putting it is that, not only are all physicians created equal, but spouses and children are too.

I am sure there are some of you who are willing to debate the stand that the family has priority over the profession. Others will consciously agree but unconsciously place prime emphasis on their professional lives. You cannot disagree that it is proper for the family unit to establish realistic goals for all members of the family. Included in those goals should be the highest professional goals. There is no reason why the goals of the entire family cannot be satisfied. This cannot and will not materialize without the realization that they exist and without constant communication.

It is for us all to evaluate our efforts and make certain that neither our family or professional responsibilities are neglected.
Flight Safety and the Psychiatrist
by Irwin S. Jacobs, M.D. '53

Approximately five years ago, I noticed that the walls were closing in on me as I struggled through eight to ten hours a day of psychotherapy, five days a week, 50 weeks a year. Fatigue seemed to set in earlier in the day and I began to feel the sensation of being trapped. I noticed that other psychiatrists that went into practice about the same time as I also were beginning to show signs of strain. Some were showing slight facial tics and many were verbalizing more negative comments than usual.

I decided I was not going to succumb to the rigors of such a constant pressure. At first, I began to take afternoons off, working only five to six hours a day. After a short while, I knew this was no answer and that I must find some new direction for my professional life, something that would utilize my skills and experience, but offer new challenge. Because my wife worked for an airline, I had become familiar with many of the problems they experienced with their flight attendants. Problems of flight fatigue, attitude, absenteeism and a variety of neurotic reactions.

After doing some research, I discovered that this was a common problem that existed in all of the major airlines, and the more I delved into it the more interesting and demanding it became. I slowly formulated a concept of preventive psychiatry that would apply specifically to the airline industry and when I had it ready, I approached one of our local airlines offering to implement the program experimentally with no charge for my services. Naturally, they were suspicious of anyone willing to work for nothing and they turned me down. In addition, I could not relate to them medically because they had no medical department of their own.

I did not want to approach a large airline, initially being intimidated by the size of such a project, but finally out of desperation I approached Dr. Julio Serrano, Medical Director of Eastern Airlines. Dr. Serrano quickly grasped my proposal of a program of preventive psychiatry. He arranged for me to work one afternoon a week, allowing me to implement the program I had developed on paper. It was at this point that my experience in occupational psychiatry began, and I've now had five years of valuable, on-the-job education. After five years, I'm now working most of the time for the airline and finding every day becomes one of new challenges and new problems to solve, which are completely different from the typical experiences one has in a private psychiatric practice.

Although the role of the occupational psychiatrist is unique in itself, the role of the occupational psychiatrist in the airline industry is even more so. Before describing the highly specific area of the airline industry, I would like to comment first about the role of the psychiatrist in industry in general. Basically, the role of the psychiatrist in industry is one of assistance to all levels of management in the discharge of their duties and through them, promotion of the general employee welfare. A person's relationship to his working environment sets the stage for the psychiatrist's role in industry, and it becomes the responsibility of the psychiatrist to promote the well-being of both the individual and the company. Healthy working people create a healthy company, and a healthy company presents an atmosphere in which people can mature and find satisfaction. It should be emphasized that practical problems within a company that are created by human behavior are within the province of both management and the corporate psychiatrist.

The psychiatrist is not the only expert whose background and experience help

Dr. Jacobs is a corporate psychiatrist for Eastern Airlines.
him to understand human behavior.

In my particular instance, we had literally to develop a company psychiatric program from the ground up. This was only possible because of the intense interest, leadership, and encouragement of the company Medical Director. In the beginning there were very few established channels of communication, probably because a huge disparity in point of view between management and psychiatry has been traditionally assumed. There was much misunderstanding about the role of a psychiatrist, and often just the name psychiatrist aroused many defense mechanisms. Traditionally, the patient comes to the psychiatrist in private practice. Industrial management, as a rule, does not seek psychiatry as a remedy for problems, and the occupational psychiatrist, finding himself in an atmosphere characterized by fear and suspicion rather than by respect, must actually assume the unaccustomed role of being assertive in an effort to get management to appreciate his value.

Basically speaking, there are two typical situations in which a company involves psychiatry. In one, the company is usually well diversified, widely dispersed and involved in technical processes. Management is influenced by practical considerations of production, efficiency, size, union pressure, compensation insurance and a need for originality. It is more interested in the product than in the personal matters and efficiency of its human work force. This type of company tends to view workers as groups or forces rather than as individuals and employs the behavioral sciences to get the most efficient individual work performance. It tends to favor strong personnel and industrial relations departments which overshadow the medical, is oriented more by statistics than by emotional conviction and relies more on education and research than on medicine or paternalism. The statistical group approach is used for its own purposes rather than for those of the individual.

At the other end of the scale are those companies in which management is more oriented around individuals whose decisions are the final word. There are
many traditions and customs and any change is viewed with apprehension. The individual supervisors know their workers personally and there is a greater tendency toward indulgence than efficiency so that change will not have to be instituted. There is a higher tolerance of individual idiosyncrasies and more emphasis on security, along with a distrust of training, education, statistics, new methods, new machines, etc. In such companies, the medical department is more important in terms of medical care for management personnel rather than individual employees. The management people look to the doctor as their personal physician.

The particular company I work for actually encompasses both of these extremes and consequently requires a total approach and encompasses many areas. One of the things I do is provide psychiatric consultation for employees with personal problems. Sometimes it is necessary to communicate with management concerning these problems, sometimes not. In some instances I must communicate with their private physicians or families, or other agencies that can be of help to them. I also provide psychiatric consultation to other physicians in the medical department in situations where a final diagnosis is in question or treatment is being hindered by emotional attitudes.

I also participate in and promote the design and development of various educational programs at all levels of the company. I help uncover mental health problems in various departments of the company through observation of workers and working conditions, working with management to reduce absenteeism, turnover rates, accident rates and improve efficiency. I provide psychiatric consultation to management and am involved in the procedures of selection, placement and transfer, promotion, separation and retirement of employees. Almost always, my role is one of recommendation, with management making the final decision. Above all, I try to maintain the position of being a friend and a counsellor, constantly giving support and reassurance to management, trying my best never to come across as an unfriendly power or threat in any way. My primary purpose is to make the total work force happier and more productive by improving their understanding of themselves and their relationship with others.

I said before that doing occupational psychiatry in the airline industry is unique. One of the things that makes it unique is the fact that there is probably more resistance than from industry in general. First of all, three primary groups of employees feel much more directly threatened by psychiatrists: the pilots, the flight attendants and the licensed mechanics. All of these people come under FAA scrutiny and in the past have felt that any psychiatric taint could cause them to lose their license to operate. In addition to the threat that these major groups feel, there is also the importance that they be psychologically healthy since a great part of their function has to do with the safety of our aircraft and our passengers. Another unique factor is the degree of pressure faced by employees caused in part by the importance of time. Punctuality is most essential and it puts pressure on everyone; one flight attendant being late for one flight can cause many late departures of many planes throughout the system.

Since my first program in preventive psychiatry was designed for flight attendants, it was obvious when I came with Eastern that I would begin my efforts as the company psychiatrist in this area. From this initial concept, we developed a program called SHAPE—Self Help Airline Personnel Eastern. The purpose of the program was to encourage flight attendants to come in voluntarily when they had a problem and not wait for the problem to interfere with their job and necessitate their being sent in by a supervisor. A great deal of effort was put into educating the flight attendants that the program was available, educating the supervisors that they could recommend the program before it became a "necessity," and educating upper level management that such preventive psychiatry was useful and not to be used vindictively. In the past five years, several hundred flight attendants have been seen and confidentiality has been successfully maintained. Nothing concerning their visits with me ever goes into their medical record or personnel file, when they come in on a voluntary basis.

In addition, I get frequent calls from inflight supervisors when they face particular problems or when flight attendants require any kind of special treatment for emotional reasons. I am also involved in the selection processes and lecture in the training school for flight attendants. Programs in the area of drug and alcohol rehabilitation are working well. Over the five years, my working with the inflight division has become well known and now I'm involved with all portions of the company, not just our flight personnel. Referrals now come from every division of the company and from our bases and stations all over the country.

I am currently working on system-wide programs for absentee control, alcohol rehabilitation, safety, and accident prevention, as well as general psychological educational problems. In addition to the basic psychiatric services, I am also allowed to indulge myself in some amateur journalism, writing periodic articles on mental health for the various company publications as well as giving lectures and conducting workshops for various groups. My most recent endeavor comes in the area of research. I hope to be working with our Director of Flight Medicine on a project in which we will be trying to measure the effect of physiological changes due to dehydration, acceleration, and altitude upon the emotional stability of our flight attendants.

As you can see, the role of the occupational psychiatrist is quite wide and varied. In addition, the specific duties of the airline industry make it even more of a challenge because of the personnel involved. It has given me a new lease on life professionally and has gotten me out of the routine of day to day private psychotherapy.

In conclusion, I'm sure that by now many of you are indulging your fantasies with visions of beautiful young stewardesses, the glamour of flying—and the ability to jet all over the world at little cost. Not wanting to disappoint you, let me tell you how it really is... it's TRUE!
Opportunities in Military Medicine
by Robert C. Laning, M.D. '48

My story is that of a different type of practice of medicine; it will unfold chronologically. I was born the son of a Navy doctor back in the 1920s, whose father in turn was a medical missionary in Japan. In fact that missionary, my grandfather, established one of the first two western type hospitals in Japan in 1873. My father had a roving spirit too and joined the U.S. Navy as a physician about 1911. After various unusual assignments he was transferred to Haiti where it turned out that he was the first doctor on the island to have had surgical training. He stayed four years—four years of exciting, unusual funpacked experiences—the author was born during that stay in Haiti. I grew up as a “Navy Brat” moving every few years and eventually matriculated at Jefferson in the class of ’48. I had no intention of joining the Navy while at med school, but during my internship at Jefferson Hospital from 1948 to 1950 I found that my perceived objection to a career in the Navy was “too much politics, you know.” But politics were found all around me in the civilian atmosphere also; so, for this and other reasons I joined the Navy. Anyway, the Korean War had started and almost all of the class of ’48 joined one service or another to do our patriotic duty.

My ambition was to be a good surgeon and I found after a tour of sea duty that surgical training in a naval hospital was every bit as good as that in civilian hospitals—in some respects better than most. I accomplished certification in my specialty and shortly thereafter had duty aboard an aircraft carrier. That type of ship is complicated and dangerous but in spite of the lack of surgical practice aboard, the boredom was relieved by taking interest in all other activities. It was during this tour that I began to appreciate the huge responsibility of the commanding officer and all others aboard fulfilling the mission of the air group: maintaining safety and preventing potential calamities that might occur any minute, day or night.

In 1960 I reported for duty to the surgical staff of the Naval Hospital in Philadelphia. I was back home at last! It was here that I met the best recovery room nurse I’d ever seen and I took her out of circulation by marriage. Her name was Alice Lech from Duryea, Pennsylvania. In 1960 the U.S. was planning the first manned space flights—Project Mercury. Since all potential problems of the project were unknown, and in order to be prepared to contend with any eventuality it was determined that astronaut recovery teams would be surgical teams. I was assigned to the prime recovery team for the first three space flights and other ships for all Mercury flights. The details of this experience could well fill a book, but suffice it to say that, that “gimmick” in my professional experience was different. I helped write the procedural book.

From Philadelphia after three years I went on to other surgical positions including Chief of Service in three hospitals. The culmination of my surgical career was to be Chief of our largest teaching hospital, San Diego. That latter position was no different had it been in a naval or a civilian hospital of comparable size. I found that after one attains a certain degree of competence in one’s specialty the most satisfying effect is training younger people to be even better than oneself.

Dr. Laning, a rear admiral in the U.S. Navy Medical Corps, is Assistant Chief for Operational Medical Support, Bureau of Medicine and Surgery, Department of the Navy, Washington, D.C.

Generally in military medicine there comes a time when after about 20 years one must make a choice of several possible career changes. If one chooses to continue clinical practice he must either retire to civilian life or be content with no additional advancement in rank. If he chooses to “stay for thirty” he must be willing to work his way up the administrative route to command a medical facility or other related administrative position. If his luck is right, he may be promoted to headquarters type duties. All of these positions are rewarding even though at first glance, before one has to make the choice, they may not appear so. I think even in civilian practice after 20 years most physicians find themselves involved in more and more administrative duties. When my turn came to make the choice I looked into several civilian positions and although in some respects the financial rewards and prospects for stability and cessation of moving were enticing, still the civilian life seemed dull in comparison with what I had been doing—I chose to stay in the military. Eventually I left my surgical position and was chosen to command our hospital in Yokosuka, Japan.

The opportunity to serve overseas has always had an aura of adventure and challenge and so it did. During this tour I had the unexpected happy opportunity to participate in the centennial celebration of the founding of St. Barnabas' Hospital in Osaka (founded by my grandfather). The chance to study and observe a culture completely different from our own was a rare experience. Surely there are not many “round eyes” who understand the way the Japanese think. It is elusive and not obvious and based on the Japanese history of relative obscurity and isolation, and on a people personally and nationally ambitious, hard working and non-Christian. Once one fully understands the totality of the Japanese culture one can predict the Japanese response. It is also interesting to note that we Americans tend to group all Orientals/Asians together, whereas, in fact various peoples of the Orient differ from each other as greatly as we differ from them. We as a family enjoyed living in Japan, but were
happy to leave also to return to our customary way of life. Luck would have it that we received orders to Hawaii as the result of my promotion.

I had two principal jobs in Hawaii, the main one was medical officer on the staff of the Commander in Chief of the Pacific Fleet. My overall responsibility was to maintain the health of fleet personnel. This encompassed staffing, supply and planning and arrangements for emergencies and contingencies. My other position was Staff Surgeon to the Pacific Fleet. My overall responsibility was medical officer on the one hand to coordinate medical activity of the three armed forces in the Pacific as well as direction of the medical evacuation program and blood program for the entire Pacific area. The PACOM (Pacific Command) extends from the East Coast of Africa to the West Coast of USA and from the Arctic to the Antarctic. During my tenure in Hawaii I supervised and coordinated the medical support in the form of people and supplies for the evacuation of South Viet Nam. That operation involved the largest movement of people within a short time-frame in history. It was another example of the magnanimity of the American people. It was done with a minimum of casualties. In fact the rate of deaths, injuries and illness was lower than that of a normal community of equal size here in America.

After only two years in Hawaii the Navy Surgeon General decided I knew enough about medical support to the operational forces and so ordered me to Washington, D.C. to do that task for the entire Navy. My title is Assistant Chief of the Bureau of Medicine and Surgery for Operational Medical Support. That support includes Aerospace Medicine and Undersea Medicine, medical support to the surface ships of the Navy, as well as support to the Marine Corps and the Preventive and Occupational medical support to both the fleets and shore.

My Code in the Bureau interfaces with other headquarters of the Navy, Department of Defense, Department of Labor, etc., as well as various international organizations like NATO, SEATO, and CENTO. We maintain, prepare and plan for emergencies anywhere in the world. For example, when an earthquake or other natural disaster occurs or when military assistance is requested by a foreign nation, my code in BUMED is the one to coordinate headquarters response. All in all it is a fascinating place to be—it's where the action is!

A military medical career is an exciting and rewarding experience and I commend it to any young physician who has that adventurous spirit, and whose wife will tolerate it. Opportunities are unlimited in choice of medical or military medical specialty, patient care, research or administration.

The Physician As Executive
by Sheldon G. Gilgore, M.D. '56

How many medical students and young physicians think of health care in the United States as a 120 billion dollar a year industry; one of the largest in the nation? I certainly did not.

How carefully are all of the possible options for constructive and purposeful participation in the health care industry thoughtfully analyzed and considered by young physicians? From my continuous reading of literature, I have concluded that the educational and sociological factors that impact career direction have changed little over the 20 years since I graduated from medical school. The only alternatives to which the medical student gets any measurable exposure are practice (family vs.
specialty), teaching and research.

Though it is true that certain inevitable conceptual shifts have taken place, and the family physician is no longer looked upon with the disdain that he once was by those that influence career choices, there is far too little awareness by today's medical student of the alternative career avenues that he might follow. As a result of this situation more than 99% of our national physician resource is participating in sectors of the health care industry that comprise only about 20% of its totality.

There is lack of awareness of the possible role of the physician as the decision maker in the pharmaceutical sector of the health care industry, in the medical instrument sector, in the health insurance sector, in the hospital management sector.

Mention must also be made of the limitless opportunities available in the vitally important areas that shape the nation's health policies. Without the proper mass of physician involvement in these areas, (and I don't mean part-time dabbling, but day-to-day full-time career participation), our health policies are designed sometimes by well-meaning idealists, but more often by power-seeking young lawyers, civil servants and politicians.

Unfortunately, the dynamics of the health care industry are the same as for all other areas of human endeavor; when the vacuums that exist are not filled by those most able to meet the demanding challenges, those less able assume the activist roles and hence the public interest is far less well served than it should be.

In a more personal vein, my career goals as a medical student centered around academic life. After completing my training in internal medicine and endocrinology at Jefferson, I became interested in clinical research in the field.

Dr. Gilgore is President of Pfizer Pharmaceuticals, a Vice-President of Pfizer, Inc., and a member of the Company's Board of Directors.
of diabetes, while remaining a member of the full-time faculty at Jefferson. In 1963, for reasons that have blurred with time, I decided to pursue my interest in clinical research with a pharmaceutical company that had an extensive commitment to research in diabetes.

In my early years at Pfizer I was heavily involved in many research programs and enjoyed fully the "ivory tower" life at our principal research facility in Groton, Connecticut. The excitement of designing and implementing the clinical research programs whose objectives were to determine whether new chemical entities were effective and safe, would culminate only when the New Drug Application was approved by the Food and Drug Administration, and the drug that "you developed" became a standard of therapy in the practicing physician's armamentarium. Of the scores of drugs that we studied over the years, I was personally involved in managing the clinical research programs of ten, which are now significant and widely used therapeutic agents.

Over time, inevitably, one's interests evolve, and since 1971 I have been responsible for managing Pfizer's health care businesses in the United States with annual sales of nearly a third of a billion dollars. These are comprised of three divisions that supply the nation with pharmaceutical products (Pfizer Laboratories, Roerig and Pfipharmec)s as well as Pfizer Diagnostics and our newest unit, Pfizer Medical Systems. The latter has brought the most significant advance in diagnostic medicine in recent years, computerized axial tomography to the radiologist.

All in all, the businesses for which I am responsible have approximately 3,000 full-time employees at ten major locations in the United States, including Puerto Rico.

I believe that the well-trained physician can acquire fundamental business and managerial skills more readily than the businessman or lawyer can acquire an understanding of medicine. The physician can best make and implement key decisions that optimize the confluence of public and private interests relating to health care.

From the perspective of my responsibilities, it is also necessary to review carefully our nation's health policies as they evolve. On many occasions over the past years, I have testified before congressional committees and government administrative panels studying various aspects of the health care industry. The insight resulting from this involvement in the legislative process is dismaying, to say the very least. It should be a cause of great concern to all of us that the physician, who dedicates his life to patient care, is so uninvolved in the process. The majority of physicians seem uninformed as to the workings of this process and, consequently, are at the mercy of forces whose ultimate goals seem not to be in the best interests of society. I fear that the powerful alliance between misinformed idealists and dishonest power-seekers that diffuse through legislative staffs, the halls of congress and the consumerist movement will produce irrevocable changes and unconscionable harm to the society that we are part of, until and unless, those most sensitive to and knowledgeable of the health care needs of the public make their voices heard.

To illustrate just one area where the damage done by ever-increasing government involvement is unequivocal, we need only to observe the state of research innovation in the United States today. The impact of government regulation on the research, development and intro-
duction of new medicines into widespread usage by American physicians has been widely discussed during the last decade.

An impressive body of literature exists which clearly documents the fact that the regulations which implement the 1962 Kefauver-Harris Act have substantially lengthened and adversely impacted all phases of drug research. This lengthening of the research & development (R&D) process when coupled with a lengthening FDA review of the New Drug Application (now ranging from 2-5 years), has resulted in fewer new drugs entering the marketplace. This diminished “output” from pharmaceutical R&D is taking place at a time when the “input” to R&D has vastly increased, in dollars, human resources, scientific expertise and new technology. This paradoxical discontinuity between input and output is a demonstrated fact, now beyond debate. The role of government regulation as one of the key factors, if not the principal factor in contributing to this situation, is also no longer a subject that merits serious debate, since the officials managing the Food and Drug Administration publicly acknowledge this impact of regulatory policy on our nation’s drug supply.

The issues in the debate have now changed, however—no longer is there a question of whether or not governmental regulation has had a negative impact on pharmaceutical innovation. The question currently being debated is whether the protracted delays resulting from our regulatory policies are inordinate or beneficial; is the negative impact on pharmaceutical innovation in the public interest or is it not?

As a physician, I can not accept, either intellectually or emotionally, a regulatory philosophy that is bottomed on the principle that the fewer new drugs that come along and the longer it takes to get them there, the better off we are. There is ample cause for grave concern over an apparent loss of perspective with regard to the benefit-to-risk concept as it relates to technological progress in all fields, and particularly in bio-medicine. I see a growing societal attitude that clearly implies that the only risk acceptable is no risk.

I contend that political and consumer groups would have the public believe that only when all physician activities are controlled by the government will there be a risk-free and inexpensive medical experience.

What is vitally needed to begin the swing of the pendulum back to the position that is truly in the public interest, is to hear the voice of the physician raised calmly and rationally to counter the outcries that so consistently find their way to the front pages of the newspaper and prime time on the television screen.

Many of my friends over the years have wondered how my present activities are satisfying in the context of the traditional role of the physician in curing the ills of his patients. Though it is certainly true that I sometimes miss the sense of fulfillment that comes only from the one-on-one physician-patient relationship, it is hard to describe the profound exhilaration and satisfaction that I feel on a day-to-day basis with the knowledge that the products of my labors play significant roles in the treatment of about 50 million patients, and in the diagnosis of nearly 70 million patients in the United States each year.

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The Pace of Occupational Medicine Is the Pace of Industry

by Carl Zenz, M.D. ’49

Carey P. McCord, M.D., Professor Emeritus, Industrial Health of the University of Michigan, has stated: “No specialty in medicine is greater than the scientific literature that it creates. No physician is greater than his degree of familiarity with the literature provided by his field of activities.

“These statements are strikingly true for occupational medicine, for the pace of that specialty is the pace of industry itself. Occupational medicine did not set that pace. It was forced to conform to it. The creations of this present culture of industry are prodigious. At every sunrise, the occupational physician wakes up to a different world of obligations and opportunities.

“Occupational medicine yearly contributes more medical newness than any other specialty. It is within reason to believe that yearly at least 200 medical entities appear, all unknown the year before. All this is akin to the plight of Dukas’ ‘Sorcerer’s Apprentice.’ For every situation solved, ten new ones arise. All is kaleidoscopic—all is bewildering. Whether all this is boon or bane is moot,” says Dr. McCord.

Based on preventive medicine, the broad purpose of occupational medicine is the promotion and maintenance of the physical and mental health of persons at work. During the past four decades, marked progress has occurred in occupational health and occupational environmental awareness. Occupational medicine has become a specialty in its own right, occupying a position with aerospace medicine and public health under the American Board of Preventive Medicine since 1955. Physicians practicing occupational medicine are vitally concerned with prevention, diagnosis and treatment of diseases and injuries resulting from exposure to physi-
cal hazards, chemical agents and products and processes within the work environment. In addition to the occupational environmental factors, occupational health includes the physiologic and psychologic adaptations of men and women to work. It is a field of teamwork among physicians, industrial hygienists, nurses, psychologists and engineers. For example, engineering and bio-mechanics have become specialized areas to aid in manual materials handling and prevention and reduction of low-back pain and other commonly encountered musculoskeletal difficulties. Bio-mechanics, along with ergonomics, the science of man-machine relationships, has assumed great importance in the safe placement of workers, assessment of fatigue, and repeated chronic low-level physical stresses. It also allows determination of energy expenditure and physical working capacity, taken in relationship to certain important environmental factors such as the effects of prolonged and intermittent heavy work, different shifts, heat stress, cold, vibration, noise and even hypobaric and hyperbaric conditions.

Environmental health hazards include conditions that potentially may cause legally compensable occupational illness or it may refer to any condition in the workplace that impairs the health of employees enough to make them lose time from work or to work at less than full efficiency. Both are undesirable. Both are preventable. Their correction is properly a responsibility of management.

Many larger corporations utilize industrial hygiene teams composed of analytical chemists, physicists, engineers, toxicologists, nurses and physicians, each applying his own specialty to combat occupational health problems. Industrial hygiene may be defined as that science (or art) devoted to the recognition, evaluation and control of those environmental hazards—chemical, physical, biologic and ergonomic—that may cause sickness, impaired health or significant discomfort to employees or residents of the community. The industrial hygienist effectively provides information on the manufacturing operations of a company to its Medical Department. The occupational health physician depends on the skills, techniques and knowledge of the hygienist to provide insight on the magnitude, of environmental factors or stresses as they relate to the health background of an employee's job. In many cases, it is extremely difficult to differentiate between the symptoms of occupational and non-occupational disease. The industrial hygienist, by pointing out the danger areas, can enable the physician to correlate better the employee's condition and complaints with the potential health hazards arising out of his occupation.

The physician frequently is required to make a decision as to the degree of health hazard arising out of an industrial operation. In emergency situations, in the absence of an industrial hygienist, it becomes the industrial physician's duty to see that proper action toward evaluation and control of health hazards is taken.

The variety of substances and industrial processes that present occupational
health hazards steadily increases. Recently developed raw materials and methods of manufacture or new processes may create new environmental stresses. Improved techniques for the prevention and control of existing hazards and stresses are also required.

In some instances, a survey of raw materials, by-products produced intentionally and unintentionally, source and method of dispersion of airborne contaminants, exposure to physical agents and control measures in use will indicate the effectiveness of the control measures.

Currently, there is a shortage of well-trained physicians in the field of occupational and environmental medicine, and there are many positions which are unfilled because of this lack.

There are occupational medicine graduate programs and residencies in a few academic centers for physicians with serious career objectives in this field. Two-year residency training requirements by physicians for certification in occupational medicine by the American Board of Preventive Medicine are available. These training programs can lead to a Master of Science or Ph.D. degree. Some programs have sufficient flexibility to accommodate physicians with a variety of interests and ultimate career objectives including: (1) the delivery of medical care in an occupational setting or health maintenance organization, (2) research and teaching in an academic unit or national agency or (3) research affairs administration at a corporate or governmental level.

Desirable and/or required courses should include environmental hygiene, toxicology, air pollution control, biostatistics and epidemiology, environmental hazards and principles of their control, clinical practice of occupational medicine and the planning, administration and evaluation of health problems. In addition, electives are available to provide in-depth knowledge in specialized areas such as air pollution and control, radiobiology and radiation health, applied occupational psychiatry, environmental sanitation, public health administration and other relevant subjects and activities, such as visits to various work places.

Some of the primary functions of a medical director are:
- Develop and administer worldwide company medical policy.
- Direct and monitor medical examinations of all types.
- Act as medical consultant to management and all employees in such areas as employee health problems, occupational and environmental health, legislative matters, and medical policy.
- Coordinate company nursing services, including various physical tests, first aid for occupational injuries, assistance with medical examinations, and immunizations.
- Direct operation of medical facilities in the corporate headquarters and outside areas where indicated.
- Administer medical aspects of company rehabilitation programs, such as behavioral problems; i.e., as drugs and alcohol abuse.

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**ALLIS-CHALMERS OCCUPATIONAL HEALTH PROGRAM**

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**EDUCATION**
- Resident Physician
- Nursing, In-plant
- Students, Medical & Nursing Schools
- Private Practitioners
- In-plant Training - Emergency, First Aid Procedures

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15
Women's Surgeon
by Robert S. Sparkman, M.D.
On the early maps of South Carolina, in the South of Lancaster County there appears the name "Hanging Rock." This is derived from a peculiar geological formation which is situated on the steep bank of a little creek. It is a familiar landmark. On a nearby farm the first child of Jack and Mahala Sims was born on January 25, 1813. They named him James Marion in honor of Carolina's Revolutionary hero, General Francis Marion, the Swamp Fox.

The father, Jack Sims, had little money and no formal education, but he was ambitious and enterprising. In 1825, seeking a better opportunity, he moved with his family to Lancaster where he achieved enough success as a tavern keeper, surveyor and sheriff to educate his son.

Marion was an undistinguished student. After an education of sorts in rural schools and in the new Franklin Academy in Lancaster, he enrolled in 1830 in South Carolina College at Columbia. He graduated in 1832 and returned to Lancaster. As a college graduate he was expected to enter one of the professions. His father wanted him to be a lawyer, while his mother wanted him to be a minister. He chose medicine as a career, not because he liked it, but because the alternatives of law and the church appealed to him even less. His choice was a disappointment to both of his parents.

He began by reading medicine with an indifferent preceptor, Dr. Churchill Jones, in Lancaster. In 1833 he attended a three-month course of lectures in Charleston at the new Medical College of South Carolina. After additional reading in Lancaster he enrolled in the Jefferson Medical College in Philadelphia, where he spent a year. During this phase of his career he was greatly influenced by two of his teachers, Dr. Granville S. Pattison, Chairman of the Department of Anatomy and Dr. George McClellan. He graduated in 1835 and returned to Lancaster to practice.

His experience there was disastrous. In two months he had only two patients: both were infants, and both died of cholera infantum. In desperation, Sims packed his belongings and fled westward to Alabama. During the next five years a number of things happened to influence his career profoundly. He established a successful practice at Mount Meigs, a few miles east of Montgomery. Malaria was endemic there, and before long Sims was debilitated by recurrent bouts of fever. Despite his inactivity, at the close of 1836 he returned to Lancaster long enough to marry his childhood sweetheart, Theresa Jones, and to bring her back with him to Mount Meigs. In 1838, seeking a healthier climate, they moved to Cubahatchee in Macon County, but this area proved to be even worse. In 1840 they finally settled in Montgomery, the big city.

Sims was then 27 years of age. It was in Montgomery that he achieved his destiny to become a surgeon. As his health improved he began to operate upon a great volume and variety of cases. He was courageous and inventive. His technical skill and confidence developed rapidly, as did his reputation. He operated successfully for cross-eyes, club foot, hare-lip, and for tumors of the jaw and maxilla. His first publication, on the cure of hare-lip, appeared in 1844, and others soon followed. For the first time in his career he was truly interested in his work.

In 1845 Sims first ventured into woman's surgery, an undeveloped field which up to that time had been of no interest to him. He discovered that by placing the patient in the genu-pectoral or knee-chest position and inserting a speculum of his own design, he was able to see the vaginal walls and cervix with a degree of thoroughness and clarity that had not previously been possible. He devised his first speculum by bending the handle of a large pewter spoon. Later he modified it into a sigmoid or "duck-billed" shape. Illumination was accomplished with sunlight reflected from a mirror. Ultimately he modified the awkward knee-chest position to develop the lateral Sims position, which was equally effective but much more comfortable for the patient.

Within a period of two months Sims was asked to see three young slave girls, Anarcha, Lucy, and Betsy, each of whom was totally incapacitated by vesico-vaginal fistula, a complication of prolonged childbirth. No instance of cure of this condition had ever been reported, although there had been many unsuccessful efforts by other surgeons to close such defects.

Sims admitted the three young women to a hospital that he had built in back of his office and began a series of operations, utilizing original techniques and instruments of his own design. Other women suffering from the same condition were also admitted, and soon it was necessary for him to enlarge his hospital. All the patients were kept there at his own expense. Each time he closed a fistula with silk sutures it became inflamed and broke open again. He devised other procedures and other instruments, including a self-retaining catheter, but each new effort failed. This went on for almost four years. Finally he had the local jeweler make him some fine wire of pure silver. Using this as sutures instead of silk, he operated upon Anarcha for the thirtieth time! Within a week the fistula had healed. Soon the other patients were cured by the same procedure. This surgical triumph insured Sims’ fame. To appreciate fully the fortitude and heroism of Anarcha, Lucy, Betsy and their companions, it should be noted that they endured all these operations without anesthesia of any sort.

At about this time misfortune struck Sims again in the form of recurrent illness. In 1849 he developed a severe form of endemic acute diarrhea which became chronic and which disabled him for most of the next four years. He visited many places, seeking a healthier climate. Finally, in 1853, he moved with his wife and six children to New York. He was then 40 years of age. He bought a large home at 79 Madison Avenue, in a newly developed area between 28th and 29th Streets. It served both as a dwelling and as a private infirmary. Sims' health and vigor soon were restored and there was never any recur-

Dr. Sparkman, Chief of the Department of General Surgery at Baylor University Medical Center, delivered this address at the opening ceremonies of the Clinical Congress of the American College of Surgeons in Miami Beach.
rence of his colitis thereafter. The publication that same year of his first paper on the cure of vesico-vaginal fistula brought him to the attention of the physicians of New York and provided him with sources of patient referral. His practice grew rapidly.

From the beginning of his New York career Sims had been obsessed with the ambition that a special hospital be established for the treatment of women's diseases. As a result of his persuasive appeals to prominent citizens and their wives, such a hospital became a reality within two years after Sims' arrival in New York. The first Woman's Hospital opened its doors on May 4, 1855. This new four-story house was equipped with 40 beds and was situated at 83 Madison Avenue, near Sims' home. Most of the beds were occupied by indigent patients.

Within a year, work at the hospital had become so heavy that it was necessary to engage an associate. Sims chose a young Virginian named Thomas Addis Emmett. In the years that followed he and Sims devised or improved many pelvic operations. Emmett kept a journal with case reports, and made detailed colored drawings of the operations.

In 1857 Sims, now prominent, was invited to deliver the prestigious Anniversary Discourse of the New York Academy of Medicine. His address, entitled "Silver Sutures in Surgery," was delivered on November 18th at the new building of the New York Historical Society. It was subsequently published as a monograph.

The year 1861 and the outbreak of the Civil War brought new problems to Sims and his family. They were alien Southerners, living in the North. Sims' solution to this dilemma was to take refuge in Europe, leaving Emmett to run the Woman's Hospital. Sims' success in Europe was spectacular. He became an itinerant surgeon, practicing in England, France, Germany, and Italy. Soon he was well known and highly regarded by the leading surgeons of Europe. His patients included a duchess, a countess, and the Empress Eugenie of France, wife of Napoleon III. Within a year he had brought his family to live with him in Paris. Some of his fees were staggering, but he lived and entertained expensively and never succeeded in accumulating any substantial reserve of money. As his reputation and renown increased, he received decorations and awards from the governments or rulers of several countries. During this period he wrote his book, Clinical Notes on Uterine Surgery, which was first published serially in the British journal, Lancet.

Sims' European success was marred by a personal tragedy. His eldest son Granville, named for Dr. Granville Patison of the Jefferson Medical College, had finished his medical studies in Paris and gave promise of becoming a worthy successor to his father. It was Sims' fondest ambition that Granville should carry on his work. However, throughout the Civil War Granville's sympathies had been with the South and he felt that it was his obligation to join them and become personally involved in the conflict. His father opposed the idea, but Granville was resolute. In 1864 he sailed to Havana, where he awaited a boat that would run the Union blockade and deliver him to Galveston, Texas. He finally reached Galveston, but died of yellow fever less than 24 hours after arriving there. The loss of Granville was one of the great disappointments of Sims' life.

In the autumn of 1867 a new Woman's Hospital was opened at Fifty-fourth Street and Fourth Avenue, an area which had served as a potter's field during the cholera epidemic of 1832. The following year, after an absence of seven years, Sims returned with his family to New York. He became Chief Consulting Surgeon to the new hospital and resumed some practice. However, for the remainder of his life he continued to maintain practices in England, France, and Germany, and to commute between these countries and the United States.

In 1870, during the Franco-Prussian War, Sims headed a voluntary group of physicians and nurses known as the Anglo-American Ambulance Corps. At the Battle of Sedan, where the army of Napoleon III was defeated by Bismark, Sims' group served with distinction, tending the many wounded of both the French and the Prussian armies. He subsequently received decorations from the governments of both of these countries.

In 1874 Sims' association with the Woman's Hospital came to an abrupt and unfortunate end. The Board of Governors had recently passed two rules which were unacceptable to Sims. The first of these, presumably arising out of a consideration of the female patients' modesty, was a stipulation that no more than fifteen visitors could witness an operation. Many physicians came to observe the operations that Sims performed, and his operating room frequently was crowded with numbers of visitors far in excess of fifteen. The second new rule was that no patient suffering from uterine cancer would be admitted to the hospital. This measure was adopted because of the futility of attempting to treat this malady and because the odor and condition of these patients made them objectionable to the other occupants of the hospital. At the Annual Meeting for 1874, attended by the Board of Governors, the Medical Board and the Board of Lady Managers, Sims abruptly and unexpectedly declared his objection to the new rules, his determination to disregard them, and his intention to resign from the staff if they were not rescinded promptly. He soon regretted his intemperate outburst, but the damage was done and Sims was discharged from the staff.

In the months that followed there were some bitter publications both by Sims and by members of the Medical Board in which each attempted to justify his action. The effect of this acrimonious dispute upon Sims' popularity in New York was severe. Nevertheless, he still had many followers, and in the following year he was elected to the Presidency of the American Medical Association. In 1879 he became President of the American Gynecological Association, and in 1880 he was reinstated at the Woman's Hospital. However, most of his later career was spent in Europe.

One of those who came forward to offer encouragement and support to Sims during the difficult period following his dismissal from the Woman's Hospital was a young surgeon named John Allan Wyeth, a native Alabaman who was establishing a practice in New York. A few years later Wyeth married Sims' youngest daughter, Florence. Wyeth...
was to achieve distinction as a surgeon, an author and the founder of the New York Polyclinic. Wyeth and Sims were deeply devoted to one another.

Although Sims suffered from chronic and recurrent broncho-pulmonary disease during his last years, he was able to remain professionally active until the very end of his life. On November 12, 1883, he performed a difficult operation upon a prominent New York woman, having postponed sailing for Europe in order to do so. Three hours after midnight, on November 13, he died suddenly in his New York home at the age of 70. An autopsy was performed by William H. Welch, then a new pathologist at the Woman's Hospital, and by a Dr. Peabody. In addition to old pleural and pericardial adhesions, he was found to have “obstruction of the circulation from atheromatous degeneration of the coronary arteries.” Even in the manner of his death he achieved a measure of medical distinction, since he was only the second individual in the United States in whom a post-mortem diagnosis of coronary occlusion had been recorded.

Sims’ funeral services in the Madison Square Presbyterian Church were attended by the members of the New York Academy of Medicine and by many dignitaries. An eloquent eulogy was delivered by the Reverend Charles Parkhurst, and was subsequently published. Entombment was in the Green-Wood Cemetery in Brooklyn.

Countless tributes to him appeared in the medical and lay press. The British Medical Journal stated that “his achievements are written in perishable letters in the annals of modern surgical practice, and there are thousands now living, and succeeding thousands of generations of women yet unborn, who will have reason to rise up and call him blessed.” The Journal of the American Medical Association observed that “by his genius and devotion to medical science and art he advanced it in its resources to relieve human suffering as much, if not more, than any man who has lived within this century.” Throughout his career he had caught the public fancy. Named for a hero, he became a hero himself.

During the last year of his life Sims devoted much of his time to the preparation of an autobiography, but it was far from complete at the time of his death. It was subsequently finished by his son, Harry, and published in 1886, along with many of Sims’ letters to Theresa. It became a best seller, but was subsequently withdrawn from publication by the family.

An excellent biography of Sims was published in 1950 by Dr. Seale Harris of Birmingham. It was entitled “Woman’s Surgeon.” True enough, Sims is remembered principally as a woman’s surgeon, and had he made no contribution other than in gynecology, his fame would still have been assured. However, an important facet of his career that has received insufficient emphasis is his three major contributions to general surgery.

The first of these was in the field of surgery of the biliary tract. On April 18, 1878, in Paris, Sims performed the first premeditated operation on the gallbladder. The patient, a woman of 45, had suffered for months from severe jaundice, itching and fever, and had developed a mass that filled her right upper abdomen. At operation Sims opened the distended gallbladder, removed 60 stones, and sutured the fundus into the abdominal incision, placing a glass tube in it for drainage. He coined the term “cholecystotomy” for the procedure. The patient developed intestinal hemorrhages and died on the eighth day, probably from a prothrombin deficit. Sims’ account of the operation was published in England, in France and in the United States. He urged that gallbladder operations be performed earlier in the disease. He and his contemporaries were unaware that John S. Bobbs of Indianapolis had operated successfully upon the gallbladder in 1867, eleven years before. Nevertheless, his much-publicized operation and his recommendations opened up a new field of surgery, and

The original Sims speculum, made from a bent pewter spoon.

The revised Sims speculum, often called the duck-billed speculum.
within three years Lawson Tait had reported five successful cholecystotomies.

Sims's second great contribution to general surgery was in the treatment of gunshot wounds of the abdomen. On July 2, 1881, President Garfield was shot twice by an assassin. One pistol bullet struck him in the arm, while the other entered the right side of his back and did not emerge. In keeping with accepted practice, no abdominal operation was performed. Garfield lived 69 days and finally died of a ruptured aneurysm of the splenic artery. Partly as a result of his experiences in the Franco-Prussian War, Sims had come to believe that penetrating gunshot wounds of the abdomen could best be treated by operation. The shooting of the President gave him a conspicuous opportunity to expound his views. In a telegram from Paris he stated “If the President has recovered from the shock, and if there is undoubted evidence that the ball has traversed the peritoneal cavity, his only safety is in opening the abdomen, clearing out the peritoneal cavity, tying bleeding vessels, suturing wounded intestine, and treating the case as we would after ovariotomy, using drainage or not as circumstances require.”

Two weeks after Garfield's death Sims made his last address to the New York Academy of Medicine. In a valedictory discourse entitled "Progress in Peritoneal Surgery" he outlined in detail the steps to be carried out in the surgical treatment of abdominal gunshot wounds. His remarks attracted much attention locally and elsewhere. His presentation was subsequently published serially in six consecutive issues of the British Medical Journal under the title "Remarks on the Treatment of Gunshot Wounds of the Abdomen in Relation to Modern Peritoneal Surgery." For the second time Sims had opened up a new frontier in abdominal surgery.

The third great contribution that Sims made to general surgery was not accomplished until after his death. For years he had urged without success that special hospitals be established for the treatment of cancer. Funds to establish such a facility had been refused twice by the Woman's Hospital. Three weeks before his death Sims appealed once more by letter to the lay press. “A cancer hospital is one of the great needs of the day,” he said, “and it must be built.” This letter, which received widespread publicity, provided the necessary impetus and was responsible to a considerable degree for the events that followed. Within a few months a committee of prominent citizens met and organized an effort to establish such a hospital. Four years later, in 1887, the New York Cancer Hospital opened its first building, the Astor Pavilion for Women. The institution now known throughout the world as the Memorial Hospital of New York evolved from this beginning.

The remains of J. Marion Sims are interred in Lot 24546, Section 182, of the Green-Wood Cemetery in Brooklyn. Beside him is the grave of his wife, Theresa, the only woman he ever loved. On the same lot are buried his sons Willie and Harry, his youngest daughter, Florence, and her husband, the great surgeon, John Allan Wyeth.

The second Woman's Hospital is gone, replaced by the Waldorf-Astoria Hotel, but another Woman's Hospital has been established in association with St. Luke's Hospital. Appropriate historical markers have been erected at the place of Sims' birth and at the site of his Montgomery office. A bronze statue, formerly in Bryant Park, has been relocated on Fifth Avenue opposite the New York Academy of Medicine. Another statue adorns the capitol grounds of Columbia, South Carolina, while still another is situated on the capitol grounds in Montgomery, Alabama. A companion statue of Wyeth is located just a few feet away.

In 1895 Harry Sims presented to the Southern Surgical Association a gavel made from the leg of an operating table that Sims had used in his office during the last twelve years of his life. At the same meeting a eulogy of Sims was delivered by Wyeth, who concluded with the following remarks: "Toward the higher civilization, the progress of man is slow. As yet the shadows of barbarism linger about him. His heroes are the destroyers, the Caesars, the Napoleons, who covered the earth with ruin and buried beneath it countless lives, sacrificed upon the altar of personal ambition. But the time must come when those whose genius and works give life and health and happiness to the world will be first in the heart of man. In this purer temple of fame, along with those of Jenner, Ephraim McDowell, Morton, Lister, Pasteur, and others, generations yet unborn shall read the name of Marion Sims.”

I wish to acknowledge my special indebtedness to Dr. James Pratt Marr of New York City, scholar and historian, for providing me with much information regarding Sims and the Woman's Hospital, and for making available to me his extensive documents, manuscripts, and correspondence relative to the subject. R.S.S.
1922
Dr. Marshall R. Metzgar, 41 N. 7th St., Stroudsburg, Pa., received the Liberty Bell Award during Monroe County Law Day ceremonies. The award is presented for promoting better understanding of, and respect for, the law. Dr. Metzgar, who continues in active practice, has been honored many times by his community.

1923
Dr. George S. Enfield writes, "I feel very lucky and grateful that I have been well and fairly active. I do part-time work for the State Department of Rehabilitation. A return for a Jefferson reunion would be a happy event. After visiting our granddaughter in California in the summer we took a lengthy fall trip in foreign climes." Dr. Enfield resides in Scottsdale, Arizona.

1924
Dr. Abraham Cantarow, Van Ness East Apts, Washington, D.C., was awarded a Public Health Service Honor Award, "For superior performance in the planning activities of the National Cancer Institute, and for the development of scientific analytic systems." Dr. Cantarow is Emeritus Professor of Biochemistry at Jefferson.

1926
Dr. Armand J. Miller, Philadelphia, has retired after practicing since 1927. An obstetrician-gynecologist he has delivered nearly 2000 babies. The Millers have sold their home and moved to an apartment.

1931
Dr. Philip Henstell, 623 Main St., Forest City, Pa., was selected as the Pennsylvania Physician of the Year by the Governor's Committee for the Handicapped. He has been practicing in Forest City for 40 years and still makes house calls. Former President and Chief of Staff at St. Joseph's Hospital in Carbondale he has worked extensively with handicapped patients.

1932
Dr. Jacob Lichstein, 3870 Latrobe St., Los Angeles, has retired from his practice of gastroenterology but continues to teach and write at the UCLA School of Medicine.

1934
Dr. Frank D. Conole, 76 Front St., Binghamton, N.Y., writes that six of his seven children are married, and two of his sons are administrators.

1935
Dr. Samuel R. Brownstein, 820 Franklin St., Santa Monica, Ca., has reached UCLA's compulsory retirement age (67) and will now resume private practice. Dr. Brownstein was with UCLA for 22 years.

1936
Dr. J. Thomas Millington, 242 Westover Dr., New Cumberland, Pa., a physician with more than 30 years of service in the public health field, has retired from his position as Regional Health Commissioner. He received the Pennsylvania Meritorious Service Medal, and several other awards and citations. Dr. Millington, who is a member of many professional societies, served as Director of the Bureau of Preventive Services for 19 years.

1940
Dr. John L. Simon, 515 W. End Ave., New York, writes that after many years in Puerto Rico, he has returned and is practicing psychiatry and forensic psychiatry in New York.

1941
Dr. George H. Taft, 753 Park Ave., Cranston, R.I., writes that his daughter, Mary, a first grade teacher, has won the Superdrawing in the Rhode Island Lottery with a prize of $1000 per month for life. Miss Taft will continue teaching despite her big winnings.

1942
Dr. Frank J. Veve, 3678 Hidden Dr., San Antonio, Tx., retired from private practice in Puerto Rico. He is now a staff physician at San Antonio State Chest Hospital.

1944J
Dr. Frank H. Butt, Jr., 506 S. State St., N. Warren, Pa., writes that he is the immediate past President of the Warren County Medical Society.

1944S
Dr. Harold Wilf, 6905 Castor Ave., Philadelphia, has been promoted to Clinical Associate Professor of ObGyn at Jefferson.

1945
Dr. William T. Lineberry, Jr., 293 Audubon Blvd., New Orleans, La., writes that he will probably retire from the Navy this fall after 33 years of continuous service. He is looking for a retirement position, but has not decided in what area.

Dr. John S. Madara, 31 Market St., Salem, N.J., is President of the Medical Society of New Jersey. Dr. Madara has practiced in...
Jefferson's Montgomerys

Emeriti Professors Thaddeus L. Montgomery '20 and John B. Montgomery '26 have been at Jefferson during their entire professional careers. On Friday, September 17 two hundred of their students, their peers and their friends gathered to say thank you. It was a very special evening.

A champagne reception in the Social Lounge of Jefferson Alumni Hall got festivities under way. Guests inscribed personal notes in leather bound engraved books upon arrival. During the dinner activities that followed the Professors' long time associates, Dr. Paul A. Bowers '37 and Dr. Joseph P. Long '39 gave biographical appreciations.

The evening was co-sponsored by Jefferson's Department of Obstetrics and Gynecology and the Jefferson Obstetric and Gynecologic Ex-residents Society (Jogers).

Above: Honored Professors John B. Montgomery '26 (left) and Thaddeus L. Montgomery '20. Right: from left Mrs. "J.B." Montgomery, Mrs. Leon A. Peris, Dr. Montgomery and Dr. Peris '55, chairman of the dinner. Below: from left Dr. "T.L." Montgomery, Mrs. Paul A. Bowers, Dr. Willard A. Krehl and Mrs. Montgomery.
Above left: Dr. Amos S. Wainer (left), Mrs. Lewis C. Scheffey, widow of the late Emeritus Professor, and Dr. Abraham E. Rakoff '37. Above right: Drs. Jack W. Fink '54, Ronald E. Traum '57 and Jerome Abrams '53. (from left). Left: Dr. W. Paul Havens (left) with Dr. and Mrs. C. Wilmer Wirts '34. Below left: Dr. Anthony Ruppersberg '33 of Columbus, Ohio, (right) with Dr. Edward M. Podgorski '54. Below right: Dr. and Mrs. H. Blake Hayman '45 with Dr. Howard E. First (right).
Helping Foreign Physicians Understand America

Because of the change in the AMA's policy on rotating foreign internships, the Ventnor Foundation has brought its last generation of foreign intern exchanges to the United States. However, the Foundation, and the man who made it work, Dr. Hilton S. Read '23, still had much to celebrate at its October twenty-fifth anniversary meeting in Atlantic City.

The emphasis of the Foundation, made up of some residents of Dr. Read's hometown, Ventnor City, was as much on a spiritual and cultural exchange as it was on medical training. Dr. and Mrs. Read conceived the idea of arranging internships for German medical graduates shortly after World War II, on the premise that State Department-sponsored visits for foreign physicians were too superficial. "By working in the U.S.," Dr. Read says, "our exchanges could leave America liking it or not liking it, but at least knowing it."

Dr. Read arranged with 11 community hospitals, most of them in New Jersey, to accept qualified medical graduates from Germany, Switzerland and Austria. The hospitals offered the same salaries as they paid American interns and provided transportation costs as well. TheReads held open house for all their protégés one weekend each month, kept in touch with them while they were in this country and offered sympathetic advice and career help. Twice a year all the interns, usually about 75 per year, came together in Atlantic City or Philadelphia for a symposium with eminent speakers from the State Department, the military, higher education, medicine, etc. When the young physicians expressed their gratitude to Dr. Read, he asked them not to overlook their U.S. experience when they returned home. "Just work hard and sing low," he told them. "Let your work speak for you and for us."

Since its inception in 1951, the Ventnor Foundation has sponsored 1500 interns, about half of whom stayed on for residency training in the U.S. About 15% immigrated to the U.S. and Canada, and several have important academic appointments here, including the Chief of Pediatrics and other staff at the Mayo Clinic. Many have emigrated to other countries including Nigeria, Taiwan, Iran, Israel, Indonesia, Afghanistan, Pakistan and Vietnam. Dr. Ulrich Kreh of Switzerland, for example, established programs for the treatment of viral infections in the Congo and another foundation alumnus, Dr. Richard Emmerich, has performed thousands of sight-saving operations in India.

One of the most gratifying results for Dr. Read is that the Ventnor Foundation idea is being emulated by its organized alumni group, who sponsor three specialists from developing nations every six months. They bring the physicians to Germany for on-the-job specialty training and provide support. Over 200 of the Foundation alumni attended the anniversary meetings which included a range of activities from medical seminars to a vineyard wine tasting excursion. The celebration coincided with another event of importance for Dr. Read: his retirement after 53 years of practice.

Salem since 1948 and is a staff member of Salem County Memorial Hospital where he heads the Intern Training Program and serves as Secretary of the staff. He is a past President of the Salem County Medical Society and past Chairman of the Judicial Council of the MSNJ. A Diplomat of the American Board of Family Practice, he is active in community affairs.

1946

Dr. Myron Bash, 7 Chopin La., Lawrenceville, N.J., has an orthopaedic practice with two associates in Trenton. His eldest son graduated from Bowdoin, his middle son is attending Williams College and his youngest son graduated this year from Deerfield Academy.

Dr. Louis F. LaNoce, 5817 Henry Ave., Philadelphia, is Chief of Staff at Roxborough Memorial Hospital. His daughter, Virginia, graduated from Jefferson's School of Nursing with a B.S. degree last June.

1947

Dr. Walter W. Moore, 1903 Oldwood Rd., Wilmington, De., has assumed the position of Medical Director of Blue Cross and Blue Shield of Delaware. Previously he practiced surgery in Wilmington.

Dr. Leonard P. Rosen, 5 Arthur Ct., Wallingford, Pa., was honored as an outstanding alumnus of Widener College. Dr. Rosen, a Chester general practitioner, served two terms as Chief of Staff at Crozier Chester Medical Center where he also was President of a general practice physician's group. At the time of his appointment as Chief of Staff he was the youngest doctor on the staff and the only general practitioner to be elected to the post.

1948

Dr. George J. Haupt, 708 Old Lancaster Rd., Bryn Mawr, Pa., has been promoted to Clinical Professor of Surgery at Jefferson, Lankenau affiliate.

Dr. Joseph P. Kenna, 902 Penn Valley Rd., Media, Pa., has been a full time physician at Southern Chester County Medical Center since 1974. He took his internship at Fitzgerald Mercy Hospital and his residency at Philadelphia Veterans.

1949

Dr. Edward A. Schauer, 53 Main St., Farmingdale, N.J., has been appointed Director of the Department of Family Practice at Jersey Shore Medical Center. He has been on the Center's staff for 23 years.

1950

Dr. James R. Hodge, 2975 W. Market St., Ste. 204, Akron, Oh., was honored by the Ohio Psychiatric Association with a special award for outstanding continuing service for psychiatry in Ohio.

Dr. Irwin N. Perr, Rutgers Medical School, Piscataway, N.J., is Speaker of the Assembly of the American Psychiatric Association and also will be a member of its Board of Trustees. He is on the Executive Committee of the American Academy of Psychiatry and the Law and the American Academy of Forensic Sciences.

Dr. Frans J. Vossenberg, 1117 Lafayette Rd., Wayne, Pa., is President of the Medical Staff at Sacred Heart Hospital in Norristown, where he has been on staff since 1959.

Dr. J. Harold Williams, 8 Linden Dr., Wichita, Ks., who received his L.L.B. degree in 1961, practices law, principally representing plaintiffs in malpractice and drug liability cases. He is a full time Professor of Law and an Adjunct Professor of Health Care Administration at Wichita State University. He co-authored the legal treatise, "Medical Malpractice," and a book, The Parenchyma of Law, addressed to a physician audience.
1951
Dr. Jasper C. Chen See, R.D. #3, Jackson-wold, Reading, Pa., has been promoted to Clinical Associate Professor of Pathology at Jefferson.

1952
Dr. Lyle D. Vincent, Jr., 1009 Market St., Parkersburg, W. Va., was honored by the Wood County Health Department as “Boss of the Year.” Dr. Vincent is a part-time health officer for the county.

1954
Dr. Carl T. Evans, 774 Abbott Rd., Lexington, Ky., is the head of the Ob/Gyn Department at the Lexington Clinic.

Dr. Charles H. Greenbaum, 8220 Castor Ave., Philadelphia, is President-elect of the Pennsylvania Academy of Dermatology and serves as Chairman of the Advisory Committee to the American Academy of Dermatology. Dr. Greenbaum is a Clinical Associate Professor of Dermatology at Jefferson.

Dr. Raymond M. Wargovich, 2294 Constitution Blvd., Boston, Pa., received the Nathaniel Bedford Award of the Allegheny County Medical Society for direct primary care. He is a captain selectee in the U.S. Navy Medical Corps. Dr. Wargovich’s son, Raymond, is a freshman at Jefferson.

1955
Dr. Ray M. Kessel, P.O. Box 386, Logan, W. Va., has been appointed Chairman of the Department of Family Practice at Marshall University School of Medicine.

Dr. William A. Millhon, 4493 Old 3C Highway, Westerville, Oh., is a member of the Board of Trustees of the American Society of Internal Medicine. He is Chairmen of the Department of Medicine at Riverside Methodist Hospital and Associate Clinical Professor at Ohio State University College of Medicine. He is a past President of the Ohio Society of Internal Medicine.

Dr. Leon A. Peris, 1421 Autumn Rd., Jenkintown, Pa., has been promoted to Clinical Associate Professor of Ob/Gyn at Jefferson.

Dr. John E. Steele is a member of the American College of Physicians. Dr. Steele is Acting Chief of Staff of Gnaden Huetten Hospital in Lehighton, Pennsylvania, and Chairman of the Hospital’s Utilization Review and Medical Records Audit Committees. He and his wife, Louisa, have a son and a daughter.

1956
Dr. Brian S. Harrold, 2919 Demington Ave., N.W., Canton, Oh., is President-elect of the Stark County Medical Society. Past President of the Ohio State Pathological Society, he is on the staff of Massillon City Hospital.

Dr. Leopold S. Loewenberg, 1116 Remington Rd., Wynnewood, Pa., has been promoted to Clinical Associate Professor of Obstetrics and Gynecology at Jefferson.

Dr. John T. Whitmore, 1068 National Highway, LaVale, Md., is in the private practice of internal medicine at the above address. Prior to this, he had practiced in Bedford, Pennsylvania and in California. He took a Fellowship in gastroenterology at the Veterans Administration Hospital in Philadelphia. He and his wife have one son.

1957
Dr. Robert E. Lynch, 283 Pugh Rd., Wayne, Pa., is President-elect of the Phoenixville Hospital Medical staff. A Board-certified radiologist, Dr. Lynch has been on the Phoenixville staff since 1967.

Dr. Phillip J. Marone, 2508 S. 20th St., Philadelphia, has been elected Treasurer of the Medical Staff at Methodist Hospital in Philadelphia.

Dr. Ronald E. Traun, 415 Silverhill Rd., Cherry Hill, N.J., has been promoted to Associate Professor of Obstetrics and Gynecology at Jefferson.

1958
Dr. Hilbert E. Oskin, 5121 Scenic Rd., Murrysville, Pa., was certified in psychiatry by the American Board of Psychiatry and Neurology. He is a staff member at Latrobe Hospital.

1959
Dr. Richard S. Kolecki, Department of Pathology, West Jersey Hospital, Voorhees, N.J., has been promoted to Clinical Assistant Professor of Pathology at Jefferson.

Dr. James L. McCabe, 430 Owen Rd., Wynnewood, Pa., is Director of Professional Affairs for Mercy Catholic Medical Center. A Clinical Instructor in Medicine at Jefferson, he was previously responsible for the Center’s Utilization Review Program.

Dr. James A. McCallum has a medical practice at the Tri-County Clinic in Deer Park, Washington. He is a member of the Tri-County Hospital Medical staff.

Dr. Raymond J. Schiffman, Cooper Hospital, Department of Pathology, Camden, N.J., has been promoted to Clinical Assistant Professor of Pathology at Jefferson.

1960
Dr. Rudolf W. Bee, 800 Corbin Ave., New Britain, Ct., is a Clinical Assistant Professor of Ophthalmology at the University of Connecticut in addition to his private practice. Dr. Bee is a Fellow of the Royal College of Surgeons, Canada, and the Royal Society of Medicine, England.

Dr. Herbert M. Epstein, 785 Golf View Rd., Moorestown, N.J., is President of the Burlington County Medical Society.

1961
Dr. Warren A. Katz, Chief of Rheumatology at the Medical College of Pennsylvania, is President of the Arthritis Foundation, Eastern Pennsylvania Chapter, for 1976-78.

Dr. Harold L. McWilliams, Jr., has been appointed Chief of the Department of Surgery at the Fallston General Hospital, Maryland. A Fellow of the American College of Chest Physicians, he is certified by the American Board of Surgery and the American Board of Thoracic and Cardiovascular Surgery. He is also a member of the surgical staff at the Harford Memorial Hospital.

Dr. John P. Salvo, 40 N. Main St., Medford, N.J., has been named Director of Emergency Services at Our Lady of Lourdes Hospital in Camden. He previously had a private practice in Medford and was emergency physician at Burlington County Memorial Hospital in Mount Holly. Certified by the American Academy of Family Physicians, Dr. Salvo is married and has five children.

Dr. Richard C. Wamsley is an Assistant Clinical Professor of Pediatrics at Case Western Reserve University School of Medicine. He resides at 3654 Concord Drive, Cleveland, Ohio.

1962
Dr. Francis B. Boland, Jr., Burnt House Hill Rd., Doylestown, Pa., an orthopaedic surgeon, writes that he and his wife, Ruth, have five children.

Dr. William V. Harrer, 241 Kings Highway, W., Haddonfield, N.J., has been promoted to Associate Professor of Pathology at JMC, Our Lady of Lourdes affiliate.

Dr. Norman R. Klinman, Lincoln Dr. & Harvey St., Philadelphia, has been awarded the Parke-Davis Award by the American Society for Experimental Pathology. He received the award as the “member under 40 who has made the most outstanding contribution to the conquest of disease.” His field of research interest is immunology. He is presently working on detection of antigens for the various strains of influenza; he is a
The Bulletin’s last commemoration, celebration and mention of the bicentennial.

by Warren R. Lang, M.D. ’43

Quiz: 1776

1. The year 1976 is celebrated as the bicentennial year of a special occasion in American history. In the year 1776:
   A. The U.S. won its independence from Great Britain B. The Revolutionary War began C. The Declaration of Independence was signed D. The battles of Lexington and Concord occurred E. None of above

C. The Second Continental Congress, meeting in Philadelphia, signed the Declaration of Independence, on July 4, 1776. The battles of Lexington and Concord were already history in 1776.

2. The official dates of the American Revolution are:
   A. 1775-1776 B. 1775-1783 C. 1774-1782 D. 1773-1783 E. 1776-1779

B. The American Revolution officially began with the battles of the Minutemen against the British at Lexington and Concord, Massachusetts April 19, 1775. The Treaty of Paris was signed in September 3, 1783.

3. You are a schoolboy or schoolgirl in 1776. Only one of the following characters of children’s stories could be known to you. Can you name the character?
   A. Alice in Wonderland B. Phileas Fogg C. Robinson Crusoe D. Peter Pan E. Little Lord Fauntleroy

C. The Life and Strange Surprising Adventures of Robinson Crusoe by Daniel Defoe was published in 1719. Alice’s Adventures in Wonderland by Lewis Carroll (Charles Lutwidge Dodgson) appeared in 1865. Around the World in Eighty Days by Jules Verne reached the public in 1873; it recounts the tale of Phileas Fogg and his journey. Peter Pan, a play by James M. Barrie was first presented in 1904. Little Lord Fauntleroy, a popular children’s book by Francis Hodgson Burnett was published in 1886.

4. Which one(s) of the following musicians was (were) actively composing in the year 1776?
   A. Ludwig von Beethoven B. Hector Berlioz C. Franz Schubert D. Franz Joseph Haydn E. All of above

D. Haydn lived 1732-1809. An Austrian composer, he wrote more than 100 symphonies and 80 string quartets. The German, Ludwig von Beethoven was only six years old in 1776; he lived 1770-1827. Hector Berlioz, a French composer, lived 1803-69. Franz Schubert was an Austrian; he composed nine symphonies and over 600 songs; his dates are 1797-1829.

5. In the fateful year of 1776, which of the following events occurred?
   A. Thomas Paine issued the call for independence in his pamphlet “Common Sense” B. Having failed to capture Quebec, American forces withdrew from Canada C. Benjamin Franklin among others was successful in persuading French officials to aid Americans D. General George Washington retreated across the Delaware River and established his headquarters in Pennsylvania E. All of above

E. Thomas Paine’s pamphlet appeared on January 9; it dared to attack King George III who had previously been immune to such criticism. American forces, having failed to capture Quebec, withdrew in April. Franklin succeeded in September to enlist the aid of France. General Washington’s victory over Hessians at the Battle of Trenton was concluded on December 26.

6. The King of France in 1776 was a young monarch who had a wife reputed to have said, “Let ‘em eat cake.” The king intervened in the War of American Independence on the side of the colonists. He was a Bourbon called:
   A. Louis XIV B. Louis XV C. Louis XVI D. Louis XVII E. Louis Philippe

C. Louis XVI; his wife was Marie Antoinette, daughter of Empress Maria Theresa of Austria of the House of Hapsburg-Lorraine. Both Louis XVI and Marie Antoinette were executed by the guillotine in January 1793 by order of the French Convention. Louis XVI reigned 1774-1793. The dates of the others are Louis XIV, 1643-1715; Louis XV, 1715-1774. Louis XVI never reigned since the First Republic ruled France 1792-1804. Louis Philippe reigned 1830-1848 just preceding the Second Republic, 1848-1851.

7. The history of the United States is sprinkled with noted religious leaders. Which one had already become part of American history by 1776?
   A. Joseph Smith B. Roger Williams C. Brigham Young D. Mary Baker Eddy E. Elijah Muhammad

B. Roger Williams, 1603-1683 an advocate of religious freedom founded Rhode Island. Joseph Smith, 1805-1844 founded the Mormon Church; Brigham Young, 1801-1877 was an early leader of the Mormons and established a settlement at Salt Lake City. Mary Baker Eddy, 1821-1910, founded Christian Science. Elijah Muhammad, 1897-1965 was a leader of the Black Muslims.

8. King of England in 1776 was a Hanoverian who brought the Tories into power for the first time since 1714. He suffered from porphyria. His name was:
   A. George II B. George III C. George IV D. William IV E. None of above

B. George III 1760-1820. George II reigned 1727-1760; George IV, 1820-1830; William IV, 1830-1837.

9. There were 56 signers of the Declaration of Independence. Do you know how many were physicians?
   A. Two B. Four C. Six D. Eight E. Ten

B. There were four physicians among those who signed the Declaration. They were James Bartlett representing New Hampshire; Lyman Hall, Georgia; Benjamin Rush, Pennsylvania and Matthew Thornton, New Hampshire.
14. Which one of the following famous quotations is not related to the Revolutionary War?
A. "I offer nothing more than simple facts, plain argument, and common sense." B. "Manifest destiny" C. "not worth a continental" D. "a rising not a setting sun" E. "When in the course of human events"

B. "Manifest destiny" was a catch phrase popular in the mid 1800's, it sought to justify the expansion of the United States to the West. "I offer nothing more than simple facts, plain argument, and common sense" comes from the popular pamphlet "Common Sense" published by Thomas Paine in 1776. "Not worth a continental" referred to the useless paper money printed in the later Revolutionary War years. "A rising not a setting sun" was said by Benjamin Franklin when he looked at a painting of the sun behind the president's desk at the signing of the Declaration of Independence; the implication was that the colonies would succeed in their efforts to break from England. "When in the course of human events" are the first words of the text of the Declaration of Independence.

15. Which one of the following physicians lived, became famous, and died prior to the American Revolution? A. Samuel F. C. Hahnemann B. Stephen Hales C. William Beaumont D. Robert Koch E. Ignaz Philipp Semmelweis

B. Stephen Hales, 1677-1761 was a British physiologist who first measured blood pressure. S. F. C. Hahnemann, 1755-1843, was a German physician who founded homeopathic medicine. William Beaumont, 1785-1853 was an American physician who performed experiments on a live patient to understand the digestive process. Robert Koch, 1843-1910, was a German who established the science of bacteriology. I. P. Semmelweis 1818-1865 was a Hungarian physician who pioneered antiseptic methods in childbirth.

16. A well known and well loved poem begins "Listen, my children and you shall hear Of the midnight ride of Paul Revere On the eighteenth of April, in Seventy-Five Hardly a man is now alive..." This poem about the famous ride of Paul Revere to Lexington and Concord (he was captured by the British at Lexington) was written by an American poet whose name is: A. John Greenleaf Whittier B. Henry Wadsworth Longfellow C. James Russell Lowell D. Ralph Waldo Emerson E. Nathaniel Hawthorne

B. Henry Wadsworth Longfellow's poem, Paul Revere's Ride, is the Landlord's Tale in Tales of a Wayside Inn. The latter was written after Longfellow resigned his professorship at Harvard. The dates of the American writers are: Whittier, 1807-1892; Longfellow, 1807-1882; Lowell, 1819-91; Emerson, 1803-1882, Hawthorne, 1804-1865.

17. Born in 1776 was a famous artist who painted the "green of England that Wordsworth and Coleridge and Keats put into their poetry." He painted only landscapes and only the landscapes of Suffolk. In 1834, the year Jefferson was founded, his painting The Hay Wain was hung in the Paris salon. His name? A. John Constable B. William Turner C. Louis David D. William Blake E. Thomas Gainsborough

A. John Constable, 1776-1837. The dates of the other artists are William Turner, 1775-1831; Louis David, 1748-1825; William Blake, 1757-1827; Thomas Gainsborough, 1727-1788.

18. Canada and the American Revolution. The false statement A. During the American Revolution, Canada was still under the control of France B. Many Americans who preferred to remain under the British crown, i.e. Loyalists or Tories, fled to Canada C. Many refugees fled to the province now known as New Brunswick D. American revolutionaries invaded Canada in 1775 E. No, all above are true

A. Britain acquired Nova Scotia in 1713 and captured Quebec in 1759, obtaining control of the rest of Canada in 1763. In September 1775, in order to secure the northern route into New England, two American forces moved into Canada under General Richard Montgomery and General Benedict Arnold; the campaign ended in their retreat. The other statements are true.

19. In English literature there are many "one-book" authors, i.e. writers who made only one profound and lasting contribution. Such a writer published a book in 1776. The writer served a term in the militia, was a member of Parliament, distrusted philosophy and took a factual and extremely worldly view of events. He dedicated his life to his only contribution. The author and his masterpiece are? A. Laurence Sterne, The Life and Adventures of Tristram Shandy B. Thomas de Quincey, Confessions of an English Opium-Eater C. John Bunyan, Pilgrim's Progress D. Izaak Walton, The Compleat Angler E. Edward Gibbon, The Decline and Fall of the Roman Empire

E. Edward Gibbon, 1737-1794, did not finish his complete work, 6 volumes, until 1787, volume I appeared in 1776 and was enthusiastically received by the literate public; Sterne, 1713-1788, published his book in 1759; de Quincey, 1785-1859 in 1821; Bunyan, 1628-1688 in 1678; Walton, 1593-1853 in 1653. Although unfamiliar to most of us, all writers cited except Gibbon wrote more than the one book mentioned.

20. King of Spain in 1776 was a Spanish Bourbon. He was an enlightened despot who gave impetus to economic and administrative reform. He was the son of Philip V and Elizabeth Farnese. In 1779 he joined France in the War of Independence against England. His name? A. Philip VI B. Ferdinand VI C. Charles III D. Charles IV E. Ferdinand VII

C. Charles III, king 1759-1788. The reigns of the other kings were: Philip VI non existent; Ferdinand VI, 1746-1759; Charles IV, 1788-1808; Ferdinand VII, 1814-1833.
Professor of Pathology and Microbiology at the University of Pennsylvania.

Dr. Debnanom Muangman, 489 Rajvithi Rd., Bangkok, has been elected Dean of the Faculty of Public Health, Mahidol University, in Bangkok, Thailand.

Dr. Michael J. Prendergast has been certified by the American Board of Urology. He is a member of the York Hospital staff and practices with two other physicians at the Broeckie Medical Center in York, Pennsylvania. He and his wife, Barbara, have three daughters.

Dr. Joseph W. Sokolowski, Jr., 719 Iron Post Rd., Moorestown, N.J., is Vice-President of the New Jersey Thoracic Society. A specialist in internal medicine and pulmonary disease, he is Director of Respiratory Care Services at Our Lady of Lourdes Hospital in Camden.

Dr. William E. Staas, Jr., Mimosa Dr., Cherry Hill, N.J., is Associate Medical Director of the Magee Memorial Rehabilitation Center. He is a Clinical Professor of Rehabilitation Medicine at Jefferson and is affiliated with several area hospitals.

Dr. Santo Longo, R.D. #3, Huntingdon, Pa., has been appointed Co-Director of the J.C. Blair Memorial Hospital pathology department. Prior to his appointment he had been an Associate in Pathology at the University of Pennsylvania.

Dr. Herbert C. Rader, Catherine Booth Hospital, Nagercoil, Tamilnad, India, is Medical Superintendent of the above Salvation Army Hospital. He is conducting a four-year nursing course and has a busy artificial limb center and rehab program in addition to a busy surgical service.

Dr. Ignatius S. Hneleski, 1 Collegeview Rd., West Chester, Pa., has been promoted to Clinical Assistant Professor of Ophthalmology at Jefferson.

Dr. Robert G. Mayer, 182 W. Canton St., Boston, Professor of Law and Psychiatry at Northeastern University and Assistant Clinical Professor of Psychiatry at Tufts Medical School, has been certified by the American Board of Psychiatry and Neurology. After his graduation from Jefferson he spent two years with the Peace Corps in Ethiopia and a year as Medical Director of the Job Corps.

Dr. Milton J. Sands, Jr., 15 Paper Chase Dr., Farmington, Ct., is practicing cardiology at New Britain General Hospital and teaching at the University of Connecticut Health Sciences Center. He has passed his Boards in cardiovascular disease. "The Sands' are hiking and fishing and enjoying Connecticut tremendously."

Dr. Richard W. Cohen, 3044 Plymstock Ln., Atlanta, Ga., is in partnership in suburban Atlanta practicing orthopaedics. He and his wife have three children.

Dr. Mary E. Knepp, 130 Spruce St., Apt. 9B, Philadelphia, has finished a dermatology residency at Jefferson. She will join a group practice in New Jersey and will practice at Jefferson part time.

Dr. George W. Smith, 101 S. Second St., Harrisburg, a Consultant in Adolescent Psychiatry and Group Psychotherapy for the Harrisburg Hospital Mental Health/Mental Retardation Center, recently presented papers at the First International Forum on Adolescence in Jerusalem. Dr. Smith is a Clinical Assistant Professor of Psychiatry at Hershey Medical Center.

Dr. Murray C. Davis, C Ave., Riverside, Pa., a Board-eligible radiologist, has been appointed to the active medical staff at Soldiers and Sailors Memorial Hospital. Dr. Davis recently completed his radiology residency at Geisinger Medical Center.

Dr. Mark H. Zeitlin, 1452 Wedgewood B, Allentown, Pa., has joined the Department of Anesthesiology at St. Lukes Hospital in Bethlehem.

Dr. J. Frederick Laucius, Hopkinson House, Philadelphia, has been promoted to Assistant Professor of Medicine at JMC.

Dr. Noreen M. March, 1795 Hillcrest Ln., Aston, Pa., has been promoted to Clinical Assistant Professor of Medicine at Jefferson, Mercy Catholic Medical Center affiliate.

Dr. Elliot J. Rayfield, 305 E. 86th St., New York, Director of Diabetes Research at Mount Sinai Medical School, was elected to Fellowship in the American College of Physicians. He recently received a grant from the New York Diabetes Association for his work on the viral etiology of diabetes.

Dr. Charles M. Brooks, 11 Woodland Ave., Bloomfield, Ct., has been named to the medical staff of the Muhlenberg Medical Center. Dr. Brooks practices gastroenterology in Allentown.
Dr. Raphael J. DeHoratius has been appointed Assistant Professor of Medicine at Jefferson. He is residing at 667 Sproutl Road, Villanova.

Dr. Friedrich C. Luft was honored this Spring by the 1976 graduating class of Indiana University as Outstanding Professor in Medicine. Dr. Luft, an Assistant Professor of Medicine at Indiana University, is certified in internal medicine and nephrology by the American Board of Internal Medicine. His wife, Joan, worked as a teacher and is presently head nurse of a psychiatric unit for acutely psychotic males. The Lufts have two children—Carrie, seven and Rick, four. They live at 481 Seville Drive, Indianapolis, Indiana.

Dr. Bohdan Malyk, 2962 Fairfield Dr., Altoona, Pa., has joined Ortho Pharmaceutical Corporation as Assistant Director of Medical Research and Reproduction. He had maintained a private practice in Altoona and had been a Clinical Instructor of Ob/Gyn at the University of Pennsylvania.

Dr. Richard Vagley, 532 S. Aiken Ave., Pittsburgh, who practices plastic surgery in Pittsburgh, has married Mary Carroll, a law student at Duquesne University. Dr. Vagley took his general surgery residency at Georgetown University Hospital and a two-year plastic surgery residency at Western Pennsylvania Hospital in Pittsburgh. He also served two years in the Navy Medical Corps.

Dr. J. Stewart Williams, 4290 Kendall, Wheat Ridge, Co., has left the army and entered the practice of general surgery with Dr. George Cimochowski '67. He has two sons, David and Evan.

1969

Dr. Walter J. Finnegan, 1730 Chew St., Altoona, Pa., has joined Orthopaedic Associates there. He completed his residency last June at the University of Pennsylvania.

Dr. David J. Katz, 219 Country Club Ln., Altoona, Wi., is Board certified in urology and has a private practice in Eau Claire.

Dr. Furey A. Lerro, 26 Bernice Dr., Freehold Twp., N.J., has begun a private practice of psychiatry in Red Bank.

Dr. Robert A. Lustig, 101 Hewett Rd., Wyncote, Pa., has joined the Department of Radiation Oncology at Cooper Medical Center in Camden. A Board certified radiologist, Dr. Lustig had been a resident in internal medicine and a Navy medical officer.

Dr. Linda L. Weinberg, 37 Park Ave., Natick, Ma., is now a Diplomate of the American Board of Pediatrics.

Dr. Mitchell A. Weinstein, 1501 East Ave., Rochester, N.Y., is practicing neurosurgery in partnership.

Health and the Marathon Runner

By now we all know that we eat too much animal fat, consume too much alcohol, caffeine and nicotine, and spend too much time in sedentary pursuits. We also know that most of us will continue to do so, with even physicians disregarding the evidence they themselves compile regarding the health hazards of the so-called good life.

Martin Mollen '74 is one of the hardy few who took what he learned in medical school about physical fitness and preventive medicine as a personal mandate. With no athletic background to speak of, he built up in one month last year to jogging three miles nearly every day. Within six months he was running six miles at least five times a week and had run the Fiesta Bowl Marathon in three hours and 50 minutes, a distance of 26 miles. This past April on Patriot's Day he became the first physician from Arizona to participate in the Boston Marathon, all 26 miles, 385 yards, four hours and 19 minutes in 100 degree heat.

About 200 physicians numbered among the 2,300 Boston Marathon runners, and the event seemed a natural occasion for a meeting of the American Medical Joggers Association of which Dr. Mollen is a member. The AMJA provides its members with positive reinforcement for their own exercise and for encouraging their patients to follow the physician's example. Dr. Mollen must be one of the Association's most successful members in the latter regard. With his cousin Dr. Arthur Mollen, he started the Arizona Marathon Society, a group that runs five miles every Sunday. The Society now has close to 100 members from ages six to 65 who run at a moderate pace in an unstructured fashion. One of the most enthusiastic members is Dr. Mollen's wife, Joan, who began jogging one month after giving birth to their daughter, and who placed seventh in a women's half marathon in Phoenix only three months later.

Dr. Mollen is now a resident in internal medicine, but when he finishes his training he intends to emphasize preventive medicine and physical fitness and hopes to avoid as much as possible the practice of crisis-oriented medicine.

Convincing people to jog regularly is hardly life's easiest task, but in addition to Dr. Mollen's enthusiasm and his example, his success as a proselytizer is based on some very persuasive facts. While exercise of almost any kind performed regularly can lower the risk of coronary artery disease, Dr. Mollen suggests jogging because it is inexpensive ("All you need is a good pair of sneakers."). requires no team, equipment or arena. As a glance around Philadelphia confirms, it can be done anywhere by those of any age. In West Germany, Mollen notes, school children are required to run from one to two miles per day.

Dr. Mollen also affirms jogging's psychic rewards. The solitary nature of the sport is itself a kind of retreat, and most joggers agree there is a tranquilizing effect, a release of nervous tensions, even a sense of euphoria. "One Los Angeles psychiatrist reports he has successfully treated psychotics without medication through a program of jogging. And if a physical examination proves you fit to jog, your only danger is the likelihood of becoming a jogaholic."
1970

Dr. William D. Bloomer, 21 Upson Rd., Wellesley, Ma., has been appointed Assistant Professor of Radiation Therapy at Harvard Medical School. He is an Associate in Radiation Therapy at the Peter Bent Brigham Hospital Division of the Joint Center for Radiation Therapy.

Dr. Charles Furr, 104 E. 2nd St., Erie, Pa., is practicing cardiology at the above address.

Dr. Robert P. Johnson, 1326 Maple Ave., Lancaster, Pa., has completed his family practice training at Lancaster General Hospital. He is entering private practice in partnership at the New Holland Family Health Center.

Dr. Ronald A. Leff, 1005. Georgia Ave., Mobile, Al., completed his two years at Maxwell AFB and has joined a group of anesthesiologists in Mobile. He was certified by the American Board of Anesthesiology and the American College of Anesthesiologists.

Dr. Theodore C. M. Lo, Lahey Clinic Foundation, 605 Commonwealth Ave., Boston, has been promoted to the Senior Staff at the Lahey Clinic. He also has been appointed to the faculty of MIT as Research Affiliate in the Department of Electrical Engineering and Computer Sciences. Two of his papers have recently appeared in the American Journal of Roentgenology, and he delivered a paper in October before the American Society of Therapeutic Radiologists.

Dr. Nathan O. Thomas, 349 Main St., Meyersdale, Pa., has been named Assistant Chief of Staff at Meyersdale Community Hospital. Dr. Thomas practices general medicine in Meyersdale. He is a member of the American Academy of Family Practice.

1971

Dr. Sylvan Brown, 350 E. Willow Grove Ave., Philadelphia, has been appointed to the staff of the Allied Institute of Rehabilitation Medicine. Dr. Brown completed a Fellowship in rheumatology at Jefferson and is a Board certified internist.

Dr. Michael A. Geha, 100 Main St., Agawam, Ma., has joined Internal Medical Associates, practicing internal medicine and endocrinology. He did his post graduate work at Baystate Medical Center in Springfield.

Dr. Wilma C. Light, 1100 Ligonier St., Latrobe, Pa., has begun a practice of pediatric allergy. She is associated with Latrobe Area Hospital and is doing volunteer work at Children’s Hospital of Pittsburgh in their allergy department.

Dr. Susan Monk Pacheco, 4371 E. Springcreek Dr., Dayton, Oh., is working part time in the pediatrics clinic of the Dayton Children's Hospital. She is a Clinical Instructor of Pediatrics at the Wright State University School of Medicine.

1972

Dr. Louis C. Blaum, Jr., 645 Park Ave., Collingswood, N.J., is finishing his third year of surgical residency at Jefferson. His second son, Brian James, was born on January 6, 1976.

Dr. Harry S. Cooper, 7740 Stenton Ave., Philadelphia, has joined the pathology staff of Cooper Medical Center in Camden. He has completed a pathology residency at Johns Hopkins University.

Dr. Ronald L. Kabler, 25355 Shawasse Rd., Southfield, Mi., is in his final year of a urology residency at Henry Ford Hospital in Detroit. He and his wife Ellen have a two-year-old son, Christopher. They hope to return to the Philadelphia area after residency.

Dr. Rosalie K. Marinari, 149 Briar Ct., Marlton, N.J., has been appointed an Instructor of Dermatology at JMC.

Dr. Sandra S. Mossbrook, 1099 Berkshire Rd., N.E., Atlanta, Ga., is practicing pediatrics in a neighborhood clinic. “Lots of colds and ear infections!”

Dr. John F. Rodzvilla, Jr., 3714 Rosemont Ave., Drexel Hill, Pa., is practicing with Pediatric Medical Associates in Havertown. A son was born January 19, 1975.

1973

Dr. Rodney A. Appell, 9 Regent Sq., London, England, is spending a year with London University Hospital in an exchange program as part of his urology residency at Yale University School of Medicine.

Dr. Erick J. Bergquist, 736 Comberley Cti., Towson, Md., is taking an infectious diseases Fellowship at the University of Maryland Hospital in Baltimore, following his residency at Jefferson. Dr. Bergquist married Jeanne Beyer in October, 1975. Mrs. Bergquist received her M.S. in clinical microbiology at Jefferson in 1976.

Dr. Paul F. Cerza, 36 Deer Run, Watichung, N.J., was married to Miss Anna Maria Sardelli, an underwriter for a Hartford insurance company. He has completed his training at Yale New Haven Medical Center.

Dr. Gordon R. Gold, 825 S. Negley Ave., Pittsburgh, has joined the staff of North Hill Passavant Hospital. Dr. Gold completed his residency in internal medicine at the Presbyterian-University Hospital in Pittsburgh.

Dr. Robert C. Lahita, Rockefeller University, New York, completed his residency at Cornell University Hospital and is now a Fellow in immunology at Rockefeller University. He and his wife, Terry, have a young son, Jason, and expect another child.

Dr. Stephan C. Mann was the recipient of the 1976 Kenneth Appel Award presented by the Philadelphia County Medical Society. He is a resident in psychiatry at TJUH.

Dr. James J. McGraw, 615 Park St., Pittsburgh, recently completed his residency at St. Margaret’s Memorial Hospital in Pittsburgh. He is opening an office with classmate George Gustainis, the Waynedale Family Practice Associates, in order to provide 24-hour assistance.

Dr. Gilbert R. Parks has completed his psychiatric residency at the Menninger School of Psychiatry. He is now staff psychiatrist at the Topeka State Hospital in Topeka.

Dr. Cyril M. J. Puballa, 1218 Walnut St., Philadelphia, is a Clinical Instructor in Psychiatry and Human Behavior at JMC.

Dr. David M. Rogowitz, 66 Pacific Ave., Apt. 1208, Toronto, is doing a Fellowship in pediatric radiology at the University of Toronto’s Hospital for Sick Children.

Dr. Anthony J. Ruggeri, 817 Morris St., Philadelphia, has been appointed an Instructor in Psychiatry and Human Behavior at Jefferson.

Dr. Frank M. Taylor, 2104 E. 115th Ave., Tampa, Fl., is a third year pathology resident at the University of South Florida College of Medicine Affiliated Hospitals.

Dr. Paul S. Zamostien, 3650 Buford Hwy., N.E., Apt. E-3, Atlanta, Ga., and his wife, Beth, announce the birth of a daughter, Lauren Paige, March 16, 1976. Dr. Zamostien is starting the year as a senior resident in gynecology-obstetrics at Emory University’s Grady Memorial Hospital.

1974

Dr. Stephen Karasick was cited for his exceptional efforts to educate students in the School of Radiologic Technology at TJUH by the class of 1976 at its Commencement Exercises in September. Dr. Karasick is a third year radiology resident at Jefferson.

Dr. John J. Karlavage, 231 W. Centre St., Mahanoy City, Pa., has opened an office for general practice at the above address. Mahanoy City’s oldest physician, Dr. Irv F. Fenton ’13, welcomed Dr. Karlavage to practice.

Dr. Gary S. Clark, 1712 Meadow Dr., Norristown, Pa., is in the second year of a rehabilitation medicine residency at Jefferson.
Obituaries

Julian C. Brantley, Sr., 1916
Died October 1, 1975 at the age of 85. Dr. Brantley had practiced occupational medicine and was a resident of Rocky Mount, North Carolina.

William W. Lermann, 1916
Died June 15, 1976. Dr. Lermann had practiced internal medicine and gastroenterology in Pittsburgh since 1923. He was associated with Western Pennsylvania and Allegheny General Hospitals. Dr. Lermann, a life Fellow of the American College of Gastroenterology, served as its President in 1951. He also was a member of numerous other societies including the American Heart Association and the American Society for the Study of Arthritis. Dr. Lermann was honored by Jefferson in May of 1972 when Dr. Herbut presented him with the President’s Citation for his fine support and exemplary dedication to the practice of medicine. He was a life member of Jefferson’s President’s Club.

James J. O'Connor, 1916
Died June 21, 1976 at the age of 86. Dr. O’Connor practiced family medicine in Cambria County, Pennsylvania for 60 years. He is survived by his widow, Elizabeth and four children.

James H. Bartley, 1917
Died June 12, 1976 at the age of 85. Dr. Bartley, a surgeon, had a practice in Providence, Rhode Island until his retirement to Glenside, Pennsylvania 12 years ago. Surviving is his wife, Elizabeth.

Lloyd B. Andrew, 1919
Died August 19, 1976. Dr. Andrew as a retired urologist who resided in Fayetteville, Arkansas.

Irwin P. Davenport, 1920
Died July 1, 1976 at the age of 84. Dr. Davenport was a former Chief of the Mercer Medical Center Radiology Department and served as consultant to several South Jersey hospitals. Dr. Davenport is survived by his wife, Minerva.

Edward P. Brunson, 1921
Died August 2, 1976. Dr. Brunson was a family practitioner in Albemarle, North Carolina.

Patrick F. McHugh, 1911
Died July 17, 1976. Dr. McHugh was a practicing physician for 65 years in Bear Creek, Pennsylvania. He is survived by a daughter.

Joseph Aspel, 1915
Died July 5, 1976 at the age of 82. Dr. Aspel retired from his practice after 56 years in 1972. A urologist, he was one of the founders of the West Philadelphia Jewish Community Center. Dr. Aspel was an Honorary Instructor in Urology at Jefferson. His wife, Esther, a son Dr. Bennett D. Aspel’63 and a daughter survive.


Dr. Bradley D. Evans, 1614 Naudain St., Philadelphia, is completing a Ph.D. in psychopharmacology at Jefferson.

Dr. Kathryn L. Hall Ginsberg, Bridgeport Hospital, Bridgeport, Ct., is in the second year of a pediatrics residency and her husband, Dr. Lawrence W. Ginsberg ’75, is a second year resident in internal medicine.

Dr. Robert A. Harris, 30 Waterside Pl., Apt. 11-D, New York, announces the birth of a daughter, Dawn Elizabeth, on June 18, 1975.

Dr. John E. Hocutt, Jr., 4005 Golfview Dr., University Medical Center, Morgantown, W. Va., received the Mead Johnson Award for second year family practice resident.

Dr. Steven L. Horowitz, 1142 S. Grove Ave., Oak Park, Il., is a resident at the University of Illinois eye and ear infirmary in Chicago. His wife, Dr. Sandy Horowitz ’76, is a resident in radiology at the Rush-Presbyterian-St. Luke’s Medical Center.

Dr. Eugene P. Hughes, Jr., 143 E. Hartwell La., Philadelphia, a general surgery resident, writes that his second daughter was born February 19, 1976, Mary Beth. His first daughter was born February 8, 1975, Amy.

Dr. Nathan A. Jacobson, 7830 Camino Real, Miami, is a resident in internal medicine at Jackson Memorial Hospital. He was married in October, 1975.

Dr. James M. Jones, II, West Virginia University Medical Center, Morgantown, W. Va., and his wife, Cindy, announce the birth of a son, John Tyler, on January 15, 1976.

Dr. Jonathan L. Kates, 13870 S.W. 90th Ave., Apt. MM201, Miami, is a resident in orthopaedic surgery at the University of Miami, Jackson Memorial Hospital.

Dr. Joseph J. Korey, Jr., 2410 Patane Ave., Townhouse B, Roslyn, Pa., is an ob-gyn resident at Abington Hospital. He and his wife announce the birth of their first child, Karen Ann, who was born at Jefferson on February 25, 1976.

Dr. Carol Morningstar Lamparter, R.D. 5, Box 359, Danville, Pa., was married to Dr. Robert W. Lamparter ’76 on June 5. He has begun a surgical residency at Geisinger Medical Center where she is completing a family medicine residency.

Dr. Susan M. Luscombe, Apt. 2604, 1500 Locust St., Philadelphia, is an ophthalmology resident at Temple University Hospital.

Dr. David P. Mayer, 16 Butternut C t., Wilmington, De., is an NHSC physician. “It rains too much in Rochester, New York. I'd even rather be in Philadelphia.”
Ralph F. Himes, 1923
Died June 15, 1976 at the age of 77. An otolaryngologist, Dr. Himes was a Fellow of both the American and the International Colleges of Surgeons, and was a founding Fellow of the Ophthalmology and Otolaryngology Colleges. He served as Chief of the Department of Otolaryngology and Director of Clinical Surgery at Altoona Hospital in Altoona Pennsylvania. Dr. Himes is survived by his wife, Madeline and a son, Dr. Ralph Jr. ’54.

Mario C. Fernandez, 1924
Died November 2, 1975 at the age of 77. He was a pediatrician in Santurce, Puerto Rico.

Herman S. Hepner, 1925
Died January 5, 1976 at the age of 80. Dr. Hepner was an ophthalmologist in Bloomington, Indiana.

Luther Kline, 1926
Died July 4, 1976 at the age of 76. He had practiced medicine for 50 years in Allentown, Pennsylvania before retiring last November. He had been on the staffs of Allentown and Sacred Heart Hospitals. He is survived by his widow, Dorothy, and a daughter. Dr. Kline was a class agent for his class of 1926.

Buenaventura Rappaccioli, 1926
Died June 12, 1974. He was a resident of Dirimba, Nicaragua.

Gottlieb S. Leventhal, 1927
Died August 17, 1976. Dr. Leventhal was Chief of Orthopaedic Surgery at Einstein Medical Center, Daroff Division. He was also a Professor of Orthopaedic Surgery at Hahnemann and was on the staff of the University of Pennsylvania Hospital. He is survived by a son and a daughter.

Lerleen C. Hatch, 1928
Died October 20, 1975. The retired physician lived in Scottsdale, Arizona. He is survived by his wife.

Maurice I. Bakunin, 1932
Died June 6, 1976. Dr. Bakunin was Chief of Obstetrics and Gynecology at Bridgeport Hospital in Connecticut where he practiced for 60 years. Following his retirement five years ago he served there as an emergency physician. Surviving are his wife, Hannah, two sons and a daughter.

William J. Slasor, 1936
Died August 8, 1976 at the age of 64. Dr. Slasor practiced radiology at City Hospital in Massillon, Ohio. He is survived by his widow, Jean, and a son.

Horatio B. Miller, 1938
Died August 10, 1976. He was a family physician in Greene County, Pennsylvania for 35 years and resided in Carmichaels. He is survived by his wife, Jean and a daughter.

Paul H. Fried, 1939
Died July 23, 1976 at the age of 61. Dr. Fried, an obstetrician and gynecologist, had practiced in Philadelphia for 36 years. He had been on the faculty as an Instructor and the hospital staff at Jefferson and was a member of the Executive Board. Dr. Fried was active in the Volunteer Faculty at Jefferson and served on the Executive Committee of the Alumni Association. He was also a former President of the Pennsylvania Alumni of the University of Pittsburgh. His wife, Catherine and five daughters survive.

Elmer O. Headrick, 1943
Died June 18, 1976 at the age of 61. Dr. Headrick practiced family medicine in Mount Pocono for 30 years. He served as Deputy Coroner of Monroe County for more than 20 years and was the school physician for the Pocono Mountain school district. He is survived by his widow, Doris, and three daughters.

Duane R. Larkin, 1949
Died July 21, 1976 at the age of 53. Dr. Larkin practiced medicine in Northville, Michigan. He is survived by his wife, Sylvia, and two sons.

Harry A. Kaplan, 1951
Died July 2, 1976 at the age of 52. He was the head of outpatient Department at Einstein Medical Center and organized the Chestnut Hill Hospital family practice unit, which he directed for a year and a half. He was Medical Director of Riverview Hospital for the Aged and had maintained a private practice in his home for 23 years. He was a member of the American Academy of Family Practice. He is survived by his wife, Selma, two daughters and two sons.

Donald D. Dunkle, 1953
Died July 12, 1976 at the age of 52. He was an emergency physician at Lancaster General Hospital. He also had a general practice in Manheim, Pennsylvania but in 1966 he closed it to join a pioneering emergency service at Lancaster with classmates Robert E. Stoner and Milton W. Johns. He was a member of the American College of Emergency Physicians. He is survived by his widow and three children.

Louis R. Baker, 1957
Died August 27, 1976. Dr. Baker was a pediatric anesthesiologist at Children's Memorial Hospital in Oklahoma City. He had served on the faculties of the University of Oklahoma Medical School, College of Medicine of West Virginia University, Northwestern University Medical School and the University of Chicago. Dr. Baker was a Diplomate of the American Board of Anesthesiologists and Fellow of the American College of Anesthesiologists. Surviving are his wife Dr. Mary Baker, a brother, Dr. Joseph Baker '64 and his parents.

Savino A. D'Angelo, faculty
Died August 18, 1976 at the age of 66. Dr. D'Angelo had been a full Professor of Histology and Embryology at Jefferson since 1958. He received the Lindback Award for distinguished teaching and was selected by Phi Chi Medical Fraternity the outstanding Professor of the year. Dr. D'Angelo, who received his Ph.D. from New York University, did his research in the areas of regulation of the endocrine function of the central nervous system. He was a member of many professional societies. Dr. D'Angelo is survived by his wife, Ethel, two sons and two daughters.
... As a medical university, Thomas Jefferson University has a strong commitment to health care delivery and service to the community. There is, in the words of the Report of the Committee for Master Planning, an 'accelerating rate of change in the ways in which the health care needs of people are met... an increasing proportion of medical care will be provided on an ambulatory, comprehensive, community-oriented basis.'... The new President must assure that the administrative structure of the University continually adapts to permit consumers and professionals involved in health care to communicate their health care problems. He must understand that the role of a medical university should be anticipatory and innovative, not merely responsive and ordinary; that the University should by example set standards in management, programs, and techniques in health care delivery and community medicine that can be looked to by other health institutions. ... During the next decade it is likely the University's need for public and private support will grow, although the priorities for use of funds may change. With the completion of the East Residence Hall in 1976 and the new Thomas Jefferson University Hospital in 1979, more than a decade of unprecedented construction will have provided excellent facilities for education and health care. Physical changes in the near future are likely to be much less ambitious, allowing the President to devote his energies and the Institution's resources to other vital needs.

To mature further as a university, the institution must generate increased support which will enhance the University's capacity to attract the most capable students and faculty. Major resources will be needed for additional programs, faculty chairs, fellowships, research activities and student aid. The President's energies must be devoted to preserving traditional channels of support, public and private, and to opening up new funding opportunities for a University growing in stature.

The guidelines were described to alumni and faculty members in my letter to you of September 7 inviting suggestions for President. Many suggestions have already been received from these and other sources. In fact, suggestions total more than 100.

Suggestions are now being evaluated and screened to develop a much smaller group of individuals who appear to be qualified to be President of Thomas Jefferson University. (Final screening procedures are being developed as the Bulletin goes to press.) The present plan is that these candidates will be contacted to determine their interest and to be more carefully evaluated. By December, we hope to begin the vital stage of interviewing highly rated candidates.

The Search Committee is being assisted by the Academy for Educational Development of New York City, which has been employed as consultant to our Search Committee. Officers of this non-profit organization have extensive experience in college and university administration. They also bring to our effort a great deal of experience in conducting presidential searches.

Although there are no guarantees for success, we believe an intelligent search process has been established. Alumni, faculty and students are an important part of this process. In a subsequent issue of the Bulletin, I hope to be able to report to you of our success. In the meantime, your suggestions or comments directed to George V. King, Executive Secretary, Search Committee for President, Thomas Jefferson University, Philadelphia, PA 19107, are invited.