Reunion Activities, 1978

Clinics, Dean’s Luncheon, June 7
Alumni Banquet, Hyatt House, Cherry Hill, June 8
Pre-dedication Activities, Clinical Teaching Facility, June 7 and 8

Class Reunion Parties
June 7, 1978

1928 50th
Dinner, Jefferson Alumni Hall
Luncheon, John Wanamaker—June 8

1933 45th
Dinner
The Locust Club

1938 40th
Dinner
The Union League of Philadelphia

1943 35th
Dinner
The Union League of Philadelphia

1948 30th
Dinner Dance
The Cosmopolitan Club
(Followed by a three-day weekend at Golden Inn in Avalon, New Jersey)

1953 25th
Dinner Dance
Jefferson Alumni Hall

1958 20th
Dinner Dance
Jefferson Alumni Hall

1963 15th
Dinner Dance
The Barclay Hotel

1968 10th
Dinner Dance
The Merion Golf Club

1973 5th
Dinner Dance
Jefferson Alumni Hall
Saturday, June 10
Mütter Museum
Over 100 years later, the JAB visits the collections
Jefferson's Professor of Surgery donated to the
Philadelphia College of Physicians.
Photo Credit: Townsend Wentz, Jr.

Hemophilia:
The Disease of Royal History
Cardeza Hemophilia Center Director discusses his-
torical and modern approaches to hereditary blood
disorders.

Students Take Parents to School
During Parents' Day, JMC sophomores share medi-
cal school experiences with their parents.
Photo Credit: Margi Ide

Jefferson Scene

Class Notes

Obituaries

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What the visitor first sees are skulls—over 100 of them. The quantity isn’t immediately evident because only the glass side of the 9′ high display case is visible to someone entering the Mütter Museum. Interposed between the skull collection and the entry is an exhibit displaying memorabilia associated with famous physicians, mostly Philadelphians. Although a prominent sign, placed on angle atop the exhibit, calls attention to these “Museum Treasures,” the display case is low and cannot compete effectively with that initial image of white bone. The six rows of skulls, seen from the side, draw the visitor into the museum.

The College of Physicians of Philadelphia, located at 19 South 22nd Street, houses the Mütter Museum. Jefferson’s Professor of Surgery, Thomas Dent Mütter, donated approximately 2,000 specimens and $30,000 during the middle of the last century towards the establishment of the museum. Its original collections of anatomical and pathological specimens have been supplemented by an extraordinary array of artifacts representing medical history. However much interest careful examination of the artifacts provokes, it is the specimens that immediately attract attention.

The Hyrtl skull collection dominates the museum. The cases containing 146 skulls in 24 orderly files take up one wall of the balcony area. The primary display areas of the museum consist of a balcony and a large room below. With each step up the connecting stairway to the balcony, row after row of skulls becomes visible. After remarking on the forceful effect the collection makes, Gonzalo E. Aponte, M.D., Chairman of JMC’s Pathology Department, explains that a few of the Fellows of the College
Mütter Museum

Over 100 years later,
the JAB visits the collections
Jefferson's Professor of Surgery donated
to the Philadelphia College of Physicians

by Jacquelyn S. Mitchell

have argued that the skulls take up too much room and that the display should be dismantled. Aponte, himself a Fellow of the College and former Chairman of the Mütter Museum Committee, says that those Fellows against using the whole collection thought that a few specimens should be selected to illustrate pathological conditions. But the collection represents something essential about the spirit that has animated the museum for over a hundred years, and Aponte agrees that dismantling it would be to deprive the museum of a symbol of its past.

In fact, the striking and fascinating aspect of the Mütter collections is their dual function. There is the concrete information—medical or historical—which each item conveys, and then there is the more allusive data, that can be induced from questioning why specimens were secured and how they were displayed, that tell the thoughtful museum-goer about the history of ideas and taste.

The museum acquired the collection of 139 skulls in 1874 from the noted Viennese anatomist, Dr. Joseph Hyrtl. Seven skulls have since been added to the display cases. The collection was amassed to show racial variations among central and eastern Europeans. An excerpt from one of Hyrtl’s letters demonstrates how categorical his understanding of “race” was, “It is easier to get the skulls of Islanders of the Pacific, than those of Moslim, Jews, and all the semi-savage tribes of the Balkan and Karpathien Valleys.” Over a hundred years later, anthropologists argue vehemently over what, if anything, statistically significant variations in skull populations have to do with “concepts” of race. We are no longer even accustomed to think of various European
peoples from the perspective of race, but prefer the concept of nationality. Hyrtl, however, was collecting skulls in the years immediately preceding and following publication of Darwin’s Origin of Species, a time when biologic scientists especially thought in terms of evolutionary determination. Present life forms could, they felt, be accounted for by ascertaining their biological history, and what they meant by “accounting for present life forms” is much more comprehensive than geneticists intend a century later. They were concerned with the behavior of individuals, especially that behavior which deviated from well understood moral categories. Moreover, residents of mid-nineteenth century Vienna and Philadelphia alike generally did not conceive of moral categories as constructs but as properties of man. Words like “good” and “evil” still had profound theological implications throughout the society.

What, then, interested Hyrtl when he collected skulls was the relationship between the brain’s case and the significant facts of the individual’s life. The facts considered significant are written in a beautifully legible script on the existing crania—the individual’s name, age at death, occupation, birthplace, religion and cause of death. When asked what the skulls could have taught late nineteenth century medical students, Dr. Aponte shakes his head, “I don’t know what was then conceived to be their educational value; the information we have does not now fall into the realm of medically instructive case history, but of gossip.”

What we know, for instance, is that Adolbert Czapiñez of Galicia and Poland “cut his throat because of extreme poverty” at the age of 51. One specimen is inscribed simply “Irish skull.” Another belonged to Constantin Tacié, who was executed for robbery and murder at 24. Geysa Fekete De Galantha, age 40, was “a Hussar, deserter, insurgent and murderer” whose execution was “by means of the halter.” An Austrian skull was that of a nineteen year old tailor who “hung himself because of an unhappy love affair.” Another 19 year old is represented in the collection—Francisca Seycora, “the celebrated Viennese prostitute, who died of meningitis in the General Hospital, Vienna.”

All of Hyrtl’s skulls did not belong to the infamous. Otherwise, we could assume that the skulls of suicides, murderers and prostitutes were simply easier to collect, because the bodies were not claimed, than those of more ordinary members of the population. Fifteen legitimate occupations are represented by the collection. Forty-nine people died of 17 different diseases with typhus, complication from fractures and tuberculosis being the most common.

It seems obvious that Hyrtl assumed a possible relationship between birthplace and skull structure, but beyond that there is evidence at the Mütter of the late nineteenth century perception of a connection between physiology and fate. One jar, now in storage, holds the brain of the murderer, John Wilson, whom we are told, was hanged at Norristown. What, one wonders, does the brain suspended in formaldehyde have to do with murder? Aside from illustrating the nineteenth century association of biology and destiny, Wilson’s brain as well as other specimens in the museum brings up the question of taste. There is, quite simply, a human fascination with the physical remains of the infamous. Whether and how the museum responds to that fascination depends on course of the current mores of the society. The museum also owns a piece of John Wilkes Booth’s thorax. Although the thorax is unobtrusively on display, the brain has been shelved among specimens to which the general public does not have access.

The museum’s teratological, wet specimens are certainly among its most striking exhibits, but they too have been removed from public view. From years in formaldehyde, the monstrous fetuses have a white, doughy appearance. Specimens from the Wistar Institute’s teratological collection have been added to the Mütter group so that the combined collection is quite extensive. An obstetrician might encounter several such anomalies during a year of deliveries, but it’s the massing of these anomalies at the Mütter which makes viewing the collection a distinctive experience. There is an example of anencephalic female fetus with spina bifida. Another lacks head and heart, and the hands are attached directly to the trunk. The brain of an exencephalic fetus has grown outside the cranium. With legs and feet fused, the sirenomelus monster bears a grotesque resemblance to the mythical mermaid. In fact, the more one looks at specimens, such as the phocemelus (with hands and feet but no arms and legs), the less one is inclined to dismiss the monsters of, for example, Homer’s Odyssey or Hieronymus Bosch’s paintings as strictly imaginary constructs. One creature directly invokes Homer’s Cyclops; a proboscis-like nose is centered over a single eye.

Erle Leichty, Ph.D., Professor of Assyriology at the University of Pennsylvania, published a study entitled The Omen Series, Shumman Izbu. The latter two words are Akkadian for “If a Monster.” Leichty’s work presents a collection of omens taken from monstrous births of people and animals over a period of 1,000 years from 1800 to 800 B.C. The Akkadians, inhabitants of Mesopotamia, like other ancient peoples, were both intrigued and frightened by the anomalous birth. The realization that something had gone wrong at the beginning of a life seems to have led ancient peoples to view the event as ominously significant for the future.

The prophetic dread with which the Akkadians approached an anomaly is not characteristic of modern reactions, but the interest, the curiosity, remains. Freaks of nature were mainstays of many a country fair, Wild West Show and circus well into the early twentieth century. In fact, a prominent exhibit in the main room of the museum—a plaster cast done post mortem of the original Siamese twins, Chang and Eng Bunker—suggests a slight parallel between these popular forms of entertainment and the more intellectual appeal of the Mütter.

Chang and Eng’s mother was half Siamese. Although their father was Chinese, the twins were raised in Siam—hence, the designation of “Siamese” which is popularly applied to all types of conjoined twins. The twins were exhibited by P. T. Barnum both in his New York museum and in road shows. A band connected the twins’ liver; as they grew, they stretched the band to the
point that they were able to stand back to back. Apparently, working as live exhibits paid well because the twins were able to purchase a farm in North Carolina. They married the Yates sisters and produced between them 21 children. They had an arrangement whereby they lived at each other’s farmhouse for three day stints. In addition to the body casts, the museum displays a chair built especially for the two.

When the twins died in 1874 at the age of 63, their bodies were placed in a tin-encased coffin which was then buried under a layer of charcoal in Eng’s cellar. Through the arrangements of Dr. William H. Pancoast (Chairman of Jefferson’s Anatomy Department) and Dr. Harrison Allen, both Fellows of Philadelphia’s College of Physicians, the bodies were brought to the Mütter for autopsies. The Mütter was then located at 13th and Locust, the former residence of the College. From the autopsy the museum acquired the joined livers which are preserved in formalin and displayed beneath the body casts. On the wall nearest the exhibit on Chang and Eng are photographs of the ischiopagus tetrapus twins—Clara and Alta—who were recently separated at Children’s Hospital in Philadelphia. The point is simply and effectively made; an operation to separate Chang and Eng unthinkably 150 years ago seems rudimentary next to the complex uncoupling of Clara and Alta.

Two other exhibits invoke the frank curiosity with which mid-Victorians relished the freakish. One occupies an entire case on the balcony—the dried specimen of megalacolon, removed from a 29 year old male, indicates that the colon was ten times wider than normal with an estimated weight of 47 pounds. The abdominal circumference of the man who was 5’7½” tall was 7’2½”. He was, while living, exhibited at a Philadelphia museum as the “Wind-bag” or “Balloon-man,” and a photograph of him and his remarkable protuberance is displayed near the massive colon. In an alcove off the balcony hangs the Mütter American giant. The skeleton despite its pigeon breast is 7’6” tall. The former curator of the museum, Ella N. Wade, has written an account of a visit by a little, old woman who had worked in her youth as a snake charmer in a Wild West Show. The woman asked expressly to see the giant. She wanted to ascertain whether the skeleton was that of a friend who had exhibited himself as a giant in “Pony Bill’s Wild West Show” in the 1890’s. The woman decided the skeleton was not that of her former co-worker. But the fact that she was there looking suggests a similarity between displaying the skeleton at the museum and exhibiting the man in a Wild West Show.

Perhaps the common denominator is simply curiosity, and the difference is that we feel less comfortable than did the Victorians with our desire to look at the anomalous. Or it may be that we have grown more sensitive to the plight of the afflicted individual. Whichever the case, a measure of our reaction is the gradual transfer to storage of certain items at the Mütter. The megacolon is still visible to the general public, but admission to the teratological collection is restricted to medical students and physicians.

The present curator, the markedly energetic and enthusiastic Elizabeth Moyer, says she prefers that journalists not use adjectives such as “bizarre” or “grotesque” in descriptions of the collections. She speculates that hearing of the curious displays may induce people to come; once there they are bound to be impressed by the awesome and comparatively rapid progress of medical science which the museum so graphically demonstrates. Gazing, for instance, at the photographs of the horrible maiming that resulted from injuries during the Civil War immediately indicates how much more effective modern treatment of gunshot wounds is.

Another famed Mütter exhibit that conveys a sense of changing tastes is the “soap lady.” An example of mummification by nature, she lies in a glass case and, as Gretchen Worden, assistant to the curator, has wryly observed, looks like a cynic’s parody of Sleeping Beauty. In 1875, Dr. Joseph Leidy, the University of Pennsylvania’s noted anatomy professor, heard that some bodies were being disinterred in the vicinity of Fourth and Race Streets in Philadelphia. They had supposedly been victims of the yellow fever epidemic of 1793. At times, bodies buried in damp ground decompose into an ammoniacal soap. Wanting to obtain two of the preserved bodies for the Wistar Institute and the Mütter Museum, Dr. Leidy had to act as if he had come to claim the bodies of an aunt and uncle. In the museum’s archives is a receipt for $7.50, which represents reimbursement to Leidy for expenses incurred. Below his signature, Leidy has written a brief explanatory note, “The above amount is one-half of the sum paid persons through whose connivance I was able to procure two adipocere bodies, one for the College of Physicians and the other for the University.”

The body is mostly black apparently from dirt adhering to the yellow soap-like substance of the body. Her open, toothless mouth with its seemingly surprised expression might make her seem grotesque to some sensibilities, and the curator Mrs. Moyer has, accordingly, relegated the soap lady to the restricted back rooms of the museum. There is a plaintive touch to the exhibit which would have appealed to the late Victorians. To a few grimy strands of hair clings a tiny, faded pink ribbon. It may be that persistent badge of human vanity amidst the ruin of flesh which makes the exhibit so striking. Just such a juxtaposition with its symbolic resonance would have intrigued Victorians whose acute sense of mortality led novelist E. M. Forster to remark that they “had a strong affection for deathbeds.”

The Victorians were frankly interested in death, and that realization goes a long way towards helping a modern visitor understand the Mütter Museum. It was founded as an adjunct to the teaching of medicine, but as the whole approach to pathology changed from a macro to a microscopical point of view towards the end of the nineteenth century, the original function of the museum was in many ways obviated. What the visitor can see at the Mütter are the remnants of the late nineteenth century sensibility, especially regarding disease and death. There are, for instance, the death masks of two famous physicians—Jefferson’s Samuel D. Gross Professor of Surgery, W. W. Keen, and Penn’s Joseph Leidy. This practice is very
much in keeping with a culture that read avidly the pages authors like Dickens devoted to deathbed scenes.

But what is so fascinating about the Mütter is the co-existence of the late twentieth century and the late nineteenth century sensibilities. Because the teaching of medicine changed so drastically, the museum could not be altered to accord with new approaches. Hence the museum’s type of collections and mode of displaying them did not change gradually over the last 100 years as would be the case with museums whose display policies were committed to reflecting current taste. Also, by provision of the Mütter Will, collections could not be disbanded; nor specimens deaccessioned. Curators who preceded Mrs. Moyer, especially Ella Wade who was in charge from 1943-70, saw themselves as caretakers. Such conservative influences have actually enabled the ambience of the last century to be preserved at the Mütter.

There is the wonderful clutter of the place reminiscent of the Victorian penchant for amassing curios and crowding them onto numerous tables in the parlor. In the back rooms a group of cabinets contain all sorts of seemingly unrelated things—the key to S. Weir Mitchell’s bedroom; the knife used by Samuel D. Gross to perform 70 lateral lithotomies; a case of chisels W. W. Keen used to open skulls before he developed his own tools; old pharmacy jars of various shapes, colors and centuries; a family medicine chest circa 1860; and a small fur muff John Foulke wore when he drove to Valley Forge to treat Washington’s soldiers. What, one asks oneself, do these things have in common; why were they ever displayed together; what are they doing in an anatomical and pathological museum? Posing such questions which presuppose a desire to restrict and systematize is like asking why cupolas, curlicues and turrets adorn Victorian dwellings when we prefer straight lines and severe facades. Indeed, there are some displays at the Mütter in the more modern style. All the items in these exhibits—and there tend to be few—are related; prose texts point out explicitly the educational significance intended by the arrangement.
Although the older material is displayed in a less overtly didactic manner, much of even the original collection donated by Mütter retains its instructional value. Of particular interest are the skulls demonstrating the effects of tertiary syphilis. Part of this exhibit shows drugs used to treat syphilis before the advent of antibiotics. Since syphilis tends now not to progress to such a destructive point, the collection is valuable for enabling study of the disease's advanced stages. Tuberculosis, like syphilis, is not as devastating a condition as it once was, but the collapsed spines at the Mütter function as a graphic record of the debilitating deformity of Pott's disease. Dr. Aponte feels that the museum provides a "marvellous opportunity to study the effects of two diseases now controlled."

A particularly interesting and instructive exhibit asks the onlooker to compare treatments of injuries received in the Civil War with those of World War I. During the Civil War, projectiles were removed through the original wound; with World War I and a more comprehensive understanding of the need for antisepsis, an incision above the projectile enabled it to be removed while keeping the wound clean. Fractures were treated quite differently. Comminuted fractures, for instance, were routinely amputated during the Civil War; with World War I, a splint was applied while, if possible, the man lay in the field. If amputation were necessary, the guillotine operation was favored as opposed to the slicing, cutting or chopping necessary with the less refined Civil War instruments.

Of course, the scientific progress that enabled better treatment of World War I soldiers also provided additional means or conditions for injuring them. The physiological and psychological devastation wrought through the use of gas is suggested by the Mütter exhibit. A wet specimen of a trachea and larynx shows mucosa uniformly covered by the heavy, dirty brown exudate of mustard gas. Above the specimens indicating the effects of gassing are the various masks the Germans, the Americans, and the British used to try to protect themselves from the ghostly and inhuman enemy the gas, wafting above the trenches, must have seemed. The specimens collected by pathologist E. B. Krumbhaar, M.D. are from U.S. Base Hospital No. 10 which was run by the Pennsylvania Hospital Unit.

In addition to displays arranged by the staff (such as the comparative analysis of war injuries), there are self-contained collections which the museum has acquired and which need no additional work for display. One such exhibit is Hyrtl's "Organs of Hearing." Having purchased the skull collection from Hyrtl, the museum then obtained two rosewood cases with, respectively, the labyrinths and the ossicles of the ear "of man and all mammalian families." It took Hyrtl 14 years to prepare and assemble the collection. The extraordinary feat this exhibit represents is evident from Dr. Aponte's reaction; he calls Hyrtl's ossicles "one of the wonders of the world." Another otological collection is the "Adam Politzer Series of Tympanic Membranes." Politzer, whose interest in the physiology of hearing led him to be present at the autopsy on the exhumed body of Bach, displayed the collection himself at the Centennial exhibition in 1876. Because he received $800 from the museum for his collection, critics attacked him for selling specimens he had obtained from patients at a home for the elderly. Politzer responded by asking the curator, Dr. Thomas Hewson Bache, to supply him with a letter stipulating that the payment was for mounting and display costs.

Perhaps the most entertaining of the museum's collections is in the 180 drawers containing 2,700 foreign bodies which JMC graduate Chevalier Jackson, M.D. retrieved from the air and food passages of patients. The motley assortment classified in drawers variously labeled "needles," "food," "bones," "buttons," "coins," "dental objects," "ammunition," "toys" and "jewelry," was extracted with Jackson's invention, the bronchoscope. Of the swallowed or inhaled objects, the toys and buttons are the most interesting. There is a blue and grey "Perfect Attendance" button; an Audubon Society badge pictures a red woodpecker. The toys include numerous jacks and skate keys. A curious yellow airplane approximately one inch long displays the word "Boston" across its three-quarter-inch wing span. Case histories, sketches and roentgenograms complement the collection donated in 1926. Recently, a Federal agency doing a study on what children of a certain age tend to swallow was able to use the collection extensively for its research.

The medically oriented collections of Hyrtl, Politzer and Jackson are not the only ones associated with the Mütter Museum. The curator of the museum is also involved with the College Collections which include oil portraits, sculptures, framed prints, medical medals and coins. Because of the curator's dual role, the Mütter workroom can contain, as it did one afternoon late last winter, a half restored bust of a noted Chairman of Jefferson's Anatomy Department, Joseph Pancost, M.D., next to a large leaking jar whose contents looked as if they belong to the teratological collection. When the seemingly odd juxtaposition was pointed out to Mrs. Moyer, she countered by remarking that medicine and art have the subject of anatomy in common. To support her point, she added that museum admissions records indicate that patrons are most likely to be associated with either a medical or an art school.

The portraits and sculpture that Mrs. Moyer oversees are not in the Mütter Museum, but on exhibit throughout the College of Physicians. The portraits include works by Thomas Eakins, the Peales, Gilbert Stuart, Thomas Sully and John Neagle. Despite the extensiveness of the oil collection, only two portraits hang in the museum. One is that of its benefactor, Thomas Dent Mütter. He wears dark garb as was customary in portraits of the last century. Books and bones—emblems of Mütter's academic and surgical profession—form the background. In keeping with the portraiture tradition of featuring a surgeon's hands, Mütter is depicted holding correspondence or, perhaps, lecture notes.

Another Jefferson alumnus, Dr. S. Weir Mitchell, acted as an intermediary between Mütter and the College of Physicians of Philadelphia. In 1856 Mitchell informed the College Fellows
that Mütter wished to donate his private museum. Before Mütter’s offer, the Fellows had, following a resolution by Dr. Isaac Parish in 1849, agreed to “found a museum of pathological anatomy under the direction and control of the College.” The intention matured with the acceptance of Mütter’s bequest in 1859. The three year delay between the offer of the private museum and its acceptance resulted from Mütter’s concern that the College house his collection in a fireproof building. Construction of the new building at 13th and Locust Streets began in 1859. Mütter, who died the same year at the age of 48, never saw his specimens assembled in the new facility. Because of Mütter’s close association with Jefferson—in 1841, he was appointed Professor of Institutes and Practice of Surgery—many of the specimens at the museum were either collected or first used for teaching at the Medical College. Even though the Philadelphia College of Physicians is an independent medical society with no special ties to any of the city’s medical schools, the museum, because of the Mütter connection, bears a discernible Jefferson imprint.

The other informing spirit behind the museum appears to be that of Dr. John Hunter, the late eighteenth century founder of scientific surgery. The English museum that houses his collections seems to have been a model for the Mütter. Now part of the Royal College of Surgeons of England, the museum whose methods of display illustrate Hunter’s theories was in effect a textbook on morbid anatomy. A relationship between the Hunterian and Mütter museums may explain why the Philadelphia institution has certain exhibits. The Hunterian has a giant, a teratological collection, and specimens illustrating human embryological development as does the Mütter. The patterning may not have been deliberate; the Mütter may simply reflect the academically established principles Hunter and his successors pioneered. Fittingly, the other portrait hanging in the Mütter is a copy of Sir Joshua Reynolds’ study of Hunter.

A stronger affinity to English prototypes is evinced by the Mütter’s parent organization—the College of Physicians of Philadelphia. The College claims the distinction of being the oldest, private medical society in continuous existence in the United States. It was founded in 1787 to provide the professional support that had come from the Royal College of Physicians in London prior to the Revolution. As with the English model, the Philadelphia institution calls itself a “College” in the sense of the Latin word ‘collegium,” meaning “fellowship of persons with like functions.” Members or Fellows are area physicians.

In addition to the museum, the college houses a renowned medical library. With over 3,000 currently received periodicals, it functions as the Mid-Eastern Regional Library Service of the National Library of Medicine. From the original 24 volumes, the Library now encompasses over 295,000 accessioned books and 325,000 pamphlets, reports and theses. The library also houses a notable collection of primary source material for the study of the history of medicine. The collection includes 423 incunabuli, as books published before 1501 are designated. The library’s historical volumes admirably complement the Mütter materials. Aside from the specimens, the museum contains a wealth of artifacts and memorabilia illustrating the history of medicine.

Outside the College building, a facet of medical history is recreated each spring. When the eighteenth century herb garden blooms, one can almost believe that nature provides restoratives more wholesome than the pharmacological concoctions of modern medicine. For all those who grow nostalgic and melancholy over the lost charm and grace of other centuries, however, the Mütter provides an effective antidote. There are the beautifully ornate sixteenth century trephines whose designers cared more about the looks than the use of the instrument. The collection of obstetric forceps suggests how much trial and error went into the making of the instruments that facilitate modern births. All the paraphernalia for blood-letting offers a wry reminder of the harm the wouldbe healer once did. Looking at the stout amputation knives used through the outset of last century, one thinks of the pain without anesthetics. Then, the Mütter, especially with its reminder of pain undulled through artificial means, makes that older, more “natural” world of the herb garden seem less appealing.

Cephalothoracopagus monosymmetros. Below the head the skeleton is completely double. The thoracic cavity is single though there are two sternum with ribs and clavicles articulated in a peculiar manner.
Hemophilia: The Disease Of Royal History

Cardeza Hemophilia Center Director discusses historical and modern approaches to hereditary blood disorders

by Sandor S. Shapiro, M.D.

Hemophilia. The name conjures up associations to Queen Victoria, the European royal families and the mysterious monk, Rasputin, as well as images of uncontrolled bleeding, severe pain, terrifying anxiety and crippled joints. Only in very recent years have these images begun to fade, due largely to the development of adequate diagnostic procedures, the availability of new therapeutic materials, and the creation of Centers committed to a multidisciplinary approach to the treatment of and research into hemophilia and other hereditary hemorrhagic disorders. The Cardeza Foundation Hemophilia Center illustrates remarkably how such an integrated approach to diagnosis, treatment, research and education can benefit patients with a complex disease process like hemophilia.

What is probably the earliest written reference to human hemophilia is found in the 5th century Babylonian Talmud, in the Tractate Yevamoth, where Rabbi Judah the Patriarch states that ritual circumcision must not be performed on a male child whose mother has had two previous male children who died of bleeding at circumcision. Some six centuries later, Moses Maimonides, the famous physician, talmudist and philosopher, expanded on this observation by adding the comment that the same rule applied whether or not the first two sons were born of the same father. The clear recognition of the sex-linked character of hemophilic heredity did not occur until the beginning of the 19th century, however.

One of the first descriptions, and perhaps the most classic, was contributed by a Philadelphia physician, John Conrad Otto, in 1803, when he published in the Medical Repository, a New York journal, an article entitled “An Account of an Hemorrhagic Disposition Existing in Certain Families.” Otto carefully traced the pedigree of a family of bleeders back to 1720-1730, noting “the occurrence of the most alarming, and even fatal, hemorrhages, after slight wounds or scratches, in the male descendants of a woman named Smith, in the vicinity of Plymouth, New Hampshire. The females of the family were exempt from the idiosyncrasy, but still were capable of transmitting it to their male children.” The name “hemophilia” was first used by Hopff in 1828, and later promulgated by Schönlein in 1839. That the defect in hemophilia was related to the blood, rather than to a vascular abnormality, was only established some 60 years later, in 1893, when Wright introduced the whole blood clotting time test and showed that the clotting time of hemophilic blood was prolonged. The defect was correctable in vitro by addition of a small amount of normal blood or plasma.

A series of investigations in the 1930’s and 40’s, particularly at the Thorneike Memorial Laboratories at Harvard, localized the activity of normal plasma to crude “globulin” fraction, appropriately named “anti hemophilic globulin (AHG).” Shortly thereafter, investigators in Argentina, Australia, the United States and England almost simultaneously discovered that the disease hemophilia was composed of at least two biochemically distinct entities. These are currently referred to as hemophilia A (Factor VIII deficiency, AHG deficiency) and hemophilia B (Factor IX deficiency, Christmas disease). Factor VIII deficiency occurs four to five times as frequently as Factor IX deficiency. The two diseases have identical sex-linked heredity, and are indistinguishable clinically.

Factor IX is a vitamin K-dependent protein the size of albumin, which is normally synthesized in the liver. In hemophilia B, the gene on the X-chromosome directing synthesis of this protein is abnormal, resulting either in synthesis of a biologically inactive protein, or no protein at all.
Factor VIII is a very large, and more complicated macromolecular complex which, we now know, has at least two important biological properties. One of these is the X-chromosome-linked coagulant activity missing in hemophilia A. Another function which has been recognized in recent years, probably subserved by an entirely different portion of this huge molecule, is its role in platelet-platelet and platelet-blood vessel wall interactions. This activity, unlike Factor VIII coagulant activity, is not X-linked, and its absence gives rise to a bleeding disease of variable severity in both males and females, von Willebrand's disease. Our understanding of the Factor VIII molecular complex, how and where it is synthesized, its structure, the nature of the defects giving rise to von Willebrand's disease and hemophilia, is still in its infancy.

Perhaps the most famous family with hemophilia ever to be described was the European royal family, in whom the genetic defect can be traced back as far as Queen Victoria herself, but no further. To this day it is not known whether the royal family had hemophilia A or B. However, there was an elderly Russian gentleman with hemophilia B living in New York who claimed to be of the Russian royal family. Like claimants to the identity of Anastasia, his claims, though tantalizing, remain unproven. The terrible fate awaiting Victoria's family was not known to the Queen until the birth of her eighth child, Leopold, Duke of Albany, in 1853, when she was 34 years old. Leopold was a severely affected bleeder and, as Victoria wrote to her Prime Minister, Disraeli, had been "four or five times at death's door" and was "never hardly a few months without being laid up." He died at age 31 of a post-traumatic cerebral hemorrhage, two years after his marriage and one year after the birth of a daughter, Alice.

This family illustrates the second aspect of sex-linked heredity—the transmission of the hemophilic gene from an affected male to his daughters, who are carriers—since Alice had a hemophilic son who died at age 21 of a cerebral hemorrhage. Hemophilia can, of course, occur in a female (not illustrated by the royal families), but requires that both X-chromosomes be affected. This could occur during development by spontaneous mutation in the second X-chromosome of a hemophilic carrier or as the result of the marriage of a hemophilic male and carrier female, each parent transmitting one defective X-chromosome to their daughter.

Two of Victoria's daughters were carriers who, through royal marriages, transmitted the disease to the monarchies of Spain, Hapsburg and Russia. At least 12 affected males were born into the European royal families, many of whom died at an early age. Certainly the most famous of all was Alexis, son of Czar Nicholas II of Russia, whose story, and the impact it may have made on world history, is so vividly told in Robert K. Massie's book *Nicholas and Alexandra*. The anguish caused to a mother, who already had an affinity for mysticism and religion, may well have been as crucial as Massie suggests in establishing the power of Rasputin over Alexandra, and thus over Nicholas, resulting in "the fatal isolation of the sovereigns who lived in a world apart, wholly absorbed in a tragic anxiety which had to be concealed from all others."

The terrible pain to the hemophilic child and terrifying anxiety to his mother are well described in an incident that occurred when Alexis was taken for a drive a week or two after a minor groin injury. Shortly after starting, "Alexis winced and began to complain of pain in his lower leg and abdomen. Frightened, the Empress ordered the driver to return to the villa immediately. There were several miles to travel. Every time the carriage jolted, Alexis, pale and contorted cried out. Alexandra, now in terror, urged the driver first to hurry, then to go slowly."

The drive was remembered by a companion as "an experience in horror. Every movement of the carriage, every rough place in the road, caused the child the most exquisite torture and by the time we reached home, the boy was almost unconscious with pain." For a more recent account of the ordeal of rearing a hemophilic son, the reader is referred to the remarkable and poignant book by the Massies, *Journey*.

Treatment of the hemophilic requires replacement of the missing coagulant activity, either Factor VIII or Factor IX, when bleeding occurs, careful attention to the state of the musculoskeletal system so as to avoid or minimize joint deformities, educational and vocational guidance, as well as a host of supportive measures to deal with the problems and anxieties of the patient and his parents, and the conflicts and tensions that can occur in the entire family. In addition, it is necessary to educate the public concerning the immense strides that have been made in recent years in the treatment of hemophilia, enabling many hemophiliacs to lead relatively normal, active and productive lives.

The single most important advance in the treatment of hemophilia has occurred in the area of transfusion therapy. Although the first use of transfusion in hemophilia probably dates back to Lane's description in 1840 of the direct transfusion of 12 ounces of blood to an 11 year old boy who had bled for six days following an operation, the routine use of plasma transfusions in the treatment of hemophilia did not occur until the 1930's and 1940's, when the first blood banks began to appear in hospitals. At about the same time, Cohn, at Harvard, developed his famous plasma fractionation techniques, stimulated by the massive blood and plasma replacement requirements of World War II. For many years the only "concentrate" of Factor VIII available was so-called Cohn Fraction I, a fraction containing primarily fibrinogen, but also Factor VIII.

A historic era has come to a close with the very recent withdrawal from the market of this fraction as a form of treatment for Factor VIII deficiency or for hypofibrinogenemia. The primary reason for this was the development by Judith Pool, at Stanford, of cryoprecipitate in 1965. Pool observed that when fresh-frozen plasma was slowly thawed a large amount of its Factor VIII remained associated with a fraction of
the fibrinogen that was poorly soluble at cold temperatures. This cryoprecipitate could be redissolved at room temperature in a small volume of plasma or saline and refrozen for use at a later date. In this way some 40% of the Factor VIII in a 250 cc. unit of plasma could be concentrated into one-tenth or one-twentieth of its initial volume. The availability of cryoprecipitate really made feasible for the first time operative procedures on hemophiliacs. Cryoprecipitate also made possible home therapy of hemophilia, an approach in which patients or their relatives are instructed in the intravenous administration of Factor VIII products, to a large extent freeing them of dependence upon hospitals. However, home therapy with cryoprecipitate required that patients have special freezers in which to keep these products. During the past five years, a major effort on the part of the American pharmaceutical industry has resulted in the development and ready availability of dried Factor VIII and Factor IX concentrates, which are stable for very long periods of time at refrigerator temperatures. Such products have revolutionized treatment, so that today some 50% of patients with hemophilia, and close to two-thirds of those with severe disease, are on home therapy with Factor VIII or Factor IX concentrates.

Interest in hemophilia at Jefferson has a long and distinguished history. Dr. Leandro M. Tocantins, Director of the Cardeza Foundation until his death in 1963, was world-renowned for his investigations into the causes of hemophilia, and was among the first physicians to use transfusion of fresh-frozen plasma as a routine therapeutic modality for hemophilic bleeding episodes. He and Dr. Anthony F. DePalma, then Chairman of Jefferson’s Department of Orthopaedic Surgery and an authority on orthopaedic aspects of hemophilia, developed one of the earliest Hemophilia Clinics in this country—a regularly-scheduled weekly clinic in which patients were seen jointly by specialists in hematology and orthopaedics.

The Cardeza Foundation Hemophilia Center, as it exists today, began in April 1973, and is an officially designated

Hemophilia Center for the states of New Jersey and Pennsylvania, the two trail-blazing states that first passed legislation instituting Hemophilia Programs. Our Center has grown enormously since that time, from a registration of 34 patients at the end of 1973 to 162 at the end of 1977. By spring 1978 the number reached 170. Approximately two-thirds of our patients are Pennsylvania residents, and the remainder are largely from New Jersey. Ten percent are younger than ten, two-thirds are between the ages of 11 and 45, but a substantial number are in their 50’s and even in their 60’s. The older age groups include patients with mild disease, but also several with severe hemophilia—a tribute to the improved therapy of the last two decades. More than 100 of our patients have hemophilia A or hemophilia B (including one female with hemophilia A), another 50 have von Willebrand’s disease, and the remainder represent a variety of rare diagnoses, including afibrinogenemia and deficiencies of Factors V, VII, X, XI, XII and XIII. We also follow a number of patients with hereditary platelet disorders.

The Center is truly multidisciplinary, involving adult and pediatric hematologists as well as members of the departments of orthopaedics, rehabilitation medicine, dentistry and psychiatry. We also make a continuous use of diagnostic services in radiology, cardiology and the clinical laboratories.

Any individual with a hereditary bleeding disorder may be eligible for Center services. Each patient enrolled in the Center receives an initial comprehensive evaluation, including complete history and physical examination, psychosocial interview, orthopaedic, physical medicine and dental evaluations, hemostatic testing, complete blood count, SMA-12, hepatitis antigen test, urinalysis, chest x-ray, electrocardiogram and complete joint radiographic survey (where indicated). Patients are discussed at regular conferences and, when appropriate, at monthly joint conferences with the departments of orthopaedics and rehabilitation medicine. On the basis of these evaluations and discussions, an individualized therapeutic plan is formulated, which includes an assessment of the need for further specialized evaluations, dental and surgical procedures, psychological counselling and educational or vocational guidance, and the place of home therapy. After the initial evaluation and institution of the therapeutic approach, patients are seen at regular intervals of six months, more frequently for those on home therapy.

The advent of home therapy has altered radically the realities of the hemophiliac’s life. For those individuals capable of accepting the responsibilities of self-treatment—and experience indicates that this is possible for the majority of patients—home therapy affords freedom of

CFHC Patient Enrollment

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mobility and psychologic independence from hospital and physician that immediately alters the patient's outlook and sense of well-being. For the first time, he is in partnership with his physician, rather than dependent upon him. Home therapy reduces by as much as 90% the number of days spent in the hospital. The hemophilic child can look forward to a relatively normal school attendance record, and the adult to a regular working schedule. The rate of progression of joint damage from repetitive hemorrhage is dramatically decreased, although not totally prevented.

Home therapy can generally be instituted at age three or four, so long as the family situation is stable, one or both parents are willing to learn the technique and the child has adequate veins. Beyond age 10-15 self-infusion is the general rule. Most patients are suitable candidates for home therapy, although in some cases psychological problems, the family situation or very poor veins prevent it. Some of our older patients are simply too accustomed to the hospital-based style of treatment to make the transition, and a few others do not have frequent enough bleeding episodes to warrant keeping a supply of concentrate at home.

Patients who are candidates for home therapy are given specialized training in the basic clinical, biochemical and genetic facts about their disease, as well as practical training in self-infusion. Since early treatment is crucial to the success of home therapy, patients are encouraged to become aware of the earliest possible signs of bleeding, particularly into joints, before gross impairment of joint function has occurred. Where another member of the family will be infusing the patient, he or she also goes through the entire training course. All patients on home therapy are required to keep logs, in which they record the reason for administration of concentrate, any problems that may have arisen, and the results of treatment. In the event of any question, they are instructed to contact the Hemophilia Center immediately.

The Center, located on the sixth floor of the Curtis building, has a full-time staff consisting of an administrative assistant and two secretaries, and is open weekdays from 8:30 am to 5:00 pm. During these hours a variety of medical and psychosocial services are available on a regularly scheduled basis or for acute needs. In addition, patients can receive prompt evaluation and treatment for bleeding episodes not requiring the diagnostic and treatment facilities of the Emergency Department.

To meet the comprehensive health care needs of our patient population new types of activities have been developed. For example, group meetings for mothers of hemophiliacs are held in the Center twice a month. They are conducted jointly by our staff psychologist, Dr. Clorinda G. Margolis, and our coordinator-social worker, Mrs. Barbara E. Erlick. During these meetings, mothers have the opportunity to express and discuss the pressures of living with hemophilia. The group allows them to develop better means of coping individually and within their family and community. Another program involves drug and alcohol detoxification efforts for hemophiliacs addicted to these substances. Although apparently not a major issue in the younger age groups, addiction has been a problem in some of our older patients with severe hemophilic arthropathy. These patients grew up in the period before home therapy, and have sustained more severe joint damage than would be expected under current treatment regimens. A third area is the use of hypnosis as an adjunctive measure in some patients, particularly those with inhibitors to Factor VIII, undergoing dental extractions. Hypnosis has also been used to help control anxiety and the response to pain during surgical hospitalizations.

Our most recent program is in the area of learning disability. This program was initiated by the discovery that one of our seemingly articulate adult patients, when tested, was found to be reading and writing on a third-grade level. Apparently a number of our young adult patients, who missed a great deal of school as children, have lacunae in their reading.
and writing skills, despite impressive development of their verbal abilities. Most of these patients are either unaware of the existence of deficits, or are too anxious or embarrassed to bring these problems to a physician. We have thus far tested ten individuals, using a combination of reading and writing tests and a new psychological test, the SCL-90, and hope to institute remedial steps where appropriate.

Education and training of professionals and of laymen has become increasingly important, in view of the rapid changes occurring in techniques of diagnosis and treatment, and the greatly improved long-term outlook for the hemophiliacs. Mrs. Erlick and our comprehensive health care nurse, Ms. Susan M. Lalli, make regular home visits to counsel patients and their families, as well as school visits to educate teachers, school nurses and students regarding the nature of and the problems associated with hemophilia. Some school visits have taken the form of assemblies, others have been small sessions for teachers only. These have been remarkably successful, judging by the appreciative letters received from many school principals and from requests for second visits.

Within Jefferson, the Center works with two to four medical students each year, in connection with a freshman course given through the Department of Community Health and Preventive Medicine. The purpose is to acquaint the students with aspects of preventive health care and to give them some understanding of community resources and the part they play in dealing with medical problems. Students become directly involved with the patient and his family, giving them some understanding of the disease in the context of the family situation. We also have conducted several in-service training sessions for Jefferson nurses, a program which has met with great success.

Training of medical and technical personnel in specialized hemophilia care has taken several forms. Hematology Fellows at the Cardeza Foundation receive intensive exposure to the diagnosis and treatment of the hemophiliacs, and some have continued this clinical and research interest at other institutions. We have also trained laboratory technicians from other Centers in specialized diagnostic procedures, and serve as a Laboratory Reference Center for the Pennsylvania Hemophilia Program. In addition, we have been designated an International Hemophilia Training Center for the World Federation of Hemophilia, and will shortly be accepting a candidate from abroad for specialized laboratory training. Finally, together with three other state-supported Hemophilia Centers in the Delaware Valley area, an all-day program entitled "Hemophilia/von Willebrand's Disease Educational Update" was held for patients and their families last fall at Jefferson Alumni Hall. This program involved technicians, nurses, physicians and dentists from the greater Delaware Valley. The morning was devoted to medical and psychosocial presentations, and the afternoon to small-size workshops dealing with specific aspects of hemorrhagic diseases. This was the first session of its kind offered in the Delaware Valley area in recent years.

Our Center is also heavily involved in clinical and laboratory research in the hemophiliacs, particularly the problem of inhibitors to Factor VIII in patients with hemophilia A, which develop in some 15% of patients as a result of exposure to plasma, cryoprecipitate or Factor VIII concentrates. These inhibitors are IgG immunoglobulins (antibodies) directed specifically against the Factor VIII coagulant moiety of the Factor VIII complex. They can arise at any age, though more than two-thirds occur before age 20. Once formed they rarely disappear spontaneously and, if of high titer, neutralize the effectiveness of infused Factor VIII. A genetic predisposition to form these antibodies may be present in some hemophiliacs; however, none of the evidence in this area is convincing. There is currently no means of identifying patients destined to form antibodies, no method of eradicating the antibodies, and no completely acceptable method of treating hemorrhagic episodes in such patients.

The Cardeza Foundation Hemophilia Center serves as the Coordinating Center and Reference Laboratory for a large multi-center NIH-sponsored Study, currently in its third year, of the Natural History of Factor VIII Inhibitors in Patients with Hemophilia A. This study involves some 1,500 patients, close to 20% of the hemophiliac population in the United States with severe or moderately severe disease. It appears that antibody formers fall into several different subgroups. For example, some patients appear to be "weak responders," in that they produce only low levels of Factor VIII antibodies, despite repeated challenge with Factor VIII. Such patients can be treated like uncomplicated hemophiliacs, and can even be placed on home therapy, although they require increased amounts of Factor VIII. Others are "strong responders" and produce high levels of antibodies each time they are exposed to Factor VIII. Patients in the latter group have been treated with Factor IX concentrates, which apparently contain some type of procoagulant activity which can bypass the Factor VIII antibody. Our Cooperative Study Group has just embarked on a controlled, double-blind study of the efficacy of Factor IX concentrates in inhibitor patients, which should be complete before the end of the year. This national study has so far been remarkably successful, and is one of the few such studies in breadth and depth of a single disease entity. We have had the opportunity to collect large amounts of data concerning the natural history of hemophilia in general, and a series of publications in the medical literature has already been initiated.

The nature of Factor VIII antibodies and methods of eradicating antibodies once formed have been subjects of research interest at our Center for some years. We were among the first to demonstrate the antibody nature of Factor VIII inhibitors and the fact that these antibodies were restricted in their chemical heterogeneity. Since that time we have pursued our studies of the clinical nature of these antibodies. We have also been interested in the use of immunosuppressive drugs for the eradication of Factor VIII antibodies. This approach has been only partially successful, but it is possible that a better understanding of Factor VIII antibody
subgroups may allow selection of patients suitable for immunosuppressive therapy. Members of our Center have also been intensely interested in genetic abnormalities of other coagulation factors. The first genetic abnormality of human prothrombin was discovered here, and several genetically abnormal forms of fibrinogen and Factor X have also been described.

These multifaceted activities require both space and financial support. Our current space has become inadequate, both because of the growing number of patients and the growing number of activities. We hope to obtain additional space when the new hospital opens, to include both clinical care and research facilities. Funds come from many sources. Support for the periodic evaluations and routine health care activities of the Center has been derived largely from contracts with the states of Pennsylvania and New Jersey and from third-party payments. In addition, both states pay for Factor VIII and Factor IX products used in and out of hospital, when the cost of such products is not reimbursable by health insurance. A major current problem with our health insurance system, however, is the Blue Cross policy of payment only for in-hospital product use. Thus, when patients are placed on home therapy and no longer require prolonged and frequent hospitalizations, the Blue Cross obligation to its subscribers ceases, and the entire cost of products is transferred to the state. Such a policy will sooner or later undermine home therapy, with the danger of return to the older, less successful and more costly form of in-hospital treatment.

Since last October, we have been one of 21 federally funded Regional Hemophilia Diagnostic and Treatment Centers, with a catchment area comprising eastern Pennsylvania, southern New Jersey and the state of Delaware. Funds from this source have been crucial for the expansion of our psychosocial program and are allowing us to offer our services more widely. For example, cooperative arrangements have been established with Children’s Hospital of Philadelphia, Albert Einstein Medical Center, Northern Division, and the Wilmington Medical Center, to make available a number of our specialized services. Funding for the National Inhibitor Study is obtained from the National Heart, Lung and Blood Institute of the NIH, and has been an important factor in strengthening our system of patient follow-up. Research funding is obtained through NIH grants and also through a grant from the Delaware Valley Chapter, National Hemophilia Foundation. The Delaware Valley Chapter has, in the past, also provided support for the research training of one of our Fellows, Dr. Mae Hultin, who has continued to pursue research and clinical activities in the hemophilies, is a full-time staff member at another academic institution.

In this article, I have attempted to describe the workings of a multidisciplinary center committed to diagnostic, treatment, educational and research activities in a highly complex disease, hemophilia. Over the past five years the Cardeza Foundation Hemophilia Center has integrated these approaches into a highly successful undertaking, giving the latest and best in health care to its patients and also providing the basis for future improvements through clinical and laboratory research. Both aspects are necessary in the attack on any complex disease process. We feel secure that we are delivering health care at its best, but also look forward to continuously improving on this record through the productive interaction of patient, physician and laboratory.

References
Students Take Parents to School

During Parents’ Day, JMC sophomores share medical school experiences with their parents

Parents’ Day gives Jefferson an opportunity to show parents of sophomores the medical world in which their children are engrossed. The Alumni Association in conjunction with the Dean’s Office sponsors the annual event. The day long program, held this year on Friday, March 17, began with presentations by both basic science and clinical faculty members.

Surrounded by the visual aids integral to anatomy instruction, John R. M. Shea, Ph.D., Associate Professor of Anatomy, explained how the disarticulated skull he held was produced by wetting dried beans filling the skull cavity; the beans expand thereby causing the skull to pull apart along its sutures. In the laboratory where he performs his psychopharmacological experiments, Wolfgang H. Vogel, Ph.D., Professor of Pharmacology, showed parents a rat performing in a Skinner box; the animal and its controlled environment served as the basis for Vogel’s proposing a chemical model for psychological problems. Representing the pathology tract that students take at the outset of their sophomore year was Christopher M. Frauenhoffer, M.D. ’76, Resident in Surgical Pathology. By characterizing what first and second year residents in pathology do, Dr. Frauenhoffer gave parents some idea of what the specialty and course work related to it entail. The final representative of the basic science curriculum was Arthur Allen, Ph. D., Associate Professor of Biochemistry. He spoke of the stresses medical students encounter because of their frustrated attempts to learn material too vast to be comprehended perfectly.

Speakers for the clinical faculty included specialists in obstetrics and gynecology, orthopaedic surgery, otolaryngology and pediatrics. Ronald J. Wapner, M.D., Instructor in Obstetrics and Gynecology, explained the rationale for and the process of amniocentesis. Director of the Division of Hand Surgery, James M. Hunter, M.D. ’53 demonstrated through a slide presentation reconstruction of injured hands; his emphasis was upon tailoring the function to be restored to the patient’s needs. Diran O. Mikaelian, M.D., Professor of Otolaryngology and Acting Chairman of the Department, characterized his specialty and demonstrated basic examination procedures. Finally, addressing the problem of violence from the viewpoint of the child, Gary G. Carpenter, M.D. ’60, Associate Professor of Pediatrics, presented evidence of genetic as well as social determinants of violent behavior.

Parents also had a chance to browse through the Scott Library. John A. Timour, University Librarian and University Professor of Medical Bibliography and Library Science, explained the extent of the facilities necessary to support medical studies. In the afternoon, John Y. Templeton, III, M.D. ’41, Professor of Surgery, lectured on the “Surgical Treatment of Coronary Artery Disease.”

A luncheon at Jefferson Alumni Hall followed the tours and presentations. Warren R. Lang, M.D. ’43, Associate Professor of Pathology and Professor of Obstetrics and Gynecology, acted as a whimsically amusing Master of Ceremonies. Speakers included TJU President, Lewis W. Bluemle, Jr., M.D.; JMC Dean, William F. Kellow, M.D.; and Alumni Association President, John N. Lindquist, M.D. ’43. A faculty member and a student chosen by the sophomores delivered the final remarks. Despite the medical school ordeals he hinted at, student Richard Moberg still had enough humor left to describe drolly nonmedical uses for the 42 inch stack of notes he had accumulated in two years at Jefferson. The sophomores selected Wolfgang H. Vogel, Ph.D. to represent the faculty; his remarks follow.

As parents, you trust us with two of your most precious possessions—your money and your children. What happens to your money, I know little about. The President and the Dean take good care of that. I’d like to tell you something about the students, the faculty and medicine because these are in my area of interest and expertise.

You have already heard about us from your children—how we give endless lectures in anatomy and pathology, biochemistry and physiology, pharmacology and microbiology; how we overwhelm the students with all these little, seemingly unnecessary details. Don’t believe these horror stories; we are not so
bad; we are worse! Why then do we teach these little details? We have to, because we are experts and you will understand this if you know the definition of an expert: an expert is a person who knows a lot about a little, and as this person progresses he will learn more and more about less and less until he finally knows everything about nothing.

No, I am joking, the faculty indeed is well-qualified and dedicated to academic life. Seriously, why do we teach so much basic science in medical school? Why not medicine and the patients immediately? Is all the chemistry and physiology necessary for a physician? The answer is yes because of the marked transition medicine is experiencing at present.

From the beginning, man must have wondered about diseases and pain and must have tried to cure the diseases and to alleviate the pain. These efforts were attempted with the knowledge of prehistoric man. Diseases and pain were caused by evil spirits, and the “cure” was the expulsion of the spirit from the tortured body by “magic.” To cure a headache, the evil spirit had to be released from the head, and thousands of years ago, holes were bored into skulls for this purpose. Apparently, the skin was cut, the bone exposed and scraped with sharp stones until after hours the pulsating brain could be seen and the spirit released. Interestingly, the presence of more than one hole indicates that the patient must have survived this early kind of brain surgery. This concept of evil spirits persisted for quite a while until Hippocrates (about 400 B.C.) suggested that diseases are abnormal reactions of the body rather than visitations from evil spirits. However, this suggestion was soon lost, and, in general, medicine remained magical, mystical and artistic. It is not surprising then that medicine was often part of religion and frequently a priestly function. Diseases were believed to be punishment for sin.

This attitude started to change in the Middle Ages when alchemists became serious scientists as the urge for making gold from lead was transformed into the quest for true knowledge concerning nature and human life. Physical and chem-
ical processes were carefully studied; answers were attempted in true scientific fashion; and the fundamental laws of the natural sciences were formulated. These scientific principles were applied to medicine, and the conception of modern medicine as a science emerged.

A long pregnancy followed, and medicine as a true science began slowly to develop. The human body in health and disease was carefully observed, accurately described and properly taught at universities. More and more ineffective medications were discarded, and more and more effective drugs and treatments discovered. For instance, the discovery of general anesthesia changed surgery drastically. The quality of a surgeon was not judged anymore by the speed of his saw, but by the skill of his hands and the survival and recovery rate of his patients.

At present we are witnessing the birth of modern medicine. We have started to obtain knowledge of the basic functions of body and mind, or the molecular basis of life itself. We have begun to understand the normal and abnormal reactions of the body of which Hippocrates had spoken approximately 2000 years earlier. Research is producing new and fantastic information in staggering amounts, and we and the student are caught in this explosion of knowledge. We all feel the labor pains produced by the birth of modern medicine.

In contrast to a few decades ago, brain cells are now known to be wonderfully complex structures in which a multitude of finely regulated reactions occur which govern our behavior. All these discoveries will be helpful for understanding human behavior in general and to help more effectively the mentally ill or retarded. We can now fight infections and diseases. Scientific research and knowledge has provided us with a vast battery of vaccines, sulfa drugs and antibiotics, and many deadly and crippling diseases have lost their threat.

In contrast to a few decades ago, we begin to understand how cells in our body originate, grow and function. We partially understand what controls their growth and why cells suddenly lose control and become cancerous. All this knowledge has eventually to lead to the conquest of cancer.
The list of recent discoveries and advances is endless, and all this has happened through scientific research within medicine. When pain and diseases lose their threats, life becomes more productive and enjoyable.

For the student, learning and mastering this tremendous amount of information is difficult and painful, but, with his or her passion and feeling, wisely using it in the treatment of the patient will be exciting and rewarding.

I will conclude my remarks by handing out a multiple choice examination to the parents to test them on the content of my speech—a simple test like the ones we give to the students every two weeks or so. No, of course, I will not. But I would like to tell the parents that you can indeed be proud of your sons and daughters who successfully pass these tests and demonstrate their knowledge of modern medicine.

Let me thank the parents for coming to Parents' Day. You had a glimpse of the lecture halls and laboratories. We have described research, medicine and medical education. I hope you obtained the impression that we try to make life at Jefferson exciting. I hope our attempts to be good and original leave you with a more positive impression than that the composer Brahms got from the work of a young musician. When shown the young man's composition, Brahms said, "This work is both good and original; unfortunately, the good parts aren't original, and the original parts aren't good." I think students, faculty and administration make academic life at Jefferson truly good and original.

The Jefferson Scene

managers intern

At the end of his inaugural address, TJU's President Bluemle spoke of a need for "a new breed of health care managers at local, state and national levels." Dr. Bluemle praised Dr. Francis Sweeney, Vice President for Health Services, and his staff for developing a program which would foster the training of such managers. The man in charge of that program is Mr. Byron Irwin, Associate Hospital Director.

The key concept of the program is the recruitment of students from top business schools for a summer internship at Jefferson. Traditionally, graduates of business schools such as Harvard or Wharton have not been attracted to management positions in health care fields. Mr. Irwin speculates that the vocabulary of medicine may have served to put off individuals trained to use their own professional idiom.

Corporations in other industries and their professional managers have had much success through the application of management principles. What Irwin wants to do is to attract this talent to the field of health care management so that hospitals can take advantage of the principles that have worked so well for American corporations. These principles must, of course, be adapted to the unique circumstances of medicine.

To achieve this objective, Jefferson has established a summer internship. Can-
didates for a Master's Degree in Business Administration usually attend school for two years. They intensively review finance, personnel and organizational management, analytical techniques, marketing, business law, accounting, and policy development. During the intervening summer, students work at corporations usually in fields where they intend to seek employment upon graduation. Irwin has sought to induce students to come to Jefferson for their management internship. He is thereby intercepting the MBA candidate before he is caught up in the corporate chain of advancement. "We want," Irwin explains, "to induce the prospective business school graduate to think of health care as a viable career alternative."

The program begins with two weeks of orientation. Department directors next explain available projects to the management interns, and, as Irwin emphasizes, "these projects represent current problems and issues; they are not academic exercises." The interns, after identifying matches between projects and their interests and skills, then construct objectives for the summer and explain how a given project relates to the objectives. Interns meet with the relevant department director or preceptor regularly to get continued guidance for a good learning experience. An attempt is made to expose them to as many clinical areas as possible in order to stimulate the familiarity and understanding that enable the "adaptation process" to occur.

In addition, the interns identify topics which they would like to explore. Weekly, they then meet as a group to consider one of the designated issues. A speaker usually is invited to focus the discussion. A topic considered last summer was the physician's perception of hospital administration.

Of the four Harvard MBA candidates who came to Jefferson last summer, two have expressed a desire to return for full time employment. A third wishes, on the basis of his internship experience, to become a manager in a health care area. Clearly, Jefferson is attaining its objective—attracting the would-be corporate executive to hospital management. The health care industry should benefit in the long run.

new wills eye

Construction has begun on a new building for Wills Eye Hospital. The eight story structure will be located at Ninth and Walnut Streets, next to TJU's campus. Wills, the oldest and largest ophthalmic hospital in the Western Hemisphere, has been affiliated with Jefferson since 1972. Being closer to Jefferson will enable coordination of professional services as well as management economies.

The new facility will have 225,000 square feet compared to the 140,000 square feet of the existing six story structure at 16th and Spring Garden Streets. With a parking garage accommodating 240 cars, the new hospital will have 120 beds, the same number as the present facility. The additional space will be devoted to out-patient services and expanded research and educational facilities. Wills now has the largest ophthalmology residency and fellowship program in the country.

The new building, third in the hospital's 145 year history, will cost $24,375,000. Most of the amount is being financed by tax-exempt bonds issued through the Hospitals Authority of Philadelphia. The Pew Memorial Trust has contributed $2.5 million towards the construction.

James R. Neely, President of the Hospital Association of Pennsylvania, spoke at the ground breaking ceremony held early in March. Neely explained that the March winds compelled him to limit his prepared remarks. Holding the unread manuscript in his hand, he commended the increasingly rare decision by a specialty hospital to maintain its individual identity. Other speakers included the Honorable George X. Schwartz, President of City Council, and Donald C. Rubel, President, Board of Directors of City Trusts. A reception, hosted by the Women's Committee for Wills Eye Hospital, followed the ceremony.

trustee

Richard M. Bressler, President of ARCO Chemical Company, a Division of Atlantic Richfield Company, has been elected to TJU's Board of Trustees. Frederic L. Ballard, Esq., Chairman of the Board, feels that Bressler's "experience and capabilities in administration, finance and planning will be of great value in the future."

A 1952 graduate of the Amos Tuck School of Business Administration, at Dartmouth College, Bressler began his career in a financial management program with General Electric Company. In 1968 he moved to American Airlines as Vice President and Treasurer; he became Senior Vice President of Finance there in 1972. Mr. Bressler joined ARCO the fol-
The problem of radiography has been concerned that attempts to diagnose breast cancer may in fact contribute to the condition. Responding to that concern, manufacturers of radiographic equipment have tried to reduce the amount of radiation necessary for effective diagnosis.

JMC's Gary Shaber, M.D. is in charge of a research project to evaluate one such machine, manufactured by Xonics, Inc. of Van Nuys, California. For the project, Dr. Shaber, Associate Professor of Radiology at Jefferson and Director of the University's Breast Diagnostic Center, has received a three year research grant of more than $400,000 from the National Cancer Institute.

Dr. Shaber explains that a stance of prudence rather than alarm dictates the attempt to reduce doses. "We know," Shaber says, "that at high doses radiation can induce cancer, but we are as yet unable to extrapolate from the effects of high dosage down to those of lower doses. We generally assume that the relationship is linear—the lower the dose, the lower the risk proportionately—but we're not certain of the relationship. Since we are unsure," he adds, "we have decided to act on the assumption that X-ray exposure should be minimized. We are trying to find techniques which expose the patient to low doses of radiation but which permit, at the same time, effective diagnostic examination."

There are two methods currently used to obtain X-ray examination of the breast. First, the classical film technique uses a photographic emulsion sensitive to X-rays. Second are the electrostatic imaging techniques. Representative of this approach is the Xerox process, so called because of its similarity to photocopying techniques. A selenium plate with an electrical charge is exposed to X-rays. A toner (of carbon particles) with an opposite charge fixes the image in much the same way that lint sticks to a comb.

The machine Shaber is testing operates on a variation of the electrostatic principles employed by the Xerox technique. The material which functions as the equivalent of the selenium plate is uncharged so that the material captures electrons, instead of releasing them. The electrons are generated when the X-rays pass through a gas under great pressure. The gas, of high atomic number, is located on top of the receptor material; underneath that receptor, positively charged matter attracts the electrons to the receptor.

The key aspect of this technique, which accounts for its advantages over the Xerox system, is its use of the gas. The pressure increases the probability that entering X-rays will produce electrons. Consequently, for every primary electron numerous other electrons are produced. This amplification effect means that less X-ray energy must be used initially; hence, the substantially lower dose of radiation. The use of the gas also introduces a degree of flexibility into the system. By changing the pressure of the gas or using a different gas, the sensitivity of the system can be altered.

Currently, in the second year of the project, Shaber as yet cannot offer unqualified endorsement of the machine. He feels, however, that the dose the machine requires to image effectively may be substantially lower than that available systems now use.

He explains that he is just getting to the clinical phase of testing. The first half year was devoted to engineering orientation; Mr. Rudolph Nerlinger did much of the trouble shooting. Then, for the initial tests, phantoms, simulating breasts, had to be designed. Because a breast is shaped like a cone with differential absorption rates from front to back, breasts are flattened during X-ray examination to make the substance as uniform as possible. Shaber had to construct phantoms which duplicated the characteristics of this compressed state.

What Shaber must now do is clinically to evaluate the quality of the image produced by the relatively low dose of radiation.

**friends honor wirts**

One night in 1956, Franz Goldstein, M.D. '53 was stopped by a red light as he was walking down a Philadelphia street. Also detained by the light was Charles W. Wirts, Jr., M.D. '34. While a medical student at Jefferson, Goldstein had met Wirts. The chance meeting at the street corner revived their acquaintance. Wirts phoned Goldstein a few days later to ask if Goldstein would like to join Wirts' Division of Gastroenterology at Jefferson. Goldstein, then a Fellow in gastroenterology at Graduate Hospital, accepted, and the collaboration that was to last over a dozen years began. More than 20 years later, Franz Goldstein and another student/protege of Wirts, Francis X. Keeley, M.D., and a few other friends determined to honor Wirts by instigating the presentation of his portrait to Jefferson.

Drs. Goldstein and Keeley gave the biographical sketches at the presentation held in McClellan Hall on April 26. Another old friend of Dr. Wirts, John B. Montgomery, M.D. '26, Emeritus Professor of Obstetrics and Gynecology at Jefferson, presided. Frank D. Gray, Jr., M.D., the Magee Professor of Medicine and Chairman of the Department, made the actual presentation of the portrait by Alden M. Wicks. Frederick B. Wagner, Jr., M.D. '41, Clinical Professor of Surgery and Acting Chairman of the Department, was the organist.

Keeley, himself Chief of Medicine and Gastroenterology at the Jefferson affiliate, Our Lady of Lourdes Hospital, emphasized the prominent positions G-I Fellows trained by Wirts have achieved. That prominence, Keeley observes, attests to the quality of Wirts' supervision. Gerald Salen, M.D. '61 is Professor of...
Medicine and Chief of Gastroenterology at the College of Medicine and Dentistry of New Jersey. David Ginsberg, M.D., is Chairman of the Department of Medicine and Chief of Gastroenterology at the Jefferson affiliate, Methodist. Although not a fellow under Wirts, Goldstein too received valuable training at the outset of his long association with Wirts; Goldstein is now Chief of Gastroenterology at Lankenau, another Jefferson affiliate. Having instructed the men now in charge of gastroenterology in affiliate hospitals, Wirts' influence on Jefferson continues.

Dr. Wirts joined the JMC staff in 1938 as an Associate in Medicine. His relationship to the institution has continued through the present. After advancing through the academic ranks, he was appointed a full Professor of Medicine in 1972; he now holds the title of Honorary Professor of Medicine. Goldstein points out that when Wirts was running the G-I Division, his extensive services on behalf of Jefferson were rendered voluntarily. Not only was Wirts not paid for his work, he received little College funding for the Division's operation. He was, in fact, himself responsible for obtaining the funds through research grants; he was also instrumental in getting the first NIH Fellowship training grant in gastroenterology in Philadelphia for Jefferson.

The quality of the training Wirts was able to give fellows and medical students is in part a reflection of the superb training he had from distinguished gastroenterologists of four countries. In 1937, Wirts studied gastroscopy with Professor Rudolph Schindler at the University of Chicago. Schindler, who had fled his home in Germany, is credited with the invention of the gastroscope in 1932. Shortly after studying with Schindler, Wirts went to Paris and served on the staff of the American Hospital. There he studied twice weekly with Professor Francois Moutier, one of the world's leading gastroenterologists. In England during the war, he took leave from service with the Jefferson Hospital Unit to work with two more experts in gastroenterology—Professors Sheila Sherlock and Avery Jones. Later, back at Jefferson, he worked with the internationally known internists, Professors Martin E. Rehfuss and B. B. Vincent Lyon.

Such distinguished tutelage gave Wirts a strong base for his subsequent clinical research. With approximately 150 papers to his credit, Wirts is one of the pioneers of gastrointestinal endoscopy. He has, accordingly, served as President of the American Gastroscopic Society, which has evolved into the largest G-I society in the United States. He was an early leader of the clinically oriented American College of Gastroenterology of which he was both President and Chairman of the Board of Trustees. Board certified in internal medicine and gastroenterology, he served on the Examining Board for Gastroenterology. Formerly a Fellow of the American College of Physicians and the Philadelphia College of Physicians, he is now a member of the Jefferson Alumni Association Executive Committee and the American Gastroenterological Association.

Keeley and Goldstein were asked in an interview if they would characterize the quality of Wirts' mind as "incisive," "deliberate," "methodical" or "judicious." Keeley answered, "All of those adjectives apply. I would say that Charles is such a careful thinker that his thoughtful approach to clinical problems was among the most valuable
things he taught Fellows.”

Nodding in agreement, Goldstein emphasizes Wirt's patience and perseverance. "Charles has tremendous energy and a great capacity for work."

Wirt is an avid tennis player. Describing his activities during a vacation, Keeley says that Wirt jogged several miles a day and played much tennis. An amateur artist, Wirt takes a brush instead of a camera when he travels.

His most recent trip was to Paris where he had first met his wife, Jean, 40 years ago. Leaving the day after the portrait presentation, they returned to Paris to celebrate their wedding anniversary. Although English, Mrs. Wirt came to the United States to train to be a nurse. She has assisted her husband in his office, located in their home on Delaware Street, Philadelphia, where they've lived for 38 years. Both of the children have followed their parents' profession. Leslie studied nursing at Massachusetts General and married a physician; Steven graduated from Jefferson in 1974.

harbert portrait

When Fred Harbert, M.D., JMC Professor of Otolaryngology and Chairman of the Department from 1954 to 1970, responded to his portrait being presented, he spoke of Dorian Gray and immortality. Gray, a character in an Oscar Wilde novel, had his portrait painted; instead of the man himself aging, the portrait showed the effects of his growing old. The point of the tale, as Harbert saw it, is the association of immortality with the painted and enduring image of oneself. The portrait presentation ceremony gave Harbert an opportunity to assess the legacy of his life. He wasn't thinking of fame or a lasting reputation, but of what he, in retrospect, valued—his six daughters, 17 grandchildren and four great-grandchildren. He explained too that he would leave a little of himself behind in the many residents he had trained. The portrait hanging in the College represents, as Harbert intimated, the lasting effects the teacher has on his proteges.

August P. Ciell, M.D., Clinical Professor of Otolaryngology at Jefferson, and Angelo A. Agro, M.D. '75, Resident in Otolaryngology, presented the portrait by Ben Solowey. TJU President, Lewis W. Bluemle, Jr., M.D., accepted on behalf of the Board of Trustees; and JMC Dean William F. Kellow, on behalf of the Faculty. John B. Reddy, M.D., Professor of Otolaryngology, presided at the ceremony held in early April at McClellan Hall. Frederick Wagner, M.D. '41, Clinical Professor of Surgery and Acting Chairman of the Department at Jefferson, was organist.

Harbert's old friend and colleague, George L. Tabor, M.D., Captain United States Navy, retired, was unable to deliver the biographical sketch as scheduled. In his place, Emilio Roncace, M.D. '61, Clinical Assistant Professor of Otolaryngology, traced Harbert's career.

Having received his undergraduate and medical training at Wayne University in Detroit, Harbert pursued a Master's and then a Doctorate in otolaryngology at the University of Pennsylvania. There, he also assisted the eminent Gabriel F. Tucker, Sr., M.D. '05. With more than 55 published articles, Harbert is a Diplomate of the American Board of Otolaryngology and the International Board of Surgery. He is a Fellow of seven professional societies: the American College of Surgeons, the International College of Surgeons, the American Academy of Ophthalmology and Otolaryngology, the American Laryngological, Rhinological and Otological Society, the American Otological Society, the American Otologic Society of Plastic Surgery and the American Academy of Facial Plastic and Reconstructive Surgery.

His long association with the United States Navy began with his enlistment in 1928. In 1947 he set up and assumed charge of the residency training programs in otolaryngology and ophthalmology at the United States Naval Hospitals in Philadelphia and Bethesda. At the portrait presentation, Dr. Ciell recalled what it was like to study under Harbert. At the end of long days in the Clinic of the Philadelphia Naval Hospital, Harbert would gather his residents for discussions which Ciell remembers as demanding quiz sessions. "We would brace ourselves,” Ciell says, “for questions about whether 50 pianos were 50 times as loud as one.”

The commanding effect Harbert had on his residents was evident from an anecdote Ciell related. Wanting a baby sister, Ciell's four-year-old child told him to ask Dr. Harbert for one. Apparently, the child perceived that familial authority emanated from the father's Attending. Despite Harbert's ability to take charge, Ciell maintained that his former Chief's most appealing characteristic was his humility. Ciell displayed a letterhead which, despite Harbert's many degrees, read simply, "F. Harbert, Wharton, Maryland.”

Harbert's relationship to Jefferson Medical College began in 1951 with his appointment as Professor and Head of Otolaryngology. Three years later when four chairs were combined, he became Professor of Otolaryngology and the first Chairman of the Department. He retired from the Navy during the first of his 16 years as Jefferson's esteemed Chairman.

jefferson fund

Resembling a mutual fund, the $44 million Jefferson University Fund pools 700 bequests and trusts for investment. Monitored by James W. Stratton, the Jefferson University Fund has shown good returns on investment. Stratton, 41, who formed his own investment-management company in 1972, explains that a "totally bullish stock market is the worst of possible worlds" for the JUF because in that environment stock funds outclass balanced funds. "Best of all worlds is a market that doesn't go anywhere.” Since the JUF does relatively better in bear markets, the generally plummeting stock market bodes well for Jefferson.

At the end of the third quarter, the Dow-Jones average of 30 leading industrial stocks had dropped 14.5 percent. In contrast, the Jefferson University Fund was ahead 5.5 percent.

Balanced mutual funds offer a better gauge for judging how well Jefferson's investments are doing. These funds like the JUF are divided between fixed in-
come securities (like bonds) and common stocks. The mix is designed to maximize income rather than capital appreciation. Even when mutual funds are used as the standard for comparison, the JUF has yielded a relatively high return on investment. While at the end of the third quarter, the JUF’s value in terms of net assets per share was ahead 5.5 percent, Eaton & Howard’s Balanced Fund dipped 1.9 percent; Loomis Sayles’ comparable fund was off 2.1 percent; and Stein, Rowe & Farnham’s was down 4.6 percent.

Fifty-six percent of the JUF is in common stocks and issues convertible into common. The rest is in long and short term bonds which have been behaving better than the stocks. With its investment emphasis on acquiring income, Jefferson concentrates on A-rated issues that pay up to half a percentage point more than the AA or AAA variety.

Accounting for 5.6 percent of the portfolio, oils make up the biggest common-stock holding. Electric utilities are the second biggest industry group. Communications (including AT&T, the JUF’s largest single common-stock position) are in third place followed by bank holdings. Recent purchases representing yields between 5½ to 6 percent are Federal Mogul, Narco Scientific, Remington Arms, VF Corp., Missouri Pacific, and Seaboard Coast Line. When stocks trend down 3 to 3½ percent, Stratton sells.

Article adapted with permission from feature in The Evening Bulletin.

**norwood honored**

At the Annual Dinner and Business Meeting of the JMC Alumni Association in February, the Achievement Award was presented to George M. Norwood, Jr., by Vice President for Health Services Frank J. Sweeney, Jr. ’51. His remarks follow.

Almost two years ago, the President of Thomas Jefferson University, Peter A. Herbut, died very suddenly. All of us knew Dr. Herbut in many roles; the University was stunned and shocked.

However, the Board of Trustees made a deliberate, informed and very wise decision and appointed Mr. George M. Norwood, Jr., as the Interim President of Thomas Jefferson University, a position he filled admirably for over one year.

The Awards Committee and the Executive Committee of our Association have voted unanimously to give the Annual Alumni Achievement Award this year to “Mac” Norwood for his great loyalty, devotion and contributions to our school.

“Mac” Norwood came to Jefferson in 1965, a Tarheel from North Carolina. He graduated from the University of North Carolina and when he left there was Business Officer for the Division of Health Affairs at the University. His first position at Jefferson was as Vice President for Business and Finance and Treasurer. It was my good fortune when I entered the Administration to have my office across the hall from Mac’s, and I was the recipient of his sage advice and counsel on many occasion. Mac inherited a problem or two when he came to Jefferson. However, he along with his Controller, Harry Unruh, and many others, attacked these over the next five years, and the University’s balance sheet began to look better and better as did the campus, with the completion of Jefferson Hall, Orlowitz, and Scott—for which Mac had major administrative responsibility.

In 1970 the University had growing pains—we were too little to be big and too big to be little. We needed direction, and the Board of Trustees under the leadership of Mr. William W. Bodine, Jr., created the Master Planning Committee, with Mr. Ballard as Chairman, and a new position, the Vice President for Planning. Mac accepted this post, an area in which he had shown a decided flare.

The fruits of this labor—the Master Plan—much of which was coordinated and written by Mac, is around us both physically and programmatically. One has but to review the Master Plan to see how far we have come in less than a decade.

During his sixteen months as President the University continued to grow and mature. There was little, if any, letting down, something that frequently occurs in an interim period. We never lost our momentum and indeed our acceleration continued under his guidance. For this reason, if for no other and there are many others, we owe Mac our endless gratitude.

**cardiology president**

Leonard S. Dreifus, M.D. has been elected President of the American College of Cardiology. He is Chief, Department of Cardiovascular Diseases, and Research Associate, Division of Research; both positions are at Lankenau Hospital, a Jefferson affiliate. His academic appointments include Professor of Medicine at Jefferson.

Board certified in internal medicine and cardiovascular disease, he was an NIH Trainee and a Fellow at the Cardiovascular Research Institute, Michael Reese Hospital of Chicago. He has directed Deborah Hospital’s Cardiovascular Institute as well as Hahnenmann’s Electrocardiographic and Electrophysiologic Units. He is a Fellow of the American College of Physicians, the American College of Cardiology and the American College of Chest Physicians. Among the societies to which he belongs are the American Physiology Society, the American Heart Association and the American Federation for Clinical Research.
class notes

1907
Victor Bonelli, Stanford Convalescent Center, 901 Pennsylvania, Fort Worth, Tex., was congratulated by Texas Governor Briscoe on the celebration of his 94th birthday.

1912
Ivor D. Fenton, 520 E. Centre St., Mahanoy City, Pa., writes that his grandson, Ivor F. Lewis '76, is doing well in his second year of a family medicine residency at the Geisinger Memorial Center, Danville, Pennsylvania.

1916
William T. Palchanis, 754 Bruce Ave., Clearwater Beach, Fl., writes "regards and best wishes."

1920
Ralph C. Hough, 121 Belmont Ctr., Uniontown, Pa., retired in 1975 after 52 years in general medicine. He lives alone and keeps active.

1921
Lawrence G. Heins, RDS Abilene, Ks., writes that he has retired from all business and professional activities.

1923
Lester R. Wilson, Cooper Medical Arts Bldg., 401-02, 300 Broadway, Camden, N.J., writes "still active with no surgery."

1925
Hugh Robertson, 10101 Kingswood Ctr., Sun City, Az, is recovering from an acute myocardial infarction.

Irving J. Stewart, 529 Kings Way, Swedesboro, N.J., has been in retirement for a year. He writes "I am in good health."

Chester P. Swett, 172 Skyline Dr., Lancaster, Oh., closed his office four years ago, but is still active on several boards pertaining to medicine. He also serves on a nursing home staff.

1926
Philip B. Davis, 706 Westchester Dr., High Point, N.C., writes that "his town has been blessed with Jefferson graduates: including Kenneth B. Geddie '21, John F. Lynch, Jr. 'J44, Earl W. Schafer, Jr. '41 and Walkup K. McCain '29."

1927
Edward S. King, 404 W. Warren St., Shelby, N.C., practices pediatrics every day.

1928
Robert Applestein, 375 W. State St., Trenton, N.J., writes that son, Bruce, completed a cardiology Fellowship at Jefferson last June, passed his national boards and practices internal medicine in Doylestown, Pennsylvania.

1929
Mario A. Castallo, 1621 Spruce St., Philadelphia, contacted Jefferson graduates in Tucson, Arizona, by telephone last winter and visited with several of them while on vacation there.

Joseph C. Hudson, 11608 Balboa Dr., Sun City, Az., went with the Rocky Mountain and Arizona Medical Association on a Black Sea/Mediterranean cruise and visited Greek islands, Russia, Rumania and Turkey. Two months each summer he does volunteer work at Camp Doctor and enjoys horseback riding.

1931
Anacleto Berrillo, 409 Broadway, Providence, R.I., has been given the first Annual Award bestowed by the medical staff and Board of Trustees of St. Joseph's Hospital in North Providence. Dr. Berrillo was unanimously chosen for the award in recognition of outstanding and devoted service to the hospital.

Jack M. Lesnow, 211 Lincoln Ave., Rockville Centre, N.Y., wishes collections for the Alumni Fund were speedier. "I am still working." He serves as agent for his class.

Nathan Ralph, 2047 Spruce St., Philadelphia, writes that son, Jonathan, is now an ob/gyn resident at Jefferson. His son is class of 1976.

1932
William T. Rice, 262 Connecticut Ave., Rochester, Pa., continues in the private practice of radiology with no thought of retirement. "I believe it's better to wear out than rust out."

Burchard E. Wright, 6333 St. Andrews Ctr., Fort Myers, Fl., has retired and is enjoying the southern climate.

1933
Richard I. Barstow, Box 525, Norfolk, Ct., is "looking forward to the 45th reunion."

C. Perry Cleaver, 250 Main St., Catawissa, Pa., has retired from the medical staff of...
Danville State Hospital after serving 15 years on the part-time staff.

**Thomas F. Murphy, 144 Pioneer Dr., West Hartford, Ct., has retired from the practice of pediatrics.**

**Anthony J. Ruppersberg, Jr., 332 East State St., Columbus, Oh., has been elected Secretary-Treasurer of the Ohio State Medical Board.**

**Joseph T. Urban, 4935 Oakmont Pl., Danville St at e Hospital after serving 15 years on the part-time staff.**

**Joseph T. Urban, 4935 Oakmont Pl., Tucson, Az., retired and moved to the Skyline Country Club Estates where he built a new home. He enjoys painting in his shirt sleeves.**

**Count ry Club Estates where he built a new home.**

**Ralph R. Cheras hore, 215 Main St., Phoenixville, Pa., has received the AMA’s Physician Recognition Award. To qualify, physicians must successfully complete 150 hours of continuing medical education courses in a three year period. The Fellow of the American College of Obstetricians and Gynecologists is Meritorious Chief of the Department of Obstetrics at Phoenixville Hospital in Pennsylvania; he has been a staff member there since 1948.**

**Paul H. Morton, 1023 Fifth St., Coronado, Ca., and his son, John P. Morton, ’74, are participating in the construction of a large primary care center in Nestor, California. They write, “Jefferson alumni who are considering practice in this area, especially those with a little Mexican-Spanish, might be interested in joining us.”**

**Pincus Sobie, 220 Alexander St., Rochester, N.Y., reports that son, Stephen, has been accepted to Jefferson’s Class of 1982.**

**George Evashwick, 204 Roswell Ave., Long Beach, Ca., has recovered from a cerebral clot he suffered in 1976; he had to learn to speak all over again. “Am doing pretty well.”**

**David J. Fish, 9 Alumni Ave., Providence, R.I., is semi-retired. He is almost recovered from a coronary by-pass.**

**Louis Leventhal, 4345 Faculty Ave., Long Beach, Ca., has retired.**

**Isadore Slovin, 710 W. Matson Run Parkway, Wilmington, De., has been promoted to Clinical Associate Professor of Obstetrics and Gynecology at Jefferson (Wilmington Medical Center affiliate). He writes that his wife, Ann, books tours for medical seminars and cultural groups.**

**Richard E. Flood, 1480 Covehill Rd., North Cove Station, W.V., was installed as the 64th President of the Federation of State Medical Boards of the U.S. The practicing family physician is a Clinical Professor in the Department of Family Practice of the West Virginia University School of Medicine. He has served as one of the two West Virginia delegates to the AMA since 1969. He is past President of the West Virginia Academy of Family Practice and a member of the National Joint Practice Commission between Medicine and Nursing, formed by the AMA and the American Nursing Association.**

**Harry C. Bantly, 6 N. 3rd St., Reynolds ville, Pa., has been selected “Physician of the Year” for 1977 by Goodwill Industries of North Central Pennsylvania. He founded the Reynolds ville Medical Center, a group of five physicians, which was one of the first of its kind in the nation. He has served as Chief of Staff and Chief of Surgery at both the DuBois and the Maple Avenue Hospitals. He is a Charter Fellow of the American Academy of Family Practice, a Fellow of the American Society of Abdominal Surgeons and a Fellow of the International College of Surgeons. He is currently serving as medical administrator, DuBois District Office, Bureau of Vocational Rehabilitation. He has three children.**

**James A. Heckman, 2 Virginia Ct., Hunting ton, W.V., has been appointed Clinical Professor of Orthopaedic Surgery at the Marshall University School of Medicine, which admitted its first class in January of 1978.**

**Robert P. Ulrich, 860 Lincolnshire Dr., Troy, Oh., has been named a Fellow of the American College of Radiology. He is affiliated with Stouder Memorial and Detmer Hospitals in Troy.**

**Samuel S. Faris, II, 239 N. Easton Rd., Glen side, Pa., writes that his daughter, Mary Rachel Faris ’79, was involved in the rescue of a cardiac cripple who had lost consciousness on Philadelphia streets late at night.**

**Robert J. Gibbons, 208-10 Northeastern Building, Hazleton, Pa., has been re-elected Chief of the medical staff at St. Joseph Hospital there. A Fellow of the American College of Surgeons, he is former Chief of Surgery at Hazleton State General and St. Joseph Hospitals. He is Chairman of the grievance committee of the Luzerne County Medical Society, Secretary of Professional Services Review Organization of Northeastern Pennsylvania and a charter member of the American Trauma Society.**

**Ernest C. Richardson, Jr., 507 Pollock St., New Bern, N.C., practices obstetrics and gynecology with two partners. He writes that his wife, the former Elsie Mae Moore, died of acute leukemia last December. His son, Ernest, is an attorney.**

**Emil Howanitz, 574 Rutter Ave., Kingston, Pa., says that son, E. Paul Howanitz, will graduate from Jefferson this June.**
An eight and a half foot arc of flying fish hangs against the stone of a massive fireplace. The fireplace takes up one wall of the waiting room of the Beebe Clinic. Two other walls are mostly glass with wood-beamed supports. Such a casually rustic decor would not be suitable for physicians' offices at Jefferson, and a stuffed fish that weighed 135 pounds on the hook would seem more than a little out of place in the Health Sciences Center where Jefferson's house staff see out-patients. But the fish and the fireplace accord perfectly with their setting in Lewes, Delaware, a small seaside community just north of Rehoboth; and it's this setting which provides the focus for a medical student's educational experience.

To Lewes and the Beebe Clinic, Thomas Gardner, a junior at Jefferson Medical School, comes for a week to learn about the practice of medicine in a small town. His mentor for the week is the clinic's founder and the fish's captor, James Beebe, Jr., M.D. 'S44. What Thomas Gardner learns from Dr. Beebe is not easily measurable by the examinations that Jefferson's basic sciences faculty use to evaluate students, but then the learning experience and environment are different from those of the pre-clinical courses that occupied Mr. Gardner for his first two years in medical school. Basically, medical students in their third year learn to behave like doctors—how to interact with patients, how better to take histories and give physicals and what diagnostic questions to ask. Everyone agrees that the third year when classroom knowledge is translated into clinical action is the most crucial in medical school.

Students in their junior year at Jefferson rotate through six clerkships; one of which is in family medicine. Among the various affiliate locations for this clerkship is the Wilmington Medical Center. Students assigned there for six weeks are required to spend one week under the direction of a preceptor who practices in the southern half of Delaware in order to become familiar with the practice of medicine in a rural setting.

Dr. Beebe volunteered to guide a Jefferson student every six weeks through the daily activities of his "downstate" practice. Tall and slender with that white hair that makes a man look distinguished, Dr. Beebe has been a Jefferson preceptor for four years. Because the students not only study with him but also live in his home, he admits that he's always a little apprehensive about how he'll react to their personalities. So far he's gotten on well with his students. "I enjoy teaching," Beebe observes; "I'm not only stimulated by the prospect of explaining what I do. I also like the critical spirit the activity cultivates in me. I find," he continues, "that I do things just because I've done them before; having to explain procedures to students keeps me from being trapped by habit. And," he adds thoughtfully, "I learn too from students like Tom."

At the outset of the day, Thomas Gardner might observe surgery if it's scheduled; he will certainly accompany Dr. Beebe on rounds at the Beebe Hospital each morning. Afternoons are spent at the Beebe Clinic which is across the town's main street from the Hospital begun by Dr. Beebe's father, James Beebe, Sr., M.D. '06, and his father's brother, Richard C. Beebe, M.D. '13.

In a town where his grandfather, a stone-mason, made the concrete blocks for the hospital his uncle and father started, Dr. Beebe is a prominent figure. Thomas Gardner, describing the kind of model Dr. Beebe embodies for his students, remarks, "With the prestige the family's built up in Lewes, Dr. Beebe is still modest, warm and considerate." Mr. Gardner also highly commends Dr. Beebe's teaching techniques. "Dr. Beebe's questions," Mr. Gardner explains, "especially those directed to me in front of patients, are low-keyed. The fact that he does not try to intimidate me makes dialogue easy." A man whose interactions are characteristically smooth, Dr. Beebe fields questions well. His receptivity to being questioned encourages the student to express uncertainties regarding patient care.

Mr. Gardner asks about matters of style as well as fact. For instance, one morning Dr. Beebe and his student learn from a lab report that a patient whom they examined earlier in the week has adenocarcinoma of the stomach which has spread to the liver. After discussing the patient from the point of view of his disease, Mr. Gardner asks Dr. Beebe when and how much the patient should be told. Dr. Beebe explains that when he first started to practice, patients weren't informed of the likelihood that an illness was terminal. Since then Dr. Beebe says his philosophy has changed. He thinks patients should know and know enough to make decisions concerning the course of treatment especially when involving prolonged chemotherapy. He suggests that families tend, in his experience, not to want the patient to have such knowledge. Such advice that's a distillation of wide experience eventually will help the new physician deal with his patients and their families.

Over the course of a few days, it is evident that Mr. Gardner's ability to interact with patients is becoming more assured and more diagnostically effective. What he does under the guidance of Dr. Beebe is to formulate questions in such a way that patient responses will enable him to apply the classroom facts learned at Jefferson. For instance, he questions a patient suffering from pernicious anemia in a manner designed to elicit information revealing intestinal problems; the objective, of course, is to test for a possible relationship between malabsorption and B12 deficiency.

A student must learn to identify and to compose the right diagnostic questions; without this skill, knowledge remains dormant. In part, the ability to ask questions depends upon the quality of rapport with the patient.

By observing Dr. Beebe, Mr. Gardner is able to develop ways of establishing good relationships with patients. For example, an elderly woman, who has come to the emergency room because of blood in her sputum, asks for Dr. Beebe. Having checked X-rays and records of previous visits before talking to her, Dr. Beebe's questions are not only more informed than they would be without such preparation, but also more reassuring to the patient who is demonstrably pleased that her doctor knows much about her. Before she leaves the E.R., Dr. Beebe explains to her in the straightforward language she'll understand that her present symptom is not indicative of her previous ailment characterized by stomach bleeding. Her expression of gratitude shows that Beebe was able to figure out and to alleviate her unexpressed fears. Afterwards, Dr. Beebe and Mr. Gardner discuss the merits of reviewing records before talking to a patient.

Dr. Beebe is effective in such exchanges in part because almost everyone in the area has heard of him. As Thomas Gardner explains,
“the fact that patients are frequently friends and acquaintances helps to maintain a good rapport which in turn enables Dr. Beebe to get patients to co-operate with him.” In general, Mr. Gardner is impressed with the personal interactions that propel a small town practice. Since his father, Thomas A. Gardner, M.D. ’52, is a radiologist in Franklin, Pennsylvania, he is not unfamiliar with the workings of such a practice. He has found, moreover, that his experience with Dr. Beebe has reinforced his appreciation for a small town life style even though he is uncertain about his own future.

Although the rotation in Lewes is under the auspices of the family medicine clerkship, Dr. Beebe’s specialty is general surgery. Board certified, Dr. Beebe is a Fellow of the American College of Surgeons and the organization’s Governor for the State of Delaware. Consequently, the patients Beebe sees have surgical problems which the family practitioner generally would refer. His experience with Beebe will help Mr. Gardner to distinguish between medical and surgical problems and to perform basic procedures common to both areas.

One problem all practitioners face is billing. This administrative process is complicated because the Clinic’s physicians operate in three locations—Lewes, Rehoboth and Georgetown. Dr. Beebe has his student discuss with the Clinic business manager the logistics of billing. Because the Clinic personnel are deciding whether or not to put billing on a computer, Mr. Gardner benefits from hearing both sides of the debate. He notes that his experience at the Clinic provides a rare opportunity to become more familiar with the myriad administrative details of private or group practice. Since, too, defensive medicine is practiced primarily on paper, he gains insights from his mentor on how to document and process forms in an organized manner.

Because Dr. Beebe recognizes that a physician’s work cannot be segregated from the rest of his life, he invites the medical students on rotation at the Clinic to stay at his home. Mrs. Beebe, a most amiable hostess, enthusiastically welcomes her husband’s protégés. With three children (Richard, a Delaware River boat pilot; James, III (Kirk) ’76, a resident in family medicine at the Wilmington Medical Center; and Nina, a nurse at the Delaware Division, Surgical ICU), Mrs. Beebe is at ease among young people, especially those with medical interests. A former nurse, Mrs. Beebe enjoys recounting experiences associated with Jefferson and Pennsylvania Hospital where Dr. Beebe interned. Her refreshingly forthright comments bespeak a woman with sufficient aplomb to house and feed a succession of strangers. She claims, for instance, that she hates to cook. When Thomas Gardner samples her concoction of broccoli, cheese and chicken, he unhesitatingly pronounces it delicious despite her comment. Laughing, she reminds him that she expressed an attitude toward not an estimation of her skill, and that it was he who surmised the worst about his impending meal. Such exchanges lighten a situation which otherwise could be uncomfortably formal for Thomas Gardner who is not only Dr. Beebe’s student but also his guest.

The easy-going dialogue at dinner is characteristic of the milieu to which Jefferson students are introduced in Lewes. The Beebes personify that small town outlook which advocates a good-humored approach to duty. Thomas Gardner learns from their warmth and hospitality as much as from Dr. Beebe’s clinical explanations what practice in such a setting entails. J.S.M.
friends and acquaintances from medical school. "Special thanks to John Dowling, Elmer Funk and Marty Mandel for making it all come off so well."

Gali G. L. Li, 1380 Lusitania St., Suite 806, Honolulu, says that he enjoyed meeting TJJU's new President, Dr. Blumenle, at the December dinner hosted by the Alumni Association in Hawaii. He plans to return to Jefferson for the graduation of his daughter Gaylyn this June.

Thomas W. Moran, P.O. Box 323, Latrobe, Pa., has been appointed a Clinical Assistant Professor of Family Medicine at Jefferson, Latrobe affiliate.

1948

Robert L. Gatski, 310 E. Market St., Danville, Pa., has retired after 30 years at Danville State Hospital. He was Superintendent there for 20 years. He practices clinical psychiatry part-time and enjoys four day weekends.

John H. Griffin, 99 Sunningdale Dr., Grosse Pointe, Mi., was named a Fellow of the American College of Radiology at the April meetings in San Diego.

Robert C. Laning, 2112 Wicomico St., Falls Church, Va., has retired from the Navy and accepted a position as Deputy Director, Veterans Administration Central Office, Washington, D.C.

John L. McCormack, 9409 43rd St., Mercer Island, Washington, is serving as President of the Northwest Urological Society. He is Assistant Chief of Staff at Swedish Hospital Medical Center.

George R. Fechstein, 439 Louella Ave., Wayne, Pa., writes that in 1867 Dr. Samuel D. Gross wrote a lengthy monograph, "Memoirs of Valentine Mott." Dr. Mott, who was Professor of Surgery at the New York Hospital, is the great, great grandfather of Mrs. Fechstein. Dr. Gross succeeded Dr. Mott prior to coming to Jefferson. Copies of this manuscript are to be found in both Dr. Fechstein's and Jefferson's libraries.

Daniel S. Rowe, 127 Laurel Crest Rd., Madison, Ct., is a Visiting Professor of Pediatrics at Jefferson.

Charles S. Ryan, 65 Bryant Rd., Blackwood, N.J., has been appointed Director of Health and Safety by Sun Company. He will help to formulate Sun's health and safety philosophy. On the Board of Directors of the National Research Foundation on Aging, he is Chairman of the Greater Delaware Valley Health Care Foundation and of the American Petroleum Institute's Epidemiology Research on Petrochemical Workers. He and his wife, the former Laura Tyson, have six children.

1949

George R. Farrell, 1300 Grand Ave., San Diego, is Chief of Staff, Mission Bay Memorial Hospital in Pacific Beach. He feels "about ready for retirement" from the Navy Reserve.

Paul Hartstein, 3650 South St., Lakewood, Ca., writes of his "pleasure at attending an Alumni meeting" with TJJU's new President. "Dorothy and I were very impressed."

Simon Markind, 16 N. Hurd Ct., Auburn, N.Y., has been appointed Medical Director of the Bryn Mawr Hospital Rehabilitation Center. He was formerly Medical Director at the Mercy Health and Rehabilitation Center in Auburn, New York. Board certified in physical medicine and rehabilitation, he has served on the faculties of Temple University Medical School, the University of Pennsylvania Medical School and The Medical College of Pennsylvania.

Arthur E. Orldige, Box 98, Shanksville, Pa., has been appointed Superintendent of the Somerset State Hospital.

Edward H. Robinson, 17 Trundy Rd., Cape Elizabeth, Me., entered a psychiatric residency in July, 1976. He is now at the Maine Medical Center in Portland.

Sheldon Rudansky, 520 Franklin Ave., Garden City, N.Y., reports that daughter, Deborah Jennifer, has married Perry Wyner, M.D. They presently reside in Richmond.

Edward A. Schauer, 53 Main St., Farmingdale, N.J., has recently been elected to the Executive Committee of the Board of Directors of the American Academy of Family Physicians.

Samuel J. Silberg, 3301 Trexler Blvd., Allentown, Pa., is Chief of Urology at the Allentown-Sacred Heart Hospital Center and the Allentown and Sacred Heart Hospitals. His daughter, Andrea, married last October. Son, Richard, is a freshman at Lehigh University.

George A. Winch, 60 San Andreas Way, San Francisco, says that son, George, Jr., is enjoying his freshman year at Jefferson.

Jack R. Woodside, 9125 Christopher St., Fairfax, Va., writes that son Jack Woodside, Jr., '77 is rotating a internship at Bryn Mawr Hospital and will start an anatomy residency at the University of Virginia this July.

1950

William B. Harley, 241 Flinthirst Rd., Winston-Salem, N.C., reports that "moving to the land of tobacco, pine trees and golf has, unfortunately, not led to a better golf game."

Joseph J. John, 13914 Oak Meadows, Universal City, Tx., writes that he is still enjoying retirement. He works two days a week in the clinic at Randolph Air Force Base and spends the rest of his time making cabinets and doing work with stained glass.

Irwin N. Perr, 14 Liberty Bell Ct., East Brunswick, N.J., has been elected President of the American Academy of Psychiatry and the Law for 1977-79 at the last annual meeting in New Orleans.

Darrell C. Stoddard, Rt. 3 Box 275, Idaho Falls, Id., comments that "all is well" after 25 years of practice in Idaho.

J. Harold Williams, 537 Pine St., Philadelphia, has retired from practice as a plaintiffs' lawyer. He has recently moved to Philadelphia where he bought a house in re-developed Society Hill. His interests now center on "risk control" or malpractice prevention through writings, lectures and seminars.

1951

Douglas F. Brady, 160 McLaughlin Dr., New Kensington, Pa., writes that his eldest son, a third year pre-med student, looks forward to applying to Jefferson next year.

Simon C. Brumbaugh, Jr., 7337 Central Ave., Lemon Grove, Ca., is President-elect of the California Academy of Family Physicians. He has served as Secretary and as Treasurer of the organization. A former member of the Scientific Program Committee of the American Academy of Family Physicians, he is presently regional advisor to the Academy's Commission on Education; the Commission approves all Category I education programs in the Southwestern States. Assistant Clinical Professor of Family Medicine at the University of California, San Diego, he has taken several preceptors into his home through the California Academy's preceptorship program. He and his wife, Mary Lou, have seven daughters.

Peter Chodoff, 716 Hickory Lot Rd., Towson, Md., has been appointed Director of the new Division of Industrial and Environmental Disease Control in the Maryland Department of Health and Mental Hygiene. He was Anesthesiologist-in-charge and Director of respiratory care at Baltimore City Hospitals. His wife, Lois E. Leonard, is also a physician.

Robert G. Hale, 4004 Fairway Rd., Lafayette Hill, Pa., is Director of the Department of Family Medicine and Associate Director of the Family Practice Residency Program at Montgomery Hospital, Norristown.

John C. Maser, 301 Smith Rd., Schenksville, Pa., has completed his term as President of the Montgomery County Medical
Society. During his presidency, the County Medical Society became the first in the United States to award a medical school scholarship to a deserving college graduate. He is Director of Medical Research and Services for McNeil Laboratories, Inc., Fort Washington. On the staffs of Montgomery Sacred Heart, Norristown and Pottstown Hospitals, he also practices part-time from his office in Schwenksville. A member of the Sacred Heart, Norristown and Pottstown Services for McNeil Laboratories, Inc., Fort of Orthopaedic Surgery at Jefferson. (Franklin Hospital affiliate).

Thomas A. Gardner, One Spruce St., Franklin, Pa., has become clinical assistant professor of Family Medicine at Jefferson (Franklin Hospital affiliate).

Thurman Gillespy, Jr., 1075 Mason Ave., Daytona Beach, FL, is the senior member of a four man orthopaedic group practicing in Daytona, Florida. He writes that all the men, including Gilbert A. Martin '54 and Willis G. Stowe '58, trained under Dr. De Palma. He adds that they're looking for a fifth man and "hoping to find someone Jefferson trained." An extra Christmas present was son, Albert, being accepted to Jefferson's Class of 1982. Thurman, III, is currently a freshman at Jefferson, thereby making three generations of Thurman Gillespies at Jefferson. The first was in the Class of 1907.

Franz Goldstein, 707 Arlington Rd., Penn Valley, Pa., Professor of Medicine at Jefferson, was elected Vice President of the American College of Gastroenterology.

Werner J. Hollendonner, 3607 Nottingham Way, Hamilton Square, N.J., is chairman of the Department of Medicine at Hamilton Hospital in Trenton.

Willard S. Krabill, 190 Carter Rd., Goshen, Ind., is employed as college physician and Assistant Professor of Health Education at Goshen College.

John M. Levinson, 1411 N. Van Buren St., Wilmingon, Del., attended the Seventh Congress of the Asian Federation of Obstetrics and Gynecology and delivered a major address entitled "The Role of Laparoscopy in Intra-abdominal Diagnosis." As the Southeast Asian Consultant for the Johns Hopkins Program of International Education in Obstetrics and Gynecology, he has made ten teaching trips to establish laparoscopic training sites at medical schools and smaller hospitals throughout Southeast Asia. "This was my nineteenth medical trip to that area of the world."

Richard H. Nierle, 95 E. Houston Ave., Montgomery, Pa., has joined the emergency room staff of Divine Providence Hospital, Williamsport, Pennsylvania. A fellow of the American Academy of Family Practice, he has in recent years practiced in Montgomery.

Frederick S. Wilson, 1338 Jericho Rd., Abington, Pa., has become director of the Research Division of the William H. Rorer Pharmaceutical, Inc., Ft. Washington, Pennsylvania. His wife, Ruth, is the past President of the local Quesser's Group. They have three daughters.

Herbut Memorial
Gifts to the Peter A. Herbut Memorial Fund now total approximately $150,000. These funds, plus additional monies received from alumni and other friends of the late President, will be used to endow a professorship in his memory. Dr. Herbut, who was both Professor of Pathology and Chairman of the Department, and President of Thomas Jefferson University, died suddenly in March, 1976. Gifts, either outright or pledged over a three year period, are being received by the Office of Development at Jefferson.

Leon A. Peris, 1421 Autumn Rd., Rydal, Pa., flew across the North Atlantic last summer in a twin comanche with an 80 gallon ferry tank in the cabin. "Non-stop from Gander to Reykjavik in nine hours! Flying in Europe is exciting, but a constant hassle with the civil authorities." He adds that he would be interested in hearing from Jeffersonian pilots regarding "fly-ins."

H. William Porterfield, 1100 Morse Rd., Columbus, OH., has been elected Treasurer of the American Society of Plastic and Reconstructive Surgeons. Board certified in plastic surgery, he is a member of the American Society for Aesthetic Plastic Surgery, Inc. Chairman of the Ohio Medical Political Action Committee (OMPAC), he is on the Ohio Delegation to the AMA.
ate this June from Stanford University and will enter Jefferson next September.

Warren M. Levin, 300 E. 56th St., Apt. 20F, New York, has opened a second office at 885 Park Avenue in addition to the Brooklyn Heights facility. He has married the former Susan Teitler Rosenberg.

Stephen K. Williams, 360 Main St., Trappe, Pa., is Vice President of the Williams Engine Company, Inc. The firm, designers and builders of modern steam power systems, is located at 2901 W. Cheltenham Avenue, Philadelphia. He writes, "We're still waiting for the 'Williams Steam Car'; time will tell. Think steam!"

1957

Herbert G. Aaronson, 7756 Green Valley Rd., Wynneworth, Pa., writes of an error in the Winter issue of the JAB where it was noted he was affiliated with VA Coatesville Hospital. "My activity is confined, as Clinical Assistant Professor of Psychiatry, to teaching residents at the psychiatric unit at the Hospital." The editor apologizes for the error.

John M. Bender, McKay-Dee Hospital Center, 3939 Harrison Blvd., Ogden, Utah, has been elected President of the Utah State Society of Physical Medicine and Rehabilitation for 1977-78. He is Medical Director of the Department of Rehabilitation Medicine at McKay-Dee Hospital in Ogden and Clinical Instructor at the University of Utah Medical Center.


John C. Powers, has become Chief of the new Radiology Department at Peekskill Community Hospital in New York.

Ronald E. Traum, 415 Silverhill Rd., Cherry Hill, N.J., recently participated in a symposium held at Jefferson on endocrine therapeutics in practice.

1958

Donald N. Dubrow, 6536 Crestmere, Dallas, Texas, writes that he was the only "Dallasite" at the Alumni Reception at the American College of Physicians meeting in 1977. He is entering the second decade as a practitioner of internal medicine and the fifth litter as a breeder of boxers. "Looking forward to June '78."

Joseph T. English, 7 Valley Rd., Bronxville, N.Y., spoke at the annual meeting of the Mental Health Association of Southeastern Pennsylvania. Dr. English is Director, Department of Psychiatry, St. Vincent's Hospital and Medical Center, New York, and executive coordinator for the panels on Mental Health Services Delivery, President's Commission on Mental Health. He was Chief Psychiatrist for the Peace Corps from 1962-66.

George E. Hudock, Jr., 51 E. Valley View Dr., Courtdale, Pa., was appointed to the Pennsylvania State Board of Medical Education and Licensure by Governor Milton Shapp. He has also been elected President of the Luzerne County Medical Society for 1978.

Marvin N. Kallish, 808 Dale Rd., Meadowbrook, Pa., was elected President of the Medical Staff at Episcopal Hospital, Philadelphia. A member of the medical staff at Episcopal for over three years, he is Director of the Department of Orthopaedics there. He is a Fellow of the American Academy of Orthopaedic Surgeons, the American Arthritis Foundation and the American College of Surgeons.

Elmo J. Lillie, 239 E. Brown St., East Stroudsburg, Pa., has been elected Chief of staff at Pocono Hospital. Board certified in family practice, he is a member of the American Academy of Family Practice. He is with the Medical Associates of Monroe County.

1959

Samuel J. Barr, 1855 Medical Dr., Titusville, Florida, has authored a book on abortion entitled A Woman's Choice. The Fellow of the American College of Obstetrics and Gynecology, is Medical Director of a clinic in Winter Park, Florida.

Walter S. Bloes, 5 S. Washington Ave., Jersey, Pa., was re-elected President of the medical staff of the Mid-Valley Hospital, Peckville, Pennsylvania. He is Assistant Medical Director and Chief of medicine there. Board certified in family practice, he has a Fellowship in the National Polio Foundation. The adjunct Professor of the Wilkes-Hahnemann Physicians' Assistant Program is a sponsor for the Medical Education and Community Orientation Project for Externs at the Mid-Valley Hospital. He is also Director of the First National Bank of Peckville. He and his wife, the former Judith Ann Wright of Forty Fort, have four children.

Charles L. Brodhead, Jr., Box 6611 NRMC, Oakland, Calif., is Chief of thoracic surgery at the Navy Hospital in Oakland. He will retire this September after 20 years with the Navy and will practice with a vascular surgeon in Riverside.

Robert E. Chmielewski, 9223 Frankford Ave., Philadelphia, plans to marry Jean M. A. Balash this May. She is a nurse in the medical-surgical unit of Holy Redeemer Hospital in Meadowbrook. A Fellow of the Philadelphia College of Physicians, he is Chief of staff at Nazareth Hospital and a staff member at Holy Redeemer.

Charles K. Gorby, 138 Brookline Blvd., Havertown, Pa., is Director of medicine and surgery at Haverford State Hospital and Vice President of the Board of Health of Haverford Township.

Joseph G. Hernberg, 514 Queen Ann Ln., Cherry Hill, N.J., writes that he and classmate Gary P. Romisher are still practicing diagnostic radiology, nuclear medicine and ultrasonography at a 170 bed hospital in South Jersey. Dr. Hernberg says other classmates in that area are Kenneth M. Blanc and Michael C. Venditti.

Walter L. McConnell, Berkshire Valley Rd., RD1, Wharton, N.J., writes that he and his wife, Isabel, participated in the World Masters Track and Field Championships in Sweden last August. Athletes from 44 nations attended. Dr. McConnell set records for his own lifetime in the 5000 meters and the 3000 M steeplechase.

William A. Steinbach, 1120 N.E. Bank Bldg., Scranton, Pa., was elected Vice-President of the Pennsylvania Orthopaedic So-

First Case of Cerebral Surgery

On September 18, 1888, Dr. William W. Keen, Jefferson's Samuel D. Gross Professor of Surgery, presented before the American Surgical Association a report on the first case of cerebral surgery in the United States. The operation, the removal of a large intracranial fibroma, was performed on December 15, 1887, at St. Mary's Hospital in Philadelphia. This case study was published in the American Journal of Medical Science in October of that year. Previous articles have indicated that this surgery took place at Jefferson Hospital.
ciety. He served as Secretary-Treasurer of the statewide organization during the past year. Maintaining offices in Scranton, he is Chief of surgery at Community Medical Center. Board certified in orthopaedic surgery, he is a Fellow of both the American Academy of Orthopaedic Surgery and the American College of Surgeons.

1960
William F. Hushion, 437 W. Springfield Rd., Springfield, Pa., has been appointed Clinical Assistant Professor of Community Health and Preventive Medicine at Jefferson.

1961
Barry M. Kotler, formerly of Piscataway, New Jersey, has joined a family physician practice in Milford, Delaware. He also is on the active staff of the Milford Memorial Hospital. He, his wife, Bobbi and their three sons presently are residing at 200 Kings Highway in Milford.

Gerald Salen, 160 Maple St., Haworth, N.J., writes to Class Agent Ted Wasserman, "I now divide my time between academic medicine as Chief of GI at the New Jersey Medical School and private practice at the Cabrini Health Care Center in New York."

Robert W. Solit, 8229 Fairview Rd., Elkins Park, Pa., has been promoted to Clinical Associate Professor of Surgery at Jefferson.

David K. Subin, 5931 Overlake Dr., San Diego, is Chief of the Department of Orthopaedic Surgery at Mercy Hospital there.

Dennis M. Wadler, 469 E. 70th St., N.Y., is on the staff of the Beth Israel Medical Center and is a Clinical Instructor in Surgery at Mount Sinai Medical School. He and his family reside at 86 Churchill Road, Tenafly, New Jersey.

1962
John P. Capelli, 312 S. Hinchman Ave., Haddonfield, N.J., has been elected President of the National Renal Physicians Association. He has served on the organization’s Board since its formation in 1973.

Walter B. Clayton, Jr., 23 Chestnut St., Hamilton, Ma., is Chief of Medicine at Beverly Hospital. He is a recent Fellow of the American College of Physicians and took recertifying examinations last year for the American College of Internal Medicine. "Hope I passed." He and his wife, Dolores, have five daughters.

Norman A. Goldstein, 15 S. Spring Ln., Phoenixville, Pa., has been named a Fellow of the American Academy of Facial Plastic and Reconstructive Surgery. He is a member of the surgical staff at Phoenixville Hospital.

Richard J. Hamburger, 1215 Cheshinton Rd., Indianapolis, has been promoted to Professor of Medicine at the Indiana University School of Medicine.

Melvin L. Moses, 130 S. 9th St., Philadelphia, has been promoted to Clinical Associate Professor of Surgery at Jefferson.

Jerome J. Vernick, 2821 Midvale Ave., Philadelphia, has been promoted to Clinical Associate Professor of Surgery at Jefferson.

1963
Robert M. Davis, RD1, Felton, Pa., is Chief of the Division of Plastic Surgery at York Hospital. He also was recently accepted into membership of the American Society of Head and Neck Surgeons.

E. Donald Kotchick, Braewood Dr., Dalton, Pa., was board certified in family practice in 1973. He and his wife have five children, four boys and a girl. "Looking forward to the 15th in June."

William E. Miller, 2300 Pennsylvania Ave., Wilmington, De., has been promoted to Clinical Associate Professor of Medicine at Jefferson (Wilmington Medical Center affiliate).

Wilfred T. Morioka, 1432 Sandal Ln., La Jolla, Ca., is Chairman of the Department of Otolaryngology at the Naval Regional Medical Center in San Diego. He also is President-elect of the Society of Military Otolaryngologists and the San Diego Academy of Otolaryngology. Dr. Morioka is an Associate Clinical Professor of Surgery at the University of California, there.

Herbert C. Rader continues his surgical practice at the Catherine Booth Hospital (Salvation Army) in Nagorell, Tamilnadu, India. He writes "Operating every day is a strain, with old instruments, limited sutures, very little available blood and less than ideal anesthesia. Our general surgery lists, by necessity, overlap many specialty areas but it is a very interesting practice with about 100 operations each month. I do some teaching for the post graduate nursing courses in anesthesia and reconstructive surgery and help to organize ongoing teaching programs for the 340 members of our local Medical Association." Dr. Rader and his wife, Lois, have five children.

Charles E. Reier, 1926 Parkwood Rd., Charleston, W.V., is Chairman of the Department of Anesthesiology at Charleston Area Medical Center.

John J. Taraska, 6520 Robinwood Dr., Peoria, Ill., has been appointed Chairman of the Department of Pathology at the Methodist Medical Center there.

Robert Zavod, 1 Yellow Birch Rd., Middletown, Ct., was appointed Assistant Clinical Professor of Radiology at Yale University School of Medicine, Yale-New Haven Hospital last March.

1964
William M. Fogel, 101 Gunby Dr., Richmond, Va., is Chief of Radiology at Henview Doctor’s Hospital in Richmond. He and his wife, Dolly, have two children, 13 and 11.

William A. Freeman, P.O. Box 130, Shippensburg, Pa., has joined his father, Albert W. Freeman, ’36, in newly renovated, solar heated offices. He writes that the solar heat is working well and Medical Economics will write a feature on their success.

Lawrence Green, 315 Maple Ave., Swarthmore, Pa., presented a paper "Ambiguous Sleep in Progressive Supra-nuclear Falsy" at the Eastern EEG Society Meeting in New York last fall.

Robert C. Mackowiak, Associate Dean and Director of Student Affairs at Jefferson Medical College, has been elected a Fellow of the American College of Cardiology.

Elliott M. Stein, 15 Barnsdale Rd., Short Hills, N.J., has been named Director of the expanded Heart Health Institute at Memorial General Hospital in Union, New Jersey. He also serves as Chairman of the Division of Cardiology, the Department of Internal Medicine and the Coronary Care Unit. Dr. Stein is a Clinical Assistant Professor of Medicine at the New Jersey College of Medicine and is a Fellow of the American College of Cardiology. He and his wife have four children.

Robert M. Steiner, 129 Gypsy Ln., Wynnewood, Pa. was named a Fellow of the American College of Radiology at the national meeting in April.

Samuel G. Watterson, 425 Stonycreek, Boswell, Pa., has been named Chairman of the Emergency Care Department at Memorial Hospital in nearby Johnstown. He is a Fellow of the American Academy of Family Practice.

1965
Merrill A. Anderson, 802 Cold Branch Dr., Columbia, S.C., is serving as Assistant Director of Family Practice Education at Richland Memorial Hospital and is an Assistant Professor of Family Practice at the University of South Carolina School of Medicine.
Operating
on the
Amazon

by Jacquelyn S. Mitchell

Albert L. Babcock, M.D. '52 missed his twenty-fifth class reunion at Jefferson last June. While former classmates reminisced at Jefferson, Albert Babcock was operating aboard a converted ferryboat anchored on the Amazon River at Santarém, Brazil. David Clark, M.D. '74, a general surgery resident at Hartford Hospital in Connecticut, accompanied Dr. Babcock. They were in Brazil through the auspices of Project Esperança.

In 1968 Father Luke Tupper, a physician and a Franciscan missionary, began the Project to provide basic health care to the inhabitants of the region around Santarêm. The city's 90,000 residents live 500 miles up the Amazon River in northern Brazil. "Esperança" means "hope" in Portuguese, Brazil's national language. When Father Tupper named the ferryboat he brought to the area in 1970 "Esperança," he was likely envisioning a more modest version of the ocean-going vessel, Hope. If the scale of Father Tupper's project was much smaller, the spirit that animated it was nonetheless the same as that which inspired Hope. Although stationary for surgical procedures, the Esperança shuttles up and down the Amazon to bring basic health care to the people within 60 miles of Santarêm.

Dr. Babcock had, in fact, twice served with Hope before devoting a month last year to Esperança. In December and January, 1969-70, he went to Tunisia with Hope, and in 1973 he spent two months as a plastic surgery rotater in Maceió, Brazil. That latter mission provoked him to study Portuguese. Babcock, whose Hope experience had deepened a commitment to the concerns of international medicine, found out about Project Esperança through the International Programs Committee of the American Society of Plastic and Reconstructive Surgeons. To date, four plastic surgery teams have gone to Santarêm.

As Project Esperança has evolved, the early religious affiliation has diminished. For the last three years, Harry Owens, M.D. has directed the Project. Owens, who has dedicated himself to international medicine, works as a volunteer for the Project. He and Sister Regina, whose popular American magazine called the "Angel of the Amazon," have been the mainstays of Esperança. They provide day-to-day medical care while specialty teams rotate in and out. Aside from the ferryboat, the Project's facilities include an ambulatory clinic ashore in Santarêm.

In order for Babcock to join Owens and Sister Regina, he had to recruit his own team of a nurse anesthetist, a surgical nurse and an operating room technician. Babcock also took with him Dr. Clark whose surgical residency in Hartford Hospital brought him into contact with the plastic surgeon. Dr. Clark recalls the unusual circumstances which led to his propitious first meeting...
with Babcock. Clark, on duty in the Emergency Room at Hartford Hospital, was treating a woman with a lacerated tendon; she requested a plastic surgeon, and Babcock arrived to find Clark conversing with the patient in Portuguese. Clark learned the language when he went to Brazil as a Mormon missionary. He remembers that Babcock commented on his facility with the language. Two or three days later, William D. Jones, M.D. '66, one of Babcock's associates, asked Clark whether he would like to go to Brazil for a month during the coming spring or summer. Clark recalls that his immediate response was positive. He talked with Babcock and then discussed with his Chief the possibility of doing a month's rotation in Brazil. All parties agreed.

Babcock, who emphasizes the need for detailed planning, stresses specifically the importance of choosing a team carefully. "Most of the members should," he comments, "have experience in international medicine. One member can be introduced to the field, but the whole team cannot be green. Then too it is vital," he observes, "that participants in the Program speak the language so that they interact well with the people. It's hard to express concern and to reassure a patient who can't understand you. The success," he adds, "of any international project is enhanced if the people who go can speak the language of the host country."

Aside from ascertaining whether his assistants had the proper medical and linguistic backgrounds, Babcock also had to put together a group of people who would be able to get along well with one another in the cramped conditions of the ferryboat. The team lived, ate and worked on the boat for a month. Living quarters were on the second deck. Below were the operating room and recovery and holding areas. Only the O.R. was air-conditioned. Since space was limited, some team members had to adjust to sleeping in hammocks like the natives. Babcock feels that his team worked especially well together, and Clark, too, commented upon the quality of rapport within the group.

Recruiting the team represents only one phase of preparation. "The team leader must expect," Babcock asserts, "that whatever equipment he might need will not be there." Hence, equipment including plastic instruments and sutures as well as anesthesia had to be brought to Brazil. Because Babcock expected to repair the cleft lips and palates of children, he had to borrow from Newington Children's Hospital in Connecticut apparatus especially designed for small mouths. Clark recalls, with a degree of retrospective wonder in his voice, that he removed a large tumor of the salivary gland with only a few functional hemostats. They simply had not expected to do neck surgery, but the tumor had to be removed, and, as Clark says, "when you're operating on the Amazon, you quickly learn to make do."

The day after they arrived, Dr. Babcock saw the approximately 50 patients awaiting surgery in the environs of Santarém. Preoperative work-ups had already been performed. Patients usually had to be dewormed. Parasites are so ubiquitous that a given person's locale can allegedly be determined by his parasite profile. Since telephones are rare, announcements over the radio informed patients the surgeons had arrived. The surgical schedule for the month was set up that first day.

Working with the equatorial sun directly overhead, the team quickly discovered that scrub suits alone were the only sensible attire. "The tropical climate would," Babcock says, "have been almost intolerable except for the constant breezes on the Amazon." But the winds that made the temperatures bearable also brought storms so that the surgical team had to adjust to working while the boat rocked. The O.R. was crowded because people came to watch the team perform. Since stretchers could not negotiate the corners of the passageways aboard the ferryboat, patients were carried by arm from the O.R. to the recovery area. At one point en route to the recovery area, patients had to be lifted in order to bypass the autoclave. One of Babcock's slides shows a patient lying next to a railing; the space above the railing is open, the Amazon is visible. "That," Babcock says casually, apparently quite used to such incongruities, "is the recovery area."

Most of the cases the team encountered were congenital anomalies—cleft lip and palate. The differences between the Santarém cases of this type and the ones Babcock sees in the States chiefly relate to the patient's ages. These anomalies are usually corrected statewide within the first year of a child's life. One of Babcock's patients in Santarém was 17 years old. The surgeons also performed reconstructive surgery on victims of burns and removed skin tumors. Lacking laboratory facilities, X-ray control and adequate IV fluids, the team did not willingly tackle major or intra-abdominal procedures. Clark, however, did a colostomy on a critically ill two year old.

When asked to speculate on the effects of the congenital anomalies he had gone to Brazil to correct, Babcock said that families seemed to protect young children, but that as they grew older and the cleft lips and palates interfered more with speech, the children would be more likely to experience difficulty adjusting within their society.

Trying to characterize the temperament of the Brazilian people, Clark recurs to an incident he observed while a missionary. A university graduation began 45 minutes later than scheduled, and the delay troubled no one. "Can you imagine," Clark interjects, "how Jeffersonians would react to a similar postponement? It's a looser, happier culture than ours. There seem to be fewer psychiatric problems, but then little worry and anxiety lead to little material progress and the comparatively primitive state of medical care along the Amazon." What impressed Babcock as well as Clark about patients was their genuine expression of gratitude. Both physicians contrasted the appreciative reaction of their Brazilian patients to the more ambivalent attitudes of patients in the United States. Dr. Babcock also remarked upon the closeness within the family. Parents would often stay with children who, Babcock says, are more Stoic and relaxed about impending surgery than their U.S. counterparts.

As Babcock discusses his Brazilian cases, it is clear that he has found the work to be most rewarding. Volunteering for such Projects as Esperança and Hope has enabled him to express more fully his humanitarian impulses. "It is easier," Babcock explains, "for a senior plastic surgeon to undertake such trips because his is an elective specialty so cases can be postponed." Also, Babcock's partner, Dr. Jones, maintains the practice during the senior member's absences. In March Babcock returned to Brazil as a volunteer with a Program called "Partners of the Americas." In February when he was interviewed, Babcock was preparing a lecture in Portuguese for the March trip to João Pessoa, a city to the southeast of Santarém. His duties in João Pessoa included more teaching than did Project Esperança. Babcock did however instruct Brazilian medical students aboard the Esperança.

In fact, a primary goal of Project Esperança is to provide Brazilian medical students with a clinical rotation since instruction at many Brazilian medical schools is almost purely didactic. Project Esperança has an arrangement with the University of Para in Belém (a port city 450 miles down the Amazon from Santarém) which enables Para's students to learn from Esperança's clinicians. The affiliation is designed ultimately to encourage practice in the underserved Amazon region.

Even with the quintessentially American flavor Babcock's down-East, Maine accent gives to his conversation of names like "Belém" and "João Pessoa," the words sound quite foreign because most Americans have probably not heard of the cities. Realizing how disorienting it is to hear of places that one cannot place geographically, Babcock has tackled a map of Brazil to his office door. Attached to the wall adjacent to the map is a glass case which contains a model ship Babcock made when he was an intern at Hartford Hospital. In retrospect, that admixture of medicine and ship modelling seems prophetic for a man who served with Hope and went to the Amazon to operate aboard a ferry.
Erie, an obstetrician/gynecologist, has been specialist in Family Medicine at Jefferson this summer for a residency in ob/gyn. and recently passed the Boards of his Jay M. Grodin, 10408 Great Arbor Dr., Potomac, Md., has been appointed a Clinical Professor of Obstetrics and Gynecology at the George Washington University Medical Center and Co-chairman of the Division of Gynecologic Endocrinology and Infertility.

Nathan B. Hirsch, 507 Sevilla Ave., Coral Gables, Fl., is an Assistant Professor of Obstetrics and Gynecology at the University of Miami School of Medicine. His daughter, Hailey Samantha, is now a year old.

Bruce D. Hopper, 688 Conestoga Rd., Berwyn, Pa., who has been practicing family medicine in nearby Wayne, will return to Jefferson this summer for a residency in ob/gyn.

Victer B. Slotnick, 312 Melrose Rd., Merion, Pa., has been named Director of Clinical Investigation at McNeil Laboratories. In addition he serves as a Clinical Instructor in Family Medicine at Jefferson and recently passed the Boards of his specialty.

Arthur N. Triester, 260 Lamplighter Ln., Huntingdon Valley, Pa., has been promoted to Clinical Assistant Professor of Medicine at Jefferson (Lankenau affiliate).

Garry H. Wachtel, 7100 S.W. 7th St., Plantation, Fl., has a busy ob-gyn practice in the Plantation, Tamarac, Margate area of the state. He, his wife, Linda, and three children, David, Adina and Marcia, are enjoying the great life there.

Richard P. Wenzel, 1940 Fox Run Ln., Charlottesville, Va., writes that he enjoys the teaching, practice and research at the University of Virginia. He adds that all his research efforts are in the field of infection control. His daughter, Amy, is 8 and son, Richard, is 5.

1966

Joseph B. Blood, Jr., 753 S. Main St., Athens, Pa., has been named a Fellow of the American College of Physicians. He is an Associate in internal medicine at the Guthrie Clinic in Sayre.

Edward T. Carden, 710 Lippincott, Moorstown, N.J., was made a member of the American Academy of Facial Plastic and Reconstructive Surgery last fall.

Louis J. Centrella, 6 Tenby Dr., Newark, De., was named a Fellow of the American Academy of Family Practice in 1977.

Allen M. Clark is practicing pathology at Memorial Hospital in Colorado Springs, Colorado. He has been appointed Director of the School of Medical Technology and will assume Chairmanship of the Continuing Education Committee this year.

Robert H. Kirschner, 6822 S. Euclid Ave., Chicago, will devote full time to forensic pathology as an Assistant Medical Examiner of Cook County as of July. He will maintain his academic appointment at the University of Chicago and will introduce forensic pathology into the curriculum. His wife, Barbara, heads the Section of pediatric gastroenterology at the University of Chicago.

Gary R. Leach is practicing urology at the Bayview Professional Building, 140 W. 2nd St., Erie, Pennsylvania. He and wife, Margaret, have two children and reside at 520 Shawnee Drive in Erie.

Howard Silberman, 433 Kelton Ave., Los Angeles, is Assistant Professor of Surgery at the University of Southern California and is on the staff of the Los Angeles USC Medical Center where he attends on the general surgical and renal transplant services.

Lawrence B. Silver, 2645 N. 3rd St., Harrisburg, an obstetrician/gynecologist, has been installed as President of the Harrisburg Chapter of the American Technion Society.

Michael D. Strong, 90 Knollwood Dr., Cherry Hill, N.J., is working as a cardiac surgeon full time at Deborah Heart and Lung Center in Browns Mills, New Jersey. He has two sons, Michael David and JohnTempleton.

1967

Kenneth A. Brair, 8210 Brookside Rd., Elkins Park, Pa., has been named Chairman of the Department of Neurological Sciences at Rancocas Valley Hospital in New Jersey. Only recently the Departments of Neurology and Neurosurgery were combined for a new multi-disciplinary approach to the care of patients. Dr. Brair is a Clinical Instructor in Neurology at the University of Pennsylvania and serves on the Medical Advisory Board of the National Multiple Sclerosis Society.

Stephen M. Druckman, 1515 Poplar St., Lebanon, Pa., has been certified by the American Board of Internal Medicine. He also was recently elected to membership in the Bockus Alumni International Society of Gastroenterology and is an Associate Fellow in the American College of Gastroenterology. Dr. Druckman is associated with two other physicians one of whom is Dr. Murray B. Grosky '61.

Stanton I. Moldovan, 8010 Buffalo Speedway, Houston, is the Mental Health Director for Texas Health Plans, Inc. serving the Houston area.

James P. O'Hara, 5502 California St., Omaha, Ne., is an Assistant Professor of Orthopaedic Surgery at Creighton Medical School in Omaha.

John D. Sabow, 717 Meade St., Rapid City, S.D., writes that he is one of two neurologists practicing in the state. "Busy!" He, his wife and daughter enjoy living in the Black Hills.

Burton W. Schwartz, 4533 Phillip Ct., Fort Worth, Tx., writes "am thrilled to announce I was liberated from the USAF in December '77." Presently Dr. Schwartz is in charge of the pediatric and neonatal service at John Peter Smith Hospital, the city county facility for Fort Worth-Tarrant County.

Don C. Weiser, 5606 N. Meridian, Indianapolis, is Director of Pulmonary Services and Medical Director of Respiratory Therapy at Methodist Hospital there. He was certified in Pulmonary Diseases in 1977.

Melvyn A. Wolf, 1219 Lois Rd., Ambler, Pa., was Board certified in ophthalmology last October. He is in private practice in Ambler.

John V. Zeok, 311 Leawood Dr., Lexington, Ky., and his wife Susan Springer Zeok '69 announce the birth of a daughter, Kathleen, last summer. He is an Assistant Professor of Cardiothoracic Surgery at the University of Kentucky, Lexington.

1968

Bonnie L. Ashby, 1235 Waverly Rd., Gladwyne, Pa., is Acting Chief of Infectious Diseases at Bryn Mawr Hospital.

Joel M. Barish, 2545 Hidden Valley Pl., La Jolla, Ca., has a practice of gastroenterology in San Diego and is on the clinical faculty of the University of California at San Diego. He has passed the G.I. Boards. He and his wife, Carole, who practices pediatrics, have a son, 4, and another due this spring.

"We're going to the beach today, and we'll think of all our old friends shovelling snow in Philadelphia."

Jay B. Berger, 1371 Armstrong Rd., Bethlehem, Pa., has been Board certified in internal medicine since 1973. He and his wife, Ruth, have three girls, 9, 7 and 5.

Raphael J. DeHoratius, 667 Sproul Rd., Villanova, Pa., has been promoted to Assistant Professor of Medicine at Jefferson.

William K. Grossman, 58 Highland Blvd., Dallas, Pa., writes that the family is very much enjoying rural life. Dr. Grossman is a psychiatrist.

Stephen L. Hershey, 2300 Amesbury Rd., Akron, Oh., announces the birth of a third child and second daughter, Meredith Scott, last summer.
Joseph F. Kestner, 1400 Delaware Ave., Wilmington, De., has been promoted to Clinical Assistant Professor of Medicine at Jefferson, Wilmington a affiliate.

Stephen B. Kozloff, 1936 15th Ave., Greeley, Co., an obstetrician, writes that his wife, Jecca, is working for her doctorate in environmental politics at Colorado State University and is teaching political science at the University of Northern Colorado.

John L. Loder, 1091 Carmel Dr., Simi Valley, Ca., is Chief of Staff at Simi Valley Doctors Hospital.

Herbert J. Luscombe, 189 Rice Dr., Morrisville, Pa., has joined three other family practitioners at the Medical Arts Building in Levittown, Pennsylvania.


Kenneth B. Reynard, 1325 S. Newport St., Denver, began a private practice of radiology at St. Anthony’s Hospital there last summer.

Sarah J. Richards, 16 Burroughs Rd., Lexington, Ma., now has four children, the youngest, a son, born last April. She is still working full-time as a pediatrician at Massachusetts General Hospital in Chelsea.

Mark R. Stein, 5 Sunnymeade Ct., Potomac, Md., a Diplomate of the American Board of Allergy and Immunology, is Assistant Chief of the Allergy and Clinical Immunology Service at the Walter Reed Army Medical Center. He and his family are glad to be in the East again after assignments in Germany, San Francisco and Denver.

James B. Turchik, 19 Bradford Dr., Dewitt, N.Y., is Assistant Professor of Medicine at Upstate Medical Center in Syracuse and Chief of the Infectious Disease Section at the VA Hospital there. The Turchiks have three children, 7, 5 and 5.

Richard T. Vagley, 532 South Aiken Ave., Pittsburgh, was certified last spring by the American Board of Plastic Surgery. “Looking forward to the 10th reunion in June.”

Jacquelyn J. Wilson, 12307 Oakknoll Rd., Poway, Ca., writes “the study of homeotherapeutics has renewed my interest in medicine. Working with nurse practitioners has been very spiritually rewarding.”

1969

Garrett E. Bergman, 9 Shirley Rd., Narberth, Pa., is Assistant Professor of Pediatrics, Director of the Pediatric Hematology Laboratory and Medical Co-director of the Teaching Program in Human Values in Medicine at the Medical College of Pennsylvania. He and his wife, Marilyn, have a 4-year-old son, Ben.

Lawrence S. Berman, 2300 Bidgood Dr., Portsmouth, Va., will go to the University of Florida in July as a pediatric anesthesiologist. The Bermans have two children, Scott, 3, and Heather, 1.

Sander J. Levinson, 605 Gladiola Dr., Clarks Summit, Pa., is a Fellow of the American College of Chest Physicians. He is serving as Director of Respiratory Therapy and Pulmonary Function Laboratories at Mercy and Moses Taylor Hospitals in Scranton.

Wilson W. Strong, Jr., 3011 Alleghany Dr., Cedar Rapids, Io., is in the private practice of cardiovascular surgery there. He is Board certified.

Kenneth G. Tercelsen, 266 Monterey Ave., Pelham, N.Y., is Assistant Clinical Professor of Psychiatry at the College of Physicians and Surgeons, Columbia University, and Medical Director of the Family Institute of Westchester. He and his wife, Kathleen, have two children.

Suzanne Springer Zeok, 311 Leawood Dr., Lexington, Ky., gave birth to a second daughter, Katherine, last summer. She is Assistant Clinical Professor of Anesthesiology at the University of Kentucky in Lexington. Her husband is John V. Zeok ‘67.

Lawrence F. Berley, 19 Chipmunk Ln., Media, Pa., has opened an office for the practice of psychiatry at 1015 Chestnut Street, Philadelphia. For the past six years, he was a resident in psychiatry at Boston State Hospital, an Instructor in psychiatry at Harvard Medical School and Boston City Hospital and Clinical Psychiatrist for a mental health in-patient unit at Union Hospital in Lynn, Massachusetts. He is writing a book on art and perception.

William D. Bloomer, 166 Hampshire Rd., Wellesley, Ma., participated in the eighth L.H. Gray Conference held at St. Catharine’s College, Cambridge, England, last September.

John W. Breckenridge, 7937 Heather Rd., Elkins Park, Pa., has been appointed Instructor in radiology at Jefferson.

Joseph A. Breslin, 3650 Mayflower Pl., Nashville, Tn., will complete urologic training at Vanderbilt University Hospital in Nashville; he will join the Urological Associates of Lancaster this July.

1970

Lawrence F. Berley, 19 Chipmunk Ln., Media, Pa., has opened an office for the practice of psychiatry at 1015 Chestnut Street, Philadelphia. For the past six years, he was a resident in psychiatry at Boston State Hospital, an Instructor in psychiatry at Harvard Medical School and Boston City Hospital and Clinical Psychiatrist for a mental health in-patient unit at Union Hospital in Lynn, Massachusetts. He is writing a book on art and perception.

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1971

Richard W. Altreuter, 664 W. Johnson St., Philadelphia, is an Assistant Professor at The Medical College of Pennsylvania and Director of the Emergency Department at the Frankford Hospitals. He has two sons, David and Michael.

James E. Barone, 4101 Cornwallis Dr., Virginia Beach, Va., is Board certified in general surgery.

John A. Belis, Division of Urology, West Virginia University Medical Center, Morgantown, W.V., has been named an American Urological Association Scholar. The Association makes four such awards each year. Having finished a residency in urology at the West Virginia University Medical Center, he was appointed Assistant Professor of Surgery in the Urology Division. His research focuses on prostatic cancer.

Thomas M. Bryan, 1405 Quail Hollow Rd., Harrisburg, Pa., became a Fellow of the American Academy of Family Physicians at
especially since receiving a grant group
Robert B. Falk, Jr., 1025 Marietta Ave., Lancaster, Pa., practices anesthesiology with the Anesthesia Associates of Lancaster. He works at Lancaster General Hospital.

Henry M. Feder, Jr., 5 Carrington Ln., Farmington, Ct., is Assistant Professor at the University of Connecticut’s Department of Family Medicine. He holds joint appointments at Hartford Hospital in pediatrics and pediatric infectious diseases.

Paul M. Fernhoff, 1591 Knob Hill Dr., Atlanta, Ga., continues as Assistant Professor of Pediatrics, Division of Medical Genetics, Emory University, Atlanta.

Francisco J. Garcia-Torres, 3805 Cannon Point Dr., Chesapeake, Va., reports the birth of Leticia Esther.

David H. Hennessey, Box 838, APO New York, is ending his third year as a major with the U.S. Air Force in Lakenheath, England. He plans to begin private practice of pediatrics in Titusville, Pennsylvania, this summer.

Barry H. Penchansky, 2444 Butter Rd., Lancaster, Pa., writes that classmate Mark A. Posner ’71 has become a national figure in his attempts to bring sense to military medicine. Dr. Penchansky adds that his own family practice group is doing quite well.

Richard P. Schwimmer, 57 Coleridge St., Brooklyn, is in private practice of pediatrics. He and his wife, Helen, have two children, Joshua and Sara.

Stephen C. Silver, 4082 Wilmington Rd., Euclid, Ohio, will finish his Fellowship at the Cleveland Clinic in June. He plans to enter the private practice of colon and rectal surgery in July at Drexel Hill, Pennsylvania.

J. Stanley Smith, Jr., 2645 N. Third St., Harrisburg, Pa., writes that he is enjoying his second year of private practice in general and traumatic surgery. His wife, Charlene, graduated from nursing school; four days later a son was born.

Floyd F. Spechler, 137 Cooper Ave., Cherry Hill, N.J., completes an ophthalmology residency at Jefferson this June.

Arthur S. Tischler, 1412 35th St., NW, Washington, D.C., is serving the last year of his Berry Plan commitment as a pathologist at Walter Reed Hospital.

1972

Steven A. Ager, One Buttonwood Sq., Philadelphia, has recently been Board certified in psychiatry. He is in private practice in Philadelphia as well as in community psychiatry at Episcopal Hospital.

William H. Brubaker, 6 Waring Ln., Littleton Co., has joined a group of four internists.

Gregory J. Edinger, 6404 DePaul Ci., Virginia Beach, Va., is a Diplomat of the American Academy of Family Physicians. He practices emergency medicine full time at Portsmouth General Hospital.

Martin J. Fliegelman, 2849 Briarcliff, Ann Arbor, Mi., is a Pulmonary Fellow at the University of Michigan Hospital. He asks classmates passing through Ann Arbor to call.

Stephen P. Flynn, 3519-221 SE, Issaquah, Wash., has finished a tour in the Navy. He now participates in a large group practice of family medicine in the "beautiful Pacific Northwest."

Richard F. Garnet, Jr., 4754-2 Fairway Dr., Andrews Air Force Base, Md., has become Board certified in anatomic and clinical pathology after completing a residency at the University of Pennsylvania Hospital. In addition to pathology duties, he runs the Blood Bank at the Medical Center at Andrews. He is an Assistant Professor of Pathology at George Washington University, Washington, D.C.

Bruce L. Gewertz, 2938 Maple Springs Blvd., Dallas, Texas, has joined the faculty of general and vascular surgery at Southwestern Medical School.

Gene H. Ginsburg, 1140 N. 25th St., Allentown, Pa., has been elected to the Board of the American Heart Association, Mideastern Pennsylvania Chapter. He is a member of the American College of Physicians. He and his wife, Ann, have two children.

Charles A. Gordon, 1251 S. Cedar Crest Blvd., Allentown, Pa., is Assistant Chief of Medicine at Allentown General Hospital and Allentown Sacred Heart Hospital Center. He intends to marry this spring.

Philip C. Hoffman, 1700 E. 56th St., Chicago, is doing a Fellowship in hematology and oncology at the University of Chicago Hospital.

Rosemary Andries and Joseph P. Horstmann, 108 W. Sunset Blvd., FPO, San Francisco, are on Guam with the Navy until July. He will then do a surgical pathology Fellowship at the University of Minnesota. They write that "the tropics are nice, but it will be good to be back on the mainland."

David P. Hughes, 1016 Sycamore St., Durham, N.C., reports the birth of a second son, Andrew Opie, last December.

William J. Hyde, 114 Cranial St., N.B.U. 27-1, F. Huachuca, Az., has completed a surgical residency at Jefferson. He is presently serving two years with the Army. He, his wife and two daughters "will welcome visitors from home."

Helen A. Leibowitz, 1206 Rodman St., Philadelphia, had her first child, Rachel, and passed her written Boards last summer. She is a radiologist at Pennsylvania Hospital.

James W. Redka, Box 336, Picture Rocks, Pa., is a family physician with the Valley Community Health Care Center of Picture Rocks. He adopted a daughter, Kristen Ann.

John P. Rodzvilla, Jr., 98 S. Ivy Ln., Glen Mills, Pa., was Board certified in pediatrics last December. He has a daughter, Jessica Lynn.

Jeffrey M. Rosch, RD2, Box 70, Hollidaysburg, Pa., is a Diplomate of the American Board of Allergy and Immunology. He is also a Diplomate of the American Academy of Pediatrics. On the staff of Altoona Hospital, he maintains a private practice at 1126 8th Avenue in Altoona. He and his wife, the former Faye Singer, have two children.

Edward B. Russell, 306 Conestoga Rd., Wayne, Pa., has entered the private group practice of general surgery in Delaware County. He has two children, Sarah Jane and Matthew.

Lawrence R. Schiller, 169th Station Hospital—SHAPE, APO, New York, reports the birth of a daughter, Rachel. The family will move to Dallas, Texas, in July where he will start a gastroenterology research Fellowship at the University of Texas Southwestern Medical School.

Richard P. Schwartz has been appointed to the associate medical staff of the Nashoba Community Hospital in Ayer, Massachusetts. A gastroenterology Fellow at the University of Connecticut Health Center and at the Boston Veterans Administration Hospital before entering private practice in Westford, he is Board certified in internal medicine. He is also a member of the American College of Physicians.

Joan H. and Marc W. Shapiro, 280 N. Woodward, Birmingham, Mi., are both in private practice—he, of dermatology; and she, of obstetrics and gynecology. They have two sons.
James R. Wall, 4366 Forest Ln., Allentown, is opening an office for the practice of dermatology and dermatologic surgery in Quakertown; his other office is in Allentown. He is a Diplomate of the American Board of Dermatology. He and his wife, the former Jane McDermott, have a son, James, Jr.

1973

Harry R. Katz, 315 Evergreen Rd., Jenkintown, Pa., completed a residency in radiation therapy at Jefferson and became an associate radiation oncologist at the American Oncologic Hospital, Philadelphia. Board certified in radiation therapy, he is a member of the American Society of Therapeutic Radiologists, at whose annual convention he presented a paper entitled “Computerized Orbital Tomography in the Radiotherapeutic Treatment Planning of Graves’ Ophthalmopathy.”

Frederick L. Kramer, 7305 Malvern Ave., Philadelphia, is a Diplomate of the American Board of Radiology.

Christopher L. Leach, 1842 St. Mary St., Jackson, Ms., is in his last year of a surgery residency at the University of Mississippi. He will begin a two year residency in thoracic surgery at the University of Rochester in New York.

Paul D. Mangiello, 2632 Quinn Ct., Augusta, Ga., writes that he likes “the sunny South.” He will complete a Fellowship in gynecologic endocrinology this July. “Wendy is working in the neonatal intensive care unit.”

Mark S. Reuben, Box 392, RD2, Birdsboro, Pa., completed a pediatric residency at St. Christopher’s Hospital for Children, Philadelphia, and opened a general pediatrics practice. He has since become Chief of pediatrics at St. Joseph Hospital, Reading, Pennsylvania.

1974

Allen B. Filstein, 1395 Normandy Dr., Atlanta, Ga., is a resident in dermatology at Emory University. He recently married the former Vicki Hillsberg.

Robert Gardner, 5707 Idlewood Rd., Santa Rosa, Ca., writes that he is “happy living in the hills of Santa Rosa and working at the Marin County Health Department”; and he adds, “I would be glad to see classmates coming to the Bay area.”

Raymond J. Gaspari, 755-F Cohony Dr., York, Pa., has joined the full-time staff at York Hospital as coordinator of education for the Department of Medicine. He is a Diplomate of the American Board of Internal Medicine.

James W. Kessel, 16 Warren Pl., Charleston, W.V., has a new son, James Mick.

Scott I. Lampert, 2201 Parkway, Apt. 712, Philadelphia, is a resident in ophthalmology at Jefferson.

John P. Morton, 624 7th St., Imperial Beach, Ca., and his father, Paul H. Morton ’38 are participating in the construction of a large primary care center in Nestor, California. They write, “Jefferson alumni who are considering practice in this area, especially those with a little Mexican-Spanish, might be interested in joining us.”

Gary L. Shugar, 977 E. Maple St., Palmyra, Pa., has completed a tour as naval flight surgeon at the Naval Air Station in Brunswick, Maine. He has started a residency in pathology at the Milton S. Hershey Medical Center in Hershey, Pennsylvania.

I. Peter Soraruf, Box 123 RD3, Kennett Square, Pa., has completed a family practice residency at the Wilmington Medical Center. He is now practicing in Kennett Square.

Richard P. Wallace, 222 Rittenhouse Square, Philadelphia, has been appointed Instructor in medicine at Albert Einstein, Daroff Division (Jefferson affiliate).

Bruce S. Zaret, 1935-26C Eastchester Rd., Bronx, N.Y., has been certified as a Diplomate of the American Board of Internal Medicine. He has been selected Chief Resident of neurology at the Albert Einstein College of Medicine, Bronx.

1975

David P. Mayer, 7 Beacon Hill Ln., Phoenixville, Pa., has married Leslie D. Gordon, Ph.D. They are expecting a child in May.

Fred H. Miller, 378 Valley Park South, Bethlehem, Pa., is a second year resident in internal medicine at Easton Hospital.

1976

James P. McCann, H St., Box 244, Poplar, Mt., announces the birth of a son, Patrick Ross.

Ted M. Parris, 172 B. Georgetown Rd., Charlottesville, Va., writes that he is applying for a rheumatology fellowship.

Nancy M. Satur began service in the emergency room of Clearfield Hospital, Clearfield, Pennsylvania, last January.

1977

Edward W. Bogner and his wife, the former Colleen Claypool, are living in the Mitchell house in Latrobe, Pennsylvania. He is with the family practice unit at Latrobe Area Hospital.

Leopoldo E. DeLuca, 859 Old Lancaster Rd., Bryn Mawr, Pa., is a first year surgical resident at Bryn Mawr Hospital. He will return to Jefferson this July for an ENT residency. He is married to the former Judith McClellan.

R. Bradley Hayward, 1756 Cromwell Dr., Akron, Oh., announces his engagement to Catherine R. Zuurbier ’79. He plans to return to the Philadelphia area to complete a surgical residency. An August wedding is planned.

Gregory A. Hoffman, 82 University Manor, Hershey, Pa., writes that he is enjoying his first year in a general surgery program at Hershey Medical Center. His wife, Sue, works in a hematology lab in Harrisburg, Pennsylvania.

Frank A. Klinger, 789 West Ferry St., A-1, Buffalo, N.Y., writes simply “up to my ears in snow.”

Faculty Wives’ Art Show

The Faculty Wives Club of Jefferson Medical College again will sponsor its highly successful art show during reunion activities at Jefferson. Scheduled for May 24 to June 8 at Jefferson Alumni Hall, the show is open to all University personnel as well as alumni and their families.

All media are acceptable including watercolors, oils, pastels, graphics, sculptures, tapestries, photographs etc. Applications for entry are available through the Alumni Office at 1020 Locust Street.

Mrs. Benjamin Haskell and Mrs. Paul J. Poinset are the co-chairmen.

Champagne reception at 1977 art show
Obituaries

Evans D. Russell, 1911

Daniel P. Griffin, 1914
Died January 15, 1978 at the age of 92. Dr. Griffin, a psychiatrist, was noted for his work in rehabilitation. He received a Citation for Meritorious Service in 1957 from the President's Committee on Employment for the Physically Handicapped. He served as Chief Neuropsychiatrist at Bridgeport Hospital for many years. Dr. Griffin, a Fellow of the American Psychiatric Association and the American College of Physicians, was a past President of the Connecticut, Bridgeport and Fairfield Medical Societies, the Connecticut Society for Psychiatry and Neurology and the Connecticut Occupational Therapy Association. Surviving are two sons.

David R. Morgan, 1916
Died January 18, 1978 at the age of 93. Dr. Morgan, Honorary Professor of Pathology at Jefferson, began his career there in 1923 as a Demonstrator. He was a favorite teacher at the Medical College and was honored in 1957 when the senior class elected to paint his portrait. Dr. Morgan also served as Curator of the Jefferson Museum and Director of Laboratories at St. Luke's, Children's and St. Joseph's Hospitals. He received a Master of Science Degree in surgery and a doctorate in public health from the University of Pennsylvania. Dr. Morgan also served with distinction with the military, receiving the Croix de Guerre, two Silver Stars and the Bronze Star.

Samuel Baron, 1917
Died February 2, 1978 at the age of 85. Dr. Baron, a urologist, served on the staffs of Einstein Medical Center, Northern Division, Philadelphia, and Montgomery Hospital, Norristown. Surviving are his wife, Rhea, a son and a daughter.

Willard S. Sargent, 1920
Died November 8, 1977 at the age of 82. Dr. Sargent was a founder of the Cabrillo Medical Center in San Diego where he practiced for 55 years. He was a Fellow of the American College of Surgeons and the International College of Surgeons. Surviving are his wife, Sara, and a daughter.

Weldon A. Gift, 1921
Died December 6, 1977. Dr. Gift was a family physician who practiced in Marlette, Michigan, for over 50 years. He was instrumental in the construction of the Marlette Community Hospital there. He is survived by his wife, Delight, two sons and two daughters.

Russell Kessel, 1925
Died June 17, 1977. Dr. Kessel was Chief Medical Examiner of the West Virginia Workmen's Compensation Fund. A Fellow of the American College of Surgeons and the South Eastern Surgical Congress, he was Chief of Staff at St. Francis Hospital and past President of the West Virginia Medical Association and the Kanawha County Medical Association. He is survived by his wife, Pauline, and two daughters.

Alfred T. Purificato, 1925

Max L. Weimann, 1926
Died February 15, 1978 at the age of 75. Dr. Weimann, a pediatrician, practiced and lived in Haddon Heights, New Jersey. He was on the staff of both Cooper Medical Center and Jefferson Hospital and was an Honorary Clinical Associate in Pediatrics in the Medical College. Dr. Weimann was a charter member of the American Society of Clinical Hypnosis and a member of the American Board of Pediatrics. Surviving are his wife, Ruth, and a son, Robert B. Weimann '56.

Frederick J. Miller, 1927
Died February 12, 1978 at the age of 76. Dr. Miller an otolaryngologist, resided in Bakersfield, California. He is survived by his wife, Hazel.

Alexander Koppel, 1928
Died January 18, 1978 at the age of 72. Dr. Koppel was a cardiologist with a practice in Philadelphia. He is survived by his wife, Sylvia, and a son Max M. Koppel '57.

Kerwin M. Marcks, 1930
Died March 4, 1978. Dr. Marcks, a plastic surgeon, resided in Westcoesville, Pa. He was on the staff of Allentown, Sacred Heart and St. Luke's Hospitals in that area.

James L. York, 1930
Died May 31, 1977. Dr. York, who practiced occupational medicine, was a resident of North Palm Beach, Florida.

Harold J. Cokely, 1931
Died March 6, 1978. Dr. Cokely was a Rear Admiral in the USN MC. At the time of his death, he was fully retired and residing in San Diego. Dr. Cokely served in Naval Hospitals across the country and acted as Commanding Officer at several including St. Albans and Key West, Florida. He was a Fellow of the American College of Surgeons, the American Board of Urology, the American Urological Association and the Association of Military Surgeons. A widow survives him.

Charles H. LaClair, Jr., 1932
Died January 9, 1978 at the age of 72. Dr. LaClair was a specialist of the eye, ear, nose and throat. A resident of Nor-
ristown, Pennsylvania, he was a member of the staff of Montgomery and Sacred Heart Hospitals and was a Fellow of the American Academy of Ophthalmology and Otologyngology. Surviving are his wife, Loretta, and a daughter.

David C. Pewterbaugh, 1933
Died December 10, 1977 at the age of 73. Dr. Pewterbaugh, a pediatrician, had practiced in York, Pennsylvania, since 1945. He was Chairman of the Department of Pediatrics at York Hospital, a life member of the American Academy of Pediatrics and a member of the Board of Trustees of LeTour College in Longview, Texas. He is survived by his wife, Helen.

George J. Schwartz, 1933
Died January 27, 1978 at the age of 73. Dr. Schwartz, a general surgeon, served as President of the Medical Staff at Methodist Hospital in Philadelphia. Retired from practice since 1970, he held the rank of Honorary Instructor of Surgery at Jefferson. Surviving are his widow, Louise, two daughters, a son and a brother, Charles E. Schwartz '33.

Russell W. Ramsey, 1934
Died February 17, 1978 at the age of 70. Dr. Ramsey, an internist, resided in Winter Park, Florida. He served as Director of the Health Service at Rollins College in Winter Park. For his service there, he was awarded the Rollins Decoration of Honor. He held staff appointments at Orange Memorial and Florida Hospitals, both in Orlando, and at Winter Park Memorial Hospital. He was a member of the International Society for Internal Medicine, the American Heart Association and the Royal Society of Medicine, London, England. He is survived by his wife, Elfreda, two daughters and a son.

Reuben B. Chesnick, 1936
Died January 4, 1978 at the age of 68. Dr. Chesnick was Associate Professor of Radiology at the Medical College of Pennsylvania and Chief of Radiology at the Sidney Hillman Medical Center and the Camden County Hospital at Lakeland in New Jersey. Surviving are his wife, Sylvia, and three sons, two of whom are physicians.

Sidney Halpern, 1937

Sol N. Bers, 1939
Died March 2, 1978 at the age of 64. Dr. Bers was a pediatrician with a practice in York, Pennsylvania. Surviving are his wife, Sara, a son and daughter.

Wayne P. Hanson, 1940
Died January 21, 1978. Dr. Hanson, a general surgeon, resided in Long Beach, California.

Rowland E. Wood, 1940
Died January 31, 1978 at the age of 63. Dr. Wood, an internist, who practiced in St. Petersburg, Florida, was on the staff of St. Anthony's Hospital and Bayfront Medical Center. He was a past President of the Pinellas County Medical Association and Vice President of the Florida Medical Association. Dr. Wood also served as Chairman of the Board of St. Petersburg Savings and Loan Association. He is survived by his wife, Mary, a son and daughter.

Irvin N. Carroll, 1941
Died May 7, 1977 at the age of 64. Dr. Carroll was an internist who practiced in Wilmington, Delaware.

Stanley Miller, 1943
Died January 9, 1978 at the age of 58. Dr. Miller practiced internal medicine in Baltimore, Maryland. He was a member of the faculty of the University of Maryland Medical School and served as Director of the Blood Bank at Sinai Hospital. He is survived by his wife, Phyllis, two daughters and a son.

Conyers B. Relfe, 1944S
Died January 24, 1978 at the age of 58. Dr. Relfe practiced internal medicine in Montgomery, Alabama. He served on the staffs of Jackson, Baptist and St. Margaret's Hospitals. Surviving are his wife, Mary, two daughters and a son.

John R. M. McLelland, 1945
Died May 1, 1977 at the age of 56. Dr. McLelland was a family practitioner in Mooresville, North Carolina.

Sidney M. Wolfe, 1947
Died March 2, 1978 at the age of 55. Dr. Wolfe, a resident of Philadelphia, was an internist and an endocrinologist. A member of the medical staffs of Albert Einstein Medical Center and Rolling Hill and Germantown Hospitals, he was an Assistant Clinical Professor of Medicine at Temple University Medical School. Dr. Wolfe was a member of the American College of Physicians, the American Society of Internal Medicine and the Endocrine Society. Surviving are his wife, Sandy, two sons and a daughter.

John E. Hughes, 1948
Died January 28, 1978. Dr. Hughes, who had practiced general surgery for many years, was Assistant Medical Director of New Jersey State Hospital in Greystone Park at the time of his death.

Charles A. Callis, 1949
Died November 22, 1977 at the age of 52. Dr. Callis was a family practitioner in Manheim, Pennsylvania.

Robert Love, Faculty
Died March 5, 1978. Dr. Love, Professor of Pathology, was brought to Jefferson in 1960 by the late Dr. Peter A. Herbut, to establish the Division of Experimental Pathology within the Department. He trained at the University of Glasgow and taught both there and at Cambridge University. At the time of his death, he was working at the National Cancer Institute in Bethesda, Maryland. Surviving are his wife, two sons and a daughter, a senior medical student at Jefferson.
Chapters Go to Dinner

An ongoing program of the Association is the promotion of area dinners for Jefferson alumni. It provides an opportunity for these physicians to meet informally with their classmates and colleagues and to bring news of the Medical College from Philadelphia. During the spring months there were dinners at the Saucon Valley Country Club for Pennsylvania's Lehigh Valley alumni and the University Club for New York City area alumni. Speakers at both occasions were Dr. Lewis W. Bluemle, Jr., President of Thomas Jefferson University, and Dr. John N. Lindquist '43, President of the Alumni Association. At right from left at the New York dinner are Dr. Bluemle, Dr. Thomas F. Nealon '54, Alumni Trustee, Dr. Morton Schwimmer '51, Chapter President, and Dr. Theodore H. Grundfast '28.

Center left are Dr. Melvin I. Bernstine '54 and Dr. Lindquist. Center right from left are Dr. David M. Carberry '51 and Mrs. Carberry, Dr. Ben M. Lanman '54, and Dr. Henry P. Fechstein. Above left from left are Dr. James C. Hirschy '64, Dr. Richard A. Doering '72, Dr. Pearl Ma '62, Dr. Nathaniel F. H. Ching '59, and Dr. Bluemle. Above right Mrs. Harvey J. Breslin, widow of the former New York Chapter President, Dr. Fechstein and Mrs. Bluemle.
Osler at Old Blockley

Dean Cornwell’s painting, “Osler at Old Blockley,” hangs on the landing above the entrance to 1025 Walnut Street. The painting belongs to a series done for Wyeth Laboratories. It was moved to Jefferson’s College Hall with the closing of Philadelphia General Hospital. PGH was known as “Old Blockley” when Dr. William Osler worked and taught there. Osler is pictured instructing interns who in the 1880’s had to wear uniforms resembling military dress. By revising courses to include bedside study, as shown in the painting, Osler decided to influence the adoption of a clinical approach to medical education. Behind the assembled group stands the post house where so many students attended the autopsies Osler performed that a hole had to be cut in the ceiling to enable all to see and hear.

Having helped to establish the Johns Hopkins Medical School, Osler ended his career as Regius Professor of Medicine at Oxford University in England. Wyeth presented the painting to Jefferson at a ceremony for the alumni.