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The future of Thomas Jefferson University is now the subject of intensive study by the Task Force on University Planning under the leadership of Mr. Frederic L. Ballard, Chairman of the Board of Trustees. Picking up where the Jefferson Master Plan of 1972 left off, "the Task Force is asked to reexamine broadly the concept, goals, objectives, policies and resources of the University, to evaluate them for their applicability and desirability for the decade of the eighties and beyond, and to recommend ways in which Jefferson can achieve its maximum potential in service to the community and the nation."

After a number of educational plenary sessions in the fall and winter, the Task Force was recently divided into six committees with special charges in each of the following areas: 1) academic affairs and research, 2) university relations, 3) cooperative programs, 4) finance and resources, 5) health services, and 6) management and organization. The committees will report to the full Task Force after discussing issues and options with various knowledgeable people.

Influencing the kinds of questions to be addressed is the fact that Jefferson did achieve university status in 1969 and therefore its long-range future must be thought out in a university context. How does the destiny of Thomas Jefferson University differ from the destiny of Jefferson Medical College? This question leads to another. Why did Jefferson want to become a university in the first place? What did the institution hope to accomplish as a university which it could not have accomplished as a medical college?

In searching for the answer, we must go back to at least the early 1900's, for it was then that the first serious move was taken toward a broader corporate organization. Specifically, on June 1, 1916, the Jefferson Medical College was officially linked with the Medical School of the University of Pennsylvania by simultaneous resolutions of the Boards of both institutions. The newly created entity, entitled "The Medical School of the University of Pennsylvania and the Jefferson Medical College of Philadelphia," was to be governed by The United Medical Committee consisting of eight trustees, four from each Board. It committed both medical faculties to a common curriculum and a single dean.

Predictably, the union was short-lived. Despite trustee authorization for significant new expenditures and a series of amicable meetings of the combined faculties, the inevitable question had to be faced. Was the new organization an independent one with equal partners, or had Jefferson become part of the University of Pennsylvania? Perceptions differed along party lines and the marriage, never really consummated, dissolved in less than a year.

Nevertheless, the final choice was a difficult one. In 1910 Abraham Flexner had recommended that Jefferson seek a university relationship in keeping with the general assertion of his report that only thus could financial stability and a firm scientific foundation for American medical education be established. The Carnegie Foundation had made known its interest in providing funds to help a Pennsylvania-Jefferson merger succeed. It was clear that the future of medical education belonged to the universities and that the academic integrity of the free-standing medical school was categorically challenged. Logic called for union.

But the price for these advantages of university status, a loss of independent institutional identity, was too high, especially for a medical college which had been purposely established almost a hundred years earlier as an alternative to Penn for the study of medicine in Philadelphia. The heritage started by George McClellan and strengthened by generations of teachers and alumni who made the word "Jefferson" synonymous with good patient care throughout the world was not to be undervalued.

Similar dilemmas were faced many years later when corporate relationships with Pennsylvania State University, Princeton, and the University of Delaware were at var-
Guidelines for Tomorrow  
Dr. John J. Gartland’s address delivered prior to his induction as President of the American Academy of Orthopaedic Surgeons.

Orthopaedics at Jefferson  
Chairman discusses the men who made the history of his department.

The Doctor’s Wife, the Doctor  
Interviews of five alumni couples explore the dynamics of the dual physician marriage.

Class Notes

Obituarries

Cover: The crooked tree, straightened by bracing, is the symbol of orthopaedics. The symbol first appeared as the frontispiece of the text, *L'Orthopedie*, by Nicholas Andry (1791). Andry coined the term "orthopedic" from the Greek roots "orthos" ("straight") and "paidios" ("child"). Andry believed that straight children prevented deformed adults, hence the symbol's use of the sapling. 

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The Alumni Association of Jefferson Medical College 
1020 Locust Street, Philadelphia, Pennsylvania 19107
The ceremony introducing 487 new candidates into active fellowship in the American Academy of Orthopaedic Surgeons captures, in one moment, the vigor, the growth and the future promise of this very special organization. As the President for the first year of your active fellowship, I bid the Class of 1979 a hearty welcome and look forward to your participation in Academy affairs.

Twenty-three years ago I also sat where you are now sitting. At that time I sensed a quality, a completeness, unique to this organization. My continued participation in Academy affairs over the years has only served to solidify that original impression. I learned that this Academy is a special and superior fellowship of orthopaedic scholars well worth whatever time and effort I could contribute to it. The names and faces appearing on this platform will change constantly over the years. Unchanged, however, will be the dedication, skills, loyalty and untold hours of voluntary work those names and faces will represent. In the spirit of that continuing effort, I dedicate my remarks this morning to you, the Class of 1979.

David Kahn, in an article entitled "Religious Roots of a Medical Crisis" published recently in Harvard Magazine, stated,

In 1242, the Holy Roman Emperor, Frederick II, provided that the great secular center of medical learning at Salerno should have the exclusive right to examine and license physicians. Until then, this had been the right of papal legates alone. The student at Salerno was required to spend three years in preliminary studies, five years in medical studies, and one year as an apprentice to an experienced physician. Tuition, room and board cost a good deal of money, so the Christian ideal of free medical care faded and the fee system became the rule.

With the commercialization of medicine, the provision of treatment became a private transaction between physician and patient, and a matter for the courts. The first civil malpractice action on record was brought before an English court in 1374 by a patient who claimed his hand had been maimed by an inept physician.

The physician's reaction to this new threat was to close ranks, and during the latter part of the 14th century, began forming guilds to protect their professional rights and to ostracize illicit practitioners who might have bought fake degrees.

Thus is described the origins of both the fee for service system and organized medical societies as we know them in the western world. I would have much preferred to have reported to you that organized medical societies had their origin in the physician's perceived need for continuing education in order to render more effective patient care. Perhaps that idea was in their minds, but the bare words, read some 600 years later, suggest the catalytic force to be a perceived need to protect their rights. Thus the physicians of the 14th century reacted to a crisis.

This action on their part should not be considered surprising given the physicians' long recognized penchant for independence and distaste for regulations that might bind their professional actions. But what should give us pause is the realization that some 605 years later we physicians, for the most part, are still reacting to professional crises. The next few years might well be the times to try men's souls as far as medicine is concerned. Increasing government interference and regulation in our professional lives can be anticipated. A forceful government drive is underway to restructure the practice of medicine.

I submit we no longer have the time nor can afford the luxury of crisis-related reaction, but must take the initiative in planning and implementing prospective actions that will ensure us a voice in national decisions affecting the future of medicine. If you and I wish medicine to remain one of the bastions of individual enterprise in this country,
we must assume a role of cooperative leadership in our dealings with the government in order to develop together better solutions to deal with some of the inequities in the current system of medical care. Hard decisions face us in the years ahead. Our proposed initiatives must relate to real national needs and must be free of the taint of parochialism and studied self interest. Questions relating to the future direction of our Academy, numbers of orthopaedic surgeons needed for future patient care activities, our role in cost containment, physician competency, physician accountability, and many more are presently demanding answers. We must take the initiative in providing the needed forum to assist all persons and organizations to resolve the answers. Pride in our specialty, pride in our Academy and pride in ourselves demands no less. Rest assured that if we do not take the initiative in this matter, it will be assumed by others, and we may have no input in the ultimate resolution of this compelling challenge of our time. In matters pertaining to the public welfare, the Federal government will intervene when no one else can or will satisfy a perceived need.

As President of this Academy I have chosen to look at tomorrow, because, as humans, we tend to become mired and stagnated in today. I offer for your consideration suggestions as to our course of action in relation to a few of the problems facing us as we strive together in the pursuit of excellence. We physicians are being attacked on many sides for our alleged lack of sensitivity, our mercenary behavior, our distaste for accountability and our reluctant interest in continuing education. Prominent legislators suggest the nation’s health care system to be in a terrible state of crisis. I do not deny that medicine has problems, but I submit that a system of medicine that is associated with five Nobel prizes in medicine in five years can hardly be described as being in a critical state. Our system needs bettering, yes, and it is our obligation to better it, and we best be about it immediately.

The current attack on physicians has come largely out of the crisis in health costs. At present, it is the cost issue that tears at the vitals of the whole medical care system. It is escalating the confrontation between agencies of government, those who practice medicine, and the hospitals in which we work. Clearly, the containment of costs throughout the field is seen by the economic community, the government and the general public as an idea whose time has come.

The following two paragraphs are from a report issued by the Committee on the Cost of Medical Care.

We know how to do many things which we fail to do or do in an incomplete or a most unsatisfactory manner. As a result of our failure to utilize fully the results of our scientific research, the people are not getting the service which they need. First, because in many cases the cost is beyond their reach; and second, because in many parts of the country it is not available.

The cost of medical care has been the subject of much complaint.

There needs to be better control of the quality of medical service and opportunities should be provided for improving quality as rapidly in the future as it has been improved in the past. The practice of specialties should be restricted to those with special training and ability. More opportunity for post-graduate studies should be available for physicians, particularly rural practitioners. The work of some physicians who, even though they are regularly licensed, are nevertheless not competent for many functions, should be closely controlled and improved through supervision and further education.

If I told you that report appeared in this morning’s newspaper, I doubt if I would get much disagreement. The report of the Committee on the Cost of Medical Care was published in 1933—46 years ago. We physicians are being scrutinized, criticized and regulated on a daily basis by politicians as if we were some new disease they recently discovered. Problems relating to the cost, distribution, and control of the quality of medical care we identified 50 years ago and which we have been solving with reasonable and careful success since that time have suddenly been recognized by politicians as issues of considerable political substance.

The continuing debate on how to arrive at a way to provide quality health care at a reasonable cost for the American public will be with us for some time to come. Experts with all sorts of ideas will offer a spectrum of remedies for the problem, depending upon whether they interpret cost or quality of care as the prime consideration at the moment. We can expect to see in the future national proposals and regulations which, in the name of cost containment, will impact on the patient-physician relationship, infringe on patients’ and physicians’ rights, and which will, if past history is a judge, result in sacrificing quality and/or access to medical care. In addition, the adversary position that now exists between government bureaucrats and physicians induces and perpetuates this mistrust.
It must be apparent to all concerned that no one is going to benefit if physicians remain at odds with industry, labor and the government bureaucracy. If you and I are to have a safe, sensible national health policy, lines of communication among these important groups must be improved. The balance of power cannot be vested in any one group, least of all, the faceless, ever-changing bureaucracy that answers to no one and will presume a plan for all unless controlled.

In the final analysis, cost control is mostly a political problem and there is, unfortunately, only so much an individual physician can do alone to effectively reverse rising health care costs. As a group, however, there is much you and I can do together to favorably influence evolving national health policies.

During the past year and a half, two examples occurred which illustrate the positive effect physicians and health care professionals can exert when acting together. The first was the challenge of the voluntary effort organized in late 1977 by the American Hospital Association, the Federation of American Hospitals and the A.M.A. as a combined voluntary effort to decrease hospital costs. In the first six months of 1978, the increase in hospital costs fell 2.9 percentage points from the first six months of 1977. The Chairman of the Council on Wage and Price Stability recently admitted that the design of the voluntary effort addresses the unique problems of its own field better than any other effort the council has seen. Hospitals are one of the few industries in which deceleration has succeeded, and this is significant, considering the rate of inflation in the rest of the economy.

The second example was the challenge in Dr. Tom Nesbitt's A.M.A. Presidential Address delivered in June, 1978, in which he called for individual physicians in their own private practices to voluntarily restrain the rate of professional fee increases. This provides a very visible and extremely persuasive argument in our struggle to preserve the present medical care system which emphasizes voluntary problem solving by the private sector.

I now offer for your consideration a third challenge—to you, the individual practicing orthopaedic surgeon.

Consider yourselves for a moment. You come from the best and the brightest of your generation. You have far more education than the average citizen. You have been subjected to years of grueling training in a medical specialty and have been tested and evaluated by your peers along every step of the way. You have emerged unscathed and stand at the pinnacle. You are leaders in your communities and held in high esteem as individuals. Robert Louis Stevenson said of you, “The physician is the flower of our civilization.” Society has great expectations of you in respect to your behavior in response to their health needs as they perceive them—and that is your challenge.

The nature of your relationship with the public you serve will greatly influence the future direction of our medical care system. You are the most effective public relations persons for medicine I can imagine. Your wisdom, honesty, dedication, integrity and sound clinical judgment could preserve national public support for the maintenance of the present medical care system which you and I sincerely believe best serves the American public. If we lose national public support, we have lost the battle. Neither you nor I can, any longer, afford to be spectators.

Wisdom, honesty, dedication and integrity are attributes you and I insist that all physicians possess in abundance. The fraudulent physician, the incompetent physician, the medical entrepreneur, the medical tradesman, and the insensitive uncaring physician must be considered enemies for the task ahead. Those few among us bear the major responsibility for the public’s hardening attitude toward the American physician. If you and I are to keep national public support on our side, we must respond to its medical needs with compassion and caring. The literature contains several interesting descriptions of role models for physicians. At the beginning of the 19th century, Dr. Thomas Percival of Manchester, England, wrote a code of ethics for physicians which states in part, “that wealth, rank and independence with all of the benefits resulting from them are the primary ends which the physician holds in view.” Since then, it has been difficult to convince the public that this concept is not the cornerstone of the whole medical structure.

I challenge you to reject that concept and accept as your model the description of the true physician offered by Wingate Johnson. “He will be a citizen of humanity, a man with the widest possible knowledge of human nature, and the deepest possible understanding of human motives. He will be a cultured man, ripe in intellectual attainments, but not lacking in emotional sympathy, a lover of the arts as well as a student of the sciences.” Whether or not the public remains on our side will depend, to a great extent, on the physician role model you and I choose.

Sound clinical judgment is based partly on a solid educational background and good clinical training. It must be kept sharp and current, however, by continuing medical education. The columnist, Heywood Broun, had this to say about us some years ago.

My own notion is that there are more fine men to be found among the doctors than in any of the other pro-
It is the cost issue that tears at the vitals of the whole medical care system. Clearly, the containment of costs throughout the field is seen by the economic community, the government and the general public as an idea whose time has come.

fessions. The rigor of the job bring out admirable qualities. But certainly there is no profession in which the change in thought is more apparent from day to day. A clergyman could sleep for twenty years and come back to his pulpit and nobody in the congregation would find him any less adequate in his job than before he went away. I think a lawyer might still get by even after so long a slumber, and I am sure an editor could. But where would a doctor be if he were ignorant of developments in his profession for even as short a time as five years?

I suggest that given your high intelligence to begin with, your long hard period of study, your experience and your acceptance of the need for continuing medical education, the resultant personal gain is to inspire confidence with your skills and abilities. The Swedish physician-author, Axel Munthe, asks the question, "What is the secret of success?" His answer: "To inspire confidence. The doctor who possesses this gift can almost raise the dead."

Many years ago, Sir William Osler spoke of the three A’s of an effective physician: Ability, Affability, and Availability. If living today, Osler would have to add a fourth A—Accountability. Social pressures for accountability are strong throughout the land and forces are now swirling about us under the name of recertification. In our democratic society, there is a continuing contest between the equity of the public good and the equity of individual freedom. In a narrow view then, the issue of specialty recertification can be seen as an intellectual struggle between individual freedom and the public good.

I suspect most of us feel we are being pushed along unwillingly by these forces and pressured by threatening programs which demand specialty recertification as their ultimate outcome. We have been unrealistically expected to welcome peer review, medical audit and recertification with its implied threat of exposure. Somewhere in the background is the lurking suspicion that if these factors were not welcomed, they should be forcibly encouraged or legislated. The major incentive for participation in programs to demonstrate competence must not be to avoid ridicule and loss of practice privileges. The bottom line should be documented improvement in patient care and satisfaction.

In the field of orthopaedic surgery where we have in our hands the power to do so much good for our patients, ineffective or incompetent treatment can only be viewed as an affront to our conscience and the conscience of the public we serve. We must agree, as professionals, that competent physician performance is desirable, approved and admired and insure that it is widely practiced. If we do not assume this responsibility ourselves, society will surely demand that the vacuum be filled and the Federal government will assume this responsibility. To date, Federal law is silent on the issues of specialty certification and recertification. But, a law suggesting a Federal examination for licensure and relicensure has been discussed in Washington.

It would be well for all of us to be reminded of the warning issued by Justice Brandeis when he said, "Experience should teach us to be most on our guard when the government's purposes are beneficial. The greatest dangers to liberty lurk in insidious encroachment of men of zeal—well meaning but without understanding."

Yes, we must be prepared in the very near future to give an accounting of ourselves and our competence to deal with patients on a continuing basis. But let us preserve our autonomy and assume this responsibility for our behavior as orthopaedic surgeons. How else can our practice be judged otherwise than in practice, and by those who practice? In my view, the main elements of physician competence are knowledge, abilities, including communication skills, technical skills, self-discipline and professional attitudes and, finally, clinical judgment. An individual physician should only be held accountable for demonstrating competent performance within the context of the unique profile of his or her own practice.

We should and must explore, together, alternative and innovative methods to improve medical care and our own performance. We must devise, together, programs tailored to individual physician needs and abilities. We must find, together, the motivation which will lead to cooperative, comfortable, lasting behavioral changes with
Social pressures for accountability are strong throughout the land and forces are now swirling about us under the name of recertification. In our democratic society, there is a continuing contest between the equity of the public good and the equity of individual freedom.

the ultimate goal of better patient care. In any system finally developed, there must be a balance between the validity and reliability of the measures and the risk and cost to the physicians involved. If we, as orthopaedic surgeons, work together on this genuinely professional purpose, we can devise a system to ensure and monitor our continuing competence that is judicious, effective and fair both to patient and to doctor.

In a society concerned with rising health costs, the distribution of physicians by geography and by specialty has become a prominent issue both in medical and political circles. The political emphasis appears to have changed from how many physicians does the country need to provide quality medical care to its citizens, to how many physicians can the country afford. The medical view argues that health manpower projection is a highly imperfect science lacking a solid data base. Although there is very little disagreement about the need for more primary care physicians, there is no consensus at the present time on the specific numerical or proportional need for specialists. New scientific advances or social priorities can, overnight, render the best laid plans obsolete.

In my view, the public can best be served under an educational system which maximizes the freedom of individuals to choose and develop their career interests and opportunities under normal competitive conditions. This applies to both the selection of medicine as a career and the choice of orthopaedic surgery as a specialty. The problems of specialty and geographic distribution of physicians should be resolved without the institution of legislative control. Unfortunately, time is running out and that traditional American view may soon be of only historical interest. We must look quickly and realistically at orthopaedic manpower requirements, not only in relation to population, but also in relation to the delivery of orthopaedic services and the society's need for these services. I can assure you that if we do not soon greatly increase our efforts to define these problems ourselves, the Federal government will do it for us. Let me trace with you the background for my concern.

In October 1976, Congress enacted the Health Professions Educational Assistance Act requiring specific minimum national percentages for filled first-year residencies in primary care. That legislation requires that 50 per cent of all filled first-year residency positions be in primary care by July 15, 1979. For the purpose of this legislation, HEW has defined primary care as family practice, general internal medicine and general pediatrics.

You should also know that six months before Congress passed the Health Professions Educational Assistance Act of 1976, but confident of its passage, the Secretary of HEW created the Graduate Medical Education National Advisory Committee. This Committee was given the charge to analyze the distribution of medical specialties in the United States and to evaluate alternative approaches to ensure an appropriate specialty balance. This Committee, known as GMENAC, is concerned with national goals for the distribution of physicians in graduate training and will recommend federal policies, strategies and plans to achieve the established goals in its final report. In a recent report to GMENAC, the Administrator of HEW's Health Resources Administration presented an overview of concepts that are presently being considered by the Administration regarding health manpower strategies. He admitted that a possible approach by the Federal government to manpower issues is to tinker with residency requirements in order to remedy so-called imbalances in medical specialization. He stated that possible programs for such activities could include a certificate of need policy for residency programs, or a voluntary effort at better balancing training with manpower requirements and standby mandatory controls if the voluntary effort were to fail.

Early in 1977, responding to medical manpower concerns expressed by Congress, the United States General Accounting Office released a report of a study it conducted entitled, "Are Enough Physicians of the Right Types Trained in the United States?"

This report concluded that a system does not presently exist in either the private or public sector to coordinate and regulate the size and specialty mix of residency education programs in accordance with the physician manpower needs of the nation. It recommended that the Secretary of HEW discuss with the Coordinating Council on Medical
Education the possibility of entering into a contract to develop and implement a system for seeing that the number and type of physician specialists and subspecialists be consistent with the approximate number needed. It was further recommended in the report that if organized medicine acting through the Coordinating Council on Medical Education did not choose to accept this responsibility, the Secretary of HEW should do so. To date, the position organized medicine has taken in response to this report is mostly limited to several pronouncements stating that government interference in this issue is both unwarranted and unwanted.

Four months ago Secretary Califano, in an address to the Annual Meeting of the Association of American Medical Colleges, announced his four tenets of national policy in the health professions area for the years ahead. His second tenet of national policy states that graduate medical education programs are producing too many specialists and subspecialists—such as surgeons. He invited medicine to develop effective ways, first, to decide how many residencies are needed nationwide and, second, to apportion residencies rationally, according to need.

While medicine argues and refers to subcommittees for more debate, GME NAC, organized by the Secretary of HEW in April, 1976, has been steadily at work on this issue. In my view, medicine to date has ignored the challenge to deal with these problems. Only the most naive could fail to see that HEW clearly appears to be seeking mandatory power to redistribute physicians in this heretofore unregulated area which well could result in congressional proposals for direct federal control over residency positions.

If that does not make you sufficiently uncomfortable, consider that in 1978 there were 11,500 first year residency positions offered in non-primary care disciplines. Of this total, slightly over 6,000 or 54 per cent were in the surgical specialties. Within the total of surgical specialties, orthopaedic surgery offered approximately 620 positions or 10 per cent of the total surgical number. Because of Federal laws that mandate graduate medical education in primary care and restrict entry of foreign medical graduates into the system and because a decreased number of medical school enrollments is forecast for the next decade, future projections indicate that only 8,750 physicians may be available to fill the 11,500 presently offered first year positions in non-primary care disciplines. Fifty-four per cent of 8,750 equals 4,725 physicians available to fill the surgical positions. Since orthopaedic surgery constitutes 10 per cent of the total surgical number, it is easy to calculate that our available first year residency positions could shrink to 473. Thus, we can possibly expect to lose anywhere from 130 to 150 first year positions in the next few years if the Federal government pursues either a legislative or regulatory approach to the distribution of graduate training positions.

Unless I am grossly misreading the evidence I have placed before you, it seems apparent we are quite likely facing a significant decrease in numbers in the not too distant future. This decrease will affect us in two areas: the number of orthopaedic resident education positions open to us and, ultimately, a decrease in membership growth of this Academy.

The sad truth of the matter is that we, the providers of orthopaedic care and the teachers of our residents, do not know ourselves how many orthopaedic surgeons we should train for future national needs. I believe it is imperative that we begin immediately to increase our efforts to gather orthopaedic manpower data that is more realistically related to society’s need for orthopaedic services as perceived by you and me—practicing orthopaedic surgeons—and not by government social scientists or bureaucrats. I admit a sense of outrage at this Federal presumption, but I am fully convinced that if we do not increase our efforts to address this issue for ourselves, the Federal government will. If you and I fail to use our own expertise to address this difficult and ill-defined issue, I fully expect that HEW will ultimately react to a future GME NAC recommendation and, by Federal regulation, tell us how many orthopaedic residents we may accept each year. On the other hand, if we do make the effort to realistically reappraise, redefine and properly support the orthopaedic proportion of the nation’s medical manpower pool, chances are good that any forthcoming recommendation will carry weight in Federal regulatory debates on the subject.

I believe this effort should be expanded within the Academy’s Committee on Manpower by seeking and coordinating the expertise of the Association of Orthopaedic Chairmen, the American Orthopaedic Association, the Residency Review Committee for Orthopaedic Surgery, the Board of Councilors and others familiar with health manpower needs. Some adjustment in previous charges given to these bodies need be made in order to allow them to accept this assignment, but no procedural game-playing should be allowed to block their acceptance of this challenge. I cannot express to you too strongly my concern on this issue which I believe promises to constrict and restrain our medical specialty. I believe it is critical for your future and that of your students that we face this issue squarely and immediately.

Now, ... it is time we were about our business. The future will be with us ... tomorrow.
Dr. and Mrs. Gartland greet his classmate, Dr. William R. Anderson, who flew to San Francisco from his San Pedro, California home for the reception which honored the new President of the American Academy of Orthopaedic Surgeons.

The Alumni Association of Jefferson with the Jefferson Orthopaedic Society gave a reception on Friday, February 23 in the Pavilion Room at the Fairmont in San Francisco to honor the new President of the Acad-
New President

Dr. and Mrs. David B. Heller ’47 congratulate Dr. Gar­
tland on his position. Dr. Anthony W.
Salem, a member of the Department’s faculty at Jefferson, is in center.

Dr. Michael A. Paoletti ’56 and Mrs.
Paoletti sign the guest register at the
Fairmont reception. Above: Dr. N. LeRoy
Hammond ’66 (left) and Dr. William W.
Bennett, a third year resident in Jefferson’s
orthopaedic surgery department.

emy. Several hundred alumni and former
residents were present to wish Dr. Gar­
tland success in his new post.
Dr. Hal E. Snedden '50, Clinical Associate Professor of Orthopaedic Surgery and Chief at Bryn Mawr Hospital (right), discusses meeting with Dr. James E. Tibone '73 (left) and Dr. Robert P. Good '73.

Three more Jefferson trained orthopaedic surgeons at the Fairmont party. From left, Dr. Gene Levin, former resident, Dr. James P. Marvel, Jr. '62 and Dr. Ronald J. Horvath '64.

At left: An unidentified guest is flanked by Dr. John M. Fenlin '63 and former resident Dr. Richard Rothman (right). Below: Two San Franciscan alumni, Dr. George A. Winch '49 (left) and Dr. Clyde C. Greene, Jr. '41, were on hand for the party.
Orthopaedics at Jefferson

Chairman discusses the men who made the history of his department

The Department of Orthopaedic Surgery celebrates its 75th birthday in 1979. Enjoying a reputation for strength and vitality on the Jefferson campus the Department is recognized and respected nationally. Positions in its resident education program are eagerly sought. Its present status was earned by the contributions of numerous people over the past 75 years. This is their story.

Orthopaedics at Jefferson dates its beginning to Dr. O.H. Allis, a member of the Department of Surgery, who in 1883 was named Clinical Lecturer in orthopaedic surgery. He continued in that role until his resignation from the faculty in 1891. He was succeeded in this position by Dr. H. Augustus Wilson of the Class of 1879 who is remembered in memorials as "a gentleman and a fine teacher." Dr. Wilson was destined to become the first Professor of Orthopaedic Surgery and Orthopaedic Department Chairman in Jefferson history.

The Faculty of the Jefferson Medical College underwent a significant reorganization in 1904, and many new departments were created. The minutes of the Administrative Committee meeting of November 28, 1904 (forerunner of the Executive Council) state, "In view of the fact that the faculty is now composed of Professors who teach and examine in genito-urinary surgery, orthopaedic surgery and laryngology, it is suggested that the Professor of Practice of Surgery and of Clinical Surgery shall be relieved of teaching subjects pertaining to these branches." Orthopaedic Surgery thus gained department status at Jefferson in 1904, and H. Augustus Wilson was appointed to the orthopaedic Chair as the first professor. It is of some interest to note that, despite the suggestion of the Administrative Committee in November 1904, the Department of Surgery continued to teach fractures to Jefferson medical students until about 1948.

Dr. Wilson appointed Dr. J. Torrence Rugh of the Class of 1892 to serve as Assistant Professor of Orthopaedic Surgery in 1905 and Dr. Arthur H. Davidson as Instructor of Orthopaedic Surgery in 1908. Both of these men served the Department with great distinction until their retirement from clinical practice. Dr. Wilson ultimately attained a national reputation which reflected favorably on Jefferson and its new Department. He served as first Vice-President of the American Orthopaedic Association in 1894 and President in 1902. He retired from the Chairmanship in 1918 and was succeeded as Professor of Orthopaedic Surgery by Dr. J. Torrence Rugh.

Dr. Rugh, a hearty open man, was greatly admired by the orthopaedists of the United States and was revered by his hosts of patients. He spent considerable time overseas as an orthopaedic consultant during World War I and gained valuable experience in the operative treatment of battle casualties. He applied the lessons learned in England and France to the patient problems he was presented at Jefferson. During Dr. Rugh's tenure the treatment of orthopaedic disabilities gradually shifted from the mechanical treatment modalities of the "brace and buckle" era to the surgical corrections of deformities.

In 1930 the Department of Orthopaedic Surgery was endowed by a substantial financial gift from the family of Mr. James Edwards, a manufacturer of children's shoes in Philadelphia. Since 1930, the Chairman of the Department of Orthopaedic Surgery at Jefferson has been designated the James Edwards Professor. J. Torrence Rugh became the first James Edwards Professor of Orthopaedic Surgery at Jefferson in 1930. He was a frequent contributor to the orthopaedic literature and maintained a national orthopaedic posture that reflected quite favorably on Jefferson. Dr. Rugh served
as Vice-President of the American Orthopaedic Association in 1917 and again in 1929. He retired from the Chairmanship in 1939 and was succeeded by Dr. James R. Martin, the second James Edwards Professor.

Dr. Martin had served as Chief Resident Physician at Jefferson before joining the Department of Orthopaedic Surgery, originally as Dr. Rugh's assistant in practice. Unlike Dr. Rugh, Dr. Martin was a quiet person quite content with his work and teaching at Jefferson, who shunned the national scene. He was a very dignified gentleman but lacked Dr. Rugh's background and skill in operative orthopaedics. Unfortunately, as a result of Dr. Martin's totally local presence, orthopaedics at Jefferson lost most of the national prominence it had gained under Wilson and Rugh. Dr. Arthur Davidson originally appointed to the orthopaedic faculty by Wilson in 1908, continued in an active teaching and practice role during Dr. Martin's tenure. Two additional members of the Department serving under Dr. Martin were Drs. Ralph Hand and Thomas Horowitz. In addition to his duties at Jefferson Dr. Hand functioned as orthopaedic consultant to Saint Edmund's Home for Crippled Children in Rosemont, Pennsylvania. The association between Jefferson and St. Edmund's Home continues today, with Dr. John J. Dowling '47 assuming the consultant role on Dr. Hand's retirement. Dr. Thomas Horowitz was a bright energetic physician whom many considered to be of professorial calibre. He contributed many fine papers to the orthopaedic literature. However, upon his return from service in World War II, he chose not to come to Philadelphia but relocated in Indianapolis where he did become a full Professor at the medical school but not Department Chairman.

At the time Dr. Martin was called upon to assume the Chairmanship at Jefferson he was Chief Surgeon at the State Hospital for Crippled Children in Elizabethtown, Pennsylvania. Because of his deep interest in the care of the handicapped child, he initiated an association between Jefferson and the hospital at Elizabethtown that continues to this day. At the present time four orthopaedic faculty members function as active consultants to that institution, and two Jefferson orthopaedic residents are assigned there each year to obtain training in children's orthopaedic problems.

Probably the major accomplishment to occur during Dr. Martin's Chairmanship was the establishment of the resident training program in orthopaedic surgery at Jefferson. Resident training in orthopaedics at Jefferson dates from 1946. Begun modestly with two residents appointed annually, it also involved two hospitals, Jefferson Hospital and the State Hospital for Crippled Children at Elizabethtown. Each succeeding Department Chairman has strengthened and enlarged the program in keeping with orthopaedic educational needs. Dr. Martin retired as Chairman in 1950 and was succeeded by Dr. Anthony F. DePalma '29 as the third James Edwards Professor. When Dr. Martin died several years later he provided funds in his will to build the James R. Martin Nurses Residence which now stands on the southeast corner of Eleventh and Walnut Streets.

By 1950 three essential ingredients were in place that would insure the future growth and development of orthopaedic surgery at Jefferson. Dr. Wilson had provided Department status; Dr. Rugh pioneered the surgical emphasis for the specialty; and Dr. Martin initiated the resident education program. The appointment of a full-time faculty in orthopaedics was still, however, 20 years away. Drs. Wilson, Rugh, Martin and DePalma all engaged actively in the private practice of their specialty and con-
tibuted time to Jefferson for teaching and for managing the administrative details of their departments.

Dr. DePalma soon proved himself to be a strong, forceful teacher and a busy clinical orthopaedic surgeon. He is a superb surgical technician and his practice grew to huge proportions as his reputation enlarged and spread beyond the confines of Jefferson. He is truly a surgeon’s surgeon and is happiest when working in the operating room. He is a tireless worker both in his own clinical practice and in academic pursuits, and Jefferson’s national prominence in orthopaedics gradually became larger. Dr. DePalma, a prolific medical writer produced many orthopaedic texts, several of which are still considered classics.

He gradually enlarged the resident education program until, at the time of his retirement in 1970, it numbered 24 residents in total. During the period 1950-1970, the hospitals used for resident education in orthopaedics were Jefferson, Philadelphia General, Methodist Hospitals and the State Hospital for Crippled Children at Elizabethtown.

During his Chairmanship Dr. DePalma established the orthopaedic research laboratory in the space formerly occupied by the Department of Pathology on the fifth floor of the College building. In 1953 he became founding Editor of Clinical Orthopaedics, a respected series of volumes in symposium form, published by J.B. Lippincott Company. Now known as Clinical Orthopaedics and Related Research, the publication has continued to grow in circulation and respect over the years. It is now supervised by a national Board of Editors and is published eight times yearly. The original editorial office for this publication was on the sixth floor of the Curtis Clinic Building in a small room now occupied by the senior orthopaedic resident. DePalma also founded the Jefferson Orthopaedic Society in 1960. This group has remained quite active and holds a two day well attended scientific meeting on the Jefferson campus yearly. Alumni and residents across the country participate.

In 1965 he obtained one of the first orthopaedic training grants from N.I.H. in the country. Many who now hold active faculty rank within the department were trained at Jefferson under Dr. Palma. This group includes Drs. Gerald E. Callery ’43, Richard A. Cautilli ’58, Jerome M. Cotler ’52, John J. Dowling ’47, John M. Fenlin ’63, J. David Hoffman ’56, James M. Hunter ’53, Phillip J. Marone ’57, Renato Nardini, Mahaveer Prabhakar and Hal E. Snedden ’50. Dr. DePalma was a very active participant in Jefferson affairs and chaired many important faculty and medical staff committees. He served as President of the Alumni Association, 1959-1960. In 1975, five years after his retirement from the Chairmanship, Dr. DePalma was awarded the Alumni Achievement Award. He retired as Chairman of the Department in 1970 and Dr. John J. Gartland ’54 followed as the fourth James Edwards Professor. Dr. Gartland originally joined the Department in 1952 after completing his orthopaedic education at Columbia-Presbyterian Medical Center.

Dr. DePalma made many lasting and significant contributions to the growth and development of orthopaedic surgery at Jefferson. Although intangible, perhaps his most important contribution was a legacy of departmental strength, vitality and professionalism. He inherited a department that was admittedly weak in staff numbers, patient load and faculty influence. His tireless vitality and enthusiasm turned the attention of large numbers of students toward orthopaedic surgery as a career. Imperceptibly and gradually the Department grew in numbers, patient load, teaching responsibility and faculty respect during his Chairmanship. At the time of his retirement in 1970, the Department of Orthopaedic Surgery, although small by most faculty standards, was generally agreed to be one of the stronger departments.

Dr. Gartland became the first full-time Professor of Orthopaedic Surgery at Jefferson when he accepted the Chairmanship in 1970. His immediate tasks were gradually to build the full-time faculty component to complement the volunteer faculty already present and to restructure the resident program in keeping with the orthopaedic educational needs of the present decade. By 1970, Thomas Jefferson University Hospital had become a sophisticated medical center with a significant level of tertiary care treatment demands. The student body had been enlarged leading to an increase in the number of affiliated hospitals required for the undergraduate and graduate teaching programs. Specialized care was required for children’s orthopaedic problems and for surgery of the hand. Many men who trained in orthopaedic surgery at Jefferson under Dr. DePalma had gone to head orthopaedic services at hospitals now incorporated in the Jefferson affiliated program.

Dr. Roshen N. Irani of Children’s Hospital in Philadelphia was brought to Jefferson in 1972 to head the Division of Pediatric Orthopaedics within the Department. Dr. James M. Hunter ’53 had obtained specialized training in hand surgery and, from the outset, had confined his practice to this specialty. Along with his associate, Dr. Lawrence H. Schneider, he moved his office to a building adjacent to the Jefferson campus and gradually built a Hand Center of national and international repute. (JAB, Winter ’76) Dr. Mark Nissenbaum ’69 became the third associate in 1976. This group then became the Division of Hand Surgery within the Department of Orthopaedic Surgery. The orthopaedic departments at Methodist, Bryn Mawr and Lankenau Hospitals were brought into the Department as formalized affiliations for graduate education in orthopaedic surgery. Dr. Marone heads the service at Methodist Hospital; Dr. Snedden is Chief of orthopaedics at Bryn Mawr Hospital and a similar role is played by Dr. Dowling at Lankenau Hospital. Affiliation agreements were negotiated with A.L. duPont Institute in Wilmington, Delaware, for an additional rotation in children’s orthopaedics and with the Wilmington Veterans Administration Hospital. Cooperative programs were arranged with the Department of Rehabilitation Medicine at Jefferson and with the Division of Rheumatology within the Department of Medicine. By 1974 the restructuring of the resident education program was complete, and it was re-
Dr. Anthony F. DePalma '29, the James Edwards Professor from 1950 to 1970. The portrait was commissioned by the class of 1962.
Personal identity has to do with categories whereby one defines the self. Most men asked what they are will probably respond with the name of their occupation. Identity for women has traditionally had less to do with professional categories than with the individual whom a woman marries. It is she who, despite the inroads of feminism, changes her name and adopts a new title, "Mrs." Perhaps because medicine demands so much of its practitioners, the physician's sense of self is more intimately bound up with his job than is the case with other professionals. The impact of his job on identity is suggested by the fact that such a category as "the doctor's wife" exists. The language of social stereotypes recognizes that what "he" does determines or at least affects who "she" is.

The term, "the doctor's wife," conjures up small town American values and social structures. Appreciation of and belief in those values and structures peaked in the 1950's. At the core of that world view is the concept of family. The physician's family serves as a good representative of the ethos of that period. Because her husband was so very busy with his practice, the doctor's wife had almost complete jurisdiction over family activities. He simply hadn't the time to help out much around the house. Frequently, in fact, when older Jefferson alumni are asked how they managed to amass the pages and pages of credentials that make up their curricula vitae, they credit their wives' almost exclusive management of the home and children.

In 1968, seven years after Jefferson admitted women to the study of medicine, women made up nine per cent of the total medical school enrollment throughout the country. Ten years later that percentage has risen to 22.4% nationally. Of the 235 freshmen who entered Jefferson last fall, 42 or 17.9% are women. In order to gather data on the life styles of its alumnae, the JAB mailed questionnaires to 235 women graduates (the number does not include those who received degrees in 1978). Of the 106 women who responded, 62 or 58% are married. Of these, 66% are married to physicians, and 40% to Jefferson men. When a Jefferson alumna marries, she is most likely to marry a physician. Since 1974, every marriage reported to a physician has been to a Jefferson man. "The doctor's wife" has herself become a doctor. She is in effect filling two well defined roles whose demands may be at times mutually exclusive.

It is probably at least as difficult to be a wife and a doctor as it is to be a husband and a doctor; the major conflicts arise however between professional and maternal demands. The 62 respondents who are married have had 77 children—an average of 1.2 children per marriage.

A meeting of the 1961 Society—Jefferson's student organization named for the date women were admitted—suggests the kinds of pressures women feel over role conflicts. The JAB staff was invited to attend an informal luncheon meeting last year so that the concerns of Jefferson's female students could be made evident. Several of the women were troubled by the import of lectures dealing with modern psychological theories. A woman doesn't need to attend classes at a medical school to get the disquieting message—as does the mother, so goes the child. Some of the '61 Society women felt angry that the students themselves must contend with a wrenching personal dilemma between two determinants of identity—sex and profession—at a time when they need to feel a complete commitment to their work. The women were not so much unsettled by a sense of discrimination as they were frustrated by the conflicting demands inherent in their own perceptions and feelings of who they are.

As with the women's movement in general, the emphasis was not, as it might have been nine years ago, on the politics or "power" relationships between men and women, but on the pragmatics of the individual woman's adaptation to her circumstances. The changing emphasis from "what they are doing to us" to "what I can do for myself" may also be reflected by the questionnaire respondents' preference for membership in strictly professional as opposed to feminist organizations. Only 6% of the alumnae reported belonging to a women's group.

The massed rhetorical flourishes of the movement mentality have given way to the quieter, more speculative and idiomatic language of the individual. In its investigation of the marital styles evolving as "the doctor's wife" becomes a doctor, the JAB staff has tried to capture that sense of individual men and women trying to work out ways of living with one another. The five interviews of Jefferson couples that follow attempt to focus on how each person views and adapts to the circumstances of marriage and medicine. Perhaps the only conclusion their experiences invite is a caution against glib generality.
Two Surgical Careers
And Four Children
Add up to
A Complex Life Style

In June 1965 the *Evening Bulletin* startled its readers with an editorial cartoon which posed the question "Does the M.D. degree stand for medical doctor or mommie dear?" Amilu Martin was graduating from Jefferson. She was one of eight women in the class and the first married woman and mother to receive a degree from the Medical College. Her husband, Alfred, had preceded her by one year and spent her senior year as an intern at the Jefferson Hospital.

Fifteen years later the attractive couple, who practice surgery together in Colorado Springs, reflected on those years in Philadelphia with disbelief and wonder. "It was not easy. Juggling schedules so one of us could be home with the children each evening was a problem. We coped," they remarked, "and only a few nights did we have major conflicts."

Joe, the eldest, was born the fall of Alfred's first year. Amilu had met and married while a medical technologist at the University of Colorado. She entertained no thoughts of medical school until her arrival in Philadelphia. "We were living in a grubby apartment at 9th and Pine and my priorities were to find an obstetrician and a job in that order. Warren Lang filled the first requirement; Tom Nealon helped with the second," Amilu recalls. "I worked in the Department of Surgery for just three weeks, delivered Joe in September and was back at work in another week."

While working in the surgery department, she became aware that Jefferson was to admit its first female students in the fall of '61. Al, incredulous but supportive, endorsed her idea for applying. "I took the MCAT's, did well and finally was interviewed for one of those eight precious places. I was assigned to three psychiatrists and never completely understood the implication. However, I must have done well because the acceptance notice was subsequently received." With her courses in medical technology she needed only two credits in physics. She completed this requirement at Temple prior to matriculation the next fall.

So in 1961 both the Martins were students at Jefferson. Al, who was born in Nebraska, always had wanted both

*Drs. Amilu and Alfred Martin with their sons, Joe and Bill, at her graduation in 1965.*
As they reminisced, the Martins began recalling images of faculty members during those years. "K.G. (the late Kenneth Goodner, Professor of Microbiology) was a master at playing with peoples' minds. He was a great disciplinarian. Then there were the anatomists ... Ramsay, Michels and Hausberger ... all fine teachers. And John Hodges totally prepared us for the rigors of clinical medicine. There was a very special spirit in the Medical School in the early sixties." They recalled with fondness the kindness of a Thanksgiving Day dinner invitation from Dr. and Mrs. Ramsay and of being entertained by the Hausbers. And it was not only the faculty members who showed interest in the students but the supporting staff as well. Leo Riordan (the late Mr. Riordan, Director of Public Relations) was particularly enthusiastic about their story. Miss Wint (the late Miss Marjorie Wint, Registrar of the College) knew everyone by name including the Martins' sons whom she enrolled at the time of their births.

Al concluded, "Our years at Jefferson were an indoctrination to a way of life."

Following Amlu's graduation in 1965 and the completion of Al's internship the family moved west. They rented a home in Denver, found live-in help for the boys and began her internship and his surgical residency at the University of Colorado. Al was certain of his choice of specialty, but at this time Amlu was anticipating a career in obstetrics and gynecology. Perhaps her third pregnancy during this period dissuaded her, for she decided on a surgical residency. Amlu, who was the first female surgical resident at the University, claims she experienced no prejudice, received equal treatment and certainly was given her share of difficult assignments. "The only prejudice I can recall was from a high school teacher who counseled me against ambitious goals."

Although the residencies were grueling both found this a time for concentrated study, intensive learning and satisfaction with the discipline.

During this five-year period when the fourth and last Martin child was born, they were on call every other weekend. Time with the children was precious if limited. Asked how they feel this schedule affected their family relationships, both responded that "the children never knew anything different. Consequently they became totally self-sufficient and very interdependent." "Telephone discipline was a refined art for me," notes Amlu. The children, now 18 through 9, are well adjusted, bright, happy and do not seem to suffer from having parents who are pursuing demanding professional careers.

Upon completion of their residencies, Al had a commitment to the Berry plan and for two years the family returned to the east coast for a stint at Bethesda. Amlu recalls these two years as a "breather." She served as Director of an emergency room in a suburban hospital, and although she passed her Boards during this period, it was an easy time following the years of residency training.

During the Bethesda experience, the Martins had to make decisions regarding their practice, their home and their future. Although they had never operated together, the surgeons elected to work as a pair and, since they had enjoyed the experience at the University of Colorado, decided to settle in Colorado Springs.

The Martins, who are presently living in a custom-built home there, are totally enjoying their partnership which they feel benefits their patients; they also are involved in numerous associated activities. They both hold the rank of Assistant Clinical Professor at the University of Colorado and teach approximately two months a year. Both enjoy this access to academy and the attending responsibilities. Al presently is President of the county medical society while Amlu is Treasurer of the state society. Neither feels an allegiance to the AMA although both are active in the meetings of the American College of Surgeons.

When asked about family skiing at nearby posh resorts, they shake their heads and agree that walking out their back door into the quiet and privacy of the mountains for several days of backpacking is more to their tastes. As were their years at Jefferson, this too is an indoctrination to a way of life.

N.S.G.
"Wednesday night we got married; Thursday night," says Lynne Porter, M.D. '73, "I was on call for my ob-gyn clerkship." Lynne Porter and Frank Borgia, M.D. '73 married at the end of their junior year at Jefferson while they were completing the year's cycle of clinical clerkships. We went out to Langhorne," Lynn says, "where a Justice of the Peace performed the ceremony in his big, old house. Two Jeff classmates stood up with us, and two friends of mine went along. We all came back to my apartment in Orlowitz. I put on my jeans and T shirt, and we ate cake and drank wine or champagne—I can't remember which." Thinking back on that scene seven years ago, Lynne Porter's angular face softens a little, "It was really nice. Our wedding pictures look more like a picnic gathering driven indoors by rain than a reception.

The only people who regretted the ceremony were my parents. I'm their only child. In the first place, they were surprised when I decided to study medicine. My father's mind set is such that he couldn't understand why I didn't have a female cadaver. I guess, though, he thought medicine was more down-to-earth than my first career choice. I wanted," says Porter whose headlong conversational manner allows her to veer easily to another topic, "to be a marine biologist. I pictured myself scuba diving with Jacques Cousteau. I even started taking French to prepare for the expeditions. When it dawned on me that there were no women aboard the Calypso and that I wasn't likely to be the first, I decided to become something else."

Asked if being a woman made the study of medicine more difficult, she answers emphatically no. "I never looked for trouble, though; I just did my thing. When I was a medical resident and a g.i. fellow at Brown University affiliated hospitals, the female pre-med and med students were much more likely than my peers to look for and so to find trouble."

To be fair to the Brown women, it is difficult to imagine Porter having trouble with male colleagues on account of her sex. She has a powerful personality and a spirited sense of humor which keeps her outspoken comments from seeming brash.

Despite the fact that Lynne Porter is a gastroenterologist, her dynamic, assertive manner makes her resemble the stereotypes associated with surgery rather than internal medicine. The surgeon in the family is her husband, Frank, who confesses that people, even those outside the medical profession, tell him he isn't much like a surgeon. A gentle, easy-going fellow, Borgia quietly...
interjects qualifiers and corollaries to temper his wife’s assertions. They seem to have a good time together, and Frank, who obviously appreciates his wife’s humor, says that he’s “proud of Lynne’s accomplishments” and that he “likes being married to a female physician.”

Responding to the compliment, Lynne says, “Frank has a good enough ego so that he can deal with me as an equal. He can’t con me though. I’ve heard guys say to their wives, ‘Don’t bother me; I’m saving lives.’” Frank can’t put me off with one of those self-important lines.” Such statements suggest the degree to which power is evenly distributed in the Porter-Borgia marriage. The parity seems to spring from and in turn contribute to a deep mutual respect.

“Our relationship,” Lynne says, “is very important to me—not marriage per se, but our relationship. I don’t want ‘us’ to deteriorate to a divorce statistic. I think,” she says slowly and carefully choosing her words, “that a divorce would represent one of the great failures of my lifetime. I just don’t want that pain. When I was trying to decide whether to get married, I really worried first if I should do it and second if it should be Frank. I never thought about the implications of marrying a physician, and I didn’t at all consider whether I should wait until I finished school. It came down to our deciding we’d do better together than apart.”

Although they became acquainted with one another when taking anatomy, they didn’t go out with each other until the outset of their junior year. “He arrived at Jeff,” Lynne says, “engaged. I found out and concentrated on other people. By the time he broke off with that woman, I was engaged to one of his fraternity brothers. Phi Chi,” she adds clarifying the reference. “But we became good friends so I fixed him up with some of my girl friends...knowing,” she adds, “that it wouldn’t work. Well,” Porter continues with no further mention of her own engagement, “I just decided that I really liked Frank so I (what’s a good word?) ah, ‘plotted’ to facilitate our getting together.”

After graduation, Frank headed to Boston for a Tufts affiliated residency; Lynne went to Providence and a Brown affiliation. They lived in Foxboro, Massachusetts, located midway between Providence and Boston. They agree that one of the roughest times in their marriage was the year that Frank was on every other night. For the first, second, fourth and fifth years of his residency, he was on every third night. The year he was on every other night coincided with Lynne’s last year of her internal medicine residency. “It was the first year,” she recalls, “that I was out from under the heavy schedules. I was ready to do things. Frank had no conversation; he couldn’t talk about anything but surgery because he was, literally, aware of nothing else. Even talking about his work wasn’t too entertaining because he would at times actually fall asleep in the middle of a sentence. Beauregard,” she says, “was my salvation.” Beauregard is a rather large, gray-striped tabby whose quick and affectionate response to Lynne’s voice supports her contention that the cat was a better conversationist that year than her husband.

“Looking back,” Frank says, “I’m surprised those years worked out as well as they did. The situation was difficult to begin with—residencies in different cities, that is. We both worked hard and got more tired as time went on, but we really were able to support each other emotionally.”

“We established a pattern,” continues Porter. “If I wanted to go somewhere and Frank couldn’t go with me, I went by myself. I still go to the theatre, ballet or symphony alone if I have to. Staying home by myself would just make me feel resentful.”

The arrangements Porter and Borgia made to accommodate each other’s careers in New England have carried over into their present lives in Pittsburgh, Pennsylvania. Again, they have decided to live midway between the places where they work. Frank belongs to a surgical group practicing in Natrona Heights (a community north of Pittsburgh on the Allegheny River), and Lynne is a Research Instructor at the University of Pittsburgh, where she is studying the effects of alcoholism on the relationship between liver functions and estrogens. They live in Oakmont, Pennsylvania, which is located between Natrona Heights and the Oakland section of Pittsburgh where the University is.

Though few things disrupt Borgia’s placid manner, he does grow excited when he talks of Pittsburgh. He is from the area, and he, like so many natives of that locale, loves the place. He went to college there—Washington and Jefferson in Washington, Pennsylvania. Despite the fact that he thinks highly of the education he received at Jefferson Medical College, he stresses the fact that Philadelphia is not Pittsburgh. He missed the warmth and hardiness characteristic of Western Pennsylvanians, and all of Philadelphia’s historical buildings did not, he feels, make up for the loss of the rugged beauty of the Pittsburgh landscape.

Porter, a native of New Hyde Park, New York, confesses that she too has quickly and unexpectedly grown fond of the area. “When we told friends from New England or Philadelphia that we were moving to Pittsburgh, they would express their sympathies or offer condolences, but,” she says, in indignant defense of her adopted city, “none of them had even been there.”

Porter has also taken advantage of one of the recreational offerings popular in the city. She has become a Steeler’s fan. “I watched football before I moved here; now, though, I’m really a devoted fan.” Asked what she particularly likes about football, Porter responds in true Steeler city fashion, “I like a good fight to the death.”

Aside from sharing an interest in football—Frank has always followed the Steelers—Porter and Borgia also occasionally play board games together. Lynne admits that it’s not how she plays the game, but whether she wins, that counts. Frank, who does enjoy teasing his wife, says that Lynne’s idea of a good game is one she can’t lose. Both stress, however, that competition is confined to games and that neither feels professionally competitive with respect to the other. Aside from playing games they have made some effort to play tennis and to jog, but their favorite recreational activity consists of “being together, spending time together, when we’re both awake.”
“We were,” Linda Coleman, M.D. ’69 recalls, “doing an elective together our junior year. John was taking three months of radiation therapy, and I was doing a few weeks. During a lull, we were both reading a newspaper. We only had one so we were sharing it. I saw an ad for the shows at the Troc—the old burlesque house in Philadelphia. I remember commenting aloud that I’d never like to go, but I couldn’t get anyone to take me. Then I just paused. Well, John volunteered to play escort. We had a lot of fun though the entertainment didn’t merit a repeat performance.”

Since she seems to have maneuvered John Clement, M.D. ’69 into asking her out, it would appear that Linda was attracted to him prior to the shared newspaper incident. She says no. “We met in anatomy lab; our cadavers were situated near one another, but we really didn’t talk much in that lab.”

“Our first prolonged interaction,” John interrupts, “was over a dead rabbit. I thought the project was worthless; Linda felt it was her duty to perform the experiment as well as she could.”

Linda takes up the story, “So, he stopped doing the project and left me with all the work. I didn’t care much for him after that.”

“Did the experiment ever prove anything?” John asks.

“No, you were right about that. John,” Linda explains, “usually won’t do something just for the sake of doing it. He has to believe in the project.”

The Troc seems to have undone the ill will created by the rabbit. Despite the relatively unromantic and inauspicious settings for their early interactions, the relationship developed such that John decided the following year he wanted to marry Linda. He made the decision while doing a preceptorship in San Francisco as a senior year elective. He bought the ring there—a circle of roses—“expecting it would work out. We only had a certain amount of time to decide so that we could enter the match together. It’s like a rocket to Mars; necessary factors are aligned for a designated time; after that, it’s ‘no go.’”

Despite the ambiguous implications of a comparison of “marriage” to “Mars,” John recalls that his preconceptions of marriage between two doctors were favorable because of the good relationships he had observed between married members of his class. “They seemed less tense, easier going.”

“I wonder if it was the lack of pressure to socialize,” says Linda.

“Or more support,” John adds. “Well, whichever, I thought being married to Linda would be better than being married to someone who didn’t have a career. My parents had a traditional marriage. Mother was totally dependent on Father.” John hesitates. “She couldn’t drive a car and that restriction on her movement says something about the conditional nature of her identity. I just didn’t want a woman to be that dependent on me.”

John and Linda graduated from Jefferson on June 6, got married on June 14 and began rotating internships at St. Vincents Hospital in New York City on July 1. Since they were both on every other night—36 hours on, 12 hours off—they didn’t see a great deal of one another. Linda recalls that they connived at doing their two month ER duty together so that they would be sure to share their first Christmas. “Murphy’s Law prevailed, however, so that we were on different shifts more often than not. We were scheduled to spend Christmas together in the ER, but John came down with a fever of 105°, and I was so busy helping to cover for him that we never saw one another.”

The following year John began a residency in internal medicine; and Linda, in radiology. After that year, John decided to switch to radiation therapy. He returned to Jefferson for his residency. Linda continued her radiology residency at Mercy Catholic Medical Center in Philadelphia. After her third year she decided she wanted another year to study special procedures—arteriography and neuroradiology. She wasn’t sure where she wanted to go for a fellowship, but she had decided not to stay at Mercy Catholic. One morning when she was driving home to visit her parents in Sunbury, Pennsylvania, she stopped off to have a look at the Hershey Medical Center’s radiology facilities. She was, she recalls, dressed fairly casually because she hadn’t intended to approach anyone about a position. She ended up lunching with the Chief who offered her a fellowship over the meal.

Linda went to Hershey while John remained in Philadelphia for the last year of his residency. They took turns each weekend driving to one another’s apartment. “Despite the distance, it wasn’t nearly as
hard on our relationship," Linda says, "as our New York internships.
Before I started that fellowship, I decided not to have a child until I passed my Boards. I took my Boards when I was 5½ months pregnant. We were very relieved that we both passed because our staff positions at Hershey depended upon certification." John, she explains, had also managed to get an appointment as an Assistant Professor (Pennsylvania State University) in her Department. At Hershey, radiology and radiation therapy are grouped into one department.

"I took two months off after I had Amy (now 3½). I had worked up through the day I went into labor. After work that day John and I went out to dinner."

"That's right," John recollects, "to MacDonalds."

"I had my big whatever it is and then did the grocery shopping. While I was buying meat, the butcher said, 'Lady, you better get to your doctor.' It seemed funny because we both are doctors. Labor started soon after that exchange. With my other baby, Chris (age 1), I took off one day, but I went into labor the evening of that day so that I really didn't miss much time on account of either pregnancy. And I only stayed home one month after Chris was born."

Both Coleman and Clement agree that the major crises in their marriage have centered on the problem of the babysitter. Though child care arrangements have worked out well for them, concern over negotiating those arrangements well has provoked a certain amount of anxiety. Several people have taken care of Amy, an attractive and endearing little girl who can be endlessly creative when trying to figure out how to justify her presence during the interview of her parents. Linda and John move easily into the frame of reference presupposed by her fantasies. Her father, for instance, examines carefully the injured eye of a stuffed camel whose poor health, she claims, merits his instant attention. Once early in the evening, Chris appeared. His father bustled him back to bed.

"The children seem to sense whenever we are tense or anxious or excited," Linda comments as Chris's regretful cries (at his return to bed) trail off. "We figure that they're reacting to us so we try not to make the situation worse by reacting to reactions. Whenever I give a lecture to a large group, I can tell that I'm nervous because the kids are. Last week I addressed a group of physicians at Altoona Hospital on CAT scanning equipment. Then I was a guest on a local television talk show. The children really seemed to sense my apprehension."

John, who has returned from bedding Chris down, picks up on the subject of the Altoona trip. "That trip's a good example of the dynamics involved in a marriage between two doctors. While Linda was away, I was here with the kids. They started to get on my nerves, and I looked around, so to speak, for someone to bail me out, and I resented the fact that nobody was there. My intellect told me that the resentment was not well founded, but for all my analysis I still felt the resentment. But I know, I understand the hours and the variety of commitments entailed by this profession so I have learned to live with the resentment and not channel it at Linda when she reappears."

"John does understand the demands on my time. I don't know how I could be married to someone other than a physician because I can't imagine another professional having a similar understanding."

The rabbit incident early in their interactions with one another seems to prefigure the differences between Coleman's and Clement's approaches to medicine. Linda is methodical, perhaps, she admits, somewhat compulsive about her work. She goes in during evenings, on weekends and early in the mornings to prepare her lectures with a thoroughness and deliberateness that her husband has decided against. "My main priorities are my patients and my family. After them, I'm concerned about publications and lectures. My posture represents a fairly deliberate decision that I made as a result of my experience co-authoring a book. It's a review book in radiotherapy for residents preparing for Boards. I had to work on it extensively at home. Every question—there were three to four hundred—had to have a reference. I felt rotten about denying my family all that time (Amy was a year old then) so I decided that my work was no longer going to encroach on family time."

Part of what John calls "family time" is devoted to sharing household chores with Linda. Despite his obvious willingness to help out, he admits that the division of labor probably does not
represent an even split. Linda, he says, does things more automatically than he does. If he thinks of doing something, he'll usually do it, but sometimes it just doesn't occur to him to, for instance, wash some of the children's clothes when he does his own. His remarks suggest that women generally have been trained to have household duties on their mental agendas while men have not. And as time efficiency experts maintain, if a thing isn't scheduled, the probability of its being done decreases.

Whatever the proportion of housework John does, Linda is quite pleased about the help she receives from him. "Our mode of operation was established in our first apartment in New York. We got a little dog and took turns cleaning up after it. Ever since—especially with the children—we've been taking turns. We take turns changing diapers, getting up for feedings and telling Amy stories and singing to her. John also does his own washing and ironing, watches the kids while I'm making dinner and cooks breakfasts on weekends. Without John's help it would be much harder to manage.

Despite their busy schedules, John and Linda do take time for recreational activities. They've just learned to ski. Linda takes Amy swimming once or twice a week, and John and Linda reserve separate evenings to play handball with friends. Both do needlework. Linda blocked off a magazine picture of a scene called "The Peaceable Kingdom." The crewel work with animals and tropical vegetation in bright colors has the elemental appeal of an Henri Rousseau painting. Its exotic innocence makes an interesting contrast to John's picture which focuses on the studied modesty of five geishas.

John's work hangs in what could be called the hobby room. A dollhouse in the Victorian gothic style sits there. John made it and all its furnishings for Amy. Taking up much space in the room is a harpsicord that John has almost finished building.

He reads and writes poetry too. The author he currently prefers is Rainer Maria Rilke. His interest in Rilke began when he found a book with Ben Shahn's lithographic interpretations of an excerpt from Rilke's "Notebooks of Malte Laurids Brigge." A bookmark in John's copy causes the Shahn-Rilke work to open to the passage, "But one must also have been beside the dying." John feels that the reverie such a passage stirs helps him with his work, but, perhaps more to the point, he simply needs such creative experiences. Linda says he's "always been reflective, philosophical," in contrast to her more pragmatic manner. Perhaps in part because of their marked temperamental differences, respect for the other's individuality and distinctive needs seems to lie at the heart of the Coleman-Clement marriage.

The Bussards live in the country near Ringoes, New Jersey. A long, rutted driveway runs perpendicular to the skyline and leads to their house. White and old, it stands alone on a rise. The ground falls off behind the house so that its white boards seen from the driveway at night, dominate the landscape. Two centuries ago someone studied the lay of the land and placed the farm house accordingly. Then the accommodation of dwelling to landscape seemed the natural thing to do; now with the prevalence of the suburban plot, a spacious setting like the Bussards have is comparatively rare and tends to carry with it an obligation to a certain life style.

The Bussards are not g.p.'s as their rustic environs might suggest, but anesthesiologists. They must, of course, work at a medical center, and there is a good one within easy commuting distance of their farmhouse. The Hunterdon Medical Center in Flemington, New Jersey, used to be, in fact, a Jefferson affiliate when the Bussards, class of 1969, were in medical school. Upperclassmen went there for a rotation in medicine though neither John Bussard nor Elizabeth Schroeder was so as-
signed. Now the Center is an affiliate of the College of Medicine and Dentistry of New Jersey, and the Bussards hold appointments there as Assistant Clinical Professors of Surgery.

John, a native of the Philadelphia area, says that for years he wanted to live in a fieldstone house in upper Bucks County. When the Bussards first came to Hunterdon, they rented such a house, five to ten miles across the Delaware River from the area where John had envisioned settling. Because they wanted more living space than the spare, utilitarian interiors of a fieldstone permit, they eventually decided to settle for a frame dwelling that served as the manse for the area’s First Presbyterian Church until 1806. Several acres surrounding the house are still under cultivation; John loans them to a local farmer; and a neighbor who is a veterinarian keeps about a dozen sheep on the property. The sheep and the dormant fields in late winter give the place a decided bucolic flavor. It would be difficult to feel frantic, rushed and pressured in such peaceful surroundings. And the Bussards give every appearance of enjoying a low-keyed, “laid-back” lifestyle. Medicine for them is a 9-5 activity, and, considered as such, it has not become the central fact around which their identities are built.

Elizabeth—or “Betsy” as her husband refers to her—admits that motherhood has, for the moment, taken precedence over her sense of herself as a physician. She took a six month leave from Hunterdon when her daughter, Anne, was born four years ago. She recalls feeling, when she first saw her baby, a sense of long-term commitment, and she was later unhappy about leaving her child to the care of a babysitter when she returned to work. The sitter was an R.N. whom the Bussards knew fairly well so that they felt secure about leaving their child in her keeping. But Betsy says, “I never felt sure I was doing the right thing. I enjoy work a lot, but I wondered if I were being selfish in my desire to pursue my career. I was always concerned with the advisability of having someone else have the major influence on my child’s personality.”

Her doubts motivated Betsy to change her work schedule to part-time when Anne was two years old. “I felt tired,” she says. “When I came home from work, I would get down on the floor to play with Anne, and I would fall asleep. Back at the end of my junior year at Jefferson when I decided to marry John, I didn’t anticipate our having any special problems following our careers and having a family. Actually, I didn’t think much about the logistics of having a family. I just assumed I would find the perfect person to watch the baby and to help out with the housework.” After pausing to consider further her preconceptions, she says, “I had an idea that child rearing was more conducive to compartmentalization than I now think it is. I envisioned myself coming home and allotting so much time to meals, play and sleep preparation. What I had done, unthinkingly, was to assume that the child’s needs could be fitted into a schedule, but I hadn’t counted on those needs being as constant as they now appear to me to be.”

“All of the reservations,” John interjects, “that we had about leaving Anne influenced us to handle our second child differently. After Johnny (now a year old) was born, Betsy gave up her work altogether. Oh, she intends to go back in a few years, but for the time being, she’s devoting her energies to being a mother.”

“I’m not exactly happy about giving up work. But, from my experiences with Anne, I can tell that I would be much more unhappy trying to be a mother and physician. I have discovered that I need to feel that I am doing adequately whatever I am doing, and I certainly didn’t feel that way when I divided my time between Anne and anesthesiology.

Then too I really like child rearing. I’ve surprised myself by feeling the satisfactions popularly associated with motherhood.”

Betsy Bussard admits that her days at home are geared to her husband’s coming home. She thoroughly enjoys his com-
mentary on the day's work because that work is "so much a part" of her life too. Their conversations in fact help to keep her knowledge fresh and current. She does feel uneasy about the vicarious manner in which her intellectual needs are nourished. Being home alone with children does make her feel isolated because "it is," she maintains, "hard to get down and be immersed in a child's world."

Motherhood also entailed a major marital adjustment for Betsy. She and John shared all household chores before the children were born. With the first child, Anne, and increasingly with Johnny, it has become apparent that John feels uncomfortable with infants. He says fairly straightforwardly that he doesn't like infants and doesn't "want to deal with children until they have a personality." It is obvious from the marked displays of affection between Anne, who is very pretty and personable, and her father that he does relate well and fully to children when they develop, as he puts it, "into people."

"What John's aversion means," Betsy says with that kind of good humored exasperation shown by a mate who has accepted a partner's foibles, "is that I get stuck with the dirty work. The diapers," she adds slowly stressing the word.

"I did try," John says somewhat defensively.

"And called for help," Betsy reminds him.

"Yes," he says agreeing more or less with the implications of his wife's remarks, "child care is the one task I haven't shared. What I've done instead is to become absorbed improving and maintaining this property. The decorating—shelf-building, wallpapering, painting—was my department."

"And then there're the planes," Betsy reminds him.

"Ah, yes," John grins. "Flying does take up some of my time. Antique airplanes," he explains, "are my hobby." It is quite evident from the way he talks of his plane (a 1941 Waco UPF-7, an antique, open cockpit bi-plane) that flying, especially old aircraft, has become more of a passion than a hobby for John.

"Our first date," Betsy recalls, "was to go flying. I thought it was such an exotic offer that I couldn't resist accepting. He asked me out after a microbiology lecture our sophomore year. Then too," she laughs, "he was an older man which made the offer all the more appealing."

"I started medical school when I was 29," John explains. "I graduated from Yale with a history major. Then I was drafted. When I got out of the service, I taught high school for four years. Even then, in 1961, I could tell that the career outlook for high school history teachers was grim so I went back to school at night to become certified to teach high school physics and chemistry. I took the courses at the University of Pennsylvania. I enjoyed the sciences and figured that since I was putting in so much effort to study them, that I might as well change my profession accordingly.

"I thought in fact that I wanted to specialize in obstetrics and gynecology which, in view of my reaction to infants, now seems rather ironic. But my first clerkship senior year was in the Department of Anesthesiology."

"We took most of our clerkships together," Betsy interjects. "We both really liked Dr. Jacoby" (JMC Professor of Anesthesiology and Chairman of the Department).

"Our rotation with him was," John continues, "one of the most pleasant experiences we had in medical school. I realized then that I not only liked the people in anesthesiology, but that I was like them. Anesthesiologists are I think fairly easy going, non-competitive types. I shy away from competition.

"You're right," Betsy says to her husband, "about anesthesiologists. As a group, they aren't competitive. No one would characterize either of us as competitive. For the most part our relationships is, despite the diapers, fairly supportive. Neither of us seems to want to outshine the other."

The Bussards are not, as their remarks indicate, competitors or contenders. Their tendency is to adapt to rather than struggle against circumstances. Medicine may lose, as chauvinists charge, Betsy's services for five years, but the probability of her outliving her more compulsive male critics and hence working longer is good too.
Brad Dworkin, M.D. '76 is a cautious man who is developing into a judicious physician. When asked a question, he does not feel the need to answer quickly. He thinks about what he wants to say before committing himself to speech. Answering questions precisely, without innuendo, he is not given to verbal embellishment. His conversational style suggests a man trying to conserve his energies so that he can accomplish the most with the least amount of effort; and he, like other participants in Jefferson's Penn State Program, has accomplished a great deal in a short amount of time.

He entered medical school when he was 19 after doing most of his college work at Penn State University in one year. Classes started the summer he graduated from high school. During the summers after his first and second years in medical school, he took courses to complete requirements for an undergraduate degree. The junior year at Jefferson extends well into August, and internships/residencies begin the following summer almost immediately after graduation. So, Brad Dworkin and his wife, Cynthia Sears, M.D. '77, also a participant in the Jefferson-Penn State Program, became residents in medicine at the Cornell-New York Medical Center after attending school non-stop for six years.

Dworkin is a third year resident in medicine; Sears is in her second year. They both refer to their first year at New York Hospital as an internship. Call is every third night, and the house staff's picnic lasts for two days so that half of us can cover for the other half. Brad and I even pinicked on different days. They saw each other once or twice a week. Obviously, their evening was one of them is standing at Jefferson (they both belong to AOA) had more to do with her getting into the Cornell program than any vagaries of good fortune.

Dworkin recalls that he would help Sears out with her work during her first two years at Jefferson. The relationship grew serious at the end of Brad's junior year so that he began to think in terms of residency logistics. Because they would be in different matches, he had to select a residency that would maximize Cynthia's chances of getting a position in a nearby hospital. Asked how they managed to get her into the same hospital, Cynthia says "luck," but Brad interjects that her class standing at Jefferson (they both belong to

During the year they were engaged, Brad was in New York while Cynthia completed her senior year at Jefferson. They saw each other once or twice a month. Cynthia remembers that Brad called her often—frequently at 7:30 before he headed for the hospital.

They married shortly after Cynthia graduated. Brad feels in retrospect that for him the worst part of their first year of marriage involved reliving his internship through Cynthia's experience.

"There were things that happened that I would rather forget forever; but when Cindy went through it all, so, in some measure, did I." Her internship was so much more overwhelming an experience to her than marriage that Sears (who has opted to keep her maiden name) tends to talk about being an intern rather than a wife when she thinks back over her first year of marriage. Her reaction to the ordeal of the intern is indicated by her remark that the only time she regretted speeding up her medical career was when she wished she could have postponed her internship.

In addition to being so arduous, good residency programs tend to be at major metropolitan hospitals. On top of all the other adjustments they had to make, Sears and Dworkin had to learn to live in New York City, and they do agree that the city differs markedly from Philadelphia. Sears and Dworkin live on the 21st floor of a highrise on the upper East Side near New York Hospital and its affiliate Memorial Sloan-Kettering, where all Cornell medical residents do a six month oncology rotation. The rents in the district are, at least by Philadelphia standards, exorbitant—about $900 a month for a pleasant but not exceptional 2 bedrooms. The medical center subsidizes Sears' and Dworkin's building so that house staff can afford to live near the hospitals.

Tunnels connect apartment buildings and hospitals so that the staff "never," as Dworkin says, "have to surface." The view from the 21st floor is mesmerizing. The 59th Street Bridge arcs across the skyline to the left; below, everywhere, are roofs. One is habitually seeing
from perspectives—above and below ground—that must be a little unsettling to someone from Sears' native Pottstown or Dworkin's Abington (a small Pennsylvania town and a Philadelphia suburb).

Then there is the crowding of people—the stacked up apartments and the preciousness of space—that breeds a kind of defensive aloofness. Dworkin's native wariness seems to have helped him make an easy adjustment to the city. He really likes New York, relishes the variety of things to do, see and eat. He says he's become a museum goer and enjoys wandering around looking at objects whether artful or whimsical.

The more ingenious Sears isn't at all sure of her feelings toward the city. At first, she answers with a breezy, "I'd give it a mid-line grade" in comparison to her preferred habitat, "a cottage with a yard where two dogs can run around." Unlike her husband who concentrates on the inanimate when discussing the city, Sears talks about the people—"the street-wise kids" whose rhetoric she finds "abusive," the person robbed in their elevator and the sole individual they've met on their floor after living there for two years. "I wouldn't know him," she says, "if we hadn't worked together at the hospital, and we worked together for three weeks before figuring out we lived on the same floor." She remembers dropping a glove which a fellow pedestrian picked up. "He called me five times—'girl in the white coat'—before I would turn around." Brad, who hadn't heard of the episode, interrupts a little surprised at but sympathetic toward his wife's sensitivity. They agree that the decision, whether or not to stay in New York after they finish their fellowships, looms as a major turning point in their lives.

Despite the pressures of adjusting to one another, an intense urban environment, and demanding residencies, Sears and Dworkin seem and claim to be quite happy, and what appears to account for that happiness is their love of medicine. They are both thoroughly immersed in doing what they like to do most. When asked what he looks forward to, after working so hard for most of his young adult years, Dworkin doesn't mention some hobby or trip to some exotic place; he responds unhesitatingly, "my gastroenterology fellowship." His preference for the subspecialty dates back to an elective he took while in medical school with Franz Goldstein, M.D. '53, JMC Professor of Medicine and Chief of Gastroenterology at Lankenau Hospital. He was also favorably influenced by interactions with his advisor, O. Dhodanand Kowlessar, M.D., Professor of Medicine and Director of Jefferson's Division of Gastroenterology. Dworkin hopes to go into the private practice of gastroenterology, whether in New York or not will depend upon Sears. She hopes to do a general medical fellowship to prepare her for a research related position in an academic environment. At present she shuns the long-term emotional and financial commitment a practice entails.

Sears and Dworkin are obviously quite good at what they do—both were chosen to be Assistant Chief Residents. "Being good" at medicine usually depends as much on effort as talent, and "effort" tends to be assessed relatively. Asked whether that tendency to assess one's performance against the other's has played any part in their relationship, they maintain that they don't feel competitive with respect to one another. Cynthia says that "the real infighting focusses on issues like dish washing and bathroom cleaning." Agreeing, Brad claims with just a touch of self satisfaction that he does more than half the house work. Cynthia responds to that assertion with a long, unwavering stare. "Well," Brad says, only slightly unwilling to give ground, "I guess it's more 50-50."

"Right," says Sears; "I hope it stays that way."
**1919**

Howitt H. Foster, Norlina, N.C., writes that although he is 86 he still gets around and feels good. He retired in 1972.

**1926**

Gerrit J. Bloemendaal, Ipswich, S.D., called Dr. Montgomery in response to his request for news from the class. Dr. Bloemendaal reports that although retired he still works on an Indian reservation near his home. In addition he spends considerable time traveling to see his daughter, an Assistant Professor of Music at Arizona State University in Tucson, and his two sons, John ’55, an orthopaedic surgeon in Great Falls, Montana, and Bob ’58, a pathologist in Rapid City, South Dakota.

Philip B. Davis, 1125 Gatehouse Rd., High Point, N.C., spends his winter months at Delray Beach, Florida. Their three families, two sons and a daughter, and seven grandchildren consume much of their time. Also he has time for farming and fishing.

Sidney S. Goldman, 1327 Pine St., Philadelphia, follows all that Jefferson is doing with great interest. He sends his best regards to all classmates.

Emmett L. Jones, 1695 Fremont Ct., Crofton, Md., writes that he and his wife still enjoy their cabin at Deep Creek Lake in the Alleghenies of Western Maryland during the summer months. The rest of the time is spent at their townhouse in Crofton.

**1927**

Donald P. Ross, Island House, 325 Beach Rd., Tequesta, Fl., a retired surgeon, writes “grateful to Jefferson for the knowledge imparted and the hope and inspiration its teachers gave without compensation.”

**1929**

L. Thomas Sabow, 2821 Beechwood Blvd., Pittsburgh, writes that he spends his summer months at a home in Canada. The rest of the year he travels, plays golf, attends the opera and concerts and visits his sons in Arizona, South Dakota and Minnesota.

**1930**

Francis J. Braceland, 400 Washington St., Hartford, Ct. will serve as a contributing editor to MD magazine. The JAB reported just several issues ago that he had retired after 13 years as Editor of the American Journal of Psychiatry.

Joseph G. Cocke, 422 Laramie Dr., San Antonio, Tx., notes that he and his wife are enjoying their second retirement. Both are looking forward to the 50th reunion in 1980.

**1931**

Harry F. Suter, 49 W. Main St., Piggrovie, N.J., although finished with hospital work, still is in the office three or four days each week.

**1932**

Norbert M. Bittrich, 6510 Commerce Rd., Orchard Lake, Mi., who has served for 42 years as anesthesiologist at Providence Hospital, is about to retire.

William L. Hughes, 721 Viewmont Ave., Johnstown, Pa., writes that he has retired.

**1935**

Glenn S. Dickson, 2020 Solly Ave., Philadelphia, presently is doing only office gynecology. He keeps busy with domestic chores and medical meetings and has set no date for complete retirement.

John A. McCormick, 7400 Roosevelt Blvd., Philadelphia, is serving as House Physician at Nazareth Hospital.

**1936**

Gabriel E. DeCicco, 1028 Westport Dr., Youngstown, Oh., who retired from active practice in February, had six job offers to choose from. He was contemplating accepting a position as utilization officer for Youngstown Hospital.

Albert M. Schwartz, 3900 Ford Rd., Philadelphia, writes that his son, Burton Schwartz ’67, has passed his Boards in pediatrics. He and his wife, Judith P. Schwartz ’70, are residing in Fort Worth, Texas, have three children and have one on the way.

**1937**

Maurice Abramson, 7500 Manchester Rd., Melrose Park, Pa., sends word that he still is in active practice.

Allen W. Henderson, formerly of Water town, New York, has retired to 825 S.E. Celtic Avenue, Port St. Lucie, Florida.

Frederick L. Weniger, 108 Franklin Ave., Pittsburgh, retired from his psychiatric practice last year.

**1939**

William C. Burry, Spruce Cabin Rd., Mountainhome, Pa., is serving as Director of Health Services at Tobyhanna Army Depot. He is deeply involved in his second career of occupational medicine.

Thurston G. Powell, 418 Glen Rd., Weston, Ma., has retired from his family practice.

**1941**

Henry V. Ratke, 115 Lina Ln., Martinsburg, W.V., has joined the staff of the Veterans Hospital there after spending 27 years in Williamsport, Pennsylvania, as a general surgeon.

**1944J**

Arthur B. Van Gundy, 843 N. Columbus St., Lancaster, Oh., writes that his son, Gregory, graduated from Jefferson in 1978 and presently is in an obstetrics and gynecology residency at Lankenau Hospital in Philadelphia.
1944

Charles L. Liggett, 1 Bay Villa, Baytown, Texas, has decided to limit his obstetrics and gynecology practice in order to have more time to travel and visit his four children. Dr. Liggett serves as Vice President for the Alumni Association in Texas and is an Associate of the Board of Trustees at Ohio Wesleyan.

1945

Joseph C. Koch, 300 Fox Chapel Rd., Pittsburgh, has been named Assistant Medical Director of United States Steel Corporation. He joined the Corporation in 1966 and has worked in both Gary, Indiana, and Fairless Hills, near Philadelphia.

William T. Lineberry, 1890 Edgecliff Dr., Fullerton, California, is practicing medicine with the Gallatin Medical Group in nearby Downey. "Enjoyed seeing other alumni at the reunion in San Francisco last fall."

1946

Walter V. Matteucci, 8103 Ardmore Ave., Philadelphia, writes that his daughter, Barbara M. Busillo and her husband Nicholas Busillo, both Jefferson '78, are taking residencies in internal medicine. She is at Jefferson, and he is at the Mercy Catholic Medical Center.

1947

John M. Koval, 4017 San Amaro Dr., Coral Gables, Florida, writes that he and his family have very much enjoyed practicing medicine (internal medicine and cardiology) in the Miami area for the past 23 years. His son is completing his final years of training in radiation oncology at the San Diego Naval Hospital. He hopes to see classmates at the next reunion.

David W. Levin, 440 Rittenhouse Blvd., Norristown, Pennsylvania, has been appointed an Instructor in medicine at Jefferson, VA Coatesville affiliate.

Gail G. Li, 1380 Lusitana St., Honolulu, writes that his daughter, Gaylyn Li Ma '78, is serving a residency in obstetrics and gynecology at the University of Hawaii Medical School.

Charles J. Rodgers, 1434 Keller Ave., Williamsport, Pennsylvania, writes "all well, five through College, three to go."

1948

Leonard F. Bender, 480 Huntington Dr., Ann Arbor, Michigan, is President-elect of the American Academy for Cerebral Palsy and Developmental Medicine for 1978-1979. Dr. Bender is Professor and Chairman of the Department of Physical and Rehabilitation Medicine at Wayne State University.

Donald G. Birrell, 828 12th St., Oakmont, Pennsylvania, has been promoted to Clinical Associate Professor of Obstetrics and Gynecology at the University of Pittsburgh Medical School.

Robert C. Laning, 6532 Sunny Hill Ct., McLean, Virginia, writes "good to see old friends at the ACS meeting last fall in San Francisco."

Edwin L. Webb, Medical Clinic Building, Montgomery, Alabama, has returned to his full time allergy and immunology practice after an illness. "Working less but enjoying it more. Definitely plan to make the next reunion."

1949

George R. Farrell, 1300 Grand Ave., San Diego, wrote class agent Harold Rovner that he definitely plans to be on hand for the reunion in June. "I am generally in good health and still enjoy practicing family medicine in San Diego where I have been for 25 years."

Stanley F. Nabity, 1501 Stagecoach Rd., Grand Island, Nebraska, Vice President of the Jefferson Alumni Association in his state, represented Jefferson at the inauguration of the new President of Creighton University in Omaha last November.

Edward A. Schauer, 53 Main St., Farmingdale, New York, has been elected a Vice President of the American Academy of Family Practice. "We meet many Jefferson grads in our travels."

George A. Winch, 60 San Andreas Way, San Francisco, writes that he and his wife had a pleasant visit with the Whittingtons last November in Florida. They plan to attend the 30th reunion in June.

1950

William J. Jacoby, Jr., 8221 Windsor View Tr., Potomac, Maryland, is serving as Director of Medical Services at the Veteran's Administration Central Office in Washington, D.C. He accepted this position following his retirement from the navy as Rear Admiral.

1951

Edwin M. McCloskey, 42 Sheep Hill Dr., West Hartford, Connecticut, is Director of Anesthesiology at St. Francis Hospital and Medical Center in Hartford. His son, Michael, is a student at Jefferson.

1952

Michael B. Dooley, Diamond Rock Hill, Malvern, Pennsylvania, Chief Radiologist at Phoenixville Hospital, has been elected President of the Pennsylvania College of Nuclear Medicine. He serves as Clinical Assistant Professor of Radiology at Temple University School of Medicine.

Edward M. McAninch, 1820 N.W. Edgehill Dr., Camas, Washington, a family practitioner, writes that his eldest son is now a sophomore at Jefferson.

Robert M. Zweig, 2936 McAllister St., Riverside, California, delivered a paper entitled "Health Benefits Derived from a Solar Hydrogen Community" at the meetings of the International Association of Hydrogen Energy in Zurich, Switzerland, last fall.

1953

Orlando P. Tedesco, 400 Faxon Hollow Rd., Media, Pennsylvania, is the Medical Director of DuPont Company, Engineering Department in Newark, Delaware. He writes that he is enjoying occupational medicine very much.

Jack G. Watkins, 319 Westmoreland St., Richland, Washington, is practicing pediatrics with a twelve physician team at the Richland Clinic there (six interns, two surgeons, one radiologist and two other pediatricians). He writes that he left California because of the unstable political situation related to medical malpractice.

1954

Warren W. Brubaker, 415 Elm Ave., Hershey, Pennsylvania, has been elected President of the Industrial Medical Association of Philadelphia.

John B. Nelson, III, 17 Prospect Ave., Newtown, Pennsylvania, has recently competed a two year term as President of the American Association of Psychiatric Services for Children.

Warren W. Nichols, Kay Dr., Cherry Hill, New Jersey, has been elected to the Scientific Advisory Board, Cancer Cause and Prevention Council of the National Cancer Institute.

Philip Woolcott, Jr., 1001 N. Minneapolis Road, Wichita, Kansas, is Professor of Psychiatry at the University of Kansas School of Medicine and serves as a lecturer at the Topeka Institute for Psychoanalysis and the Menninger School of Psychiatry. During the last year he was on sabbatical in New York as a Fellow at the Hastings Center Institute for Society, Ethics and Life Sciences with a concurrent appointment as Visiting Clinical Professor at Cornell Medical College and Attending Psychiatrist at the New York Hospital.
1955

Andrew J. Kapcar, 457 Eastgate Dr., Camp Hill, Pa., is in his fourth year of the practice of pathology at Harrisburg Hospital.

Hugh S. Pershing, Box 268, Newtown, Pa., has been recertified by the American Board of Family Medicine. He maintains a practice in Berks County.


Morton J. Vallow, Beach Rd., Ambler, Pa., is practicing obstetrics and gynecology with a partner at Northeastern Hospital in Philadelphia. He is Board certified. His wife is a family practitioner. They have three children.

1956

Kenneth N. Beers, 268 N. Diamond Mill Rd., Clayton, Oh., has been appointed Associate Professor of family medicine at the Wright State University School of Medicine. Certified by the American Board of Preventive Medicine (Aerospace Medicine) and the American Board of Family Practice, he has served since 1970 as Chief Advisor for Aerospace Biotechnology and Life Sciences in the Air Force Life Support Systems Program Office, Wright-Patterson AFB, Dayton. A Fellow of the Aerospace Medical Association, he has been honored with the USAF Legion of Merit, the Apollo Achievement Award and the Gemini Achievement Award. He also served as senior medical consultant to the Surgeon General in aerospace medicine.

Russell H. Harris, P.O. Box 9073, Rapid City, S.D., a general and vascular surgeon, is serving as President of the South Dakota State Medical Association.

1957

Gerald Labriola, 88 Timothy Rd., Naugatuck, Ct., has been re-elected to a third term as Chief of the Medical Staff at the Waterbury Hospital Health Center there. Dr. Labriola is a pediatrician.

1958

Herbert G. Hopwood, Jr., 3539 N. 36th St., Arlington, Va., has been named President-elect of the Arlington County Medical Society.

1959

Charles L. Brodhead Jr., 4440 Brockton Ave., Riverside, Ca., has retired after serving as a navy surgeon for the past 20 years. He presently is in private practice in Riverside.

1960

William H. O'Brien, 368 Roberts Ln., Scotch Plains, N.J., has been promoted to Colonel and is "sporting eagles on my shoulders."

Harvey W. Oshrin, 399 E. Highland Ave., San Bernardino, Ca., is one of 30 physicians in the country who has been certified by the American Board of Forensic Psychiatry, a newly established subspecialty. Dr. Oshrin, who was in general practice until 1965, then began a residency in his specialty. In 1973 he was certified by the American Board of Psychiatry and Neurology. He is deeply interested in the interface between medicine (i.e., psychiatry) and law. With this interest in mind he is anticipating law school some time in the next few years. He writes, "Time will tell. In the meantime there is a constant source of interest and excitement for me. I am truly delighted with my medical career at its mid point."

1962

John P. Capelli, 312 S. Hinchman Ave., Haddonfield, N.J., has been elected to a second term as President of the National Renal Physicians Association. He also has been appointed to the Board of Trustees of Our Lady of Lourdes Hospital in Camden.

Paschal J. LaRuffa, 801 Old York Rd., Jenkintown, Pa., writes of the birth of a daughter, Tara, last October. He also has opened an office for the practice of adolescent medicine in nearby Yardley.

Jerome J. Vernick, 2821 Midvale Ave., Philadelphia, was presented with the Lincoln High School annual Achievement Award last fall. A Clinical Assistant Professor of Surgery at Jefferson, Dr. Vernick has been elected Secretary of Jefferson's Alumni Association.

1963

D. Blair Beebe, 27677 Briones Ct., Los Altos Hills, Ca., has been promoted to Assistant Physician in Chief at Kaiser Hospital in Santa Clara and to Clinical Assistant Professor of Medicine, Division of Endocrinology at Stanford. He also serves as Chairman of Laboratories Utilization for northern California.

1964

James C. Barton, Route 1, Chambersburg, Pa., thoroughly enjoys his practice of family medicine there. "To stay in I took the AAFP Boards and passed, and now the household has a Diplomate. Aside from hospital duties—I am President of the Medical Staff—the piano has become my obsession."

The Barons have three daughters. "Hope to see all at the June reunion."

John M. Donnelly, II, 200 Wister Rd., Ardmore, Pa., has been appointed Chairman of Lankenau Hospital's Department of Psychiatry. He also will serve as Medical Director of a new short term psychiatric inpatient unit.

Lawrence Green, 315 Maple Ave., Swarthmore, Pa., is a Clinical Associate Professor of Neurology at Hahnemann Medical College.

Eli O. Meltzer, 6632 Sanders Ct., San Diego, is in private practice in pediatric allergy there and is an Associate Clinical Professor at the University of California, San Diego, School of Medicine. He and his wife have four children, 11 to 8.

Richard D. Shapiro, 6177-Sodom Hutchings Rd., Girard, Oh., is serving as President of the Trumbull County Medical Society.


Charles O. Thompson, Box 400, Zephyr Cove, Nv., has moved into his own medical complex and was anticipating a second associate in January.

Barrie L. Weisman, 666 East Ave., Pawtucket, R.I., recently passed his recertification Boards in family medicine and his Boards in allergy and immunology. He is a parttime faculty member at Brown Medical School.

1965

Merrill A. Anderson, 802 Cold Branch Dr., Columbus, S.C., has been promoted to Associate Professor of Family Medicine at the University of South Carolina School of Medicine. "Enjoy teaching medical students, residents and family nurse practitioners...and love the sunny South."

Charles K. Francis, 30 Pinnacle Mountain Rd., Simsbury, Ct., is Director of Cardiology at Mt. Sinai Hospital in Hartford, Assistant Professor of Medicine and Director of the High Blood Pressure Clinics at the University of Connecticut Medical School and a member of the Cardiac Advis-
In 1967 Wesley W. Bare, M.D. '52 started to take flying lessons. He has since earned private, multi-engine and instrument licenses. He bought a twin engine Aztec and later exchanged it for a more sophisticated plane—a pressurized twin engine turbo supercharged Aerostar 601P. Despite Dr. Bare's impressive credentials and equipment, he now rarely gets off the ground by himself. In fact, he usually has to ride aboard a friend's craft because his own plane is engaged carrying patients to destinations throughout North America.

In the fall of 1972, a friend who ran a ground ambulance service asked Bare to fly a patient to Roanoke, Virginia. The venture interested Bare in the whole problem of transporting patients over substantial distances. He investigated the options and discovered that few commercial airlines welcome passengers on stretchers. Some will carry such people, but the patient must purchase six economy or four first class seats. Using commercial airlines also severely limits the locations to and from which patients can travel.

Having ascertained the need for privately run air ambulance services, Bare next went to the Federal Aviation Administration to find out what rules governed their operation. He was, he says, "astonished to find there were no rules. To transport patients a person need only have an air taxi license which is a permit to fly for hire. Such a license makes no distinctions among cargo—a sack of potatoes, a bag of mail, a stretcher patient—so that there are no provisions for handling the patient differently from objects."

After trying for six years to set up regulations for air ambulances, the FAA seems to have dropped the whole matter last fall. Bare feels that special interest groups, who for a variety of reasons do not want air ambulances to be regulated, influenced the FAA's decision to table the issue. Obviously exasperated with the FAA for dodging the problem, Bare waves a sheaf of case histories he has collected which demonstrate the need for air ambulance regulations. Sloppy conveyance made some patients sicker; several died apparently from complications due to transport. If a patient, Bare argues, is so ill or incapacitated that he can only travel via private air ambulance, then it is very likely that the patient requires special provisions for his safe transport. He needs, for instance, a medical attendant. On many air taxis, Bare explains, only the pilot accompanies the patient, and, as Bare points out, one person cannot pilot the craft and minister to the patient at the same time.

Many conditions are aggravated by the circumstances of flight. Patients should, Bare feels, be carried in pressurized aircraft to minimize complications due to transport. He also argues that air ambulances ought to be fitted with an oxygen supply comparable to that the patient has access to in a hospital. Frequently, air taxi operators without medical training do not realize that the plane's oxygen supply is designed to simulate breathing conditions on the ground. The patient often requires oxygen well in excess of standard atmospheric levels.

In fact, Bare found the provision of such an oxygen supply to be one of the toughest problems he encountered when modifying his plane for transport of patients. He explains that when he decided to set up a service—subsequently called North American Air Am-
burance—he also decided to set his own standards. He and a former Pan American pilot, James Ripka, had to invent their own system to supply oxygen constantly for 12 hours at 10 liters per minute.

In addition to the oxygen supply, Bare equipped the Aerostar with a respirator, defibrillator, cardiac monitor, suction unit and an FAA approved stretcher designed especially for flight.

Asked if he himself pilots the Aerostar when it is functioning as an ambulance, Bare says that flying is his hobby, not his profession. Accordingly, Bare leaves piloting the plane to the professional, James Ripka, who joined North American Air Ambulance after logging in over 9,000 flight hours.

When the company first began operation, the majority of its customers were extremely sick. Initially, Bare says, people were attracted to NAAA because the Aerostar's topnotch medical facilities offered a last resort to patients turned down by less well equipped operators. Eventually, NAAA's reputation for reliability attracted a greater variety of patients. Bare groups most of his passengers into five categories: those suffering (1) cardiovascular problems, (2) trauma or (3) terminal cancer; (4) those seeking specialized services or diagnostic facilities; and (5) those with degenerative conditions.

One request for service in 1976 resulted in an expansion of the company's domain. A patient wanted to be transferred from Montgomery, Alabama, to New Orleans. NAAA's administrative headquarters are in Blackwood, New Jersey; the plane operates out of the Greater Wilmington Airport in Delaware. The prohibitive cost of flying the plane down to Montgomery and back from New Orleans provoked Bare to investigate the possibility of forming an association with other air taxi operators. By mail, Bare surveyed the facilities of approximately 3,900 operators and determined that between 20 and 30 of them measured up to the standards set by NAAA. In the process of setting up an arrangement with that group so that NAAA could contract them to fly patients in their locales, "NAAA ran," Bare says, "afoul of the CAB."

The Civil Aeronautics Board informed Bare that such an arrangement involved his operating as "an indirect air carrier"—a status which obliged Bare's company to adhere to complicated regulations that have little to do with the air ambulance business. To avoid needless entanglements due to the status of "air carrier," Bare was advised to file for an exemption. He had three months to submit his request and 19 duplicates. The exemption was granted, and now Bare is also President of NAAA's sister organization, North American Air Ambulance Associates.

For all of his embroilments with the CAB and the FAA, Bare is remarkably good humored about his efforts to get through bureaucratic mazes. His adverse feelings stem mainly from his frustrated attempts to promote better air ambulance service through FAA regulation. Last spring Bare was featured on the cover and in the lead article of Parade (the print medium with the largest circulation in the country) for his efforts on behalf of regulation. "It really annoys me," he says, "when I see a service being ill provided to consumers who haven't the technical background to make good judgments."

Bare's efforts to affect FAA policy, however public spirited, have taken time. Chief of the Department of Obstetrics and Gynecology at Methodist Hospital and JMC Clinical Associate Professor, Bare also operates two offices for the private practice of gynecology. He is Chief of gynecology at the Methodist Home for the Aged in Philadelphia and a certified Aviation Medical examiner for the Federal Aviation Agency. Unwilling to curtail his medical activities, Bare decided to give up administrative duties associated with NAAA. His eldest son has taken over as Director of Operations. Bare now functions mainly as NAAA's medical consultant; he reviews patients' conditions with their physicians before he agrees to their transport.

Bare is also active in several organizations. Board certified in obstetrics and gynecology, he is a Fellow of the American College of Obstetricians and Gynecologists and of the American College of Surgeons. A member of the Flying Physicians Association, he also belongs to the Aerospace Medical Association. Bare is working through the latter organization to establish procedures and criteria whereby air ambulance services can be rated and given the equivalent of a "Good Housekeeping Seal of Approval." If ways depend on wills, Bare may very well find some way to regulate air ambulances someday.

Nathan B. Hirsch, 507 Sevilla Ave., Coral Gables, FL, was awaiting the birth of his second child when he wrote last December. His first child is a two year old girl.

Garry H. Wachtel, 7100 S.W. 7th St., Plantation, FL, is building a new office complex in sunny Florida which he and his family (three children) thoroughly enjoy.

William B. Wood, 80 Oakwood Dr., Man­kato, Mn., continues in his practice of anesthesiology and the treatment of chronic pain problems. The Woods have four children. "Spend our spare time in support of pro-life and pro-family activities."

1966

Nathan Cohen, 12290 Skyline Blvd., Woodside, Ca., writes "busy expanding and directing psychiatric service at Kaiser Permanente."

Sheldon Klein, 408 Kismet Rd., Philadel­phia, has been certified as a Diplomate of the American Board of Family Practice.

He is practicing in the Bustleton area of the city.

Ira Lable, 6 Rolling Ln., Framingham, Ma., is in the private practice of psychiatry in the Framingham and Boston areas.

Robert D. Rich, 6109 Reid Dr., Gig Harbor, Wa., is a partner in Gross, Larson, Whitney and Associates (diagnostic radiologists) in Tacoma. Twin boys are four and doing well in school. The Richs have an eight acre farm and raise sheep and holly as hobbies.

1967

Anthony A. Chiuro, 230 Brookstone Dr., Princeton, N.J., was initiated as a Fellow of the American College of Surgeons in San Francisco last fall. He was certified in the fall of '77 by the American Board of Neurological Surgery.

George H. Hughes, 4680 Fox Hollow Rd., Eugene, Or., writes "congrats to Jeff for stealing away our President (Lewis W. Blumel) from the University of Oregon Medical School." Dr. Hughes is on the clinical staff of the Department of Family Practice.

David H. Miller, 9 Old Windy Bush Rd., New Hope, Pa., is enjoying his partnership practice of ophthalmology in the rapidly growing area of nearby Southampton.

Bruce S. Samuels, 98 Frost Dr., Durham, N.H., writes, "We are alive and happy in the woods of New Hampshire."
Edward M. Sorr, 1100 Gatewood Dr., Pittsburgh, is a Clinical Assistant Professor of Ophthalmology at the University of Pittsburgh. His practice is restricted to vitreoretinal disease. Dr. Sorr was married in 1976 to the former AmySusel.

1968

Joel M. Barish, 2545 Hidden Valley Pl., La Jolla, Ca., announces the birth of a son, Jeff, on May 28, 1978.

Irving S. Colcher, 2795 Egypt Rd., Audubon, Pa., announces the birth of a third child and second son, Evan Howard.

Mark R. Clasberg, 5331 Merrimac St., Dallas, left NIH last summer and presently is enjoying his appointment in neuropathology and neurology at the University of Texas Health Science Center there.

Stephen B. Kozloff, 1936 15th Ave., Greeley, Co., has been elected Chairman of the Department of Obstetrics and Gynecology at the Weld County General Hospital in Greeley.

Martina M. Martin, 17 Dartmouth Ln., Haverford, Pa., writes that her husband, John H. Martin, has joined the Jefferson faculty as Head of the Division of General Medicine effective September '78.

Kenneth B. Reynard, 5505 S. Krameria, Englewood, Co., is in the private practice of radiology at St. Anthony Hospital in Denver.

Stephen V. Savran, 2005 Silverada Blvd., Reno, Nv., a certified cardiologist in private practice, also is on the Clinical Staff at the University of Nevada Medical School.

James B. Turchik, 19 Bradford Dr., Dewitt, N.Y., writes that he enjoyed seeing classmates at the reunion last June. "I was encouraged as I hope others were to hear President Blumele's appeal for promotion of research at Jeff."

Harold A. Yocum, Box 33 97th General Hospital, APO, N.Y., completed one year of a hand surgery Fellowship with Raymond Curtis in Baltimore. The Fellowship was sponsored by the Walter Reed Army Medical Center. He is now stationed in Frankfurt, Germany, until 1981 as Chief of Orthopaedic Surgery and Hand Surgery Consultant for Europe.

1969

H. Roger Hansen, 20 Claremont Ave., Maplewood, N.J., is in a partnership practice of orthopaedic surgery there and recently was elected to the local Board of Education. He also writes that he and his family enjoyed a skiing vacation at Christmas at their new home in New Hampshire.


1970

Robert W. Cox, 17 Pinyon Pine Ci., Wilmingtom, De., has been appointed as Instructor in medicine at Jefferson, Wilmington Medical Center affiliate.

Allen B. Davis, 34 Edward Dr., Stoughton, Ma., was recently inducted into the American College of Surgeons. On the faculty of Boston University, he is in solo practice of general and vascular surgery.

Michael K. Farrell, 7011 Queensway Ln., Cincinnati, Oh., will finish a fellowship in pediatric gastroenterology at Children's Hospital in June. He plans to remain on the staff there.

Louis A. Freeman, 1616 W. Shaw, Fresno, Ca., moved west following two years in the navy reserve at Groton, Connecticut. He is in a private anesthesiology practice. Dr. Freeman and his wife, Marj, have four children.

Stephen C. Glassberg, 111 W. 11th St., New York, is certified by the American Board of Psychiatry and Neurology.

John A. Kline, 809 N. Ward Ave., Linden, N.J., is a Diplomate of the American Board of Orthopaedic Surgery.

James R. LaMorgese, 4171 Oak Valley, Cedar Rapids, Ia., has opened a private practice in neurological surgery there following completion of his commitment to the USAF last July.

William J. Lewis is on the full time staff at Lankenau Hospital in Philadelphia. He is a Fellow of the American Academy of Ophthalmology and Otolaryngology and the American College of Surgeons. Dr. Lewis is an Assistant Professor at Jefferson and serves as a consultant at both Veterans Hospital in Wilmington and Horsham Hospital.

John T. Martosolf is Assistant Professor of Pediatrics and Director of the Division of Medical Genetics at the University of North Dakota School of Medicine.

Larry S. Myers, 1779 Nacogdoches Rd., San Antonio, Tx., became a Diplomate of the American Board of Psychiatry and Neurology last June.

Allen C. Richmond, 135 Crosshill Rd., Overbrook Hills, Pa., writes that they had a daughter, Joy Liebe, last August. "Philip and Roby are delighted with their new sister."

Glenn D. Schneider, 1743 Candelero Ct., Walnut Creek, Ca., married Andrea Kossowski last October. He is in his final year of an ENT residency at Kaiser Foundation Hospital in Oakland.

Aris M. Sophocles, Jr., Box 1214, Breckenridge, Co., is practicing family medicine with lots of orthopaedics (ski accidents) in a Colorado mountain valley. Their daughter is now nearly two.

Nathan O. Thomas, 349 Main St., Meyersdale, Pa., is practicing family medicine there and serves on the staff of Community Hospital. He and his wife have three children.

1971

Richard W. Bagge, 1213 Carolina Ave., Durham, N.C., is in his second year of a psychiatry residency at Duke University Medical Center.

Gary K. Buffington, 2357 Green Briar Blvd., Pensacola, Fl., is Director of the Emergency Room at West Florida Hospital there.

David R. Cooper, 372 High St., Souderton, Pa., delivered a paper which received first prize at the Polish Medical Association meeting in Danzig. It was entitled "Phenylbutazone—the Superior Treatment of Pępticulceration in American Attorneys." Dr. Cooper is an orthopaedic surgeon.

Carolyn S. Crawford, 506 Spruce St., Philadelphia, is an Assistant Professor of Pediatrics and Obstetrics and Gynecology at the University of Pennsylvania School of Medicine and is Associate Director of Nurseries at Pennsylvania Hospital.

James R. Dooley, 1909 Sherwood Dr., Wall, N.J., completed an anesthesiology residency at Stanford University Medical Center in California and now is in private practice at Point Pleasant Hospital in New Jersey.

John B. Ferguson, III, 2035 Floral Dr., Wilmington, De., is practicing ophthalmology there.

Ronald D. Grossman, RD 1, Hopewell, N.J., is a Clinical Instructor of Family Medicine at Rutgers Medical School. The Grossmans have two children.

William R. Henrick, Rt. 7, Box 156A, Morgantown, W.V., who is Board certified, is an Assistant Professor of Anesthesiology at the University of West Virginia Medical School. He and his wife, Linda, have three children.

Ronald A. Hoffman, 445 E. 80th St., New York, is practicing otology and neurotology there. His wife, Alice, will graduate this year from law school.

Joseph C. Kambe writes "medicine was getting in the way of skiing, tennis, running, basketball—so I left friendly Rhode Island for the wide open spaces."
John F. Motley, 1906 Boone Way, Lansdale, Pa. is now practicing family medicine with a pediatric subspecialty.

Barry H. Penchansky, 2444 Butter Rd., Lancaster, Pa., is serving as Medical Director of the Lancaster Neighborhood Health Center.

Joseph L. Seltzer, 4700 E. Lake Rd., Cazenovia, N.Y., is an Assistant Professor of Anesthesiology at Upstate Medical Center in Syracuse. The Seltzers had a daughter on Thanksgiving Day who joins a sister and two brothers.

Arthur K. Smith, 535 Pine st., Philadelphia, was married to Sally Nimoityn on February 25 at the Historical Society of Pennsylvania in Philadelphia. He is a family practitioner. Mrs. Smith, a nurse at Jefferson, is the daughter of Benjamin S. Nimoityn ’36 and his wife Nimoityn ’76.

J. Stanley Smith, 2845 N. Third St., Harrisburg, Pa., was inducted into the American College of Surgeons last October in San Francisco.

Robert C. Snyder will spend the next three years as a pathologist at the 196th Station Hospital, NATO Headquarters in Belgium. Prior to this appointment, he was Chief of Clinical Pathology at Madigan Army Medical Center.

Floyd F. Spechler, 137 Cooper Ave., Cherry Hill, is a Clinical Instructor in Ophthalmology at Wills Eye Hospital.

Robert L. Sussman, 5740 Greenspring Ave., Baltimore, is practicing orthopaedic surgery there.

Arthur S. Tischler, 33 Pond Ave., Brookline, Ma., is serving as Assistant Professor of Pathology at Tufts University School of Medicine. He was at Walter Reed Hospital for two years.

Harvey D. Zeligman, 425 W. Camino del Oro, Tucson, Az., is Director of the Department of Emergency Medicine at the Tucson Medical Center. His group is active in teaching students at the University of Arizona Medical School. Dr. Zeligman is past President of the Southwestern Region Emergency Medical Services Council. He and his wife have two sons.

**1972**

Paul M. Dainer, 6425 Mercer St., San Diego, has passed the Board examination in hematology. In October he entered his first marathon and finished the Heart of San Diego Marathon in three hours 33 minutes.

Philip J. DiGiacomo, Jr., 2108B Crosby St., Philadelphia, will leave the Philadelphia Naval Hospital in July to open a private practice of gastroenterology at Montgomery and Sacred Heart Hospitals in Norris-town. His second daughter was born spring a year ago.

Gregory J. Edinger, 1513 Franklin Dr., Virginia Beach, Va., is full time emergency medicine staff at Portsmouth General Hospital.

Alexander E. Ehrlich, who was Board certified last year, has opened an office for dermatology and dermatologic surgery at 1900 Rittenhouse Square, Philadelphia.

Martin J. Fliegelman, 2849 Briarcliff, Ann Arbor, Mi., is a pulmonary Fellow at the University of Michigan School of Medicine. Their second child, Amy Beth, was born recently.

Bruce L. Gewertz, 5035 Horseshoe Tr., Dallas, Tx., writes "enjoying the Southwestern Medical School, the Dallas Cowboys and the good southern life."

Charles A. Gordon, 1251 S. Cedar Crest Blvd., Allentown, Pa., was married a year ago to Beverly Putnam, a hospital administrator.

David P. Hughes, 1101 Old Eagle Rd., Lancaster, Pa., is in a five man orthopaedic surgery practice at the Lancaster General Hospital. "See Rich Neimeyer frequently."

Glenn Nye and family were up for a weekend last fall from Norfolk, Virginia. Doing well."

Anthony M. Interdonato, 445 Brick Blvd., Bricktown, N.J., is practicing ophthalmology there.

Rosalie K. Marinari, 149 Briar Ct., Marlton, N.J., writes "took my nursing newborn son to Chicago with me to take the examinations of the American Board of Dermatology. He brought me success."

Sandra S. Mossbrook, 1098 Berkshire Rd., Atlanta, Ga., is entering the private practice of pediatrics while maintaining her teaching position at Emory Medical School. "Enjoyed getting together with Marshall and Ellen Salkin in Key West, Florida."

James R. Roberts, 1525 Calle Del Ranchero, Albuquerque, N.M., is at the University of New Mexico, Division of Emergency Medicine. He recently married Lydia Forte.

Anthony R. Rooklin, 2705 W. Country Club Rd., Philadelphia, is the Director, Division of Allergy and Clinical Immunology at Crozer Chester Medical Center.

Marshall A. Salkin, 328 W. 2nd St., Claremont, Ca., is practicing internal medicine there after purchasing a professional building. He completed his military obligation last December.

Lawrence R. Schiller, 903 St. Paul Dr., Richardson, Tx., following a two year assignment with the army in Europe, is now doing a two year fellowship in gastroenterology at the University of Southwestern Texas Medical School in Dallas.

Robert E. Steward, Jr., 182 Grove Park, Fort Dix, N.J., is finishing a two year commitment in the army there. He and his wife, Dixie, now have three sons.

Stephen A. Volk, 1 Andrew Wy., Tiburon, Ca., is a first year hematology-oncology resident at Letterman Army Medical Center in San Francisco. The Volks have two children.

Ernest C. Wynne, III, 2001 Blaisdell Ave., Minneapolis, Mn., is in the private practice of obstetrics and gynecology at the Niccolot Clinic there. He recently completed a two and a half year assignment in Fairbanks, Alaska, with the Army. He and his wife, Liz, have two children.

**1973**

Arthur W. Colbourn, 2820 Kennedy Dr., Wilmington, De., has been appointed an Instructor in medicine at Jefferson, Wilmington Medical Center affiliate, where he is practicing cardiology. He and his wife, Mary, have two children.

Jeffrey J. Dekret, 251 S. 10th St., Philadelphia, who was Board certified last June, is Assistant Clinical Professor of Psychiatry at Jefferson and Physician in Charge of the 14th floor, Thompson Annex.

Louis C. DeMaria, RD 1, Ringoes, N.J., is a family physician at the Phillips Barber Family Health Center in Lambertville. For two years he was Director of Family Medicine Clinic at March AFB in California.

Ross F. DiMarco, 3624 Terhune Rd., Ann Arbor, Mi., is a thoracic surgery resident at the University of Michigan School of Medicine. The DiMarcos had a daughter last May.

Michael A. Feinstein, 41 Conshohocken State Rd., Bala Cynwyd, Pa., is in his second year of ob/gyn practice and is serving on the staffs at Pennsylvania and Lankenau Hospitals and the Daroff Division of Einstein.

E. Bruce Hilton, 91-609 Pupu St. Ewa Beach, Hi., will begin a residency in physical and rehabilitation medicine at the University of Washington following completion of his tour of duty with the navy in July. He and his wife, Jane, completed the Honolulu Marathon last July.

Ivan H. Jacobs, 345 Somerset St., N. Plainfield, N.J., is a Clinical Assistant Professor of Ophthalmology at the College of Medicine and Dentistry of New Jersey and Director of the glaucoma clinic at the Eye Institute of New Jersey.

Frederick L. Kramer, 7305 Mahn Ave., Philadelphia, a Clinical Assistant Professor of Radiology at the University of Pennsylvania School of Medicine, is serving as Director of Diagnostic Ultrasound at Presbyterian Hospital. The Kramers first child, a girl, was born last April.
Joseph A. Kuhn, 114 Cheyenne Ct., Newark, De., has been appointed an Instructor in medicine at Jefferson, Wilmington Medical Center affiliate.

Christopher L. Leach, 31 Highland Pkwy., Rochester, N.Y., presently is one of two first year thoracic residents at the University of Rochester School of Medicine. “The work is hard, but I enjoy it.”

Gary J. Levin, One Bondsville Rd., Downingtown, Pa., announces the birth of a son, Eric, born last October.

Stephan C. Mann, 943 Parkview Dr., Kingstown, Pa., has been appointed an Instructor of Prussia, Pa., was certified in psychiatry at Albert Einstein Medical Center (Northern Pennsylvania Heart Association. He has authored two publications on exercise electrocardiography and pacemaker failure.

Richard I. Perzley, 3120 School House Ln., Philadelphia, writes, “successfully ran the New York Marathon—don’t ask my time!”

Alan M. and Mary A. Starsnie Resnik, 12900 Lake Ave., Lakewood, Oh., write that he is a Fellow in colon and rectal surgery at the Cleveland Clinic and she is a staff anesthesiologist at the Clinic.

Daniel J. Schwartz, 533 Garrard Dr., Temple Terrace, Fl., is Assistant Professor of Medicine, Division of Pulmonary Medicine, at the University of South Florida and Tampa V.A. Hospital. He completed his training at the University of Florida. The Schwartz have two children, 7 and 2.

Norman M. Shanfield, 49 Woodcroft Rd., Havertowntown, Pa., has been appointed an Instructor in psychiatry at Jefferson.

Edward A. Solow, 107 Dorado Dr., Delran, N.J., has been named to the medical staff of the Zurbrugg Memorial Hospital, Riverside, New Jersey, where he will practice cardiology. Board certified, he received the Fellowship Research Award from the Southeastern Pennsylvania Heart Association. He has authored two publications on exercise electrocardiography and pacemaker failure.

Ronald L. Souder, 23 Valley Dr., Telford, Pa., has been Board certified in pediatrics. Affiliated with St. Christopher’s and Grand View Hospitals, he is a Clinical Instructor in pediatrics at the Temple University School of Medicine. He and his wife, Susan, have a daughter.

Stanford N. Sullum, 16 Somerset Dr., Great Neck, N.Y., is in the private practice of obstetrics and gynecology in New York City. He is affiliated with Mt. Sinai Hospital and teaches at the School of Medicine.

Paul S. Zamostien, 700 Ardmore Ave., Ardmore, Pa., has entered the private practice of obstetrics and gynecology at the Crozer-Chester Medical Center in Upland, Pennsylvania. Named Director of obstetric and gynecologic education there, he has also been appointed senior Instructor of obstetrics and gynecology at the Hahnemann Medical College.

1974

Albert L. Blumberg, 2300 Walnut St., Philadelphia, is an Assistant Professor of Radiation Therapy at the University of Pennsylvania School of Medicine. He completed his residency training at the University of California, San Francisco. The last six months he was Chief Resident.

David A. Brent, 2301 Murray Ave., Pittsburgh, is in the first year of a four year child/adult psychiatry residency at W.P.I.C. of the University of Pittsburgh. “Enjoying the program and the area.”

Robert W. Gardner, 5707 Idlewood Rd., Santa Rosa, Ca., Assistant Health Officer for Marin County, is looking forward to private practice. His daughter was born last December.

Michael A. Kukucka, 1604-A Post Oak Dr., Clarkston, Ga., is in a first year cardiology fellowship at Emory University School of Medicine Affiliated Hospitals.

Richard Wallace, 222 W. Rittenhouse Sq., Philadelphia, has opened an office for the private practice of internal medicine at 1900 Spruce Street. He serves on the medical staffs at Albert Einstein Medical Center (Northern and Daroff Divisions) Graduate and Center City Hospitals. Dr. Wallace is engaged to Ms. Ellen J. Siegel, a doctoral candidate in clinical psychology at Temple University.

1975

Warren C. Daniels, Jr. has been appointed to the medical staff of Allied Chemical Corporation’s new medical center located at its Chesterfield fibers plant in Virginia. Also on the staff of John Randolph Hospital, he is an associate member of the American Society of Internal Medicine and the American College of Physicians.

Kenneth J. Detrick, Timberlake Apts., Norristown, Pa., has been appointed staff psychiatrist at the Lutheran-Wyoming County Mental Health/Mental Retardation Center. He will coordinate the Center’s partial hospitalization programs which enable clients gradually to re-enter the mainstream of community life.

John H. Doherty, Jr., 310 E. 71st St., New York City, is in his second year of an orthopaedic residency at the Hospital for Special Surgery. He and his wife, Leslie, have a son, Michael.

Jonathan L. Kates, 10669 S.W. 113 Pl., Miami, is a third year resident in orthopaedic surgery at the University of Miami, Jackson Memorial Hospital. The Kates announce the birth of their first child, Benjamin.

Martin R. Mersky has opened an office for the practice of internal medicine at Fourth and Gay Streets in Phoenixville, Pennsylvania. He also has been appointed to the affiliate staff in internal medicine at Phoenixville Hospital.

1976

James K. Beebe, 1323 Rickard’s Alley, Wilmington, De., is completing his third year as a family practice resident.

John R. Cohn, 1000 Walnut St., Philadelphia, will complete his medical residency at TJUH in June and will begin a pulmonary fellowship at Duke University Hospital in Durham, North Carolina, in July.

Steven J. Glass, 1717 Pine St., Philadelphia, is Chief Resident in psychiatry at TJUH.

Raymond A. Klein, 331-D, Third Ave., Long Branch, N.J., announces the birth of his second son, Scott David. He is a resident in obstetrics and gynecology.

Richard J. Pierotti, 2004 Tulip Rd., Glen-side, Pa., and his wife announce the birth of their first daughter, Rebecca Marie, last September.

Samuel R. Ruby, 1014 Spruce St., Philadelphia, is a resident in internal medicine at Jefferson.

Johannes D. Weltin, 214-R N. Marshall St., Lancaster, Pa., will finish his residency in family medicine in June.

Nadine P. Wenner, 435 E. 70th St., New York, reports that her second daughter was born last April. She is a dermatology resident at New York Hospital.

1977

Jeffery S. and Wynn Wygal Adam, 954 Havendale Dr., Columbus, Oh., announce the birth of their first child, Thomas Martin, on January 6. She has returned to her radiology residency, and he continues an ENT residency, both at Ohio State University.

“Grandfather, Stewart Adam ‘43, despaired over the fact that his granddaughter was delivered by an obstetrician trained at Penn, not at Jefferson.”

Richard A. Flanagan, Jr., DM 5, Box 746, FPO, Seattle, Wa., is serving as Medical Officer aboard the USS White Plains. Dr. Flanagan, his wife Debbie and son are living in a Japanese style home in Yokosuka. “We enjoy the country and the opportunity to see the Orient. Look forward to our first reunion.”
Obituaries

1978

Richard P. Abramowitz, 9 E. Lakeshore Dr., Cincinnati, Oh., was married last January to Susan Lynn Strouse.

Daniel F. Flynn, 74 Wilbur St., Waltham, Ma., is serving his first year as a resident in radiation medicine at Massachusetts General Hospital in Boston. Dr. Flynn was appointed a Clinical Fellow in Radiation Therapy at Harvard Medical School last July.

Patricia M. Harper and Joseph A. Petrozza were married on September 23. She writes that “Bob Lintz and Howard Weitz were in the wedding party, and at the end of January we’ll go to St. Croix for a delayed honeymoon.” They are residing at 184 Laurel Drive, Laurel, Maryland.

Allen S. Josephs, 2528 A. Faunce St., Philadelphia, announces the birth of a daughter, Heather Leigh, born last August at Jefferson.

Kenneth A. Neifeld writes that his wife, Lise M. Neifeld ’79, will join him for residencies in internal medicine at Albert Einstein Medical Center, Northern Division, in Philadelphia.

Arthur J. Patterson, Jr., 231 S. Mathikla St., Pittsburgh, is a general surgical resident at West Penn Hospital.

Fred L. Pavlikowski, Jr., 301 Albina Wy., Latrobe, Pa., is a first year resident in family medicine at Latrobe Area Hospital. He writes, “I’m here with many other residents who are Jeff grads—Dan DiCola, Marc Romisher and Dick Buza, all ’78; Mike Weinberg, Bob Miller and Ed Bogner, ’77; and Sandy Ergas and Bill Weisel ’76.”


Ronald D. Singhel, 221 S. George St., Allentown, Pa., will be a second year surgical resident at Allentown Sacred Heart Hospital in July.

Fred Teichman, Third Ave., Long Branch, N.J., writes, “Lynn and I are enjoying life at the Jersey shore and at Monmouth Medical Center. My program in ob/gyn keeps me quite busy. I am always running into this strange guy in medicine named Paul Pilgram. Can’t get away from those Jeff grads.”

George L. Laverty, 1912
Died November 28, 1978 at the age of 90. Dr. Laverty, a third generation Jeffersonian, practiced surgery in the Harrisburg, Pennsylvania area. He was a Fellow of the American College of Preventive Medicine and served as Chairman of the Pennsylvania Medical Society’s Committee on Workmen’s Compensation Laws. Dr. Laverty was a member of the Thomas Jefferson University Founders Fund.

Hyman J. Udinsky, 1912
Died October 1, 1978. Dr. Udinsky, a family practitioner, resided in Passaic, New Jersey.

John B. Flick, 1913
Died February 17, 1979 at the age of 86. Dr. Flick served as Chief Surgeon at Bryn Mawr Hospital and as Director of the Division of Surgery at Pennsylvania Hospital. During his career he served on the faculties at both Jefferson and the University of Pennsylvania, the latter as Clinical Professor of Surgery. He was a founder of the American Board of Surgery, the Pennsylvania Tuberculosis Health Association and the National Tuberculosis Association. Surviving are two daughters and a physician son.

James R. Garber, 1913
Died August 21, 1978 at the age of 89.

Dr. Garber resided in Birmingham, Alabama.

Charles L. Haines, 1914
Died July 9, 1978 at the age of 89. Dr. Haines practiced family medicine in Altadena, California.

William L. Coleman, 1917
Died November 18, 1978 at the age of 88. Dr. Coleman, who was residing with his daughter in Studio City, California, at the time of his death, practiced general medicine since 1950 in Seabrook, New Hampshire. He is survived by his wife and daughter.

Abraham I. Schwartz, 1920

Ira B. Winger, 1921
Died December 28, 1978. Dr. Winger, a resident of Sylvania, Ohio, was an ophthalmologist.

W. Emory Burnett, 1923
Died January 11, 1979 at the age of 80. Dr. Burnett served as Professor of Surgery and Chairman of the Department at Temple University School of Medicine from 1944 to 1963 at which time he was named Emeritus. Among his numerous professional affiliations were the American College of Surgeons, the American College of Thoracic Surgeons, the American Surgical Association and the International Society of Surgery. He served as a Vice President of the American College of Surgeons and as President of the American Academy of Surgery.

Daniel G. Caudy, 1923
Died October 15, 1978 at the age of 82. Dr. Caudy, who retired to Altamonte Springs, Florida, served as the Zanesville, Ohio, Health Commissioner for many years. He also maintained a general practice there. Surviving are his wife, Jeanette, two sons and two daughters.

Charles L. S. Brennan, 1924
Died February 21, 1979 at the age of 80. Dr. Brennan, a family practitioner, re-
M. Harland Cloud, 1924
Died August 28, 1978. Dr. Cloud practiced medicine in the Uniontown, Pennsylvania, area for over 50 years. He was a member of the Uniontown Hospital staff and served as Director of the county’s Department of Health.

Allison J. Berlin, 1927
Died February 6, 1979 at the age of 75. Dr. Berlin was a general surgeon who resided in Coraopolis, Pennsylvania, until his retirement in 1963 to Naples, Florida. He was extremely active in the community there. Dr. Berlin served as agent for his class for the Annual Giving Program. Surviving are his wife, Louise, two sons and two daughters.

Edmund J. Zielinski, 1929
Died November 13, 1978. Dr. Zielinski practiced internal medicine in Holyoke, Massachusetts. At one time he served as Medical Examiner of the third district of Hampden County there.

Aaron Deitz, 1932
Died August 14, 1978. Dr. Deitz practiced internal medicine in Hyattsville, Maryland. His wife survives him.

Francis F. Fortin, 1932
Died January 21, 1979 at the age of 75. Dr. Fortin was Chief of obstetrics and gynecology at Mercy Hospital in Springfield, Massachusetts, Director of the New England Obstetrical and Gynecological Society and a senior member of the staff at Wesson Women’s Hospital. He received an honorary degree of Doctor of Science from his alma mater, Assumption College, in 1962. He was a Fellow of the American College of Surgeons and was certified by the American College of Obstetricians and Gynecologists. Surviving are his wife, Alma, two sons and four daughters.

Walter F. Rongaus, 1936
Died February, 1978. Dr. Rongaus was a general surgeon in Donora, Pennsylvania.

Lester G. Bixler, 1937
Died October 21, 1978 at the age of 68. Dr. Bixler, a general practitioner, resided in Middletown, Pennsylvania. He served as a Board member of the Multiple Sclerosis Society. His son, Lester G. Bixler, Jr. ‘59 died several weeks later on November 13. Surviving are his wife, Caroline, and two daughters.

Clyde L. Saylor, 1937
Died October 8, 1978 at the age of 68. Dr. Saylor spent his professional career practicing medicine as an officer in the army. He is the brother of Blair W. Saylor ’40.

Hamilton W. Stevens, Jr., 1938
Died August 3, 1978 at the age of 63. Dr. Stevens was in the public health service in Kenansville, North Carolina.

Andrew G. Lasichak, 1940
Died November 20, 1978. Dr. Lasichak was a general surgeon in Detroit, Michigan. His daughter, Lydia M. Lasichak, graduated in 1976 from Jefferson.

Richard I. Rich, 1940
Died November 16, 1978. Dr. Rich practiced medicine in Tacoma, Washington. A memorial fund has been established at the Lakewood General Hospital of which he was a founder.

John F. Rhodes, 1942
Died January 8, 1979 at the age of 62. Dr. Rhodes was a radiologist on the staff of the Gnaden Huetten, Palmerton and Coaldale Hospitals in the Lehighton, Pennsylvania area. He was a past President of the Carbon County Medical Society and was a Fellow of the American College of Radiology. Surviving are his wife, Janis, and two sons.

Norman J. Goode, Jr., 1943
Died January 4, 1979 at the age of 62. Dr. Goode, who practiced in Royal Oak, Michigan, was on the staff of the William Beaumont Hospital there for 25 years. He was Associate Medical Director of the Detroit Edison Medical Department. Surviving are his wife, Mary, a daughter and a son, Dale N. Goode ’77.

L. Marshall Goldstein, 1959
Died December 2, 1978 at the age of 49. Dr. Goldstein was Chairman of the Department of Family Practice and Vice President of the Medical Staff at St. Francis Hospital in Miami, Florida. He also was Senior Attending Physician at Mount Sinai Medical Center and the Miami Heart Institute. Dr. Goldstein was active in Jefferson alumni affairs in the Miami area.

Donald J. Kearney, 1966
Died February 7, 1979. Dr. Kearney practiced cardiology in Bay Shore, New York. He was certified by the American Board of Internal Medicine with a subspecialty in cardio-vascular diseases. He was a Fellow of both the American College of Cardiology and the American College of Physicians.
ious times quietly explored. Ultimately, in the late 1960's Jefferson, under the leadership of the late President Peter A. Herbut, took a new tack toward universityhood, one which avoided the sticky problems of negotiating with another institution. After years of determined effort and careful planning, he succeeded in obtaining university status by authorization from the Department of Public Instruction, Commonwealth of Pennsylvania, on March 31, 1969. More accurately, a parent university was created *de novo* and the Jefferson Medical College became one of its organizational parts, along with the Thomas Jefferson University Hospital, the College of Graduate Studies, and the College of Allied Health Sciences.

What was achieved through this parthenogenetic approach? First, the fundamental criterion of a university was met; degrees were awarded at the baccalaureate, the master's and the doctoral levels. Next, the new university qualified for government funds for capital expansion, which it might otherwise have been denied. Virtually a new campus emerged over the next ten years, culminating in the development of one of the most modern hospitals in the world. This building program has in turn added immeasurably to Jefferson's potential for recruiting excellent students, faculty, and personnel at all levels.

But what were the trade-offs in this alternative to merger? The question is asked not in the belief that the approach was wrong, but rather in an effort to differentiate those aspects of Jefferson's long university dream which are still appropriate from those which are now less realistic. For example, should we still aspire to a full university spectrum of academic programs, from liberal arts to engineering? Few would answer in the affirmative, not just because such a goal is impractical in the face of adverse demographic and financial circumstances, but because it is no longer certain that medical education must have the corporate underpinnings of a large university to be academically or fiscally sound. History has proved exceptions to Flexner's precept that good medical education cannot endure outside such settings, and Jefferson is a good example. Today the highest academic standards are universally accepted by medical faculties regardless of institutional structure. They are applied wherever accreditation teams can travel to free-standing and university-based organizations alike.

Indeed, it is reasonable to anticipate over the next several decades that some academic medical centers will choose to separate from their parent universities as managerial imperatives prevail over what remains of fading intellectual ties among divergent faculty groups. Thomas Jefferson University could well become an organizational model for centers seeking such administrative autonomy.

I believe therefore in the academic acceptability and viability of a free-standing medically oriented university. I would submit further that our University need not develop all components of a health sciences center—a dental school, a veterinary school, public health school, pharmacy school—in order to feel whole or worthwhile. We do, however, have significant growth potential in allied health and emerging fields of graduate study. These must be pursued, along with new approaches to health care and disease prevention. But as we exploit these opportunities we must also remember the importance of doing well, or better, what we are already engaged in and we must not initiate new programs which are neither needed nor financially feasible. If ours were not already one of the largest medical campuses in the country, a more expansive stance might be in order.

In the final analysis, if I were obliged to list the two most important factors upon which Jefferson's future depends, the first would be continued financial stability. The reason is simple. Medical and other health professional education costs more than the tuition paid. There is also a growing reluctance to fund the kinds of health care provided at university hospitals. As government support shrinks in both education and patient care, every effort must be made to improve our cost effectiveness—in academic affairs and research; in university relations including fund raising; in cooperative programs which utilize our excellent affiliated institutions for education and training; in health services, both inpatient and ambulatory; in management throughout the University—in short, in every area currently under study by the various committees of the Task Force on University Planning. For an institution which has accepted the obligations of a large capital bond indebtedness, economic soundness must be a top priority.

Equally important is Jefferson's ability to attract and nurture truly gifted people, the charismatic teacher, the brilliant researcher, the model clinician, and above all, intellectually curious students. We need more individuals who are willing and able to go the extra distance to become leaders in their fields. Jefferson, in turn, must be willing to go the extra mile to foster such leadership for, if we do not, the most important part of our university dream, institutional excellence, will disappear.

Nurturing gifted people and maintaining financial stability are not necessarily mutually exclusive. Neither are the combined goals of preserving our strengths in clinical programs and pursuing new academic horizons. I am confident that all components of the Jefferson family, including its remarkable alumni, will accept the challenge to shape a consensus of what Thomas Jefferson University should be in the year 2000 and that the Task Force on University Planning will continue to build on the strengths of Jefferson's great heritage along the way.
Reunions, 1979

For the classes of 4 and 9

June 6
Clinic Program
Dean’s Luncheon
Class Parties

June 7
Financial Planning Seminar
Philadelphia Trolley Bus Tours
Alumni Banquet, Hyatt House