Come Celebrate Thomas Jefferson's 233rd birthday on April 24 at the Franklin Institute in Philadelphia. Invitations will be mailed March 12. Due to limited seating early reservations are advised.

the bicentennial

The Bicentennial year began in Philadelphia with the ceremonial moving of the Liberty Bell to its new million dollar Pavilion across from Independence Hall. This year will feature many activities for the City, including the reopening of the Art Museum, the Independence Week ceremonies in which many dignitaries including President Ford are expected to participate, and the all-star games for most major professional sports. The attractive new Visitor's Center at Third and Walnut Streets featuring frequent showings of a Bicentennial movie by John Houston, has been added to historic attractions such as Congress Hall, Carpenter's Hall, the Free Quaker Meeting House, the Bishop White House, the Graff House and the new Franklin Mall. All these landmarks are staffed by volunteer guides or Park guards and may be toured free of charge. Calendars of Bicentennial events in Philadelphia will appear in the Bulletin throughout the year.

Jefferson also is holding Bicentennial celebrations of its own, beginning with a special meeting of the Alumni Association on February 26. The cocktail hour will be held in the skyscraping VIP suite of the impressive new Penn Mutual Tower in Society Hill, following a private tour of their penthouse Bicentennial exhibition. Dinner will be served at Jefferson Alumni Hall, with a performance of "Physician to Independence: Act III" by the Benjamin Rush Players following the meeting. On April 24 the Alumni Association will celebrate Thomas Jefferson's 233rd birthday. (see above) A festive dinner dance at the Franklin Institute will feature a 1776 theme and a colonial menu to commemorate both the Bicentennial and the University's namesake.
Commentary

Dean William F. Kellow on Jefferson's accreditation by the Liaison Committee on Medical Education

TJU's New Hospital: Integrating Medical Education with a Total Range of Patient Care

The new Hospital will innovate structurally and conceptually.

A Comprehensive Approach to Hand Rehabilitation

At the Hand Rehabilitation Center, Ltd. surgeons, therapists and the patients themselves work as a team.

A Critical Analysis of Acupuncture

As an anesthesiologist, Dr. Jay J. Jacoby has a special interest in examining the ancient Chinese art from the perspective of modern Western medicine.

In Rugby, Winning Isn't Everything

Some say it's the after-game parties that make a rugby game. Some like the exercise and some just like to live dangerously. Jefferson versus Philadelphia College of Osteopathy in action, and inaction, photos.

Profile

Class Notes

Obituaries

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

The Alumni Association of Jefferson Medical College
1020 Locust Street, Philadelphia, Pennsylvania 19107
Commentary

American medical schools enjoy a proud reputation for educational excellence and to an important extent this is attributable to the process of accreditation of American medical education. This process can be traced to the Carnegie Commission and the famous Flexner report of 1910 although the procedure has been refined again and again. Currently the accreditation of medical education is under the jurisdiction of the Liaison Committee on Medical Education (LCME) which is a joint endeavor of the Council on Medical Education of the American Medical Association and the Executive Council of the Association of American Medical Colleges.

Each American medical school is visited by a survey team periodically and the LCME issues a statement on the accreditation status of the school on the basis of the survey report. This status can vary from full approval and membership in the AAMC for a period of one or more years but not to exceed seven years or a school may be placed on probation or even have its accreditation withdrawn.

Jefferson Medical College was surveyed by the LCME during 1974 and was given renewed approval for a four-year period on the basis of the survey report. In addition a progress report has been requested by July 1, 1976 to bring the Committee further information on several matters about which the surveyors had expressed concern. Disappointment was expressed by some that the school had not been accredited for seven years rather than four, and the accreditation report was reviewed critically by many of the faculty. Faculty criticism of the report focused on a number of inaccurate statements that were made. When it is recognized, however, that a survey of a medical center as large as Jefferson is an enormous undertaking, it can be expected that some inaccurate impressions are unavoidable. Most faculty members admit that the report contains many constructive recommendations and that on the whole it is a very favorable report.

The survey team praised the progress which had been made since the 1967 survey and noted in particular that the governance of the school had been totally revised and clarified; affiliation agreements had been concluded with each of our affiliated hospitals; a faculty salary structure had been developed and integrated with a medical practice plan for the clinical faculty; the budget sys-

"There must be a strengthening of the relationship between the clinical departments of the Medical School based at the Jefferson Hospital and the various programs located at the affiliated hospitals in order to guarantee an ongoing, satisfactory education program in these affiliated hospitals."

...
behavioral science, traditional psychiatry and the psychosomatic aspects of illness should be strengthened.” A similar conclusion was reached by the Committee on Departmental Review which surveyed the program in psychiatry in the Spring of 1974. As a result the faculty in psychiatry has revised the first and second year presentations and also has strengthened the clerkship. A search is underway for a new chairman, and all of the academic and patient care programs of the department are undergoing an intense review.

Secondly, “there must be a strengthening of the relationship between the clinical departments of the Medical School based at the Jefferson Hospital and the various programs located at the affiliated hospitals in order to guarantee an ongoing, satisfactory education program in these affiliated hospitals.” The Committee on Affiliations has given a good deal of thought to this recommendation, and it is in the process of developing an assessment of each affiliated program. In addition each department has been asked to determine that adequate uniformity exists among the presentations of each of its affiliated departments. The Office of Medical Education also has been asked to compare the performance of students at each of the affiliated hospitals.

“As far as clinical knowledge is concerned our students are well prepared for the clinical clerkships of the third year.”

The report suggests that there be “a careful evaluation of the early phases of the introduction of the medical students to patients, and the teaching of physical diagnosis in the first two years of the curriculum.” The new curriculum has provided a great deal of improvement in this area of clinical medicine during the first two years. Attainment of clinical competence is always a concern when a faculty is dealing with large medical classes. A survey has been made, therefore, of the performance of our sophomore classes for the past three years on a special examination which is prepared by the National Boards. The examination contains items from both Part I (Basic Science) and Part II (Clinical Science). In March 1975, over 90 percent of the second year class performed at or above the minimum passing score equivalent to a total test passing score on Part II. Thus as far as clinical knowledge is concerned our students are well prepared for the clinical clerkships of the third year. Additional components of clinical competence such as skills and attitudes are the proper business of the clerkship programs.

“The Office of Student Affairs should be strengthened.” Also it was suggested that the counselling service for students and especially minority students should be strengthened. This has been done.

“The Faculty of Jefferson Medical College has been small in relation to the size of the Student Body…. The LCME agrees that we should make every attempt to resist further enlargement of the student body.”

and in addition an Associate Dean has been appointed for minority student affairs. Elsewhere in the report it was stated that the departments should seek the students’ appraisal of their programs and this also is being done by the departments individually.

Several aspects of the relationship of the medical school to the hospital were questioned, and it was suggested that the financial affairs of each of these divisions of the University be re-evaluated as plans for the construction of the new hospital proceed. In this regard the University has been careful to protect the assets of the medical school while making plans for the construction of a new hospital. There has been a need, however, to recognize that educational space must be provided in the new facility. To meet part of this cost a construction grant in the amount of $1,189,487 has been sought from federal sources.

The composition of the new Executive Staff of the hospital concerned the surveyors because it appeared that a contest might develop between the full-time and non-fulltime members of the faculty and that the educational programs might be impaired. The election of two fulltime faculty this year should be reassuring on this score.

The Penn State Accelerated Program was questioned, and it was recommended that the purposes and accomplishments of this program be reviewed. A committee has been appointed under the chairmanship of Associate Dean Samuel S. Conly, Jr. to carry out this evaluation, and the Office of Medical Education will assist this committee.

The faculty of Jefferson Medical College has been small in relation to the size of the student body, and even though the faculty has been enlarged steadily the student body has been increased even more, so that we remain in the lowest quartile of American medical schools in the ratio of students to full-time faculty. The LCME agrees that we should make every attempt to resist further enlargement of the student body. The recommendations of the LCME for the most part coincide with our own plans and priorities. Certainly we can show good progress on each of these issues before the next survey in 1978. All

“The Liaison Committee on Medical Education’s Survey Team praised the progress which has been made since the 1967 survey and noted in particular that the governance of the school had been totally revised and clarified.”

members of the faculty have access to the full report since it has been distributed to all Department Chairmen. This statement, therefore, has made only a brief reference to the many items which are reviewed in this report. It is satisfying, however, to note that the accomplishments which have been made since the survey in 1967 were recognized and praised by external evaluators.
On April 7, 1975 demolition teams moved onto the block between Chestnut and Sansom and Tenth and Eleventh Streets. Within three weeks the commercial properties were razed with the exception of the Philadelphia Electric Building on Tenth Street. The entire block was completely leveled this past summer and needed only traditional ground breaking ceremonies to get the nine-floor new Thomas Jefferson University Hospital under way. (fig. 1 index page)

Chairman of the Board, William W. Bodine, Jr., noted the historic meaning of the occasion at the chill and breezy November 21 ceremonies. “After more than a decade of most extensive and careful planning; after months of compromising, cooperating and convincing more than 30 public agencies at all levels and after consulting with a multitude of professional associates and advisory groups; after successfully implementing Phase I of the Sesquicentennial Campaign to provide the private funds essential to the financial feasibility of this entire project; after damn hard and often frustrating work by literally hundreds of faculty members, administrative officers and trustees we at long last have this most ambitious and challenging program in Jefferson’s long history off the launching pad.”

When the new TJUH opens in 1979, it will incorporate a variety of ideas and new concepts. (fig. 2) Hospital planners have taken into consideration every facet of patient care while carefully incorporating current management techniques and the teaching programs of Jefferson Medical College and the College of Allied Health Sciences. The Hospital’s goal is to provide both the total range of patient care and the educational experience in one facility. One method is by integrating the three general aspects of patient care: inpatient units; diagnostic and therapeutic facilities; and physicians offices.

Inpatient units will be grouped for similarity of medical problems with diagnostic and therapeutic services located on these same floors. Each unit will provide almost all facilities necessary to diagnose and treat patients on that floor.

The Hospital will operate no traditional clinics, but instead will lease physicians’ offices, located on alternate floors between inpatient floors, to members of the Medical Staff for the care of ambulatory patients. If they require diagnostic or therapeutic services, they will use the facilities in the same building as the inpatients.

For example, a physician who maintains his or her office in the new Hospital will be only one floor from beds for 200 patients. He will be able to see his ambulatory patients in his office and refer them to an adjacent floor for additional services. By traveling up or down one floor he will be able to treat his hospital patients. He also will have the opportunity to teach in his office, at the patient’s bedside, in diagnostic or therapeutic areas and in classrooms located throughout both inpatient and ambulatory care floors. Patients also will benefit from the “mini-hospital” concept that will offer admission, treatment and discharge service on each floor. In most cases patients will have total care on one floor rather than traveling to all parts of the hospital for each new service. It is expected that this will improve
the efficiency of health care delivery and should bring about significant economies in teaching and patient care while still permitting the delivery of primary, secondary and tertiary care on the Jefferson campus.

Although the new Hospital will be a resource for clinical research programs and an important health resource for the community it serves, it has been consciously designed to support Jefferson's educational programs. Whereas clinical education has been limited to inpatient settings in the past, the integrated facility will give the student balanced exposure to inpatient and ambulatory care.

Dean William F. Kellow comments: "A good example of this is a room for students and residents which has been placed adjacent to each of the major nursing command posts. This room has been designed for the students, residents and attending physicians to work as a team. It is planned for the residents and students to write their charts in this room, so a pass-through window has been included to make the charts available to the students and residents on one side and to the nurses on the other to keep the traffic patterns separate as much as possible. Space has been provided in these rooms for the students and residents to store their equipment when it is not being used, and for groups of students and residents to meet with their attendings to review a patient's record and discuss the illness in an area away from the mainstream."

Larger conference spaces, available for groups of students, for seminars and for other educational purposes, will be located on every nursing floor and in most departments in the Hospital. A capacity for educational television and individual programmed student instruction will be provided throughout the facility. This is probably the first inpatient care unit in Jefferson's history in which every patient's care is being deliberately incorporated into the teaching programs of the Colleges of the University.

The overall program will include a renovated Foerderer Pavilion to be bridged at seven levels across Sansom Street. (fig. 3) Services on these floors will complement those in the new Hospital. The Pavilion will contain 208 beds for patients in the departments of psychiatry, obstetrics, pediatrics and physical medicine and rehabilitation. Support services on the first floor will include the Emergency Department, Pre-Admission Testing Unit and the Blood Donor Center. Other services in Foerderer will be Respiratory Therapy, Housekeeping, Laundry and Communications with the Clinical Laboratories on three floors which connect to the new hospital. The delivery rooms, nurseries and intensive care nurseries also will be located in the Pavilion. In essence, Foerderer and the new building will be so closely integrated for programs and services that functionally they will be one facility.

Several different structural systems will be used in the nine-floor facility. The first two floors, of typical short span construction, are reserved for support, ancillary services and commercial activities. The Chestnut Street ground level frontage will provide for taxable commercial spaces for lease to retail stores. The main Hospital entrances and lobbies will be on Tenth and Eleventh
"The new Hospital signals the end of thirteen years of hard work. Many said it couldn't be done—but we did it. My feelings are embodied in five words—relief, satisfaction, pride, joy and gratitude."

Peter A. Herbut, M.D.
President, TJU

Streets with convenient parking facilities and loading docks occupying the remainder of the level. The second floor will contain Logistics, Central Supply, Dietary, Pharmacy, Medical Records and Administration. The facilities are arranged around two large (56 feet by 120 feet) enclosed light wells. (fig. 4) On the second floor there will be garden court cafeterias areas serving 250 people. Each court will be decorated with rainbow-striped banners that will be draped across the interior and suspended downward 60 feet over the restaurant and tree-lined walk. Cloud-like mobiles will hang from the skylight with directed air currents brushing against the banners and mobiles creating a mood of movement. The nature theme will be followed throughout with real citrus and ficus trees and outdoor park benches made of cypress. The court area concept is similar to that of the new Children's Hospital of Philadelphia designed by the same architects, Harbeson, Hough, Livingston and Larson.

The Hospital also will be innovative with its use of color. In contrast to the usual hospital grays and institutional green, bright colors will appear throughout the lobbies and patient rooms. This use of color is designed to be functional as well with each floor color coded to make it easier for visitors to find patients' rooms. The visitor will receive a color-coded pass from the lobby receptionist who will press a button to illuminate the patient's location on a wall map. Each floor will have these color-coded wall maps and the elevator buttons will be keyed to the color code as well.

Above the second level the fourth, sixth and eighth floors of the new building will be reserved for 110 physicians' offices on the Chestnut Street side; mechanical facilities are planned for the Sansom Street side of these same floors. The alternating floors will contain patient bedrooms and adjunct diagnostic and treatment facilities. To afford maximum mechanical capability and flexibility the mechanical spaces on the fourth, sixth and eighth floors will be located directly above and below the diagnostic areas on the third, fifth and seventh floors.

The Diagnostic Radiology Department, its related administrative and support facilities will occupy the third floor on Sansom Street. Patient care will be limited to the medical disciplines including oncology, hematology, communicable diseases and other general medical diseases. Floor five in the new building contains other diagnostic and therapeutic facilities including operating rooms, neuro and vascular radiology, pulmonary function, cardiology and cardiac catheterization labs. Coronary Care Units and Respiratory Care Units will be provided here as well as beds for patients with cardiovascular and pulmonary diseases. The floor will

(fig. 3) The new Hospital will be bridged at seven levels across Sansom Street to the Foerderer Pavilion.
encompass both medical and surgical disciplines. Clinical Laboratories, Inhalation Therapy and the Blood Bank will be on the same level in the Pavilion. In-patient beds on the seventh floor will be devoted to various disciplines including gastroenterology, urology, renal disease and gynecology. The main operating rooms and facilities for surgical pathology, cytology, gastroenterology and renal dialysis will be on the same level. The obstetric delivery room will be on the same floor in the Pavilion. The ninth floor in the new building will contain diagnostic and therapeutic facilities for physical medicine and neurophysiology. Neuro-sensory services, rheumatology and orthopaedic surgery patient beds will be located on the same floor with physical medicine and rehabilitation across the bridge in Foerderer.

The total cost of the Hospital project will be approximately $90 million dollars which includes the purchase price of the property and financing costs. Tax-free bonds in the amount of $81.6 million already sold nationally through Kidder Peabody & Co. and other underwriters will provide the financing. Jefferson's equity is $8.7 million. One of the most recent gifts to Jefferson's Sesquicentennial campaign is a three million dollar grant from the Pew Memorial Trust, to be used towards Hospital construction.

The new Hospital will have a complement of 411 beds. The majority of patients will be housed in single bedrooms with bath. Large windows will create a feeling of openness and brightness unusual in a hospital setting. Nursing stations will be more individualized, each post serving eight to 16 beds instead of the present 20 to 50.

A decentralized administrative unit on each floor will coordinate activities such as admitting procedures. Patients will be tested on an outpatient basis in facilities on the first floor of Foerderer prior to admission. On the day of admission, the patient will go directly to his assigned floor where admitting procedures will occur at the administrative area.

After the new Hospital is completed and the Foerderer Pavilion renovated, two of the present hospital buildings, Old Main and Thompson, will be retired from patient service. The Cardeza Building was demolished to make way for the construction. The Cardeza Foundation now is located on the seventh, eighth and ninth floors of the Curtis Building. Ambulatory patients previously treated in the Curtis Clinic have been transferred to the private medical practices of faculty members in the Jefferson Health Sciences Center at 130 S. Ninth Street. When these practices relocate to the physician's offices in the new Hospital, the Center will be used for educational programs in the College of Allied Health Sciences. The Curtis Building will be used by the College for educational and research purposes.
"The Hand of Hope," a Joseph Greenberg sculpture in aluminum and bronze, dominates the Hand Center's occupational therapy room.
A Comprehensive Approach to Hand Rehabilitation

by Joy Roff Mara

The concept of a hand sculpture, a statue of a hand, seems at first an unusual one, makes one wonder before seeing such a figure what the hand is doing, what it can be saying. Is it horizontal or vertical, male or female, pianist's or baker's, in a fist or a peace sign or, like the hand of Vonnegut's Cat's Cradle hero, frozen forever in gesture unmistakable?

"The Hand of Hope," a Joseph Greenberg sculpture in aluminum and plastic which currently dominates the occupational therapy facilities of the Hand Rehabilitation Center, seems by comparison natural, inevitable in its surroundings. Of Brobdingnagian dimension, it is slightly cupped and outstretched, aesthetically striking, conveying both power and longing. It has become a symbol for the 3,723 new patients seen at the Center since it opened.

The Center, located on South Tenth Street in Philadelphia, opened in 1972. It had been envisioned for many years, however, by its founder and Director, Dr. James M. Hunter '53, a specialist in surgery of the hand. Dr. Hunter obtained private funding to buy the former Horn and Hardart bakery that he converted for the Center. The three-story building, which is still not finished to Dr. Hunter's satisfaction, contains offices and examining rooms with both physical and occupational therapy facilities. Practicing with a partner, Dr. Lawrence H. Schneider, also a trained specialist in hand surgery, Dr. Hunter has staffed the Center with full-time physical and occupational therapists. There are two Hand Fellows in training each year as well as Jefferson orthopedic and general surgery residents and volunteers. Twelve Fellows thus far have come from, and moved on to active practice in hand surgery in places as diverse as Montréal and Johannesburg, South Africa. In addition to attracting physicians and, more recently, rehabilitation therapists from all parts of the world to study the Center's methods, the patient roster also is international in composition.

The Hand Center has gained its reputation in part through the innovative surgical techniques of its Director. The Hunter Tendon Prosthesis, for instance, has earned Dr. Hunter worldwide repute. In the two-stage procedure, an artificial, silicone rubber tendon of Dr. Hunter's invention is inserted into the hand to allow the tendon bed to rebuild. Some months later, the artificial tendon is replaced by a natural tendon graft. The silicone tendon is considerably more flexible than any of its predecessors, and, as such, is a valuable tool in hand rehabilitation.

Dr. Hunter is the first to admit, however, that surgery is only one aspect of hand rehabilitation. The philosophy of the Center and one of the things that makes it unique, is based on an integrated approach to hand rehabilitation. Frequently, a hand surgeon will prescribe post-surgical therapy for a patient and perhaps even suggest a particular therapist, but the physician's personal involvement ends there. At the Hand Rehabilitation Center, the surgeons and the therapists consult at each stage of treatment. Restoring hand function is often a gradual and lengthy proposition, with surgery proceeding by degrees and appropriate therapy preceding and following it. Because the Center staff works as a team, the patient's original problem is not compounded by uncoordinated and perhaps even conflicting approaches. "We also can do more surgery and do it better," Dr. Hunter notes, "The rest of the staff is so sensitive and so professional that they are extensions of the surgeons' own hands."

In addition to working as a team, the Center's staff also repudiates what some patients call torture therapy and offers instead gentle, nonpainful exercises that do not cause the post-exercise swelling which can doubly impede recovery. Talking to the patients at the Hand Clinic, one hears virtually the same story repeated time and again. "I went to other therapists and the sessions were agony. They'd tell me to exercise at home, but my hand swelled so badly after therapy that I couldn't begin to move it. I've been here six months and now look at it. I can make a fist, I can..."
grip a tool, I can shake your hand.”

The philosophy of the Center also extends to the atmosphere that was created consciously but which also seems a very natural function of the personalities of its staff. There is a sense of mission about the place, a tremendous enthusiasm and sincere concern for the patients as people. Like anything genuine, the concern communicates itself naturally to the patients, to the non-professional staff, to the visitor. With an inevitable hand awareness, people communicate with their hands, they touch physically and they support each other emotionally. Patients give each other support and assistance. On a less deliberate level, the improvement of one patient can give another hope, just as the injuries of one can make another feel less like Job. Although the Center has no psychologist to deal with the mental stress attached to injury, the doctors and therapists are very sensitive to this area, and their whole concept is total patient care. Interaction among the patients themselves suffices to provide what is clearly an important part of the Center’s treatment. Future plans include a social worker and job placement coordinator.

Orthopaedic hand research resident, Scott H. Jaeger ’72, attributes the Center’s super-charged atmosphere in great measure to James Hunter. “Dr. Hunter excites people,” Jaeger notes in an unaffected fashion, “and he makes it both possible and easy for all of us to work together. He has created a very positive environment in all aspects of the Center’s operation, so that everything works to the ultimate advantage of the patient.” Director of Rehabilitation Evelyn Mackin adds that Dr. Hunter inspires great confidence in the patients due to his understanding of their problems. “When a musician or a professional athlete comes to us with an injured hand, Dr. Hunter can relate to their feelings. He himself plays bass with a group of other professional men in a jazz group, ‘The Red Peppers,’ and sculls and rows on the Schuylkill whenever he gets the chance.”

Therapy at the Hand Center begins with the traditional physical modalities of whirlpool and paraffin treatments, which are designed to relieve stiffness and aid exercise. Naturally each course of physical therapy is individualized as are the various corrective splints. Although some of the splints used are prefabricated, many orthoplast splints are fashioned by Loretta Maioranno, the Center’s occupational therapist. Dr. Hunter has designed many unorthodox splints to deal with special problems or to improve on traditional splints, and the patients themselves have conceived many of the exercisers now in use. The homemade splints have the additional attraction of economy, many being constructed with common household materials like lampwick, velcro and wood.

Sensibility testing, measuring the ability of the hand to feel, is an important part of the patient’s occupational therapy. But by far the most visible aspect of occupational therapy is the Center’s activities program. With the aid of a mechanical engineer who plans, lays out, and assists, patients undertake specific goal-oriented projects for different therapeutic programs. Selected patients in more advanced phases of recovery may select a wood sculpture project supervised by Mr. Adolph Dioda, head of the Departments of Wood and Stone Sculpture at the Pennsylvania Academy of Fine Arts. Woodworking involves both the dominant and non-dominant hand, and the wood sculpture is particularly useful in improving grip and arm strength. Ceramics involve a different kind of resistance, and kneading and molding the stiff clay helps restore motion and strength. Painting the molded figures requires other skills. The Center has its own kiln, and also has facilities for weaving and sewing. For those as yet unable to participate in the crafts, there are blocks, puzzles and hand-oriented toys which are useful in improving grip and coordination.

There are emotional benefits from the occupational therapy as well. Patients find they enjoy crafts they might otherwise never have tried, and mastering
the practical skills brings an additional sense of accomplishment. Naturally not everyone has artistic talent, hidden or otherwise, but the Center displays some remarkably lovely examples of patients' work. A barnboard coat rack and a wood sculpture of a woman's trunk are two efforts that would not look out of place in a traditional art class. Patients in the Hand Rehabilitation Center are encouraged to prepare projects for display and sale at the annual Christmas Bazaar sponsored by the Emergency Aid of Pennsylvania. This goal adds a further sense of self-esteem and pride in goals accomplished during reconstruction and rehabilitation. Materials for the crafts are largely donated, another aspect of Dr. Hunter's ability to excite and direct enthusiasm.

One of the Center's most interesting therapy concepts is the new, job-oriented nerve retraining. In a hand injury very often nerve endings will grow back in a different location from their normal position in the hand. Thus, even a hand that has been returned to working facility in strength and agility may not feel things in the same way it did before injury. Like a child with a learning disability who perhaps sees a D as a B, a hand patient may feel a touch to his index finger in his ring finger. This can be crucial to a man who works with tools or in any hand-sensitive occupation. Through a series of repetitive exercises involving physical stimuli to different parts of the hand, automatic responses to the brain are redirected. The patient will always actually feel the touch in his ring finger, but his brain will automatically make the switch and he will react as if he felt it in his index finger. Ms Mackin, who has shared Dr. Hunter's philosophy and worked with him for nine years, makes an analogy with a railroad system.

"Even if the main track is gone, a train can still reach its destination by switching to another track. In nerve retraining, we teach the brain to take that other track. A patient may make a good recovery from a nerve laceration and return to work. He may have all his range of motion and be able to make a good grip, however, if he is a machinist, he may find that he cannot use a micrometer due to the lack of sensibility in his fingertips. He is not able with his eyes closed to tell the difference between a paper clip, a dime or perhaps a piece of string. The foreman on the job seeing what appears to be a normal hand may not understand, but the patient knows."

The Hand Center treats all manner of hand injuries from arthritic conditions to occupational injuries. Of the approximately 100 patients currently being treated, on any given day you might find a three-year-old child who put her hand through a storm door, a government worker whose hand was crushed by a fork lift, a mechanic whose injury was caused by severe burns, or a delayed polio, brachial plexus or spinal cord victim whose hand was left paralyzed. College students who work with unfamiliar machinery on summer jobs are frequent accident victims, and the euphoria of the Flyers' victory parades produced its share of local injuries.

Patients have been referred to the clinic in a variety of ways. Many of the people who come to the Center from outside the Philadelphia area hear about it from physicians with Jefferson ties or from members of the International Hand Society, in which Dr. Hunter is active. A random survey of patients found that sources as diverse as "my sister" and "my gynecologist" had first suggested the Hand Center.

Rehabilitation centers of this sort are more common in Europe, but patients have come here for treatment from many other parts of the world. It is the only unit of its kind in the Delaware Valley, was the first in Pennsylvania and one of the first in the United States. As might be expected, many of its non-Philadelphian clients are from nearby surrounding states. Currently an arrangement with the Benjamin Franklin Hotel allows Hand Center patients special rates for their visits which, for local and non-local residents alike, may be one, three or five times a week as re-
quired and as possible. Naturally, frequent and consistent hand therapy has the greatest chance for success so patients are encouraged to come as often as they can. With intensified rehabilitation, patients can return to work faster and lessen the drain on taxpayer and insurance company.

Dr. Hunter has restored to occupational facility the hands of musicians, architects, surgeons and housewives, and, in fact, virtually all patients who maintain motivation improve to functional capacity through a program of surgery and therapy. In perhaps the most dramatic procedure, even hands without digits can be restored to usefulness by surgically removing two central metacarpals and making a cleft. When various digits have been lost, remaining ones may be brought around by osteotomy to oppose the others for pinch.

Seeing this kind of operation give an injured architect back his trade was the start of Center Fellow Tom Norris' interest in hand surgery as a specialty. "Specializing in the hand is a relatively recent phenomenon," he notes. "More hand injuries occur than any other single category of injuries, over two million per year, and more occupational displacement is caused by hand injury than by any other type of injury. So while the hand specialty is new, the need has always been there." Hand surgery is proving an attractive specialty. Dr. Hunter has many more qualified applicants for Fellowships than he can take on, and applications increase every year, both because it is new and because it is challenging in its complexity.

While hand surgery confines its spectrum of skills to the upper extremity, involved in its mastery is the knowledge of general, neurologic, orthopaedic and plastic surgery.

Although the Hand Center is an independent, privately-funded organization, it is related to Jefferson in a number of ways, to mutual benefit. Dr. Hunter and Dr. Schneider are JMC faculty members, Associate and Assistant Professors of Orthopaedic Surgery respectively. Twelve Jefferson general surgery and orthopaedic residents per year take a three-month rotation with Dr. Hunter. The Center is also part of the orthopaedic rotation for Jefferson medical students.

Research is an important activity of the Hand Center. Although funding has been obtained independently from such sources as the U.S. Department of Defense, DuPont, the Zimmer and Extracorporeal Medical Specialties Corporations, the research is carried out in Jefferson facilities and under the auspices of Dr. John J. Gartland, Chairman of the Department of Orthopaedic Surgery. At present, in fact, the Center holds one of Jefferson's larger one-year grants, a $93,000 renewal from the Department of the Army.

There are several research projects currently underway. The Hunter Tendon Prosthesis was conceived as a two-stage procedure with a temporary artificial tendon, in part because until now no suitable way of permanently attaching an artificial tendon has been devised. Dr. Hunter has been working with researchers at the University of Illinois in Chicago who have developed a new kind of attachment using titanium composites worked into a porous block. This attachment is thought to be more biocompatible than previous types since the bone can attach and actually grow into the block.

The permanent artificial tendons themselves will also be of a new material, Kevlar, made by DuPont. Kevlar is an extremely versatile substance, best

*Nerve retraining exercises, such as Director of Rehabilitation Evelyn Mackin is conducting, help redirect automatic responses to the brain.*
known until now as a thin and flexible bulletproof clothing material. Although this is the first medical use of Kevlar, it appears to have many of the same properties as a human tendon, particularly in retaining proper elasticity and strength. Months of research determining the precise characteristics of the human tendon preceded the search for a permanent artificial substitute. The new artificial tendons are already in place in test group chimpanzees, and it is expected that implants in human hands under clinical research conditions will begin in May of 1976. The tendon research will probably be applicable to other areas of the body such as the elbow or knee once its success in human implantation is measured. It is hoped that eventually ligaments as well as tendons will be replaceable, progressing from the non-weight-bearing joints to the weight-bearing joints. If Kevlar lives up to expectation, ultimately even someone as active as a professional athlete could return to field or court after ligament replacement.

Approaching the injured tendon from another perspective, Dr. Tsune Miyaji, a research Fellow with the Center, from Tokyo University, studied the vascular pattern of the hand. It is becoming clear that the early treatment of hand injuries is extremely important, and the focus of this research is tendon repair rather than prosthesis. Although Dr. Miyaji has returned to Japan, another Fellow from Japan is expected and will continue the project.

The Center’s researchers are also working in conjunction with Dr. Robert J. Merklin, Associate Professor in the Department of Anatomy. Using selected hands and arms from fresh cadavers and acute traumatic amputations, they are studying the fine vessels for a better understanding of the nutrition of the tendon system. Very often, hand surgeons find that a surgical method which is successful in one area of the hand will have no result in another. It is hoped that this study may help explain why.

In the future, Dr. Hunter hopes to expand the functions of the Hand Center while retaining the one-to-one character of the patient-professional interaction. The development of replantation teams performing microvascular surgery to reattach traumatic amputations of the hand is beginning at Jefferson, but Dr. Hunter hopes to enlarge on the concept. He also plans to establish an assessment section of the Center to determine the physical, financial and occupational ramifications of an injury.

In the spring, Dr. Hunter is chairing a Hand Symposium in Philadelphia, sponsored by the American Society for Surgery of the Hand, the first in the country to concentrate on rehabilitation. This is similar to his 1974 Symposium on Hand Tendon Surgery. A book of the proceedings was published by Mosby Co., November, 1975.

Some physical expansion is also planned on a restricted level. The presently unfinished third floor of the building will be converted for library and conference space, and it is possible that the therapy facilities will be enlarged as well. Dr. Hunter is determined, however, that the essential character of the place remain unchanged. The exposed brick walls and unpolished bare wood floors create a kind of unfinished atmosphere where formality or pretense seem out of place. There has been a conscious effort to keep the surroundings simple, scaled to people, warm and not antiseptically medical. “We will always have an atmosphere,” affirms Dr. Hunter, “in which the working man can feel at home.”
Many people have the bias that anything originating in China must be good. Acupuncture is a Chinese procedure which they think American physicians should learn.

This article describes traditional Chinese medicine, which is practiced mostly in rural areas. There are doctors in China who are trained in Western type medicine. They practice mostly in the cities. As far as I know, the Western medicine is as good as that practiced anywhere, but it is not readily available to a large proportion of the populace.

My view of acupuncture is that of an interested onlooker. I would like to be a practitioner, but cannot bring myself to do it.

In order to gain knowledge, the Association of University Professors of Anesthesia applied to the government of Red China for permission to visit and observe acupuncture in practice. It was denied.

I was fortunate to obtain an introduction to the Professor of Acupuncture at the Chinese Medical College of Hong Kong, and I was privileged to watch him at work for a week. I spoke to a number of his patients who were American or English, and they said that they were being greatly helped by the acupuncture treatment.

My professor of acupuncture emphasized (and I agree) that you cannot separate acupuncture from the remainder of Chinese philosophy and Chinese medicine. Therefore, the reader must have a brief review of these subjects.

The immutable course of nature is Tao or The Way. Everything follows The Way—stars, planets, natural phenomena on earth, and everything involving our bodies. The universe and our bodies are made of five elements: fire, earth, metal, wood and water. Nature has a grand plan and everything must fit into it.

Health is tied in with philosophy. If something happens which causes your body to deviate from the normal course of nature, you become ill. The function of the doctor is to restore your body to harmony with nature.

The individual has a vital energy which flows throughout the body, called the T'chi. The energy flows through all the major and minor organs, the extremities and the skin, and it must flow properly. If there is a disturbance in the flow of energy, the individual becomes sick. There are two types of vital energy: the Yin type (female) is cold, dark, and negative; the Yang type (male) is warm, bright, and positive. (The male chauvinist pig existed in China millennia ago.)

The composition of the body and the flow of energy are influenced by the time of day, the season of the year, the position of the heavenly bodies, etc.

The flow of energy throughout the body has both internal and external contacts. Each internal organ has certain points on the skin with which it is in close relationship, perhaps by the flow of energy, certainly not by nerves. Lines which connect the points are called meridians. The meridians are paired, and generally run up and down both sides of the head, torso, arms, legs. Each meridian is named for the internal organ to which it is connected.

The diagnosis of disease is accomplished by the traditional Chinese doctor while talking to the patient and feeling his pulse. He uses all the fingers of both hands to feel the pulses at both wrists. He does not touch or look at the patient's body; he does not take the temperature or blood pressure; he does not listen to the heart and lungs; he does not do any laboratory studies.

Based upon the diagnosis obtained by feeling the pulse, the Chinese doctor decides whether particular organs need to be stimulated or depressed, whether the yin or yang needs to be fortified or weakened, and whether this is to be done at high noon or in the light of the moon. There are two kinds of illnesses for which acupuncture is not used: broken bones and cancer. These also are diagnosed by the pulse; laboratory studies and X-rays are not deemed necessary—can one diagnose cancer thusly?

Chinese medicine is not limited to acupuncture. It includes a number of modalities for internal or external use. Medicine taken internally is supplemented by massage, cupping, moxibustion, lancing, incision therapy and acupuncture.

Medicines for external use are made of mixtures of animal and vegetable materials, as well as minerals. Prescriptions are complex and often contain more than a dozen ingredients. Any one particular ingredient may be found in prescriptions which are used for a wide variety of different illnesses. Also, a

This article is taken from remarks made by Dr. Jacoby at the Franklin Institute. Dr. Jacoby is Professor and Chairman of the Department of Anesthesiology.
given illness may be treated by a wide variety of different medicines. This is bewildering indeed for the Western physician. Many of the conditions for which Chinese people are treated are not diseases but symptoms. The doctor does not seem to understand that a particular symptom may be produced by many different kinds of disease. He treats the symptom as though it is the problem. The following examples are taken from the textbook of therapy for traditional Chinese doctors.

Plant #1 is useful for the following conditions: apoplexy, frothing at the mouth, headaches, tetanus, rheumatism, and enlarged lymph nodes.

Plant #2 is used to treat tuberculosis and urinary frequency.

Plant #3 is used for tuberculosis, bleeding hemorrhoids and thermal burns.

Plant #4 is good for inflammation of the kidneys, bleeding into the urine, lung fire (!), and coughing up blood.

Plant #5 is good for pain in the abdomen, epilepsy, coma, and inflammation of the ear.

Plant #6 is good for sores, boils, scabies, and intestinal worms in children.

The cross-indexing could be done the other way. That is, start with a given disease or symptom and check all the different varieties of medicines which are useful in treating it.

Among the medicines taken internally are ground-up unicorn's horn (this will cure almost anything; all you have to do is find a unicorn), parts of snakes, the excreta of animals, and ground-up pearls.

There is a very interesting prescription for the treatment of cancer: obtain one large live frog, encase him in mud, and the open end is applied to the skin. Instead of tobacco, use mugwort.

There are some relationships with points on the skin and their connecting meridians.

Cupping. A small glass cup is heated and the open end is applied to the skin. As it cools, a vacuum forms and the skin and subcutaneous tissues are drawn into the cup. This method of therapy was common in America 50 years ago and is still used by some old country doctors. Instead of heating the cup by burning a few drops of alcohol in it, the Chinese doctor has made an improvement. He takes a small piece of paper, writes on it, puts the paper in the cup and sets fire to the paper. While the paper is burning, the inverted cup is applied to the skin. The writing on the paper is a little prayer. The prayer burns and goes to heaven and helps to cure the patient. Scientific medicine never developed a rationale for cupping, and certainly cannot provide a rationale for the use of flaming prayers.

Cupping is used for arthritis, stomatitis, stomach ache, bronchitis, bruises, abscesses, strokes and paralysis.

Moxibustion. This is a euphemism for a procedure which resembles crushing out a lighted cigarette on a person's skin. Instead of tobacco, use mugwort. A pinch of the powdered leaf is applied to the skin and ignited. When it burns down to the point where he can no longer tolerate it, the patient screams and flings it off. He gets a blister and is left with a little round scar. Many elderly Chinese have these scars all over their bodies. Moxibustion is carried out only at acupuncture points, where there is close contact with the flow energy to the internal organs. Sometimes the burning mugwort is placed not on the skin itself but on the end of the acupuncture needle, so that the needle is heated and the heat is carried into the important points.

Moxibustion is used for mumps, where you burn the ear; for convulsions, where you burn the temples; for nose bleeds, where you burn the thumb; for vaginal hemorrhage, where you burn the big toe; and for rheumatism. For rheumatism, the mugwort is placed into a dog's skin and lighted. The heated dog skin is applied to the patient.

Incision therapy. Acupuncture points are selected and injected with a little novocaine. An incision is made from one-half to one inch in length, an instrument is inserted thru the incision, and the tissues inside are probed until the patient becomes very uncomfortable. The incision is then sewn up.

This treatment is good for asthma, intestinal worms in children, bronchitis, and peptic ulcer.

This introduction to Chinese philosophy and medicine is provided so that you may read about acupuncture with the proper frame of reference. People who accept all these other forms of traditional Chinese medicine also are treated with acupuncture.

Acupuncture is used in three ways: for the treatment of illness, for the relief of pain, and to produce anesthesia for surgery. The first two have been known for 5000 years; the last one only for a dozen years. The use of acupuncture was banned in China for over a thousand years because the death of an emperor was attributed to it.

Acupuncture began when it was noted that a soldier who received an arrow wound in one part of the body was cured of a disease in some other part of the body. For example, an arrow wound in the forearm cured asthma. An arrow wound in the knee cured conjunctivitis. A wound in the ankle cured scabies. A burn appeared to be a suitable substitute for an arrow wound.

The correlation being made, wounds were deliberately inflicted with thorns, sharp stones or slivers of bone. With the development of metallurgy, needles were made of bronze, gold, silver, stainless steel.

The insertion of an acupuncture needle alters and corrects an improper flow of energy and an imbalance of the organs. The needles are utilized either to stimulate or to depress the flow of energy or the function of an organ.

The important internal organs have some relationship with points on the skin and their connecting meridians. There are 12 or 13 or 14 paired meridians, named for the internal organs with which they are associated: large intestine, stomach, spleen, heart, small intestine, bladder, kidney, gall bladder, liver and lungs. Some meridians are associated with organs that do not exist in...
western anatomy: the triple warmer, the circulation—sex, the conception vessel and the governing vessel. The numbers of acupuncture points located on these meridians are variously listed as from 100 to 1000.

The selection of acupuncture points is a matter of both great skill and great mystery. Accurate information is difficult to find in the literature. The amazing thing is that the needle location is not only physically remote from the location of the disease, but it is not even on the meridian which is associated with the illness. Examples: A needle is inserted in the heart meridian at the wrist for the treatment of stomach aches, vomiting, hiccups, epilepsy and insomnia. A needle is inserted in the large intestine meridian at the elbow for the treatment of fever, skin rash, general paralysis. A needle is inserted in the liver meridian at the foot for the treatment of hernia, gonorrhea, or urinary incontinence.

Not only are acupuncture points available along the meridians of the entire body, but any disease of the entire body can be treated using points on the face alone. Also, any disease of the entire body can be treated using points on the ear alone. And, any disease of the entire body can be treated by using points on the sole of the foot alone. How do you determine whether you are going to use the meridians of the entire body or limit yourself to points on the face or on the ear, or on the foot? That is an unanswered question.

Efforts are being made by modern physicians not merely to treat symptoms, but to treat diseases and to accumulate statistics. One must remember that few patients go to an acupuncture doctor for primary treatment. The acupuncture doctor gets those patients for whom standard medical therapy has failed. The fact that there is any success at all with acupuncture is remarkable.

The statistics that have been accumulated by modern physicians regarding the use of acupuncture for the treatment of disease may be summarized as follows: For spondylitis and myelitis, 92% improved; for backache, sciatica, migraine, headache, chronic disc disease and intractable pain, 80% improved; for insomnia, 67% improved; 14 cases of multiple sclerosis have been treated with acupuncture and it is claimed that everyone improved. It is also claimed that acupuncture has been successful in treating drug addiction, obesity, smoking, malaria, tonsilitis, hepatitis, schizophrenia, glaucoma and deafness. Overall, the results are said to be 40-50% improvement.

I am often asked whether any harm can come to people if they try acupuncture as a means of treatment. The principal harm that may occur is that the patient may neglect a standard therapy which can offer a real and complete cure. If the patient has had a full trial of regular Western medical treatment and if it has failed, I can see no reason not to try acupuncture. The physical damage from the needles is trifling, and the chances of a real complication are negligible.

To find the exact place to insert the needles, you measure off the distance from certain anatomical landmarks. But the measurement is not done with a ruler; it's done by the use of a "body inch," which is the length of the middle joint of the doctor's middle finger (why not use the patient's body inch?). A problem in finding the points is that they are variously numbered in different texts, and the numbers are frequently given names in Chinese which are both exotic and romantic. For example, if you wish to treat a hernia with acupuncture, the needles are inserted at the following points: the five pivots, the celestial pivot, the three-foot mile, the crossroad of the three ins, the tortuous bone, the angry ocean, and the great flesh. When you can figure out where these points are, and find them on the individual patient, the needles are inserted and the hernia is cured if the needle gets in the right place and is handled in the right way.

Although the needle does not normally hurt when it is inserted, it must be advanced into a position where it produces needle shock, or Teh-Chi. There are subjective sensations of soreness, swelling, heaviness, numbness, dizziness, nausea, vomiting, fainting, coma, and low blood pressure. Once the needle is placed, it remains for a period of time varying from several minutes to over an hour. The acupuncture doctor does not just sit there and look at it; he does things to it. He may twirl it between his fingers, at a rate of over 200 twists per minute or as fast as his fingers can go, or he may grasp the hub and use a very rapid in-and-out thrust called sparrow pecking. The latest innovation is to attach wires leading to an electrical battery and pass electric current thru the needles.

One particular acupuncture point may be used for the treatment of many different diseases, or a single disease may take as many as 80 different needle thrusts to cause improvement. To obtain surgical anesthesia it was quite common to use as many as 100 needles in the patient's body, all at one time, each needle being twirled in turn by a group of people all engaged in anesthetizing the one patient.

Another interesting modification is that it is possible to obtain the benefit of this type of treatment without putting needles in at all. One may use firm pressure with the finger tip and the finger nail on the point, rubbing it and making a deep groove in the skin with the finger nail. It is also possible to accomplish the same goal by the use of electrical stimulation externally applied, or by the use of magnetic current.

Acupuncture is uniquely valuable in locations where there is a great scarcity of doctors because it can be taught in a short time, compared to the duration of training of a Western doctor. We must realize that acupuncture has been used in Europe for over a 100 years, and in the United States it was recommended in 1898 by no less eminent an authority.
than Sir William Osler.

Acupuncture anesthesia is real. Many patients are operated upon without the use of any chemical anesthetic. There is no logical explanation of how this is accomplished. Some claim that it is a form of hypnosis. Some people are readily subject to psychological influence from various medical procedures. This is called the placebo effect, and real results may follow the administration of nothing more than a sugar pill. It is not likely that acupuncture anesthesia is due to suggestion alone, because it is possible to insert needles in people who do not know what is going to happen, and these people may develop anesthetized areas of their body. It is also possible, we are told, to produce anesthesia in babies and in animals. Some people are more susceptible to hypnosis than others, but there is no correlation between susceptibility to hypnosis and the likelihood of success with acupuncture.

It is claimed that in China from 1966 to 1972 over 400,000 operations were done under acupuncture anesthesia, with 90% success. But the patients are heavily indoctrinated with the political value of Chinese philosophy. They are exhorted to be patriotic followers of Mao. They are expected to find it successful, and are given a great deal of psychological support and training. If the individual is nervous, frightened, or unwilling, he is not included. Only 10 or 15% of operations in China are done with acupuncture. The remainder receive standard chemical anesthesia.

There are some problems with acupuncture anesthesia, even when it does work. There is no muscle relaxation, so it is difficult for the surgeon to operate. Even in China many patients complain of pain during the operation. Induction of anesthesia may require anywhere from one-half to three hours. The patient actually feels something all the time, but he does not interpret it as pain. He says it feels like a scratch.

Remember that what is acceptable to a Chinese peasant farmer may not be acceptable to a sophisticated resident of Philadelphia.

Many efforts have been made to explain how acupuncture works. The most popular is the gate theory. According to this, impulses of pain go to a switchboard in the body and then are relayed to the brain. The impulse from the acupuncture needle goes to the switchboard and blocks all the other connections. It is said to close the gate so that the painful impulses cannot get to the brain. There is supposed to be a second gate at the base of the brain which can operate by emotions as well as by needle stimulation. It is well known that the amount of pain which a patient feels depends on the circumstances. A soldier with a leg smashed in battle, assured that he will live and be sent home and never be shot at again, not only feels no pain, but is in a state of euphoria. A civilian with a similar injury in a car accident suffers exacerbating agony while he thinks of the loss of his job and the privation which his family will suffer.

Other theories to explain acupuncture include distraction, altered function of the brain, altered function of the endocrine organs, altered chemical composition of the body, and changes in the autonomic nervous system. Allied with this, scientists are now considering alterations in the body which are brought about by the application of electromagnetic energy, ultra-sound, electric currents, and energy waves which alter photographic plates. Measurements of electrical skin resistance indicate that acupuncture points are different from other parts of the skin, but there is no explanation for this.

Proponents of acupuncture claim that it produces no physical lasting changes in the body, and certainly nothing harmful. But when one tries to explain the effects of acupuncture, one encounters all sorts of theories of chemical, neurological, and physiological changes.

Differences in success in the use of acupuncture may depend more on the skill of the individual, than on whether or not acupuncture really works. If the acupuncturist treats gall bladder trouble by putting needles in the place appropriate for appendicitis he will have no more success than an American surgeon who treats gall bladder trouble by removing the appendix. A hundred failures have less meaning than one success.

It is curious that in a Western hospital we do not see acupuncture effects. When you enter a Western hospital, people stick needles in you, frequently and in many locations, and sometimes leave the needle in place for hours or days. Why do we never get any beneficial effect from the needles per se, rather than from the medicines which are given thru them? Nothing is injected through acupuncture needles.

The old time American doctor used concoctions of which most ingredients were inert. Refinement of therapeutics has resulted in gradually limiting the numbers of items; today most medicines have only one or two ingredients. The Chinese acupuncturist who started by putting in 20 or 50 or 100 needles is learning to reduce the number of needles for a given purpose; the trend is to use only one or two or half a dozen and still accomplish the same goal. Does this point to a similar type of refinement?

Conclusion: There are failures in every variety of medical practice. There are failures in acupuncture therapy. We do not understand how or why acupuncture works, but there is no doubt that sometimes it does work. The possibility of causing harm by acupuncture is very slight. The only real danger of acupuncture is that it would lead to neglect of a standard and effective therapy, and thus cause a curable disease to become incurable. Any patient who has a condition which is refractory to standard medical treatment, has nothing to lose but his money by trying acupuncture therapy. In fact, in this situation, some people do get better.

Let us have a sense of humility, acknowledge that we do not know everything, and be willing to try something even if we do not understand it. Hopefully, some day acupuncture will be better understood and a true role for it will be found in Western medicine.
In Rugby, Winning Isn’t Everything

The Thomas Jefferson all University team poses and the “crowd” looks on. No one remembered the score of the game with the Philadelphia College of Osteopathy, but it was reportedly “a lot to not very much” with PCO the victors. This game was played at a Fairmount Park field but any vacant facility is a possibility for the competition, often between medical schools.
Like many rugby teams, the Jefferson club is loosely self-organized, with no vestiges of Vince Lombardi to compromise a good time and good exercise. Virtually everyone who comes for a game gets to play, and former college football starters play alongside athletic ingenuity. Above, the highly organized and potentially brutal scrum; Below, a TJU player got the ball in the scrum and here runs with it.
Above, the ball is dropped after a hard-hitting tackle; Below, one man on each team lay unconscious after a literal head-on collision. Both recovered quickly. Above Right, grappling on the ground for the ball, appropriately called a "maul." Below Left, the much vaunted after-game party.
There are no doubt any number of fine clinicians at Jefferson, men and women whose reputation for clinical ability is well-established among their colleagues. While such a distinction would seem unremarkable for a specialist in family medicine, an emphatic reputation for excellence in relating to patients seems more startling for a Professor of Radiation Therapy and Chief of the Division of Nuclear Medicine. When the same man, Carl M. Mansfield, has a curriculum vitae bulging with scientific publications including a new book and admits a fondness for computers, his ready image with peers as a superb clinician seems more unusual yet.

Dr. Mansfield in person makes the situation appear markedly less anomalous, particularly when he explains why he chose his specialty. "In 1957 when I began a radiology residency at Episcopal Hospital, I sometimes felt I had hung up my stethoscope. At that time the attitude toward radiation therapy was influenced in great measure by surgeons who seemed to feel that when a patient was really hopeless you sent him down to the basement and relinquished him to the radiation therapists. When I came to Jefferson, which was at that time affiliated in several areas with Episcopal, for my radiation therapy rotation, I was so impressed with the facilities, the treatment results and with the attitude towards patient care that I decided to make radiotherapy my specialty." After finishing his residency and a tour of duty with the Air Force, Dr. Mansfield returned to Jefferson as a Fellow in Radiation Therapy and Nuclear Medicine and, with the exception of post-doctoral and sabbatical study at Middelsert Hospital and Medical School in London, he has been at JMC ever since.

As Chief of the Division of Nuclear Medicine, he says he handles "the usual mundane work" of administration. At Jefferson the task is perhaps less routine than elsewhere because it is such a busy service. Just trying to meet the demand with the available equipment is a challenge. It is a challenge from which he has been gradually trying to free himself in order to devote close to full time to radiation therapy and patient care. By July he will have achieved that aim when he relinquishes his duties as Chief of Nuclear Medicine to two replacements and is able to devote most of his energies to his position as Professor of Radiation Therapy and Nuclear Medicine. He expects to continue his nuclear medicine research, however, and be available as a consultant to the Division as well.

Dr. Mansfield also teaches, primarily residents; he says he comes from the "old school" and believes didactic teaching combined with clinical experience and self-study produces the best results. The Department offers a senior clerkship and electives to medical students, for which he lectures usually on what he calls his favorite topic, breast cancer. He new book, now in galley proof, is entitled, Early Breast Cancer: Its History and Results of Treatment. "It is a fascinating subject because it is often such an emotional issue that medical opinions have traditionally been divergent."

He also has received grants to study the effects of tumors on the temperature of the breast. By monitoring breast temperature before and after treatment it is hoped that a pattern will emerge whereby some prediction of the treatment's likely success can be made. Jefferson's mammography studies have received a good deal of national publicity in recent months, but thermography is not one of Dr. Mansfield's interests. He points out that traditional attitudes about radiation therapy have prevented his specialty from playing a significant role in treating breast cancer to date. "We may or may not have our day, but as far as the news media are concerned," he smiles, "somehow they always want to interview the surgeons."

Another of Dr. Mansfield's research interests is dosimetry, deciding what dose of radiation to give a tumor and its adjoining tissue in therapy. His particular project now involves developing better ways to measure the doses; he is working with Dr. Nagalingam Suntharalingam, a Professor in the Department of Radiation Therapy.

Although the Professor cautions that he is in no way an expert in computers, he has taken a course in programming (the certificate hangs on his office wall along with his medical training diplomas) and is interested in computers as they relate to his specialty. The Radiation Therapy Department's mammoth betatron has a computer with which they are hoping to automate the machine. If parameters for treatment are recorded, the machine will be its own fail-safe device against the possibility of technician error. "We're not trying to replace the technicians. The computer's greatest strength is consistency, and that's what we hope to exploit."

A native Philadelphian, Dr. Mansfield attended Lincoln University and received his M.D. from Howard University's Medical School. He is married to a former nurse he met as a resident, and they have two children ages seven and...
five. They are his primary non-medical interest, "because they're at such a great age. When we take them places on week-ends they're impressed with everything." He is also a chess player, enjoys music and has been involved in various community activities, particularly in the Washington Square area where he lives.

Dr. Mansfield has reached a position of respect in his field and is involved in professional organizations. A Diplomate of the American Board of Radiology and the American Board of Nuclear Medicine and a Fellow of the American College of Radiology, he has presented exhibits at various medical meetings. He is a member of the Constitution and By-laws Committee of the American Society of Therapeutic Radiologists, the Clinical Trials Contract Review Committee of the National Cancer Institute and belongs to numerous other societies, among them the American College of Nuclear Medicine, the Association of University Radiologists, the Royal Society of Medicine and the British Institute of Radiology. But he is also a modest man and is quick to credit the support of his mother, his wife and his religious convictions.

The physician is extremely positive about the Jefferson environment. "I've been very impressed," he notes, "with Jefferson's efforts in the area of minority admissions with the recent appointment of an Associate Dean and Director of Minority Affairs. I'm sure this will enable Jefferson to do an even better job in black student admissions, which is one of my special interests." Because he is eminently satisfied at Jefferson, for the foreseeable future at least he finds it difficult to imagine going elsewhere. He has the greatest respect for the Chairman of the Department, Simon Kramer, and feels that, "Excellent radiotherapy is practiced at Jefferson. It would be very difficult to find anyplace where the quality of patient care, research and personnel were as fine."
**class notes**

1910  
Dr. Samuel Rich, Whitehall Inn, 640 N. Atlantic Ave., Daytona Beach, Fl., is retired but writes that he is always interested in Jeff news.

1912  
Dr. R. Grant Barry, 908 W. State St., Trenton, N.J., has retired from the staff of Mercer Medical Center after practicing medicine for 63 years.

1919  
Mrs. Arthur L. Jones, 5414 Valley Green Dr., Linden Green Apt. D-1, Wilmington, De., widow of Dr. Arthur L. Jones, writes that her grandson, David C. Brock, will graduate from Jefferson in June.

Dr. D. Russell Perry, 311 North Carolina National Bank Bldg., Durham, N.C., made news in the Durham Morning Herald on November 2. An article noted his 50 years of practice there and his numerous other civic activities. In addition to serving on the Board of Trustees at Wake Forest University for 25 years (and chairman for two) and a similar board at Campbell College, he held many posts with the American Legion in Durham. Dr. Perry also served on the Durham City Council and was County Coroner. One of his favorite pasttimes remains sports, attending games whenever possible. Dr. Perry, 82, has three children and seven grandchildren.

1920  
Mrs. Clyde L. Mattas, 833 Taylor Ave., Scranton, Pa., widow of Dr. Clyde L. Mattas, writes that she has a grandson who is in premed at Lafayette. "He hopes to go to Jeff, and he is working hard."

1923  
Dr. Franklin B. Peck, 5858 W. Lazy S St., Tucson, Az., will visit Mexico this winter to continue his ornithological studies. His wife, Libby, died this year, reports classmate Ernest L. Noone.

1924  
Dr. Abraham Cantarow, Van Ness E. Apts., 2939 Van Ness St., N.W., Washington, D.C., appeared on the cover of the September, 1975 issue of Cancer Research. Dr. Cantarow, a former President of the American Association for Cancer Research and Emeritus Professor of Biochemistry at Jefferson, is currently with the National Cancer Institute in Bethesda.

1925  
Dr. Carl M. Hadley, 3120 Parkside Dr., San Bernardino, Ca., writes that he and his wife drove to their 50th class reunion by way of the Gulf Coast to Florida, "But the best part of the trip was seeing my old friends whom I hadn't seen for 50 years. The College treated us royally and we enjoyed every minute of our stay, particularly the tour through the Medical School facilities."

Dr. John T. Kiely, 208 Main St., Towanda, Pa., was honored at a dinner by the Bradford County (Pennsylvania) Medical Society for 50 years of medical practice. He has been a general practitioner in Towanda.

Dr. Philip F. Vaccaro, 1297 Tower St., Monongahela, Pa., has received awards in recognition of 50 years of service to medicine. He is past President of the Washington County Medical Society.

1926  
Dr. J. Wallace Cleland, 327 Wendy La., Waverly, Oh., has been retired since June of 1972 but is still involved with children's health clinics and other medical activities.

1928  
Dr. Samuel Goldstein, 34 E. Main St., Mays Landing, N.J., has retired from general practice in Mays Landing, New Jersey, after 46 years. In 1969 he was elected Man of the Year by the local Chamber of Commerce. In addition to his practice he has served as physician to the Atlantic County Jail and to the J. Harold Duberson School.

1929  
Dr. Mario A. Castallo, 1621 Spruce St., Philadelphia, write that he stopped doing surgery last July but is enjoying being a family doctor for women.

Dr. Sherman A. Eger, Valley View Apts., King of Prussia, Pa., Honorary Clinical Professor of Surgery at Jefferson, served as moderator of a session "Early Diagnosis of Cancer of the Colon and Rectum" during a Western Mediterranean Cruise sponsored by the Pennsylvania Medical Society. He also was recently named to the Hall of Fame at the Reading High School by his class of 1921.

1930  
Mrs. Madeline Kramer, Box 186, Rt. 1, Pau Pau Acres, Cambridge, Md., writes that a geriatric intensive treatment unit at the Eastern Shore Hospital Center has been named the Frederick H. Kramer unit in honor of her late husband.

Dr. Wynne M. Silbernagel, 2715 Charing Rd., Columbus, Oh., has been awarded the title Assistant Professor Emeritus in the Department of Obstetrics and Gynecology of Ohio State University Medical College.

1931  
Dr. William K. McDowell, 1103 Panola St., Tarboro, N.C., has retired. "Forty years is long enough for any man to practice medicine. Am enjoying doing things that I never had time to do prior to now."

Dr. George W. Paschal, Jr., 1110 Wake Forest Rd., Raleigh, N.C., is still practicing and is President of the Board of Trustees of Wake Forest University. He recently went to Venice in that capacity to participate in ceremonies at the Venice Campus of Wake Forest. He is President of the North Carolina Surgical Association and Southern Society of Clinical Surgeons. He has a son at Yale who also is an M.D.

1932  
Dr. Stiles D. Ezell, S. Main St., Salem, N.Y., is President-elect of the Washington County Medical Society.

1933  
Dr. Dudley P. Bell, 411 30th St., Oakland, Ca., writes that he is still enjoying traveling cinematography and, at home, practicing ophthalmology.

Dr. Robert P. Kemble, 24 Brock Way, S. Hadley, Ma., is Chief of the Mental Hygiene Clinic at the Northampton Veterans Clinic.

1936  
Dr. George L. Erdman, 50 Cedar St., Millburn, N.J., writes that he plans to retire in March, 1976 after 27 years as Chief Pathologist and Director of Laboratories of the
Overlook Hospital in Summit, New Jersey. He expects to be traveling abroad during the next several years doing volunteer medical work in various mission hospitals.

Dr. Samuel J. Fortunato, 11 Hamilton Rd., Short Hills, N.J., received the St. Barnabas Medical Center Obstetrics and Gynecology Residents' Appreciation Award for 1975. He is an Assistant Clinical Professor of Obstetrics and Gynecology at Martin Medical Center and is an Attending at Newark Presbyterian Hospital and St. James Hospital in Newark. He is a Fellow of the American College of Obstetricians and Gynecologists and other professional organizations.

Dr. Charles M. Hanna, 2117 Lagoon Dr., Dunedin, Fl., writes that he and his wife, Jean, will spend most of their time in Florida, but will still summer at their house in Maine, along with other Jeffersonians John A. Luders '35 and Robert P. Waterhouse Jr. '71 and Sr. '37.

Dr. Manuel M. Pearson, 111 N. 49th St., Philadelphia, Senior Attending Psychiatrist at the Institute of Pennsylvania Hospital and Professor of Psychiatry at the University of Pennsylvania, presented the Philadelphia County Medical Society's DaCosta Oration this year. He spoke on "Occupational Health Hazards of Physicians."

1938

Dr. Welland A. Hause, 45 Eastmoreland Pl., Decatur, II., is Director of Laboratories at St. Mary's Hospital.

1940

Dr. Harold A. Tattersall, P.O. Box 215, Mountainhome, Pa., has moved into the Tattersall Medical Center there, a new office complex built with community funds and labor as a tribute to him for his many years of service to the community. Dr. Tattersall, a family practitioner, has been practicing in Mountainhome since 1946.

1941

Dr. Oscar V. McKinley, Sayer St., Brookville, Pa., has been practicing general medicine there for 30 years.

1944S

Dr. John J. Cartland, James Edwards Professor of Orthopaedic Surgery and Chairman of the Department at Jefferson, served as Program Chairman for the annual meeting of the American Academy of Orthopaedic Surgery in New Orleans in February.

Dr. Julius C. Rosch, 2300 Broad Ave., Altoona, Pa., has been appointed to the courtesy staff with privileges in internal medicine and cardiology at Mercy Hospital in Altoona. Dr. Rosch is a member of several professional societies.

Dr. Richard H. Ross, 646 Golfcrest Dr., San Antonio, Tx., retired from the Army in April, 1975. He is now working with the U.S. Army Academy of Health Sciences in San Antonio in comprehensive health care planning.

1945

Dr. Roy T. Forsberg, 4 Breeze Knoll Dr., Westfield, N.J., is an attending surgeon at Elizabeth General Hospital and is co-owner of the Westfield Tumor Clinic.

Dr. John S. Madara, 31 Market St., Salem, N.J., will assume the Presidency of the Medical Society of New Jersey at the annual meeting in Cherry Hill in June.

1946

Dr. Robert E. Sass, 912 E. State St., Sharon, Pa., has been appointed Chief of Surgery at Sharon General Hospital. A Diplomate of the American Board of Surgery, Dr. Sass is associated with the Sharon Medical Clinic.

1948

Dr. G. Barrett Heckler, 2625 Longwood Dr., Wilmington, De., is Assistant Medical Director of Hercules, Inc.

Dr. William E. Sheely, 1231 Kingston Ave., Alexandria, Va., writes, "had a good get together with classmates Ed Webb, Ed McKinney and Bob Lackey and families at Chapel Hill, North Carolina. We all have (left to right) Dr. Edward A. Schauer '49, Dr. Leo M. Wachtel '38 and Dr. George T. Wolff '52, at the annual meeting of the American Academy of Family Physicians. Dr. Wachtel is Vice-President of the Academy, and Drs. Schauer and Wolff are members of the Board."
Dr. David S. Masland '48 began his career in medical politics in a fairly inauspicious fashion. "I missed a meeting of my county medical society," he notes, "and they elected me Secretary." Since then, however, his activities in organized medicine have been more deliberate, and have included being the youngest Trustee of the Pennsylvania Medical Society and the first from Cumberland County, Chairman of its Board of Trustees, and the youngest man ever to be elected President of the PMS, the position he currently holds.

From his early years in practice Dr. Masland had been frustrated with the various and increasing bureaucratic controls on the practice of medicine. "Government regulation of medicine concerns me much more than the possibility of socialized medicine," he says. "I felt I had to try to help do something about it."

Dr. Masland brings to the Presidency pride in medicine's traditional values and a respect for the profession based in part on an eight-generation family involvement in medicine. He is a Board-certified internist, Fellow of the American College of Physicians and member of numerous other professional and civic organizations. While the route to office in organized medicine can involve campaigning and other political machinations, Dr. Masland did not actively seek the PMS Presidency and in fact had refused nomination before he added three associates to share responsibility for his busy practice. He appears to have been elected for the reasons all office-holders should be but rarely are: his colleagues recognized that he was a hard worker and a positive achiever. Dr. Masland feels the President is primarily a spokesman for the Society and for physicians in general, and he has consciously trained himself as such. As might be expected, dealing with the malpractice insurance problem is the major issue of Dr. Masland's administration. The PMS is approaching the situation in a number of different ways, all of which are prototypical of the Society's most effective strategies. One of the most vital aspects, Dr. Masland feels, is public education. It is no secret that, for whatever reasons, public sympathy for physicians as a group has been declining in recent years. By explaining through the media the background of the problem and how rising malpractice insurance rates affect health care costs in general and individual physicians in particular, the Society hopes to influence public opinion favorably; it appears in great measure to have succeeded.

Public support is valuable in itself, but it is also important to the Society's legislative activities. PMS has two registered lobbyists in Harrisburg, allowing physicians to have an input into the lawmaking process. Right now the Society is seeking an amendment to the malpractice bill to provide for compulsory and binding arbitration in malpractice cases involving physicians. In this connection they are also working with the Hospitals Association to work out an arrangement whereby hospital patients would agree ahead of time, along the lines of informed consent, to submit any grievances against the hospital and/or physicians to the American Arbitration Association rather than resorting to civil suit. In addition, the Society is trying to set up its own captive insurance company to avoid the cataclysmic results possible with the threatened default and cancellation of policies by commercial insurance companies.

Dr. Masland is also the plaintiff in a suit to prohibit Pennsylvania's Secretary of Health from requiring state licensure of physicians' office laboratories. He and the
Society feel this is a classic instance of regulators going beyond both the intent and the actual limits of the law to the detriment of health care. The suit is becoming one of organized medicine’s most effective tools. Dr. Masland considers insuring the privacy of physician records another important issue and also hopes to effect the substitution of a more workable and less destructive implementation of the new federal HSA regulations for the bill currently being considered in the state Senate. “Unfortunately,” he notes, “the malpractice issue requires so much of our time that other very important problems can’t get the attention they deserve.”

Despite the bad press the medical societies as a group have had in recent years, the Pennsylvania Medical Society has gained members, not lost them, and has one of the highest percentages of membership in the country. Dr. Masland feels that government regulation and other socio-economic considerations account for the continuing interest. “Naturally from time to time people question our motives or our usefulness, and I often think that organized medicine should go out of existence for one year. The next year everyone would join.”

Dr. Masland aspires to no other office in organized medicine. He does not plan to end his connection with it, but would like to concentrate on a non-political post concerned with medical education. While continuing medical education is not the focal activity it once was for the FMS, it is still one of its concerns. Dr. Masland notes that, “I am consistently proud of my alma mater as the leader in Pennsylvania in continuing education. It is one of the few schools that realize responsibility for educating physicians can’t end with residency training.”

Dr. Masland’s alma mater returned the compliment, with a dinner held in his honor in Philadelphia on November 21. The Union League meeting was attended by his local classmates and senior members of Jefferson’s administration.

With his belief in the usefulness of organized medicine, it seemed natural to ask the new President why he had chosen to work on the state level rather than in the more broadly concerned AMA. He replied that while the activities of the FMS are often political in nature, he does not have the personal make-up of a politician. He was once a delegate to the AMA, but resigned because he felt neither effective nor fulfilled in its more political atmosphere. His attitude is in no way pejorative towards those with a more political bent, however. In fact, he takes what is, for a physician, an unusual stand and recommends national politics to his colleagues as a proper and useful profession. “Politics is one of the two or three highest callings. We shouldn’t forget that Washington, Lincoln and Eisenhower all were politicians.”

kids there now. Hope to make the Jefferson get together soon if it quits conflicting with things I have to do.”

1950

Dr. Frank R. Hendrickson, Chairman of the Department of Therapeutic Radiology at Rush-Presbyterian St. Luke’s Hospital in Chicago, has been named President-elect of the American Society of Therapeutic Radiologists. Dr. Hendrickson is also Director of the Rush Medical College Cancer Center. He is an active member of many other local and national medical organizations including the American College of Radiology, the Chicago Roentgen Society, the Radiation Research Society and the American Radium Society.

Dr. Frank E. McElree, Jr., 205 Lynwood Dr., Greenville, Pa., has been reelected to the Board of Trustees of Chautauqua Institution. He is on the advisory board of the McDowell National Bank and is Vice-Chairman of the Mercer County Redevelopment Authority.

Dr. George W. O’Brien, 673 P St., Sacramento, Ca., writes that he was sorry to have missed the reunion last June, particularly after seeing pictures of old friends in the Bulletin. He has produced a film and is at work on another for a local ophthalmologist.

1951

Dr. Leonard S. Girsh, Benjamin Fox Pavilion, Ste. 325, Jenkintown, Pa., was guest speaker at the U.S. Public Health Hospital in Santa Fe, New Mexico. He spoke on allergic disease, diagnosis and treatment.

Dr. Earl Kanter, 634 Shore Rd., Somers Point, N.J., writes that he is looking forward to his reunion in June. Oldest son, Blair, is now a sophomore at the University of Pennsylvania and hopes to attend medical school at Jefferson.

Dr. Irwin L. Stoloff, 130 S. Ninth St., Philadelphia, is in the private practice of internal medicine. He also teaches part-time at Jefferson in the Departments of Medicine and Community Health and Preventive Medicine. “Looking forward to seeing our classmates at our 25th reunion in June.”

1952

Dr. Edward W. Ditto, III, 625 Orchard Rd., Hagerstown, Md., writes that his son, Allen, is a freshman at Jefferson; his son, David, a freshman at Hagerstown Junior College and his daughter, Betsy, a freshman at Hood College.

Dr. Michael B. Dooley, Diamond Rock Hill, R.D. #1, Malvern, Pa., is a member of the Pennsylvania Chapter of the American College of Nuclear Medicine and recently spoke to a socio-economic seminar of the American College of Radiology. “Three kids in college and five to go!”

Dr. James J. Fitzpatrick, Jr., 49 Bayberry Rd., Trenton, N.J., has been appointed Medical Activities Coordinator of Paul Kimball Hospital in Trenton. He was previously Executive Vice-President of Hospital Research and Educational Trust of Princeton. He is Board-certified in internal medicine.

Dr. James C. Hutchison, 2073 Parkview Ave., Abington, Pa., recently has published a book, “Hypertension, A Practitioner’s Guide to Therapy.” Dr. Hutchison is in private practice in Abington.

Dr. Burwell M. Kennedy, Main and Acacia Sts., Ripon, Ca., left his medical mission work at Oasis Hospital in Abu Dhabi, Trucial States, and returned to the United States for an extended furlough. One of the main reasons for this was “to catch up with and help our teen-agers who are college bound.” Their daughter, Kathy, is a freshman at Jefferson and son, Scott, has the same goal.

Dr. Elmer J. Taylor, Jr., 6609 Wayne Ave., Philadelphia, has returned to Jefferson after spending the past 15 years in a private practice of internal medicine at the above address. He will be a full-time Clinical Associate Professor in the Department of Family Medicine.

1953

Dr. Robert L. Frank, 331 N. York Rd., Hatboro, Pa., was elected a Fellow of the American College of Surgeons.

Dr. Irwin S. Jacobs, 2695 Le Jeune Rd., Coral Cables, Fl., is a corporate psychiatrist for Eastern Air Lines.

Dr. Thomas M. Ullmann, U.S.C.G. Support Center, Qtrs. #111-A-2, Governors Island, N.Y., is now a Senior Surgeon with the Coast Guard.

1954

Dr. Jack W. Fink, 126 Holly Dr., Lansdale, Pa., has been elected to the Board of Directors of North Penn Hospital. An obstetrician/gynecologist, he is a Fellow of the American College of Surgeons and of the American College of Obstetricians and Gynecologists. A past President of the North Penn Hospital Medical Staff, he is an Instructor of Ob/Gyn at Jefferson.

Dr. Paul D. Griesmer, 39 Butler St., Kingston, Pa., is President of the Nesbitt Memorial Hospital Medical Staff, serves on its
TJU's New Garage and Mall Are Now Open

Jefferson’s new parking garage has a Tenth and Eleventh Street entrance with an attractive mall between the Scott Library and Jefferson Alumni Hall.

Board of Directors and is Chief of Service in the Department of Obstetrics and Gynecology. He also is Chairman of the Ob/Gyn Department at Wilkes-Barre General Hospital and has served on its Board of Directors. Dr. Griesmer is a Diplomate of the American Board of Obstetrics and Gynecology and a Fellow of the American College of Obstetricians and Gynecologists.

Dr. Robert C. Lee, Jr., Alexander Young Bldg., Ste. 372, Honolulu, writes that classmate Albert Scutolini is doing pathology at the Kaiser Hospital in Honolulu. “He and two others sailed across the wide span of the Pacific on a 17-foot yacht.” Another classmate, Milton Ivker, visited last winter and toured the islands. “He’s doing ENT in New York.”

Dr. Lawrence C. Webb, 229 E. College Ave., Pleasant Gap, Pa., is in the practice of family medicine there. He practiced formerly in Warren and Dayton, Indiana.

Dr. Elwin S. Carlin has been elected President of the Medical Staff of Montgomery Hospital. An obstetrician/gynecologist, Dr. Carlin is in private practice and is a member of the staff of Sacred Heart Hospital. He is a Fellow of the American College of Obstetricians and Gynecologists and a past President of the Montgomery County Medical Society. Dr. Carlin and his family reside at Powell and Wood Sts., Norristown, Pennsylvania.

Dr. John O. Hewlett, 863 Linden Bd., Hershey, Pa., has been appointed to the post of Director of Out-Patient and Emergency Services at Holy Spirit Hospital. A general practitioner, he is a Clinical Instructor in Family and Community Medicine at the Milton Hershey Medical Center.

Dr. Arthur C. Huntley, Jr., Plymouth Rd., Gwynedd Valley, Pa., is an Associate Clinical Training and Research Professor at the Medical College of Pennsylvania and is Coordinator of Group Psychotherapy Training at the Eastern Pennsylvania Psychiatric Institute. He teaches social work at Bryn Mawr College, teaches psychiatric residents at Temple University Medical School and at Einstein Northern. He is on the faculty of the Philadelphia Psychoanalytic Institute and is group skills consultant at Haverford College. In addition, Dr. Huntley is staff psychiatrist at Chestnut Hill Hospital and has a private practice in Ambler.

1955

Dr. Elwin S. Carlin has been elected President of the Medical Staff of Montgomery Hospital. An obstetrician/gynecologist, Dr. Carlin is in private practice and is a member of the staff of Sacred Heart Hospital. He is a Fellow of the American College of Obstetricians and Gynecologists and a past President of the Montgomery County Medical Society. Dr. Carlin and his family reside at Powell and Wood Sts., Norristown, Pennsylvania.

1956

Dr. John B. Davies, 3901 Terry Pl., Alexandria, Va., is in the private practice of psychiatry.

Dr. Paul E. Frank, 331 N. York Rd., Hatboro, Pa., has been elected to Fellowship in the American College of Surgeons.

Dr. Philip S. Green, 1924 Westfield Ave., Scotch Plains, N.J., is a Clinical Assistant Professor of Ob/Gyn at Rutgers Medical School.

Dr. Dale A. Grove, Jr., 1551 Broadway, Bethlehem, Pa., writes that his third son was born, July 2, 1975.

Dr. J. Harold Housman, 15 Savo Ave., Lancaster, Pa., has finished his residency in ophthalmology and has joined an established practice in Lancaster.

1957

Dr. Herbert G. Aaronson, 7756 Green Valley Rd., Wyncoyte, Pa., received Fellowship in the American Psychiatric Association in May, 1975. He is serving on the Internal Organization Committee of the Pennsylvania Psychiatric Society.

Dr. Donald P. Elliott, 4200 W. Conejos Pl., Ste. 436, Denver, is in the private practice of cardiovascular surgery in Denver.

Dr. Thomas L. Singley, III, is serving in the Emergency Department at Sewickley Valley Hospital. He took a residency in internal medicine at Cooper Hospital in Camden and had an assistantship in basic science and internal medicine at the Graduate School of Medicine at the University of Pittsburgh. He also served a Preceptorship
in hematology at the Presbyterian University Hospital Medical Center in Pittsburgh.

Dr. Joseph M. Skutches, 35 E. Elizabeth Ave., Bethlehem, Pa., is the Assistant Chief of Ob/Gyn at St. Luke's Hospital in Bethlehem and is practicing there.

1958

Dr. Philip C. Hughes, 1126 S. Main St., Dayton, Oh., is President of the Wills Eye Hospital Society, a position at one time held by his father, Lee W. Hughes, Jefferson Medical Center in Pittsburgh.

Dr. James W. Montague, Bloomsburg Medical Center, Bloomsburg, Pa., is Medical Director for three North Penn health centers in Bloomsburg, Mansfield and Cowanesque Valley. A member of the faculty of the Milton S. Hershey Medical School, he is a courtesy staff member of Wellsboro Hospital and Williamsport Hospital. He is a Diplomate of the American Board of Family Practice.

1959

Dr. Jack Lubin, 1265 N. Biscayne Pt. Rd., Miami Beach, Fl., took his blood bank (immunohematology) boards given by the Board of Pathology and now has his blood bank certificate. An Assistant Professor of Pathology at the University of Miami School of Medicine, he spent two weeks at the Karolinska Institute in Stockholm studying aspiration cytology with Dr. J. Zajicek.

1960

Dr. Francis W. Wachter, 2538 Selwyn Ave., Charlotte, N.C., is enjoying civilian life and practice more and more.

1961

Dr. Sheldon Amsel, 5104 Wetheredsville Rd., Baltimore, is a member of the Department of Medicine at the University of Maryland Medical Center.

Dr. William B. Pratt, 301 S. 7th Ave., W. Reading, Pa., is still in the practice of orthopaedics.

Dr. Robert B. Tesh, Pacific Research Section/NIH, P.O. Box 1680 Honolulu, spent last summer at the University of Teheran as a guest of the Iranian government studying the problem of sandfly fever. "We traveled throughout the country. It was a most interesting and productive three months."

Dr. James Vorosmarti, WMRI NNMC, Bethesda, has returned to the United States and is Deputy Commanding Officer of the Naval Medical Research Institute. "Not as relaxed a job as I had in England!" He has also been promoted to captain. He writes that two other members of his class were promoted to the same rank: Dr. Elliott Pearlman, Head of the Hematology Department at the Naval Hospital, National Naval Medical Center in Bethesda; and Dr. Raymond Spar, Head of the U.S. Navy Submarine Medical Research Laboratory in Groton, Connecticut.

1962

Dr. Dennis M. Wadler, 460 E. 79th St., New York, joined the faculty of Mt. Sinai Medical School and the staff of Beth Israel Medical Center in general surgery. He and his family live in Tenafly, New Jersey.

Dr. Louis A. Wilson has been promoted to Professor of Ophthalmology at Emory University School of Medicine. The author of numerous publications on external eye diseases, Dr. Wilson is Director of the Ophthalmology Department's resident training program. Supported by a grant from the Food and Drug Administration, he has done extensive research on eye infections induced by eye area make-up. Before coming to Emory in 1973 he was an Associate Professor of Ophthalmology at the Medical College of Georgia.

1963

Dr. William E. Burak, 601 Wyoming Ave., Kingston, Pa., is practicing urology in the Wilkes-Barre area. He is married and has four children.

Dr. Robert M. Davis, 30 Fox Run Dr., York, Pa., is a Fellow of the American College of Surgeons. "Our third son, Tim, was born a year ago."

Dr. Wilfred M. Morioka, 1432 Sandal La., La-Jolla, Ca., is a Fellow of the American College of Surgeons and is a Navy M.D. (captain) in San Diego. "Saw Bill Lemmon '60 and Will Atkinson '63 who were also initiatives at the San Francisco meeting, last fall."

1964

Dr. Edward C. Leonard, Jr., 1435 Cloverly La., Rydal, Pa., was elected a member of the Board of Directors of the Philadelphia Professional Standards Review Organization in that group's first election.

Dr. Carl M. Pinsky, 1161 York Ave., Apt. 3E, New York, presented two papers at the International Symposium "Immunobiology and Immunotherapy of Cancer" sponsored by the New York Academy of Sciences.

Dr. Richard D. Shapiro, 3921 E. Market St., Warren, Ohio, is President of the Warren Lions Club for 1975-76.

Dr. Nicholas C. Tenaglia, 501 Woodbrook La., Philadelphia, is the Clinical Director of Horsham Hospital.

Dr. John W. Yunginger, 215 15th Ave., S.W., Rochester, Mn., has been appointed to the staff of the Mayo Clinic as a consultant in pediatrics with a joint appointment in allergic diseases and internal medicine. He is also an Instructor in pediatrics at the Mayo Medical School. Dr. Yunginger is a Fellow of the American Academy of Pediatrics and the American Academy of Allergy.

1965

Dr. Ralph W. Crawford, Tyrone Medical Center, Clay Ave., Tyrone, Pa., has been appointed to the medical staff of Mercy Hospital in Altoona with privileges in obstetrics and gynecology. He is also associated in private practice. A Fellow of the American College of Obstetricians and Gynecologists, he is a member of several professional societies. He has been on the faculties at the University of Pennsylvania and Jefferson.

Dr. Norman J. Kramer is associated with a medical group in the Randolph Park Medical Center in Charlotte, North Carolina. He recently served a Fellowship in endocrinol-
Pilot at the Top of the World

Before Erica Jong’s *Fear of Flying* became a darling of pop culture and the women’s movement, one of the members of the Alumni Office staff, in a more naïve moment, purchased the book seeking to overcome her aversion to air travel. A bemused reading of chapter one suggested that the work had as little to offer the air-wary as it did the annals of literature, and she put it aside. She would have been better advised to talk to light plane pilot Leon A. Peris ‘55, whose confidence and enthusiasm for flying are based on experience and a number of very reassuring facts.

Dr. Peris is half owner of a twin engine Comanche, and holds his private pilot’s license, a commercial license, an instrument rating and a twin engine rating. The physician, who first learned to fly at age 40, has put in 800 hours of flying time in five years. In all that time he has known only one instance of fear, his first landing. Although light plane travel is less safe statistically than commercial flight, he notes that 90% of light plane accidents are attributable to pilot error, primarily flying into weather either the pilot or the plane is not equipped to handle. Mechanical dysfunction is limited by the rigorous annual engine inspection required by the FAA. Physicians, he notes, have more accidents than any other occupational group, probably because their demanding schedules make them take unwise chances with weather conditions. He feels, too, that the doctor’s professional role may give him an unwarranted feeling of omnipotence which is dangerous when applied to flying.

Dr. Peris does not feel in any way omnipotent, and is a member of the Flying Physicians Association whose main purpose is to promote flight safety. Striking a balance between safety and self-confidence has not been particularly difficult for him. After only one year of pilot’s training, for instance, Dr. Peris and his wife Natalie, also a pilot, flew cross-country to California. At that time he was not trained in instrument navigation, but he felt he could wait out any weather that couldn’t be handled by visual navigation. Sudden storms are not a problem, he says, because any plane can make a 180 degree turn and outrun a storm. The Rocky Mountains, however, could not be reckoned with in this way. The Peris’ had never flown over mountains comparable to the Rockies, so they stopped in Boulder, Colo. to take a mountain flying course before proceeding.

Concern for safety need not preclude the sense of spontaneity that often pervades Dr. Peris’ approach to flying. He talks of flying to Nantucket because it was such a nice day, or going to dinner on the spur of the moment in Virginia. He regularly flies his family to Flyers away games and even begins describing his one minor taxiing accident with “One July 4 when we flew to Montreal for the day…”

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*Dr. Peris: Alaska was beautiful, but the heart of the trip was the flight.*
A trip like the one the Peris' made to
Alaska this past summer, however, cannot
be made spontaneously. It took six months
of planning, mapping the route and
stop-overs, anticipating weather situations
etc. Light plane pilots do not have to make
reservations at airports or get advance per-
mision to fly to a particular destination.
Notifying the air controllers about ten miles
from an airport is all that is necessary. For
the pilot's own protection, however, he can
register what is known in pilote as IFR,
instrument flight regulations. Under IFR,
the pilot is expected to check in period-
ically with the air controller; if he fails to
so, and control cannot contact him, an
immediate search for his craft is begun. Dr.
Peris made frequent use of this system
when he flew in the less populated North-
er regions. He also carried survival gear,
including tents, first aid equipment, pemmi-
can and even a rifle, all of which are re-
quired by law.

Although he never had to use the survival
gear, the flight to Alaska was a difficult one,
which tested his training often and in a va-
riety of new ways. With a route from De-
troit and Duluth through Southern Canada,
he found he was sometimes out of contact
with Air Traffic Control and had to make
estimates about conditions that a pilot on
the eastern seaboard never encounters.

Landing at Whitehorse in Western Canada
and in Nome, Alaska were perhaps the
worst moments of the trip.

Barrow in northernmost Alaska was the
Peris' first overnight Alaskan stop. In their
12 days in Alaska, they visited Nome, Fair-
banks, Mt. McKinley Park, Anchorage and
Glacier Bay. They found the Yukon Valley
and Mt. McKinley magnificent and were
particularly taken with the Glacier Bay
area. While staying at the Glacier Bay
Lodge they had perfect weather and
daylight virtually 24 hours a day to enjoy
the humpback whales, seals, bald eagles
and mountain goats that populate the area.
Local fish, particularly crab and salmon,
were in season and they were even able to
sample such unusual delicacies as reindeer
stew and shee fish. Barrow and the North
Slope were not scenic in any sense of the
word, and frontier accommodations
brought double New York tariffs. Although
the Alaskan oil rights have been a bonanza
to some, it seemed to the Peris' that the ma-
jority clearly were not benefitting from the
high-priced boom.

In Alaska, as in many of the areas to
which Dr. Peris has flown, he made a point
of visiting friends who were former Jeffe-
son colleagues. He saw both William Peters
'70 and classmate Robert Fraser while in
Anchorage. Dr. Fraser has been practicing
for the last 15 years in Alaska, and now con-
siders himself an Alaskan, not a transient
from the "lesser 48," as the contiguous
United States is known in Alaska. Dr. Peters
is on assignment with the Air Force and has
not yet decided if he will remain when his
tour of duty is over.

Although Dr. Peris enjoys traveling and
enjoyed seeing Alaska, it seems clear that
the actual flying and its challenges are what
he enjoys most of all. When sight-seeing is
the goal of a trip, he notes, one can get a
much better view from the altitude in a
light plane than is ever possible in a com-
mercial airliner.

He also finds that light plane travel can
be faster than commercial flights. Light
plane airports are often closer to a city's
downtown than the jetports that accom-
modate large passenger planes, and there
are light plane ports near small cities that
commercial flights avoid or that necessitate
time-consuming transfers. Dr. Peris, an ob-
estetrician/gynecologist and specialist in ge-
etic counseling, usually flies to speaking
engagements and professional meetings for
these reasons.

The physician also feels that flying is the
most relaxing activity he knows of. Those
who need a pitch of bloody maras to en-
dure a Philadelphia to New York flight
might find that hard to believe, but for Dr.
Peris, "there is an almost mystical sense
about being alone with the horizon. Only
another pilot can really understand the ex-
erience, but personal or professional wor-
ries never intrude." The courtesy pilots
show to each other contributes to the relax-
ing atmosphere. "You never encounter the
situations you have when driving a car;
other pilots don't cut you off or shout ob-
scenities at you because your route requires
you to make a left turn." He has also met a
whole different world of people through fly-
ing, people outside the medical/profes-
sional milieu, people of radically opposite
political persuasions with whom he would
never have believed himself compatible.

For those holdouts and remaining doub-
ters, Dr. Peris even states that flying is no
more expensive per year than belonging to
country club and playing golf twice a
week. "And except for double indemnity,
life insurance rates are not affected after
your first year of flying," he adds.

Because he has already flown throughout
the United States and the Caribbean, Dr.
Peris' next goal is to fly to Europe. English
is the universal language of aviation, so his
being unilingual is no obstacle. He and his
wife are already examining maps and charts
to plan the trip, which they hope to make
in 1976 or 1977.

About Dr. Peris' only caveat to would-be
pilots is his observation that aviators with
unconverted mates have a built-in conflict
situation. "It often seems to work out that
either the flying or the spouse eventually is
abandoned." Because the Peris' are both
enthusiastic about their avocation, enjoying
its challenges has brought them even closer
together.

JRM
ogy at the University of Texas and has done research in hypertension at Indiana University. He and his wife have a baby son.

1966

Dr. James J. Benjamin, 9421 Mellenbrook Rd., Columbia, Md., is practicing full-time in a multi-specialty group in Columbia, doing internal medicine and chest diseases. "What a celebration to get those Board certification diplomas! The academic life wasn’t for me, but I enjoy one-half day a week of conferences and clinics at Johns Hopkins. Through all the changes Joan has been great strength and support."

Dr. Donald M. Booth, 157 Pine St., Portland, Me., is in the practice of hand and orthopaedic surgery at the Maine Medical Center in Portland.

Dr. Louis J. Centrella, 6 Tenby Dr., Newark, De., has three children, ages six, six and three. He enjoys teaching third year Jefferson students in his office as part of the family practice rotation.

Dr. I. Paul Chudnow, 8251 W. Broward Blvd., Plantation, Fl., has been elected to Fellowship in the American College of Obstetricians and Gynecologists. He is Chief of Staff at the University Community Hospital in Tamarac.

Dr. Lynn G. Cranmer, 1150 N. Ventura Rd., Oxnard, Ca., recently became Board certified in dermatohistopathology as well as in dermatology.

Dr. Joseph A. C. Girone, 705 Godshall Rd., Telford, Pa., is practicing in a University affiliated group practice of pediatrics in Sellersville. "Joan, Jennifer age seven, Julie age five, are fine."

Dr. Thomas J. Green, 615 W. South St., Carlisle, Pa., is a Diplomate of the American Board of Orthopaedic Surgeons.

Dr. Donald J. Kearney, 1816 W. Point Dr., Cherry Hill, N.J., is in the private practice of medicine in Bayshore, New Jersey. He recently resigned his commission in the U.S. Navy with the rank of commander. A Diplomate of the American Board of Internal Medicine—Cardiovascular Disease, Dr. Kearney was on the faculty at Jefferson during his Naval tour.

Dr. James A. Letson, Jr., 2819 Nottingham West, Saginaw, Mi, is a member of the medical staff at Huron Memorial Hospital in Bad Axe. Dr. Letson is also on the staffs of St. Luke’s Hospital, St. Mary’s Hospital and Saginaw General Hospital.

Dr. Burton Mass, 657 Oak Shade Ave., Elkins Park, Pa., recently visited with the Arthur Schatz and Gary Kushner, (also class of ’66) families in Florida.

1967

Dr. Neil C. Cutler, 5116 Leeward Rd., Cornwells Hts., Pa., is in the private practice of radiology in the Philadelphia area. He has passed his Board exams in radiology. He and his wife, Shelly, have two daughters and are expecting their third child.

Dr. Stephen H. Pinsk, Doctors Memorial Hospital, Welch, W. Va., is Assistant Associate in Laboratory Services at Altoona Hospital. Prior to his appointment there, Dr. Pinsk was affiliated with Doctor’s Memorial Hospital in Welch, West Virginia, where he established a department of pathology. Dr. Pinsk is a member of the American Society of Clinical Pathologists.

Dr. Elliot J. Rayfield, 305 E. 86th St., New York, Assistant Professor of Medicine and Director of Diabetes Research at Mount Sinai School of Medicine, has recently been awarded a Research Career Development Award for five years from the NIH and a Research and Development Award from the American Diabetes Association. He has been invited to speak at the Lawrence and Memorial Hospitals, New London, Connecticut on the topic: "Hypoglycemia as a Clinical Problem"; and at the New Jersey Chapter of the American Diabetes Association on the topic: "Viruses in the Etiology of Diabetes and Pre diabetes.

Dr. Michael D. Strong, 90 Knollwood Dr., Cherry Hill, N.J., has finished his training in cardiothoracic surgery at Temple where he is now an Assistant Professor of Surgery.

Dr. J. David Sabow, 717 Meade St., Rapid City, S.D., is in the private practice of clinical neurology.

Dr. Jonathan Warren, 825 Brodhead St., Easton, Pa., writes that he is alive and well with his wife and three children. He is practicing internal medicine and is Board-certified. "See many Jefferson graduates in the Lehigh Valley."

Dr. Don C. Weiser, 5227 N. Illinois, Indianapolis, In., has been named Director of the Pulmonary Care Service at Methodist Hospital in Indianapolis. He recently completed a Fellowship in pulmonary disease at Indiana University Medical Center.

Dr. Melvyn A. Wolf, 602 Bethlehem Pk., Ambler, Pa., practices ophthalmology at the above address. Dr. Wolf did his ophthalmology residency at George Washington University Hospital in Washington, D.C.

1968

Dr. David A. Berd, 125 Heacock La., Wyncote, Pa., is a research physician for the Institute of Cancer Research in Philadelphia.

Dr. Carl B. Binns, Jr., 6 Carriage Rd., Colonial Vil., Greensburg, Pa., has been appointed to the medical staff at Westmoreland Hospital with privileges in diagnostic radiology. Prior to this appointment Dr. Binns was an Instructor in Radiology at Jefferson.

Dr. Elliot M. Cooperman, 111 N. 49th St., Philadelphia, has been named Associate Director of the Young Adult Program at the Institute of Pennsylvania Hospital. Dr.
Cooperman, a member of the first Penn State accelerated class, has been on the Institute’s attending psychiatric staff since he finished a tour of duty with the Navy last January.

Dr. Raphael J. DeHoratius, 8910 Princess Jeanne, N.E., Albuquerque, N.M., has finished his rheumatology training and has joined the faculty of the University of New Mexico School of Medicine as an Assistant Professor of Rheumatology. He now has two children.

Dr. John D. Frost, 1710 Brink Dr., Anchorage, Ak., announces the birth of his first child, Stacee Lynn, on September 11, 1975.

Dr. Larry V. Hofmann, 2901 Washington, Vicksburg, Mi., writes that he and his wife continue to enjoy their life in Mississippi. They are very much involved with the Children and Youth Program they started there.

Dr. Carl D. Metzger, 401 E. 89th St., New York, recently finished a tour in England with the Air Force, and he is now finishing a Fellowship in child psychiatry at St. Luke’s Hospital. He and his wife have four children.

Dr. Russell J. Stumacher completed an infectious disease Fellowship at the Channing Laboratory of Boston City Hospital in July. He is now Chief of Infectious Disease at Presbyterian-University of Pennsylvania Hospital and Graduate Hospital. Board-certified in infectious disease, Dr. Stumacher is an Associate in Medicine at the University of Pennsylvania.

Dr. Noble L. Thompson, 1621 E. 120th St., Los Angeles, has been appointed Assistant Professor in the Department of Radiology at the King-Drew Medical Center in Los Angeles. Director of the Division of Neuroradiology at the Center, Dr. Thompson is certified by the American Board of Radiology and will hold a joint, concurrent appointment in the UCLA Department of Radiology.

Dr. Leon H. Venier, 618 Edison Rd., Riverview Pk., Pa., is a member of the Department of Physical Medicine and Rehabilitation at St. Joseph’s Hospital in Reading.

1969

Dr. Richard L. Allman, Liberty Square Med. Ctr., Allegheny, Pa., has been named Assistant to the Chief of Medicine at Allentown General Hospital and Ashe Hospital. Dr. Allman, a rheumatologist, is an Assistant Professor at Temple Medical School.

Dr. John F. Frantz, II, 11 Woolridge Pl., Newport News, Va., has joined an ophthalmology group in Newport News.

Dr. Robert M. MacMillan has joined the Richland Clinic in Richland, Washington, as a cardiologist. He came to Richland after two years as staff cardiologist in the Air Force at Andrews AFB in Washington, D.C. He and his wife, Annette, have a son Robert, two.

Dr. Vincent T. Randazzo, 119 Maple Ave., Red Bank, N.J., has joined a group practice of internal medicine. Certified by the American Board of Internal Medicine, he is a member of the American College of Physicians. He and his wife, Phyllis, have a daughter, Paula.

Jefferson News Briefs

- Jefferson signed a formal affiliation agreement with Magee Memorial Hospital in Center City Philadelphia on October 10, 1975. Because both Jefferson and Magee have outstanding facilities for rehabilitation medicine, the affiliation should strengthen both institutions.

- While the Search Committee is locating a suitable replacement for Dr. Robert I. Wise as Chairman of the Department of Medicine, four Acting chairmen have been named, each to serve three-month terms. Dr. Albert N. Brest, Dr. Allan J. Ersliev, Dr. John H. Hodges and Dr. O. Dhodanand Kowlessar, all Professors of Medicine, are the appointees.

- The new Department of Dentistry facility, which now occupies the entire 11th floor of the University’s Health Sciences Center at Ninth and Sansom Streets, is open to the public. Offering the full range of dental services, the center will be an additional setting for clinical education, particularly with an expanded multiple degree dental education program expected to begin in 1977.

- A bound copy of the proceedings of the Sesquicentennial Biomedical Science Symposium is available upon request to the Alumni Office. In addition to the keynote address by Dean of the Harvard Medical School, Robert H. Ebert, M.D., there are papers on “Regulation of Haemoglobin Synthesis” by John Paul, Ph.D., and “Steroid Hormone Regulation of Gene Expression” by Bert W. O’Malley, M.D.

Dr. Benjamin P. Seltzer, 55 Sewall Ave., Brookline, Ma., is certified in neurology by the American Board of Psychiatry and Neurology. He is an Instructor in Neurology at Harvard Medical School and on the staff of Beth Israel Hospital in Boston.

Dr. Jay S. Sklyer, 4231-B America Dr., Durham, N.C., married Denise Lowenstein on August 23, 1975. He has returned from N.I.H. to Duke University as an Assistant Professor of Medicine and of Pediatrics, and Director of the Diabetes and Nutrition Program. He is Chairman of the Committee on Camps and a member of the Coordinating Committee on Juvenile Diabetes of the American Diabetes Association and a consultant member of the Committee on Treatment of the National Commission on Diabetes.

Dr. Robert C. Spahr has been appointed to the Department of Pediatrics at the Geisinger Medical Center in Danville. Dr. Spahr served his surgical residency at Geisinger and did his pediatric training at Walter Reed Hospital.

Dr. Elizabeth S. Webb, 220 Bent Rd., Wyncote, Pa., has been appointed Director of Resident Training in the Child Psychiatry Department of Albert Einstein Medical Center’s Northern Division. Dr. Webb was named one of the “Outstanding Young Women of America” in 1974. She had previously been an Instructor in the Departments of Psychiatry and Pediatrics at Hahnemann Medical College.

1970

Dr. Richard M. Feldman, 122 ArchBold Pl., Westfield, N.J., is Director of Emergency Medical Services at the Monmouth Medical Center in Long Branch, New Jersey. He completed his residency in emergency medicine at the University of Chicago in 1975. Dr. Feldman writes that his wife is beginning a Ph.D. program in environmental psychology at the Graduate Center of City University in Manhattan. They have two children, Scott, six, and Jason, three.

Dr. Robert C. Kane, R.D. #6, Danville, Pa., has joined the staff of Geisinger Medical Center in the Department of Hematology. Dr. Kane served a medical internship and a year residency at H.C. Moffitt, University of California Hospitals. He then served a residency in infectious diseases and epidemiology at the Center for Disease Control in Atlanta, Georgia. This was followed by a Fellowship in hematology and oncology at the National Cancer Institute. Dr. Kane came to Geisinger from Washington, D.C., where he was a staff physician with the V.A. Hospital, a research intern in the NCI and an Assistant Professor of Medicine at George Washington University Medical School.
Dr. James W. Kendig has returned to his hometown area in Western Lancaster County, Pennsylvania and joined Norlanco Medical Associates, a six-man family practice group in Elizabethtown, R.D. #1. He was certified by the American Board of Pediatrics in June, 1975 and is planning to take the family practice boards next year.

Dr. Theodore C. Lo has joined the staff of the Lahey Clinic as an Associate in the Department of Radiotherapy. He served his residency in radiotherapy at the Yale-New Haven Hospital and he is certified by the American Board of Radiology.

Dr. William E. Noller, 101 S. 7th St., Akron, Pa., is in family practice at the above address. He recently returned from a tour of duty in the U.S. Navy stationed in Iceland.

1971

Dr. Floyd M. Casaday III, 1325 Indian Springs Rd., Indiana, Pa., has been appointed to the Indiana Hospital Medical Staff in Clearfield, Pennsylvania. Dr. Casady, who was recently discharged from the Army with the rank of major, is married to the former Jean Mennard of South Hadley, Massachusetts.

Dr. James R. Dooley, 1540 Oak Creek Dr., #307, Palo Alto, Calif., finished two years in the Navy at New London, Connecticut in June, 1975. He and his wife, Gayle, moved to California in July where he began residency in anesthesiology at Stanford.

Dr. Mark A. Posner, 12700 Viers Mill Rd., Rockville, Md., is Board-certified in anesthesiology as is Norman Wilson '71. "We have five Jeff grads in the Anesthesia Department at the Naval Hospital in Bethesda: James Klick '70, Bob McKay and Steve Naulty '72, and the above two."

Dr. Jeffrey F. Rubin, 102 Harvest Ct., Bala Cynwyd, Pa., is completing his residency training in orthopaedic surgery at the New York Orthopaedic-Columbia Presbyterian Medical Center in New York. He looks forward to returning to the Philadelphia area to practice in July.

Dr. Arthur M. Segal is staff psychiatrist at Scranton Mental Health-Mental Retardation Center. He had served his residency at the Eastern Pennsylvania Psychiatric Institute in Philadelphia.

Dr. Floyd F. Spechler, 137 Cooper Ave., Cherry Hill, N.J., spent four years in the Army and is now an ophthalmology resident at Jefferson.

1972

Dr. Gary W. Berger has opened an office for family practice in Hughesville, Pennsylvania. He recently joined the medical staff of Muncy Valley Hospital. Dr. Berger, who completed a tour of duty in the Air Force, and his wife have one daughter.

Dr. Anthony F. DeNoia, 20 Avenue at the Common, Shrewsbury, N.J., has opened an office for the practice of internal medicine in partnership. He and his wife, Marianne, have a one-year-old son, Christopher.

Dr. Richard F. Garnet, Jr., 275 Bryn Mawr Ave., Apt K-20, Bryn Mawr, Pa., is taking two years of a clinical pathology residency at the University of Pennsylvania after having completed two years of anatomic pathology at Yale. He and his wife, Beverly, have a son, Jonathan.

Dr. Lawrence J. Howard, 802 Jefferson Ave., Scranton, Pa., is a family physician at the above address, joining five other physicians. He and his wife, Patricia have one son, Michael.


Dr. John P. Rodzvilla has joined the staff of Riddle Memorial Hospital, Media, Pennsylvania, in the Division of Pediatrics. Dr. Rodzvilla served his residency at Mercy Catholic Medical Center.

Dr. Fredric R. Weiner, 1001 S. George St., York, Pa., has begun family practice in the York, Pennsylvania area. He had served his internship and family practice residency at York Hospital. He and his wife, Nancy, have a son, Harry, two.

1973

Dr. Peter R. Hulick, Wilmington Medical Center, Wilmington, Del., announces the birth of his first child, Peter J. Hulick, born September 30, 1975. The child's mother, Mary, graduated from Jefferson's nursing school in 1972; his grandfather, Peter V. Hulick (deceased), graduated from Jefferson Medical College in 1936.

Dr. Cyril M.J. Puhalla, a psychiatry resident at Jefferson, recently published a paper on the treatment of tricyclic antidepressant overdose. Dr. Puhalla will complete his residency in June and will pursue a career in academic medicine.

1974

Dr. Edward F. Drass is a family medicine resident at Geisinger Medical Center in Danville.

Dr. Gary L. Shugar, 728 Birch St., Reading, Pa. is enrolled in the Naval Flight Surgeon Program at the Naval Aerospace Medical Institute, Pensacola, Florida.

Dr. Jay R. Trabin, 2207 Prior Rd., Wilmington, Del., and his wife announce the birth of a daughter, Danielle Lisa, on August 7, 1975.

1975

Dr. Kent B. England, a resident at McKeesport General Hospital in Pennsylvania, married Miss Cynthia Heuston on June 14, 1975.

Dr. Steven J. Glinka is a resident in family practice at the Latrobe Area Hospital near Pittsburgh.

Dr. Richard D. Gordon, an intern at George Washington University Hospital in Washington, was married in October to Judith S. Glazer.

Dr. Steven L. Horowitz is a surgical resident at Hahnemann Medical Center.

Dr. John M. McGowan is a family medicine resident at Hunterdon Medical Center in New Jersey. Dr. McGowan was recently married.

Dr. Joan W. Simpson, a resident in obstetrics and gynecology at Jefferson, was cited by Ladies' Home Journal magazine as one of its "Women of the Month," in their September, 1975 issue.

Dr. Stephen C. Townsend, TJU Hospital, Philadelphia, married Miss Susie Echekamp last May.

Graduate School

Dr. Karl L. Gabriel has been promoted to Professor of Pharmacology at the Medical College of Pennsylvania. Before joining MCP he was Director of Research and Vice-President of AME Associates in Princeton, New Jersey. Dr. Gabriel also has his D.V.M. from the University of Pennsylvania School of Veterinary Medicine.
Obituary

James C. Magee, 1905
Died October 15, 1975 at the age of 92. Dr. Magee, who was commissioned into the army in 1905, attained the rank of Major General and served as Executive Officer of Walter Reed Hospital from 1935 to 1939. As Surgeon General his corps of physicians increased from 1200 to 30,000 during the war years. Among his numerous honors were the Distinguished Service Medal and an honorary degree from Jefferson Medical College. Two sons, Mervyn, and James, survive him.

Arthur S. Bugbee, 1908
Died October 7, 1975. He is survived by his widow, Jeannette.

Erwin D. Funk, 1911
Died October 21, 1975 at the age of 91. Dr. Funk, a pathologist, had been Medical Director of the Reading Hospital until his retirement in 1951. Two daughters survive him.

Walter P. Hardee, 1912
Died August 28, 1975. The Durham, North Carolina resident was an ophthalmologist.

Ambrose E. Edgerton, 1914
Died October 15, 1975 at the age of 86. The former Chief of the Ophthalmology Departments of French Hospital and St. Lukes’s Hospital in San Francisco, Dr. Edgerton also held an M.A. and a Ph.D. in science from the University of Pennsylvania. He is survived by his wife, Alice, and a daughter.

Ruric N. Smith, 1915
Died October 23, 1975 at the age of 88. He had been a resident of Tulsa, Oklahoma, since 1920 doing eye, ear, nose and throat work until his retirement in 1964. Dr. Smith was a Fellow of the American College of Surgeons and the American Academy of Ophthalmology and Otolaryngology. He is survived by his widow, Helen.

Charles L. Fackler, 1916
Died October 17, 1975 at the age of 81. Dr. Fackler, who completed 50 years in medical practice in 1966, had been on the surgical staff at York Hospital from 1927 to 1955. He was one of the few civilian doctors to serve in both World Wars as a medical officer in the Navy. Dr. Fackler was a Diplomate of the American Board of Ophthalmology and Otolaryngology. He is survived by his widow, Aline.

Andrew J. Griest, 1916
Died November 11, 1975. The retired physician lived in Harrisburg.

Ernest J. Nitschke, 1916
Died February 21, 1975 at the age of 90. The Philadelphia urologist was certified by the American Board of Urology.

Sidney Rosenblatt, 1918
Died September 16, 1975 at the age of 82. He was a resort physician for 54 years and on the staff of Atlantic City Hospital and the Clyde Fish Memorial Hospital. He was a member of the American College of Physicians. Dr. Rosenblatt is survived by his wife, Sadie, a daughter and two physician sons.

James J. Flannery, 1920
Died October 4, 1975 at the age of 79. Dr. Flannery, a family practitioner in Ashland, Pennsylvania, had served there for 55 years before retiring in 1973. Surviving are his widow, Ann, and two sons.

W. Earl Wallace, 1920
Died August 8, 1975 at his home in Whittier, California. Dr. Wallace was a practicing otolaryngologist there.

Gerald W. LeVan, 1921
Died September 10, 1975. The psychiatrist lived in Boonsboro, Maryland.

Michael Penta, 1922
Died October 28, 1975. The ophthalmologist lived in Reading, Pennsylvania.

Walter V. Costner, 1924
Died October 16, 1975. Dr. Costner, who was a family practitioner in Lincolnton, North Carolina, is survived by his widow, Margaret.

George C. Griffith, 1926
Died October 26, 1975 at the age of 77. An Emeritus Professor of Medicine at the University of Southern California School of Medicine, he was an internationally recognized cardiologist. Among his many honors are the Distinguished Teaching Award of the American College of Physicians, the Gifted Teacher Award of the American College of Cardiology, the Distinguished Achievement Award of the Los Angeles County Heart Association which also established a Lectureship in his name and the Gold Heart Award of the American Heart Association. Dr. Griffith served as President of the American College of Cardiology, the American Therapeutic Society and the Los Angeles and California Heart Associations. He was given an Honorary Degree in 1961 from the University of Southern California and another in 1970 from his undergraduate alma mater, Juniata College. His medical alma mater honored him with the Alumni Achievement Award, the Association’s highest award, in 1969, and he was to receive an honorary degree this June at the time of his 50th reunion. Dr. Griffith and his surviving wife, Lee, had hosted several dinners for area alumni in recent years. Also surviving are three sons, George, Paul and Michael.

Richard M. Smith, 1926
Died May 6, 1975 at the age of 77. Dr. Smith, an internist who resided in Dallas, Texas, was Chief of Staff and President of Dallas Medical and Surgical Clinic Hospital. He had served on the faculties of Baylor University College of Medicine and the University of Texas Southwestern Medical School. In 1965 he was awarded the Distinguished Alumnus Award of SMU. He is survived by his wife, Lucile, and three daughters.

Jacob Warren, 1928
Died September 27, 1975. Dr. Warren was an obstetrician who resided in Paterson, New Jersey.
Francis A. Aaron, 1929  
Died June 28, 1975 at the age of 72. An internist, Dr. Aaron resided in Pittsburgh, Pennsylvania. He is survived by a wife and son.

Robert S. Baylor, Jr., 1929  
Died September 1, 1975. Dr. Baylor practiced general medicine in Waynesboro, Pennsylvania for 42 years. He is survived by his wife, Martha, four sons and three daughters.

James R. Rampond, 1929  
Died March 25, 1975 at the age of 73. Dr. Rampond was a dermatologist residing in East Orange, New Jersey.

Joseph A. Cammarata, 1930  
Died September 20, 1975 at the age of 73. Dr. Cammarata, a psychiatrist, had worked in the state hospital system in Pennsylvania for 34 years before retiring in 1966. He was the Superintendent of the State Mental Hospital at Dixmont for 20 years. Surviving are his wife, Katherine, a son, a daughter and two stepdaughters.

Alfred A. Kent, Jr., 1931  
Died November 7, 1975. Dr. Kent was a general practitioner in Granite Falls, North Carolina for 37 years. He was a charter member of the town’s Health Department and a member of many local and national medical societies. Since his retirement he had devoted much of his time to caring for the more than 500 species of orchids he had acquired, as well as writing a family history. Dr. Kent, who had been living in Florida since his retirement, is survived by his wife, Lena, and four daughters.

Howard C. Leopold, 1932  
Died November 13, 1975 at the age of 66. Dr. Leopold had been on the Jefferson staff since 1936. An allergist, he was an Assistant Professor of Clinical Medicine and had been an Associate in Medicine and a Division Chief in the Allergy Department. He was a past President of the Philadelphia Allergy Society and member of many local and national organizations. He is survived by his wife, Erma, two sons and a daughter.

Natale A. Sabatino, 1933  
Died August 10, 1975. Dr. Sabatino had been Consultant Surgeon to the New York Stock Exchange and had conducted a private general practice as well. Dr. Sabatino was a resident of Brooklyn, New York.

Morris H. Kreeger, 1935  
Died November 3, 1975. Dr. Kreeger did post-graduate work at the University of Pennsylvania in internal medicine. He was Director of Michael Reese Hospital and had been a lecturer at Northwestern University’s College of Hospital Administration. He was a member of the Thomas Jefferson University Founders Fund. Surviving are his widow, Renee, a son Charles, and two daughters, Lora and Anne.

Sidney H. Gehl, 1938  
Died June 6, 1975. Dr. Gehl did graduate work in endocrinology at New York Medical College and had a practice in that specialty. He was associated with Beth Israel Hospital in Newark.

James W. Webster, 1944S  
Died September 24, 1975 at the age of 66. The Provo, Utah obstetrician delivered more than 8,000 babies in his career. Dr. Webster was County Agent in Oneida County and active in church and civic organizations. Surviving are his widow, Marie, two daughters and one son, Dr. James W. Webster ’61. He served as Vice-President for the State of Utah for Jefferson’s Alumni Association.

Charles W. Potter, 1944S  
Died September 10, 1975 at the age of 55. In addition to his medical practice he was Medical Director of the Carbon County Home for the Aged and the Weatherly Area School District and a member and medical advisor of the Weatherly Borough Board of Health. He had been President of the School Board and the Little League and was noted for his civic contributions. Dr. Potter is survived by five children, including his son, Jeffrey, a student at Jefferson.
Bicentennial Calendar

Highlights: February to July

February 26
Annual Meeting of the Alumni Association JMC, Bicentennial Theme

February 25 to 27
Modern Therapeutics, Jefferson Medical College

March 12
Parents' Day for Sophomore Students

March 15
Opening of Bicentennial Exhibition Penn Mutual Towers, Jefferson participating with other Universities

April 6
Reception in conjunction with the American College of Physicians, Jefferson Alumni Hall

April 9 to 23
Postgraduate Seminar to Holland, Germany, Belgium

April 11
Opening of Bicentennial Art Exhibit, Philadelphia Museum of Art

April 13
Thomas Jefferson's Birthday Ceremonial Event

April 22
Reopening of Pennsylvania Academy of Fine Arts with Bicentennial Exhibit

April 24
Alumni Association's Celebration of Thomas Jefferson's Birthday: Dinner Dance, the Franklin Institute

May 10
Reception during meetings of the American College of Obstetricians and Gynecologists, Dallas

May 11
Reception during the meetings of the American Psychiatric Association, Miami Beach

May 19
Reception during the meetings of the American Urological Association, Las Vegas

May 31
Memorial Day Ceremonies U.S.S. Olympia and City-wide

June 9
Reunion Clinics, Dean's Luncheon Class Parties

June 10
Alumni Banquet, Bellevue Stratford Hotel

June 11
Commencement, Academy of Music

June 12
Reunions Classes of 1966 and 1971, Jefferson Alumni Hall

June 20
Rudolph Nureyev at the Opening of the New Robin Hood Dell

July 4
Freedom Week Celebrations
Bicentennial Bicentennial Bicentennial Bicentennial Bicentennial Bicentennial Bicentennial Bicentennial Bicentennial Bicentennial

200 Years

Equality

Life

Pursuit of Happiness