PROFILE OF A PRESIDENT
A NEW RECORD

This year 3283 alumni gave a record high of $466,623 to Jefferson Medical College during the 29th Annual Giving Program. This initial report also shows that percentage of participation was up to 45.5%, an increase of 1.3%; the average gift rose to $142.13, an increase of $11.06; the number of new gifts increased by 167 to 710 and the total number of contributors increased 136.

Very special recognition must go to the class of 1952 celebrating its 25th Reunion. Under the leadership of James E. Clark, 101 members gave a Jefferson class record of $33,700 with participation standing at 67.3%.

My warmest thanks to each of you who elected to support your College during the campaign which just ended.

Next year our long established and much sought goal of $500,000 must be in reach.

J. Wallace Davis, M.D.
Chairman
Profile of a President
Emphasizing a commitment to academic excellence, Dr. Lewis W. Bluemle begins his third presidency.

The "Wise Infidelity" of Vesalius and Paré
TJU's Library now has original copies of two works that changed the practice of medicine. Librarian John Timour gives details.

At First, Only John Gibbon Believed in the Heart-Lung Machine
By Mrs. John H. Gibbon, Jr. for the Class of 1927

Modernizing Eskimo Health Care
By C. Earl Albrecht for the Class of 1932

Family Practice Relates to People's Needs
By Bernard B. Zamostien for the Class of 1937

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PROFILE OF A PRESIDENT

Emphasizing a Commitment to Academic Excellence,
Dr. Lewis W. Bluemle Begins His Third Presidency

by Joy Roff Mara

In the late 1960s when Lewis W. Bluemle, Jr., was President of the Upstate Medical Center, State University of New York, one of his less cerebral problems was, quite literally, putting the Medical Center on the map. He contacted various U.S. map-making companies with his request and seemed to have met with uniformly good response. However, some time later when he was inspecting the revised maps Dr. Bluemle found that one cartographer had anticipated his career progress by about ten years: over the Upstate Center's proper location were the words “Jefferson Medical College.”

With the May 1 appointment of Dr. Bluemle to Jefferson's Presidency, the Board of Trustees and the Search Committee anticipated their own deadline for presidential selection by two months, influenced presumably by Dr. Bluemle's presidential experience at two academic medical institutions, and his distinguished background in clinical medicine, research and teaching. His medical career has included internationally known research and design work on artificial kidneys and 17 years as Chief of the University of Pennsylvania's Hospital Dialysis Unit, which he himself started. He won a Lindback Award for distinguished teaching as an Associate Professor of Medicine at Penn, and had administrative experience as Director of the Clinical Research Center and Associate Dean of the School of Medicine there prior to his presidencies at S.U.N.Y. Upstate and, most recently, at the University of Oregon Health Sciences Center.

Members of Jefferson's Board of Trustees and Search Committee have, not surprisingly, expressed satisfaction with their choice. The less predictable, non-official opinion circulating around the University seems equally positive, and in Dr. Bluemle's meetings with executive faculty and staff prior to his expected August 1 starting date he gained a reputation as an articulate, low key, highly competent individual, as impressive in person as on paper.

That first impression is very like the consensus of opinion Bluemle's colleagues at the University of Oregon Health Sciences Center (UOHSC) formed about him during the three years in which he was President of that institution. Perhaps, in fact, the only descriptive offered more frequently than “competent” or “articulate” by Dr. Bluemle's associates on Portland's panoramic Marquam Hill campus was “open.” That openness was as relevant as it was almost revolutionary to the newly consolidated Health Sciences Center whose Presidency Dr. Bluemle assumed in 1974.

On a wall in the President's Oregon office hung a picture of a slightly raffish looking man walking a tightrope and reaching for the moon. The rope is stretched taut between the domes of what appear to be bastions of officialdom and the crescent moon is ambiguously just within—or just out of—the tightrope walker's reach. In any number of ways that picture would probably have significance for any president of any institution. It seemed particularly appropriate to Dr. Bluemle's situation at the UOHSC, because the focus of his presidency there was making functional the official integration of separate schools and hospitals that shared the same campus into a modern health sciences center.

The inherent difficulty of this situation was compounded by the multi-layered decision-making process associated with Oregon state schools, necessarily including the State Legislature or its Emergency Board, the Chancellor of Higher Education (the paid administrator) and the Board of Higher Education (lay appointees). Funding for a major piece of equipment may require, just as one example, the approval of as many as ten separate bodies, sometimes in prescribed sequence. In addition to this astounding “system,” the Center's former Budget Director, whom Dr. Bluemle later promoted to Vice-President for Administration and Finance, Robert A. Peterson reports that financial management methods prior to Dr. Bluemle's arrival were antiquated,
more closely resembling those of a large family with a benevolent patriarch than the sound business principles of a modern health center. "The budget had traditionally been loosely construed and included massive reserves withheld to bail out departments who ran out of funds mid-year. When we began under Dr. Bluemle fully budgeting all funds and requiring everyone to live within his departmental means we seriously considered publishing the good fairy's obituary in the campus newsletter."

The new Center and its first President were also faced with two campus hospitals, an older county-run unit and a modern Medical School hospital that was accountable to the state government. The need to combine the two teaching facilities into one University Hospital was obvious. The optimum way to manoeuvre through and around the various levels of bureaucracy was not.

The complexities of instituting modern management and fiscal systems and of consolidating the two hospitals cannot, of course, be examined at length here. The problems involved in the situation, however, were in no way restricted to the esoteric headaches of the Center's management professionals. It had ramifications for every aspect of the institution, one of the most dramatic of which was the Hospital's threatened loss of accreditation in the early days of Dr. Bluemle's tenure. "Our immediate and long-range goal," Dr. Bluemle says, "was to achieve order and accountability in management, fiscal stability, good patient records and with these continued hospital accreditation. Jefferson, of course, already has sophisticated, effective financial management. But at Oregon we had to develop management systems de novo, using models like U.C.L.A. and the University of North Carolina, and recruit or promote administrators who could make these systems work. Few people except our auditors can appreciate the magnitude of the job."

Dr. Bluemle's success in managing the transition is seen by associates at the UOHSC as his greatest accomplishment. The Health Sciences Center is now an integrated institution modelled on the

President's Office: Dr. Bluemle (right) with Interim President George M. Norwood.
pattern of Jefferson and the 80-odd other academic health centers in this country, i.e., fiscal management and business functions have been central-ized, but academic matters remain the province of each individual professional school. It has a united accredited 500-bed University Hospital used in teaching 461 medical students, 316 dentistry students, and 563 baccalaureate nursing students as well as post-graduate trainees in these disciplines and diverse allied health personnel. The Center has 4000 employees and comprises a Crippled Children's Center and Primate Research Center in addition to its other hospital and academic components.

As witness Jefferson's own recent conversion to University status, no such transition is without its traumas. And while a talent for business management is an obvious prerequisite for instrumenting a successful assumption of true health sciences center status, many more subtle skills were of equal importance. Dr. Bluemle himself mentions first the contributions his appointees have made to consolidating and strengthening the Center. In addition to Mr. Peterson and Vice-President for Hospital Affairs Dr. Donald Kassebaum on the administrative side, Dr. Bluemle is especially pleased with his academic appointments, the Dean of the School of Medicine, former NIH Director Robert Stone, and the new School of Nursing Dean Dr. Carol Lindeman, a highly respected nursing educator and researcher.

With a successful faculty recruitment record one of the highest priorities set by Jefferson's Search Committee, Dr. Lindeman's spontaneous comment that President Bluemle had strongly influenced her decision to accept the Oregon post seems relevant. "He was open and honest and treated me as an equal. And he was not in the least defensive about the problems at UOHS, very willing to answer all the questions I had. Personally I think Dr. Bluemle has a good idea of where nurses fit into the educational system, our faculty likes and respects him, and if we are not literally at parity with Medicine and Dentistry yet, it is not because he has not been committed to the idea."

The necessity of parity for all programs on a campus where the Medical School had previously dominated both academically and procedurally was not without its difficulties for Oregon's President. Characteristically Bluemle credits Dr. Lindeman for her substantive contributions to the stature of the Nursing School. "She's done a masterful job. In ten months she has given us a complete picture of nursing in Oregon. More than that, she's devised a comprehensive, long-range plan for nursing education in the state, utilizing this school and extension campuses in the rural eastern part of Oregon. Of almost equal importance she has built bridges to the community and shown the kind of real leadership I love to see."

As no one at a recently consolidated institution can fail to appreciate, however, substantive academic concerns are only one aspect of the problem. Dealing with the more subjective arenas of self-interest and traditional power patterns requires both commitment and discretion. With the institution of a medical practice plan for the full time faculty, for instance, Dr. Bluemle was faced with a threatened walk-out by the entire Anesthesiology Department and thus the possibility of being unable to have any surgery performed in University Hospital. Bluemle was, in the words of one observer, "not in the least intimidated. He made the same statement to that particular faction as he did in discouraging the Nursing School from competing for outside grant moneys with Medicine and Dentistry. 'All of us have to keep in mind the entire Health Sciences Center in all our actions if we're going to make it work.'" Dean Lindeman adds that while there were a number of areas in which the Schools of Nursing and Medicine were in substantive or subjective discord, the dissension was minimized by Bluemle's adept and perceptive management. "He was always supportive in constructive ways and avoided forcing a confrontation."

A skill that was absolutely essential to managing a state-run school, and one that is becoming more necessary for the "private" sector as well is a familiarity with politics. Bluemle's casual conversation reveals a fund of practical grass roots savvy that made subsequent accolades for his sensitivity in dealing with both state and Federal governments no surprise. His first job according to Robert Peterson, was to establish credibility with the State Legislature, something that had been entirely lacking in the past. "We had first to revise the fundamental attitude about the budget process. The style had been to underestimate hospital revenues grossly in our budget requests and then spend the excess. This was not a sound business practice, and it was certainly not the basis for a good relationship with the Legislature."

Donald Kassebaum explains that one of the ways Dr. Bluemle overcame the Legislature's built-in prejudice in dealing with the Health Sciences Center was by involving legislators in the problem-solving process. "He initially met with individual representatives, assisted and encouraged a task force reviewing the governance of the Hospital to streamline the bureaucratic procedures as much as possible. One particular instance, our attempt to change the Hospital's accounting system (under which, for example, the Hospital failed to collect five million of recoverable costs yearly), required real political savoir faire to accomplish."

"When we went before the Emergency Board they were not interested in talking about our accounting problems: health manpower shortages in their rural constituencies was a greater priority to them at that moment. Instead of giving up on the accounting system, we went back and developed a program for satellite family practice training, studied ways that small communities might recruit and retain health practitioners. They were good, useful programs, and we got our accounting change." Another concrete sign of improved legislative relations is the increase in financial resources made available through the state budget, including a more than doubled Hospital appropriation.

Political involvement on the Federal level came with the announcement that a $154 million replacement V.A. Hospital was to be built in Portland. The old V.A. is also located on Marquam Hill and is the only full teaching affiliate of
the HSC. Some local political forces favored putting the new facilities in a distant section of the city, but Dr. Bluemle and many of those concerned with efficient health education hoped the Hospital would retain its present locale.

Former U.S. Congresswoman Edith Green, a member of the UOHSC Advisory Council, notes that Bluemle's skill in dealing with the local Representative (in whose district the Hospital will be constructed) was much in evidence. "Dr. Bluemle has shown a great deal of tact, wisdom and know-how throughout the negotiations," says Mrs. Green.

"Testimony before the House Appropriations Committee was especially well-handled."

Because of the many political factors involved, the V.A. Hospital negotiations have been drawn out to the point where many say the only certainty will come when ground has been broken. Indications are good, however, that the Marquam Hill site will be the eventual choice.

The Legislature was not the only group with which the Center needed to improve its relationship. While the institution was in general respected by the Portland community, its figurative and sometimes literal isolation gave rise to a less than desirable nickname, "Pill Hill."

Good community relations are, of course, important for a variety of reasons, not the least of which in Oregon's case was a need to expand its patient base for financial and educational purposes from its traditional indigent majority.

Dr. Bluemle set out to improve the so-called town-gown interactions himself by joining local organizations and urging the faculty to do the same. His own résumé includes membership in the Rotary and Arlington Clubs of Portland as well as a Trusteeship of the local County Medical Society and membership in the House of Delegates of the State Medical Society. He also developed the Portland Council of Teaching Hospitals to allow local hospitals, where Center students may take certain rotations, some input into the planning process. These hospitals are not affiliate institutions in the Jefferson sense, and such outreach from Marquam Hill was far from expected. "I never believed it

"I like the idea of getting back to an urban health sciences center with all its social problems."
"I am not going to sit at my desk for 16 hours a day doing paperwork."

would happen," commented one Hospital Chief of Staff at the Council's first meeting.

Relations with the Portland press were also improved during Bluemle's tenure, probably in great measure because the press found they could trust him. Mary Ann Lockwood, Assistant to the President for University Relations, says his willingness to answer all questions made her job a much easier one, and notes that his openness was more than response-oriented. "When the Hospital was threatened with losing its accreditation, for example, he went to the press with the story before they came to us. He was able to give them the correct facts from the outset and explain the reasons for the decision before rumors or distortions became news."

It is significant, too, that the Center's 15-person Advisory Council, drawn from many sectors of the state, was Dr. Bluemle's own idea, and was in fact a condition of his accepting the Oregon Presidency. "We had been seen as too self-contained and the Council has given us an opportunity for greater accountability. We can examine our faults without guilt and act on our findings."

Advisory Council member Edith Green emphasizes that while the body may have been Bluemle's creation, it is not his rubber stamp. "There is a true give-and-take at our sessions. Everyone on the Council has many demands on his or her schedule, and I myself have resigned from several similar bodies when it was clear they were of only cosmetic importance. I think it is to Dr. Bluemle's credit that not one member of the advisory group has resigned during his tenure."

Dr. Bluemle's commitment to accountability and credibility at Oregon extended to his internal relations as well. He and Mary Ann Lockwood established an internal newsletter, FYI, for key personnel to inform those affected of decisions before the news became public. He began weekly executive staff meetings and monthly administrative staff meetings that were useful in themselves and in the greater efforts made to communicate at all levels that Bluemle's own concern fostered. Ms. Lockwood says he was actively involved in the HSC's first internal communications study which in part resulted in expansion of the weekly "Campusgram" to inform all employees about legislation or Board of Higher Education activities etc. that could affect the Center. Several newsletters for more particular audiences began, as did an institutionalized program to receive employee questions and suggestions. Dr. Louis Perry, President of the Oregon Board of Higher Education, notes that in keeping with his openness Dr. Bluemle took care to let him know in advance of his possible Jefferson move. "In my opinion it is characteristic of Dr. Bluemle to inform anyone who will be affected by a decision before any official action is taken. We all recognize that the opportunity at Jefferson was one he couldn't turn down; and while we're not looking forward to another presidential search, we're better equipped to begin because we had been alerted to its possibility."

Dr. Perry also characterized Dr. Bluemle as a man willing to compromise if he is persuaded by the logic of an argument. This has, among other things, made him trusted in union-management disputes at the UOHSC. Faced with a threatened strike by classified (state civil service) employees, Bluemle studied the demands and found that salaries were substantially lower at all Oregon campuses than at similar institutions. Because he believed their need was legitimate, he supported a 23% salary increment over a two-year period.

On a day-to-day basis Dr. Bluemle is cited for his literal open-door policy. This was more significant at UOHSC than it would be at Jefferson, because in the physical arrangement of the execu-
Dr. Bluemle started the first dialysis unit, but Dr. Bluemle insists that he's not one of those administrators who regret leaving the lab or direct patient care behind. "I find my administrative work every bit as stimulating, although I am still asked to speak on my research from time to time," Dr. Bluemle reports. "In the fall, for instance, I've been invited to give a paper in Rouen, France, based on work I published in 1970 on drug induced kidney disease, but I certainly don't pursue my clinical interests the way I once did."

And that, according to Dr. James E. Clark '52, was with great enthusiasm and professionalism. The man who formally nominated Dr. Bluemle for Jefferson's Presidency, Dr. Clark is a nephrologist, a former Associate Professor of Medicine at Jefferson and present Professor of Medicine at Hahnemann Medical College who collaborated with him for many years on the artificial kidney. The two first met in the late 1950s when Bluemle was the only one in Philadelphia working with the artificial kidney. "Dr. Bluemle started the first dialysis service at Penn in a small room with one or two kidneys. His work was widely published, and was very instrumental in setting up Jefferson's first dialysis unit, which he helped me do in the early '60s. We have since travelled and worked together extensively, and I have personal experience of the rare mix of talents as a clinician, researcher and administrator that Bill brings to Jefferson."

At Penn, Dr. Bluemle was in what was called the chemical section, under the later editor of the Annals of Internal Medicine, Dr. Russell Elkinton. This translated to work in fluid and electrolyte metabolism, collaborative studies on diuretics and the changes in body composition in different disease states. For Dr. Bluemle, it also, of course, meant designing and modifying early artificial kidneys, which he did with the help of a chemical engineer, Professor Edward Leonard, then of Penn's School of Chemical Engineering.

"We worked on what was called the 'mass transport' problem in dialysis, the basic physical and chemical factors which influence the effectiveness of an artificial kidney in removing waste products from the blood. This was virgin territory and the work was fun. We adapted the principle of heat exchange to mass exchange because they follow the same physical laws. It seemed very sophisticated to us at the time, but was actually rather elementary."

Dr. Bluemle, or more properly the University of Pennsylvania, still holds a number of patents for his various innovations, one of which was sold as recently as last year to a manufacturer of artificial kidneys. He was also very active in the affairs of the American Society for Artificial Organs, having been a charter member, Secretary-Treasurer and President of the organization.

As Dr. Bluemle became more involved with clinical research he started and ran a small departmental clinical research center at Penn before any federal support was available. When a federal grant was secured by the University, he was asked to set up and administer the Clinical Research Center for the entire Medical School. "With these management responsibilities and then the Associate Deanship at Penn I became more and more attracted to administration. There was such a clear opportunity to help improve management systems and processes. When I took the Presidency at S.U.N.Y. Upstate the other options I had were a deanship and a chairmanship of a department of medicine. Any choice I made would have reflected my commitment to administration."

In his first Presidency, as at Oregon, Dr. Bluemle was involved in a transition period. One of his primary accomplishments there was establishing a separate College of Health Related Professions which previously had not been an organized unit. In addition to participating in a relatively ambitious building program which resulted in new basic science facilities, Dr. Bluemle was active in recruiting a new Dean for the School of Medicine and eight new department chairmen. "The morale of the faculty was rather low when I arrived because the school had had such diffi-
Dr. Bluemle is naturally most concerned to learn all he can about the institution. In great measure this means, for him, meeting people, both individually and in groups in a continuous way. These include the Trustees and faculty in addition to the administration, and he plans faculty conferences both at Jefferson and at the affiliate hospitals much like the open exchanges used at Oregon.

"I realize sessions like these have to be paced, because day-to-day business intervenes. It took me a year and a half to review all the departments at the UOHS. But I am not going to sit at my desk for 16 hours a day doing paper work. I intend to represent Jefferson, as I did Oregon, at national functions, professional meetings and before the legislature in addition to my on-campus functions.

"I'll also be active in fund-raising. Jefferson has a tremendous record in this area but I think we can broaden the base. While I am not going to serve as second Vice-President for Development, I think I can help tell Jefferson's story. Fund-raising to me is very much like getting an appropriation from a state legislature. It is a matter of explaining candidly Jefferson's very worthwhile activities in a persuasive and systematic way."

Dr. Bluemle expects to concentrate many of his initial efforts on achieving greater and more consistent academic excellence at TJU. "Each age has its focal points and its orientations in measuring excellence. There is no need for us to be bound by past assessments or by the standards set by other institutions. At a medical university academic excellence relates ultimately to the health care of our people, which need not be sacrificed for the sake of improved quality in biomedical research. We need to balance the two. At Jefferson the balance probably calls for more attention to research, which is an intellectually rejuvenating activity of the faculty and a necessity for a healthy academic environment.

"But it also calls for rewarding the less dramatic activity of the faculty, its core objective, teaching. We have to assess how well we're teaching, not just what we're teaching. Analytic studies of the curriculum and educational methods like Associate Dean Joseph Gonzella's longitudinal study can encourage defining and redefining the educational goals of each department. This process alone can improve teaching."
To Dr. Bluemle the search committee is something of a bottom line in the achievement of academic excellence. The department chairmen these committees recommend set the pace for excellence, he says, and committee deliberations are as important in determining the future of the institution as any other single factor. He feels it is vital first to appoint the most capable faculty members with the highest personal standards to our search committees and then to be prepared to go through a long search process not motivated by expediency.

"It is necessary," Bluemle adds, "to be committed to finding the most talented men and women for our positions. Talent above any other consideration has to be our criterion. We had a man at Oregon, whom we later lost to Johns Hopkins, who was one of the most dynamic, inspiring, well-informed chairmen I've ever seen. He was also candid, sometimes abrasive, and he let the chips fall where they might when he dealt with the established power structure. I'm not advocating populating the entire institution with prima donnas. But I do have a fairly high tolerance of people perceived as threats to the status quo if their credentials warrant it."

Another necessary prerequisite for academic excellence, according to Dr. Bluemle, is excellence in governance. By this he does not mean strictly capable administration and viable management systems. "I'm talking additionally about the mechanisms by which we define our goals and determine our priorities. This process must be as important and its standards must be as high as the teaching, research, and patient care aspects of a university's program."

Dr. Bluemle regards the existence of a full time and volunteer faculty at Jefferson as a distinct asset, and notes that many schools are now returning to the "healthy mix" of the Jefferson pattern after having departed from it in the 1950s. The concern expressed in this regard by the 1975 LCME accreditation report does not seem particularly valid to Dr. Bluemle. He does share the LCME's view that teaching at Jefferson's affiliate hospitals is not sufficiently standardized but he feels a steady investment of effort in the area can yield good results. As Associate Dean at Penn their affiliate programs were one of his responsibilities, and he has a strong belief that a new president committed to first class affiliate partners can help remedy the situation. He intends to meet personally with each affiliate, preferably with the participation of the medical school dean and department chairmen. Characteristically, he envisions subsequent shorter visits on a regular basis. "Affiliate partners can be nurtured," he says, "without turning them into carbon copies of the University Hospital."

The students are an important concern of the new President, and indications are that his credibility and popularity increased with the Oregon students in proportion to the amount of personal contact they had with Dr. Bluemle. Although the frequency of that contact was not as great as Dr. Bluemle himself would have preferred in his busy and relatively short tenure at the UOHSC, he showed his concern for involving students in the decision-making process by integrating them into various executive bodies. The previously mentioned Advisory Council, for example, has nursing student Jane Nelson as a non-voting member. She was elected by the governing board of the combined student body, not ap-

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"Fund-raising to me is very much like getting an appropriation from a state legislature...explaining candidly TJU's worthwhile activities in a persuasive and systematic way."
pointed by the administration, and was enthusiastic about the respect she was accorded by Dr. Bluemle and the Council and by the improved communication and understanding that came out of her participation. Students are also represented at the monthly executive staff conference at Bluemle’s request.

Sophomore medical student Don Orwick also notes that the students had the President’s support in negotiations to return the student activities building to student management. He commented on Bluemle’s lack of imperiousness in dealing with students, exemplified in one instance by his inviting a troupe of jean-attired student Christmas carollers into a formal party he was coincidentally giving in his home.

In many of his comments it is clear that Dr. Bluemle has not forgotten his own student days at Johns Hopkins, from which he received his B.S. in 1943 and his M.D. in 1946. “I think the opportunity exists at Jefferson,” he says, “to initiate a serious examination of the effect medical education has on the values, personalities and behavior of the students themselves. Does ‘the grind’ in medical school predispose toward the so-called impaired physician who becomes an alcoholic or an abuser of drugs? There is a real danger that rather than teaching our students how to cope with stress, we build stress into our curricula and thereby begin to cause the problem.

“Just as the whole patient is more important than any one of his organs, so is the whole student more important than any one of his courses. I encourage the efforts of Professors like Ed McGeehee to ‘teach’ humanism in medicine, and I think curriculum decisions ought to reflect a concern for allowing students the time for non-traditional pursuits of this kind. I recognize how difficult the knowledge explosion has made curriculum planning. But I think we have to examine the process continually and be very sure the end product is not just the result of a competition for time among department chairman.”

The question of Jefferson’s emergence and best direction as a medical university is one to which Dr. Bluemle has already given serious study. He says he has no “instinctive” impression of what a medical university should ideally comprise, and he believes that Jefferson should build on her strengths to make only useful contributions. Because of TJU’s administrative excellence, for example, he feels one possibility for expansion might be the area of health administration. Under the aegis of the Graduate School, and possibly in collaboration with other hospitals and institutions, he can envision a Jefferson program helping meet the very real need for trained health managers and practical applications of operations research to health care. In the College of Allied Health Sciences he sees non-traditional programs like nurse-practitioner training as a logical extension of the current focus.

With regard to the inevitable question of adding completely new schools to the University, Bluemle once again has a very analytic approach. Starting a dental school or a school of pharmacy, for example, are not objectives of his, because his studies have shown neither present community need nor likely sources of financing for such projects.

Dr. Bluemle sees the Jefferson Alumni Association as a significant asset to him and to the University, and one which he has not had to the same extent in either of his other presidencies. “A thriving alumni association does not happen by accident,” he says. “Their continued participation is certainly a sign that former students have a positive recollection of Jefferson and that they believe their education measures up. From one perspective, alumni, producing alumni, is really why we’re in business, and I believe the graduates do have a rightful vested interest in the future of the institution. If there is sometimes a danger that the consensus of the body can be obscured by a few loud voices, when a real effort is made to communicate at the chapter level, at national meetings, wherever the alumni are, there is also the opportunity to capitalize on the experience of our alumni in the planning process.”

Part of the allure of a medical university’s presidency, one would assume, is the opportunity to have an impact on the direction of medical care and health policy. Dr. Bluemle feels the major issues affecting the direction of health care delivery today are cost and an increasing patient consciousness of the parameters of good health service.

No one, he asserts, can be certain at this point what the specific effects the Carter Administration’s plan to limit hospital cost increases will be, because the regulations, with their elaborate formulae and inevitable exceptions, are not yet in final form. Bluemle feels there is good cause for concern about rising health care costs, but is uncertain if this particular initiative will succeed in stabilizing them. The added cost to each hospital of complying with the regulations and the added cost to taxpayers of the bureaucracy to enforce them may immediately diminish the proposal’s cost effectiveness. There is also a danger that sophisticated health care will be less available for some segments of the population.

At the UOHS, Dr. Bluemle and the Hospital staff addressed themselves to the problem of containing costs, and realized that there were areas where unnecessary costs could be trimmed. In what came to be known as the “Becky Beaver” campaign, physicians were encouraged to make sparing use of laboratory tests, ordering only those strictly necessary for diagnosis. Lab tests in previous years had been used as a matter of course for teaching and defensive medicine, though they proved inefficient tools for both. Becky Beaver’s presence was felt all over the campus, and the campaign resulted in lab test reduction numbering in the hundreds of thousands.

Consumer demand for efficient, humanistic medical service is still in the process of becoming a major factor in health care, but Dr. Bluemle sees health maintenance, the relationship between patient and physician and the non-scientific problems like convenience and accessibility of service as some of the dominant concerns of the future.

“We in academic medicine,” he says, “have a very great role to play. Whether it be teaching, direct patient care, public education in preventive medicine or developing rational policy from the rhetoric surrounding the roles of the physician vis-à-vis other health personnel, we can all help meet the need and chart the new directions.”
The Bluemles Are A Close Family
With Philadelphia Roots

To a lifelong resident of the eastern megalopolis, the view from the Bluemle family’s Portland home seems in itself sufficient cause for second thoughts about moving—or coming—back to Philadelphia. Even on an overcast night, the Willamette and the more distant Columbia Rivers are clearly etched in sinuous parallel to the landscape’s frame, Mount St. Helen and Washington state. The blooming camellias, fruit-bearing lemon trees and exotic flowers which graced both the garden and artistic arrangements inside are another aspect of the Bluemle’s Portland surroundings that will be difficult to equal in Philadelphia, even with Mrs. Bluemle’s horticultural talents. One pictures only reluctantly the beautiful topiary swans and other figures of Mrs. Bluemle’s crafting entrusted to the solicitude of long distance movers.

The Philadelphia area, however, has at one time been home to all of the Bluemles except the youngest daughter, and three of the four children were born here. Both Dr. Bluemle and his wife are native Pennsylvanians; they met in Philadelphia when Dolores (Dee) Batsdorf became a research technician at the University of Pennsylvania School of Medicine. “Among other things I helped Bill scrub out the animal quarters that became our dialysis room,” Mrs. Bluemle laughs.

A biology and chemistry major at Misericordia College in Wilkes-Barre, Mrs. Bluemle gave up salaried work when the children were born. The eldest son, Chris, is now a sophomore at Georgetown University’s School of Foreign Service, but high school senior Laurie, 13-year-old Susan and six-year-old Amy are still at home. Although Mrs. Bluemle has always taken an interest in the university community as part of the ladies auxiliary or involved with the thrift shop, her outgoing and articulate children have been her primary focus. “Up until this year we’ve always had a small child at home all day,” she notes. “I think in a career situation like ours it’s important to have a family member fully responsible for the home.” She and Dr. Bluemle have made an effort to do much of their highly praised entertaining at home, involving the children to as
great a degree as possible. The children speak of UOHSC Advisory Council members and others of Dr. Bluemle's colleagues with a well-acquainted fondness that documents their participation.

No one could accuse any of the Bluemles of being uni-dimensional, least of all Dr. Bluemle himself. Even in his limited free time, for example, he has built a color T.V., a perfectly appointed dollhouse for Amy and a harpsichord which would reveal him as a perfectionist even if you knew nothing about his career. He leaves the use of the instrument to Mrs. Bluemle, however, who points out that he worked on the harpsichord in Syracuse while he was a Trustee of the Syracuse Symphony.

Susan and Amy both play the violin, although Susan also has a talent for words and softball. Laurie is interested in all aspects of art and hopes to attend college in the east to study the subject. She shares her mother's enjoyment of antiques, as her own brass bed and many lovely pieces throughout the house attest. Laurie has taught horticulture at an outdoor school and feels at this point that she might eventually teach retarded children. The Bluemles have virtually never been without a dachshund, and 12-year-old Peter is clearly regarded—by himself and the rest of the family—as an equal.

Travel has been one of the benefits of Dr. Bluemle's medical career, and last year's trip to the Soviet Union for a Soviet-American nephrology conference was probably the highlight. Dr. and Mrs. Bluemle went with three other physician/wife couples including Dr. James E. Clark '52 (see JAB, Fall 1976). Mrs. Bluemle and the other wives attended classes at the Bolshoi Ballet School, had tea with a prima ballerina and visited some of the Russian physicians' apartments, something the American tourist is not usually able to do. The Bluemles hope to return to Russia and in preparation Mrs. Bluemle has been learning the language, an activity she hopes to continue in Philadelphia.

Like any busy executive's family, the Bluemles don't have as much time together as they would prefer, but they have remained a close family despite the demands of Dr. Bluemle's schedule. They all enjoy skiing, cross-country and downhill, and vacations at Black Butte Ranch and sailing on the family's boat involve all family members. The Bluemles are also train enthusiasts, having made their initial move to Portland via Canadian rails with their European-style service and magnificent scenery. Mrs. Bluemle and her daughters have also made the east-west trip on Amtrak and the move back to Philadelphia was by train too, in part to avoid arriving days before the movers and living without furniture.

The Bluemle's new home in Rosemont is ample consolation for the view they left behind. Mrs. Bluemle had only one week-end of house-hunting, in the course of which she looked at 40 different homes. The Rosemont house is 1890s vintage with significantly more ground than they had in Portland and a great deal of charm. One of the nicer amenities is a large in-ground pool built at the turn of the century. And because their Portland house was owned by the school they all feel, "It will be nice once again to have a home of our own."

Laurie (far right) is interested in all aspects of art; Susan (left) has a talent for words and softball; and Chris is studying foreign affairs at Georgetown.
The “Wise Infidelity” of Vesalius and Paré

TJU’s Library now has original copies of two works that changed the practice of medicine.

by John Timour

With his gift of Andreas Vesalius' *De Humani Corporis Fabrica* (1543) and Ambroise Paré’s *Cinq Livres De Chirurgie* (1572), Robert Lewis Phillips, M.D. 1952, honors his twenty-fifth year class and his graduate alma mater in a uniquely appropriate way.

The two books are benchmarks in their respective fields. For the first time, with the publication of his *Fabrica*, Vesalius put that most basic of basic medical sciences, anatomy, on a firm scientific footing from which it could flourish in the years ahead. And Paré, the more prolific writer, established a pattern of clinical practice, teaching and writing still followed by contemporary physicians.

Although not approaching the impact which Vesalius had on medical science, Paré’s works probably had as great an influence on the art and craft of surgical practice among his peers in 16th-century France.

*His Five Books of Surgery* is much the rarer volume with only four known copies in the United States. Two of these are in Philadelphia, one at the College of Physicians of Philadelphia and one now at Jefferson. Copies of the *Fabrica* are much more numerous with almost all major medical resource libraries having one and in some cases two or more copies. This alone attests to its value and its significance to medical science.

The two men were contemporaries, and in fact were in Paris at the same time and had the same anatomy instructor, Jacques Dubois (Sylvius). Yet they did not meet until almost a quarter of a century later when both were attending surgeons to Henri II of France during an uncharacteristic truce between him and the Hapsburg Emperor, Charles V.

It may seem strange to us, living as we do in a sea of meetings, conferences and symposia, that two fairly eminent contemporaries working in closely related fields would not be personally acquainted with one another. There is a simple explanation. In terms of 16th century (and later) mores, the gulf between the academic physician as personified by Vesalius, and the barber-surgeon as exemplified by Paré was almost unbridgeable.

By the time that Vesalius and Paré were undergoing their education, the renaissance in the humanities was in flower. Unfortunately, the spirit of the Renaissance (a re-birth) was only partially achieved in science. With the invention of moveable type in Germany in the mid 1400s the slowly growing interest in the works of Greek and Roman authors began to accelerate. At the same time there was a counter-rejection of the teachings of the Arabian school of medicine which had become the standard in the intervening Dark Ages.

The Arabians, culturally supported by the early Catholic Church, felt that medicine should concentrate on the use of herbs and medicinal preparations to cure illness, and that surgery or other radical intervention be left to baser folk than physicians themselves. The Church increasingly found dissection, autopsies, and blood-letting in general to be somehow sacriligious. This attitude preceded but further strengthened the teachings of Avicenna the 11th century Arabic physician and others whose own religious and cultural backgrounds were likewise antagonistic towards operative therapeutics. If only because of the primitive state of surgery, the absence of anesthesia and antisepsis, and the concurrent high mortality rate, it is not surprising to find physicians unwilling to be held responsible for that kind of practice.

Hippocrates, and those who emulated his teaching, wisely recognized his limitations and the efficacy of nature’s role in the curative process. Galen the great Greek physician also was a constant experimenter, but by his time in the second century the Church had effectively proscribed direct research on the human body. Galen, unwilling to omit this
critical topic, yet obedient to the Church, developed an anatomy based on dogs, pigs and monkeys. Up to the time of Vesalius, European medicine was one vast *argumentum ad hominem* in which everything relating to anatomy and physiology, as well as disease, was referred to Galen as the final authority, from whom there could be no appeal. After his death European medicine remained at a dead level for nearly 14 centuries.

The Renaissance and the printing press revived and made immutable Galen's works. In all but a few areas he had based his findings on experimentation and these proved to be as efficacious as he stated them to be. But in the field of human anatomy, he was understandably often in error. Yet the renewed interest in Latin as a universal language for the educated, coupled with the residual antipathy concerning surgery and the rarity of human dissection, were sufficient to maintain these false findings until Vesalius produced his *Fabrica*.

Not uncharacteristically for the species *homo sapiens*, one form of dogmatism was substituted for another. Out went the Arabian school, in came the Greek and Roman. The veneration of the media, Latin, was strengthened by its use in religious rituals. The vernacular was base and suspect. Martin Luther had only recently defied the Pope and all good Christians knew what kind of fate awaited him.

Thus, the renewed interest in these early physicians was affected by the thousand year conditioning of the Church to respect authority and accept what was written as gospel. The ancients had made substantial progress in diagnosis and treatment. Their herbals and pharmacopaeia were extraordinary in light of their theories about the etiology of disease. But the earlier withdrawal of learning into monasteries and other isolated centers of recorded knowledge, and the symmetrical increase in reliance on dogma and Church authority, was only partially affected during the Renaissance. Medicine was even then a conservative field of endeavor.

By the time of Vesalius and Paré, medicine was roughly divided into three classes: physicians, surgeons and barber-
surgeons. Physicians were literate in Latin and Greek, organized into faculties and societies, and tied to their textbooks as much as clerics were wed to the Bible. They alone could prescribe drugs and medicines and disclaimed other therapies. Surgeons could be distinguished from barber-surgeons generally by their limited literacy in Latin and their monopoly on major surgical operations. Barber-surgeons, barbers or incisors were invariably trained through apprenticeships, were rarely, if ever, exposed to academic education, and their practice limited to military and minor surgery.

There was a curiously symbiotic relationship between physicians and barber-surgeons in Paris during the 16th century. Barber-surgeons were taught anatomy by the physicians in return for their promise to call in a physician whenever a drug prescription was needed, and to limit their practice to manual surgery. The Paris faculty of physicians also conducted the apprentice examinations and certified those passing as Master barber-surgeons. How much of this was intended to spite the faculty of surgeons rather than enhance the status of barber-surgeons is conjectural, but some professional jealousy was probably inherent in the arrangement.

In addition to the general climate of rigid acceptance of authority, especially written authority, the Renaissance was a period of almost constant warfare between and among the heterogeneous populations of Europe. The weaponry used was as varied as the antagonists themselves. Gunpowder had recently been introduced and was widely believed to infect the propelled missiles with poison. So in addition to lances, hatchets, knives, and other hand-to-hand weapons, the surgeons had to contend with stone and metallic missile wounds.

Vesalius was educated in the best Renaissance tradition. Paré earned his knowledge through apprenticeship and practice. Vesalius was comfortable with Latin and Greek, but Paré knew only the languages of the common people. Time and circumstances finally resulted in their working together, but by then Vesalius had ceased to be an academician and Paré had increased his status to par as a fellow royal surgeon. Their other common bond was a rejection of the dogma each found in his respective education. They dared to challenge authority as expressed in the writings of Galen when that authority was clearly in contradiction of observable fact.

Andreas Vesalius (sometimes spelled Vesalius) was born in Brussels on New Years Eve 1514. Some authorities say that he was born at midnight just as 1514 was fading into 1515. His father was apothecary to the Emperor Charles V and his genealogy is dotted with physicians and academicians. He went to school at Louvain and attended the University there. After the usual classical education, he graduated in 1533 and went to Paris to study medicine.

As noted earlier, anatomy was taught by a professor reading from Galen while barber-surgeons performed the actual dissection. In most cases an animal was used to illustrate the lecture, but on a few rare occasions a human corpse was available. Since Galen based a great deal of his anatomy on animals and not humans, there were those occasions when the lecture and the demonstration did not agree. But since human dissection was rare, these occasions did not create too great a problem for the professor.

Vesalius, however, objected vehemently to remaining a spectator. After becoming familiar with the anatomy of the dog, he interrupted the third dissection, pushed away the dissectors, and completed it himself. Considering the general disdain with which physicians regarded such menial work, that act alone would have shown that this was no ordinary pupil.

By his own account, Vesalius was longing for the opportunity to learn human anatomy as it could only be learned, through regular, thorough dissections. While still a student at Paris, he spent hours in the crude cemeteries where human bones were readily available. He relates how he and a fellow student learned to identify individual bones by touch alone with their eyes shut.

After three years in Paris, war broke out between France and the Emperor. Since Vesalius was from the Low Countries, a fiefdom of the Emperor, he left Paris and returned to Louvain. During these three years (1533-1536) Ambroise Paré was a resident surgeon at the Hotel Dieu.

In 1537, after a one year stay at Louvain, Vesalius left for Venice to study at its Hospital. One of the monks who worked and taught at the Hospital was Ignatius Loyola, founder of the Society of Jesus (Jesuits). At that time Padua was a dependent city of Venice, and the Venetian government established a University in Padua to further its interest in the arts and sciences. Vesalius must have made a strong impression on the faculty since in the same year he arrived, he was made a Doctor of Medicine and, although only 22 years old, was given the Chair of Surgery and Anatomy.

It might seem strange that a young Belgian could earn a degree from an Italian university and almost simultaneously be appointed to a professorship. But as was noted earlier, Latin was the language of the learned professions, and Vesalius’ credentials had been attested to in the year he spent working in the Hospital at Venice.

For five years he worked and taught at the University of Padua. His search for human corpses was unerring. Vesalius ingratiated himself with fellow physicians so that he could examine the bodies of their fatal cases. He robbed, or caused to be robbed, graves. He was successful in having criminal executions scheduled and carried out at such times, places and manner that he could perform the public dissections best suited to his needs.

As from his early student days in Paris, Vesalius performed the dissections himself. His lectures continued the custom of reading form Galen while performing the dissection. He even authored an edition of Galen. But more and more he began to see the variation between what Galen had written on human anatomy and what he was uncovering for himself about the human body. For five years he patiently and conscientiously built up his knowledge until there was no doubt in his mind about the basic structure of homo sapiens. In 1542 with the able assistance of a fellow countryman, John Stephen Calcar, who did the woodcuts, he went to Basel with the manuscript of the folio which he titled, De Humani Corporis Fabrica—the Structure of the
**Human Body.** Published in 1543 in what must have been an extraordinarily large printing for a work of this size at that time, it aroused the medical world as much as Luther had earlier aroused the Holy Catholic Church.

Many years later, in 1587, in a letter to Caspar Wistar, Thomas Jefferson wrote, "His (the medical student's) mind must be strong indeed, if, rising above juvenile credulity, it can maintain a wise infidelity against the authority of his instructors and the bewitching delusions of their theories."

There is no question about Vesalius' "strong mind," nor his "wise infidelity." Without attempting psychohistory, it is still fairly clear that where Vesalius expected and deserved approbation, he received instead opprobrium from his peers. Vesalius' reaction was equal and opposite to that demonstrated by those who rose against reason and his work. If his fellow scientists would not accept what they themselves had seen and could verify, if they preferred blind acceptance of dogmatic error, that was their loss. Unfortunately, it was also ours.

Vesalius, in a rage of anger or sorrow, destroyed the manuscripts on which he had been working. What these contained, we will never know. Although he had a renewed appointment to the Chair of Surgery and Anatomy which would run through 1545, Vesalius gave it up to become the Court Physician to Emperor Charles V in 1544.

His subsequent career was the antithesis of his earlier promise. No longer an academic scientist, he married and settled into the lucrative but intellectually sterile world of practicing physician at the most reactionary court in Europe at that time. He did publish a second edition of his *Fabrica* in 1555 which cast further doubt on Galenic theories of blood circulation and the role of the heart. But he left to others what might have been his, and one senses his regret in his critique of Fallopius' *Anatomical Observations* published in 1561.

Andreas Vesalius stopped in Venice while on a pilgrimage to Jerusalem in 1563. It is possible that he wanted to negotiate a return to academe since the Chair of Surgery and Anatomy was again vacant at the University of Padua. But it was not to be. Andreas Vesalius died on the island of Zante on his way back from Jerusalem in 1564.

By way of contrast to the basic science genius that was Vesalius, Ambroise Paré was the "complet" clinician.

Paré was born in 1510 and died 80 years later in 1590. He came from petit bourgeois stock. His father was a chest maker; his sister married a master barber-surgeon. One brother was a master barber-surgeon in Brittany and another was a chest maker in Paris. With the family fairly evenly divided between these two crafts, Paré's choice apparently was influenced from his being asked to assist during an operation while a teenager. He had been sent to study Latin from a chaplain resident in a nearby manor house, but evidently the chaplain did not wish to take on an extra pupil and assigned Ambroise to gardening work. In his own words he noted in 1550, "I desire not to arrogate myself that I have read Galen either in Greek or in Latin; for it did not please God to be so gracious to my youth that it should be instructed either in the one tongue or in the other."

Where and under whom he was apprenticed is unclear. It may have been with his brother or brother-in-law. In any event, he became a resident surgeon at the Hotel Dieu in 1533 and spent three or four years of intensive study and practice on both in and out-patients, performing postmortems, and learning his craft under ideal conditions: through continual directed practice.

During the year following his residency at the Hotel Dieu, Paré began his dual career as Paris private practitioner and army surgeon. In 1541 he successfully passed his final examinations and became a master barber-surgeon. Between 1536 when he left his residency and 1541 when he qualified as a master, he alternated between tours with the King's armies and his own private practice. It was during his first tour of combat duty that he decided against cauterization, then commonly used for gunshot wounds, and he re-introduced ligature, a practice which had fallen into disuse during the ascendency of Avicenna and the Arabic school of medicine. Since those he treated without boiling oil did better than those so treated, as with Vesalius, he was willing to believe in himself and his own observations rather than in the theories of Authority.

Shortly after his return from his first extended army service, Paré discussed his clinical findings with his former anatomy teacher, Sylvius, who urged that he publish an account of his work. So in 1545 appeared his first book, "The method of treatment of wounds made by arquebuses and other firearms, and of those made by arrows, darts, and the like; also the burns made by gunpowder."

In contrast to Vesalius and other academicians, Paré wrote in the vernacular. His primary purpose was much the same: to teach. The main difference between the academics and Paré, as can be judged by the language each used, was their intended audience. Paré was aiming at those, much like himself, who aspired to be master barber-surgeons. The academicians were primarily interested in student physicians and secondarily with student surgeons. For both these latter groups, Latin was the universal language.

All in all, Paré published eleven books between 1545 and 1585. He published an anatomy text in 1561 which some authorities say was a translation of Vesalius' *Fabrica*, but only some of the Calcar illustrations were used.

His use of the vernacular, rather than Latin, certainly helped to spread the awareness of the *Fabrica* as a basic text for all surgeons. This practice did not endear him to physicians or surgeons. Both groups felt that his writings posed threats to them. After all, more people could read French than Latin and the illogical danger sensed by the learned faculties was that laymen would now be able to treat their own ailments and make professional care unnecessary.

Paré's battles with his peers began late in his career. From 1541 to 1554 he was a barber-surgeon. During this period of private practice, interspersed with tours of army duty he successfully rose through the informal ranks of military surgeons until in 1552 he was made a King's surgeon. Two years later he decided to enter the ranks of the faculty of surgeons.

For centuries, among the three classes
of medical practitioners, jurisdictional disputes erupted. Each group had its own royal perogatives, but the lines of responsibility and authority were blurred. Often the cause for this lay with the royal degrees themselves as each group successfully and successively petitioned the crown for particular and extended privileges.

By the mid-16th century at the time Paré sought admission to the surgeons' group, the faculty of physicians was clearly the dominant group in medicine. Only they were authorized to bleed, to diagnose and prescribe, and to administer drugs and medications. Surgeons had their own fraternity and ranked themselves only slightly below physicians. Both groups, however, were much better educated than the plebian barber-surgeons.

The admission requirement for entry into the surgical confraternity included the ability to read Latin. This Paré lacked, yet his achieved status as a surgeon to the King and the high regard in which he was held by French nobility and many influential citizens of Paris made him an attractive nominee to the confraternity of surgeons.

By the same token, Paré aspired to higher status than that which he had as a master barber-surgeon.

In August 1554, Ambroise Paré passed his preliminary examinations. A week later he was examined at the Hôtel Dieu by four surgeons and told that he must learn more Latin and more surgery, but nevertheless was granted his Bachelor's degree. In October he applied for and was made a Licentiate, and in November the whole fraternity unanimously agreed to award him his Master's degree which was conferred on him in December.

A contemporary commented on the affair some years later:

"The surgeon is to the physician what the dentist is to the surgeon... Among surgeons who are excellent in practice there are some (everybody knows whom I mean without my having to name them) who cannot decline their own names. We have seen them called from the barber's shop to be Masters of Surgery, and admitted gratis against the rules, for fear the
barbers, their superior skill being recognized, should put the college to shame; we have heard them declaiming, in the prettiest way in the world, the Latin that someone else breathed into them, and no more understanding what they said than school children set to repeat Greek speeches..."

It may seem strange to us to realize how important these physicians regarded academic qualifications in relation to the more substantive area of medical practice, but then again, perhaps even today we have professional peers whose personalities and social graces we deplore. The more things change, the more they stay the same.

In addition to the annotated bibliography from Paget's *Ambroise Paré and His Times* (1897), there were four printed editions of Paré's collected works. The first was printed in 1575 and as can be seen from the preface, set off a series of verbal and legal battles between the author and the faculty of physicians:

"The Medicine which we profess at this present time is composed of three parts, Surgery, Diet and Pharmacy... But if we refer to Celsus, we shall find that no part of it is so praiseworthy as Surgery: for in the cure of diseases by drugs and by diet, Nature is very powerful, and what has been profitable at one time is at another time useless, till one may doubt if the return of our health be due to the kindness of nature or to the power of medicines and dieting... This surgery surpasses Pharmacy and Diet alike in antiquity, necessity, certainty, and difficulty: yet one without the other would not be very profitable: for they are so joined together that if they were kept apart, and did not help the other, never would Surgeon or Physician, or Apothecary attain the object they have set before themselves."

A second edition of his *Opera Omnia* was published in 1579 and a Latin edition printed in Germany in 1582. The last edition is the best. Printed in 1585 just five years before his death, it contains two unique sections, his *Apologia*, in which he unequivocally states his absolute dedication to the principle of observation and clinical experience over written authority and dogma; and his *Journeys to Diverse Places*.

The *Journeys*, translated and reprinted in part in Paget, make fascinating reading even today. It combines travelogue, cultural and clinical observations, case histories, and opinion.

In summary, it is difficult to separate the man from his work after four hundred years. Vesalius, a truly dedicated medical scientist, whose monumental achievement under the most difficult of circumstances set the stage for Harvey's work on the circulation of the blood, and further anatomical and physiological discoveries. Yet, perhaps, he was too high principled to stand and fight with his ignorantly dogmatic peers. Paré, on the other hand, was simply an excellent practitioner, whose works despite their contemporary value, have not merited the attention paid his fellow physician, Vesalius. But Paré seems the more sympathetic person.

The woodcuts on these pages were done by John Stephen Calcar in 1542 and appear in the Vesalius De Humani Corporis Fabrica.
At First, Only John Gibbon Believed in the Heart-Lung Machine

by Mrs. John H. Gibbon, Jr. for '27

My story—our story—naturally falls into three parts, all continuous, but identified by different times and places. It is the first chapter, the Boston years, that I want to tell you about.

This chapter opens on an October day in 1930. At that time I was a technician and research assistant to Dr. Edward D. Churchill at the Harvard Medical School, and Jack was a Fellow in Surgical Research at the school. Our laboratory was a one-room establishment in the old Bullfinch Building at the Massachusetts General Hospital.

Jack Gibbon, as most of you know, grew up in Philadelphia. I grew up in the Boston area. My interest in medicine began when, after two years at Bryn Mawr College, I spent a winter in Paris, sharing an apartment with a young cousin who was married to a doctor, Dr. Frank Fremont-Smith. That winter changed the course of my life, because night after night Frank told me about medicine, and answered my many questions about medical research. I was fascinated; there were no doctors in our family, so a new world opened up to me. I made the decision then and there to get myself into this world of medicine. I had no college degree, nor had I taken any of the basic sciences, like chemistry, biology or physiology, either at school or college. Nothing daunted, however, I applied for a job at the Harvard Medical School’s placement bureau, and was extremely fortunate to secure immediate employment with Dr. Edward D. Churchill (a man who, I was to learn, was a most original and unconventional thinker, and who preferred to hire someone whom he had no need to “unteach” anything).

So I had been Dr. Churchill’s technician for some time when Jack Gibbon came to Boston in January, 1930. He had finished his two year rotating internship at the Pennsylvania Hospital in Philadelphia, had travelled briefly in Europe with Bill McClennahan, and then returned to the United States early in 1930, to start a year in Boston, at Harvard: his goal was to learn from Dr. Churchill all he could about surgical research, its problems, techniques and its fascination. Dr. Churchill later became famous as the John Homans Professor of Surgery at the Harvard Medical School. Both Jack and I admired him almost to the point of reverence; if our first child had been a boy he surely would have been named Edward Churchill Gibbon.

During the winter, summer and autumn of that year we worked in the laboratory together on various surgically related research problems and published a few papers. The heart-lung machine story started on an autumn day that seemed just like the day before it, or the day after it, but actually October 3, 1930 was a day that changed surgical history, and opened up the hitherto untrod field of open heart surgery.

On that Friday afternoon a female patient at the Massachusetts General Hospital suffered a postoperative massive pulmonary embolism. Dr. Churchill, some time before this, had alerted the hospital staff to recognize the symptoms of massive pulmonary embolism, because he had a special interest in this rare and dangerous condition. Hence he was called at once to see the patient and he and Jack quickly left the laboratory. In the hospital Dr. Churchill gathered his team together at once and had the patient taken to the operating room for extended observation. Jack’s assignment was to record the patient’s blood pressure, pulse rate and respirations every fifteen minutes, while, during a long night’s vigil, Churchill and his operating team waited, scrubbed up, masked, with gloved hands, completely in readiness to operate. Churchill was unwilling to start such a hazardous operation before he was certain that the patient would otherwise die. In those days, the operation of pulmonary embolectomy—or a Trendelenberg operation as it was called—carried such a high mortality that operating before the patient was almost moribund was taking an unjustified risk. Only nine of 142 patients operated upon in Europe had survived the embolectomy, and no successful operation had yet been reported in the United States.

The patient, the surgeon, the operating team and Jack Gibbon were in the operating room that day from 3:00 in the afternoon until 8:00 a.m. the following morning; at times the patient’s condition seemed to improve, and the surgeon must have remembered the few recorded cases of spontaneous recovery. But at 8:00 o’clock on Saturday morning Jack had to tell Dr. Churchill that he could no longer record the blood pressure. Churchill immediately operated and removed the embolus, a large one, in many fragments along and down both bronchial arteries, but unfortunately the patient did not survive the operation.

During the hours that afternoon and night that Jack watched the patient’s distended veins and recorded the faltering pulse, respirations and blood pressure, the thought occurred and constantly recurred to him that her condition could surely be improved, perhaps even her life might be saved, if only there were some way of contin-

Traditionally the Reunion Clinics are held Wednesday of Commencement Week. During the morning seminar each five-year class is represented by a speaker. This year the JAB has adapted the talks given by the three senior members of the program for the classes of 1927, 1932 and 1937.
uously withdrawing some of the blue blood from the swollen veins into an apparatus where the blood could pick up oxygen and discharge carbon dioxide, and could then be returned to the patient's arteries. But this, at that time, was an impossible dream. Three months later, in January 1931, Jack and I became engaged to be married and we went at once to tell Dr. Churchill that we had an idea for a new experiment. We were duly married in March, 1931, in Kings Chapel, in Boston, and moved after that to Philadelphia, because Jack's year of research in Boston was finished, although we would have gladly stayed on at Harvard if Dr. Churchill could have found a place for him.

Back in Philadelphia during the next three years, Jack talked to a number of people about this idea of his of artificially oxygenating blood and devising an artificial pulmonary circuit, but no one was very much interested, or at all encouraging. The general impression was that it would in all probability be a monstrous waste of the time and energy of a bright young investigator to embark on such an almost impossible task. We were busy enough those three years in Philadelphia; Jack operated with his father (who was a Professor of Surgery at Jefferson) and Dr. John B. Flick at Pennsylvania Hospital, we managed to do some original research on changes in skin temperature in our own bathroom in Philadelphia; first a girl and then a boy were born to us, but during all this time the thought of a heart-lung machine did not fade in Jack's mind or imagination. So in the fall of 1934 he again applied to Dr. Churchill for an opportunity to test out the feasibility of this idea. Churchill was anything but enthusiastic, but he was good enough to give Jack another research Fellowship at Harvard, a laboratory in which to work, and a technician's salary once again to me, to allow me to work with Jack on this project. We found a lovely house in Cambridge and two fine country girls to help me.

Thus began the first chapter in the story of the development of the heart-lung machine. Our goal that year was to see if it was possible to devise and develop an apparatus capable of carrying on the functions of a cat's heart and lungs, while no blood was passing through the cat's own cardio-respiratory circuit. The apparatus that we developed and used that first year consisted of a venous pump, which withdrew blood from the cat's vein and pumped it into the top of the inner surface of a rotating vertical cylinder. This cylinder was our "lung," in which the blood picked up oxygen and discharged carbon dioxide. A second pump returned the blood to the animal's artery.

The two pumps, which move the blood through our circuit are the venous pump, which took the blood out of the vena cava, and the arterial pump, which returned the oxygenated blood to the cat's artery. These pumps we made from rubber finger cots which were alternately compressed and expanded by air. The finger cots were placed in the circuit between two valves, which directed the flow of the blood. Expansion and compression of the air was accomplished by an air piston pump, which was adjusted to work at a rate comparable to that of a cat's heart under anesthesia, approximately 150 beats per minute. Blood was pumped by the venous pump onto the inner surface at the upper extremity of our oxygenator, which consisted of a hollow, revolving cylinder. The revolutions of this cylinder caused the blood to be distributed in a thin film, slowly moving down the sides of the cylinder by gravity. The greater part of the space within the revolving cylinder was occupied by a hollow closed stationary cylinder, through the center of which passed a metal tube. A mixture of 95% oxygen and 5% carbon dioxide was conveyed through this tube to the bottom of the oxygenator. From here the gas passed up between

Mrs. John H. Gibbon, Jr. with Dr. Allison J. Berlin: the first chapter of the heart-lung machine story.
the stationary and the revolving cylinders over the film of blood and escaped at the top. The oxygenated blood was collected at the bottom of the revolving cylinder in a stationary cup, and it was then pumped by our arterial pump back into the animal’s artery. With this apparatus we were able to accommodate blood flows of 500 cc. per minute or more and to saturate the blood adequately with oxygen.

To do these experiments we had to be at the laboratory bright and early, as they often continued all day and sometimes well into the evening. We could only manage about three such experiments a week (Dr. Denton Cooley told me this winter that he is now averaging about eight open-heart operations every day!). First we had to smoke a kymograph record and get it in place on the operating table. This was held taut between two large drums, which slowly rotated the smoked record as the experiment proceeded. Then we had to bring a cat down to the laboratory from its stairs quarters and anesthetize it with sodium barbital, perform a tracheotomy and connect the animal up to artificial respiration while a “Drinker-Heart Preparation” was done, in order to expose the pulmonary artery in a (later) naturally breathing animal. This operation consisted of slitting the pericardium and then saturing its edges to the edges of the thorax made by an incision in the wall of the chest, this exposing the pulmonary artery so that a little later a clamp could be placed around it. Next, the vessels to be used for the perfusion were exposed, and at the same time a five per cent solution of gum acacia and saline was circulated slowly around the artificial circuit. Most of the apparatus was surrounded by a hot water bath, so that the solution might be near body temperature when the cat was connected to the apparatus. Then a special, finely graduated clamp was put and held in place, open, around the pulmonary artery. A cannula for recording blood pressure and a device for recording respirations on the kymograph record were next arranged, the vessels for perfusion were cannulated, and, lastly, heparin was injected into the animal’s vein, and a blood sample taken to determine the pre-operative hematocrit.

These preparations usually took four or five hours, and it was mid-afternoon before we were ready to start the really critical part of the experiment: gradually closing the clamp around the pulmonary artery, simulating an embolus, and at the same time gradually withdrawing blood from the jugular vein. If we withdrew blood too rapidly, the thin wall of the vein invariably got sucked into the opening of the cannula, and it was essential immediately to stop the pumping action of the venous blood pump, often to release the clamp around the pulmonary artery, readjust the cannula in the vein and wait for things to get more or less normal. Then we would start again more gingerly. We judged the performance of the oxygenator by the color of the blood returning from it to the cat’s artery. We had at that time neither the skill nor the time for oxygen determinations.

We would keep the clamp completely occluding the pulmonary artery for as long as we thought the cat could stand it, or nothing went wrong with the apparatus, but the things that were apt to go wrong were infinite: the blood in the cup at the bottom of the oxygenator would start to foam, movements of the cat (due to too light anesthesia), would sometimes cause displacement or breaking of part of the apparatus, the blood pressure would suddenly drop because the wall of the vena cava was sucked into the cannula, the arterial blood would look like venous blood as it entered the cat, due probably to poor filming on the inside of the oxygenator. For these and other reasons we would terminate the period of occlusion of the pulmonary artery, remove the clamp about it, and then gradually put the cat back on its own circulation and see if it could maintain its blood pressure at a near normal level and its respirations at a near normal rate. If it succeeded in doing this, the animal was nursed tenderly over a period of an hour or so. Then the experiment was terminated, the cat was sacrificed and an autopsy performed, the kymograph record was shelledacked so that no deiner’s hand or shroud should smooch our precious record, the instruments and general mess cleaned up, and we could go home—a long day.

The cat’s blood pressure would drop to zero as the clamp was gradually tightened around the pulmonary artery in the first section. The clamp was released quickly and the cat’s pressure returned to its original level. The cat’s blood pressure was maintained at a normal level, by the heart-lung machine, while the clamp was gradually closed until the pulmonary artery was completely occluded.

In that year, 1934-35, we successfully demonstrated that it was possible to keep an animal alive and in a relatively normal physiological state with our heart-lung apparatus while no blood at all was passing through the animal’s own heart and lungs.

Many years later, when Jack received the Strittmatter Award in 1963, he described our early experiments as follows: “The artery was compressed with the clamp until the blood pressure began to fall. The artificial circulation was then started and the pressure would return to normal and remain so. I will never forget the day when we were able to screw the clamp down all the way, completely occluding the pulmonary artery, with the extracorporeal blood circuit in operation and with no change in the animal’s blood pressure. My wife and I threw our arms around each other and danced around the laboratory laughing and shouting “Hurray!” ... Although it gives great satisfaction to me and others to know that open heart operations are being performed daily now all over the world, nothing in my life has duplicated the ecstasy and joy of that dance with Maly around the laboratory of the old Bullfinch Building in the Massachusetts General Hospital 28 years ago.”

Thus ends the first chapter of my story. The middle years took place in Philadelphia, at the University of Pennsylvania School of Medicine, and I think you all know about the final chapter—the years at Jefferson Medical College, which lead to the first successful open heart operation in the world, using the heart-lung machine, when Jack closed a large atrial-septal defect in a young girl’s heart, at the Jefferson Hospital, on May 6, 1953.
Modernizing Eskimo Health Care

by C. Earl Albrecht '32

During my active professional life I have been privileged to see the dramatic change that has taken place in the Health Care of the Eskimo of Alaska. Some background seems appropriate, from the very earliest times of American ownership of Alaska to the present. The source of my material chiefly comes from the writings of Dr. Robert Fortuine, Director of the Alaska Native Medical Center in Anchorage, an excellent medical historian, and from my own knowledge and experience.

When the United States purchased Alaska from Russia in 1867 for $7,200,000, there was very little health service, although the Russians had small hospitals at their capitol, Sitka, and a trading center at Kodiak. These services did not reach the Eskimo natives, for they lived in the interior and in remote coastal villages. The only health services available were from the shamans and health healers. Their chief functions were to dispel evil spirits, which they felt were the cause of disease, accidents and death. They rarely prescribed potions but capitalized on fear and superstition, even human sacrifice. These primitive services continued after the United States obtained control over all of Alaska. In fact, health services went from bad to worse after the hospitals in Sitka and Kodiak were closed. Interestingly enough, one of the stipulations of the treaty with Russia was that the U.S. would provide for the native people of Alaska in the same manner as it did for the Indians elsewhere in the country. But complying with the stipulation was delayed and delayed by our government. Governor after governor urged Congress to do something. Governor A. P. Swineford reported: “A hospital is absolutely indispensable if it be the desire of the government to arrest the progress of diseases among the natives which threaten their complete extinction.”

It is difficult for us to comprehend the extreme seriousness of disease among the Eskimo. The traders and trappers of the outside world brought devastating epidemics of infectious disease, notably smallpox, influenza and measles. Between 1836 and 1840 smallpox was epidemic in many parts of Alaska and the mortality was very high. But the most tragic disease was influenza. In 1900-1901 influenza was so severe that it was estimated half the adults and all the babies died in some sections. Then in the winter of 1918-19, the Spanish influenza became epidemic throughout Alaska, literally killing everyone in some villages. No one lived to bury the dead, and not until weeks later was it discovered by neighboring villagers of the total tragedy. The infant mortality was extremely high from infectious diseases and poor sanitation. In 1935, when I began my professional life in Alaska, the acute infectious diseases still took their toll, but tuberculosis had become a devastating scourge. It became the number one health problem which needed to be overcome.

Dr. Sheldon Jackson, a Presbyterian clergyman, the General Agent for Education in Alaska, recognized the need for better health services and urged the federal government as well as church denominations to send missionaries and health personnel to minister to the natives. Several denominations responded, including Episcopalians, Methodists, Moravians, Presbyterians and Roman Catholics. All of these churches still continue their work in Alaska. Soon, medical missionaries arrived. In 1896 a Philadelphia physician, Dr. John Herman Romig, went to Bethel from where he served a large area in southwest Alaska for seven years. He traveled by dog team, covering hundreds of miles to serve people along the Yukon River. In 1907, our federal government finally accepted its responsibility, and through the Bureau of Education in the Department of Interior, funds were made available for health purposes. Medical personnel were assigned to transportation centers and a few small hospitals were constructed. By 1931, with a total appropriation of $168,000, 61 persons were employed for seven hospitals, a health boat on the Yukon River, and 16 nursing stations.

At about this time the entire program was taken over by the Bureau of Indian Affairs. Although this agency was hampered by the economic depression of the late thirties, progress in health care was made by the use of itinerant nurses in the larger native villages. The highly beneficial service of these dedicated women is a rich medical saga too often forgotten. They were isolated in remote locations for long periods of time because of poor transportation and little or no method of communication to other centers. Disease was rampant, particularly the scourge of tuberculosis which was causing a mortality rate second to none in the world. Fairly accurate reporting in some areas demonstrated that the death rate exceeded one thousand per hundred thousand people, as compared to the U.S. rate at that time of 56 per hundred thousand population. Immunizations were performed and acute emergencies were treated, but the tuberculosis epidemic continued.

After World War II, Governor Ernest Gruening, a physician, put forth a major effort to improve health conditions in the territory. He called a special session of the legislature to take strong positive action to curb the scourge of tuberculosis. He reorganized the Department of Health and appointed a full-time Commissioner of Health. I was the appointee serving on the Governor’s cabinet for over ten years. An aggressive program to improve health conditions, build new hospitals and stop the epidemic of tuberculosis was put into action. A cooperative program between the U.S. Public Health Service, the Bureau of Indian Affairs and the territorial government
was an important factor in the success achieved.

Every conceivable method was adopted to reach the native people so that the active tuberculosis cases could be identified. Three vessels were equipped as floating health centers, with medical and dental staffs, X-ray units and laboratory equipment. Mobile units with smaller staffs operated on the highways and Alaska railroad. Airplanes carried X-ray equipment into remote areas to complete the intensive case-finding program. The effort paid off. Over 4,000 active cases of tuberculosis were identified, and by 1955 over 1,000 beds became available to treat the most advanced. By 1960 the death rates had dropped to below 50 per 100,000. During the 1970's a point had been reached where there are very few new cases of tuberculosis and only an occasional death. This dramatic result is considered by many as a monumental public health achievement.

As was mentioned earlier, this success was attributable to a truly cooperative endeavor, primarily between the federal and territorial governments. This became possible and only became fully effective when the health responsibilities were transferred to the Division of Indian Health of the U.S. Public Health Service on July 1, 1955. The Public Health Service had been most helpful during the previous years through cooperative programs, but now they were administratively responsible. Immediately, they were able to secure more adequate appropriations, assign medical personnel, remodel hospitals for efficiency of patient care, re-allocate patient beds for better usage by transferring tuberculosis patients to tuberculosis hospitals, thus freeing beds for acute medical and surgical problems. All this came about because medically trained administrators were in charge. When they appeared before Congress they knew what they were talking about, and they knew how to present the real needs before Congress. Due to these and other much-needed changes, great progress has been achieved and the accomplishments during the last 20 years have been outstanding.

A major handicap, actually logistical, in the Alaska health program has been that of communication and transportation. These two factors were aggressively attacked by the Public Health Service and through their leadership, foresight and energy, sound accomplishments can now be demonstrated.

The Eskimo and Indians have always lived in isolated, remote areas in small and large villages. These villages had no communication with each other except by ground transportation by either dog sled or paddled boats. Not until about 50 years ago did the U.S. Army Signal Corps assist in passing messages from some remote areas. The few hospitals with physicians then established a system of High Frequency radio communication with villages. Dr. Robert Fortuine, who served as physician in a remote hospital, writes "Physicians held regular 'sched,' usually in the evening hours, in which they would discuss the management of problem cases with the schoolteachers, who regularly handled health affairs in the village. Sometimes a single physician would take the 'medical traffic' for the entire territory at one sitting. The system continued to expand and became much more effective when the village health aides did the medical reporting."

Dr. Fortuine continues, "The old H.F. system served long and generally well, although it had definite limitations. Not all villages had a school. Ionospheric conditions often interfered with effective transmission and sometimes blocked out voices altogether, even for short distances. Another problem was complete lack of privacy, since many families had a simple short-wave receiver." Refinements of the system by using single-side-band HF radios were made and more privacy was obtained.

The big breakthrough came in 1971 when Satellite I (ATS-I) was stationed...
over the Pacific and offered the opportunity for the establishment of ground stations in isolated villages where conventional radio signals were most unreliable. This experiment was highly successful and demonstrated that satellites could be used effectively. Dr. Fortune, in an article "Medicine by Satellite Telephone," writes this encouraging word: "On the afternoon of July 14, 1976, a physician at the Alaska Native Medical Center in Anchorage talked with a physician on St. Paul Island (Pribiloffs) and thus opened a new era in medical communication in Alaska. Both were using a simple telephone-like handset, and the voices were clear and natural at both ends. It was almost as if the other individual were in the same room instead of 800 miles away." Now by using a satellite, completely reliable two-way voice communication on a 24-hour basis can be achieved in over 100 villages. From these more central villages, other methods will reach out into all isolated communities. The Eskimo people are now reassured that medical consultation is available at all hours of the day. As medical communication has improved so much more airplane traffic using wheels, floats and skis provides the means of patients reaching medical facilities. Last but not least, the dog team has largely been replaced by the snowmobile.

One cannot help but conclude that in a relatively short time health care has developed into a workable system of comprehensive health care. The Alaska Native Health Service, the Alaska Department of Health and the private sector of medicine, by working together with the native peoples themselves, have developed a system that has become most effective. That there are still great problems would be understating the case, but to try to develop a new system rather than build and correct the present one would be untimely and probably foolhardy. Thus in the span of my professional life, I have experienced sound development of health care for the Eskimo of Alaska. It has extended from the services of a medicine man to the highly skilled competence of well-trained medical personnel.

**Family Practice Relates To People's Needs**

by Bernard B. Zamostien '37

Family Practice, the 20th specialty. What is Family Practice? What and who is a family physician? Who are family practice residents? What is a Family Practice Department? Permit me to share with you some of the basic history, concepts and facts that have spearheaded this new thrust in medicine.

Thirty years ago in 1947 an organization of family doctors was founded which many regarded as a last ditch stand of the family doctor. That organization now known as the American Academy of Family Physicians has grown to 40,000 members and is the largest specialty organization in the United States. It is the second largest medical organization in the country and it is the largest family physician organization in the world. With this organization acting as a catalyst and with the assistance of medical students, of the public, of prominent educators, of the AMA, the 20th specialty in American medicine, namely Family Practice, was created in 1969 and the American Board of Family Practice came into being.

The most distinctive element about the Academy has always been its emphasis on continuing education. Each AAFP member is required to complete 150 hours of continuing medical education over a period of three years in order to retain membership, and this has served as a model for the AMA's voluntary recognition award.

No grandfather clause was utilized in certifying Diplomates of the American Board of Family Practice. Qualifying physicians all have to subject themselves to a two-day examination, and they must be re-certified every six years. Recertification requires 300 hours of continuing medical education, a review of 20 office case records, and a one-day written examination developed by the National Board of Examiners.

The new specialty is a return to the basic context of a family physician who delivers continuing comprehensive care to all members of a family on a personal basis, irrespective of age or sex and based on the total environment of an individual in which he is seen as a whole person rather than a disease process or a sick organ. At the end of World War II more than four out of every five physicians in private practice considered themselves general family practitioners. In 1960 45% were so classified. In 1965 with a gradually decreasing ratio only 37% of the physicians in private practice, nationwide, were family practitioners. At about the same time a wave of social consciousness was sweeping America. Concern for the sick, the needy, and the consumer aroused the young including the medical and the pre-medical student. Demand for a single competent physician for the entire family grew as the availability of such a physician continued to diminish.

Studies nationwide of persons 16 years of age and older, living in the United States, show that for every 1000 persons there will be 750 instances of ill health in a month's time. Two hundred and fifty of these will seek the services of a physician. Nine will require hospitalization. Five will be referred to another specialist. One will be sent to a highly specialized tertiary center. Common ailments are common; rare ailments are rare. It is evident from these statistics that treatment of the vertical patient is a more common occurrence than the horizontal patient, and therefore more educational efforts must be
directed toward this goal.

Increasing the number of physicians is not the answer. The kinds of physicians we produce or do not produce are beginning to be more important than the numbers. If we doubled the physician population tomorrow and they were all limited sub-specialists we would not solve any of the problems of the deficits in the health care delivery system. While an internist, pediatrician, psychiatrist, and even an occasional obstetrician or a surgeon may have some or even many of the attributes important to a specialist in Family Medicine, each is limited in his ability to provide comprehensive continuing health care. More important are the limitations of his interests and motivations that automatically inhibit a devotion to the comprehensive aspects of family care.

Dr. John Millis, in 1971, stated, "The needs of patients and society will be met only under the condition that medical education and the delivery of health services are intimately associated so that changes in patients' needs are reflected in prompt changes in medical education." A medical school needs to have input about medical needs in the community it serves, to enable it to ad-

just its program and curriculum to those needs, and to urge its graduates to fill those needs in the community.

Faculty members, by their interests and activities, influence the future and the career choice of many students. Until recently the absence of family physicians in medical college faculties meant the absence of a positive pattern for students to copy. In the fall of 1970, and under the supervision of Dr. Willard A. Krehl, Professor of Community Health and Preventive Medicine, along with several family practitioner members of the Pennsylvania Academy of Family Physicians began to develop a family practice curriculum. With the gracious financial backing of the Jefferson Alumni the chair of Alumni Professor of Family Medicine was created and Dr. Paul C. Brucker was named to head and develop the new Department of Family Medicine. At this time many of the medical schools in the United States have divisions or departments of Family Practice.

A huge educational system cannot change overnight. Jefferson Medical College now has a department of Family Medicine, a faculty in Family Medicine, a Family Practice Residency and 18 residents. Developing a Family Practice Residency Program represents one of the greatest challenges in present day American medical education. It is a radical turn in the road of medical education. It has moved the focus of education from the hospital to the office and to the community. In 1969 there were no Family Practice Residency Programs in the United States. As of this date there are 310 programs training 5000 qualified family practice residents, with 29 in Pennsylvania, the greatest number of any state in the nation.

The residency is a carefully structured integrated three-year experience in primary medical care, combining in-hospital rotations and a substantial portion taking place in a model practice office. Exposure to ambulatory care and office management prepares the resident to make the transition from hospital to office practice.

Family medicine is logical; it is necessary; the public wants it; legislators want it; more and more students want it; and the integrity of the health care system depends upon it. As long as family practice relates to the needs of the people, it will remain valid.
the jefferson scene

J. Edward Berk '36: 1977 Alumni Achievement Recipient
achievement award

This year's Alumni Achievement Award, presented by the 1964 award winner Dr. Henry L. Bockus '17, had overtones of nostalgia as well as tradition. The 1977 recipient, Dr. J. Edward Berk '36, is a former student of Dr. Bockus', a former President of the Bockus International Society of Gastroenterology, an Associate Editor of the third edition of Dr. Bockus' standard textbook *Gastroenterology* and, like Dr. Bockus, an internationally distinguished gastroenterologist.

Dr. Berk, who is Head of the GE Division at the University of California, Irvine, was that school's first Chairman of the Department of Medicine, a responsibility he relinquished at his own request in 1973 after having been instrumental in building the academic faculty in Medicine from essentially zero to 20 full time and 160 clinical members. During his ten-year tenure he also established approved residency training programs, while at the same time receiving awards for distinguished teaching from his students. As part of his efforts to secure outside research and training grants for his new Department, he obtained an NIH grant for the now internationally recognized Gastrointestinal Research Laboratory. Among other personnel at the Laboratory, post-doctoral Fellows are sent annually from Okayama University in Japan; former Fellows have formed an organization of their own back in Japan called the Berk Society.

As a researcher in his own right, Dr. Berk has been concerned principally with the behavior and characteristics of the enzyme amylase. Among his contributions are descriptions of two previously unrecognized disorders, macroamylasemia and S-type hyperamylasemia. On two separate occasions, in 1970 and 1974, Dr. Berk won the Rorer Award of the American College of Gastroenterology for the best research work published in that year by the College. He has published more than 150 papers, has written 72 chapters in 44 books and has been a member of four editorial boards, including that of the American Journal of Gastroenterology.

The physician, who previously held faculty appointments at Wayne State, Temple, and the University of Pennsylvania Medical Schools, has been affiliated with many different hospitals. He is presently Chairman of the Division of GE at Orange County Medical Center in addition to many consultant responsibilities including Consultant to the Surgeon General, an appointment he’s held since 1947.

Dr. Berk has been honored with many association memberships and offices, including his current term as President of the American College of Gastroenterology. He is one of 145 living Fellows of the American College of Physicians to have been elected to Membership, is a former President of the American Society for Gastrointestinal Endoscopy, the Detroit GE Society and the aforementioned Bockus Society. He is a former Chairman of the AMA’s section on GE and an honorary member of numerous foreign medical societies. Dr. Berk has also received the Michigan State Medical Society’s Distinguished Service award, the American Society of Gastrointestinal Endoscopy’s Rudolf Schindler Award and the Faculty Community Service Award of the UCI Alumni Association.

A 1932 B.A. graduate of the University of Pennsylvania, Dr. Berk also took the first year of his internal medicine residency there after an internship at Walter Reed. He finished his residency at Albert Einstein Northern and took a subsequent GE Fellowship at Penn. He also was a Ross V. Patterson Fellow.

The Alumni Association presented the Achievement Award to Dr. Berk at the Annual Banquet, held June 9 at the Cherry Hill Hyatt House. (The Banquet’s traditional headquarters, the Bellevue Stratford Hotel, closed in November of 1976. The closing was attributed to a decline in patronage following the mysterious deaths of more than 20 American Legionnaires who attended a convention at the Bellevue.) More than 600 people came to the annual dinner, highlighted by speeches by members of the Administration and 25th reunion speaker James E. Clark ’52 and 50-year class presentations. Association President Gonzalo E. Aponte ’52 served as Master of Ceremonies.

trustees

Following the resignation, effective July 1, of William W. Bodine from the Chairmanship of Jefferson’s Board of Trustees, the Board elected as its new Chairman Trustee Frederic L. Ballard. Mr. Ballard had been Vice-Chairman of the Board since 1970 and in addition to serving as Chairman of the Master Planning Committee and the Task Force on the Clinical Teaching Facility, he was also Chairman of the recent Presidential Search Committee.

Ballard, who has been on the Jefferson Board since 1965, is a partner in the law firm of Ballard, Spahr, Andrews and Ingersoll. Except for his three years of Naval service, he has been in general law practice since his graduation *magna cum laude* from the University of Pennsylvania Law School in 1942. Mr. Ballard also received his undergraduate degree from Penn where he was Phi Beta Kappa.

Jefferson is not the only local institution which Mr. Ballard serves. A member of the Board of Law at the University of Pennsylvania Law School, he is a Director of Provident Mutual Insurance Company, E.S.B., Inc. and Provident National Bank. Active as a Trustee of the United Way of Southeastern Pennsylvania, Vice-President of the Health and Welfare Council and Chairman of that group’s committee on public welfare, Ballard is also Chairman of the Advisory Committee for Public Assistance to the Pennsylvania Department of Public Welfare.

In accepting the June 6 appointment Mr. Ballard said: “One consideration in accepting this important position was the commitment from my predecessor, Bill Bodine, to remain an active trustee. With the support and foresight of the trustees, administration, faculty, alumni and students, the University has made significant advances in medical education, patient care and biomedical research during the past 20 years. The challenge, which I shall do my utmost to meet, is to sustain this progress in the years ahead.”

In addition, two new members of the Board began three-year terms in July, Alumni Trustee Carl Zenz ’49 and Steven R. Peiken ’74.
Dr. Zenz, Director of Medical Services at the Allis-Chalmers Corporation, is Clinical Professor of Preventive Medicine at the Medical College of Wisconsin and a Visiting Professor of Community Health and Preventive Medicine at Jefferson. President-elect of the American Occupational Medical Association, he has served as President of the American Academy of Occupational Medicine. In 1975 he edited A Textbook on Occupational Medicine published by Yearbook, and has published extensively in his field. He and his wife, Lillian, have three children, two of whom are studying at JMC. Dr. Zenz takes over his responsibilities as Alumni Trustee from Dr. Robert Evans '52, who resigned effective July after two three-year terms.

Dr. Peiken assumes a position reserved to give young alumni a voice on the Board. Dr. Marie O. Russell '70 served in this capacity for the preceding six years. Dr. Peiken, now doing work at the National Institute of Arthritis, Metabolism and Digestive Disease of the NIH, will begin a Fellowship in Gastroenterology at Massachusetts General Hospital in July 1978.

**Schizophrenia**

"About my fee," Pharmacology Professor Wolfgang H. Vogel paused in his acceptance of an invitation to speak about his research findings concerning the pathogenesis of schizophrenia. "I understand Elvis Presley gets $75,000 for an hour of his time, and I am better educated. But I will speak for free."

Dr. Vogel, noted at Jefferson for his distinguished teaching and fine rapport with students, has been studying the substance 5-methoxytryptamine (5-MT) in connection with schizophrenia for several years. He and his research group now have strong reason to believe that 5-MT may be a candidate for chemical involvement in the pathogenesis of the disease.

The compound 5-MT has long been known to produce abnormalities in animals, but the doses required were so large that it was not believed to be a particularly promising psychotomimetic substance. When Dr. Vogel began measuring how much of the compound actually arrives in the brain, he found that most of it is metabolized by the body before reaching the brain. The amount of 5-MT in the brain needed to produce abnormalities is actually very small. The compound, in fact, was found to be equipotent with LSD, thought to be the most powerful hallucinogen in existence.

Dr. Vogel also found that 5-MT, previously known to be present naturally only in animal brains, was present at autopsy in the human brain. "This means that the human brain actually manufactures a hallucinogen as powerful as LSD," Dr. Vogel explains. "Thus it seemed reasonable to hypothesize that even a slight irregularity in production or metabolism of the substance could cause abnormal behavior such as schizophrenia or other mental illness."

The compound has been tentatively linked to schizophrenia in several ways. Investigators at NIH, for example, have reported that 5-MT levels are elevated in the cerebrospinal fluid of schizophrenic patients. Dr. Vogel has had particular success in working with the enzyme monoamine oxidase (MAO), blood levels of which other researchers had inconclusively found to differ in schizophrenics and so-called normals. Using a different and refined method of enzyme determination, Dr. Vogel's study revealed a much clearer and more consistent differentiation between schizophrenics and non-schizophrenics. "We found that MAO was metabolized more slowly by schizophrenics. This has led us to speculate that a metabolic defect in the brain of the schizophrenic patient could cause the 5-MT to accumulate and produce the disease. Further research along these lines, of course, is necessary."

The detection of 5-MT in the brain requires very sensitive methods, because it occurs at nanogram levels (a nanogram is one billionth of a gram). The compound must also be separated from all the other chemicals present in the brain and then quantified. After selective solvent extraction it is reacted with a chemical to produce a fluorescent derivative. Following thin layer chromatography separation, it is quantified fluorometrically. Dr. Vogel is assisted in this work and in other aspects of the study by Jefferson graduate student Walter Prozialeck, senior medical student Wade Berrettini and psychiatric
resident Dr. Bradley Evans.

In the future the group plans to compare 5-MT levels in the blood and urine of schizophrenics to determine if these levels fluctuate with the patient's condition and to measure the effect of drugs on compound levels. Two prerequisites must be met before this phase of the work can proceed. It is essential to have the cooperation of psychiatrists who can evaluate the progress of the schizophrenic's condition as it relates to the study. It is also essential to increase sources of funding, institutional moneys being at present the major support. The National Institute of Mental Health has given scientific approval to Dr. Vogel’s proposal, but as all researchers know there can be something of a long time lag between favorable review and money in hand.

None of this, however, has discouraged Dr. Vogel, who is enthusiastic and hopeful. “The new research can open the door to precise laboratory tests for the diagnosis of schizophrenia. Of equal or even greater importance is the likelihood that our findings will advance the treatment of the disease.”

merveS Lecture

Olympic figure skating Gold Medalist Dr. Tenley Albright spoke about general surgery and athletics at the April 20th Merves Distinguished Lecture, held in Jefferson's Solis-Cohen Auditorium.

Dr. Albright, a 1961 graduate of Harvard Medical School, is now a general surgeon in practice with her father and her brother, affiliated with New England Baptist Hospital in Boston. The first American to win the World Figure Skating Championship in 1953 and 1955, Dr. Albright is still involved with sports and the Olympics, serving as a member of the Executive Committee of the U.S. Olympic Committee, a member of the President's Council on Physical Fitness and Sports and as a medical consultant for several national amateur athletic programs. She also has continued her own skating on a several times weekly basis.

The physician drew several analogies between the athlete and the surgical patient, pointing out that both require an intense psychological readiness and both experience pain. Using slides from the Innsbruck Olympics to illustrate her points, Dr. Albright spoke about the medical importance of patient preparedness for surgery. “It has been documented,” she noted, “that when a patient is frightened his breathing under anesthesia is more shallow, he has more profuse bleeding and more arrhythmias.”

In addition to commenting on medical topics of interest to her such as advances in vascular, cancer and thyroid surgery, Dr. Albright also discussed what has come to be called humanism in medicine. Emphasizing that personal involvement with patients is not the exclusive province of the family physician, she deplored the common notion that if you are interested in the whole person you don’t go into surgery. “It is so important for the patient that his surgeon does talk to him and explain procedures, give reassurance both before surgery and during recovery. It is also important for the surgeon, just as it is for the diagnostician, to listen to the patient.”

The Merves Lecture is an annual event, established in honor of the late Dr. Louis Merves ’37, a Clinical Associate Professor of Medicine at Jefferson. The Lecture was well attended as usual, and included members of the Merves family in the audience.

rural family practice

Jefferson has begun a cooperative arrangement with Franklin Hospital in Venango County for the education of medical students planning to practice family medicine. The 183-bed Franklin Hospital, located in the county seat of Venango County, is 70 miles north of Pittsburgh.

The specifics of the program are still in the planning stages, but cooperative research projects and community service programs as well as efforts in continuing education are expected to be included. The arrangement is part of Jefferson’s overall effort to help ease health manpower shortages in rural Pennsylvania. It will also enlarge the opportunities for Jefferson students interested in family practice.

symposia

In response to various requests from industry, Jefferson’s College of Graduate Studies held a three-day spring workshop on industrial toxicology to help those concerned better understand recent federal legislation in the area. The program, held April 25-27 at Jefferson Alumni Hall, emphasized practical approaches to problems and questions for industrial health personnel, chemists, and toxicologists, safety engineers, etc.

Program topics ranged in subject matter and specificity from offering overviews of industrial toxicology and legislation to discussions of exposure to chemicals via skin or inhalation and literature resources available to industrial health personnel. Utilizing small group workshops as well as lectures, the sessions covered toxicological problems in different industries and addressed the environmental impact as well as the health impact of toxic substances. The concluding lecture offered future perspectives on the role of the industrial health professional.

The faculty for the sessions included about 25 representatives of industry, government and academia both from within Jefferson and without. The organizing committee included Graduate School Dean Robert C. Baldrige, Jefferson professors Jan Lieben and Robert Snyder, the Manager of Toxicology Research at Rohm and Haas and an ARCO research engineer. More than 50 participants from industries throughout the U.S. attended. All the major oil companies were represented, chemical companies like DuPont and Union Carbide, drug and paper companies, Oscar Mayer Products, and even cosmetic concerns like Avon and International Flavors and Fragrances, Inc. all attended the sessions.

Philadelphia was also the site for the symposium “Hand Rehabilitation Correlated with Hand Surgery,” which was sponsored in late March by the American Society for Surgery of the Hand. Under course Chairman Dr. James M. Hunter ’53, Dr. Lawrence H. Schneider, who are both faculty members at Jefferson, and physical therapist Evelyn
Mackin of the Hand Rehabilitation Center, the meeting followed the concept of bringing together the surgeon and the rehabilitation team. The symposium had 386 participants from 44 states and three foreign countries.

**jmc relationships**

At the Dean’s Luncheon on June 8, 54 alumni and 1977 graduates were recognized for their strong family relationships at Jefferson. Among those present were two families whose Jefferson ties are rather exceptional.

Thomas Delehanty becomes the 12th member of his family with an M.D. from Jefferson. His father, Dr. John T. Delehanty, was a member of the class of 1939. His uncle Dr. Lawrence F. Corrigan, class of 1925, has been practicing in the Hazelton area for more than 50 years. Dr. Corrigan’s father was Dr. John J. Corrigan of the class of 1896.

Dr. Peter J. Savage, class of 1945, is just beginning the family tradition at Jefferson. Two sons graduated in June: Robert is a surgical resident at Rhode Island Hospital and Donald, presently at the University of Pennsylvania, will begin an ophthalmology residency next year. Dr. Kenneth Savage, class of 1974, is a cardiology Fellow in Philadelphia and the youngest son, Michael, is Jefferson class of 1981.

Other members of the class of 1977 and alumni fathers are Jeffrey S. Adam and Stewart I. Adam ’43; Ned B. Armstrong and Thomas S. Armstrong, Jr., ’41; Robert E. Atkinson and John B. Atkinson ’48; Wade H. Berrettini and Achilles A. Berrettini ’32; Michael T. Brady and John C. Brady ’40; Sarah Carty Brown and James B. Carty ’39; Geoffrey R. Burbridge and I. Ralph Burbridge, Jr., ’46; Ralph A. Carabasi, III and Ralph A. Carabasi, Jr., ’46; Carol A. Doroshow and Herbert S. Doroshow ’74J4; Edith S. Eisenhower and James S. D. Eisenhower ’43; David S. Eisen-ner and Abraham G. Eisen ’40; Robert Fine and Barnet Fine ’32; Ronald A. Fronduti and Luci an J. Fronduti ’34; William B. Funk and Vance A. Funk, Jr., ’43; Dale N. Goode and Norman J. Goode, Jr., ’43; Gregory A. Hoffman and Arthur F. Hoffman ’41; Gary R. Hopen and Joseph M. Hopen ’49; Eric G. John-son and Matthew E. Johnson ’49; Harry J. Knowles, Jr., and Harry J. Knowles ’42; Jeffrey M. Koffler and Arthur Koffler ’36; Robert M. Levin and Raphael A. Levin ’39; Scott P. Liggett and Charles L. Lig­gett ’54; Lawrence A. Marten and Mil­ton L. Marten ’37; William B. McNamee, Jr., and William B. McNamee ’50; Robert J. Miller and Charles F. Miller ’47; John H. Robinson and Edward H. Robinson ’49; Kevin G. Robinson and William P. Robinson ’37; John M. Samms and Virgil W. Samms ’50; Joan N. Storer and Alexander Storer, Jr., ’44; Paul J. Urban and Joseph T. Urban ’33; Sandra M. Wolf and Robert A. Matthews ’28; Jack R. Woodside, Jr., and Jack R. Woodside ’49; Robert M. Zukoski and Frank J. Zukoski ’42.

**class of 77**

June 10 was graduation day for 223 senior medical students, 12 Ph.D.s and 15 M.A.s in the Graduate School, 24 B.S. Medical Technology students and 57 baccalaureate nurses. Of the graduating medical students, there were one summa cum laude, three magna cum laude, and eight cum laude awards. The traditional ceremony at the Academy of Music was highlighted by the individual presentation of diplomas to all graduates. Medical scientist Derek E. Denny-Brown, educator Millard E. Gladfelter and physician-scholar and former Magee Professor of Medicine at Jeffer­son Hobart A. Reimann were awarded honorary degrees.

Class day activities for medical and graduate students were held June 9 when the awards and prizes for gradu­ates were presented. The Alumni Prize, awarded to the senior with the highest four-year cumulative average this year went to Jeffrey B. Cross with honorable mention to Michael T. Brady. Some of the other prizes of note: Randy V. Campo, the Henry M. Phillips Prize in Medicine and the William Potter Memorial Prize in Clinical Medicine; J. Hartley Bowen, III, the Henry M. Phillips Prize in Surgery; Stephen H. Fehnel, the Obstetrics and Gynecology Prize; Herbert Patrick, the Arthur Krieger Memorial Prize in Family Medi­cine; Jean Halpern, the Alexander and Lottie Katzman Award in Gastroenterology, and the Upjohn Achievement Award for clinical proficiency.

Faculty Christian R. and Mary F. Lind­back Awards for Distinguished Teaching went to two well-known Jefferson Professors this year. Dr. Warren R. Lang ’43, Professor of Ob-Gyn and Associate Professor of Pathology received the basic sciences award and Dr. Edward H. McGeeve ’45, Professor of Family Medicine and Associate Professor of Medicine, was the clinical sciences award winner. These awards are considered a great honor, because recipients are chosen by the students themselves.

**faculty changes**

August Epple promoted to Professor of Anatomy
Benjamin M. Galkin promoted to Professor of Radiology and Professor of Radiation Therapy and Nuclear Medicine
Joseph S. Gonnella promoted to Professor of Medicine
Harold Graff appointed Clinical Professor of Psychiatry and Human Behavior
Koson Kuroda promoted to Clinical Professor of Radiology
Paul A. Liberti promoted to Professor of Biochemistry
Francis Naso promoted to Professor of Rehabilitation Medicine
Anthony J. Repici ’39 promoted to Clinical Professor of Pediatrics (Our Lady of Lourdes)
Bertram A. Rutenberg appointed Professor of Psychiatry
Michael L. Simenhoff promoted to Professor of Medicine

**senior portrait**

Professor of Neurology and Professor of Pathology (Neuropathology) Richard G. Berry says his approach to teaching is to try to make his students think like future physicians. This year’s senior class portrait subject and 1975 Distinguished Teaching Lindback Award recipient un-
derstandably offers no other insights about his obvious popularity with the students. The students themselves, whom he has ample opportunity to meet as neurosciences coordinator for the freshmen, co-coordinator for the neuroscience senior elective and sophomore neuropathology teacher, say his modesty and low key manner are part of the reason he is held in such high regard. His contributions to the freshman neurosciences program receive particular praise, and students find his professional competence complemented by fairness, openness and an obvious and premier interest in them.

Dr. Berry first joined the Jefferson staff in 1954 as an Associate Professor of Neurology. He had had a previous Jefferson association, however, as a resident studying under Dr. Bernard J. Alpers. A graduate of Wesleyan University and Albany Medical College, Dr. Berry spent 11 years in the Navy Medical Corps and had held teaching appointments at Georgetown and the U.S. Naval Medical School in Bethesda. In addition to his faculty position at Jefferson, Dr. Berry is also Director of the Neuropathology Laboratory.

The physician, whose major research interests are the neuropathology of vascular disease and aging, is a past President of the Society of the Sigma Xi and the Philadelphia Neurological Society. Licensed in Pennsylvania, New Jersey and the District of Columbia, he is certified by the American Board of Psychiatry and Neurology. He is a member of the American Neurological Association, the American Academy of Neurology and a former Vice-President of the American Association of Neuropathologists.

The senior portrait tradition is one of Jefferson's most vital, and although portraits are presented by various groups, presentation by the senior class is considered one of the greatest honors a professor can receive. Dr. Berry's portrait was presented on May 24 in McClellan Hall, and was followed by a reception in Jefferson Hall to which the entire senior class were the first invitees. The portrait was done by José F. Marcote.
From Broad Street
To Peking
With Hobart Reimann

These pastels by Hobart A. Reimann, former Magee Professor of Medicine at JMC and recipient of a 1977 honorary degree, were part of an exhibit of 40 displayed last spring at the Philadelphia Country Club. Dr. Reimann, who has been drawing seriously for the last ten years, has done hundreds of works, including two large portraits of Emeritus faculty members at Hahnemann which hang in the College Library. Eighteen of the country club works were purchased, and his "Pretzel Man," another Broad Street Scene, was featured on a cover of JAMA.
1917
Frank W. McCorkle, 1045 Forrest Ave., Gadsden, Ala., writes that he is still doing general practice four days a week, but "No OB after 8500 babies. Have remarried and am planning trip to Germany to see one of my twin girls."

1920
Cesar Dominguez-Conde, P.O. Box 699, Humacao, P.R., writes that he is now spending most of his time in Puerto Rico, but still keeps his second home in Miami. He has been retired for 10 years but still visits his hospital (Clinica Oriente) every morning when he is in Puerto Rico.

1924
Samuel S. Shapiro, 340C Narragansett La., Rossmoor-Jamesburg, N.J., retired in 1976 after 50 years of practice in general medicine to "quiet and peaceful life at Rossmoor."

1925
Irving J. Stewart, 529 Kings Hwy, Swedesboro, N.J., was honored by the Gloucester County Medical Society for his 50 years of service, marking his retirement. Dr. Stewart had a general practice in Swedesboro, New Jersey.

1926
William Fox, 251-174th St., Apt. 1108, Miami Beach, is living in retirement with his wife of 50 years (not her age). One very sad note: "the sudden death of our only son, one year ago. Life can be cruel."

1927
Fred J. Miller, 2309 Camino Primavera, Bakersfield, Ca., will retire this year and move to the beach for "all-year recreation."

1930
Cecil H. Coggins, 200 Glenwood Cir., Monterey, Ca., is a retired rear admiral and now enjoys golf, chess and writing a book.

1932
C. Earl Albrecht, Wirtz, Va., planned a Best of Alaska Cruise this summer for friends and alumni. The group of 30 left July 22 and traveled till August 6. "A great experience was provided for a lasting memory of our last great frontier."

1933
John R. Bower, 1669 Garfield Ave., Williamsburg, Va., recently took a 16-day Greece and Aegean Island cruise. "Would have gone with Jeff group to Italy but was not interested in visiting the French Riviera. Visited Italy in 1975."

1935
Emanuel Sufrin, 5406 Browning Ln., Merchantville, N.J., is an Honorary Clinical Assistant Professor of Medicine at Jefferson.

1938
Walter A. Boquist, 719 Hillcrest Blvd., Philadelphia, N.J., was given a testimonial dinner upon his retirement. Three hundred persons attended, including colleagues on the Warren Hospital staff, former patients and friends. Dr. Boquist is a former Chief of Surgery at Warren Hospital and President of the Medical and Dental staffs there.

1942
Edgar T. Gibson, 928 Kresson Rd., Cherry Hill, N.J., has been appointed an Instructor in Surgery at Jefferson, Our Lady of Lourdes affiliate.

1943
Warren R. Lang, 1919 Chestnut St., Philadelphia, has been promoted to Associate Professor of Pathology at Jefferson. He also
holds the rank of Professor of Obstetrics and Gynecology. Dr. Lang received this year's basic sciences Lindback Award for distinguished teaching.

Joseph F. McCloskey has been appointed Associate Director of Pathology Service and Clinical Laboratories at Methodist Hospital where he has been on staff since 1952. Dr. McCloskey is a Professor of Pathology at Jefferson.

1944S

William S. Rothermel, 3750 Fulton Dr., N.W., Canton, Oh., has been named a Fellow of the American College of Radiology. He is affiliated with Aultman and Molly Stark Hospital in Canton as well as several others. His son, Bill, has one more year to finish of a general surgery residency. His son's wife, Lou, has one more year of a pediatric residency. Both are at OSU.

1947

Edwin Boyle, Jr., 3706 Palm Blvd., Isle of Palms, S.C., resigned as Research Director of the Miami Heart Institute and is Professor of Medicine at the Medical University of South Carolina, working in Preventive Medicine on aging and senility. He and his wife, Ethel, and four children are living in an ocean front home in Isle of Palms.

Luther F. Corley, Jr., Box 517, Boaz, Al., writes that he has sons in both the freshman and sophomore classes at Jefferson.

Gerald D. Dodd, Chief of Diagnostic Radiology at the University of Texas M.D. Anderson Hospital and Tumor Institute, has been elected to the Board of Governors of the American College of Radiology. Current President of the American Thermographic Society and former Chairman of the ACR's Commission on Cancer, Dr. Dodd is a Professor of Radiology at the University of Texas Medical School.

John J. Dowling, Chief of Orthopaedic Surgery at Lankenau Hospital, served as a panel member on a symposium "Round Cell Tumors of the Bone" during the meetings of the Radium Society in Las Vegas. He also was profiled in an article in the Standard and Times for his work at St. Edmund's Home for Crippled Children in Rosemont, Pennsylvania. His son-in-law, Dr. Frank X. Delone, Jr., graduated with the class of 1977.

1948

R. William Alexander, 544 Elm St., Reading, Pa., has been named a Fellow of the American College of Radiology. He is affiliated with Hamburg State Hospital and Lebanon Veterans Administration Hospital.

Charles P. Carson, 514 Brookfield Rd., Drexel Hill, Pa., has been appointed a Clinical Associate Professor of Pathology at Jefferson, Daroff affiliate.

Joseph V. Conroy, 214 Inman Ter., Willow Grove, Pa., has been elected President of the Medical Staff of Holy Redeemer Hospital in Glenside, Pennsylvania, where he is Director of the Hospital's Department of Surgery. He is a former Chief Surgeon at Fort Dix and Fort Carson Army Hospitals.

1949

Stanley J. Gusciora, 301 Lexington Ave., Passaic, N.J., is President of St. Mary's Hospital Medical staff in Passaic, New Jersey. He practices medicine in Clifton.

Richard M. Whittington, 2040 N.W. 46th St., Gainesville, Fl., is Chief of staff at the Gainesville V.A. Hospital. The hospital is associated with the University of Florida School of Medicine where he is an Assistant Dean and Professor of Medicine.

1950

Antonio E. Everts-Suarez, 303 Georgian Dr., Riverton, N.J., has been promoted to an Associate Professor of Pathology at Jefferson.

Frank E. McElree, Jr., 205 Lynwood Dr., Greenville, Pa., has been elected to the Board of Trustees of Allegheny College in Meadville, Pennsylvania. A 1947 alumnus of Allegheny, Dr. McElree is a surgeon in Greenville.

Irwin N. Perr, Rutgers Medical School Department of Psychiatry, Piscataway, N.J., is Vice-President of the newly organized American Board of Forensic Psychiatry. He is also Speaker in the Assembly of the American Psychiatric Association.

Donald K. Sass, Holly Ln., R.D. #2, Woodstown, N.J., has been appointed a Clinical Assistant Professor of Radiation Therapy and Nuclear Medicine at Jefferson, Cooper affiliate.

1951

Louis Beer, 324 W. Broad St., Bethlehem, Pa., was honored as Citizen of the Year by the Bethlehem Elks Lodge. He is a member of the Civil Service Board of examiners for city engineers and a member of the Bi-City Health Bureau.

Vincent J. McPeak, 357 Moreland Rd., Huntingdon Valley, Pa., has been appointed a Clinical Assistant Professor of Obstetrics and Gynecology at Jefferson.

Frank J. Sweeney, Jr., Vice President for Health Services, at Thomas Jefferson University, was elected to a five-year term as Regent at the April meetings of the American College of Physicians in Dallas. Prior to his new position, Dr. Sweeney had served as Governor of Eastern Pennsylvania for seven years.

1952

Robert A. Ebersole, 319 W. Holland St., Archbold, Oh., writes that his son, Dan, graduated from Ohio State University Medical School this June. He was unable to attend his 25th reunion at Jefferson since it fell on the same day as the graduation.

Kurt E. Lauer, 4580 Broadway, New York, is continuing in a private internal medicine and cardiology practice. He was promoted to Attending in cardiology at Jewish Memorial Hospital. He is also on staff at St. Clare's and St. Elizabeth Hospital in New York City.

Edward M. McNinch, 1820 N.W. Edgehill, Camas, Wa., was recertified this year. He attended three graduations this spring, two of his children from college and one from high school.

'48 at Seaview

Perfect weather, wonderful golf and good friendship mark the 29th annual reunion of the Class of '48 at the Seaview Country Club at the Jersey shore on Memorial Day weekend of May 1977.

Twelve members of the class with family and friends attended. George O'Donnell of Wilkes Barre, presented the academic section which was devoted to the subject of "Emergency Medical Care Facilities at the time of Acute Natural Disaster." The lectures were followed by the annual Class of '48 golf classic. Tom McBride, 1976 winner, retained the net score trophy while Nancy O'Donnell, the first female winner in the history of the Classic, received the gross score trophy after an appropriate eulogy by Jim Daly. A cocktail party in the suite of Rudy and Marie DePersia was followed by a dinner-dance in the famous dining room of Seaview.

Plans for the 30th Reunion in '78 were reviewed and a committee was appointed consisting of Mimi and Pat Frank, Jim and Nancy Loftus and Kim and Ilene Daly plus interested friends. The choice will be between a west coast location or St. Andrews in Scotland.

Norman Quinn
After 45 Years

In Medicine,

Jacob Lichstein '32

Reminiscences

John O'Hara

John O'Hara had written thirteen novels and 374 short stories before he died, April 11, 1970 at sixty-five. During his lifetime he had been awarded no great prizes for his work. This was not true of his friend and contemporary, Ernest Hemingway. They did have one thing in common, however: they were both doctor's sons. They both went out on calls with their fathers in their boyhood and these experiences became literary raw material which they used in their writings.

O'Hara's father practiced medicine and surgery at the turn of the century in Pottsville, Pennsylvania and graduated from the University of Pennsylvania Medical School in 1892. Pottsville served as the Gibbsville in O'Hara's novels and stories, and one of his most memorable early short stories was called The Doctor's Son.

The doctor-father of the protagonist in Appointment in Samarra, considered by many O'Hara's best novel, was obviously modeled after his father, and the author prided himself on his detailed knowledge of Pottsville's medical practitioners.

Reading one of his later novels Ourselves To Know written in the Sixties, I thought that I had caught him in an error. One of his characters, a graduate of Jefferson Medical College in Philadelphia, constantly referred to his alma mater as "The Jeff." I was a Jefferson graduate in the Thirties and as far back as I or any other alumnus could remember our school was always "Jeff."

In an attempt to correct this small footnote to social history, I sent O'Hara a note at his home in Princeton. He answered almost immediately:

LINE BROOK
Pretty Brook Road at Province Line Road
R.D. 2 Princeton, N.J.
24 December '63

Dear Dr. Lichstein:

My father was M.D. University of Pennsylvania 1892. Three of my uncles went to Penn. At one time there were 48 M.D.'s in my hometown, most of them graduates of Penn, Medico-Chi, Hahnemann and the Jefferson Medical College. I saw Da Costa operate. John B. Deaver was one of my father's best friends (as his son is now a friend of mine). My brother-in-law is Robert M. Wylie, the great thoracic surgeon and his father was R. H. Wylie, M.D. and his uncle was W. Gill Wylie, M.D. So much for my familiarity with the medical profession which I could expand, but the point is that all my life I have listened to the conversations of doctors and I practically never heard them refer to your alma mater as anything but The Jeff.

But thank you for your letter.

Faithfully,

John O'Hara

Soon after, I answered O'Hara. In part my letter said, "I very much appreciate your reply to my "The Jeff" footnote in Ourselves To Know. I suspect your rich medical exposure, but not to the extent you document in your letter ... I am sending you my Class Record Book which I note on casual inspection refers to Jefferson as "Jeff" about ten or twelve times. I hope also that you may derive some pleasure in glancing through this social document of a Pennsylvania institution of the thirties. Please return the book at your leisure. I should like you to feel that my preoccupation with this small point is not impelled by any carping attitude. It might rather be viewed in the context of my respect for your entire literary contribution." O'Hara returned my Jefferson Class Record without comment.

John B. Deaver

What to do with one's life? That was the question posed for a South-Philadelphia born boy like myself just before high school graduation and about to enter Penn. In deciding to settle the future at sixteen, I was led to witness John B. Deaver's surgical skill to answer the question of my archetypal Jewish mother: Can you stand the sight of blood? My best friend at Northeast High, Charley Thompson, was planning to study medicine (he later became a professor at Hahnemann and a prominent Philadelphia physician). He told me the great Deaver operated every Saturday afternoon on free clinic patients at the Lankenau Hospital (the old German Hospital on Girard Avenue).

Two hours after I arrived at the small amphitheatre one Saturday the pans and instruments were wheeled in; the assistants scrubbed; the nurses circulated; residents and local referring physicians filled in the seats about me. The first patient, scheduled for a cholecystectomy, was wheeled in.

Deaver entered. I noticed first that he was wearing shining leather riding boots, ostensibly as I was told later to keep his feet dry during the long operating afternoon. He was ramrod tall; his manner was imperious; his waxed silver-grey mustache pointed stiffly. He appeared ready to ride with the hounds at a fox hunt in nearby suburban Radnor. His eyes glinted fiercely as he looked up at us, but there was a hint of humor in them as well.

He asked questions pointing his scalpel at everyone but me. As he operated continuously, he did, among others, a hysterectomy, an appendectomy, and a bilateral salpingo-oophorectomy. The towels piled up around his feet, the antiseptic smell, I remember, pervaded the small amphitheatre but there was little blood, and I was not repelled. Rather, I found myself intrigued. There was a sense of power in the air, of intellect and technique, of a challenge to meet, of a single life at stake. One could make a difference by one's efforts. "He who saves one life, it is as if he has saved the whole world."

I was bemused when late in the afternoon I took a trolley home. In the Kensington factory district where we lived I walked up the stairs, my mother asked me, "Well, how did it go? Did you faint or something?" "No problem," I said. I applied for the premedical course at the University of Pennsylvania that summer.

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John Chalmers Da Costa

In the first weeks as a freshman at Jefferson I was told to cut my Wednesday one o'clock class to listen to Da Costa, of whom I had never heard. Everybody cut class to hear him, and dozens of doctors took off from their practices in Philadelphia to hear him.

As I walked to the doors of the Main Hospital Building a long black car pulled up to the entrance in the alley next to the medical school. A wheelchair was waiting. Two burly gentlemen stepped out rather solemnly. I wondered what instructive medical problem was being admitted to the hospital in between the hurrying doctors. I stopped to inspect him carefully. Inside the car he grasped two long built-in bars with gnarled arthritic hands. He was not able to use his legs at all, he was unable to turn his head, and his eyes peered up at me almost belligerently beneath
a dark cap as he was picked up and placed in the chair by the two silent gentlemen. 

"Well, what do you see, young man?" he spoke out at me sharply. I didn’t answer but turned away wondering at the diagnosis of this strange, oddly composed man. I had been put down; my condescension had shown, and I was puzzled by a sense of sadness, of tragic overtones as I entered the crowded amphitheatre.

The clock over the entrance to the Pit said 1:00 P.M. The doors opened and to my shock and amazement, Dr. John Chalmers Da Costa, my putative diagnostic problem, was wheeled in by his bodyguards, Dr. Thomas A. Shallow and Dr. Henry K. Seelaus, Professors of Surgery. It was their weekly duty to bring their chief to his "dry" surgical clinic.

Once, at a "dry clinic" that I attended, he peered up at the top row of the amphitheatre over his glasses and asked a gentle-

"Gentlemen, I want you to meet Dr. Charles Mayo of Rochester, Minnesota, the greatest surgeon in America," said Da Costa. In response Mayo looked up at us and called Da Costa the greatest teacher of surgery America had ever produced.

Da Costa, of course, had come down with crippling rheumatoid arthritis at the height of his operating and teaching career. He was "Black Jack" then, had written a voluminous compendium on "Modern Surgery" from which we studied, and was himself a superb surgical lecturer.

I was to discover later that he had been a fire surgeon for the City of Philadelphia, rode with the firemen and felt that their efforts were unappreciated. After he was incapacitated to his second-story bedroom of his mid-town home-office, the firemen presented him at one of his birthdays with an alarm board which told him of all the fires in the city, night or day, from his bed. The fire horses learned to slow down at his door.

Da Costa was prouder of the fact that he was surgeon to the Firemen’s Pension Fund of Pennsylvania for thirty years than having been a collaborator on Saunders’ Medical Dictionary, editing, among others, the 17th Edition of Grays Anatomy and Ochsner’s System of Surgery or of writing addresses on "Medical Paris in Reign of Louis Philippe," “Trials and Triumphs of the Surgeon” and "Medicine of Fable."

Da Costa died May 16, 1933, but in one of his last clinics, a Jefferson sophomore student, John H. Gibbon, Jr., whose father also was a Jefferson Professor of Surgery, listened to Da Costa. He had been puzzling about the problem of pulmonary thrombosis as a post-operative complication. Not too many years later, together with his nurse-wife, the younger Gibbon in studying the mechanism of the formation of thrombi in animals, devised the first heart-lung machine.

1953

Charles V.R. Dauerty, Box 18, Constantia, N.Y., is now working part time in emergency room medicine at Lea Memorial Hospital in Fulton, where he also is attending anesthesiologist. "Can and does give some long week-ends." His oldest daughter is in a physician’s assistant course and his oldest son is in psychology.

1954

Robert A. Hinrichs, Corona del Mar, Ca., was elected to the Board of Directors of Hoag Memorial Hospital in Newport Beach. He was appointed by Governor Brown to the District B Board of Medical Quality Assurance. His older son, Mark, is a freshman at Amherst, and oldest daughter a B.S. nursing student at the University of Arizona.

Frances J. Nash, 75 Hinckley Rd., Milton, Ma., writes that her 16-year-old son, Peter, is with the Milton Academy Hockey team, which plays teams in Sweden, Finland and East and West Germany. His son Billy, age 12, was on a team that played hockey in Ottawa, Canada.

1955

Harry G. Light, R.D. #5, Bethlehem, Pa., is President of the Eastern Pennsylvania Chapter of the American College of Surgeons and President-elect of the Northampton County Medical Society. Also a "salmon fisherman par excellence."

John A. Marchesani, 619 White Horse Pike, Audubon, N.J., has six children, three in college. He is Chairman of the Department of Pediatrics at West Jersey Hospital in Camden.

Ernest L. McKenna, 418 E. Lancaster Ave., Wayne, Pa., has been promoted to Clinical Associate Professor of Otolaryngology at Jefferson, Bryn Mawr affiliate.

Darwin W. Rannels, 170 E. Main St., Danville, II., has received a ten-year Federal service pin award.

1956

Thomas G. Davis is Vice-President and Medical Director of Smith Kline & French Laboratories based in Philadelphia. He was previously President of Smith Kline Instruments, Inc., the corporation’s medical instruments subsidiary in Palo Alto, California. He has been a research Fellow of both the American College of Physicians and the American Cancer Society. He and his family are residing temporarily at 1500 Locust Street in Philadelphia.

Heny H. Sherk, 2647 Westfield Ave., Camden, N.J., is President of the Medical Staff at Cooper Medical Center in Camden.

James L. Stone, 2019 S.E. 13th St., Ocala, Fl., is President of the Marion County Medical Society.

1957

Robert M. Baird, a Board certified neurosurgeon, has joined the staff of Pocono Hospital in East Stroudsburg, Pennsylvania. His new office is at 243 East Brown Street.

J. Ronald Halenda, R.D. 2, Box 7, Atwater Rd., Chadds Ford, Pa., writes that he has been married nearly seven years with two children, Natasha, age five, and John, age four. He practices pediatrics at the Media Clinic, a 44-man specialty group. He is Chief of Pediatrics at Riddle Memorial Hospital. He and his wife, Helly, would like to see classmates if they’re in the area.

William D. Inglis, 4305 Lyon Dr., Columbus, Ohio, sent regrets that he could not attend his 20th reunion but because of a happy occasion he was on his honeymoon. He is an intern in practice at the W. F. Millhon Medical Clinic in Columbus. Two of his associates are Drs. William A. and Judson Millhon ’55.

Marvin A. Sackner, 300 W. Riva Alto Dr., Miami Beach, wrote that his schedule did not permit attending the 20th in June but sent his best to all classmates. He has been elected Chairman of the Subspecialty Board of Pulmonary Diseases and to the Governing Board of the American Board of Internal Medicine. Dr. Sackner also is Vice President of the American Thoracic Society.

Paul C. Schroy, 311 Cooper St., Woodbury, N.J., has been appointed an Instructor in Surgery at Jefferson, Methodist affiliate.

1958

Frank T. Carney, 510 Elk mud Ln., Johnstown, Pa., was the first physician to be elected to the Board of Trustees at Conemaugh Valley Memorial Hospital in Johnstown. He was elected to the Board last February.

Farrell R. Crouse, 101 N. Main St., Woodstown, N.J., has opened an office for the practice of psychiatry in Woodstown. "Grace and I are enjoying our new home. Our son Farrell is 13."

Francis V. Kostelnik, P.O. Box R, Hellertown, Pa., has been promoted to a Clinical Assistant Professor of Pathology at Jefferson.

Dominic F. Nappi is President of the Medical Staff of St. Agnes Medical Center. He practices orthopaedics in South Philadelphia.
Floor-to-ceiling stacked drawer bins of meticulously ordered bones make the corridors around his office even more of a labyrinth than the usual vintage government building in Washington. The reception area visitor’s book is full of entries: “Consultation with Dr. Angel on Fort Campbell ‘found jawbone,’” “bringing in skull,” “return caliper set to Dr. Angel,” and numerous “GW student—study bones.” His conversation is replete with paleoanecdotes like the time in Turkey he saw the reputed skeleton of Santa Claus. “Actually St. Nicholas,” he qualifies, “But the bones had obviously come from several different people.”

He is J. Lawrence Angel, since 1962 Curator of Physical Anthropology at the Smithsonian Institution. Jeffersonians might remember him better, however, for his nearly 20 years as an anatomy professor and researcher in physical anthropology at the Medical College.

The Alumni Office receives many requests for updates on the career progress of former faculty members, and Dr. Angel’s post-Jefferson activities must certainly number among the most interesting. Although the title “curator” implies caring for a collection (which he does—the 30,000 human skeletons accumulated by the Smithsonian are in his charge), for a man of Dr. Angel’s curiosity and personal involvement in his subject the job entails a great deal more. In the words of one associate, “Dr. Angel takes care of all the business anybody hands him.” An unpredictable part of that business, for instance, involves consulting on a day-to-day basis with almost anyone who needs professional advice on a bone. “One afternoon,” he recounts, “a mother and son came in unannounced with a huge bone they’d found half buried near the Anacostia River. It was obviously not human, but it was hard to imagine an animal of that size in that essentially residential location. After some research we found that this area had once been used to unload animals shipped in for a small zoo nearby. The bone I was given was a 100-year-old giraffe bone.”

Dr. Angel also has responsibility for exhibits in his specialty at the Smithsonian’s Natural History Museum, an upper floor of which houses his office. The Museum’s Exhibit Office actually fashions the displays, but Dr. Angel and staff provide the scientific authenticity. The most recent effort, a panorama of a Neanderthal burial scene which follows in detail an excavation site in the south of France, is a case in point. The exhibit portrays a man and a woman at the site of a still-open grave. The tone and scale of the display are moving in themselves, but it is the details that excite Dr. Angel. Each person in the exhibit, for example, has a different color hair, reflecting the scientist’s belief that all the modern pigmentations were in evidence in Neanderthal times.

“And the corpse wrapped in bear skin,” An-
gel notes, “is our projection from the bear teeth found intermingled with the skeletal remains at the excavation site.” Real people were used as models for the Neanderthals including the photographer who took the facing picture of Dr. Angel.

Fittingly enough, research is the major focus of his position as Curator, and work that he is now doing on the paleopathology of certain anemias related to falciparum malaria he began at Jefferson with Dr. Kenneth Goodner. His long-time interest in obesity and aging was reflected in studies he did at Jefferson attempting to correlate a predisposition to various diseases with constitutional factors and genetic background. He also measured a sample of medical students following freshmen through their four years, predating a relationship between their rate of aging and obesity. “Paleopathology as a discipline,” says Angel, “is getting closer to medicine all the time.” The book he mentions quickly he still wants to write is one relating health and disease to the rise and fall of civilizations.

The work that initially brought Lawrence Angel to the attention of the Smithsonian, however, was his research on the Greeks and other ancient Mediterranean skeletal populations. Dr. Angel’s interest in Greek and Mediterranean peoples dates from his Harvard graduate school days. His thesis advisor was anxious to see work done in certain parts of the world before World War II made it impossible. Angel was assigned to Greece in part because he had family ties there including a grandfather who helped to found the American School of Classical Studies in Athens. Resulting in many journal publications over the years, including his time at Jefferson, Dr. Angel’s Mediterranean studies have also produced two books, Troy: The Human Remains and The People of Lerna.

Dr. Angel’s research studies are not confined to one geographical area, however, nor to medically oriented aspects of physical anthropology. One of his particular interests, paleodemography, is a tremendously complex and often interdisciplinary endeavor through which a whole picture of a population including the life expectancies, occupations, nutritional and economic status, etc. can be revealed. His work has also related to ecology, microevolution and social biology. Angel is now working on a skeletal history of the United States from colonial to modern times. Most of his samples, of course, come from archeological digs, but a surprising number are donated by families of the deceased.

The wording of the Smithsonian charter, Dr. Angel is quick to point out, is broad enough that the Institution could have become a university instead of or in addition to a museum. Angel’s own interest in teaching has never wavered, and in addition to teaching an undergraduate course in physical anthropology at George Washington University on his own time, the Curator enjoys educational responsibilities as part of his Smithsonian schedule. Smithsonian Fellows, pre- or post-doctoral, have been trained by him and he is involved in advising and training in-house personnel known as docents who perform a variety of public information tasks. Dr. Angel has advised G.W.U. master’s degree candidates and students from Howard University where he also taught for five years, but notes with regret that no Ph.D. program in physical anthropology exists in the Washington area. There seems little doubt that he’d be very pleased to see the Smithsonian help fill that void if the procedural questions could be resolved.

It is discouraging to have to point out that, in Washington, politics can even have ramifications for a scholarly office at the end of a bone-lined hallway. Under Angel’s charge at the moment, for example, is the skull of one “Captain Jack,” a Modoc Indian who was hanged by the Army in 1876. Several years ago sentiment was aroused in the Modoc tribal home of Oregon to have Captain Jack’s skull returned to his descendants. While the problems involved are infinitely too complex to detail here, the basic difficulty is not Dr. Angel. He is willing to return the skull provided someone suitable can be found to take responsibility for it. Captain Jack has no living direct descendants, however, and the Oregonian groups that want the skull can’t agree on terms: one faction would be satisfied simply by its return; another insists the skull cannot be suitably buried for religious reasons without the rest of its skeleton. The Smithsonian does not have the rest of the skeleton, and no very clear idea exists on anyone’s part where to look for it, even assuming the cost of the search could be funded. Both Oregon Senators, former President Ford and any number of Oregon state politicians have joined the fray, and letters from angry Oregon school children continue to cross the desks of all those involved.

Characteristically Dr. Angel’s concern throughout has been to protect the skull from exploitation and to accord it what he calls the courtesy which all skeletal remains receive in his care. For all its notoriety, Captain Jack has never been exhibited, and Dr. Angel agreed to its return to Oregon only on the condition that it never be exploited in this manner. Dr. Angel notes that similar difficulties without the political overtones arose about cadavers when he taught in Jefferson’s old D.B.I. “Fortunately,” he says, “at D.B.I. everything was always resolved prior to dissection.”

Somewhat anomalously for so scholarly an individual, Dr. Angel is probably best known for his consultant work with the F.B.I. in forensic anthropology. Serving as an expert witness at trial has only been necessary about 10 times. However, at least one set of bones per week arrives at his office for identification, and Dr. Angel begins the laborious and often tricky investigations that have earned him the nickname “Bone Man of the Smithsonian.”

Details as small as a tooth out of line or as bizarre as a build-up of bone tissue indicating a lifetime of horseback riding have helped Angel make positive identifications when no one else could. X-rays are invaluable to the process, but are certainly not sufficient in themselves to the untrained eye. Flesh on a bone X-rayed in life modifies the angle of the beam and bone fiber distance, making it impossible to superimpose the X-ray of even a well-preserved bone remain. Teeth provide the surest means of identification, although the pubic bones also convey a great deal of information.

In part because the way the remains are handled can be crucial to their identification, Dr. Angel began giving a course each December at the Smithsonian to teach law enforcement officials and forensic pathologists how to deal with dry bones. The course is affiliated with the Johns Hopkins School of Public Health and attracts about 20 interested people annually from all over the United States.

The variety of his life’s work is its attraction to Lawrence Angel and probably helps account for some of the interesting contradictions in Angel himself. Although his forensic work takes up increasing amounts of his time, for example, the only reference to it on Angel’s C.V. is his faculty appointment at Johns Hopkins. And the man who says he has nightmares about a mischievous child escaping parental supervision in the Museum’s exhibit area and disarranging those 500 carefully ordered drawers of bones, found on his own shelves while searching in vain for a photo to illustrate this article: a picture of his 35-year-old daughter as a Girl Scout; a series of photos he called “my Macedonians;” and, among other objects too numerous to include, another collection which he recognized as, “Oh, the lady who got stumped.”

A picture of himself teaching in the old Jefferson “Pit” hangs on a wall across from this multi-content-ed set of shelves, and Dr. Angel retrieves another Jefferson connection from his mélange of memories, this one related to his current sabbatical back in the Mediterranean. One of his former Jefferson graduate students, Hillel Nathan, is now the Head of Anatomy at Tel Aviv University. He provided the impetus for Angel’s trip, inviting his former mentor to speak at an international summer symposium in Israel on physical anthropology. J.R.M.
1959

Henry B. Borska, 1573 Arran Wy., Dresher, Pa., has been appointed a Clinical Instructor in Family Medicine at Jefferson, Chestnut Hill affiliate.

Stuart B. Brown, 7925 S.W. 135th St., Miami, has been in the private practice of child neurology for the past year and is delighted. "Freedom from the full-time academic bureaucracy has been a true pleasure. I continue to teach on a part-time basis, thus having the best of both worlds."

John J. Danyo, Upland Rd., York, Pa., writes that he and his wife, Sally, have five children, a daughter and four sons. He is President of the York County Medical Society.

Leonard F. Greenberg, 1335 Tabor Rd., Philadelphia, is Chief of Medicine at Warminster General Hospital.

James L. McCabe, Jr., 430 Owen Rd., Wynnewood, Pa., has been promoted to Clinical Assistant Professor of Medicine at Jefferson, Bryn Mawr affiliate.

1960

Milton L. Friedman, 7201 Large St., Philadelphia, is in general practice with Dr. Leon Shmokler '51. Dr. Friedman is Vice-President of the Rittenhouse Astronomical Society of Philadelphia, and spoke recently on optics in astronomy at a Franklin Institute meeting.

1961

David J. Graubard, 340 Chatham WY., Mt. View, Ca., writes that he recently married June Rothermel. "Spent three weeks in England in September 1976 attending the International Combined Orthopaedic meeting."

James S. Horewitz, 5675 Chelton Dr., Oakland, Ca., just finished writing a text on couple and family therapy.

Emilio A. Roncace, 130 N. Haddon Ave., Haddonfield, N.J., has been promoted to Clinical Associate Professor of Otolaryngology at Jefferson.

1962

Anthony M. Giampetro, 126 Partree Rd., Cherry Hill, N.J., has been promoted to Clinical Assistant Professor of Medicine at Jefferson, Methodist affiliate.

Jerald M. Rosenbaum, 153 Englewood Rd., Longmeadow, Ma., will complete his 10th year as pathologist at Baystate Medical Center in Springfield. "Barbara and I have three growing boys, Larry 14, Andy 11 and Josh, nine, all baseball nuts in general and Red Sox fans in particular."

1963

James E. Barefoot has been elected President of the Windber Hospital staff in Johnstown, Pennsylvania.

Joseph C. Flanagan, Lankenau Medical Bldg., Philadelphia, has been promoted to Associate Professor of Ophthalmology at Jefferson, the Wills Eye and Lankenau affiliates.

1964

Leroy S. Clark, 19242 Bernetta Pl., Tarzana, Ca., Director of the Radiology Department at the Medical Center of Tarzana, delivered a paper on computerized tomo-

A JMC Alumnus First Described Huntington's Chorea

Medical history is one of those subjects that seems to excite passionate interest or uncompromising aversion. Jefferson, as one of the oldest medical schools in the country, has been a source for devotees of innumerable medical advances of historic import, many of which routinely appear in these pages. The latest bit of Jeffersoniana to come to our attention concerns Huntington's chorea or disease, a condition first described in 1841 by recent JMC graduate C.O. Waters.

In a May 5, 1841 letter to Jefferson's Professor Robley S. Dunglison, which Dunglison published in his 1842 textbook The Practice of Medicine, Waters described an hereditary disease especially common to the Long Island, New York area. Vulgarly referred to as "the magrums" for no ascertainable reason, the condition, to quote Waters, "consists essentially in a spasmodic action of all or nearly all, the voluntary muscles of the system—of involuntary and more or less irregular motions of the extremities, face and trunk... The expression of countenance, and general appearance of the patient, are very much such as are described as characteristic of chorea."

Waters goes on to give what he calls "a general—though perhaps not very lucid and satisfactory—account of this singular malady, including its characteristic onset in adult life first indicated by spasmodic twitchings usually of the fingers, and its gradual, inevitable, inducement of dementia. He also mentions that one of his patients, a man with a reputation for honesty, insisted that instrumental music except that of the "Jews Harp" was an effective means of inhibiting the muscle spasms in Huntington's disease. "But it was not in my power to test the truth of this statement," he added.

Scientists today know that Huntington's disease is transmitted as an autosomal dominant gene, with children of carriers having a 50/50 chance of inheriting the Huntington gene. No positive means of identifying carriers before clinical onset is currently available. Huntington's disease is not limited to Long Island, or even to the United States, but has occurred throughout the world. The Huntington's Chorea Foundation and the Committee to Combat Huntington's Disease, organized by the widow of folksinger Woody Guthrie who died of the illness in 1967, are the major sponsors of scientific research on the subject.

The disease, it should be noted, is not referred to as "Water's chorea" because of one of those accidents of chance with which modern scientists also contend. Although the disease was publicly described for the second time by another Jefferson alumnus, C.R. Gorman, in his 1846 thesis, and by two additional physicians in 1859 and 1863, it was an 1872 paper by one George Huntington that caught the attention of Sir William Osler. His interest and influence were evidently sufficient to consign Waters, Gorman et al. to the footnotes of medical history.

J.R.M.
1965
Edward R. Corcoran, 4609 San Jose St.,
Tampa, Fl., is in his second year of pathology
residency at the University of South Florida.
"We adopted a baby boy (Andy) in September
1975, so we moved to a larger home when he
started climbing stairs and getting into everything."

Merle S. Edelstein, 246 Wynocyte Rd., Jenk-
town, Pa., has been appointed an instructor in psychiatry and human behavior at Jefferson.

John A. Hildreth, 720 Pelican Wy., N. Palm
Beach, Fl., is Chief of Staff at Palm Beach
Gardens Community Hospital.

William B. Wood is an Associate Professor
of Health Sciences at Mankato State Uni-
versity in Minnesota, teaching emergency
paramedics. He also has a practice of
anesthesiology in Mankato. He has a new
son, William Jonathan, and three daughters,
Krisin, Katharine and Kaaren.

1966
Edward T. Carden, 710 Lippincott Ave.,
Moorerstown, N.J., has been promoted to Clinical Assistant Professor of Otolaryngology
at Jefferson. He is a Fellow of the American College of Surgeons.

Franklyn R. Cook, 5375 Terrace Oak Ci.,
Fair Oaks, Ca., writes "I would like to express
my gratitude to the dedicated faculty and administra-
tion of Jefferson who provided the excellent training that has pre-
pared me so well in medicine."

Barton J. Friedman, 1023 Rymill Run,
Cherry Hill, N.J., has been promoted to Clinical Associate Professor of Pediatrics at Jefferson, Our Lady of Lourdes affiliate.

Burton Mass, 6570 Oak Shade Ave., Elkins
Park, Pa., was recently Board certified in internal medicine and the subspecialty of pulmonary disease.

1967
George E. Cimochowski presently is Chief
Resident in the Department of Cardiac and
Thoracic Surgery at the University of Chi-
cago. He has been practicing general sur-
gery in Colorado.

Burton W. Schwartz, 4533 Phillip Ct., Fort
Worth, Tx., and his wife Judith Parker
Schwartz '70, "are thrilled to announce the
birth of Hamilton's and Rebecca's new
brother, Geoffrey, on the first of December,
1976. Dr. B.W. Schwartz, who passed his
neonatology Boards in November, 1975, is
finishing an Air Force commitment at Carswell AFB in Fort Worth."

1968
Dr. Richard L. Davies, 7023 Montna Dr.,
Paradise, Ca., finished his residency in diag-
nostic radiology and began a practice in Paradise.

Kenneth B. Reynard, 1325 S. Newport St.,
Denver, has begun a private practice in radiol-
y in St. Anthony's Hospital in Denver.

Noble L. Thompson, Jr., has been ap-
pointed a Clinical Associate Professor of
Radiology at Jefferson. He began his Jeffer-
son work on June 15 following several years
at the Martin Luther King, Jr., Hospital in Los Angeles.

Jacquelyn J. Wilson, 14321 Penasquisos Dr.,
San Diego, writes that she is building a new clinic for family practice and looking for doctors to share in practice of holistic healing.

1969
Philip H. Geeter, 22 Hickory La., Chalfont,
Pa., has been promoted to Clinical Assistant Professor of Ophthalmology at Jefferson.

Thomas P. McMahon, 1305 N. Kings Hwy.,
Cherry Hill, N.J., has been promoted to Clinical Assistant Professor of Medicine at Jefferson, Cooper affiliate.

Robert D. Meringolo, 94 Walnut St., Plain-
dale, Ma., entered solo practice in cardiol-
y at Providence, Rhode Island in August,
1976. He is a Clinical Instructor in Medi-
cine at Brown.

1970
James B. Carty, Jr., 114 W. Merion Ave.,
Bryn Mawr, Pa., has been certified by the American Board of Ophthalmology.

James W. Fox, IV, 1355 Colton Rd., Glad-
wyne, Pa., has been promoted to Assistant Professor of Surgery (Plastic) at Jefferson.

Thomas R. Kay, 29 Longwood Dr., Strat-
ford, N.J., finished two years of active duty with the Navy last July and began private practice in obstetrics and gynecology in Cherry Hill with four other physicians. He is Board certified and on the staffs of Coop-
eter Medical Center and Garden State Community Hospital.

Julia Kallipolitou Terzis, 220 Willett St.,
Halifax, Nova Scotia, was the 1976 recipient of the James Barrett Brown Award for the advancement of knowledge in the field of plastic and reconstructive sur-
gery. She completed her surgical training at McGill University and her plastic surgery training at Dalhousie University in Halifax. In January Dr. Terzis will join the Depart-
ment of Plastic Surgery at Royal Victoria Hospital of McGill University in Montreal.

1971
Alvan W. Atkinson, 11755 S. Briarpatch Dr.,
Midlothian, Va., began a cardiotho-
racic surgery residency at Temple.

James E. Barone, 4101 Cornwallis Dr., Apt.
201, Virginia Beach, Va., is stationed at Portsmouth Naval Base after a year on the U.S.S. America. "Classmate Gray Johnson is working at Norfolk General Hospital here."

Gregory P. Borkowski, 890 Som Center Rd.,
Mayfield Village, Oh., completed his military service in 1976 and began a radiology resi-
dency at the Cleveland Clinic Foundation.

Thomas M. Bryan, 1405 Quail Hollow Rd.,
Harrisburg, Pa., has been appointed Assistant Director of the Kline Family Practice Center of the Harrisburg Polyclinic Hospi-
tal. He is also involved in establishing a family practice residency program at that institution. He has been on the staff of Poly-
clinic Hospital since 1972 and is Chairman of the Utilization Review Committee. A Diplomate of the American Board of Family Practice, he is a member of many professional societies.

Peter M. Caravello, 7710 Mary Carolyn
Dr., San Antonio, Tx., is in the Air Force and in an internal medicine position at Lackland AFB, Wilford Hall Hospital.

Virginia Brodhead Clemmer, 108 Alapocas
Dr., Wilmington, De., has been appointed an Instructor in Surgery at Jefferson, Wil-
mington Medical Center affiliate.

Michael A. Geha, 117 Pleasantview Ave.,
Longmeadow, Ma., writes that he is enjoy-
ing his first year in the private practice of internal medicine. His second child, An-
drew Jason, was born in September, 1976.

Sheldon R. Mandel, 5105 N. 27th St., Ar-
lington, Va., is in the private practice of orthopaedic surgery in Silver Spring, Mary-
land. His second child, Paige Morgan, was born in March.

Barry H. Penchansky, 2444 Butler Rd., Lan-
caster, Pa., opened an office at the above address in 1976 following two years of mil-
tary service in Northern California. His one-year-old son is named Jacob Shay.

Gregory J. Salko, Chief of Staff of Carbondale General Hospital in Carbondale, Pennsylvania, has been certified by the American Board of Family Practice. Dr. Salko has practiced family medicine in Whites Crossings since completing training at Geisinger Medical Center.

Floyd F. Spechler, 137 Cooper Ave., Cherry Hill, N.J., is an ophthalmology resident at Jefferson.

Michael E. Starrels, One Abington Pl., Jenkintown, Pa., now has two daughters, ages four and two. He has completed a glaucoma Fellowship at Wills Eye Hospital and is in private practice in ophthalmology in Jenkintown and at Jefferson.

Barbara L. Tenney, 64-151 192nd St., Flushing, N.Y., is an Associate Professor of Clinical Pediatrics at N.Y.U. and Director of Ambulatory Pediatrics at Booth Memorial Medical Center. She is Board certified in pediatrics.

1972

Carolyn E. Bekes, 11 A Hamilton Rd., Maple Shade, N.J., has been appointed a Clinical Instructor in Medicine at Jefferson, Cooper affiliate.

Louis C. Blaum, Jr., 645 Park Ave., Collingswood, N.J., began a two-year cardiovascular-thoracic Fellowship at Jefferson in July.

Anthony J. Calabrese, 208 Hobart Dr., Laurel Springs, N.J., finished a GI Fellowship at Jefferson and began Air Force duty. His second son was born in October, 1976.

Paul S. Cohen writes that he and his wife, Susan, have two children, Jeffrey and Abbie. He began practice of pulmonary medicine in Canton, Ohio with another physician in July.

Harry S. Cooper, 7740-C Stenton Ave., Apt. 104, Philadelphia, has been promoted to Assistant Professor of Pathology at Jefferson.

Paul A. Fitzgerald is taking an endocrine Fellowship at Moffit Hospital in San Francisco. He is residing at 92 Locust Ave., Mill Valley.

Alan S. Friedman, 304 Lincolshire Blvd., Belleville, Il., is in the Air Force until 1978. His son, Eric, is three and a half.

Bernard A. Grumet, 338 Canterbury Dr., Pittsburgh, Pa., writes that a son, Douglas Michael, was born on December 26, 1976. Dr. Grumet is practicing internal medicine and is Board certified in the field.

George W. Hager, III, RD. #7, Edgemont Rd., Stroudsburg, Pa., joined Jordan Surgical Associates in East Stroudsburg. He writes that a son, Eric, was born to him and his wife, Elaine, last May.

David P. Hughes, 68 Veterans Dr., Asheville, N.C., writes that he and his family were in the mountains of North Carolina for six months as part of his Duke University orthopaedic training. He returned for his last year in Durham in July.

Ronald L. Kabler, 209 S. Crestwood Dr., Danville, Pa., has joined the urology staff at the Geisinger Medical Center. He and his wife, Ellen, have a son, Christopher, and a daughter, Sarah Elizabeth, born December 8, 1976.

Helen A. Leibowitz, 1206 Rodman St., Philadelphia, writes that her husband, Paul Hoyer 76 is a pathology resident at Jefferson. She finished her radiology residency at Pennsylvania Hospital and plans to work part time there and be a part-time mother.

Rosalie K. Marinari, 149 Briar Ct., Marlton, N.J., writes that her first son was born on February 6, 1977, Henri Marc.

Richard R. P. McCurdy, 211 Sykes Ln., Wallingford, Pa., completed a cardiology Fellowship in June and is in private practice at Methodist Hospital in Philadelphia. "My wife and I are proud to tell you of the birth of our first child, Richard, Jr., on July 1, 1976."

Barry Skeist, 412 S. 22nd St., Philadelphia, is an Instructor in Radiology at Jefferson. He is acting in one-act plays at Plays and Players Community Theatre and sang in the musical "Old Testament Revue" at TJU's spring week-end.

Stephen H. Smith is in the solo practice of orthopaedic surgery in Allentown, Pa. His son Jonathan, is nine months old and daughter, Alexis, four. "I would like to thank Dr. William B. McNamee, '50 for awakening my interest in orthopaedics."

William J. Thomas, 1524 Shellbark Pl., Herndon, Va., has completed a Fellowship in pediatric hematology/oncology at San Diego Naval Hospital and is Pediatric Hematologist at Bethesda Naval Hospital. He was recently accepted for membership in the American Society of Hematology.

James R. Wall, 1136 Linden St., Allentown, Pa., has begun a dermatology practice in association with another physician at the above address. He is married to the former Jane McDermott of Allentown.

Kenneth B. Barmach, 625B Country Club Pkwy., Mt. Laurel, N.J., writes that he and his wife, Ellen, had their first child, Michael Jason, in September, 1976. "Ken and a classmate, Edward P. Gorrie, have opened a private practice of internal medicine in Philadelphia.

Ben P. Bradenham, Jean Apts., 802 Underwood Ave., Durham, N.C. is a Fellow in gastroenterology at Duke University where he completed his residency in internal medicine.

Norman H. Braslow, 8005 Hendrix Rd., Albuquerque, N.M., was at Jefferson in April and reported that he will complete a pulmonary Fellowship there in July of 1978.

Robert N. Dumini, 3509 Silverside Rd., Wilmington, De., has been appointed an Instructor in Psychiatry and Human Behavior at Jefferson, Delaware State Hospital affiliate.

Paul D. Mangialoono began a Fellowship in reproductive endocrinology at the Medical College of Georgia in Augusta in July, 1977.

Kathleen W. McNicholas, 100 Haven Ave., New York, completed a six month Fellowship in pediatric, cardiac and thoracic surgery at the Hospital for Sick Children at Great Ormond, St. Cordon. She is now in a general surgery residency at Columbia where she will begin the cardiothoracic surgery program in 1978.

Mark S. Pascal, 436 E. 69th St., New York, and his wife, Lorna, are the parents of Nisha Gail, who will soon be one year old. Dr. Pascal completed his residency in June at New York Hospital and began a Fellowship in Hematology and Oncology at Sloan-Kettering Memorial Hospital in New York.

David M. Bogovitz began a staff position at the University of Cincinnati Children's Hospital Medical Center as Assistant Professor of Clinical Radiology in July.

John M. Sundheim, 132 Culpepper Dr., Penryn, Pa., completed a medicine residency at Jefferson and is now Board certified. He is practicing with two other internists in Lansdale. He and his wife, Sara, announce the birth of Daniel Saul on March 29, 1977.

Susan B. Uhrmann, 940 E. Maple St., Palmyra, Pa., completed a pediatric residency at Wilmington Medical Center in June, 1976. She is now a neonatology Fellow at Hershey Medical Center. Her husband, David, is Director of Administration for Delta Dental Insurance. Their son, George, will be three in October.

Paul S. Zamostien, 3659 Buford Hwy., N.E., Atlanta, is a senior resident in gynecology-obstetrics at Emory University/Grady Memorial Hospital in Atlanta.

1974

Lee D. Griffith, 3745 Mactibby St., San Diego, completed his fourth year of a gen-
eral surgery training program, spending the past year in full time vascular surgical research.

Marietta F. Guidon recently married Ernest Gundlehner, manager of computer application for Hay Associates in Philadelphia. Dr. Guidon is a resident at Jefferson.

Anthony D. Molinaro, Jr., 2980 Round Hill Rd., York, Pa., completed his family practice residency in June. He and Dr. Fredric R. Weiner '72 have a private practice in Shrewsbury, Pennsylvania.

Steven R. Peiken, 28 Marwood Ct., Rockville, Md., has been elected to a three year term on the Board of Trustees of Thomas Jefferson University. The position was established by the Trustees six years ago to give representation to young alumni. He succeeds Dr. Marie Olivieri Russell '70 who has served two terms. Dr. Peiken, who presently is a Clinical Associate at the National Institutes of Arthritis, Metabolism and Digestive Diseases, will begin a Fellowship in gastroenterology at Massachusetts General Hospital in July 1978. He and his wife announce the birth of their first child, Jeffrey Alan, born February 14, 1977.

Donald B. Williams, 6 Pasture La., W. Lebanon, N.H., and his wife, Fran, announce the birth of their first child, Joshua, on August 14, 1976. Dr. Williams is a resident in general surgery at Darmouth (Mary Hitchcock Medical Center).

1975

Alex Bierlein, 633 Dale, Clarksburg, W. Va., a third year family practice resident, has been elected to the Board of Directors of the West Virginia chapter of the AAFP. He also reports that "marriage agrees with him, having a year under his belt."

Joseph J. Korey, Jr., 515 York Rd., #2D, Willow Grove, Pa., is an Ob-Gyn resident at Abington Hospital. He and his wife, Linda, announce the birth of their second daughter, Laura Beth, on April 15, 1977. Their first daughter, Karen Ann, was born on February 25, 1976.

Edward S. Schultman, 210 Alexander, Durham, N.C., is now a junior assistant resident in medicine at Duke.

1976

Lawrence H. Lyons married Anne D'Alessandro, a research librarian, in May. He completed a one year flexible residency at Chestnut Hill Hospital and is now with the National Health Service Corps in Hatch, New Mexico.

Philip Nimoityn, 269 9th St., Philadelphia, is completing his residency in internal medicine at Jefferson.

Howard E. Carruth, 1910

Karl D. Figley, 1913
Died March 26, 1976. The Toledo, Ohio physician is survived by his widow, Margaret. He was a general practitioner.

Charles R. Snyder, 1914
Died April 4, 1977. Dr. Snyder was a general practitioner in Marysville, Pennsylvania for 60 years, Director Emeritus for 50 years of the First National Bank and a 60-year member of the Perry Lodge. He was the first medical student to serve as an intern at Harrisburg Hospital. He is survived by his wife, Marrian, a daughter and a son.

Donald A. Gross, 1919
Died March 5, 1977 at the age of 80. The Youngstown, Ohio general practitioner was a staff member of the Youngstown Hospital Association. He was a charter member and past President of the Hubbard Kiwanis there. Surviving are his wife, Alma, three daughters and two sons including Dr. William H. Gross '47.

Millard Cryder, 1920
Died June 7, 1977 at the age of 86. The Cape May County New Jersey physician was the first President of the Burdette Tomlin Hospital and the first physician in New Jersey to give the diphtheria antitoxin. He was a past President of the Cape May County Medical Society and was instrumental in forming a blood bank for the area. Dr. Cryder was a Director of the First National Bank of Cape May Court House for 48 years and served as President for two. He is survived by his wife, Thelma.

Maurice J. Searle, 1920
Died July 25, 1976. Dr. Searle was a pediatrician in Tulsa, Oklahoma.

Joseph J. Hecht, 1922

Forrest J. Lancaster, 1922
Died December 19, 1976 at the age of 78. Dr. Lancaster practiced general medicine in both Lexington, North Carolina and New Lebanon, New York. He is survived by his widow, Marjorie, and a son.

Walter A. Crist, 1923
Died January 20, 1977. The Collingswood, New Jersey physician is survived by his widow. He practiced internal medicine.

Ernest L. Noone, 1923
Died June 13, 1977 at the age of 79. Dr. Noone, a pediatrician, maintained his office in Drexel Hill, Pennsylvania until his retirement in 1966. He was known for his work in communicable diseases and disaster planning. Dr. Noone taught for 38 years at the Hospital of the University of Pennsylvania and was a charter member of the Delaware County Memorial Hospital. For his class of 1923 Dr. Noone served as historian and was responsible for the 50th reunion yearbook published in 1973. He was a member of the President’s Club of TJU. Surviving is his wife, Joyce.

Maurice Rosenzweig, 1923
Died March 29, 1977. The Pittsburgh family physician is survived by his widow, Helen.

Ulrich D. Rumbaugh, 1923
Died February 24, 1977 at the age of 90. He had been Head of the Physical
Therapy Department of General Hospital in Kingston, where he practiced physical medicine for 35 years before retiring 20 years ago. Surviving is his widow, Marguerite.

Sigmond J. Shapiro, 1925
Died May 1, 1977 at the age of 76. He was a former Chief of Staff and Chief of Anesthesiology at St. Joseph's Hospital in Warren, Ohio, and was a past President of the Trumbull County Medical Society. He was a member of the Ohio State and American Medical Associations and the International Correspondence Society of Allergists. He is survived by three sons, Dr. Richard D. Shapiro '64, Dr. Mark T. Shapiro, who was a Jefferson ophthalmology resident and William L. Shapiro of Warren, Ohio.

Pyn Noyes Muangman, 1926
Died in February of 1977. Dr. Muangman was known as the "Father of Thai Medicine" serving his entire professional career in Bangkok. In 1931 he was knighted by the Thai King. Following his graduation he returned to his native country where he established the first Department of Radiology and continued to teach medicine. Dr. Muangman served as Under Secretary of State in the Ministry of Public Health from 1958 to 1960. In 1962 Jefferson conferred on him a Doctor of Laws Degree. He also received an honorary degree from Grinnell College. Dr. Muangman's son, Dr. Debhanom Muangman, is a graduate of the class of 1962 and is Dean of the Faculty of Public Health in Bangkok.

Harold T. Oesau, 1926
Died April 20, 1976. The Stratford, Connecticut family physician was practicing until the time of his death. He is survived by a son, Dr. Harold T. Oesau, Jr. '62.

Daniel W. Beckley, 1927

Charles F. B. Weigel, 1928
Died August 24, 1976. The family practitioner lived in Newark, New Jersey.

John P. Fabian, 1930
Died October 30, 1976. The Chico, California physician is survived by his widow, Elsie. He was a general surgeon.

Abraham J. Kaufman, 1931
Died March 3, 1977 at the age of 70. He had been a three-time Republican Mayor of Carbondale, Pennsylvania, where he had practiced medicine for 46 years. He was a founder and owner of Carbondale Nursing Home and was on the staffs of St. Joseph's and General Hospitals there. He was a member of several professional societies. He is survived by his widow, Joyce.

Morton H. Chapnick, 1932
Died December 31, 1976. He was a general practitioner in Putnam, Connecticut.

William Braun, 1934
Died May 25, 1977 at the age of 69. Dr. Braun, an ophthalmologist, practiced in Haddonfield, New Jersey. He was the Attending Ophthalmologist at Cooper Medical Center and Burlington County Memorial Hospital and was an Associate Surgeon on the Staff of Will's Eye Hospital. He was a Diplomate of the American Board of Ophthalmologists and a past President of the Ophthalmologist Club of Philadelphia as well as being a member of numerous other medical organizations. Surviving is his wife, Florence.

Edward J. Tallant, 1939
Died in April, 1977. President-elect of the Wayne County Medical Society in the Detroit area, he had been Chief of Medicine at Mt. Carmel Mercy Hospital. A Board-certified gastroenterologist and internist, he had been President of the Detroit Gastroenterology Society, a Clinical Assistant Professor of Medicine at Wayne State School of Medicine and Editor of the Detroit Medical News for many years. He is survived by his wife, Cynthia, a son and a daughter.

Grant Underwood, 1944S
Died February 18, 1977 at the age of 61. He had practiced urology in Washington, Pennsylvania since 1948. A past President of the Washington County Medical Society and the Pittsburgh Urological Society, he was a member of many other professional organizations. Dr. Underwood also served as Vice President of Medical Affairs of Blue Cross and Blue Shield of Pennsylvania. He is survived by his widow, Mary Jane, one daughter and three sons.

C. Thomas Flotte, 1946
Died December 15, 1976 at the age of 54. Dr. Flotte had been a Professor of Surgery at the University of Maryland Medical School for 13 years before entering private practice three years ago. He had been Head of Maryland's Organ Transplant Division and Director of Surgical Education at Maryland General Hospital. Dr. Flotte was a specialist in peripheral vascular surgery, and member of many professional groups. He also was Editor of the Maryland State Medical Journal. He is survived by his wife, Harriet, a daughter and two sons.

David S. Skloff, 1956
Died March 4, 1976. Dr. Skloff was an obstetrician-gynecologist in Hampton, Virginia.

Sidney A. Parsons, Jr., 1961
Died February 8, 1977 at the age of 48. He had been a Clinical Professor of Pediatrics at Hahnemann Medical College and was a staff member of Riddle Memorial Hospital and Crozer-Chester Medical Center. He was a flying enthusiast and aviation Medical Examiner for the Federal Aviation Administration. Surviving are his wife, Adelle, and two sons.

Ronald Singer, 1966
Died January 28, 1977 at the age of 40. He had practiced psychiatry in San Francisco.

Stephen Fremer, 1972
Died April 6, 1977 at the age of 29. He had completed a residency at the Roosevelt Hospital in New York City and practiced obstetrics and gynecology. Dr. Fremer is survived by his parents.
Class of 1977 Hospital Appointments

Ann W. Adam  
Riverside Methodist Hospital  
Columbus, OH

Jeffrey S. Adam  
Riverside Methodist Hospital  
Columbus, OH

Leonard J. Adelson  
Los Angeles County-University of Southern California Medical Center  
Los Angeles

Janet G. Alteveer  
Hahmemann Medical College and Hospital  
Philadelphia

Cynthia B. Altman  
Crozer-Chester Medical Center  
Chester, PA

Lanning A. Anselmi  
St. Joseph's Hospital  
Stamford, CT

Blair Ardman  
Hospitals of the University  
Health Center of Pittsburgh  
Pittsburgh

Donald J. Armstrong  
National Naval Health Center  
Bethesda, MD

Ned B. Armstrong  
Mercy Hospital  
Pittsburgh

Robert E. Atkinson  
Yale-New Haven Medical Center  
New Haven, CT

James P. Bagian  
Geisinger Medical Center  
Danville, PA

Leigh Baltuch  
Cooper Medical Center  
Camden, NJ

Carl A. Barbee  
Wilmington Medical Center  
Wilmington, DE

Glenn D. Barnes  
Temple University Hospital  
Philadelphia

John D. Bartges  
Pennsylvania Hospital  
Philadelphia

George B. Batten  
Naval Regional Medical Center  
Oakland, CA

David C. Bauman  
Moses H. Cone Memorial Hospital  
Greensboro, NC

Sylvia L. Beimfohr  
St. Michael’s Hospital  
Milwaukee, WI

Bruce R. Bender  
Wilmington Medical Center  
Wilmington, DE

Thomas C. Benfield  
Thomas Jefferson University Hospital  
Philadelphia

Barbara J. Berger  
State University of New York  
Downstate Medical Center  
Brooklyn, NY

Wade H. Berrettini  
Thomas Jefferson University Hospital  
Philadelphia

Alanna F. Bodenstab  
Mercy Hospital  
San Diego

Alex B. Bodenstab  
Dartmouth-Hitchcock Medical Center  
Hanover, NH

William E. Bodenstab  
University Hospital-San Diego  
San Diego

Edward W. Bogner  
Lafayette Area Hospital  
Lafayette, PA

Robert S. Boova  
Thomas Jefferson University Hospital  
Philadelphia

J. Hartley Bowen, III  
Vanderbilt University Hospital  
Nashville, TN

Michael T. Brady  
Ohio State University Hospital  
Columbus, OH

Sarah C. Brown  
Bryn Mawr Hospital  
Bryn Mawr, PA

Geoffrey R. Burbridge  
Charles S. Wilson Memorial Hospital  
Johnson City, NY

James P. Burke  
Lankenau Hospital  
Philadelphia

John M. Camas  
George Washington University Hospital  
Washington, DC

Thomas J. Campfield  
Ohio State University Hospital  
Columbus, OH

Randy V. Campo  
Thomas Jefferson University Hospital  
Philadelphia

Ralph A. Carabasi, III  
Presbyterian Hospital  
New York

Kent V. Carey  
Tucson Hospital  
Tucson, AZ

Moiz M. Carim  
Presbyterian-University of Pennsylvania Medical Center  
Philadelphia

Harvey D. Cassidy  
Geisinger Medical Center  
Danville, PA

Virginia A. Chalfant  
Miami Valley Hospital  
Dayton, OH

Scott M. Cherry  
Reading Hospital  
Reading, PA

Howard S. Cobert  
Albert Einstein Medical Center  
Philadelphia

Joseph A. Colletta  
Jackson Memorial Hospital  
Miami

George E. Connerton  
Thomas Jefferson University Hospital  
Philadelphia

Mark W. Cooper  
Thomas Jefferson University Hospital  
Philadelphia

Jannita S. Cornish  
Presbyterian-University of Pennsylvania Medical Center  
Philadelphia

Kathryn G. Cowan  
St. Elizabeth's Hospital  
Dayton, OH

Richard A. Craig  
Thomas Jefferson University Hospital  
Philadelphia

Ronald W. Crampton  
Bronx Psychiatric Center  
Bronx, NY

Curtis E. Cummings  
Public Health Service  
Staten Island, NY

William C. Davis  
Albert Einstein Medical Center  
Philadelphia

Timothy A. DeBiase  
Hospitals of the University  
Health Center of Pittsburgh  
Pittsburgh

Thomas J. Delehanty  
Allegheny General Hospital  
Pittsburgh

Francis X. DeLone, Jr.  
Pennsylvania Hospital  
Philadelphia

Leopoldo E. Deluca  
Bryn Mawr Hospital  
Bryn Mawr, PA

Mark S. Diamond  
Beth Israel Hospital  
New York

John R. Dietz  
University of California Hospital at Los Angeles  
The Medical Center  
Los Angeles

Robert B. Doll, Jr.  
Hospitals of the University  
Health Center of Pittsburgh  
Pittsburgh

Carol A. Doroshow  
Children's Hospital Medical Center of
From left: Dean William F. Kellow, Frederic L. Ballard, Dean Robert C. Baldridge, Dr. John H. Hodges and honorary degree recipient Hobart A. Reimann. Dr. Kellow was recently awarded a Mastership by the American College of Physicians.

Northern California
Oakland, CA

Elyse C. Dubin
State University-Kings County Medical Center
Brooklyn, NY

John J. Dulcey, Jr.
Sacred Heart Hospital
Allentown, PA

Margaret M. Dunn
Bronx Municipal Hospital Center
New York

William E. Eggebotten
Fitzsimmons Army Medical Center
Denver, CO

Edith S. Eisenhower
Wilmington Medical Center
Wilmington, DE

David S. Eisner
Scranton-Temple Resident Program
Scranton, PA

Jeffrey H. Elkind
Nassau County Medical Center
Meadowbrook Hospital
East Meadow, L.I., NY

Joseph J. Evans
University Hospitals
Madison, WI

Ronald M. Fairman
Hospital of University of Pennsylvania
Philadelphia

Stephen H. Fehnel
Thomas Jefferson University Hospital
Philadelphia

Victor A. Ferraris
Fitzsimmons Army Medical Center
Denver, CO

John A. Ferriss, III
Hartford Hospital
Hartford, CT

Robert Fine
Lankenau Hospital
Philadelphia

Jerome S. Fischer
Long Island Jewish Hospital
Hillside Medical Center
New Hyde Park, L.I., NY

Michael E. Fischer
Thomas Jefferson University Hospital
Philadelphia

Richard A. Flanagan, Jr.
National Naval Health Center
Bethesda, MD

Anees R. Fogley
Abington Memorial Hospital
Abington, PA

James C. Folk
Hospitals of the University Health Center of Pittsburgh
Pittsburgh

Richard M. Fornadel
University of Virginia Hospital
Charlottesville, VA

Bruce A. Foster
Thomas Jefferson University Hospital
Philadelphia

Sheldon J. Freedman
Bryn Mawr Hospital
Bryn Mawr, PA

Ronald A. Fronduti
Mercy Catholic Medical Center
Philadelphia

William B. Funk
Wilmington Medical Center
Wilmington, DE

Rosa M. Fuste
Jackson Memorial Hospital
Miami

Joseph A. Gerard
Western Pennsylvania Hospital
Pittsburgh

Bruce Gilbert
New York University Medical Center
New York

Fredric L. Ginsberg
Geisinger Medical Center
Danville, PA

Jay M. Ginsberg
Mercy Hospital
Pittsburgh

Jan S. Glowacki
Monmouth Medical Center
Long Branch, NJ

Russell S. Golkow
Hahnemann Medical College and Hospital
Philadelphia

Dale N. Goode
Henry Ford Hospital
Detroit, MI

Walter G. Graves
Robert Packer Hospital
Sayre, PA

Jeffrey B. Gross
Hospital of University of Pennsylvania
Philadelphia

Jean A. Halpern
Bernalillo County Medical Center
Albuquerque, NM

Sally J. Hauser
Wilmington, DE

R. Bradley Hayward
Akron General Hospital
Akron, OH

Bruce Heller
North Shore University Hospital
Manhasset, NY

Frederick J. Hensal
Bernalillo County Medical Center
Albuquerque, NM

Dennis Herman
Worcester City Hospital
Worcester, MA

William J. Herrmann
Lankenau Hospital
Philadelphia

Deborah J. Hiltz
Strong Memorial Hospital
Rochester, NY

Beth O. Hodge
Wilmington Medical Center
Wilmington, DE

 Gregory A. Hoffman
Milton S. Hershey Medical Center of the Pennsylvania State University
Hershey, PA

Michael P. Hofmann
Maine Medical Center
Portland, ME

Gary R. Hopen
University of Oregon Medical School
Hospitals and Clinics
Portland, OR
The 1977 Reunion Clinics on June 8 drew a good audience for the morning talks in the Solis-Cohen Auditorium (see pages 19 to 25).
Receptions in Dallas
during the meetings of the
American Academy of
Ophthalmology and Otolaryngology
Wednesday, October 5
The Dallas Hilton

American College of Surgeons
Monday, October 17
The Fairmont

All alumni and faculty invited