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<th>Year</th>
<th>Class Agents and Reunion Chairmen</th>
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<td>1929</td>
<td>Paul O. Blake, M.D.* **</td>
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<td>Mario A. Castallo, M.D.* **</td>
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<td>1934</td>
<td>Joe Henry Coley, M.D.*</td>
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<td>C. Wilmer Wirts, M.D.**</td>
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<td>1939</td>
<td>John H. Hodges, M.D.* **</td>
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<td>Joseph P. Long, M.D.**</td>
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<td>Joseph Medoff, M.D.**</td>
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<td>1944</td>
<td>Robert L. Breckenridge, M.D.*</td>
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<td>Burton L. Wellenbach, M.D.**</td>
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<td>1944</td>
<td>John J. Gartland, M.D.*</td>
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<td>Robert G. Salasin, M.D.**</td>
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<td>1949</td>
<td>Harold Rovner, M.D.*</td>
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<td>Gerald Marks**</td>
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<td>Leroy Newman, M.S.**</td>
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<td>John R. Patterson, M.D.*</td>
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<td>Jack W. Fink, M.D.**</td>
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<td>1959</td>
<td>Lawrence J. Mellon, Jr., M.D.*</td>
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<td>Walter S. Bloes, M.D.**</td>
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<td>Howell E. Cook, Jr. M.D.**</td>
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<td>Tom D. Halliday, M.D.**</td>
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<td>1964</td>
<td>Robert C. Mackowiak, M.D.* **</td>
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<td>1969</td>
<td>William J. Snape, Jr., M.D.*</td>
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<td>Walter J. Finnegan, M.D.**</td>
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<td>1974</td>
<td>Bruce Silver, M.D.*</td>
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<td>James David Plumb, M.D.**</td>
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Jefferson Scene  
Cover scene of Scott Library carrel conveys the message of speakers at Opening Exercises.

Seeing with Sound  
Directory Barry B. Goldberg, M.D. describes facilities and programs of new Division.

Caring over Time  
Jefferson faces the challenges of chronic care for children.

The Design of a Division  
Ten years ago Pediatrics began specializing in Allergies and Clinical Immunology.

Class Notes  

Obituaries  

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The Alumni Association of Jefferson Medical College
1020 Locust Street, Philadelphia, Pennsylvania 19107
It takes at least 20 years of schooling to make a physician. All those formative years in classes encourage students to mark time according to an academic calendar. At the oldest institutions like Oxford, school still begins with the "Michaelmas Term," so called in honor of the September 29th festival for the archangel Michael. Now, though, that identity is more a function of professional than religious affiliations, liturgical calendars organize the lives of few people. The hold of the agrarian calendar on the culture's conception of chronology has also weakened. For professionals who have been at school for two decades, fall is not a season of culmination, but of beginnings. Of course, school starts in autumn in part because parents once needed less help from children after the harvest. Now, as the cover scene of this issue suggests, the bare trees on the plaza between the Scott Library and Jefferson Alumni Hall, no longer signify the end of labor. The books on the library desk are open, and they represent, especially for the members of Jefferson's Class of 1982, the antithesis of leisure.

When President Lewis W. Bluemle, Jr., M.D. addressed the Class at Jefferson's 155th Convocation, the tenor of his remarks was grave. He stressed the need for disciplined study at medical school and warned that guessing was an unacceptable substitute for knowledge cultivated through good study habits. JMC Dean, William F. Kellow, M.D., spoke briefly. He informed the audience that 905 students were enrolled at Jefferson—the largest student body in the institution's history. One hundred and sixty of the 233 members of the Class of 1982 are Pennsylvania residents. Thirty-nine women matriculated, and 37 members of the Class are children of alumni.

The keynote address of the evening was delivered by Gonzalo E. Aponte, M.D. '52, Chairman of the Pathology Department. His remarks, entitled "Under the Influence," sustained the serious tone initiated by the President. Dr. Aponte's formula for success at medical school is simply, "work, unwavering dedication, a hunger to do things well and more work." The text of his address follows.

for the class of '82

I greet especially the members of the Jefferson class of 1982, for whom this talk is primarily intended. I hope that at least some members of the class are here, not because what is said on these occasions makes much difference but because this ceremony marks a tremendous milestone in your lives. For that reason alone this is a night for you to remember. They will be four very exciting years, among the best you will ever have. But you will not realize that fact for a long time, long after you have left Jefferson. It will be a diagnosis in retrospect. You and your families undoubtedly are very happy, and rightly so. Yet, at this time you cannot fully appreciate the scope and significance of the time you will spend at Jefferson. In the middle of September, 30 years ago, I sat where you are now as a new member of the student body, unripe, very glad but somewhat bewildered, and hoping deep from the heart that I had made the right decision. But I surely did not fully appreciate the scope and significance of those four years, and medicine was far less complicated then in both theory and practice. Enormous progress has been made in the medical sciences and the practice of the profession now is scrutinized and controlled by a society skeptical in general of the motives and intentions of physicians. I found out, gradually but very clearly, that learning facts and passing courses were absolutely essential but only part of the process, that it takes much more to make a good physician. Please keep that in mind from the very outset. It took me 30 years to sit at the stage of McClellan Hall during the Opening Exercises in September. For me this is also a night to remember. It goes without saying I am deeply honored by the privilege.

One cannot properly appreciate the enormous progress made in medical science except through some kind of personal experience. Those who contend that the advancements have not mattered too much because human life span has not changed appreciably speak neither wisely nor too well. I am very impressed, when I look upon my own 30 years, with what I learned then and teach now. Biochemistry, immunology and cardiology, for example, have progressed magnificently. And exciting things of incredible significance loom in a future not too distant—in psychopharmacology, for instance. It is no longer possible to keep abreast of advancements even within a narrow specialty.

Such growth is a constant challenge to the Faculties in medical colleges who not only have to be strictly up to date but must also interpret the data and decide which appear sufficiently well tested and significant to include in the regular courses of the medical curriculum. In view of the awesome proliferation of knowledge one would, through logic, assume that more time is spent teaching basic sciences to medical students now than ever before. But, alas,
just the opposite has happened. Now we have accelerated, so-called core curricula, a cascade of courses abridged a lot in time but not much in volume which zoom by with lightning speed one after the other. The teaching programs were not changed from whimsy, of course. Rational explanations were submitted but some of us have never been convinced by them. I believe that the current way of teaching medicine in the first two years has aggravated a serious fault in premedical curricula throughout the country.

Should you fret and worry a lot on account of this? Not at all, believe me. Some degree of concern always has been felt in the process of becoming a physician. Indeed, lack of concern is legitimate reason to worry. That you are qualified is shown by your presence here. You have met very definite criteria which over the years have been reliable indicators of competence for the study of medicine. Do not feel inferior to another (that is, less likely to succeed) merely on the basis of a recorded I.Q. or a premedical academic dossier. You see, the way to learn medicine as science has not changed. The formula is still the same: work, unwavering dedication, a hunger to do things well and more work. The less effort you put in the less you get. If you give nothing, you get nothing in return. This applies across the board regardless of the nature of the endeavor. Whether you intend to excel at the piano, singing opera, playing chess, hitting baseballs or acting upon the stage, you must practice, again, and again, and again and again. There is no other way. Never underestimate the power of dedication. It will easily outstrip a mind of greater depth on paper that just sits to contemplate. Give me performance, not just promises, promises. Do not be fooled by those who scream that competition is a dirty word. The concept of competition, like that of pride and ambition, lies largely in the eye of the one who defines it—in the mind's eye, that is. The narrower the mind, the more terrifying the idea.

They are facts of life which can be very good or very bad depending on the outlook and approach. The kind fostered by many of the current premedical curricula—that can get ugly. But it should not be, and isn't as a rule. Competition is a necessary part of our existence. Those who do not compete at all lie buried. Healthy competition is a very important stimulus for excellence. As a matter of fact, there is published evidence that biomedical scientists who compete successfully achieve a better balance and display higher regard for the humane treatment of patients being studied in research. There will be no legitimate reason for fear if you work hard, keep a proper perspective on what it really takes to become a good physician, and have sound guidance along the way. The faculty will provide that help. The most lasting contributions that teachers make cannot be quantified because they are made with advice, guidance and friendship. Thus they have influenced and shaped the lives of countless women and men. Approach the task ahead basically with joy, not fear. After all, you will be spending the time of your lives.

In view of the remarkable progress made in the last decades, one would expect that physicians would be much esteemed and admired by the community. But, in fact, just about the opposite has happened. The lay public today looks upon medicine with ambivalence—praise and admiration for medicine as science, suspicion and frequent censure of medicine as it is too often practiced. There are various reasons for that attitude. A major one is that, hypnotized by the blossoming of medicine as science, we seem to have forgotten that it takes much more than data to practice the profession properly. The remarkable bond that traditionally has linked patient to physician has slackened because the essence of that bond—trust—is too often lacking. They mistrust the approach, the motives, not the science. Communications are faulty. Witness the paradox of a young physician, very bright and trained with consummate care, who fails totally in that vital role because he knows a lot of facts but very little about humanity. To quote the late Jefferson Professor Leandro Tocantins, “You cannot serve your patient until you know him and you cannot begin to know him until you serve him.” Both require an open mind broadened by the humanities, a person of both competence and culture, not a humanoid computer. Apparently, we have forgotten that the proper study of mankind is man.

Premedical curricula are a disaster in this regard, and a lot of blame must be placed on the medical colleges which set up requirements and priorities. Herein lies the aggravating role of accelerated teaching in the first two years of medical school. To cite Lewis Thomas, president of Memorial-Sloan Kettering Cancer Center, “The influence of the modern medical school on liberal-arts education in this country over the last decade has been baleful and malign.” Mortimer Adler speaks of the disappearance of culture in our colleges. The humanities are not totally ignored, but they surely are neglected. Witness the paradox of a young medical student, very bright and trained with scientific precision at a renowned center of learning, for whom humanism is a foreign concept. The attitude of the mind is decisive, and it can be distorted early by coercion, or made too narrow by limited exposure or short-sighted educators. And a narrow mind breeds egoism, arrogance and contempt. Its sense of values is distorted. It grows by what it feeds on, gross data and materialistic gain. It cannot sense what a piece of work is man; indeed, it cannot properly appreciate the true beauty in the world. There are more things in heaven and earth, Horatio, than you can feed to a computer... An open mind is essential, but not enough. You must also have a loving heart because without love there is little patience and compassion. Without love that necessary bond of trust is not established.

This is why it is so important that you have a proper perspective from the start. Learn a lot of facts and how to apply them because without those skills you will have failed completely. Make no mistake on that account. But do not live within a sanctuary. Communicate. Exchange ideas. Participate. Get to know your professors and your classmates. Diagnose and treat not just diseases but whole patients. Broaden your mind beyond the field of science. It is never too late, and certainly not now.
You may ask, "How on earth can I do all those things when I will have to spend so many hours every day learning medicine?" Not easily, surely not through leisure, but with hard work and solid dedication. It is obvious that you cannot go about it just for a lark, or haphazardly pell-mell. You must approach it under the influence of a sober plan based upon a proper understanding of the task at hand. Go to it, with vigor, determination, joy, and love in your hearts. Congratulations and good luck.

institute chief

Robert A. Goldstein, M.D. '66 has been appointed Chief of the Allergy and Clinical Immunology Branch of the National Institute of Allergy and Infectious Diseases. The Branch is a part of the Institute's Immunology, Allergic and Immunologic Diseases Program.

Dr. Goldstein will assume a broad range of responsibilities with NIAID, including administration of grants supporting the work of the Asthma and Allergic Disease Centers and the newly established NIAID Centers for Interdisciplinary Research on Immunologic Diseases. He will also be involved in other research activities and training programs in asthma, immunologic and allergic diseases.

Prior to his appointment, Dr. Goldstein served as Associate Chief of the Pulmonary Diseases Section and Chief of the Pulmonary Immunology Research Laboratory at the Washington, D.C. Veterans Administration Hospital and also as Associate Professor of Medicine at George Washington University School of Medicine, D.C. Author of many scientific publications, Dr. Goldstein's major area of research is in the immunologic aspects of sarcoidosis and other pulmonary granulomatous disorders.

Dr. Goldstein received a Ph.D. in microbiology from George Washington University in 1976.

Dr. Goldstein has served on national committees concerned with lung disease and immunology for the American Thoracic Society, the American College of Chest Physicians and the NIAID's Task Force on Asthma and Allergic Diseases. He also served as a consultant to the National Heart, Lung, and Blood Institute, the Washington Hospital Center, and the Children's Hospital of Washington. He is a Fellow in the American College of Physicians and is certified by the American Board of Internal Medicine in Pulmonary Diseases and the American Board of Allergy and Immunology.

wagner portrait

At most of the portrait presentations at Jefferson, Frederick B. Wagner, Jr., M.D. '41 provides organ accompaniment for the ceremony. Rather than helping to confer the honor, Dr. Wagner was, at the most recent ceremony last September, its recipient. Benjamin Haskell, M.D. '23, Honorary Clinical Professor of Surgery (Proctology), presided at the occasion. On behalf of the Board of Trustees, Francis J. Sweeney, Jr., M.D. '51, Vice President for Health Services and Hospital Director, accepted the portrait, the fourth work artist Molly Guion has done for Jefferson.

All speakers at the presentation agreed that paramount among Dr. Wagner's distinguished services to Jefferson was his assuming the Acting Chairmanship of the Department of Surgery for the 13 months it took to fill the Chair. When JMC Dean, William F. Kellow, M.D., asked Wagner to take temporary charge of the Department, the Dean requested that he "heal old wounds and create harmony in the Department." Dr. Kellow, who accepted the portrait on behalf of the faculty, recalled Wagner's reaction when he was offered the Chairmanship, "He was, quite simply, surprised. His response indicated that he had not anticipated being asked." The Dean said that "proud men ask to be honored, but that a man like Wagner with the comparatively rare virtue of humility receives tributes because of the real respect friends and colleagues feel for him."

From his vantage as a former Gross Professor and Chairman of Surgery, John Y. Templeton, III '41 commended Wagner on his ability to work out the administrative tangles of the Depart-
President of the Jefferson Society for Clinical Investigation.

The highlight of the ceremony came with Wagner's remarks. The preceding speakers had amply attested to the depth of his professional commitment to Jefferson. Wagner himself stressed the extent to which his personal life had been affected by his association with the institution. Foremost was the meeting of his wife on the fourth floor of the Thompson Annex. The former Jean Lockwood is a graduate of Jefferson's nursing program. Their sons, Fred III and Ted, were born at Jefferson. Wagner recalled that his mother, who attended the portrait presentation, had had ten operations at Jefferson. Saying that the occasion was a time for emotion, not intellect, Wagner took the opportunity to review feelingly the milestones of his 37 year tenure at Jefferson. His assessment of his own performance during those years seemed to confirm the Dean's comment about his modesty, "If I had known my portrait would be painted at Jefferson, I would have worked much harder to deserve it."

**duane appointment**

Thomas D. Duane, M.D., Ph.D., JMC Professor of Ophthalmology and Chairman of the Department, has been appointed to the National Advisory Eye Council. The Council is the principal consultative body to the National Eye Institute (NEI), a component of the National Institutes of Health.

Dr. Duane will advise NEI Director, Carl Kupfer, M.D., on the awarding of grants for research training related to disorders of the eye and visual system. Council members also provide guidance on program policy, planning and development.

Ophthalmologist-in-Chief at the Wills Eye Hospital, Dr. Duane graduated from Harvard University with a degree in biochemistry. His M.D. degree and an M.S. in physiology are from Northwestern University; he earned a Ph.D. in physiology from the State University of Iowa.

With research specialties in retinal and corneal physiology, Dr. Duane is also known for his broad interest in the conduct and support of eye research and its impact on clinical practice. In the early 1960's, he conducted a landmark survey of ophthalmic research in the United States.

**volunteer faculty**

The following material was prepared by William H. Baltzell, M.D. '46, a past President of the Volunteer Faculty Association and Clinical Professor of Otolaryngology at Jefferson.

The Volunteer Faculty Association of the Jefferson Medical College was founded in 1970. It was created in response to a clear need brought about by the changing make-up of the faculty. Jefferson Hospital historically had been a professors' hospital. Up until the end of World War II the professors of the college, with the exception of those in the basic sciences, were outstanding clinicians who made their living from the practice of medicine. Previously all students were taught at Jefferson. Gradually, as the number of students nearly doubled, Jefferson's affiliations with other hospitals became necessary in order to continue exposing the students to patients. With this growth the position of chairman of a department became much more complex. The position now requires the chairman's full attention, and accordingly he has to be fully paid. He also needs full time assistants and other staff. The salaries for these departmental organizations have depended upon grants and state and federal funds.

In the late spring and summer of 1970, a group of the volunteer members of the faculty met several times to discuss informally the role of the volunteers as teachers of medical students at Jefferson and affiliated hospitals. Generally this group felt they had very little access to the system, now totally controlled by the full time faculty, and that their experience as practicing clinicians
was not properly utilized in the teaching of medical students or in advising the department heads.

Accordingly on Thursday, October 29, 1970, a general meeting of the Volunteer Faculty of Jefferson and all the affiliated hospitals took place in the Thompson Annex auditorium. It is of interest to note that those present represented an accumulation of over a thousand years of individual teaching.

The agenda was broad and is worth repeating in that it reveals what needed to be done.

I. Importance of a balanced faculty.
   Economics: how much free teaching was done by the volunteers.
   Source of patients.
   Patient care.
II. Methods of increasing dialogue between fulltime and volunteer faculty.
   Representation of Volunteer Faculty at policy-making level.
   General department meetings.
   How can department chairmen be encouraged to confer with the volunteers about departmental problems.

III. The role of the volunteers in the medical school in ten years.

By the end of November a set of by-laws had been approved, and Dr. Abraham E. Rakoff '37 had been elected President with a Board of Governors representing all of the clinical departments. The Board meets monthly except for the three summer months, and general meetings are held three or four times a year. The general meetings, for the most part, have been aimed at a better understanding between the members of the Association and the fulltime faculty. At no time has there been any divisive attitude. A constant effort to improve the teaching of medical students and house staff has been our goal.

During the first year under the able direction of Dr. Rakoff, most of our efforts were directed towards establishing some formal participation of volunteer faculty within the system. This was accomplished with the help and understanding of the late President Peter A. Herbert, Dean William F. Kellow, Dr. Frank J. Sweeney and many others who realized how important it was for the volunteers to be part of the system.

Some of our members revealed themselves as remarkable parliamentarians and negotiators.

After the first year under Dr. Rakoff, it was evident that we had built a solid foundation. With Dr. Benjamin Haskell as President we were able to mount a major thrust, namely the democratic revision of the hospital bylaws. This had not been done for many years, and, in fact, they were so archaic that they were unacceptable to the Joint Accreditation Commission. Considerable negotiations resulted in five of our members being appointed to the bylaws committee, and after almost a year a new set was adopted. For the first time in many years we now have access to the system. We no longer would be ignored.

The Executive Committee of the hospital now is made up of a much more equitable number of physicians from both fulltime and volunteer faculty, and the Chairmen have advisory committees made up of volunteers and fulltime members of their departments.

During the tenure of Dr. Gerald Marks a number of issues were faced, and as he said in his final report as President, "The Association has established itself as a singularly constructive movement within the Thomas Jefferson University. The organization provided a vehicle for members to translate their anxieties, insecurities and resentments into constructive action in striking contrast to the manner in which hostility has produced divisive action in other medical schools."

In the general meeting in March, 1975, Dr. Herbut, a strong friend, pointed out there were 900 volunteer members of the faculty while there were about 200 fulltime faculty. When one considers these figures, it is quite apparent that the medical school could not survive economically without the free teaching gladly given by our colleagues. The cost of tuition would be beyond the means of anybody but the very rich.

In the past four years under the leadership of Dr. George H. Strong, Dr. Paul J. Poinsard, Dr. Joseph F. Rodgers and myself, the Association has pursued a number of issues. We have gone from confrontation to co-existence to cooperation with the fulltime faculty. The participation of our members on many committees and at meetings has contributed substantially to making Jefferson a better and stronger institution. Many problems have been solved, some have not. One of the most important difficulties yet to be overcome is that of ensuring a continual infusion of new talent into the Volunteer Faculty. It is at present almost impossible for a young physician interested in teaching to get on the staff of Jefferson Hospital unless he joins a group of other physicians already on the staff or unless he goes fulltime.

The presence of the Volunteer Faculty on various hospital and college committees is essential for the proper functioning of both institutions. Under our new President Warren P. Goldbourgh, I am sure we will continue to evaluate and solve problems important to Jefferson. As the former Dean, Dr. William A. Sodeman said when speaking at one of our meetings, "In actual fact, all really good medical schools also have an active commitment to research both in basic sciences and in clinical departments, but those schools which have strong patient oriented clinical teaching have constantly produced the best practicing physicians." This is our hope and our aim, and we will continue to pursue this goal in the future.

**model planning**

TJU's Hospital is the first medical center in the area to use a computerized model for long-range planning. Developed by Amherst Associates Inc., advisors for health care financial management, the system helps to prepare and update the Hospital's operating budget. It is also used to make financial forecasts and to adjudge areas for cost containment.

A terminal at TJU's Hospital connects to the main computer in Amherst, Massachusetts. First tried in 1975, the system gives Jefferson access to ten year forecasts for operating expenses, inpatient per diems, income statements, balance sheets, various resources and uses of funds, unit revenues and ex-
penses, and working capital requirements. A long-range breakdown on probable department expenses can also be obtained.

An especially attractive feature of the system is its ability to predict the effects of management decisions under alternative situations. It also provides financial information pertinent to Jefferson's compliance with current and anticipated governmental requirements related to long-range budgetary planning.

probing immunity

Jefferson has been awarded a research grant for over $500,000 from the National Institutes of Health for Allergy and Infectious Diseases to study immune responses using synthetic polypeptides—made from amino acids that are basic building blocks of proteins.

The project seeks to study aspects of the mechanism of immune responses and, ultimately, to discover a method of turning immune responses on or off, according to Dr. Paul H. Maurer, Chairman of the Department of Biochemistry. The principal tools of Dr. Maurer and his associates are synthetic protein-like polymers, which are simple molecules composed of a few amino acids, the building blocks of proteins. These synthetic molecules have proven to be easier to work with in immunological studies than real proteins, which are far more complex in structure.

Immunity, or immune response, is desirable when, for example, the body must resist a disease. In other situations, often when there is a transplant or a graft, an immune response is undesirable, because it causes rejection. The research by Dr. Maurer and his associates may give information about the genetic factors associated with the ability to control these reactions and eventually have them work for the patients.

"We know that the immune response is linked with the presence or absence of a certain class of genes," says Dr. Maurer. "If we could predict which people are susceptible to immunological diseases when they are very young, we might be prepared and able to treat them to prevent diseases."

Immunology has been the subject of research for several decades. Dr. Maurer's research team was among the first to obtain the evidence that genetics plays a very large role in determining immune responses. "During our studies with experimental animals, it became obvious that one of the major components responsible for the ability of a host to respond immunologically was associated with the 'genetic background of the individual'," says Dr. Maurer.

"Since these early studies with guinea pigs, we and other international investigators have contributed information which indicates that there must be at least 30 to 40 immune response genes controlling responses in the mouse, guinea pig, rat, monkey and man. These genes are dominant and they determine both the cellular and humoral immune responses."

Working with mice, the researchers found that the genes controlling immunological responses are "linked" on the chromosome with a group of genes controlling the formation of histocompatibility antigens. The normal function of these histocompatibility antigens, located on the cell's surface, is unknown, but they play an important role in the rejection of a transplanted organ. The researchers were able to determine that the ability to respond or not respond immunologically, "is linked to the nature of the major histocompatibility complex of the mouse."

"Although not all of the questions about the immune response genes work have been answered," says Dr. Maurer, "we, as well as many others, are clarifying some aspects of the gene's mechanism of action, and at the same time are uncovering many other unsolved problems in immunology."

Dr. Maurer's research in immunology has been going on for almost three decades of which 12 years have been at Jefferson. Its longevity can be attributed to the fact that the territory involved had been virtually unexplored. Says Dr. Maurer, "In an area of research which moves as rapidly as the fields of immunology, immunochemistry, and immunogenetics, surprise findings occur all the time that suggest future research."

sickle cell center

The Pennsylvania Department of Health has designated Jefferson's Cardeza Foundation as one of eastern Pennsylvania's major centers for treatment of patients with sickle cell anemia and related blood diseases. Edward R. Burk, M.D., Professor of Medicine at Jefferson, will direct the new Cardeza Foundation Sickle Cell Center. It is one of four funded by the State to treat and rehabilitate adult and child patients and to gather data on sickle cell anemia.

Dr. Burk explains that the Cardea, "as an administrative, financial and professional center for the State's sickle cell program in eastern Pennsylvania, will set up satellite centers such as the one established at Pennsylvania Hospital. We are," Burk says, "working very closely with Pennsylvania Hospital's program which will be particularly concerned with diagnostic screening and educating the public." Both the parent and satellite centers now also provide supportive services such as consultation and liaison with appropriate school or employee personnel, public health nursing and psychosocial counselling. These services are also offered to patients under the care of other physicians and hospitals.

new affiliate

Elwyn Institutes in suburban Philadelphia and Jefferson have approved an affiliation agreement in order to coordinate activities and provide improved related services for the handicapped and training for health professionals. Elwyn is a nationally known institution which offers innovative care for the handicapped.

Although both institutions will remain autonomous the Presidents, Dr. Lewis W. Bluemle, Jr., and Dr. Gerald R. Clark, indicated they would appoint an Advisory Committee to consider joint action and seek grants and support for the programs. Dr. Clark or his designate may hold a faculty appointment at Jefferson; similarly Dr. Bluemle or his designate may be appointed to the Elwyn staff.
The diagnostic process has become increasingly dependent on technology. X-rays have extended the diagnostician’s range of vision—allowing him to see into the patient. But there are limitations to “X-ray vision.” Ultrasound is among the diagnostic procedures developed to meet those limitations. Essentially, this technology, used clinically for the past fifteen years, enables the physician to look into his patient through the medium of sound.

The principle of using reflected sound waves to make an image was first applied to pinpoint submarines during the last World War. American industries then adopted sonar techniques to detect flaws in materials. Recently, for instance, an ultrasonic probe examined the welds of the Alaskan pipeline for weaknesses. Diagnostic ultrasound is an outgrowth of the industrial flaw detector. The first machines commercially available for clinical use in the early sixties were designed to examine the brain and heart. The markedly successful applications of ultrasound as a probe for the abdomen and during pregnancy soon followed. Because the technique is non-irradiating and non-invasive, it is particularly suited to intrauterine exploration. Within the past ten years, ultrasonic technology has developed rapidly.

Carefully approaching the new technology, Jefferson acquired its equipment piecemeal. The mode of acquisition influenced the way the equipment was distributed; pieces were “fitted in” as they were acquired. When it became apparent that the technology represented an essential diagnostic adjunct, Jefferson moved to consolidate its resources into a Division of the Department of Radiology. I was appointed to direct the consolidation and to head the new Division, which was established in February of 1977. Currently, the Division employs 16 people—five physicians, six technologists, four support personnel and a video director. A physicist and an anatomist work part-time.

One advantage to overseeing the opening of a Division is the opportunity to design facilities such that the layout reflects the needs of patients and staff. The new Division located on the Fifth
Floor of the Curtis Building, 1015 Walnut Street, extends over 5,000 square feet. Its design represents an attempt to anticipate and accommodate traffic patterns. A broad central registration desk separates out-patients from in-patients. On the out-patient side of the registration desk is a bank of dressing rooms. The corresponding area on the in-patient side has been left open so there is room for stretchers and wheelchairs. Most of the eight examination suites, equipped with the most advanced ultrasonic equipment, are located off a hallway that runs behind the central desk. An alcove in the hallway provides a reading area where photographs of ultrasonic images can be viewed against back-lighting in much the way X-rays are traditionally read. An office for the ultrasonic technicians or “sonographers” completes the clinical facilities which are the most comprehensive in the Philadelphia area.

The move towards consolidation was prompted by a desire to provide better patient care more efficiently. Within one year of operation, the number of patients using Ultrasound has more than doubled. Approximately one third of the Division’s examinations involve obstetrical patients. The frequency with which the procedure is performed in conjunction with pregnancy reflects the general agreement that obstetrical probes should be non-irradiating. A patient is next most likely to come to the Division of Ultrasound for an abdominal examination.

Each of the eight examining rooms contains ultrasonic equipment adapted for particular diagnostic needs. Equipment is specialized to probe the heart, vessels, thyroid and breast as well as to perform aspiration-biopsy techniques, general purpose abdominal scanning, and obstetrical and gynecological examinations.

All procedures operate on the principle that structures with significantly different acoustic impedances will be delineated. The differential reflection rates of tissue interfaces enable, then, an image to be made from sound waves. Most examinations performed in the Division use the B-mode technique. A transducer, which usually looks something like a small microphone, emits short pulses of ultrasonic energy. The energy is reflected at discontinuities in acoustic impedance and converted by the transducer back into electrical impulses. To obtain a cross-sectional view or echogram, the transducer is moved across the body in a single plane. The resultant echogram displays a view at right angles to the plane of the scan. In other words, a transducer applied to the mid-abdominal line produces a cross-sectional view such that the visual focal plane appears to be at the side of the body.

In addition, the Division has equipment capable of all imaging modalities including A-mode, M-mode and Doppler. The A-mode (amplitude modulation) records information as spikes; it is used principally for brain scans. The M-mode refers to the capability of translating the reflected sound image to information that can be recorded continuously on a strip chart like an electrocardiogram.

When a moving interface reflects ultrasonic energy, the frequency of the reflected energy alters in proportion to the velocity of the interface. Doppler imaging, as the technique is called, enables only that energy with a changed frequency to be recorded; hence an image of the moving interface is produced. Fetal heart motion can be represented through Doppler imaging as well as the flow in blood vessels. Arterial occlusion can thereby be detected.

Two of the examining rooms in the clinical area contain advanced research equipment not available anywhere else in this country. Their resolution capabilities approximate one millimeter in terms of delineating structures. One room is devoted to the octoson, an automated ultrasound machine from Australia. The other room contains a prototype “real-time” machine.

Instead of needing a sonographer or technician to manipulate the transducers, the octoson’s transducers are programmed to move in water beneath the patient who is lying on a membrane like a water bed. Almost all commercial ultrasonic equipment works on the principle of contact coupling as opposed to the water coupling method of the octoson. The latter provides better resolution.

The real-time machine is also distinguished by its capability for high resolution. It is to ultrasound what fluoroscopy is to X-ray technology. The real-time machine images two-dimensional movement.

The Division has recently received a contract of approximately $450,000 from the National Cancer Institute to evaluate the use of high resolution ultrasonic equipment for the diagnosis of breast masses. It is hoped that ultrasound will limit the use of X-ray mammography for screening breast masses. Preliminary work has shown its feasibility in the differentiation of cystic masses as small as three millimeters in diameter. The ongoing project will attempt to detect small tumors.

Much of the Division’s research is carried on in cooperation with other departments within the Hospital. Stanton N. Smullens, M.D. ’61 and Jerome J. Vernick, M.D. ’62, both of the Department of Surgery, are engaged in testing how well advanced ultrasonic equipment depicts cholesterol plaque within the carotid artery. Paul Walinsky, M.D., Department of Medicine, and Edmond J. Sacks, M.D., Department of Pediatrics, are cooperatively exploring the diagnostic potentialities of echocardiography.

Obstetrical and perineonatological research is being conducted in cooperation with Ronald J. Wapner, M.D., Department of Obstetrics and Gynecology. Statistics are being compiled on intrauterine volumes, including those of the fetus, placenta and amniotic fluid. The Division has recently acquired a computer which will help to amass the data on fetal volumes. The computer is also being used to measure organ volumes and cardiac structures.

Because the Division functions as the diagnostic ultrasound center for Philadelphia’s Maternal Infant Care Program, there is much opportunity to accumulate data on factors correlated with intrauterine growth retardation. Another of the Division’s cooperative research efforts centers on the evaluation of intracranial abnormalities in newborns; such work is carried on in conjunction with Gary G. Carpenter, M.D. ’60, Department of Pediatrics, and Leonard J. Graziani, M.D. ’55, Depart-
ments of Pediatrics and Neurology.

Within the Division, future research interests focus on the development of endoscopy techniques. In order to evaluate organs situated deep in the pelvis and mediastinum, endoscopy involves the placement of transducers within the body.

Finally, among the Division's most experimental research projects is the investigation of ultrasonic color imaging. Looking at various absorption properties and the attenuation of sound beams and displaying those in color facilitates a better understanding of the ultrasonic characteristics of tissue. With such understanding may come the ability more accurately to produce images.

Although the Division is strong in research as well as patient care, its educational program is unsurpassed in the country. When the Hospital's ultrasound facilities were brought together, the consolidation of secretarial, technical and administrative personnel enabled the equipment to be run more efficiently. The increased efficiency and the doubling of patient use have made expenditures for specialized equipment possible. That equipment in turn has contributed to the effectiveness of the Division's educational program.

To date, Jefferson's Division is the recipient of the only federally funded contract for ultrasound education. Jefferson competed with over 50 applicants for the award. The original two-year, $780,000 contract from the Veterans Administration and the National Science Foundation has since been extended.

The educational facilities are adjacent to the clinical area. The arrangement keeps the educational activities distinct from the high traffic patterns of the patient care area.

Throughout the year, physicians and technologists can take a series of courses, which last from one week to a year. The longer programs are one year Fellowships for physicians who are Board certified or eligible, usually in radiology. The one year technology training program prepares the technologist (sonographer) to take a certification examination. The technologist usually has had a paramedical background in such areas as radiology, nuclear medicine or nursing. Both of these courses of study entail attending an extensive series of lectures as well as acquiring practical experience. Among the subjects studied are physics and anatomy.

A preceptor program lasting one month accepts three physicians each month. Physicians who cannot spend a large block of time away from their work, but who still wish to acquire expertise in ultrasound can attend selected week programs over the course of a year. The only formal advertising is through announcements in professional journals since there is a waiting list for all programs. Physicians usually sign up for them a year in advance.

The present series of one week courses includes a basic introduction and advanced units on the abdomen and on echocardiography. For another one week course, an anatomist correlates specially prepared cross-sectional cadaver specimens with ultrasound and computerized tomography images. Class sizes are held to less than 20 in order to provide an informal, intimate atmosphere. Invited speakers and students from all over the world have participated in these programs.

The space devoted to education in the Diagnostic Ultrasound Facility has been arranged so that there are two conference rooms. A large classroom holds up to 40 individuals; the other, smaller room accommodates 20 people. An audio-
visual center with video cameras and recorders is situated between the two classrooms. The educational programs rely heavily on audio-visual materials. All speakers are videotaped, and procedures performed in any of the diagnostic rooms can also be recorded. As a result, the Division's library contains over 800 hours of tapes, covering subjects by ultrasonic lecturers from all over the world. It is the most extensive ultrasonic tape library available anywhere.

The second smaller classroom functions as a physics and anatomy laboratory. Joseph Rose, Ph.D, Professor of Engineering in Ultrasound from Drexel University, provides a weekly series of lectures and laboratories on ultrasonic physics and engineering. The laboratories emphasize practical experience. Physicians and technologists, for instance, make transducers and other electronic components to become more familiar with equipment. The anatomist, Carson Schneck, M.D., also participates on a weekly basis. He uses both cadavers and specially prepared cross-sectional specimens. These plastic encased specimens are available for viewing at all times in the facilities.

A library within the Division contains all books and journals pertaining to ultrasound as well as the videotape collection. Duplicate sets of the printed material circulate. Reprints, which can be signed out, are continuously updated to keep abreast of advances. An extensive teaching file, also kept current, is available for perusal. Carrels enable individuals to screen videotapes and slides on a 24 hour basis; special accommodations are made for those who want to view at night or on weekends.

The Division's educational endeavors depend upon the extensive reference materials. At any one time, the technology training program enrolls 12 students. Six students are accepted every six months so that there are always junior and senior students in each program. The juniors take a strenuous didactic course. Seniors concentrate on acquiring practical experience by working alongside the staff's six highly skilled sonographers. The educational coordinator for the sonographers, Ms. Sandy Hagen-Ansert, is President-elect of the national Ultrasound Technologist Society; she also edits their journal. The number of applicants to the program is exceedingly high; less than ten percent are accepted.

Admission to the one year Fellowship program with its two openings is also highly competitive. Applications come from all over the country and even the world. Those accepted must have completed a residency program, usually in radiology. The prospective Fellows are evaluated on many factors including their research and diagnostic capabilities.

After operating for a year and a half, the Division has the largest educational program in the country. The quality of that effort depends upon the Division's strong clinical care and research facilities which were considerably strengthened through the process of consolidation. Having already expanded more quickly than anticipated, Jefferson's Diagnostic Ultrasound Facility will need the additional space that its projected relocation entails. Within a few years, the Division will probably move nearer to the Department of Radiology. Tentative plans place Ultrasound in Thompson near a ramp that will lead straight to the new Hospital's X-ray facilities. Such planning for the Division's future should enable it to accommodate the rapidly developing technology of ultrasound.
The sign says “W. M. Anderson.” Elevated above nondescript factory buildings, the name is visible to drivers crossing the South Street Bridge from West Philadelphia to Center City. Natives of the City might associate the Andersons with the plumbing, heating and air-conditioning services the family has provided since the beginning of the century, but few people would connect “W. M. Anderson” with the hospital the man founded fifty years ago in the Wynnefield section of the City. In fact, Children’s Heart Hospital—the most unusual of Jefferson’s affiliates—would probably have developed a more accurate image if it had been named for its founder instead of its original function.

Contrary to the expectations its name provokes, Children’s Heart Hospital is neither an adjunct of Children’s Hospital of Philadelphia nor a facility for cardiac patients.

Fifty years ago when Anderson built the hospital, the medical profession could only prescribe bed rest for children suffering from recurrent attacks of
rheumatic fever and its debilitating complication—rheumatic heart disease; Children's Heart Hospital was a place where children went to get that rest and to recover very slowly. With the advent of antibiotic therapy in the 1940's, the sequelae of streptococcal infections, i.e., rheumatic fever and rheumatic heart disease, were significantly decreased. As the condition the hospital was designed to treat grew rare, the Heart Hospital began to admit children with a variety of chronic illnesses. Ironically, the very medical and technological expertise that deprived the institution of its identity as a pediatric Heart Hospital has helped to uncover and define a new population of patients. The increasing effectiveness of treatment for acute conditions through, for instance, antibiotics has helped more sharply to differentiate between acutely and chronically ill patients. The latter simply do not get well despite our impressive pharmacological and surgical resources. We may not know enough yet markedly to help these patients, or what we do know may indicate that the condition can be controlled, not cured.

Herbert C. Mansmann, Jr., M.D. '51, Professor of Pediatrics and Associate Professor of Medicine, is sensitive to the winnowing out process that has, especially during the last two decades, left a well-defined residue of the chronically ill for the medical profession to confront. As Director of the Division of Allergy and Clinical Immunology, Dr. Mansmann's long standing interest in asthma has not only made him aware of problems peculiar to the chronically ill child, but also helped him to evolve a framework for dealing with these problems. Mansmann, CHH's first Medical Director after affiliation, stresses especially the need for a multidisciplinary approach to care of the chronically ill patient. Another former Medical Director, Stephen J. McGeady, M.D., Assistant Professor of Pediatrics, analyzes the predicament which necessitates the mustering of different specialists to care for the child with a long term illness. "These children are among the most disadvantaged members of our society. On account of their illnesses, their education, self-image, familial and peer inter-

of the chronic care patient, then the affiliation will enable Jefferson to train people to meet those needs." Another member of the Pediatrics Department who envisioned the CHH affiliation as an opportunity for Jefferson to acclimate future physicians to the needs of a growing contingent of patients is Chairman Robert L. Brent, M.D., Ph.D. Dr. Brent, who directs the Stein Research Center and holds three appointments at Jefferson as Professor of Pediatrics, Radiology and Anatomy, credits Mansmann for engineering the affiliation. Mansmann, in turn, feels that Brent's support was critical to the amicable working out of the affiliation agreement. Brent recollects that Mr. James Anderson, the son of the founder, apprised all medical schools in Philadelphia of the opportunity for affiliation. Brent attributes Anderson's choice of Jefferson to Mansmann's well crafted proposal.

The affiliation with CHH is legally a much more binding relationship than that existing with any other Jefferson affiliate. Because CHH's Board of Trustees is a subset of the TJU Board, Children's Heart functions more as a part of, rather than an adjunct to, Jefferson. Hospital Administrator, Gail Sweitzer, reports to TJU’s Vice President for Health Services, Frank J. Sweeney, Jr., M.D. '51, and JMC’s Department of Pediatrics recommends CHH staff members for academic appointments.

Despite CHH's administrative subordination to Jefferson, the Department of Pediatrics is not the only source of referral to the tertiary care facility. Both Mansmann and Brent agree that parents and physicians ought to be encouraged to consider the facility as a regional center for care of chronically ill children. One advantage Brent feels CHH has over the only other similar facility in the area is its proximity to sources of referral. Children's Hospital of Philadelphia sends patients requiring extended care to Seashore House in Atlantic City. Pointing out that patients in Philadelphia hospitals are most likely to be residents of the area, Brent speculates that parents, given a choice, generally prefer to keep children within a reasonable distance for visits. Moreover, the concept, fashionable decades ago, of exposing ailing children to sea or mountain air has been superseded by the currently perceived need to treat children within the context of their families.

CHH's antecedents date to a time when "country air" represented one of the few courses of treatment available for the chronically ill child. In 1922 Miss Anne Thompson offered her cottage in Devon to be used through the summer and early fall "for convalescent care of children suffering with heart disease." Initially, Miss Thompson had planned to provide general convalescent care at Little White Cottage, but her neighbor in Villanova, William D. Stroud, M.D., persuaded her to take heart patients. Reflecting the attitude of
the time towards children suffering from rheumatic heart disease, Miss Thompson did not want such patients for fear they would die. Dr. Stroud, a cardiologist, assured her that his nearby residence would enable him to provide the medical care that would make the children's dying unlikely.

Associate Administrator, Jeanne Armstrong, whose long tenure with CHH has made her the institution's historian, refers to that first summer as "the Little White Cottage days." Photographs show the children in any number of decorous poses—in Red Cross outfits the girls knit in a semicircle on the large porch; the boys though holding wooden rifles are seated. Their postures, in part reflections of heroic images associated with World War I, are remarkably restrained when compared to the energy and intensity that animate all but the sickest of CHH's present patients. Perhaps the restraint and orderliness reflect constant admonitions to the children to be still since the only treatment for rheumatic fever and its aftereffects was bed rest.

Thank-you letters written to Miss Thompson the following Christmas indicate that the children were aware of their precarious existence. One eleven year old girl wrote, "If I live till next summer, I am going to plant beans and flowers." Her matter-of-fact sense of her own fragility must to some extent have been a function of how she was trained to look at herself. Since medicine could do so little for her—to ward off subsequent attacks of rheumatic fever or such dire complications as pneumonia—she and the other letter writers seem to be imbued with a kind of "wait and see" fatalism rare in U.S. children 50 years later.

It may be too that the docile poses of the children in the pictures were selected by the photographer to confirm the culture's notion of how the stricken child appears. Certainly the kinds of toys given the children presuppose the curtailed movement of the frail invalid. Cases at CHH contain dolls that look as if they've been handled by fingers too infirm or too restrained to pull off limbs or rend and soil clothing. Indeed, it is difficult to imagine today's children playing for very long with dolls made of bisque porcelain or papier-mache. The old dolls, including some meritng display in a museum, are locked away in favor of toys that engage the senses. Mobiles bob and dangle above infants and toddlers in their beds. Older children have crafts and recreational therapies to occupy them when they are not engaged in school work. The modern accent is on stimulation and active involvement in contrast to the more passive fantasizing the old dolls must have provoked.

Decor reflects our changing attitudes about the environment appropriate to the chronic care patient. The wards still exhibit pastel pinks and greens, but the whole look of the hospital has been changing during the latter part of the past summer. Bold graphics in energizing yellows, reds and oranges are being applied to walls painted off-white. The child is much less likely to get from that decor a sense of institutional blandness which older color schemes encourage.

Presiding over the redecoration and partial renovation is Administrator Gail Sweitzer. Attractive, knowledgeable and forthright, Ms. Sweitzer could serve as a model for the post-liberation business woman; with an M.B.A. from Boston University, she seems to be able to manage people without growing uncomfortable over the intricate dynamics of assertion. Her style calls for a sense of conviction without stridency. Formerly Director of Patient and Volunteer Services at Jefferson, she is familiar with the effects of decor on patient attitudes. While at Jefferson, she participated in studies that correlated patient reactions to hospitalization with the vintage and quality of their environment. She found that although all patients ate the same food, those staying in better quarters rated the food more highly than did other diners. Aware of the effects of surroundings from her previous work, she is trying to create an environment at CHH which emphasizes "wellness" instead of illness.

Physicians, nurses and staff wear, for
instance, street clothes. Ms. Sweitzer explains that the children's drawings indicate that they prefer their nurses to wear white with the traditional peaked hat. The more a nurse looks like a nurse, the more a patient can feel like a patient with the sick person's traditional prerogatives, but for the chronically ill child those prerogatives can evolve into a way of life with the child feeling that others must minister to him. That paralyzing sense of dependency comes from being subjugated by an illness. Hence, the basic goal of treatment at CHH is to induce the child to feel in control of his illness. The control gives the child a sense of autonomy which enables him to confront and to manage his own illness as well as other problems in his life. The image of the child discussing the ramifications of his condition in group therapy or learning how or when to administer his own medication contrasts vividly with that of the children quietly waiting to get better at Little White Cottage.

Many things account for the change. Foremost are the medical discoveries that make bed rest an obsolete mode of treatment for most chronic conditions. Then there is our valuing of sensory stimulation and activity as essential to a child's development. With effects almost as far reaching as our increased scientific knowledge and altered conceptions of childhood is the evolution of health care delivery systems into big business. Anderson's Heart Hospital of the late '20's was like a family business; delivering multidisciplinary treatment is more akin to a corporate enterprise. Affiliation with Jefferson brought that corporate dimension to Children's Heart Hospital.

According to Mrs. Armstrong's recollections, William Anderson ran the hospital on the principles that made his business successful. The same Dr. Stroud who urged Miss Thompson to take in heart patients at Little White Cottage persuaded Mr. Anderson to take on her activities more conclusively by founding a heart hospital. Joseph Sailer, M.D., an internist, also helped to convince Anderson to build the facility. Instead of courting the potentially whimsical support of the wealthy by en-
listing them as trustees, Anderson chose self-made men like himself who could deliver a service to the hospital instead of financing it. Mrs. Armstrong gives a concrete example of the Anderson approach to hospital finance and administration. Myron Jacoby, Esq. explained to her that Anderson invited him to lunch and proposed that Jacoby handle legal matters associated with Anderson’s Company with the proviso that Jacoby volunteer his services to CHH. Given the proliferation of paper work to comply with governmental rules and regulations, to accommodate third party payment plans and to practice defensive medicine, it is inconceivable that an institution, even one as small as CHH with its 65 pediatric beds, could be run today by volunteer businessmen like Anderson.

Even more to the point is the extent of services necessary to treat adequately a chronically ill child. Fifty years ago when the children lay in bed awaiting their recoveries, few resources were needed. The Ladies’ Auxiliary—a small but committed group organized by Anderson’s daughter—helped to finance many acquisitions, and friends of the family provided additions to the original building. By the late ’50s rheumatic fever brought fewer and fewer children to the hospital. In the next decade, the hospital increasingly admitted patients whose treatment required an ever growing constellation of services. The affiliation with Jefferson in 1970 assured that the hospital would have the modern managerial and clinical expertise to provide those services.

Admitting the most patients to CHH is the Pulmonary Medicine and Allergy Program directed by Dr. Mansmann. It is in many ways the most important program at the hospital because it has served as a model for approaches to other chronic conditions. The article by Dr. Mansmann on page 20 discusses the allergy program in conjunction with the development of the Division at Jefferson. Dr. Mansmann supervises five Fellows pursuing studies in the field of pediatric allergy, clinical immunology and pulmonary diseases. They are all currently pediatricians. That subspecialty training program is much enriched by ready access to the comparatively rare group of patients at CHH, and the patients, mostly asthmatics, provide the Fellows with unusual opportunities for clinical research. Equipment at CHH facilitating that research is the Automated Pulmonary Function Lab; a phone hook-up to the Pediatric Allergy Office at Jefferson allows data on breathing patterns collected at Jefferson to be transferred to CHH for analysis.

Another program at CHH makes use of the Pulmonary Function Lab. Patients are admitted under the diagnosis of metabolic dysfunction, but the staff refer to the Program as Obesity Control. Currently, the staff are setting up a research protocol to study the pulmonary functions of this group of children. Their obesity is exogenous—meaning that the condition arises from overeating.

Ora R. Smith, M.D., Acting Medical Director at CHH since Dr. McGeady’s resignation effective last July, is Director of the Obesity Control Program. Clinical Associate Professor of Psychiatry and Human Behavior (Child Psychiatry) and Assistant Professor of Pediatrics at Jefferson, Dr. Smith explains that the Program began with a few isolated cases of overweight children being treated for orthopaedic problems such as bowed

Therapist working with children in the Infant Stimulation Program.
legs. The condition would recur if the child did not lose weight. From attempts to help these children, Dr. Smith realized that a group of children would be able to support one another and thereby provide an environment for more effective treatment. The hospitalization experience acknowledges obesity as a serious illness—one in which the child is "too sick" to be at home where the problem started.

How crippling that condition is to a child is evident from the behavior of a few of Dr. Smith's patients upon admission. Some children could not tie their shoes or even see their feet. A few could not get into their beds at night without the assistance of stools. Some of the children had, on account of their condition, not attended school for three and four years. Hospitalization helps to separate the children from families who have allowed them to become obese.

Dr. Smith observes that the children have extreme dependency problems. Generally, they receive more visits and phone calls from their parents than do other children in the hospital. One mother, for instance, travelled a considerable distance each evening so that she could prepare her child's clothes for the next day.

As important as eating habits to the development of the condition, is the child's resistance to activity. Again, something in his relationships with his family encourages the child to be sedentary. Because the parents do not support the child's going outdoors, he is not experienced at play and not competitive. He knows that he is more likely to get hurt if he does play, and a fall will hurt him more than it would a normal-sized child. The overweight child usually looks older than his age but behaves immaturly; consequently both peers and adults place inappropriate expectations on him, thereby increasing his feelings of inadequacy.

At CHH treatment focuses on motivation. If a five year old expresses a desire to run, then weight reduction has meaning in his world as a way of achieving this objective. Behavioral modification techniques are used as are group, individual and family therapies. The emphasis in treatment of the obese child as with the asthmatic and diabetic is on acceptance and future mastery or control of the condition.

Juvenile diabetics are admitted and supervised under the auspices of the General Pediatrics Program, which acts as an umbrella to the other care programs (see boxed insert) by providing general pediatric supervision to all patients. Also, children whose diagnoses do not fit the other clinical categories are assigned directly to this program. Included, for instance, are children diagnosed as "failure to thrive." These patients, usually infants, fail to achieve the normal developmental milestones. Generally, they do not receive adequate care and stimulation at home. To treat these children as well as other young patients whose prolonged hospitalization has interfered with normal development, the staff at CHH have devised an Infant Stimulation and Early Intervention Program.

Infant stimulation represents an attempt to provide formally the sensorial diversions that normal parenting gives the child. If a child does not receive at the outset of his life the usual complement of environmental stimuli, his subsequent development will, according to most current theorists, be abnormal. Children with a developmental age of

![Preschoolers play with as well as listen to staff during story hour.](image)
two or under are candidates for the Infant Stimulation Program. To a lay observer who knows little or nothing of the concepts or terminology of developmental psychology, the staff engaging in infant stimulation appear, quite simply, to be loving and caring for the children the way most parents do. For instance, one morning late last July, a physical therapist and a student in that field were cuddling, talking to and playing with five babies—four of them victims of child abuse. Of those four, three had brain damage and one a broken femur.

There are sexually as well as physically abused children at CHH; both types of exogenous trauma cases are also under the jurisdiction of the General Pediatrics Program. With the closing of Philadelphia General Hospital, the City’s crisis services have relocated to Jefferson and Presbyterian Hospitals. The staff at CHH are trying to arrange for some children brought to TJU’s Emergency Room to be admitted directly to CHH. Otherwise, the child stays for awhile on Jefferson’s pediatrics unit (whose acute care orientation is inappropriate for treatment of sexually abused children). Also, the staff at CHH simply wish to minimize disruptions in the child’s environment.

The current development of such a procedure for direct admission suggests the ways in which the affiliates accommodate one another for better patient care. In exchange for clinical and administrative expertise, Jefferson gains from its arrangement with CHH unusual research and educational opportunities. With a patient population much more stable than that of an acute care facility, CHH provides a good setting for research projects because the patients can be observed over time. Dr. McGeady, who resigned as Medical Director to pursue a project funded by an NIH grant, explains that the potentiality for research at CHH attracted him to Jefferson. His work on mechanisms regulating the production of the antibody IgE is further discussed by Dr. Mansmann on page 24.

Medical students too avail themselves of the research opportunities at CHH. During his senior year at Jefferson, Eric D. Glasofer, Ph.D., M.D. ’78 elected Mansmann’s course on pediatric allergy. Because of his background in pharmacology—he received his Ph.D. from Jefferson in 1975—Dr. Glasofer became interested in designing protocols for investigating interactions of drugs used in combination. A first year resident in pediatrics at Jefferson, he emphasizes that the children at CHH are on set therapies so that they would be taking the drugs even if he were not studying them.

In addition to giving students like Glasofer a chance to explore research interests, CHH provides valuable clinical experience to medical students and residents. During their junior year, medical students may choose to spend several afternoons at CHH in conjunction with their psychiatry clerkships. The fact that the assignment is among the first chosen by juniors indicates how students value the experience. One student especially glad to have had the opportunity is Diana Brown. Commenting on the multidisciplinary approach to the patient’s condition, she explains that the experience gave her “a feel for conference procedures—what it’s like to work with a medical team in which each member’s opinion is considered equally valuable.” She maintains that interacting with the staff at CHH gave her the sense of “working with a group of colleagues” which was like no other experience she had during her first year in a clinical setting. Her intensive therapy sessions with a child there have encouraged her to consider psychiatry as a specialty. She regrets that more students do not have the chance to observe how the staff contend with problems peculiar to the chronically ill child. In fact, this fall, students doing pediatric as well as psychiatry clerkships will have the option of going to CHH.

Seniors choosing an elective with Dr. Mansmann in pediatric allergy and clinical immunology accompany him to CHH in order to see his patients and to attend conferences on those children. A first year resident in pediatrics at Jefferson, Loretta D. Bonanni, M.D. ’78 explains that her senior year experience at CHH gave her important information on the treatment of chronically ill children. “I learned,” she says, “where my future referrals will lead. I am interested in neonatology and realize that I will have to recommend chronic care facilities for some infants.” Dr. Bonanni is quite enthusiastic about the attitudes the staff at CHH have towards their work. “They really care for those children; there’s no sense of weariness or impatience; the accent is on trying.” From the vantage of two years of clinical assignments in several area hospitals, she remarks especially on the staff’s compassion. She speculates that they have the time to develop feeling for the children and that rapport, rare in acute care facilities, is among the satisfactions the job brings. In effect, the chance to develop relationships with patients offsets the obvious disadvantage of work with the chronically ill—a dearth of the substantial recoveries which give acute care specialists a sense of accomplishment.

Sno White, M.D. ’76, a third year resident in pediatrics at Jefferson, emphasizes the benefits derived from observing children in an environment similar to their homes. All of Jefferson’s pediatric residents spend two months at Children’s Heart during their second year. Dr. White explains that seeing children outside the highly artificial atmosphere of an acute care hospital showed her how difficult it is to gain the child’s compliance. “When I write prescriptions or give instructions, I assume they will be followed, but at Children’s Heart I realized that kids are likely to ignore or forget injunctions associated with their illnesses. I gained,” she adds, “insight into the differences between a medical perspective and the child’s world.”

One of the most important facets of the resident’s training at CHH focuses on the psychiatric therapy and evaluation he does with one child. Dr. Smith, who supervises this phase of training, explains that it is designed “to enhance the resident’s role as a primary care physician.” From the therapeutic and personal relationship established with a child, the resident learns what such conditions as a fracture mean to the child—how he reacts to immobilization and absence from home. The therapy sessions give the resident a chance to see medical conditions from the patient’s point of view and thereby counteract the tendency, encouraged by the
comparatively rapid patient turnovers in acute care facilities, of divorcing the illness from the patient's experiencing of it. Dr. McGeady points out that the psychiatry training also helps "residents to come to grips with their own conflicts over dealings with patients and families." Such encounters are particularly good preparation for private practice. Finally, with this pediatric experience, the residents get an opportunity to function in the role of consultant to the five allergy Fellows working with CHH's asthmatic patients.

The opportunities for those in training programs to function as consultants may be dramatically extended as Children's Heart works out a relationship with two organizations leasing part of CHH's grounds off Conshohocken Avenue. The Easter Seal Society for Crippled Children and Adults has erected a 20,000 square foot rehabilitation center whose services to the handicapped include preschool education, diagnostic clinics, an information service, a summer day camp and occupational, physical and speech therapies. The facility also houses the Society's administrative headquarters for Philadelphia, Bucks, Chester, Delaware and Montgomery counties.

The Developmental Center for Autistic Children is also scheduled to move to CHH's campus at the outset of the coming year. Center Director, Bertram A. Ruttenberg, M.D., Professor of Psychiatry and Human Behavior at Jefferson, looks forward to giving lectures to Jefferson's psychiatry residents right at the facility. Dr. Ruttenberg, who has written the chapters on childhood psychoses in the New International Encyclopedia of Psychiatry, Psychology, Psychoanalysis and Neurology distinguishes between autism and childhood schizophrenia. The American Psychiatric Association's old Diagnostic and Statistical Manual of Mental Disorders makes no such distinction between the two conditions. The Center which operates on an out-patient basis treats children in both categories as well as children who cannot function in a school system's special education classes or its programs for the emotionally disturbed. Patients range in age from 4.7 to 10 years. As with CHH's chronic care patients, treatment at the Center is multidisciplinary. For children whose therapy must be individualized, one to one child care is provided, and treatment focuses on constructing a "relationship milieu setting" through training in movement, speech and sensory-integration. Patients also receive psychotherapy, formalized cognitive stimulation and music therapy. The Developmental Center for Austistic Children plans to renovate and add to the building which formerly housed CHH's social services.

That building used to be the stable for the 11.5 acre Mueller Estate that Anderson purchased for his hospital. The property has retained some resemblance to an estate's grounds. A long driveway leads through an expanse of grass and trees. One white duck and several geese congregate near the pond. A small greenhouse stands next to a large garden which furnishes most of the hospital's vegetables during the summer months.

The hospital buildings themselves are red brick, and the children have painted greetings to their parents, colorful geometric designs and stubby little trees on the windows. A visitor who missed seeing the hospital's name at the entrance would surely think the place a school and one attended by little children because of the stagecoach, teeter-totter, carousel and large turtle clustered near the former stables. Indeed, the patients are pupils too; the Philadelphia School District staffs four classrooms in the hospital, and CHH operates its own preschool for children between the ages of two and five.

Asked if the greenery around the hospital adversely affects his asthmatic patients, Dr. Mansmann shakes his head in denial and explains that the pollution in the Center City's air makes up for the pollen in the Wynnefield section. In response to the next, seemingly rhetorical question of whether the hospital's pleasant setting benefits his patients, Dr. Mansmann shrugs, "I guess the bucolic atmosphere helps parents to accept the place, and their acceptance encourages their children's adjustment." That kind of singularly unsentimental reply makes Mansmann seem like the pragmatic visionary that Anderson must have been. People who deal in chronic care for children have to have a compassionate feel for the effects of long term suffering yet possess the practical competence to mitigate it.
The Design of a Division

Ten years ago Pediatrics began specializing in allergy

by Herbert C. Mansmann, Jr., M.D. ’51

Abraham Jacobi, M.D., usually credited as the founder of American pediatrics, has observed, "Therapeutics of infancy and childhood are by no means so similar to those of the adult that the rules of the latter can simply be adapted to the former by reducing doses." In 1968 when the Department of Pediatrics established a Division of Allergy and Clinical Immunology, Jefferson Medical College formally distinguished the treatment of allergic disease in children from that of adults. This article discusses the history and function of the Division from the perspective that since allergy and immunology is a process (that is, mechanism) oriented specialty, cooperation, coordination and collaboration with organ oriented specialties must be developed and implemented.

Prior to 1968, Jefferson students learned of allergic diseases principally through the Allergy Clinic of the Department of Medicine, where infants, children and adults were seen. Jefferson alumni who trained at the Clinic may recall such clinicians as Alexander Clark, M.D., Harry Rogers, M.D., Howard C. Leopold, M.D. ’32, and more recently Frank J. Gilday, Jr., M.D. J’44. Through the years, they were mainly responsible for recruiting a very large volunteer faculty, who like themselves, taught the knowledge and techniques of allergy, while providing patient care to approximately 3,000 out-patient visits per year. Today this Clinic remains one of the largest at Jefferson, because of its conscientious, dedicated and loyal staff.

Dr. Mansmann, who returned to Jefferson in 1968 to serve as Director of the Division of Allergy and Clinical Immunology, Jefferson Medical College, and Director of Bronchial Asthma and Pulmonary Programs, Children's Heart Hospital, is Professor of Pediatrics and Associate Professor of Medicine.

During these earlier years, pediatric allergy became an acknowledged subspecialty of pediatrics. Training programs were being established and the specialty was being recognized in more medical centers. At Jefferson, Pediatrics also was undergoing major changes.

Twelve years ago the Department of Pediatrics under the Chairmanship of Robert L. Brent, M.D., Ph.D. committed resources to the development of a Pediatric Allergy and Clinical Immunology Educational Program at Jefferson Medical College. Dr. Brent’s previous years in academic pediatrics, mostly at Jefferson, led him to believe that there was a need to expand both the general pediatric and subspecialty bases of the department, in order to strengthen the Pediatric Residency Program and, thereby, enhance the educational experiences available at Jefferson in pediatrics. Both Dr. Brent’s research interest in immunology and the rapid advances in this field, as well as in allergy, made establishment of a Division of Allergy and Clinical Immunology a high priority.

Even before Brent’s appointment, it became evident that pediatric care was shifting from an in-patient to out-patient clinical service. Medical advances caused a marked decrease in severe cases of infectious diseases, as well as acute infections. Children with various handicaps, both congenital and acquired, survive, when they used to die. Hence pediatric training programs needed to acknowledge the impact of
chronic diseases on the psychological and physical growth and development of infants and children. New diagnostic, therapeutic and surgical techniques expanded knowledge about these effects, and infants and children with bronchial asthma, most with allergic and immunologic problems in addition to various physiological derangements, benefited.

Being an out-patient specialty and a chronic disease process, allergy and clinical immunology seemed to accord well with pediatrics at Jefferson. Moreover, training programs in allergy and immunology require a pediatric and/or internal medicine residency program association. Since pediatrics functions as a prerequisite for the study of allergy-immunology, the establishment of a Division strengthens the general pediatrics program. Therefore, Dr. Brent’s perceived need became an envisioned objective.

an invitation

Two paths converged at Jefferson that made the author’s invitation to return to Jefferson appealing. Dr. Brent became Chairman at the same time as Paul H. Maurer, Ph.D. was appointed Chairman of the Department of Biochemistry; both have known me for many years. Bob Brent had been a Pediatric House Officer at the Massachusetts General Hospital when I, a pediatrician, was a Fellow in Allergy in the Department of Medicine. After a year of laboratory research in immunology at New York University, I returned to my home, Pittsburgh, where I had obtained my pediatric education, to start a Research and Clinical Program at the Children’s Hospital of Pittsburgh. For five years as a half-time Senior Research Fellow in Pathology at the University of Pittsburgh, I shared laboratories with Paul Maurer, an internationally recognized immunochemist. This proximity naturally led to research collaboration and mutual respect and friendship. Our common interests made the decision to return to Jefferson in 1968 easier. Having been both a patient and a student of Harry Rogers M.D. while at Jefferson Medical College, I had some insight into the opportunity to develop an optimal educational experience for pediatrics.

phased planning

Ten years of experience gained from remodeling a long established Allergy Clinic, initiating a Fellowship Program and engaging in clinical and laboratory immunological research at the Children’s Hospital of Pittsburgh were invaluable in assessing what needed to be done at Jefferson. Starting a program without a patient base has its advantages and disadvantages. Certainly caring for previously untreated patients is easier and more personally satisfying than seeing referrals although the treatment failures of others are more challenging. Both types of patients are essential for adequate training. Nevertheless, it is very rewarding to initiate something by oneself and to observe its growth with the aide of one’s students, who subsequently become colleagues.

Since acquiring sufficient patients for education and research takes months, more time than usual was available for planning after my arrival at Jefferson. Essential to this program has been an evolving, long range plan to amass the necessary resources to maintain a specific goal. For the Division, the principal objective has been to provide a scientifically current and clinically relevant educational experience in pediatric allergy, clinical immunology and pulmonary medicine. The training program enables pediatricians with a two year, full-time commitment to acquire sufficient special knowledge and skills to function as consultants and to become certified by the American Board of Allergy and Immunology, a Conjoint Board of the American Board of Internal Medicine and the American Board of Pediatrics (ABAI). Clinical experience with allergic and immunologic disorders of adults becomes mandatory after 1981 for pediatrics oriented programs.

Fundamental to the development of this plan has been the acquisition of faculty specialists to accomplish the following tasks: (1) each must have sufficient time to analyze critically the rapidly expanding scientific data base in his area of expertise; (2) each current diagnostic and therapeutic protocol must be reviewed in light of changing knowledge and be appropriately updated; (3) a graduated level of professional supervision of patient care, as well as clinical and laboratory research projects, must be generally available; (4) appropriate physiologic evaluation procedures and specific allergic and immunologic tests must be developed.

The first phase of this Plan has almost been completed. The next section describes our most important asset, the full-time and volunteer staff. We need physicians with subspecialty training in dermatology, gastroenterology, immunology, pharmacology, psychological pediatrics and pulmonary physiology. All must be general allergists and clinical immunologists and be able to manage the allergic or the immunologic manifestations of disease in our patient population. The above subspecialties include those representing principal organ manifestations of immunologically induced tissue reactions in children; an obvious omission is otorhinolaryngology. The possible likelihood of this list expanding will be discussed under Future Plans.

professional staff

A major faculty responsibility is the emotional and intellectual growth and development of its students. All man-power needs must start there. But this is a never ending charge in a changing scientific world, because each, all of us must be students, must reach and maintain his maximal potential. Attitudes must be developed and fostered to assure optimal physician behavior. This is especially true in allergy, which is one of the reasons that preliminary training and certification in internal medicine or pediatrics is required before certification by the ABAI. It is hoped that such training will reduce the uncritical statements and claims made in the past by some allergists. Everyone in this Program must be willing to look at himself, just as Holt has in his article, “The Non-Allergist Looks at Allergy.” The ABAI was the third of 22 specialty boards to offer recertification.

Twenty-six full time Fellows have been trained in our Program since 1968. All but one was Board eligible or certified by the American Board of Pediatrics. Five were Jefferson graduates. All
but one of these young physicians had at least three years of pediatrics prior to entering the program. Seven had an additional two or more years of clinical pediatric practice experience. Nine have been certified by the ABAI as of December, 1977. Many have been able to remain active in the educational programs of the Division.

Also through the years many local physicians in training or practice have availed themselves of the opportunity to study as part-time Fellows. The Division’s associate staff has consisted of various Jefferson full-time pediatric faculty members who also carry other responsibilities. Two Fellows have become the Director of Pediatrics and Patient Services at Children’s Heart Hospital (see story page 12). Another Fellow presently is serving as Director of the Children and Youth Program at Jefferson.

Volunteer faculty play an important role in the program. Their clinical expertise brings considerable knowledge to the educational programs. Moreover, many of their most difficult patients receive consultative support at Jefferson. Some have utilized the Division’s tertiary care resources. Supporting staff such as an inhalation therapist, pediatric pulmonary function technician and clinical and research assistants add to the competence of the Division’s professional staff.

laboratories

The Division occupies 2,940 square feet on the 7th floor of the Jefferson Medical College Building. In addition to the administrative and physician offices, the area has four laboratories. The Allergy Laboratory prepares dilutions of various substances, such as house dust and ragweed pollen extracts, for testing and treatment of patients. Materials to evaluate immediate, intermediate and delayed tissue reactions need to be available so that trainees can actively participate in all aspects of this activity. This is an important part of the allergists’ and clinical immunologists’ daily patient care and research activities.

The Clinical Immunology Laboratory provides students, regardless of level, an opportunity to evaluate comprehen-

sively his patients immunologically, and also to do clinical and laboratory research. Besides the older antibody assay tests, the Laboratory is very active in the newly developed evaluations of cellular function. Such tests are especially helpful in diagnosis of immunological deficiency disease states.

Patients with pulmonary problems such as asthma, need special testing which is performed in the Pediatric Pulmonary Function Laboratory. The computerized equipment is attached to the unit at Children’s Heart Hospital. The need for such an educational resource was very eloquently described in 1964 by Rammelkamp and Chester. They described a new approach to teaching ambulatory medicine. Student rooms were placed adjacent to allergy, gastrointestinal, neuro-muscular, pharmacology, psychosomatic and pulmonary laboratories. Although this may not be always practical or fiscally sound, there is an increasing need to evaluate disease processes in a specific patient by his response to various stimuli. Such responses are then observed after pharmacologic modification. A patient with reversible obstructive airway disease is a case in point.

A chronically ill asthmatic, whose diagnosis is doubted because of previous therapeutic failures, now can have his bronchospastic disease confirmed by an almost specific test. Pulmonary function testing before and after methacholine inhalation challenge provides answers. Specific allergen inhalation provocation testing can thus be considered. The effect of treadmill exercising on the pulmonary function also can be evaluated before and after medications such as disodium cromoglycate. Tests when repeated at a later date could be used to document the success or failure of various therapeutic modalities over time. Unfortunately, the interpretation of these evaluations is complicated by the lack of data on the variation due to the natural history of the disease and by growth in children. Asthmatics studied over a one-two year stay at Children’s Heart Hospital will help provide the needed data. During their hospitalization children receive weekly evaluations of flow rates and lung volumes.

As the effect of drugs such as theophylline and beta adrenergic agents on such evaluation is very important, so is the determination of the patient’s drug serum level. Therefore, the Division has developed a Pharmacology Laboratory. Theophylline levels have recently received wide scientific support, but patient compliance and dose related response is so individualized that maximum control can rarely be achieved without adequate therapeutic drug monitoring.

educational programs

There are two types of trainees: those interested in clinical practice and those interested in academic medicine. An attempt is made to maintain a balance so that both are stimulated by the others interests. The two groups are integrated as to responsibility for patient care, teaching and clinical research, but their laboratory experiences may differ significantly. For years this has been primarily a clinical program. However with the recent move of Stephen J. McGeady, M.D. to the Immunology Laboratory the training program should be significantly enhanced.

These two pathways are basically for the full-time Fellows. Yet, the Division provides similar part-time experiences at Jefferson for medical students, residents and practicing physicians. Most of the student and resident elective time is limited to a six-eight week full-time block. Practicing physicians cannot commit this amount of time, so they come weekly for one-two years. The advantage to this latter type of experience is that they can follow patients and learn the consequences of their actions or omissions.

In the out-patient facility, separate from the above described areas, teaching is by a preceptor-student model around patient care. Office hours are primarily designed to function as diagnostic and reevaluation visits with the patient receiving routine treatments from his own physician. All patients, private and service, are seen by a team. While most of the work is performed by the trainee, he is supervised by the next physician level and the staff physician. Although this is time consuming, it is very effective and patients benefit by
Automated Pulmonary Function Lab provides analysis of breathing patterns. Data can be transferred via telephone from Jefferson’s Pediatrics Department to Children’s Heart Hospital, where lab is located.

having several physicians evaluate their problems. The medical student, pediatric resident, pediatrician Fellow and staff supervisor all bring to bear on the patient’s problem different knowledge and skills. Although some referring physicians have informed us of the weakness of this system, most complaints can be resolved and even be prevented by adequate communication with the patient and parents. As no one physician can be “on call” 100% of the time, this method also provides the patient with two or more physicians who know and can provide continuity of services. Moreover, most of our patient care procedures are highly structured and standardized to provide a marked degree of consistency.

In addition, conferences and lectures are used for instruction. Every week at Children’s Heart Hospital there is a multidisciplinary case conference involving the entire staff and two-four smaller multidisciplinary care conferences. The various allied health professionals, including the child psychiatrist, psychiatric social worker, dietitian, school teacher, nursing representative and physical therapist participate in the activities of this training program for individual patient care. Pediatric pulmonary rounds are held on the same day.

The Division is a member of the Philadelphia Pediatric Pulmonary Disease Program, which is funded by the Bureau of Maternal and Child Health Services of the Department of Health, Education and Welfare. This training program has monthly half-day conferences on various pediatric pulmonary subjects and an annual two-day conference. The next one on the role of nutrition in pediatric pulmonary patients will be hosted by this Division in the Spring 1979.

patient care programs

As would be expected, all of the previous activities affect patient care. The acute care facilities at Jefferson are fully utilized. For example, the new Immunological Laboratory tests provide an opportunity for the Division to evaluate and treat with fetal thymic epithelium transplants, children with severe combined immunodeficiency. Also, the large number of bronchial asthmatic patients requires many of Jefferson’s other resources. The outpatient offices, the Clinical Laboratories, Radiology Department and Emergency Room deliver acute care. The pediatric in-patient facility has been recently renovated to include a well-equipped intensive care unit, which provides an excellent backup for the program. But, because of the chronic nature of the diseases seen by the Division, the affiliation with the
research programs

Fellows are expected to be involved in several scientific exercises during the two years of training. Essential is the acquisition of skills necessary to evaluate adequately the literature, to review critically one’s own diagnosis and management of patients, to contribute to improved patient care and to appreciate future advances in this and related fields by being able to differentiate hard data from interpretation and speculation. Attaining these skills through clinical research is considered essential for each Fellow’s intellectual growth. Most are involved in patient care research concerning the long-term care of the asthmatic child. Active projects include mediator and allergen inhalation challenge testing before and after medication. The safety and efficacy of theophylline in children is being studied and the effect of corticosteroids on the metabolism of theophylline is being investigated by Eric D. Glaser, M.D. '78. Studies of the long-term effect of steroids on the development of cataracts and avascular necrosis are about to be published by Anthony R. Rooklin, M.D. '72. Collaboration within the Department of Ophthalmology (Edward A. Jaeger, M.D. and Scott I. Lampert, M.D.), the Department of Orthopaedic Surgery (Thomas Kain, M.D. '69 and Roshen N. Irani, M.D.) and the Department of Nuclear Medicine (Chan Park, M.D.), has resulted in these two papers.

Mrs. Pearl Herold, M.S.W., a Ph.D. graduate student at Bryn Mawr College, has just completed a collaboration project on specific short-term intervention with children who have asthma. Sylvester L. Mobley, M.D. is investigating the induction of antibodies to milk proteins in infancy. The role of zinc metabolism in asthmatic children, while on and off corticosteroids, is going to be evaluated by a nutrition graduate student, Diane Goldey, from the University of Delaware. Andrew Weinstein, M.D. is pursuing a project on the modification of patient’s behavior as measured by documented compliance in taking theophylline. Thus, it is evident that collaboration is encouraged among our staff members.

academic award

The preliminary work of Dr. McGeady resulted in an award to support advanced research in Dr. Maurer’s Department. The work focuses on IgE, an immunoglobulin antibody.

Its discovery in 1966 ushered in a new era in the understanding of most human allergic diseases. This protein was subsequently shown to fix to the surface of mast cells within human tissues. When the antibody then combined with its specific antigen, compounds known as chemical mediators were released from the mast cells, causing tissue changes that explain virtually all of the symptoms of the commonest types of human allergic diseases. In addition, it was soon shown that excessive amounts of IgE were found in the serum of people with many allergic conditions.

At Jefferson in Pediatric Allergy and Immunology, research is directed toward understanding why certain individuals make large amounts of IgE when they are exposed to what is apparently the same environment as others. There is evidence from studies in experimental animals that one class of lymphocyte, the thymus dependent or T-cell, serves to regulate the production of this immunoglobulin. If a failure to regulate IgE production appropriately can be shown to be present in allergic patients, then possibly measures to improve regulation could be taken. This mode of treatment seems plausible today. Recently, advances in the understanding of T-cell function have been greatly accelerated as the result of work done in the field of organ and tissue transplantation. Much of this improved understanding may be applicable to the treatment of human allergy.

future needs

What we look toward is essentially preventive medicine. While today’s therapy merely tries to avoid allergic reactions or to mitigate the severity of these conditions, the therapy of the future, we hope, will take away the very basis for the occurrence of such diseases.

As our patients grow into adults, it has become necessary to provide and assure
a continuity of care to these young adults at Jefferson. The Division needs an internist-allergist and clinical immunologist to advance the quality of service for these older patients. The medical students, medical residents and Fellows in this Program would also benefit from such an association. Eventually, a means of funding this part of the Program must be found.

There is also a need for an expanded inter-departmental exchange of programs. For example, pediatricians as well as allergists and clinical immunologists need to learn what they should do about routine ear, nose and throat diseases, and pediatricians and otolaryngologists should know how to diagnose and treat uncomplicated allergic or immunologic conditions. Clinical experience obtained during service rotations is encouraged by the American Board of Pediatrics, the American Board of Otolaryngology and the ABAI, with each resident or Fellow learning from the most experienced and best qualified in the supporting specialty.

Although the first decade of this Program has produced much progress, there remains much to be done to complete and maintain the Division's goals. The lack of adequate federal funds for allergy and immunology training programs has slowed the advancements, but other sources of funding to accomplish our mission should continue to be forthcoming. The Division, for instance, has just recently received an unsolicited grant of $3,000 from the Asthma Care Association of America.

Dr. Brent's idea for a Division followed by his commitment has proved timely and visionary. In August of 1978 a Task Force of the American Academy of Pediatrics issued a report on the Future of Pediatric Education. This group identified several issues at the core of current problems; one of the main concerns expressed is that: "The care provided to children with chronic handicapping conditions continues to be grossly inadequate. Although pediatricians are unequally qualified to provide this care, too many residency programs under-emphasize this aspect of pediatrics."

Such is not the case at Jefferson. The Task Force suggests that this issue "can only be addressed by commitment of talent, space, and money." The Department of Pediatrics, the Children's Heart Hospital and Jefferson's Administration have provided the Division's program with such support.

Those interested in (1) receiving a bibliography for this article, (2) reprints published by the Division of Allergy and Clinical Immunology, (3) a list of past Fellows and their locations, full and volunteer faculty and support staff and/or (4) being placed on a mailing list of Division activities, should make their request directly to the Division of Allergy and Clinical Immunology.
1910
Samuel Rich is staying at the Orthodox Jewish Home for the Aged, 1171 Towne Street, Cincinnati, Ohio.

1916
Armando G. Soltero, 1021 Tegucigalpa St., Rio Piedras, P.R., writes that he and his wife have "beautiful memories of life at Jefferson." Marrying during the summer of his junior year, they regarded themselves as "pioneers in medical marriage" because men were at that time in 1914 discouraged from marrying during school. They just celebrated their 64th wedding anniversary. They have three daughters and two sons. The eldest daughter, who holds a Ph.D. in psychology and has retired from her position as Professor at the University of Puerto Rico, was born at Jefferson the summer before her father's senior year. A son, Armando II '43, practices obstetrics and gynecology in San Juan.

1923
Walter J. Larkin, Sr., Medical Arts Building, Scranton, Pa., was awarded the Ignatian Award at the first commencement exercises held at the Robert M. Larkin Center of the Scranton Preparatory School. The Center was named for Dr. Larkin's deceased son, Robert M. Larkin, M.D. '60. The award recognizes "dedication, loyalty and concern in furthering the educational vision and ideals of St. Ignatius Loyola," the founder of the Society of Jesus, the religious order administering the Scranton Preparatory School. An ob-gyn consultant to Community Medical Center and Mid-Valley, St. Joseph's and Carbondale General Hospitals, he has another son, Walter J. Larkin, Jr. M.D. '53.

1927
John D. Phillips, 825 McGrann Blvd., Lancaster, Pa., was honored by the Lancaster City and County Medical Society for 50 years of continuous service.

1929
Mario A. Castallo, 1621 Spruce St., Philadelphia, is a medical columnist for a monthly newspaper, the Morning Wings.

Dr. Castallo has authored or co-authored five books. He recently gave a presentation on tuboplasty that was videotaped at Hahnemann Medical College.

1931
Rocco deProphetis, 820 E. 20th St., Chester, Pa., has retired from private practice. A Founding Member of the American College of Obstetricians and Gynecologists, he was Chief of obstetrics at Chester Hospital and Chief of staff at the Sacred Heart Hospital of Chester. The Medical and Dental Staff of the Crozer-Chester Medical Center honored him with the Meritorious Service Award at the Azalea Ball held at Widener College in Chester.

Edward Gipstein, 175 Parkway North, New London, Ct., is retiring from the practice of cardiology in New London after 45 years. He will continue as Chairman of the Electrocardiography Department at Lawrence Memorial Hospital where he served as Chief of staff for six years, Chairman of the Department of Medicine for 20 years and Chairman of the Heart Committee. One of his sons is an architect; the other, a multimedia artist. Of his wife's career with the Lyman Allyn Museum, Dr. Gipstein says, "She lectures all over the world. Wherever she's gone, I've been with her. It's good; she's doing her thing."

1932
William B. West, Oneida Heights, Huntington, Pa., has retired from active practice. He has been Medical Director of the Consumers' Life Insurance Company, Camp Hill, Pennsylvania.

1937
Milton H. Gordon, 16 Sokolov Street, Jerusalem, Israel, is a civil air surgeon for Israel. He represented Israel at the Aerospace Medical Association International Convention last May. He gave a paper on Organophosphate poisoning in spray pilots. He was also elected a Fellow and Vice President of the Aerospace Medical Association.

Frederick L. Weniger, 108 Franklin Ave., Pittsburgh, has retired after 27 years of practice at the Western Psychiatric Institute and Clinic in Pittsburgh. At a testimonial held in his honor, his colleagues at Western Psychiatric announced that a Lectureship would be named in his honor. A Diplomate of the American Board of Psychiatry and Neurology, he has been certified as a hospital administrator by the American Psychiatric Association. The Professor of Psychiatry at the University of Pittsburgh School of Medicine is a Life Fellow of the American Psychopathological Association.

1938
Charles J. Dougherty, 758 Cajon St., Redlands, Ca., has a biography published in the Marquis Who's Who Board in the Sixteenth Edition (1978-79) of the Who's Who in the West. He has also been selected to appear in the current edition of Personalities of the West and Midwest presented by the Editorial Board of the American Biographical Institute, a Division of Historical Preservation of America.

1939
Paul A. Kennedy, 530 El Camino Real, Burlingame, Ca., served as Guest Editor of the April 1977 Surgical Clinics of North America. The subject for the edition was Hepatic Surgery. Dr. Kennedy practices general surgery in the Burlingame area.

Louis H. Schinfeld, 510 Cedarbrook Hill Apts., Wyncote, Pa., reports that his son, Jay Scott '74, is doing a Fellowship in gynecological endocrinology and infertility at Harvard.

1946
Earl K. Sipes, 24 N. 18th St., Allentown, Pa., was elected President of the Sacred Heart Hospital medical staff. Chief of the general surgery division there, he is also on the active staffs of the Sacred Heart Hospital Medical Center and Allentown Hospital. He serves as consultant to Allentown State and Good Shepherd Rehabilitation Hospitals.

1947
S. Victor King, 515 26th St., Altoona, Pa., has been elected President of the medical staff of the Tyrone Hospital, where he is also Chief of the Orthopaedic Department.
Words for Dr. Braceland

by John C. Nemiah, M.D.

On the occasion of his retirement after 13 years as Editor of the American Journal of Psychiatry, the following letter prefaced the July Supplement or Festschrift for Francis J. Braceland, M.D. '30.

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What can one give to the Editor who has everything?
That, sir, was the question that plagued your Association as it searched for a suitable way of honoring your 13 magnificent years as the ninth Editor of our Journal. As we have watched you at work, we have discovered the virtues that have guided your editorial pen: the breadth of your knowledge and interests, which, combined with your open-minded tolerance of controversy, have made the Journal a truly balanced forum for ideas; your unerring critical sense of what is appropriate for publication; your encouragement of younger writers and your soft answer that turneth away the wrath of the rejected author; your genius for the mot juste and the apt quotation; your unfailing wit and humor that have poured oil on troubled editorial waters and nourished the loyalty of your staff. What was there left, we asked ourselves, to bestow on a man with possessions like these?

As the shadows lengthened on our disheartened deliberations, an enthusiastic voice suddenly rang out, "I have it—a Festschrift!"

The collective response was as dreary as a Boston winter: "After thirteen years of editing, the last thing in the world Frank needs is more papers."

"Hear me out," replied the protagonist. "These will be no ordinary papers. Not one of them will Frank have seen in manuscript. Not one of them will he be required to read with an editor's critical eye, to send out for review, to appraise for acceptance or rejection. All this will have been done for him in an issue of the Journal prepackaged for his personal perusal. Like any ordinary citizen-subscriber, he will be able to sink back in his favorite armchair to read and reflect, to agree or demur, and even, if he is so minded, to write a letter to the Editor. That, I submit, would be a gift unique in the annals of editordom."

The arguments were irrefutable, the problem solved. This, then, is your own special copy of the Journal, edited from title page to colophon while you were out of the office. We have tried to select a table of contents to tempt your intellectual palate. Each of these papers, written by one of your countless friends and admirers, reflects an area enriched by your work and writings as clinician, scientist, humanist, administrator, editor and admiral. Ransom Arthur weaves together the history and the nature of military psychiatry on the basis of his experiences in the Navy to which you have given such long and loyal service. William Bunney reviews the remarkable advances in biological psychiatry that have coincided with your years as Editor, and to which you have made your own significant contributions. Robert Butler discusses the problems of aging, which you have always illuminated for us with your youthful humor.

Your distinguished leadership of one of our country's foremost private mental hospitals is signaled by Robert Gibson in a paper that speaks to a major issue facing American psychiatry today—the place of private psychiatric institutions in the care of patients with chronic mental illness. David Musto's argument for the vital importance of a knowledge of psychiatry's past is underscored by the professional and scientific wisdom with which your own love and understanding of history have endowed you. Finally, Herbert Weiner applies the medical model to psychiatry in a paradox of truly Shavian proportions that should delight your never-failing appreciation of the new, the unexpected, the creative.

It will gladden your Editor's heart to know that each of these authors leapt with enthusiasm at the invitation to join in honoring you, and not one of them hesitated, not one of them grumbled when faced with the yoke of an almost impossible deadline for the submission of his contribution. Your Editorial Staff, too, has worked hard and devotedly at the innumerable technical details of preparing the manuscripts for publication. A labor of love from us all, this Festschrift brings you the boundless esteem, the heartfelt good wishes, and the deep affection of your Association, of the authors of these papers, of your Associate Editors, of your Editorial Staff, and, through all of them, of that vast family of readers of the Journal you have made preeminent.

He heads the Emergency services at Mercy Hospital in Altoona. He is Chief of Orthopaedics and Director of Physical Therapy there. A past President of the Blair County Medical Society, he is a delegate to the Pennsylvania Medical Society. A member of the Board of Directors of the Altoona YMCA and of the Executive Committee of the Southern Alleghenies Region of the American Trauma Society, he belongs to the Underwater Medical Society, the International Diving Society and Dive Med International.

1949

Gerald Marks, 130 S. 9th St., Philadelphia, moderated a panel discussion on polypsis syndromes at the annual meeting of the American College of Surgeons held in San Francisco. He is a Fellow of the College.

Carl Zenz, 2418 Root River Pkwy., West Allis, Wi., gave a paper titled "Epidemiology of Carbon Monoxide in Cardiovascular Disease in Working Groups" at a Symposium on Carbon Monoxide in Industry in Munich last October.

1950

James R. Hodge, 2975 W. Market Street, Akron, Oh., has been appointed to the Advisory Committee of the Graduate School of the University of Akron. Also appointed to the Graduate Faculty in Psychology at the Florida Institute of Technology, he is a member of the Council of Professional and Scientific Advisors of the International Graduate University with headquarters in New York City. He serves on the core faculty of the University.
Marathon Medical Man

On a Monday afternoon in 1971, Paul H. Jernstrom, M.D. '47 could barely stay awake. Because of his fatigue, he decided to leave early from the California Hospital Medical Center where the pathologist is Director of Laboratories. During the 25 mile drive to his home in Palos Verdes, just south of Los Angeles, he had to roll down the car window for fresh air to keep him awake. Later, he settled in to watch Monday Night Football; his wife, Hanne, soon roused him and suggested he sleep in bed. Two hours afterward a desire to vomit awoke him. He lost several quarts of blood, and his hemoglobin stood at eight grams. Until that evening, the hepatitis was subclinical.

During the next few days, he chose the medical over the surgical approach to his condition. The cortisone which he took for the next six months of treatment tended to make him feel depressed. He learned too that the hepatitis had reached a cirrhotic stage. Also intensifying his low spirits was his doctor's advice to return to work only on a half-time basis and to consider an early retirement. Jernstrom at 50 felt that he could not resign himself to such a restricted future, yet he wondered about the implications of such suggestions—did they mean that his physician had a fairly low estimation of his recuperative potentiality.

Two years after that portentous Monday, Jernstrom, at his wife's urging, began to take walks along the Palos Verdes Peninsula. Every morning he watched the joggers while he was out walking. Eventually he tried running a little himself. By June of 1975, he ran six miles a day, four or five days a week. Someone suggested that he enter the Palos Verdes Marathon. A long-distance race over a course 26 miles, 385 yards in length, the marathon commemorates the reputed feat of a Greek youth who ran from Marathon to Athens in 490 B.C. to bring news of victory. Jernstrom ran "on a bet" and finished in 4 hours, 10 minutes. By the following June, his time was down to 3 hours, 58 minutes. He trained harder for the next year's race; in June of 1977 he completed the Palos Verdes course in 3 hours, 28 minutes. After running another marathon two months later in Santa Monica, Jernstrom began to take his racing seriously. He decided to go to San Diego for a marathon the following January. He also wanted to get in touch with his old friend and classmate, William C. Herrick, M.D. '47, also a pathologist. "Bill Herrick," Jernstrom recalls, "greeted me enthusiastically and gave me much support for the San Diego race, which I did in 3 hours, 16 minutes." Seeing that Jernstrom could run the marathon under 3 hours, 30 minutes—the qualifying time for the Boston Marathon—Herrick suggested that his friend go to Boston. Herrick's assessment and support meant much to Jernstrom because of Herrick's familiarity with racing—he himself ran at Boston in 1969.

From January through April, Jernstrom trained vigorously for the 1978 Marathon. He covered between 60 and 70 miles per week. He got one of the many recently published books catering to the national upsurge of interest in running. The book detailed the Boston course, and Jernstrom studied it carefully, noting especially where the famed "Heartbreak Hill" figured into the route. He decided that the course didn't look difficult, and that the hills of Palos Verdes ought to prepare him for Heartbreak.

At high noon on Patriot's Day—an April holiday in Massachusetts and Maine in memory of the battles of Lexington and Concord—Paul Jernstrom at the age of 56 joined other aficionados of the sport, including world class runners, for the premier marathon event. At the starting line, Jernstrom went over his calculations. If he reached Wellesley College—the halfway mark—by 1:30, he might be able to achieve his own goal of running the marathon in three hours. He made Wellesley by 1:30. The next milestone was Heartbreak Hill which comes in at about the seventeenth mile.

"It started," Jernstrom remembers, "as a gradual incline. I was feeling good and for the first time starting to pass people. All of a sudden somebody said, 'That's the top; from now on it's all down hill.' I couldn't believe it," Jernstrom says. "I was still waiting for the hill. I really turned on then. But beginning the twenty-fourth mile, I started to cramp up. The only thought in my mind was whether I would be able to finish. I turned a corner, saw the finish line and mustered all my reserves. I was one minute over three hours so I didn't make my goal. I was, however, running as one of 700 physicians representing the American Medical Joggers' Association. Although I didn't realize it at the time, I had the best time among the doctors competing in my age group." Asked how he felt at the end of the race, Jernstrom says simply: "exhausted but thrilled."

Herrick, who wrote a preliminary account of Jernstrom's comeback for the JAB,
refers to it as the “Jernstrom phenomenon.” Having run marathons himself, Herrick explains that he is in a position to appreciate fully the magnitude of Jernstrom’s accomplishment.

Another physician who unknowingly helped Jernstrom to Boston is Kenneth Cooper. In his book, Aerobics, Cooper argues that exercise affecting the cardiovascular system, such as running, leads to an increase in capillaries so that body tissues receive more oxygen. When he read Cooper’s thesis, Jernstrom wanted to apply the principles in hope of helping his liver cells to regenerate. All his blood chemistries are now back to normal, and he, unlike others with his condition, has had no other bouts of bleeding.

When he began jogging in 1973, he had not engaged in an exercise program since college. He ran the quarter, half and mile races as well as cross country in college, but the demands of Jefferson Medical College gave him little time to pursue the sport. After medical school, he went into the navy where he contracted tuberculosis. He spent 13 months in a U.S. Naval Hospital recovering from that condition. After his discharge, he returned to Jefferson where he was eventually promoted to Associate Professor of Pathology and Associate Director of the Laboratory. He left Jefferson for California in 1958. In the interim between medical school and his illness, he may not have exercised vigorously, but he did contribute 27 articles to the medical literature of his field.

Although Jernstrom has always had an intense interest in preventive medicine, he confesses that he like so many other physicians did not altogether follow his own advice. He allowed the demands of his work to take precedence over care for his own health. His experience of reconditioning after hepatitis has strengthened his stance in favor of preventive medicine. Since 1964, on behalf of the Speakers’ Bureaus of the American Cancer Society and the American Lung Association, he has given numerous talks on the hazards of cigarette smoking.

In place of cigarettes, he can now wholeheartedly recommend the pleasures of running to his audience. It is not only that he feels better, but that he looks better to others. “Friends and colleagues claim that I’m more observant, more pleasant. I am simply more acutely attuned to my surroundings.” He stresses too the self-gratification he has gotten from running. “Despite the fact that other people think you’re crazy and that it is hard work, going out alone in the morning and doing only what you can do for yourself brings a feeling of accomplishment and success.” Every morning Dr. Jernstrom rises at four and runs nine miles before heading for his laboratories. One can only speculate on the number of miles it took to elude the prospect of curtailed work and early retirement.

Bernard V. Hyland, Jr., 314 12th Ave., Scranton, Pa., writes, “I am elated that my nephew has been accepted to Jefferson’s Class of 1982. I’m happy too that my niece is a senior in Jefferson’s Baccalaureate Nursing Program.

William J. Jacoby, Jr., has retired after 35 years with the Medical Corps of the United States Navy. When he retired, he was Commanding Officer of the Portsmouth Naval Regional Medical Center, the second largest naval medical facility in the United States. Promoted to the rank of Rear Admiral in 1972, he received the Legion of Merit medal for “exceptionally meritorious conduct in the performance of outstanding services” when he left the navy. He and his wife, Joanne, are residing at 8221 Windsor View Terrace in Potomac, Maryland. They have two children.

1951

John C. Cwik, 1024 Susquehanna St., John­ston, Pa., has been elected to the Board of Managers of the Conemaugh Valley Memorial Hospital, where he serves as Director of the Department of Anesthesiology.

Victor F. Grecco, E-Z Acres, R.D. Drums, Pa., has been elected Chairman of the Board of Trustees of the White Haven Center. He also chairs the Cancer Commission of the Luzerne County Cancer Society and serves as its principal investigator of cancer detection.

1952

Henry S. Trostle, Qtrs. #19, U.S. Naval Air Station, Pensacola, Fl., is Commanding Officer of the Naval Aerospace Medical Institute where prospective flight surgeons, aviation physiologists, experimental psychologists and other aviation-related medical specialists train to serve the fleet. Captain Trostle earned flight surgeon’s wings at his present command. His Master’s Degree in Public Health is from the University of California. A collector of beer cans, he holds 1200 different cans with another 100 cases of empty duplicates. He and his wife, Mary, have a son.

1953

Jack G. Watkins has recently opened a pediatrics practice at the Richland Clinic in the State of Washington. His address is 1335 Sunset Drive, Posser.

1954


Kayo Sunada was featured in an article for the Denver Post. He has directed the staff of the State Home and Training School in Wheat Ridge, Colorado. The patients are retarded. The article stressed the staff’s assessment of their Director as “humble and compassionate.” Born aboard a ship en route to Japan, he was designated a “non-citizen” of the United States and, consequently, had difficulty being admitted to U.S. public schools despite the fact that his family resided in Green River, Wyoming, and all the other children were citizens from birth. During World War II, he carried a card labeling him an alien. Before his acceptance by Jefferson, his application was refused by dozens of medical schools because of his alien status. He and wife, Jean, have three children.

1955

Ernest L. McKenna, Jr., 418 E. Lancaster Ave., Wayne, Pa., has been elected President of the Philadelphia Laryngological Society. Clinical Associate Professor of Otolaryngology at Jefferson, he is Chief of the Otolaryngology Service at Bryn Mawr Hospital. A Diplomat of the American Board of Otolaryngology and a member of the Triological Society and the Pennsylvania and American Academies of Otolaryngology, he has been on the medical staff at Bryn Mawr since 1959.

Richard H. Schwarz has become Professor and Chairman of the Department of Obstetrics and Gynecology at Downstate Medical Center of the State University of New York. Formerly Professor of Obstetrics and Gynecology at the University of Pennsylvania School of Medicine, Dr. Schwarz was in charge of the admissions process there from 1973-77. He has served as President of the Philadelphia Obstetrical Society, Secretary-Treasurer of the American College of Obstetricians and Gynecologists, District III, and Director of the Jerrold R. Golding Division of Fetal Medicine of the University of Pennsylvania School of Medicine. Author and co-author of over 60 publications including the recently issued Perinatal Medicine, he is President-elect of the Infectious Disease Society for Obstetrics and Gynecology as well as a member of the American Association for the Advancement of Science, the American Association of Planned Parenthood Physicians, the American Diabetes Association and the New York Academy of Science. He and his wife have four children.

1957

Donald P. Elliott, 4200 W. Conejos Pl., Denver, is Chief of surgery at St. Anthony Hospital in Denver. The cardiac surgeon recently spent several weeks in India; he vis-
ited village projects in the capacity of consultant to the Institute of Cultural Affairs of Chicago.

Charles L. Knecht, III, 7 Golf Ct., Emmaus, Pa., practices diagnostic radiology in Allentown. He is President of the Allentown Radiological Association. Two of his three children are in college; a daughter is a senior at Smith College; and a son, a sophomore at Lafayette.

Marvin A. Sackner, 300 W. Rivo Alto Dr., Miami Beach, is President-elect of the American Thoracic Society. He will assume the Presidency for the organization's 75th anniversary during 1979-80. He is also Chairman of the Pulmonary Disease Subspecialty Board of the American Board of Internal Medicine. The Professor of Medicine at the University of Miami is Director of Medical Services for the Mount Sinai Medical Center.

1958

James M. Labraico, 51 High St., Bristol, Ct., has been named President of the Christmas Seal-Lung Association of Hartford County. A Diplomate of the American Board of Allergy and Immunology, he is Assistant Clinical Professor of Medicine at the University of Connecticut Health Center. In private practice in Bristol for 14 years, he is President-elect of the Rotary Club and a member of the Board of Directors of the Chamber of Commerce.

David B. Propert, 820 Cold Branch Dr., Columbia, S.C., has become Professor of Medicine and Director of the Cardiology Division at the University of South Carolina School of Medicine.

1959

Trevor D. Glenn, 5072 N. Van Ness Blvd., Fresno, Ca., has joined the Fresno State University faculty as a full Professor in the Health Science Department. He is teaching courses related to the management of health care facilities. He was formerly Director of the Fresno County Health Department.

1960

William R. Fair, 13253 Takara Dr., St. Louis, Mo., has been named Acting Chairman of the Department of Surgery at Washington University School of Medicine, where he also serves as Professor of Surgery and Chairman of the Division of Urology. Prior to his 1975 appointment at Washington University, he was an Associate Professor of Surgery (Urology) at Stanford University where he also took his residency. He was one of the speakers addressing the question, "What's New in Surgery?" at the annual meeting of the American College of Surgeons held in San Francisco. A Fellow of the College, Dr. Fair focused on innovations in urology. The author of 53 publications, he serves on the Board of four medical journals. He is a member of 14 professional societies including the American Urological Association, the National Kidney Foundation and the Society of University Urologists.

Charles E. Meikle, 417 N. Main St., Athens, Pa., has been named Director to Northern Central Bank's Athens Regional Board. The Athens general practitioner is married to the former Corrine Bittott; they have four children.

1961

Harold L. McWilliams, 820 Tydings Rd., Havre de Grace, Md., has been reappointed Chief of the Department of Surgery at Fallston General Hospital and Nursing Center. He is Board certified in both general and thoracic surgery. An Instructor in Surgery at Johns Hopkins University Medical School, he is a member of the Medical and Chirurgical Faculty of the State of Maryland, the Hartford County Medical Society, the American College of Chest Physicians, the American College of Angiology and the American Thoracic Society. He and his wife, Nancy, have two sons, Scott and Andrew.

Terrance J. Robbins, 5305 Ellsworth Ave., Pittsburgh, has joined the associate staff of Armstrong County Memorial Hospital. Board certified in internal medicine, he has specialized in endocrinology. He has also recently opened an office in nearby Kittanning. His wife, who works at the Shady-Side Hospital in Pittsburgh, holds a doctorate in nursing education.

1962

Paul L. Kornblith, 9428 Wooden Bridge Rd., Potomac, Md., has been appointed Chief of Surgical Neurology, NINCDS, National Institutes of Health in Bethesda. Prior to his September 1 appointment, Dr. Kornblith was Assistant Professor of Surgery at Harvard Medical School and served on the neurosurgical staff of the Massachusetts General Hospital.

Joseph W. Sokolowski, Jr., 719 Iron Post Rd., Moorestown, N.J., has been promoted to the rank of captain in the Naval Reserve. He was recently elected President of the New Jersey Thoracic Society at its Sixth Annual meeting. Director of the Respiratory Branch of Our Lady of Lourdes Hospital in Camden, he has a private practice in Haddonfield. He is a member of the American College of Chest Physicians and the Association of Military Surgeons of the U.S. American Federation of Clinical Research.

Stephen G. Vasso, 211 E. Beetlewood Ave., Oaklyn, N.J., has been elected President of the Board of Trustees of the Community...
Blood Bank of Southern New Jersey. A Clinical Associate Professor of Medicine at Jefferson, he is Director of Hematology and the Blood Bank at Our Lady of Lourdes Hospital in Camden.

Hobart J. White, S. 19th and Union Sts., Tacoma, Wa., has left the army to practice plastic surgery privately at the Allenmore Medical Center in Tacoma.

1963

Charles A. Binder, 839 Oceanview Dr., Toms River, N.J., has opened a second office for the practice of urology in Brick Town. His other office is in Toms River. A member of the American Urological Association, he is a Diplomate of the American Board of Urology as well as of the National Board of Medical Examiners.

William E. Burak, 10 W. Dorrance St., Kingston, Pa., spoke to the Pennsylvania Prison Society on behalf of the Luzerne County Medical Society Speakers Bureau. The Bureau enlists physicians to serve as speakers requested by civic organizations.

Ben P. Houser, Jr., RD3, Tamaqua, Pa., was guest lecturer at Wills Eye Hospital's First Annual Intercocular Lens Symposium. Dr. Houser has been appointed Assistant Surgeon at Wills Eye and Instructor in surgery at Jefferson. Board certified in ophthalmology, Dr. Houser has been on the staff of Gnaden Huetten Memorial Hospital since 1969. He shares an ophthalmology practice with Frederick L. Dankmyer '63 in Tamaqua. He and his wife, Carol, have four children.

Irving P. Ratner, Rancocas Valley Hospital Professional Building, Willingboro, N.J., has been elected President of the Burlington County Medical Society for 1978-79. He is a past President of the Rancocas Valley Hospital medical staff. Board certified in orthopaedic surgery, Dr. Ratner is a member of the American College of Surgeons and of the American Academy of Orthopaedic Surgeons. He also belongs to the Eastern Orthopaedic, New Jersey Orthopaedic and Jefferson Orthopaedic Associations. He is consultant to the State Hospital, Trenton, and the Johnstone Training Center, Bordentown, New Jersey. He is married to the former Lynn Carole Olen; they have three children.

Paul Rodenhauer, 213 Kelso Dr., Hagerstown, Md., is serving as Chairperson for the Washington County Mental Health Association fund drive. He is in charge of education for the Association. On the staff of the Brook Lane Psychiatric Center, Hagerstown, he serves on the consulting staff of Washington County and Waynesboro Hospitals. He enjoys hiking with his family of three children (ages 11, 12 and 13). In addition to landscaping and gardening, Dr. Rodenhauer raises purebred Gordon setters—a Scotch setter with black and tan markings that is bigger boned and stockier than the Irish setter.

Joseph A. Slezk, Rt. 2, Sagamore Dr., Connellsville, Pa., has been recertified by the American Board of Obstetrics and Gynecology. On the staff at Frick Community Hospital in nearby Mount Pleasant, he is Chief of Obstetrics and Gynecology at Connellsville State General Hospital. He and his wife, Georgia, have four children.

1964

John T. Dawson, Jr., 1545 Girard Ave., Wyomissing, Pa., entered private group practice with four other cardiologists at Reading Hospital and Medical Center in Reading. He is a Fellow of the American College of Cardiology and of the Council of Clinical Cardiologists and a member of the Planning Committee of the Pennsylvania Affiliate of the American Heart Association.

John M. Donnelly, II, 200 Wister Rd., Ardmore, Pa., has been elected President of the Pennsylvania Psychiatric Society. The assistant to the President for Medical Affairs at Horsham Clinic is an Attending Psychiatrist at Lankenau Hospital in Philadelphia. He and his wife, the former Theresa Behmer, have two sons, John and Michael, III.

John H. Maylock, 305 College Ave., Huntingdon, Pa., has been appointed Associate Pathologist of the J.C. Blair Memorial Hospital's Pathology Department. He received the Outstanding Teacher Award, an honor determined by student vote at the Medical College of Georgia where he was Assistant Professor of Pathology. Board certified in pathology, anatomic and clinical, he is a member of the American Society of Clinical Pathologists and the College of American Pathologists. He enjoys golfing and snowmobiling. He and his wife, Marlene, have three children.

1965

Bernard S. Casel, 313 N. Fredericksburg Ave., Ventnor, N.J., is in his eighth year of the practice of otorhinolaryngology in the Atlantic City area. He has two sons, ages four and six.

Jay M. Grodin, 104-06 Great Arbor Dr., Potomac, Md., has adopted a son, Eric Scott.

1966

Murray C. Davis, III, 2123 Shore Rd., Linwood, N.J., has passed his radiology Boards. He is with the Department of Radiology and Nuclear Medicine at Soldiers and Sailors Memorial Hospital in Wellsboro, Pennsylvania.

Robert A. Goldstein, 8229 Bucks Park, Potomac, Md., has been named Chief of the Allergy and Clinical Immunology Branch of the National Institute of Allergy and Infectious Diseases (see page 4).

Arthur J. Schatz, 1100 N.E. 163rd St., North Miami Beach, reports that he was married last year and is very happy. He is still practicing obstetrics and gynecology in Miami.

Benjamin C. Schecter, formerly of Dover, N.H., has joined the Surgical Associates of Bradford, Pennsylvania, and the active surgical staff of Bradford Hospital. He and his wife, Donna, have three sons.

Robert C. Vannucci, Department of Pediatrics, Milton Hershey Medical Center, Hershey, Pa., has been promoted to Associate Professor of Pediatrics at The Pennsylvania State University College of Medicine at the Center. He serves as Chief of pediatric neurology.

Mark H. Zeitlin, 1452 Wedgeadow Rd., Allentown, Pa., has been granted active privileges in anesthesiology at the Muhlenberg Medical Center. He has an office in Bethlehem.

1967

D. Leslie Adams, 49 Golfview Rd., Camp Hill, Pa., has spent two years restoring a 175 year old farmhouse. He writes that "the family is happily moved in now."

1968

Raphael J. DeHoratus, 667 Sproule Rd., Villanova, Pa., was one of three physicians awarded research grants by the Lupus Foundation of Northeast Philadelphia.

Walter D. Epple, 3114 Sussex Rd., Augusta, Ga., has begun private practice of neurological surgery in Augusta. He writes that the family including the three children—Laura, David and Douglas—are enjoying the people and the climate and the 1000 mile shoreline of a nearby lake.

Bohdan Malysk, 10 Avrda Dr., Pennington, N.J., has been appointed to the active staff of the Department of Obstetrics and Gynecology at the Mercer Medical Center. He is an Instructor at the Rutgers Medical School and the Medical School of the University of Pennsylvania.

Russell J. Stumacher, 605 Conshohocken State Rd., Bala Cynwyd, Pa., is Assistant Professor of Medicine at the University of Pennsylvania School of Medicine and Chief of the Infectious Disease Sections at the University of Pennsylvania Graduate Hospi-
Investing in the Sun

by William A. Freeman, M.D. '64

Like many other people during that bleak winter of 1973, I tried to conserve gasoline, turned down the thermostat and wore a sweater. But I wanted to do more. The chance came when my father (Albert W. Freeman, M.D. '36) and I had to face up to the need for extra office space. We had a family practice with cramped offices in my father's house. When another doctor agreed to join our practice in 1975, our space situation became desperate. Anticipating expansion, Dad and I had bought property a few years earlier. We weren't sure how it would suit our future needs, but at any rate it would bring in some income even if we didn't use it professionally. We purchased a single-story warehouse with an attached two-story apartment house that contained six living units.

What confounded most people when we bought the two buildings was that we visualized the warehouse as a possible place for our future offices—not the living units, which we rented out. In its unglamorous history, the old warehouse had started out as a livery stable and then had become successively a garage, a Pontiac agency, a farm equipment storehouse and finally an open-storage warehouse. It was nobody's candidate for Office Beautiful.

What did we see in the warehouse? First of all, its location. It was right across the street from what was then our office, so it would be convenient for our regular patients, many of whom live within a five-block radius. Since Shippensburg is in the midst of farm country 40 miles from Harrisburg, with no public transportation and not even a taxi service, we couldn't move very far without inconveniencing many patients.

Another thing I liked about the warehouse was its windows. Yes, its windows—the kind that open wide to admit light and air. I didn't want one of those modern air-conditioned structures where windows are sealed, leaving the occupants as prisoners of the utility company and its ability to keep supplying power. Three exhaust fans in the 50-by-100-foot structure would make natural cross-ventilation even more efficient.

When finally we had to move, we both agreed that the warehouse was our solution. We knew there would be problems with the move and extensive renovating to be done. But I also saw a golden opportunity to use solar heating. Ever since the energy crunch had dramatized the decreasing supply of fossil fuels, I'd become convinced that solar energy was one solution. If it were technically and financially possible for our rundown warehouse, that's the way I was determined to go.

I'm no engineer, and we needed help and advice. In our rural community, I couldn't just flip through the Yellow Pages and find "solar construction." Luckily, though, I found that a plumber in a neighboring town had designed and built a solar-heated hot-water baseboard system for his own home. He encouraged me; solar heating, he said, would be feasible for a commercial building. I then read articles and talked to engineers, including a design engineer for a heat pump manufacturer, and finally became

The sun's rays fall on a 2,000-square-foot frame enclosing, under glass, 99 copper collectors at the rear of the doctors' office building. Water pumped through these collectors is heated by the sun, up to 140 degrees in summer and 90 degrees in winter. It then falls into a 10,000-gallon, insulated underground storage tank made of cast concrete and lined with rubber.

When the heated water is pumped into the building, it travels through a loop of pipe to which are attached six water-to-air heat pumps. Each heat pump extracts heat from the water and blows it into the office space as forced hot air on demand from the room thermostat. When water in the pipe falls below 65 degrees, as it will during long cloudy periods, a 125-amp. electric water heater keeps the water hot until the sun is back on the job again.

The heat pumps work like air-conditioners. The heat transfer medium in the pump—a Freon-like substance—picks up energy from the solar-heated water in the loop. The transfer medium moves as a warm gas to the compression end of the heat pump, where it's compressed to a hot liquid and in the process gives up its heat into the office heating ducts. The liquid transfer medium then returns to the evaporator in order to pick up more heat from the solar loop in a continuous cycle.

In summer, this cycle is reversed to cool the office. The heat is picked up from the office and transferred to the water in the loop, which conveys it outside to a cooling tower. Although the cooling half of the cycle uses the same equipment, it doesn't use solar energy. The engineers couldn't find any absorption air-conditioners, the kind that could use solar energy, for this size of building.

The building does use solar energy in its domestic hot-water system. This part of the system came as a kit that included an electrically heated hot-water tank containing a coil that attaches to several solar collectors. The collectors heat antifreeze, and the heat is transferred to the water through the tank coil. When the sun isn't shining, conventional electricity heats the water in the tank.
committed to designing a solar heating system especially for our building.

Then we had to find a heating contractor willing to tackle the job. We settled on the best one in the area, but he had no solar experience. Together, we worked out costs, and our preliminary solar designs had a $78,000 price tag—about three times as much as a conventional system. Still, I felt that future fuel costs and the possible unavailability of conventional energy sources justified the extra financial commitment. We gave the official go-ahead in March, 1976, and detailed designs were begun (see box).

Solar heating was only one part of our over-all plan for energy efficiency. I spent hour upon hour with our local architectural consultant to design other energy-saving features. As one result, the building is insulated far beyond the usual standards. That the extra insulation pays off was proved during most of the cool days this past fall when a combination of body warmth and the heat from lighting kept the place warm. Other buildings at that time were running up fuel bills.

We even carried through energy-saving concepts in the design of our three fireplaces. The usual fireplace, I discovered, can waste heat rather than contribute to interior warmth. That's because a burning fireplace sends about 200 cubic feet of air up the chimney every minute, and this heated air is replaced by outside cool air seeping around windows and doors. The building is thus cooled while the fireplace roars. We solved the heat-loss problem in each fireplace chiefly by using glass doors across the mouth of the fireplace. This provides some heat to the room (but not much) while preventing heated room air from being drawn up the chimney.

We're delighted with the completed design and the way our building finally is functioning, but I don't mean to give the impression that everything went according to schedule and cost estimates.

One example of a costly change came when we abandoned our original intention to place a 30-ton solar collector on the roof. Putting this kind of weight on top of our 50-year-old building was too risky. That change of plan meant buying an adjacent lot so that the collector could be placed on the ground. Then, because the water table is so high, serious pumping problems developed. There were also unforeseen extra costs unrelated to the basic solar system. If I knew then what I know now, our final costs would have been approximately 30 percent lower.

One other thing that went wrong had nothing to do with structure or design. It had to do with a Government bureaucracy that in our experience isn't fulfilling its mandate. I found out that the Energy Research and Development Administration was offering Federal grants to encourage solar pioneering. When E.R.D.A. encouraged us to make an application, we spent a great deal of time and $2,000 preparing a grant proposal. E.R.D.A. then notified us that our project was technically acceptable. Now, though, the agency has changed its tune and says we aren't eligible for a grant because our solar system is already operating. It says this even though it knew we were 60 percent of the way toward completion when we inquired about a grant and were given encouragement. The E.R.D.A. solicitation for grant proposals stated that projects from design through operational stages were eligible. I strongly feel that if the Federal Government wants to help citizens who are risking capital with a relatively untried energy-saving technology, it had better act more forthrightly.

I'm not going to end on a sour note, though. We were able to transform our dream into reality. Our solar heating system was completed about a year ago, so I can't yet provide meaningful fuel-saving statistics. I will stand by our original estimates, though, that the solar system will provide about 60 percent of the building's heating requirements.

We have an efficient and handsome office complex, along with the satisfaction of having done something significant in terms of energy conservation. Extra gratification will come if we point the way for others to use solar energy. We're fully satisfied that it's economically practical to use solar heat now. As people gain more experience with design and installation, costs will continue to decline—then the logic of using solar energy will grow steadily harder to ignore.

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The Doctors Freeman in front of their new Shippensburg, Pennsylvania, solar heated office complex.
tal and the Presbyterian-University of Pennsylvania Medical Center. He has been awarded the Harry T. Farrell Award as Teacher of the Year for 1977-78 by the Graduate Hospital House Staff.

1969

Paul and Linda Weinberg, 30 Lakeview Hollow, Cherry Hill, N.J., write that Linda has recently been appointed Director of Child Development Services at Our Lady of Lourdes Hospital in Camden. Paul is a pediatric cardiologist and cardiac pathologist at Children’s Hospital of Philadelphia. He was recently guest lecturer for a continuing education course at the Harvard Medical School and Visiting Professor at the University of California in San Diego.

1970

Charles E. Quaglieri, 1000 Ryland, Reno opened an office for the practice of neurology there. Prior to this move he served for two years as neurologist at Great Lakes Naval Hospital in Illinois. He also held the rank of Assistant Professor of Neurology at the University of Wisconsin Medical School where he had taken his residency. In 1977 he successfully took his oral boards in Philadelphia. He writes “I had the opportunity to visit Jefferson one afternoon and was amazed at the changes since 1970.” Dr. Quaglieri also added “Steve Savran ’68 is a cardiologist and Joe Walker, who was a surgery resident at Jefferson, is a neurosurgeon in Reno.”

Martin A. Tobey, 811 Fifth Ave., Ft. Worth, Tx, completed a Fellowship at the University of Texas and entered the private practice of cardiology in Fort Worth. He and his wife, Judy, have a son.

1971

Thomas R. Borthwick, 130 Lake Lorraine Ct., Shalimar, Fl., completed his Jefferson Fellowship in gastroenterology in June, 1978, and presently is Chief of Gastroenterology at the USAF Regional Hospital in Eglin, Florida. He and his wife, Ginny, have three children.

Nancy Wang Edwards, 550 S. Beretania St., Honolulu, has been elected to membership in the Honolulu County Medical Society, an affiliate of the Hawaii Medical Association. She practices dermatology with a Honolulu Medical Group.

David H. Hennessey opened an office at 332 W. Main Street, Titusville, Pennsylvania, for the practice of pediatrics. His wife, Ann, a registered nurse, will work with him.

Philip A. Pomerantz has been accepted for membership in the Berks County Medical Society. Having finished a nephrology fellowship at Jefferson, he is practicing internal medicine and nephrology at 1019 Franklin Street, Reading, Pennsylvania.

Paul J. Silbert, 311 Romain Ave., Pompton Lakes, N.J., has opened additional offices for the practice of neurology at 776 Shrewsbury Avenue, Asbury Park, New Jersey. He will maintain his office at 2100 Corlies Avenue, Neptune, where he has practiced for three years. He is a member of the medical staffs of the Jersey Shore Medical Center and the Monmouth Medical Center. On the Board of Governors of the Monmouth-Ocean Counties Multiple Sclerosis Society, he belongs to the Monmouth County Medical Society. He and his wife have two children.

Floyd Fabien Spechler, 137 Cooper Avenue, Cherry Hill, N.J., has been appointed Instructor in ophthalmology at Jefferson.

1972

Philip J. DiGiacomo, 2108 Crosby St., Philadelphia, is a second year resident in gastroenterology at the Philadelphia Naval Hospital. The DiGiacomos had a second daughter, Caroline Michelle, on March 27.

Craig T. Haymanek, R.D.1 Country Side Ln., Hellertown, Pa., has opened an office for the practice of otolaryngology at the St. Luke’s Medical Center in Bethlehem. He was an Instructor of otolaryngology at Johns Hopkins.

Anthony M. Interdonato is practicing ophthalmology at 445 Brick Boulevard in Brick Township, New Jersey.

Richard R. P. McCurdy, 211 Sykes Ave., Wallingford, Pa., has been Board certified in cardiology. He is in private practice at Methodist Hospital in Philadelphia. They were expecting another child in October. His son, Richard, Jr. is two years old.

Barry P. Skeist has accepted a position at Hospital for Special Surgery, 535 E. 70th St., New York City, for work in skeletal radiology. He has also been named an Assistant Professor of Radiology at Cornell Medical School. During the past year in Philadelphia, where he was on the faculty at Jefferson, Dr. Skeist pursued his interest in theatrics serving as Chairman of Stage with Plays and Players.

1973

Peter C. Amadio, Ten Emerson Place, Boston, will be Chief Resident of Orthopaedic Surgery at the Massachusetts General Hospital. His wife, Bari, received an M.S. in nursing; she will be an Instructor at the New England Deaconess Hospital there.

John J. Cassel, 2557 Green Acres Dr., Allentown, Pa., began practicing cardiology at 1251 S. Cedar Crest Boulevard in Salisbury Township. He will be affiliated with the Allentown and Sacred Heart Hospital Center, the Allentown Hospital and the Sacred Heart Hospital. He did a one year pulmonary Fellowship at the University of Illinois and a year of cardiac subspecialty training at Loyola University of Chicago.

Lewis W. Gray, MacArthur Blvd., Westmont, N.J., has joined the Schmidt-Fletcher Medical Associates, 67 High Street, Newton, New Jersey, for the practice of cardiology and internal medicine. Board certified in internal medicine, he is an Associate Fellow of the American College of Cardiology and a member of the American College of Physicians and the American Heart Association. He wrote a chapter for a forthcoming textbook on Exercise Testing, edited by E. K. Chung, M.D. He and his wife, Carol, have a daughter.

Donald A. Nicklas, 527 Stony Way, Norristown, Pa., has been appointed Instructor in pathology at Jefferson.

1974

Joseph R. Berger, 7110 S.W. 112th Ave., Miami, has recently returned from Jerusalem. As a Diplomate of the American Board of Internal Medicine, he is completing training in a second specialty, neurology, at the Jackson Memorial Hospital, the University of Miami.

Edward F. Drass joined the emergency room staff at Clearfield Hospital in DuBois, Pennsylvania. He is a member of the American Academy of Family Practitioners and the College of Emergency Physicians. He received the AMA Physician’s Recognition Award for continued education following postgraduate study.

Howard G. Hughes, RD6 Danville, Pa., was speaker for Commencement at the Old Forge High School, Old Forge, Pennsylvania. On the staff of the Department of Emergency Medicine at the Geisinger Medical Center in Danville, he is a member of the American Society of Clinical Pathologists, the American Society for Microbiology, the American Academy of Family Physicians and the American College of Physicians.

John L. Karlavage, 104 E. Mahanoy Ave., Girardville, Pa., has been elected Secretary of the Greater Hazleton Alumni Chapter of the University of Scranton. With a general practice in Mahanoy City, he has served as physician for the Mahanoy City School District. He and his wife have two children.

Conrad Lindes has been Board certified in family practice. He is Assistant Director of
the residency program at Grant Hospital, Columbus, Ohio, where he completed his own residency last year. A Clinical Assistant Professor of Family Medicine and Clinical Instructor of Emergency Medicine at Ohio State University, he holds offices in the Ohio and Central Ohio Academies of Family Practice. On the staff of one Pittsburgh and three Columbus hospitals, he plans "to leave academe for a rural practice in Colorado."

Larry S. Mapow, 25 Heritage Rd., Marlton, N.J., has been appointed Instructor in pathology at Jefferson. He is associated with the Millville Hospital.

Linda M. Sundt, 9 Walsh Rd., Lansdowne, Pa., has been appointed Instructor in anesthesiology at Jefferson.

1975

Gary S. Clark, 700 Pitts Colony Dr., Rochester, N.Y., has completed a Rehabilitation Medicine residency at Jefferson. He has accepted a position as Assistant Professor of Rehabilitation Medicine at the University of Rochester where his wife will work as an occupational therapist. They travelled cross country this past summer in a camper van.

Steven J. Glinka has completed a residency in family practice at the Latrobe Area Hospital.

Vance A. Good has joined the Troy, Pennsylvania office of the Guthrie Clinic on Fallbrook Road. The internist will be on the staff of the Troy Community Hospital. He has bought a 14 acre farm in East Troy; the principal crop is hay. His major avocational interest centers on his part-Arab, part-Morgan gelding. He also enjoys skiing and backpacking.

Howard E. Goody, 950 Walnut St., Philadelphia, has been appointed Instructor in dermatology at Jefferson.

Leonard Grossman is a senior resident in ob-gyn at Lankenau Hospital. He and his wife, Barbara, and his two year old daughter, Alison, live in Ardmore, Pennsylvania.

Robert H. Hall, 1695 Bethel Rd., Boothwyn, Pa., is engaged to Terri Wilson of Salisbury, Maryland.

Wesley R. Harden, III, 605 Cedar Grove Rd., Broomall, Pa., is on sabbatical at the Harrison Department of Surgical Research at the University of Pennsylvania. He and his wife, Debbie, are expecting their second child. The first is two years old.

David S. Jezylk, March AFB, Ca., is a Captain with the United States Air Force. He is serving as a family practitioner with a unit of the Strategic Air Command. His wife is the former Janice May.

Peter G. Klacsman, 550 N. Broadway, Baltimore, was engaged to marry Karen J. Towers of Clifton, New Jersey, in October. Prior to her marriage, she worked as a cytotechnologist at the Memorial-Sloan-Kettering Cancer Center in New York City. Dr. Klacsman is completing a residency in pathology at the Johns Hopkins Medical Center.

Carol M. Lamparter has been appointed to the medical staff of the William H. Ressler Center at the John H. Vastine Foundation, R.D. 2 Shamokin, Pennsylvania. She completed a residency in family medicine at the Geisinger Medical Center in Danville, Pennsylvania, where her husband Robert W. Lamparter '76 is doing a residency in pathology.

James E. McGeary is opening an office with Stephen C. Mori '75 for the practice of family medicine at 119 Market Street, Warren, Pennsylvania. They are on the staff at Warren General Hospital. Dr. McGeary married last July. He is living at 204 Wood Street in Warren with his new wife, Shelly.

Phyllis J. Morningstar began the practice of family medicine at the Big Valley Area Medical Center in Belleville, Pennsylvania, last July.

Stephen C. Mori '75 is opening an office with James E. McGeary '75 for the practice of family medicine at 119 Market Street, Warren, Pennsylvania. The office is also the home address for him, his wife, Lorraine, and daughter, Jessica.

Alexander G. Paterson has completed a residency in family practice at the Latrobe Area Hospital.

Frank R. Penater has joined a group practice of family medicine at the Muhlenberg Medical Center and practices at 235 Eagle Street, Wescosville, Pennsylvania.

John T. Santarlas has completed a residency in family practice at the Latrobe Area Hospital. He is residing in Derry, Pennsylvania.

Keith M. Staiman, 170 Waukena Ave., Oceanside, N.Y., has opened an office at 1685 Grand Ave., Baldwin, for the practice of pediatrics. The Staimans had their second child last April, Benjamin Michael.

1976

Ira Brenner, 2681-Barracks Rd., Charlotteville, Va., is Chief Resident in psychiatry at the University of Virginia Medical Center. He and his wife, Ronni, have had a second child, Deena Jennifer.

Robert R. Farquharson, 550 N. Broadway, Baltimore, is a resident in emergency medicine at Johns Hopkins Hospital.

James H. Garvin, Jr., Department of Pediatrics, The Middlesex Hospital, London, England, is working for a year at the Middlesex Hospital. Afterwards, he will begin a fellowship in hematology-oncology at Children's Hospital in Boston.

Manuel R. Morman, 1600 Hagy's Ford Rd., Northerh, Pa., was engaged to marry Carol R. Franklin of Philadelphia in August. She is a physical therapist at the St. Agnes Medical Center in Philadelphia. Dr. Morman is a dermatology resident at the University of Pennsylvania Hospital.

1977

Cynthia B. Altman, 1205 Weymouth Rd., Philadelphia, has begun the second year of a psychiatry residency at the University of Pennsylvania.

John D. Bartges, 7317 Brentwood Rd., Philadelphia, began a urology residency at the University of Pennsylvania Hospital in July. He has received a grant from the National Kidney Foundation for a paper titled "Visco Elasticity of the Neurogenic—non Neurogenic Bladder." The Bartges' daughter, Kristen, is a year old.

William E. and Alanna F. Bodenstab, 7368 Florey Court, San Diego, Ca., announce the birth of their first child, William Eric, Jr., on June 6. They both have completed internships, she in ob-gyn and he in surgery. He will pursue a residency in urology. The Doctors Bodenstab have purchased a home in the San Diego area.

Jan S. Glowacki, 29 Maple Avenue, Fair Haven, N.J., is a second year resident in internal medicine at the Monmouth Medical Center in Long Branch, New Jersey. The Center honored him with the A. J. De Cortis Memorial Award, presented to the "outstanding medical intern." His wife, Denise, continues to teach first grade in Union, New Jersey.

Stanley P. Solinsky has married the former Ruth Levy. The couple are residing in Thornton, West Virginia.

1978

Raymond B. Leidich, 1018 Clinton St., Philadelphia, has accepted a residency in urologic surgery at the Hospital of the University of Pennsylvania. He is currently an intern in surgery at Pennsylvania Hospital. He is married to the former Barbara Pittner, who is a senior at Jefferson Medical College.

Helen P. Ting, 300 Hawthaway Ln., Wynnewood, Pa., gave birth to a daughter, Margaret, while her classmates were attending graduation ceremonies. Her husband, Jan, is a Professor of Law at Temple University. The couple are active in the U.S.-China Friendship Association.
Lebovitz was a pioneer in the study of chest diseases and was responsible for much of the black lung program in the United States. He retired from his active Pittsburgh practice in 1970. Surviving are two sons one of whom is Jerome L. Lebovitz '52 and five grandsons, one of whom is a senior at Jefferson.

James W. Smith, 1924
Died March 28, 1978. Dr. Smith was a general practitioner who resided in Beaver Falls, Pennsylvania.

Henry M. Weber, 1924
Died June 19, 1978 at the age of 81. The retired physician was residing in Laguna Hills, California. He is survived by his wife.

William Fox, 1926
Died January 7, 1978 at the age of 77. Dr. Fox, who was residing in Miami Beach at the time of his death, was a general practitioner in New York City.

Francis K. Moll, 1928
Died July 17, 1978. Dr. Moll practiced in Pottsville, Pennsylvania for the past 49 years. He served on the city’s Board of Health and was its President. Surviving are his wife, Margaret, and two physician sons, Francis H. Moll '58 and Joseph H. Moll '57.

Robert A. Northrop, 1932
Died October 14, 1977 at the age of 74. Dr. Northrop resided in Westport, Connecticut, where he had an ENT practice. He is survived by his wife, Beulah, a daughter and a physician son. His cousin is George A. Jack ’58.

Jesse H. Bond, 1933
Died December 5, 1977 at the age of 77. Dr. Bond was a general practitioner in Akron, Ohio.

Edwin R. McCoy, 1940
Died August 9, 1978 at the age of 62. Dr. McCoy practiced obstetrics and gynecology in Statesville, North Carolina. He was associated with Davis Hospital there. Surviving are his wife, Betty, a son and two daughters.

Harvey D. Groff, 1943
Died June 21, 1978 at the age of 60. Dr. Groff served on the faculty at Rutgers University, New Brunswick, New Jersey, and was Medical Director at Atlantic Refining Company. He was one of the organizers of the Bucks County Board of Health and served on the staff at Grand View and Sellersville Hospitals. He is survived by his wife, Frances, and a daughter.

Edwin Boyle, Jr., 1947
Died July 9, 1978 at the age of 55. Dr. Boyle was a Clinical Professor of Medicine at the Medical University of South Carolina at the time of his death. He was Director of Research on Aging there. Prior to his return in 1976 to the University, Dr. Boyle had served as Director of Research at the Miami Heart Institute. He had an international reputation as an expert in the field of lipid metabolism. From 1951 to 1955 he was Senior Clinical Investigator, Section on Metabolism at the National Heart Institute of the National Institutes of Health. At the time of his death, he was serving as President of the Pan American Medical Association, Geriatrics Division. He is survived by his wife, Ethel, two sons and two daughters.

Eugene L. Timins, 1969
Died June 2, 1978 at the age of 35 after a short illness. Dr. Timins was a neurosurgeon with a practice in Morristown, New Jersey. He took his training at Jefferson and George Washington University Hospitals. Dr. Timins was research physiologist in neuroradiology at the National Institutes of Health prior to opening his practice in New Jersey. He was affiliated with Dover and St. Clare’s Hospitals. Surviving is his wife, Julie E. K. Timins, ’71.

Gilman Eldon Heggestad, Faculty
Died August 26, 1978 at the age of 59. Dr. Heggestad was Director of Surgery at Bryn Mawr Hospital and served as Clinical Associate Professor of Surgery at Jefferson. He was a graduate of the University of Wisconsin Medical School. Surviving are his wife, Helen, two daughters and two sons.
Alumni Association
of
Jefferson Medical College
Philadelphia, Pennsylvania

Whereas, we, the members of the Alumni Association of the Jefferson Medical College, recognize that the
School of Nursing
College of Allied Health Sciences
Thomas Jefferson University
was founded in 1891 and the Alumnae Association of the school was organized in 1895 and,
Whereas, the members of the Alumnae Association of the School of Nursing have given dedicated and extraordinary service to mankind as members of the nursing profession and,
Whereas, it is appreciated that the Alumnae Association of the School of Nursing has contributed innumerably to the betterment of Jefferson by service to its patients and hospital, by contributions to its fund raising efforts, and by participation in the education of its students,

Now, Therefore, Be It Resolved and Remembered
this eighth day of June Nineteen hundred seventy-eight:

That, we, the members of the Alumni Association of Jefferson Medical College, express unending gratitude to the members of the Alumnae Association of the School of Nursing for the service, loyalty and devotion that they unstintingly have given for nine decades.

Attest:

[Signature]
Secretary

[Signature]
President

John N. Lindquist, M.D. '43, President of the Alumni Association, presented this citation to the President of the Nursing Alumnae Association to recognize, with appreciation, the dedicated service of its members.
Reception in San Francisco
To Honor John J. Gartland, M.D. 'S44

The James Edwards Professor of Orthopaedic Surgery,
Chairman of the Department
and
Incoming President of the American Academy of Orthopaedic Surgery

The Fairmont Hotel
Friday, February 23, 1979

Sponsored by the Alumni Association of Jefferson Medical College