On the Cover and Elsewhere

Two distinguished JMC professors, who served as chairmen of their departments, have developed second careers as artists. The works of Thaddeus L. Montgomery, M.D. '20, Professor Emeritus and former Chairman of the Department of Obstetrics and Gynecology, are displayed on pages 32-33. The cover features Hobart A. Reimann's pastel rendering of the Daniel Baugh Institute, the headquarters of Jefferson's Department of Anatomy from 1911 to 1967. Former Magee Professor and Chairman of the Department of Medicine, Dr. Reimann, under commission by Joe Henry Coley, M.D. '34, completed the pastel of D.B.I. early last spring. The painting hung in Jefferson Alumni Hall until it was removed to the Coley home in Oklahoma City. The Daniel Baugh Institute, at Eleventh and Clinton Streets, was bought by the Philadelphia Redevelopment Authority when Jefferson Alumni Hall opened. It has since been sold to a firm that has gutted the building for apartments.

Dr. Montgomery's paintings were photographed at an exhibition held at the Philadelphia Country Club. Both Drs. Reimann and Montgomery have exhibited their work in Center City, Philadelphia, galleries. Photographs of Dr. Reimann's earlier paintings appeared in the summer, 1977 issue of the JAB.

Eight by ten color reproductions of Dr. Reimann's painting of DBI are available for $10.00 through the Alumni Office.
The 38th 38 Years Later
The physicians and nurses of Jefferson's Hospital Unit recall their wartime experiences together.

Jefferson Scene
Jefferson news includes accounts of Commencement, reunions and honors and appointments.

Reunion Clinic Talks
Six alumni make presentations to classmates and colleagues.

Class Notes

Class of 1979 Hospital Appointments

Obituaries

Annual Giving: $569,236
The 31st Alumni Annual Giving Fund reached a record high during 1978-1979 with a final figure of $569,236. This marks an increase of $56,223. There were 124 additional contributors for a total of 3,338, increasing participation from 43.9% to 45.2%. The average gift increased $11.00 to $170.53. The 25th reunion class of 1954 took first place for both dollars and participation ($23,520 and 64.5%). Dr. John R. Patterson is the class agent. The class of 1956 with Dr. Eugene F. Bonacci as agent was first for number of gifts (105). The complete report will be mailed in mid-September.

Sincerest thanks to all who participated in our success.

J. Wallace Davis, M.D.
Chairman
The 38th
38 Years Later

The physicians and nurses of Jefferson's Hospital Unit recall their wartime experiences together.

by Jacquelyn S. Mitchell

Every year groups of Jeffersonians return to celebrate the anniversary of their graduation from medical school. Amid reunion activities this past June, one special contingent of Jefferson doctors and nurses gathered to commemorate an event that took place not 5, 10 or 25, but 38 years ago. On December 7, 1941, the Japanese bombed Pearl Harbor, and, the following day, the United States declared war. On those portentous winter days, 38 years ago, the members of Jefferson's unit—the 38th General Hospital—knew that they were going to war together.

The 38th General is directly descended from Base Hospital No. 38, one of 50 such hospital units organized by the Red Cross to support the American Expeditionary Force that headed for France in 1918. Realizing that the Armed Forces' Medical Corps could not begin to cope with the anticipated casualties, the Red Cross created the Department of Military Relief to set up and equip base hospitals, which were to be transferred to the jurisdiction of the U.S. Army Medical Department after mobilization.

These facilities were organized in association with 50 established civilian hospitals. Personnel were recruited from each hospital's staff and from graduates of its medical and nursing schools if such existed. The idea was to assemble staff used to working with one another so that the unit, when activated, would function smoothly and efficiently. In addition to Jefferson's No. 38, Phila-
delphia supplied three other base hospitals—No. 10 from Pennsylvania Hospital, No. 20 from the Hospital of the University of Pennsylvania and No. 34 from Episcopal Hospital.

The Red Cross originally intended that each base hospital have 500 beds, but the high percentage of allied casualties during World War I necessitated bigger facilities so that almost all of the hospitals were expanded to 1,000 beds. In France, No. 38 (located near Nantes in a park that surrounded the remains of an old chateau) reached a daily census of over 2,400. The unit consisted of 35 officers, 100 nurses, 200 enlisted men and six civilians. Because of the shortage of nurses along the Western Front, most of the nurses in Jefferson’s unit were transferred to other posts closer to the trenches. In fact, when the complement of full beds exceeded 2,400, only eight nurses remained to supervise care of the men. Some of them had gone with the mobile Jefferson Shock Team which became known along the trenches for its attempts to treat the condition as soon as possible.

World War I was the first modern, technological war. After a few early battles, men dug in and stayed in their trenches for years. They hurled bombs at one another during the day and went on raids at night—cutting the barbed wire protection above their own trenches and crawling on their stomachs across no-man’s-land to cut the wire above the enemy’s trenches. Winston Churchill introduced the tank at the end of the war, and the activity that most resembled the old heroic ideal of hand to hand combat—the dogfight—also prefigured the complete ascendancy of the machine in the next war.

The activities of the medical corps reflect, of course, the emerging style of warfare. No. 38 represented an attempt to treat patients systematically, but the type of warfare and the kinds of injuries it generated—trench foot and mouth, gassing, multiple head, neck and upper chest injuries from projectiles—were either so new or numerous that neither the inflictors nor the healers had yet worked out ways of doing their jobs most efficiently. Obviously, for instance, the fact that eight nurses were caring for 2,400 patients at No. 38 suggests that people had not yet figured out how to deploy human resources effectively.

Twenty-three years later when the Japanese attacked Pearl Harbor, the systems for relieving as well as inflicting injury had all been refined. The wounded underwent initial examination at battalion aid stations which were positioned right behind the lines. From there they went about a mile to the rear to collecting stations for additional emergency treatment. The next stage was the clearing station which channelled the gravely wounded to field hospitals (located four to six miles from the combat zone). Those not requiring immediate surgery went to evacuation hospitals, the destination also of men able to leave the field hospitals. All of these facilities were mobile though evacuation hospitals tended to relocate less than the smaller units. Finally, patients were moved to general hospitals, like Jefferson’s 38th, which were fixed installations.

This systematic approach resulted in a fairly low mortality rate of only 3 percent among the wounded who reached surgical treatment as opposed to 8.1 percent for World War I. Of course, it wasn’t only the increased efficiency with which the inflicted were processed that accounts for the reduced mortality rates. Medicine could, quite simply, do more in the 1940’s than in 1918.

A man in a good position to appreciate both medical and military advances between the two wars is Baldwin L. Keyes, M.D., JMC Emeritus Professor of Psychiatry. After graduating from Jefferson in 1917, Dr. Keyes went into the U.S. Army and became attached to the British Army, 15th Scottish Division with the Gordon Highlanders. His ten months as a physician with an infantry battalion in combat earned him the British Military Cross for Valor. Between the wars, Dr. Keyes became the first Chairman of the Department of Psychiatry at Jefferson. (Prior to Keyes’ appointment, neurology and psychiatry fell under the jurisdiction of one chair.) Having remained in the reserves since the First World War, Keyes was chosen to supervise the reactivation of the 38th.

Keyes recalls that the request for his services came at a luncheon held at the Racquet Club after commencement for the Class of 1940. The speaker had been
the Surgeon General of the Army, Major General James Carr Magee, M.D. '05. Magee was at the luncheon as were Jefferson President Robert P. Hooper and Dean William H. Perkins, M.D. After Hooper offered Keyes the position, Magee urged him to begin organizing the general hospital immediately.

It was Keyes’ job to recruit the doctors and nurses; the army would provide the 500 enlisted men when the unit went to camp. Keyes recalls that he was already, at the time of the request, heavily involved, because of his reserve status, recruiting for the military. The scope of Keyes’ task is indicated by the fact that he had to set up a 1,000 bed hospital while the Jefferson Hospital itself had at that time half as many beds.

On December 7, Keyes heard about Pearl Harbor from a radio broadcast. Months before, every vacancy in the 38th had been filled so that Keyes was able “to report the 38th complete and ready for active duty” on the afternoon of the seventh. Keyes was then told that he would hear from headquarters in Washington about the unit’s postings. “The grapevine said we were going to the Pacific,” Keyes recalls.

“Orders came through that we should be ready to leave by May 15. We got a special train to take us to Camp Bowie in Texas. We left town the same afternoon that the University of Pennsylvania unit under Dr. Isadore M. Ravdin did. Headed for a camp in Louisiana, they left with a brass band; we went quietly.”

One member of the 38th who remembers leave-taking as far from quiet is Peter A. Theodos, M.D. '35, the current President of the Jefferson Medical College Alumni Association. Theodos got a telegram on May 14 notifying him that he would be leaving for camp the following day. There had been a delay in official acceptance of Theodos because he had at first not satisfactorily passed the eye examination part of the physical. Both Keyes and Theodos emphasize how much more stringent the physical entrance requirements were for World War II than for subsequent conflicts.

“My Review Board phoned me that I had been accepted at about 6 o’clock on the evening of the 14th; I got the telegram at 8:30 so I had less than 24 hours to get ready. I found a substitute for my practice and abandoned everything else. My biggest problem,” says Theodos, “was acquiring a uniform. There weren’t any available so I went to Bowie in a makeshift getup.

Camp Bowie may mean a lot of different things to different people, but no one would ever,” says Theodos, “mistake the place for the Promised Land.” Located in the geographical center of Texas, Bowie also lies in the heart of the state’s dust swept plains.

Major Edna W. Scott, who was to become Head Nurse for the 38th, recalls that she, never having been to Texas, looked at Bowie and decided that if it were representative of the state she “didn’t care to see Texas again.” Scott was not aboard the 38th train to Bowie. She joined the group later—travelling from her first posting at Fort Storey in Virginia. At the time Keyes was forming the unit, Scott was working as an OR nurse at Bryn Mawr Hospital. Having trained at Jefferson, she wanted to serve with its General Hospital. Thinking 38 years later about her motivations for joining up, Scott admits that “the promise of adventure” exerted about as much effect as her “sense of duty.” She does not recall receiving much extra training at Bowie. “We exercised in the morning and went on hikes once in awhile.”

Theodos’ recollection of the “hikes” is much less offhand than Scott’s. “We had to do marches—up to seven hours at a stretch—in the blazing Texas sun. Temperatures reached 128° that summer.” The physical conditioning did little though to deplete Theodos’ enthusiasm or energy. He used what opportunities he had to survey Texas. On one of his excursions to Dallas, he met the woman he would later marry.

By August, the 38th had acquired a Commanding Officer who was regular army—Colonel Forrest R. Ostrander. Dr. Keyes became the unit’s Executive Officer and Commandant in charge of medical affairs. At the end of August, 56 of the original 73 officers and 105 out of 120 nurses prepared to leave Bowie for an unknown destination.

The group was assigned a fairly ramshackle train. Keyes says that they had no stove for food or warmth aboard the train. Improvising, the group got a coal stove and put it in a box filled with sand to protect the freight car floor. Keyes also recalls the difficulty he had labeling the baggage prior to embarkation. An “H” with a “J” in it was to be painted on all materials in Jefferson blue and black, but the black failed in many instances to show up against a dark background, so Jefferson’s colors became temporarily blue and red.

The group’s first destination was Sullivan’s Island, near Charleston, South Carolina, where two freight cars of baggage and hospital equipment were loaded aboard three ships. “The lot was divided,” Keyes explains, “so that we wouldn’t lose everything if a ship was sunk.” Eventually a third of 38’s equipment was lost; Keyes says that they heard that the ship was torpedoed, but the story was never confirmed. After two weeks in South Carolina, the group arrived at Camp Kilmer, New Jersey. “When we left Kilmer for Staten Island where our ship was waiting, we had to march out,” Keyes remembers, “in full infantry gear to disguise the fact that we were leaving.”

The ship was the old, British luxury liner, the Aquitania. There was, however, nothing luxurious about 38’s accommodations aboard ship. The 907’ by 97’ ship had been stripped of all its luxurious appointments to make room for sixteen thousand troops. Of their crossing, Theodos says simply, “Most of us would like to forget it.”

Scott remembers that seven nurses occupied a stateroom which she emphasizes “was not large—there were three bunks on each side of the room and a cot in the middle.” Actually, Scott, who did not suffer from seasickness as did many of the nurses, enjoyed the crossing because it gave her the opportunity to assist during operations aboard ship.

“We undertook,” explains Keyes, “to establish the hospital on the boat.” Lieutenant Colonel Burgess L. Gordon, M.D., ’19 Chief of 38’s Medical Services, took charge of the shipboard facility.

“No one knew where we were going. What we did know,” says Keyes, “is that we were heading south. The ship put into port at Rio de Janeiro to take
on supplies,” Keyes, a native of the city, was a member of a small shore party. Confined to ship, like almost everyone else, Theodos’ entry in a diary he kept reads, “October 6, saw the statue of Christ that overlooks Rio’s harbor.”

Seven days later the ship arrived in Capetown, South Africa. They were led into the harbor by British destroyers, but for most of the purposefully circuitous passage the ship was unescorted. From South Africa, the ship headed up the coast of Africa through the Indian Ocean to the Red Sea and the Suez Canal. According to Theodos’ diary, they crossed the equator on the 24th of October which was a ceremonial occasion even in time of war. On the 31st, the 38th disembarked at Teufik, the port of Suez. They had come 16,703 miles by boat to set up a hospital in the desert outside Cairo, Egypt.

Immediately, the group was introduced to the more casual Middle Eastern way of doing things. While the ship was unloaded, some of the luggage was lost. Theodos remembers that the native workers dropped pieces into the water. “We couldn’t see where we were that night,” says Theodos, “because of the blackout. We climbed onto trucks and headed for the desert adjacent to Heliopolis. We called the place ‘Kilo 13’ because it was 13 kilometers from Cairo.

It was a typical army hospital,” says Theodos, “in the middle of nowhere. When we arrived, it was four months old; 30% of the buildings were finished.” There were to be 80 separate buildings, 36 of which were wards. Scott remembers their arrival as wet.
"They told us it never rained in Egypt; well, it rained the day we arrived, and that wasn't the last rain we had either. Sometimes our buildings were almost flooded out. At least the nurses' quarters were built when we arrived—there were two nurses to the room, with a small bathroom between each set of two rooms." The buildings were constructed of a sand-mud brick. The walls were, consequently, porous so that when a sandstorm came up, the sand would blow through.

Perhaps the best description of the hospital occurs in a letter, dated April 5, 1943, from Keyes to Dean Perkins back at Jefferson: "Our hospital is built of locally made brick with tin roofs and ceilings of bullrushes or pressed fiber. The buildings are well scattered among the rolling sand dunes and can only be seen all at one time by climbing on top of a large dune separating the officers' and nurses' quarters."

Keyes' most vivid memory of the environs focusses on the dunes below the hospital. "The dunes lay between us and the Nile delta; their formation was a function of the cooling delta breezes meeting the hot air from the desert to the south where the hospital was. The dunes were four to five hundred feet high, and centuries old. Their colors changed continually; the tones deepened at the bottom. Above, the crest of the dune blew over, forming clouds of sand that looked like snow from where we were." Keyes, who also served as a Neuro-psychiatric Consultant for the United States Armed Forces in the Middle East, recalls that depressed patients were asked to paint the pastel colors of the dunes. "The very depressed fellow couldn't even see the bright colors."

Aside from his sense of desert beauty, most of Keyes' memories are associated with the logistics of establishing the hospital. "We had," he says, "no entrance from the admissions center to the reception building. I called the engineers and told them I wanted doors so that stretcher cases could easily be admitted. They said they had no authority to make such a change. They told us we would have to have an accident, so a group of us got sledge hammers and knocked the relevant walls of the two buildings down. Then we called the engineers in to make repairs.

The native laborers—the British called them 'wogs'—gave us a certain amount of trouble. For instance, they put in showers without drains because they didn't know that showers were supposed to have drains."

Theodos recollects the British resentment at the American treatment of the wogs. "We tipped, by British standards, too heavily so that the English felt that we blundered in and upset the standard of exchange."

"The British were," says Keyes, "astonished at the quality of our equipment. We had automatic bedpan washers, and they never expected to see such contraptions in the middle of the desert."

Despite such seeming extravagances as the bedpan washer, Scott recalls how much they had to improvise when the hospital first opened on Armistice Day, November 11, 1942. "We had to wash and feed our first patients out of tin cans," she says, and "the corpsmen manufactured bed trays out of packing cases.

The furniture for the nurses' quarters didn't arrive until shortly before Christmas. We were glad when it came," Scott says, "because most of us were sad about our first Christmas away from the States, and the arrival of the furniture enabled us to have an open house."

In general, Scott feels that nursing in Egypt did not differ much from nursing at Jefferson or Bryn Mawr. "The main difference," she says, "was that we supervised the corpsmen who did most of the nursing work."

Theodos compares what he did in Egypt to what any general practitioner does. "We mostly," he says, "provided services for the military people in the Cairo area, and most of the outfits were made up of noncombatants—transport, ordnance. In fact," Theodos explains, "the war more or less passed quietly by us. When the 38th was scheduled for Cairo, Rommel's North African campaign was going so well that the rumor mill maintained that Rommel had reserved the top four floors of Cairo's best hotel, the Shepherd. By the time the 38th arrived, the fighting had receded. At the Battle of El Alamein, October 23–November 5, 1942, Montgomery pushed Rommel's tanks from the Alexandria area. Then the second Ploesti air raids on August 1, 1943, put an end to the African war by shutting down the Romanian oil fields that supplied the panzers with gas. To the best of Keyes' recollection, allied casualties during Ploesti reached 40%. From that raid and a few other smaller encounters, combat casualties were funneled through the medical network to the 38th. Basically, however, the hospital never functioned fully as intended because the course of fighting swept north into Italy beyond the area the hospital was intended to serve.

Because the facility was not run at full capacity, the staff had more leisure time than any of the volunteers had expected to have. Theodos recalls how impatient some staff members grew. Medicine had acclimated them to rigorous schedules, and they were used to working for tangible rewards. A general hospital is set up so that certain ranks accompany certain duties; a promotion could disqualify a physician from doing what needed to be done. If, for instance, ward officers like Theodos are captains, and the captain is promoted to major—the rank of a ward's Chief—then the new major could not serve as ward officer, but would have to be a Chief, which would be possible only if his superior had been either promoted or transferred. Hence, promotions tended to be fewer than some of the physicians, conditioned by the competitive nature of the profession, would have liked.

Theodos estimates that 30% of the staff chose to channel its unused energies into sight-seeing. He appears to have taken whatever opportunity he could get to see the Sphinx, the pyramids and the Holy Lands north of Egypt, but he and other staff members also made an effort to visit sites that would not appeal to the traditional tourist—leprosy colonies and typhus wards. Keyes adds that they "got a chance to see the extreme ends of diseases—stages which we would most probably never see in hospitals in the
Everyone at 38 seems to have spent some time exploring Cairo. Asked to describe the city, the first word that comes to both Scott and Theodos is “dirty.” Miss Scott talks of the coating of flies on “slabs of meat hanging outside the stores.” She remembers remarking to someone that she never heard any of the children cry and the person responding with the observation that the children probably didn’t have the energy to do so. That exchange has stuck with her because it captures the fundamental survival orientation of Cairo’s street culture.

Diversion for the 38th did not consist only of forays out into foreign cultures. Scott talks of playing endless games of cards, challenging the British to softball contests and attending numerous weddings. In a newspaper article reporting that the 38th had been cited by the commanding general of the African-Middle Eastern Theatre for the accomplishment of exceptionally difficult tasks and for maintenance of a high standard of discipline, the correspondent added at the end that 27 nurses had married since entering the service. The citation was, incidentally, accompanied by the Meritorious Service Unit Plaque, the highest award that can be bestowed on a noncombat unit of the Army Service Forces.

Theodos speculates that the nurses had a less tedious time during slow periods than did the physicians since American and European women were so much in demand throughout the area. Deploying his nurses diplomatically became one of Keyes’ unexpected duties. He got a phone call from the General in command of the 9th Air Force. The man explained to Keyes that his boys hadn’t seen American girls for a year or two. The General wanted to borrow a handful for a dance and offered to send down some fighters to fly the nurses to the camp that was located about 50 miles from the 38th. Keyes, who judged aviators “a wild bunch,” thought it advisable to send some of 38’s officers along as escort. The General agreed as long as 38’s men promised not to dance. That “social” was the first of many such gatherings Keyes had to negotiate.

Especially for noncombatants like the staff of the 38th General, the international social scene—attuned to that frantic sense of urgency that companies anticipated danger—had a marked effect on pre-war sensibilities. Theodos says, forthrightly, that the war altered him completely. He views his own change as a mellowing process whereby he got “more perspective and better judgment” and became, consequently, “more tolerant.” But he speculates that the mixture of intensity and detachment that characterized not only interactions between people, but also the individual’s sense of his own present, led to the undermining of conventions that structured pre-war life styles.

“Among the people I served with,” says Theodos, “—the 38th in Cairo, then the Fourth Field Hospital at the base of Monte Cassino in Italy and finally relief organizations in Greece—there was, increasingly, a feeling of impermanence. Our futures became obscure to us and the patterns of our past didn’t seem to apply, so we fell or drifted into the habit of living for the present.

By the end of the war,” says Theodos, “I could look back nostalgically at those early days with the 38th in Cairo. We were so enthusiastic and so interested and,” he pauses, “so naive. I don’t think I’ve ever seen doctors and nurses work that well together. We had trained together,” Theodos asserts, “and I think we were proud of the training we carried with us that enabled us to reproduce a Jefferson abroad.”

That sense of a Jefferson identity seems to have been sufficiently strong to have impressed at least one of 38’s patients, Paul K. Lee, an Associated Press correspondent. In an article published in the Philadelphia Evening Bulletin on January 14, 1943, Lee writes:

I’ve never stopped in Philadelphia in my life, but I have recently spent ten days as a patient in the Jefferson Hospital of Philadelphia.

The paradox is explained this way: The hospital is out on the glimmering yellow white sands somewhere between the River Nile and the Red Sea, and its official name is the 38th General Hospital, United States Army.

But to a remarkable degree it still is Jefferson Hospital, Philadelphia.

Lee was hospitalized with sandfly fever. One of 38’s projects consisted of setting up a research unit to study the debilitating ailment. Eventually that unit published a paper recommending procedures for preventing infection. Once it was evident that 38 would not function to capacity, such research projects increasingly occupied the staff.

As it became apparent that the course of the war would not bring combat casualties to Cairo, the 38th shrank to a 500 bed hospital. Most of the original contingent of physicians had already been transferred to facilities that needed their expertise more. Theodos was with the Fourth Field Hospital in Italy, and Keyes had been promoted to Surgeon for the Delta Service Command. His duties included responsibility for all medical installations in Palestine, Lybia, Egypt, Eritrea and the Sudan.

In a letter dated December 21, 1945, Lieutenant Colonel George W. Paschal, Jr., M.D. ’31, Chief of 38’s Surgical Services, informed Dean Perkins that he was one of only two Jeffersonians remaining with the 38th. Writing that the last of the original nurses returned to the States around the first of the month, Paschal told the Dean that “The Jefferson Hospital Nurses distinguished themselves in the efficient, capable, pleasant and energetic manner in which they performed their duties. With their help it was easy for the Hospital as a whole to gain a favorable reputation.”

At the very end of the war, the Hospital moved to North Africa, but few records of its activities there remain. Afterwards, 38 was disbanded only to be reactivated as a reserve unit during the latter part of the forties. Finally, the army decided that Philadelphia should be represented by one big medical center with the University of Pennsylvania’s medical facilities functioning as the organizational focus. “So,” says Keyes, “they took our number away and gave it to the medical school in Richmond, Virginia; I wanted the Surgeon General’s Office to retire ‘38’ with honor forever.”
The 38th Reporting for Cocktails and Conversation

On June 8 nurses and physicians who served with the 38th Jefferson Hospital Unit during World War II met at Jefferson Alumni Hall for its first formal reunion. From left are Drs. Evan B. Hume '29, Charles K. Garver, John J. Cheleden '32 and Albert L. Maisel '39 (back to camera).

From left Dr. and Mrs. Garver and Dr. C. Wilmer Wirts '34.

Miss Doris E. Bowman, Director of Jefferson's Nursing School, with Dr. Baldwin L. Keyes '17, Commanding Officer of the 38th.

Dr. Peter A. Theodos '35, (right) President of the Alumni Association, was responsible for the reunion which drew 80 some guests from across the country.
At left from left Mrs. C. Wilmer Wirts, Mrs. John J. O'Keefe, Dr. Burgess L. Gordon '19 and Dr. O'Keefe '37. Below Dr. Norris J. Kirk '29 and Mrs. George W. Pascal, Jr.

Dr. John J. DeTuerk '38 (left) with Dr. Donald F. Lyle.

From left Mr. Robert DeKorte, Mr. Frank Snyder and Dr. John Barnard.
class of 79

Two hundred and fifteen Jefferson students received M.D. degrees at Commencement ceremonies held at the Academy of Music last June. They represent the 155th class to graduate from the Medical College. Each student ascended the stage where degrees were individually conferred.

In addition, the Graduate School of Thomas Jefferson University granted the degree of Doctor of Philosophy to 16 students, and 17 candidates became Masters of Science. Of the 117 students who received Bachelor of Science Degrees, 63 were in nursing, 24 in medical technology, 12 in radiologic technology, 11 in cytotechnology and seven in dental hygiene. Three students became Associates in Arts; and one, an Associate in Science.

University President, Lewis W. Blumle, Jr., M.D., presided at the ceremonies. He addressed the students on the effects of the public's increased lack of confidence in health care professionals. Observing that external regulations can promote the assumption that self-control is unnecessary, Blumle urged the students to do what they could in their respective fields to maintain public confidence. Blumle closed by quoting Alan Alda, "the television doctor" of MASH; the crux of the Alda quote was that for health care professionals the head bone must be connected to the heart.

During the latter part of the Commencement ceremony, three individuals received honorary degrees. A Doctorate of Humane Letters was presented to W. Edward Chamberlain, M.D. for his work as a radiologic pioneer. After he retired as Chairman of the Department of Radiology at Temple University, Dr. Chamberlain spent the next 20 years with the Veterans Administration; he was Chief of Radiology at the V.A. Hospital in Brooklyn, New York, and, subsequently, Consultant-in-Residence. A TJU Visiting Professor, he introduced and described the image intensifier in fluoroscopy; he is well known for the "Chamberlain line" seen in skull X-rays and for the "Chamberlain" X-ray of the skull.

Jonathan E. Rhoads, M.D. was honored with a Doctorate of Literature for his accomplishments as surgeon, investigator, educator and civic leader. Holding the John Rhea Barton Chair in Surgery at the University of Pennsylvania, he became Chairman of the Department in 1959. Currently the President of the American Philosophic Society, he is a past President of the American Cancer Society and the American College of Surgeons. With over 300 scientific publications, he has served as editor of both Cancer and the Annals of Surgery.

The third recipient of an honorary degree at Commencement was Jessie M. Scott. She was presented with a Doctorate of Laws to acknowledge her work as an international nursing leader. With the rank of Assistant Surgeon General in the United States Public Health Service, she directs the Division of Nursing in the Bureau of Health, Education and Welfare.

Awards to graduates for outstanding work in medical school were presented at Class Day ceremonies, held in McClellan Hall the day before graduation. The late Gonzalo E. Aponte, M.D. '52, Professor of Pathology and Chairman of the Department, was selected by the seniors to speak at the occasion; Aponte's address was entitled "A Tide in the Lives of Men." (The students also chose Aponte to administer the Hippocratic Oath at Commencement). John C. Maerz, Jr., M.D. represented his classmates at the ceremony; he spoke on "Growing Up in Philadelphia."

The most prestigious award conferred on a student at Class Day—The Alumni Prize—went to Kevin R. Harris, M.D. It is given by the JMC Alumni Association to the senior with the highest cumulative record. Joseph A. Walsh, M.D. received honorable mention. Dr. Harris was also the recipient of the William Potter Memorial Prize in Clinical Medicine and the Edward J. Moore Memorial Prize in Pediatrics. Dr. Walsh was given both the Leopold Goldstein Memorial Prize in Obstetrics and Gynecology for the highest average in that field and the Obstetrics and Gynecology Prize in honor of JMC Emeritus Professor of Obstetrics and Gynecology, John B. Montgomery, M.D. '26 (the 1979 recipient of the Alumni Achievement Award, see page 11).

The clinical Surgery Prize was bestowed on Kim U. Kahng, M.D., and Richard W. Ziegler, M.D. received the Orthopaedic Surgery Prize. For excellence in the field of general surgery during his clinical years, Geoffrey P. Dunn, M.D. was awarded the George J. Willauer Prize. This was the first time the Willauer Prize, established by the family of the late Dr. Willauer '23, was awarded.

Recognizing outstanding contributions to the Hobart Amory Hare Medical Society as well as excellence in internal medicine, the Philip and Bella Medoff Memorial Prize went to Philip J. Dzwonczyk, M.D. Richard L. Cruz, M.D. was given the Psychiatry Prize. For his work on "Zinc, Oncogenesis and Tumor Immunology," John D. Cunningham, Jr., M.D. got the First Annual St. George Society Paper Prize. Thomas W. Gardner, M.D. received the Upjoin
Achievement Award, commending outstanding all-around achievement in clinical proficiency.

Also honored at Class Day are the recipients of the prestigious Christian R. and Mary F. Lindback Awards for Distinguished Teaching. Two awards are presented; sophomores choose a member of the basic science faculty, and seniors select a representative from the clinical faculty.

Robert J. Mandle, Ph.D. was recognized for his excellence as a teacher of the basic sciences. He came to Jefferson in 1951 as an Instructor of Microbiology. Since then he has risen through the academic ranks to the position of Professor. He has served as Vice President and President of Pennsylvania's Eastern Branch of the American Society for Microbiology. A Fellow of the College of Physicians of Philadelphia, he is a member of Sigma Xi, the Mycological Society of America and the Mycological Society of North America. He has authored or co-authored more than two dozen publications in his field.

Selected from the clinical faculty, Jerome M. Cotler, M.D. '52 is the other recipient of the Lindback Award. Board certified in orthopaedic surgery, he holds an appointment as Clinical Professor in Orthopaedics at Jefferson. An Attending at the TJU Hospital, he sits on various hospital committees and task forces including the Admissions Committee, the Credentials Committee (of which he is Co-Chairman) and the Committee for the Conservation of Resources (whose Subcommittee on Human Resources he chaired from 1977-78). He is also a member of the Executive Committee of the Medical Staff of the Elizabethtown Hospital for Children and Youth. He was President of Elizabethtown's Medical Staff from 1971 to 1975. He serves as consultant to the staffs of six area hospitals including two Jefferson affiliates—Wills Eye Hospital and the Magee Memorial Rehabilitation Center.

A Fellow of the American College of Surgeons, the International College of Surgeons and the American Academy of Orthopaedic Surgeons, he has been very active in the latter organization. Among the positions he has held are Chairman of the Credentials Committee of the Board of Councilors and Vice President of Membership for Region 3. He has also held several positions on the American Board of Orthopaedic Surgery—among them, Chairman of the Eligibility Committee and Secretary of Professional Profiling.

The author of 20 publications, Dr. Cotler is a member of numerous organizations associated with his specialty. Most notably, he is a founding member of the Jefferson Orthopaedic Society and the Tom Outland Orthopaedic Society. His son, Howard, is a member of the Class of '79.

degree for nurses

Because of the increasing demand for highly trained nurses with baccalaureate degrees, TJU's Board of Trustees accepted a recommendation from the faculty of the School of Nursing to phase out the traditional Diploma Program. The last class to be accepted will enter the Program this September. They and other students currently enrolled have been assured that educational standards will remain high.

Lawrence Abrams, Ed.D., Dean of the College of Allied Health Sciences, says that the decision to discontinue the 33 month Diploma Program was difficult, but necessary. Abrams explains that the pace of technological and scientific innovations in the nursing field requires students to have the more comprehensive background that leads to the baccalaureate degree.

TJU's President, Lewis W. Bluemle, Jr., M.D. stressed the marked increase in demand for nurses—at the entry level—with baccalaureate degrees. The Director of Jefferson's Diploma Nursing Program, Doris E. Bowman, contends that the baccalaureate degree will be, in the very near future, a mandatory requirement for new nurses. At present, some institutions promote only baccalaureate nurses to supervisory positions.

In order to help diploma school graduates advance in their careers, Dr. Abrams says that the College already offers an advanced Placement Program for R.N.'s in order to facilitate their earning B.S.N. Degrees.

achievement award

John B. Montgomery received his B.A. from Juniata College in 1921 and his M.D. from Jefferson Medical College in 1926. Last spring, he was selected independently by both institutions to be the recipient of their 1979 Alumni Achievement Awards. Jefferson honored Dr. Montgomery at the Annual Banquet of the Alumni Association. The Award was presented by Abraham E. Rakoff, M.D. '37, JMC Professor of Obstetrics and Gynecology (Endocrinology) and Professor of Medicine.

Dr. Montgomery responded to Rakoff's full recital of his accomplishments with a story. Montgomery told the alumni audience at the banquet that Rakoff's remarks made him feel like the visitor to a Scottish kirk who was being introduced by a local elder to the congregation. Throughout the elder's laudatory address, the visitor prayed that the elder be forgiven for lying and that he himself be forgiven for liking the lies so much. In such modest fashion, Montgomery thanked the alumni for bestowing their most esteemed honor on him. He then turned to Rakoff and said, "Even if they are all lies, Abe, thanks."

Most of what Dr. Rakoff had to say about Dr. Montgomery belongs, however, unmystakenly to the realm of facts instead of fiction. His professional association with Jefferson began in 1929 when he was appointed Assistant Demonstrator of Gynecology. He became Clinical Professor of Gynecology in 1940 and Clinical Professor of Obstetrics and Gynecology when the Departments of Obstetrics and Gynecology were combined. Having been appointed "Professor" in 1952, he became Co-Chairman of the Department in 1955. He was solo Chairman from 1961 until 1965 when he became Professor Emeritus. That year the graduating class presented his portrait to the College.

Active for many years on the Executive Committee of the Alumni Association, he assumed the Presidency of the Association in 1961. A long-standing member of the volunteer faculty, Montgomery helped to work out the present integration of the volunteer and full-
time faculties. Noting that Montgomery's entire professional career was linked to Jefferson, Rakoff asserted that he was "a true Jeffersonian."

Rakoff pointed out that Montgomery's accomplishments are not, however, limited to a local sphere. A founding Fellow of the American College of Obstetricians and Gynecologists, he "actively participated in the running of the organization." A Diplomate of the American Board of Obstetrics and Gynecology, he is a Fellow of the American College of Surgeons. In addition, he belongs to the American Gynecological Society, the American Gynecological Club, the American Association of Obstetricians and Gynecologists and the Philadelphia Obstetrical Society, of which he was President in 1946. Having served on the Board of Directors of the Philadelphia County Medical Society, he has also been a member of the College of Physicians of Philadelphia, the Association for the Study of Sterility and the American Committee for Maternal Welfare.

Noting that Montgomery's publications deal with both medical and surgical aspects of gynecology, Rakoff commended especially his work on radiation therapy for uterine cancer. "The follow-ups," Rakoff said, "represented an important contribution to the literature."

Finally, Rakoff, praising Montgomery's "interest in the welfare of people," called the gynecologist "a humanitarian" and "a rare individual."

Having given up surgery at the age of 70, Montgomery continues to practice gynecology at his offices in Bryn Mawr, Pennsylvania. He and his wife, Elizabeth, have a son, Bruce B. '60, Clinical Assistant Professor of Obstetrics and Gynecology at Jefferson.

**a million in grants**

Thomas Jefferson University has received two major grants. Federal funds totalling $750,000 have been allocated to set up a Spinal Cord Injury Center in conjunction with the Department of Rehabilitation Medicine at Jefferson. The other grant of $332,500, provided by the W. W. Smith Charitable Trust, will support two research projects involving cancer therapy and cardiovascular disease.

The Spinal Cord Center will serve the five-county area surrounding Philadelphia, which generates approximately 200 new spinal cord injury victims per year. John F. Ditunno, Jr., M.D., Director of the new center and Chairman of Jefferson's Department of Rehabilitation Medicine, says that the HEW grant will enable Jefferson and two of its affiliates—Magee Memorial Hospital and Elwyn Institutes—to develop a unique and complete model for spinal cord injury care.

After initial treatment at Jefferson, many spinal cord center patients will be transferred to Magee, at 15th and Race Streets in Philadelphia, for further rehabilitation therapy and vocational evaluation. Additional vocational assessment as well as training and placement is available through the Elwyn Institutes.

Through establishment of the Center, area victims will receive more comprehensive treatment at a reduced cost. The grant also provides for training of Philadelphia Fire Department paramedics in spinal cord injury.

One of the two research projects funded by the W. W. Smith Charitable Trust focusses on an investigation of how anti-cancer drugs can be used most effectively for the therapy of individual patients. One hundred and eighty thousand dollars have been earmarked to de-
Jefferson alumni trustee

James E. Clark, M.D. '52 has been elected Alumni Trustee by a general balloting of the JMC alumni. His three year term on the TJU Board began in July. Dr. Clark replaces retiring board member, Joe H. Coley, M.D. '34; the other Alumni Trustees are Carl Zenz, M.D. '49 and John J. Hodges, M.D. '39.

Dr. Clark responded to his election as Trustee in a letter to Paul A. Bowers, M.D. '37, Chairman of the Association’s Alumni Trustee Committee. Clark said that he felt the trusteeship was “the finest honor the Alumni Association can bestow on any graduate.” Clark told Bowers that he hoped to serve “honestly and constructively.”

A native of Elkins, West Virginia, Dr. Clark was Chief Resident during the last year of his medical residency at the Jefferson Medical College Hospital. Appointed Assistant in Medicine at Jefferson in 1956, he was an Associate Professor of Medicine when he left Jefferson in 1968. He currently holds an appointment as Professor of Medicine at the Hahnemann Medical College and Hospital. He is Chairman of the Department of Medicine and Chief of the Nephrology Section at the Crozer-Chester Medical Center.

Among his past services to Jefferson are organization of the Department of Medicine’s steroid research laboratory in 1957 and, two years later, the establishment of the artificial kidney unit. He was Director of the Dialysis Unit from 1959 to 1968.

Board certified in internal medicine, he is a Fellow of the American College of Physicians. He has just been named Governor-elect of the College’s Eastern Pennsylvania chapter. A member of the Society of Sigma Xi, he has served successively as Program Chairman, Secretary-Treasurer and President of the Greater Philadelphia Chapter of the American Federation for Clinical Research.

A lecturer and consultant in internal medicine and nephrology for the United States Naval Hospital in Philadelphia, he is consultant in nephrology to the Elwyn Institute and to Chestnut Hill, Riddle Memorial and Taylor Hospitals—all located in the Philadelphia area.

Having served as Vice President of the Pennsylvania Chapter of the National Kidney Disease Foundation and a member of its Medical Scientific Board, he currently chairs the Board of Directors of the Kidney Foundation of the Greater Delaware Valley; he is also a member of its Executive Committee.

He serves as Chairman of the Professional Education Subcommittee of the Eastern Pennsylvania High Blood Pressure Education Program. Medical Director of Pennsylvania’s Franklin Mint, he is Director of Health Services at Swarthmore College. He has authored numerous articles and several book chapters.

Having served as Chairman of the section on general medicine of the College of Physicians of Philadelphia, he is still active in that organization. He is also a member of the American Heart Association, the American Society for Advancement of Science, the American Society for Artificial Internal Organs, the American Society of Nephrology, the Association for Hospital Medical Education, the European Dialysis and Transplant Association, the International Society of Nephrology, the Physiological Society of Philadelphia and the Royal Society of Medicine.

coley’s six years

At the Annual Banquet, Alumni Association President, Peter A. Theodos, M.D. ’35, asked that Joe Henry Coley, M.D. ’34 be recognized for “the dedication and service” which have “made him one of Jefferson’s most valuable assets.”

Theodos said that Coley, who has just completed two three year terms on TJU’s Board as Alumni Trustee, deserved the appellation, “Mr. Jefferson,” because of all that he has done for the institution.

Dr. Coley, whose entire professional life has been devoted to the practice of obstetrics and gynecology in Oklahoma City, Oklahoma, was Chairman of the alumni phase of the Sesquicentennial Campaign, which raised over four million dollars. He has served as state Vice President for the Alumni Association

Dr. Clark
ever since he graduated. A long-standing member of the Association’s Executive Committee, he has been Class Agent for 20 years. His father, Andrew J. Coley, M.D., graduated from Jefferson in 1890.

“I have,” says Coley, “a deep sense of moral responsibility to this institution. It gave me a marvelous education for which I am and shall be forever grateful.” Coley’s sense of indebtedness has led him to appreciate the services Trustees voluntarily render to Jefferson. He was, consequently, pleased to serve in this capacity.

The Board meets once a month. Asked if accepting a position on it meant that he “agreed” to travel from Oklahoma City to Jefferson that often, Coley says, “No, I didn’t ‘agree’; I was flattered that they asked me.”

As a member of the Board, he served on the Academic Committee in addition to being Chairman of the alumni phase of the Sesquicentennial Campaign. He also participated in the process whereby the Board supervises the selection of department chairmen.

Coley feels that the critical issues that the Board has faced during his tenure center on the expansion of the institution especially in relation to the building of the new clinical teaching facility. His own personal interests, nevertheless, focussed on the curriculum of the Medical School and the caliber of its students and their conduct.

In retrospect, he feels that “It’s been an honor and a privilege to sit on this Board.” Judging Board members to be “men of great integrity,” he advises alumni “to rest assured that the institution is being well directed.”

Asked what he plans to do with the time now that he doesn’t have to travel to Board meetings monthly, he states that he’s “ready to serve Jefferson in any way he can.”

Professor Emeritus of Obstetrics and Gynecology at the University of Oklahoma, he chairs the State Medical Board for Teachers’ Retirement. A participant in state, county and city medical societies, he is a founding member of the local Osler Society. He also serves as Ruling Elder of the Central Presbyterian Church in Oklahoma City.

new quarters

New quarters for the Cardeza Foundation Hemophilia Center were dedicated last March. Sandor S. Shapiro, M.D., Center Director and JMC Professor of Medicine, estimated that the new outpatient diagnostic and treatment facilities on the second floor of the Main Building are four times larger than previous quarters.

Kenneth M. Brinkhous, M.D., Alumni Distinguished Professor of Pathology at the University of North Carolina, was guest speaker at the dedication. His remarks were entitled “Historical Perspectives on Hemophilia.” A reception at Jefferson Alumni Hall followed the ceremony.

The Center—one of 25 supported by federal funds—cares for patients with all types of bleeding disorders. Treatment of hemophiliacs focusses on instituting and supervising a home therapy program in order to make patients independent of the hospital environment. For further discussion of the Center’s activities see JAB, spring 1978.

senior portrait

When Arthur Allen, Ph.D. stood at the podium on the stage of McClellan Hall to respond to the presentation of his portrait to Jefferson Medical College, his former students rose and applauded at length. Each year the graduating class at Jefferson commissions the portrait of a teacher whom it especially wishes to honor. The Class of 1979 selected Dr. Allen, JMC Associate Professor of Biochemistry. If any member of the audience had any doubts about such honors being summarily or perfunctorily conferred, the obvious enthusiasm and delight of the many students at the ceremony would have quickly corrected the misconception.

From the remarks of the speakers at the presentation, it became clear that students respect Dr. Allen both as a teacher and as a person. Janis P. Campbell, M.D. ’79, Chairman of the Senior Portrait Committee, commended his attempts to overcome the impersonal tone that tends to characterize interactions between faculty and students at institutions where classes are large. Campbell referred specifically to Allen’s ability to remember the names of students three years after he had had them in class. Campbell said that commissioning Alden Wicks to paint Allen’s portrait gave “students an opportunity to pay tribute to an educator” who is “not only a dedicated teacher and an interesting lecturer, but also a concerned human being and a good friend to students and colleagues alike.”

After Campbell’s comments, Ralph Heimer, Ph.D., JMC Professor of Biochemistry, delivered the biographical sketch. Heimer remarked that Allen is the first biochemist, other than a department chairman, to be selected by the senior medical students for the presentation of his portrait. Later in the sketch, Heimer mentioned, “In 1971 he was awarded the Lindback Award for Distinguished Teaching—another first for our department.”

Allen, who was born and educated in Philadelphia, completed his graduate work at Temple University in 1956—the same year, Heimer pointed out—that he married the former Dolores R. Benson. Allen’s mentor at Temple was Dr. Sidney Weinhouse, recently, Director of Research, Fels Research Institute of Temple University. Allen’s work under Weinhouse focussed on investigations of problems associated with carbohydrate and lipid metabolism.

During the biographical sketch, Dr. Heimer frequently referred to Dr. Allen’s talents as a teacher and also alluded to Allen’s “unique lecturing technique not sparing of the chalk.” The reference to the chalk was later clarified when Allen himself began to speak. Obviously moved by the ceremony, he had a little difficulty, initially, clearing his voice and commented, “As all the students in the audience certainly know, it is difficult for me to speak unless I can simultaneously write on the blackboard.” Apparently, the hallmark of Allen’s teaching style is speedily illustrating on the blackboard what he is saying. In an interview published in the 1979 Clinic, Allen explained that the practice helps him to
pace himself, and thereby enables the students to take good notes. Continuing his comments to the audience, he said, "I'm very fond of all the classes I've taught, but surely the class of '79 will always remain my favorite class." (There followed much applause from the students in the audience.) He also indicated that he was especially grateful to be honored for teaching because "teaching and working with students have always represented my main interests."

Accepting the portrait on behalf of the faculty, JMC Dean, William F. Kellow, M.D., thanked the students for having chosen Arthur Allen "Whom we have always recognized as one of our greatest teachers." The Dean pointed out that Dr. Allen did not become a good teacher in just the past few years, but "has been a good teacher from the very start," and referred to an early edition of the student newspaper, Ariel, printed 10 years ago, that praised Dr. Allen and a dozen other top instructors.

TJU President, Lewis W. Bluemle, Jr., M.D., accepted the portrait on behalf of the Board of Trustees. He said, "It is important for us to know, and for the administration and faculty to remember it always, that the teaching of students is primarily what we're here for, and when it's done well it's something to be very proud of and to be recognized." He then went on to compliment Dr. Allen for his interest and ability in teaching and concluded by saying, "Whenever I see the portrait, I will simply think of one thing—and that is quality in teaching."

staff changes

There have been numerous personnel changes at the University in recent months. Three senior members of Jefferson's leadership have either resigned or retired and three men have been appointed to top positions. Harry W. Unruh, who has served Jefferson for 25 years in numerous capacities, retired in June as Vice President for Finance. His financial expertise over the years has been greatly responsible for Jefferson's fiscal stability. To honor his years of service the Alumni Association awarded him honorary membership at his retirement dinner on June 21.

George M. Norwood has resigned as Vice President for Planning and Development. He first came to Jefferson as Vice President for Business and Finance and Treasurer in 1965. His title was changed in 1970 to Vice President for Planning at the time the Master Planning Committee was created. Norwood assumed the role of Interim President of the University following the death of Doctor Herbut. His final post at Jefferson was Vice President for Planning and Development. The Alumni Association honored him with the Achievement Award in 1978.

George Matters has been at Jefferson for 35 years. He has served as Director of Physical Plant since 1964, a position that has had increased responsibility as the Jefferson campus developed and expanded. He was responsible for coordinating the plans for the new University Hospital which was completed on schedule in June, 1978.

The new appointments are Lawrence Abrams, who is Dean of the College of Allied Health Sciences; Michael J. Bradley, who replaces Unruh as Vice President for Finance; and John F. D'Aprìx, who has been appointed Executive Associate to the President and Director of Corporate Planning. Dr. Abrams, serving in a variety of positions, has been associated with the CAHS since its conception in 1969. He received his B.S. Degree from Pennsylvania State University, his Master's in education from Temple and his Doctor of Education from Nova University.
Among his many memberships are the American Association of Higher Education, the American Association of University Administrators and the American Personnel and Guidance Association.

Michael Bradley came to Jefferson in 1973 as Chief Financial Officer for the Hospital. At 34 he is the youngest Senior Officer in the history of the University. In 1979 he was named a fellow of the Hospital Financial Management Association. He graduated from Drexel University and was elected to the Board of Directors of the Philadelphia Chapter of the Hospital Financial Management Association in 1976.

D'Aprix, who served as Assistant to President Lewis W. Bluemle at two other institutions, came to Jefferson in 1978 as Director of Planning. He is an honors graduate of Dartmouth College, studied at the Vanderbilt University Graduate School of Liberal Arts and presently is enrolled in the Doctoral Program at Syracuse University's Graduate School.

Charley J. Smyth, M.D. '35 was named "Distinguished Internist of the Year" by the American Society of Internal Medicine at its 23rd annual meeting held last April. Representing 16,000 internists, the Society honored Dr. Smyth "for his long-term dedication to excellence in the practice of internal medicine and for his service in the field of medical socioeconomics." A trustee for the Society from 1967-70, he was a member of its Committee on Academic Membership.

Specializing in arthritis, Dr. Smyth has served as President of both the American Rheumatism Association and the Society of Clinical Rheumatology. Vice President of the International League against Rheumatism, he has participated on the Board of Directors and the Executive Committee of the National Arthritis Foundation. Having chaired the Government Liaison Committee of NAF's American Rheumatism Association Section, he now serves as President of the local chapter and delegate to the national foundation.

In 1976, Dr. Smyth was awarded the Commendation for Exceptional Service by President Gerald Ford. That same year, the Rose Medical Center in Denver honored him for "Distinguished Service in Medicine and Humanity." Dr. Smyth received the Internist of the Year Award in 1971 from the Colorado Society of Internal Medicine; in 1975 the National Arthritis Foundation bestowed on him its Volunteer Service Citation. He was also chosen to deliver the 23rd Hogden Memorial Lecture last fall in Grand Rapids, Michigan.

A member of a Denver group practice, Dr. Smyth is Clinical Professor of Internal Medicine at the University of Colorado Medical Center, where he was Director of the Arthritis Division from 1954 to 1974. In conjunction with his professorial appointment, he directs the Arthritis Treatment Center at Rose Hospital.

He served as state Governor for the American College of Physicians from 1960-67 and became a Master in 1974. Board certified in internal medicine, he has authored more than 100 publications and multiple lectures on the etiology, diagnosis and treatment of arthritic disorders.

On May 9, Dr. John E. Bordley (second from right) delivered the first Annual Louis H. Clerf Lecture at Jefferson. The lecture has been established to honor Dr. Clerf '12, Emeritus Professor of Laryngology and Bronchoesophagology (second from left), by his colleagues and friends. Dr. Clerf, who served as Professor at Jefferson until 1955, has received innumerable honors and has served in many presidencies. In addition to serving as President of the Alumni Association, Dr. Clerf is the first recipient of the Achievement Award and the originator of the Annual Giving Program. Dr. Lewis W. Bluemle, President of Jefferson, is at left with Dr. Diran O. Mikaelian, Acting Chairman of the Department. Dr. Bordley, the Andolot Professor Emeritus of Laryngology and Otolaryngology at Johns Hopkins, spoke on "Otolaryngology—a Progress Report."

William F. Kellow, Dean and Vice President, received an honorary Doctor of Science degree from his alma mater, Georgetown University School of Medicine at its Commencement Exercises in May.

William A. Sodeman, Sr., Jefferson's Emeritus Dean and Professor of Medicine, was chosen by the AMA House of Delegates to receive its Distinguished Service Award. Dr. Sodeman is Clinical Professor of Medicine and academic advisor to the Dean at the Medical College of Ohio in Toledo. A delegate to the AMA from the American College of Cardiology, he is a past President of the ACC and of the American College of Physicians.

Philip J. Hodes, Emeritus Professor of Radiology, has been awarded a Gold
Medal by the Radiological Society of North America for distinguished service in medicine. A former editor-in-chief of the *Atlas of Tumor Radiology*, he is the author of more than 200 articles and two classic texts.

Joseph S. Gonnella, Associate Dean, received the "Comandatore nell' Ordine della Stella della Solidarieta' Italiana" in consideration of his continued activity aimed at upholding the prestige of the Italian people as well as for the deep sentiments of friendship and solidarity that he has shown towards the country of his ancestry.

Paul A. Bowers '37 named Emeritus Professor of Obstetrics and Gynecology at the Dean’s Luncheon on June 6. Dr. Bowers, a past President of the Alumni Association, attained the rank of Professor in 1971. In addition to his numerous appointments to both Hospital and Medical College committees he served as Chairman of District 111 of the American College of Obstetricians and Gynecologists 1973-1974.

John H. Hodges '39 named the Ludwig A. Kind Emeritus Professor of Medicine. Dr. Hodges has served most of his professional life at Jefferson advancing through the ranks till his 1964 appointment as Professor. He received the Lindbach Award in 1966, served as President of the Alumni Association in 1972 and presently is an Alumni Trustee serving on the University Board.

Willard A. Krehl named Emeritus Professor of Community Health and Preventive Medicine. Dr. Krehl came to Jefferson in 1970 to chair the department. In his nine years at the Medical College he has played an active role in the Regional Medical Program and the formulation and implementation of the new academic curriculum. It was through his efforts that Jefferson was awarded a grant from the Nutrition Foundation. He is a graduate of Yale Medical School.

Herbert M. Adler appointed Clinical Professor of Psychiatry and Human Behavior and Clinical Professor of Family Medicine.

Kenneth W. Benjamin promoted to Clinical Professor of Ophthalmology (Wills affiliation).

John J. Blizzard '54, promoted to Clinical Professor of Medicine (Lankenau affiliation).

Robert L. Breckenridge '44, promoted to Professor of Pathology.

J. Alexis Burland appointed Clinical Professor of Psychiatry and Human Behavior (Lankenau affiliation).

John P. Capelli '62, promoted to Clinical Professor of Medicine (Lourdes affiliation).

Gerald R. Clark appointed Clinical Professor of Rehabilitation Medicine (Elwyn Institutes affiliation).

Theodore B. Cohen appointed Clinical Professor of Psychiatry and Human Behavior.

Herbert E. Cohn '55, promoted to Professor of Surgery.

Allen L. Davies '61, promoted to Clinical Professor of Surgery (Wilmington Medical Center affiliation).

Donald A. Dupler appointed Clinical Professor of Medicine (Lankenau affiliation).

Stephen A. Feig promoted to Professor of Radiology.

Alfred S. Friedman appointed Visiting Professor of Psychiatry and Human Behavior.

Warren P. Goldburgh '52 promoted to Clinical Professor of Medicine.

Kenneth H. Gordon appointed Clinical Professor of Psychiatry and Human Behavior (Child Psychiatry) (Lankenau affiliation).

James M. Hunter '53, promoted to Clinical Professor of Orthopaedic Surgery.

Laird G. Jackson promoted to Professor of Pediatrics (also holds rank of Professor of Medicine).

George F. Kalf appointed Research Professor of Pathology (also holds rank of Professor of Biochemistry).

Edwin U. Keates '57, promoted to Clinical Professor of Ophthalmology.

Francis X. Keeley promoted to Clinical Professor of Medicine (Lourdes affiliation).

John J. Kelly, Jr., '54, promoted to Clinical Professor of Medicine (Lankenau affiliation).

Irwin K. Kline appointed Professor of Pathology (Lankenau affiliation).

Tilde S. Kline appointed Professor of Pathology (Lankenau affiliation).

Stephen M. Levine promoted to Clinical Professor of Medicine.

Jan Lieben appointed Clinical Professor of Medicine (Occupational).

John T. Magee '57, promoted to Clinical Professor of Medicine (Bryn Mawr affiliation).

Michael A. Manko promoted to Clinical Professor of Medicine (Lankenau affiliation).

Gerald Marks '49, promoted to Professor of Surgery.

John H. Martin appointed Professor of Medicine and Director of the Division of General Medicine.

John J. McKeown, Jr. '47, promoted to Clinical Professor of Surgery (Mercy Catholic Medical Center affiliation).

Mirta T. Mulhare promoted to Clinical Professor of Psychiatry and Human Behavior (Anthropology).

Morton G. Murdock promoted to Clinical Professor of Radiology.

Scott Murphy promoted to Professor of Medicine.

Mustafa Oz promoted to Clinical Professor of Surgery (Wilmington Medical Center affiliation).

Peter V. Palena '63 promoted to Clinical Professor of Ophthalmology.

Arthur S. Patchefsky promoted to Professor of Pathology.

John R. Prehatny '57, promoted to Clinical Professor of Surgery (Methodist affiliation).

Gordon F. Schwartz promoted to Professor of Surgery.

Miles H. Sigler promoted to Clinical Professor of Medicine (Lankenau affiliation).

Pratap N. Srivastava appointed Visiting Professor of Anatomy.

Hrant H. Stone appointed Professor of Anesthesiology.

**jmc relationships**

Each year at the Dean’s Luncheon, relationships between Jefferson alumni and the graduating class are recognized. Most notable are the five generations of Davidsons. Graduate Gail Davidson is
the daughter of Donald C. Davidson '52, the granddaughter of Harold S. Davidson '15, the great-granddaughter of Charles C. Davidson 1880, and the great-great granddaughter of Charles E. Davidson 1848. In addition her granduncle, Arthur J. Davidson, is Class of 1907.

Geoffrey P. Dunn represents the fourth generation to graduate from Jefferson. His father is David Dennis Dunn '39; his grandfather, Harrison A. Dunn '05; and his great-grandfather, David N. Dennis 1881.

Seven members of the Class of 1979 were preceded by two generations. Robert L. Bashore’s father and great-grandfather graduated from Jefferson—Sidney M. in 1947 and Simeon D. in 1896. Jeffrey N. Potter’s father, Charles W. Potter, Jr. '54, and great-grandfather, Isaac L. Edwards 1870, are alumni.

Five graduating seniors are descended from fathers and grandfathers who attended Jefferson. Allen W. Ditto is the son of Edward W. Ditto, III '52 and the grandson of Edward W. Ditto, Jr. '20. Samuel S. Faris, II '43 is the father and George T. Faris '09 the grandfather of Mary R. Faris. Mark A. Lebovitz is the son of Jerome J. Lebovitz '52 and the grandson of Edward Lebovitz '23. F. Leland Rose '43 is the father and Horace L. Rose '03 the grandfather of Robert M. Rose. Richard B. Seely’s father is Richard H. Seely '45; his grandfather is Roy B. Seely '14. James W. Vick’s father, Edward H. Vick, graduated from Jefferson in 1941; his grandfather, George Vick, in 1906.

Forty-five students have fathers who attended Jefferson. Including the relationships described above, the father-child pairs are as follows: Robert B. Abrahamsen and Edwin H. Abrahamsen '51; Victor K. Au and Otto Yum To Au '57; Paul B. Bartos and Joseph E. Bartos '48; John M. Berardis and Velio E. Berardis '48; Jeffrey C. Brandon and M. Boyd Brandon '42; Janis P. Campbell and James M. Campbell, Jr. '37; Peter J. Christ and Nicholas J. Christ '42; Anthony V. Coletta and Domenic F. Coletta '55; Luther F. Corley, III and Luther F. Corley, Jr. '47; Howard B. Cotler and Jerome M. Cotler '52; Erich A. Everts and Erich A. Everts '50; Anthony W. Fiorello and J. Michael Fiorello '52; Stuart A. Gardner and James L. Gardiner '41; Thomas W. Gardner and Thomas A. Gardner '52; Robert P. Glick and Eugene Glick '56; Richard H. Greenberg and Milton S. Greenberg '50; Harry A. Hamburger and Stuart W. Hamburger '49; Barbara A. Hobbs and Robert E. Hobbs '31; Timothy W. Holland and William T. Holland, Jr. '55; Kathleen A. Kennedy and Burwell M. Kennedy '52; Janet B. Leventhal and Sheldon Rudansky '39; John C. Maerz, Jr. and John C. Maerz '51; Steven G. Merante and Theodore Meranze '32; Lawrence S. Miller and Bernard J. Miller '43; William H. Nealon and Thomas F. Nealon, Jr. '54; John S. O’Brien and Frank T. O’Brien '42; Daniel S. Rowe, Jr. and Daniel S. Rowe '48; Max C. Rudansky and Sheldon Rudansky '49; Lawrence A. Shaffer and Howard L. Shaffer '48; Mitchell F. Shmokler and Leon Shmokler '51; Michael H. Snedden and Hal E. Snedden '50; Kathleen M. Strigel and William H. Strigel, Jr. '52; Steven H. Weinstein and Jack H. Weinstein '49; and Sonja J. Zenz and Carl Zenz '49.

Julian L. Ambrus’ mother and father, Clara '55 and Julian '54, hold Ph.D.’s from the Graduate School. And Victor J. Thomas is the grandson of John P. Prioretti '23.

In addition, five seniors are the children of faculty members: Alfio K. Pennisi is the son of Salvatore A. Pennisi, M.D.; Robert T. Reichman is the son of Leonard Reichman, M.D.; and Sandra F. Schnall is the daughter of Charles Schnall, M.D. Larry H. Brent’s father Robert L. Brent, M.D. is Professor of Pediatrics and Chairman of the Department, Professor of Radiology and Professor in Anatomy. Albert N. Brest, M.D., the James C. Wilson Professor of Medicine and Director of the Division of Cardiology, is the father of Norman A. Brest.

reunion activities

The highlight of reunion activities every June is the Annual Banquet where alumni greet and fete new members of the graduating class. This past year Jeffersonians gathered at the Hyatt House in Cherry Hill, New Jersey, on June 7. Alumni Association President, Peter A. Theodos, M.D. '35 presided at the occasion.

Both the Chairman of TJU’s Board—Frederic L. Ballard, Esq.—and the President of the University—Lewis W. Bluemle, Jr., M.D.—addressed the audience of approximately 600. Ballard spoke about possible effects on Jefferson if government funding is cut. Bluemle reported on the favorable performance of new graduates on the National Boards, Part II, and in the residency selection process; 86 out of 109 seniors got their first choice for residencies.

William F. Kellow, M.D., Dean of the Medical School, reminded the graduating seniors that henceforth their book learning would diminish daily as their experiential knowledge increased. He urged the new physicians to try to retain their sensitivity in the face of the arduous demands made by postgraduate training and practice. The Dean also presented lapel buttons and certificates to members of the fiftieth year reunion class.

Substituting for Class Agent, John R. Patterson, M.D., Jack W. Fink, M.D. spoke on behalf of the Class of 1954; John C. Maerz, Jr., M.D. represented the Class of 1979.

Several new events were added to the repertoire of activities held during reunion week. Thursday morning, returning alumni could opt to attend a Financial Planning Seminar or go on a trolley bus tour of the Fairmount Park and Society Hill areas of Philadelphia. Several classes lunched together on Thursday at various locations throughout the City. And early arrivals—members of the Class of 1954—took a walking tour of Society Hill on Tuesday evening.

Of course the staple activities of reunion week in addition to the Banquet are the individual class parties on Wednesday and Saturday evenings and the clinic presentations on Wednesday morning. Each of the reunion classes select one of its members to deliver a paper. A sampling of those presentations follows.
Let us delve for a moment into the constantly changing scenes of our profession, their evolution and their effects on the individual physician, on the people in our trust and on our profession as a whole.

My many years of service as a teacher, a clinician, a surgeon, a researcher and an administrator give me the right to look on these varied scenes in an objective and critical manner. There are many scenes that I like. They portray great achievements in all fields of medicine by many brilliant men, such as the sophisticated advances and new technologies in the field of radiology, genetics, biology, chemistry, nuclear medicine, immunology and surgery. I like the ever widening scope of medicine into fields essential to our advancement such as biomechanics, metallurgy, plastics and optics to mention but a few. It pleases me to see the sophisticated technology and new laboratory techniques and computerization of data now available to the modern physician, thereby helping him to make or confirm a diagnosis and institute proper treatment. It pleases me to see the life span of our people getting longer and longer. But what pleases me most is the conviction that all these are but the lowest rungs on a ladder whose rise upward is beyond the vision of modern man. However, it may be within the vision of a few dreamers.

But there are many scenes that distress me. What has become of the trust and confidence that the people once had and revered in the medical profession? The public is convinced of and even adament in the belief that too many physicians are afflicted with Cortez’s disease. Cortez, when he invaded Mexico, told the Indians that he and his men had a fatal disease. A disease that could only be cured with gold. Could a headline in the Fort Lauderdale News such as this which appeared only four weeks ago justify this estimate by the public. “Mr. X was billed $123,000 for three weeks hospitalization and surgery; $103,000 for hospital costs and $20,000 for surgical fees.” The people believe that many of us are unreliable, untrustworthy, unsympathetic and not charitable. Are these grounds for such convictions? The evidence and the facts indicate that there are.

If we are honest with ourselves and cast aside the veil of hypocrisy, we must admit that medicine is a career by which most of us must earn a living. But this should not deter our basic idealistic professional goals: that we have elevated duties in the scale of human performance, that we have sacred trusts and that our conduct must be guided by rules other than the purely selfish ones of the business world. I have been privileged, as a few of you also have been, to hear Dr. John Chalmers DaCosta expound on some of his pet topics, one of which was “trends in the medical profession.” Even then he warned against certain commercial tendencies among doctors and to what these tendencies lead. He labelled those afflicted as “medical tradesmen who are potential quacks.” The medical tradesman is one who works purely for pecuniary return without thought of the public good. Some professional tradesmen may be honest and virtuous men, but they lack the idealism symbolic of the medical profession.

Let us peel the film of convention-alism from our eyes and look upon our present day medical profession in the clear, untinted sunlight. We see the profession sequestered into many specialties and subspecialities each concerned with its narrow field of activity in an isolated area of medicine. A sick patient seeking a diagnosis and treatment is shuffled from one specialty to another. He loses his identity as a human being and becomes case number 1000 referred by Dr. X. He is subjected to a battery of sophisticated tests, each specialty having its own. He is sent from one consultant to another each with an exorbitant price tag. He may or may not see again the physician he first contacted. He becomes a disease and is treated as such.

The fact that he is a human being with an alert, responsive mind and soul is forgotten. The fact that he has a family depending on the well-being of his mind and body is ignored. The fact that his finances are limited or his income fixed is of no concern. The professional fees are staggering, in many instances pauperizing a family. These practices surely do not adhere to William Osler’s teachings who taught “the treatment of the patient is the most important element in the treatment of disease. The patient not the disease is the entity.” What has become of the Principles of Medical

Dr. DePalma, the James Edwards Emeritus Professor of Orthopaedic Surgery, presently is practicing in Fort Lauderdale, Florida.
Ethics, the "Code" set forth by the AMA as far back as 1903. Its purpose was to make all physicians aware of the high nature of their duties, realize their responsibilities and administer to their patients with fairness, humanity and compassion. Is our profession as a whole adhering to the "Code?" Isn't it true that too many of us are in competition with one another not to do the most public good, not to be a better student or a more informed physician but to earn more money. Today too many of us strive only for material things and use some very unethical tricks to attain them. Today too many of us believe our success is judged by the size and luxuriousness of our dwellings, by the number of Cadillacs and Mercedes in our garages, by the size of our yacht and the selectiveness of our country club. This pattern of living and working has enveloped too many of our profession. They fall into the rut of habit and just follow the crowd. They are too busy doing nothing and have no time to think. Fortunately there are some strong enough to pull out of the crowd, to stop and think and ask where are they going. These become the leaders, the contributors, the teachers of our profession.

At one time our community hospitals existed solely for humanitarian, teaching and training purposes. They radiated warmth and intimacy. They were not operated for profit. How the pattern of things has changed within the past few decades! Today most of our community hospitals are owned by profit seeking cooperatives; they have become instruments of commerce expecting to enrich the shareholders. They compete for recognition and install the most sophisticated units with the hope of drawing money paying patrons. The physicians on their staffs are expected to keep the beds full and to utilize their sophisticated equipment. The community is expected to pay for these investments and to provide a large profit. Let me give you an example of this pattern of things.

In Broward County, Florida, the area is crowded with privately owned hospitals no two of which are more than a few miles apart and most are located within a radius of 15 to 20 minutes driving time. Yet there are 14 units for computerized axial tomography within the county, each ranging in cost from $500,000 to $800,000. One hospital of not more than 200 beds has the distinction of possessing a hyperbaric unit, the wonders of which are widely advertised in all the media reaching the public. Its application ranges from the treatment of a felon to a brain tumor at the tune of $60 per hour and the minimum exposure is 10 hours. Again, through the media via the hospital's public relations staff the people are deceived into believing that if they have not been prescribed this modality of treatment they have been denied the most modern therapeutic aide. Now really, do such practices follow the lines of the idealism of our profession; do they not smack of outright deception and quackery? Yet such practices are permitted to flourish with the full blessing, so it appears, of the county and state medical societies and the AMA. It must be so, for certainly no one cares or dares to raise a voice in opposition to such unethical conduct.

As for the university hospitals and clinics they have grown to such mammoth proportions as to frighten me. And I speak as one on the inside of things and not as one on the outside looking in. They comprise hundreds of specialized units totally independent of one another and each one doing its own little thing. Although they are all under one roof and perhaps a door or a corridor from one another, in principle, they are as far apart as the earth's poles. The personnel process patients as if they were dead, cold fish on a conveyor belt on their way to the cannery.

The complexity of the administrative body is even more distressing. There are the directors and many assistant directors and many, many assistant assistant directors each concerned with a small facet of the overall operation, each always engaged in conferences and issuing many directives as evidence of their existence and justification for their salaries. The whole picture is often just a maze of confusion. And although, as a rule, things appear calm, quiet and smooth on the surface, should one have a problem and seek its solution then the wrinkles in the cloth appear. Under such a system it is impossible for a patient to retain his identity, and it is impossible to adhere to Osler's claim that in the treatment of disease "the patient not the disease is the entity."

It is evident that the medical profession has permitted and even encouraged commercial tradesmen to run completely the physician's workshops, the hospitals. These commercial administrators, and it must be admitted, together with some unscrupulous physicians have only one interest and that is the size of the figure in the black column. Their very jobs depend on this achievement. To them the patient and the taxpayers, who pay the bills, are of no concern.

Might the black column be responsible for (1) utilization of beds for minor illnesses, (2) the ordering of batteries of laboratory tests most of which are not indicated, (3) the request for expensive radiologic tests and (4) the request for unnecessary consultants each of whom can not function without his own special tests.

Another scene that demands close scrutiny is that of the attitude of so many young people who are about to or already have entered their special fields of medicine or surgery. Too many of these young men at the end of their residency training program assume the attitude that they are fully equipped and competent to compete with their seniors and that they should within a year or two receive compensation for their services equal to that of men in the field for many years. Too many of them seek locations to practice in, not on what good their services might contribute to the welfare of people or in areas that might enhance their clinical, diagnostic and technical skill, but rather on the dollar return for their services. We who have taught and guided men in training know that the end of a training period in any specialty is but the beginning. Beyond that point it requires many years of work and exposure to the rigors of a clinical practice in order to achieve the highest standards of technical skill, diagnostic acumen and patient handling before one can consider himself a competent practitioner.
As a matter of fact does any physician ever reach the goal of full completeness? In my estimate he never does, not even to the very end of his career, for medicine is a dynamic and relentless process, ever forging forward and demanding more and more sacrifices of those who strive to keep up with its onward surge. Such attitudes lead to poor work and many failures. And who are the failures? The answer is obvious. The failures are the patients who entrust their well being to the hands of such men. I have encountered too many of these young men who are reluctant to ask for help. They don’t have the integrity to admit that some cases are beyond their clinical and technical level. They blunder through and the patient is the victim. One of the most valuable lessons for a surgeon to learn is to know what he can do and what he can not do. A conscientious surgeon should have a just estimate of his own abilities in various directions. If he does something badly, he should be willing to learn to do it well or give it up.

On the other hand I have seen as grave infractions of medical practice by older men who should know better as the younger who do not know. But in the final analysis these are the younger men with false values who have now grown older.

But what grieves me even more is the changing attitude of capable young men toward academic medicine. What is more noble in our profession than to attain recognition as a teacher of young people guiding them through their years of training, stimulating them to high achievement, inculcating in them the high ideals of our profession? At one time a professorship signified the ultimate in academic achievement. It was a prize to be cherished, a prize demanding respect and a prize to be envied. Today men with the potential to attain such prizes shun away from the academic arena. Today the number of departmental chairs that are unfilled is appalling. And in too many instances for the want of a qualified man to lead a department a mediocre man is chosen. Such mediocrity at the head must of necessity permeate through the ranks of the department. And, what is worse, the student exposure to such a faculty is far from ideal.

Why is our profession permeated with such incongruities today. Does the fault lie with the selection of students, the many and varied medical school curricula, the residency training programs, the change in life style of the people or all of these factors? Certainly it is not the students matriculating from American medical schools, for we know they must meet the highest academic, moral and ethical standards. But I am not so sure of the medical curricula and attitudes and philosophies to which these young minds are exposed.

Today the student no longer is given a wide, broad base in medicine on which to build; rather he is guided into narrow avenues of medicine and surgery which are supposed to be the areas of his interest. There are too many basic gaps in medical school curricula. It is true that the gaps in a particular field may be filled when the student enters the residency training program, but what of the other gaps? This mode of teaching can only produce narrow individuals who are incapable of appreciating the whole patient with a disease; rather, they only see a particular disease and not the patient. Fortunately there are some students who on their own break the pattern and do try to fill in the gaps in their education. But these are the truly exceptional men and of these there are too few.

Another trend in medical education which has always distressed me is that the professors of departments do very little professing. The students are not exposed to, influenced by or stimulated by the ones who presumably have achieved the ultimate in the academic field. That is the privilege (and it is privilege) to teach, guide and mold young minds. Teaching of the students is too often relegated to the lowest men on the totem pole and to the residents. I must admit that the men who set my goals were those who gave themselves to the art of professing. They earned this honor and practiced the art; men of the stature of DaCosta, McCrea, Hare, Gibbons, Schaeffer and a host of others. It’s not what these men taught that was so important, but it was their method of approaching a problem and effecting a solution that was of everlasting value. They were capable of arousing the best in their students and stimulating them to strive for the high-
The Syndrome of the Sea Blue Histiocyte

by Murray N. Silverstein, M.D. '54

Dr. Silverstein is Professor of Medicine and Chairman, Division of Hematology at the Mayo Clinic.

In 1964 our group reported on a 60 year old white female seen at Mayo Clinic. This lady came primarily because of indeterminant splenomegaly, chronic cholecystitis and a goiter. The patient's past history was noteworthy hematologically because of a one year history of easy bruising and bleeding prior to the time of admission at our Institution. On general examination the outstanding physical finding was a spleen which extended to the iliac crest and filled most of the left side of the abdomen. Laboratory data including hemoglobin, erythrocyte count, leukocyte count, differential leukocyte count, platelet count and peripheral blood smear were unremarkable. Additionally, thyroid function studies and liver function studies were normal as well. On bone marrow examination we observed a striking increase in the presence of large histiocytes measuring up to 20μ in diameter. The cytoplasm of some of these cells was packed with large homogeneous blue staining granules 3 to 4 cm in diameter. Cells with all degrees of granulation were observed in this aspirate.

Because of the patient’s chronic gallbladder condition and the nonfunctioning gallbladder by x-ray, surgical exploration was undertaken and the gallbladder was removed. In addition splenectomy was performed. On pathologic examination the spleen weighed 1475 gm. Microscopic examination revealed the architecture of the spleen to be well preserved. The outstanding abnormality was the presence of numerous large foamy histiocytes measuring 15 to 20μ in diameter, spreading diffusely throughout the red pulp both between the sinusoids and lining them.

Special stains on the histiocytes revealed them to be positive to PAS both before and after diastase digestion suggesting a carbohydrate moiety being present. In addition, various fat stains such as Sudan IV and Sudan black B were positive signifying the presence of lipid material in the histiocytes.

Our group published at this time a paper, "Splenomegaly with Rare Mor-
phologically Distinct Histiocyte,” and suggested that the six previously reported patients and our patient represented a new syndrome.

From 1964 to 1970, seven additional patients were reported with this curious histiocyte. In 1969 our group had an opportunity to study in depth a nine year old Negro girl who lived in Puerto Rico. This child had had progressive splenomegaly from birth and recurrent episodic thrombocytopenic purpura. Up to six months prior to the time of her death she developed progressive hepatic failure. Since our thinking was that this syndrome represented a complex storage of glycolipids or phospholipids, we suggested to her home physician that analysis of her liver might help to unravel the nature of this complex storage disease. At autopsy the child’s liver was sent for analysis to our Institution and we performed both an iodine chromatogram as well as a Ninyhdrin chromatogram. The iodine chromatogram showed excessive accumulation of both sphingosyl phosphoryl choline and sphingomyelin. The Ninyhdrin chromatogram showed excessive storage of the ceramide compounds mono-, di and trihexaxide.

In 1970 we then published our paper, “The Syndrome of the Sea-Blue Histiocyte,” in which we gave the histiocyte its present name because of the tinctorial characteristics and reviewed the world’s literature.

From 1970 until the present time, 114 cases of the syndrome of the sea-blue histiocyte have been reported worldwide. The average age of the patients has been 25 years, the maximum age 85 years, and the minimum age 1 year. There have been 59 females and 55 males.

On physical examination 75% of the patients have had splenomegaly, 50% hepatomegaly, 40% purpura, 20% pulmonary involvement and 8% involvement of the central nervous system of the eye.

Cytochemically the histiocyte has been reproducibly positive for PAS and Sudan B black. The histiocyte has been negative when stained with Toluidine black, the Feulgen reaction, peroxidase or chloro-acetate esterase.

At the present time we would classify the syndrome as either hereditary in which the patient is symptomatic or asymptomatic. It appears that inheritance is by autosomal recessive means and there is a high incidence of consanguinity in the hereditary syndrome. Six families from the region of Milan, Italy, have been reported and in these specific families the inheritance has tended to be autosomal dominant. We have suggested that the primary syndrome of the sea-blue histiocyte include the presence of splenomegaly, large numbers of histiocytes present on marrow biopsy and a hepatic chromatogram showing excessive storage of the two phospholipids, sphingosyl phosphoryl choline and sphingomyelin, and excessive storage of the three glycosphinolipids, ceramides, mono-, di- and trihexaxide.

On acquired basis sea-blue histiocytes may be seen in patients with hemolytic states, chronic granulocytic leukemia, acute leukemia, polycythemia vera, hyperlipoproteinemia, familial plasma lecithin cholesterol acyltransferase deficiency, adult Niemann-Pick’s disease and idiopathic thrombocytopenic purpura.

Differentiation of the primary syndrome from the secondary conditions in which sea-blue histiocytes occur should not be difficult in that in the hereditary syndrome there are large numbers of histiocytes present in the marrow and the hepatic chromatogram shows specific storage of both glycosphinolipids as well as phospholipids. In the secondary conditions in which the syndrome occurs, there are just occasional cells with the tinctorial characteristics of sea-blue histiocytes, and hepatic chromatograms have been negative.

Recently in Japan, the coronary vasodilator, 4, 4 diethyl-amino-desoxyhexosterol-dihydrochloride, has been found to have unusual side effects. This compound when administered to patients has led to the occurrence of large numbers of sea-blue histiocytes in their marrow as well as progressive hepatosplenomegaly. It appears now that a specific substance is present for experimental studies to produce sea-blue histiocytes. Studies are underway to specifically determine the enzyme defects in the hereditary syndrome of the sea-blue histiocyte. Sphingomyelinase has been found to be deficient in patients with the syndrome and it appears that the converting enzymes relating to ceramide intermediary metabolism may also be deficient.
An Histologic Approach to Treatment of Breast Cancer by Thomas F. Nealon, Jr., M.D. '54

This presentation is about early breast cancer—T1N0M0—that means a tumor less than 2 cm, no lymph node involvement, and no metastases. Surgeons have been discouraged to find that the ten year survival in these cases is only 60 to 80 per cent. As a result, they have been trying to find some means of identifying, at the time of the original operation, those patients who will not do well. We feel we have been able to do that.

We started with the assumption that the answer was in the histologic picture. We reviewed a large number of histologic characteristics against followup data available on our patients and found that those who did poorly had one or more of the following histologic determinants: poor cytologic differentiation, permeation of the tumor into lymphatic vessels, blood vessel invasion and infiltration of the tumor into the surrounding soft tissues.

We applied this standard against those cancers of the breast operated on at St. Vincent’s Hospital and Medical Center of New York for the period of 1965 through 1975. Among this group we found 387 T1N0M0 lesions. One hundred fifty-seven of these had none of the four histologic characteristics and were classified as low grade. The remaining 230 tumors had one to four of these characteristics and were classified as high grade. Over the period of followup there was a four per cent treatment failure rate among the 157 low risk tumors and a 58 per cent treatment failure rate among the 230 high risk tumors.

Among the patients with low risk tumors the five year survival was 99 per cent and the ten year survival was 96 per cent. Ninety-seven per cent were free of disease at five years and 86 per cent at ten years. In the patients with high risk tumors the five year survival was 63 per cent and the ten year survival 50 per cent. Only 51 per cent were free of disease at five years and 38 per cent at ten years.

The effect of the histologic factors was cumulative. Treatment failure was commoner and occurred earlier in tumors with more characteristics present ranging from 100 per cent in tumors with all four characteristics to 20 per cent in the patients with only one characteristic.

There was no uniformity of treatment among the seven patients who failed in the low risk group. However, all the other patients in this group did well whether the operation was a total mastectomy, a modified radical mastectomy or a radical mastectomy.

If we use the lay definition of cancer, “an evil that spreads and destroys,” and then add governmental to it, I declare to you that we, those of us practicing medicine, are again facing a most serious conflict. If we don’t collectively do something about this evil which is brazenly encroaching on us from every conceivable aspect of medical affairs, the practice of medicine and the teaching of medicine, as we know it, will indeed be destroyed.

We have always—during the past 25 years at least—been confronted with a frontal attack with some kind of social-istic scheme. From the Forand Bill to the Kennedy Bill; and in spite of those of us who have repeatedly said it’s inevitable, I believe this kind of program is still a long way off.

Our state and federal governments are usually considered a three power form—the administration headed by the Governor or President and the House and Senate—all supposedly counterbalancing each other. There is another form of government that is much more difficult to work with, causes much mischief and is literally immense. I am speaking, of course, of the huge bureaucracy, particularly in the Federal Government. The personnel, known as civil servants of these big bureaus and departments, have the equivalent of tenure and power beyond belief. Through-

Dr. Nealon, Professor of Surgery at New York Medical School, is Director of Surgery at St. Vincent’s Hospital and Medical Center of New York.

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Governmental Cancer

by John A. Martin, M.D. 'J44

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The results were quite different among the patients with high risk tumors. Among the patients treated by surgical excision, only 28 per cent are free of disease. The lesser surgical procedures which came into vogue in the treatment of early breast cancer (total mastectomy and modified radical mastectomy) were not adequate treatment. Radical mastectomy was the only surgical procedure which was effective and that was primarily against the tumors which had only one high risk characteristic. When radiotherapy was added as an adjuvant the tumors recurred later and the patients lived longer.

We now treat those small tumors by an initial excisional biopsy, careful histologic staging on paraffin sections and a definitive operation 48 hours after the biopsy. Those patients who are considered at low risk are treated by a total mastectomy (with an associated axillary dissection if the status of the axilla is uncertain). Those patients who have one or more histologic characteristics have a radical mastectomy (if that is the only treatment) or a surgical procedure combined with radiotherapy as an adjuvant.

The place of chemotherapy in this plan has not yet been formulated. Analysis of the histological characteristics was made by the Pathologist at the time of the original operation.

Dr. Nealon, who spoke for his class of '54, received the degree of Doctor of Humane Letters at the University of Scranton in June and delivered the Commencement Address.

out this sea of humanity, there seems to be a common goal to find fault and make it difficult for those in the health professions—particularly hospitals and physicians to perform. These agencies of Government are chipping away at our foundations and strengths, challenging our ethical code, declaring relative value schedules illegal and using regulatory methods to enforce policy that was never intended by law.

The cap stone legislation of the veteran retired Senator Bennett of Utah was the PSRO law. As he promised to multiple medical organizations it was concerned solely with quality of medical care. Now that it's operating, we hear over and over from the Bureau of the Budget, Committee Hearings and the Press that the law is a failure because it has not contained costs. From personal experience, I know that the bureaucracy did their utmost to keep control of every PSRO with cost control their bottom line.

The Internal Revenue Service believes that the PSRO—which all of you know is absolutely required by law—operates in the self interest of physicians. This statement was made in my presence at a hearing by a high level employee of the IRS. After petitioning a court, a Federal District Judge disallowed their position.

Recent activities of the Federal Trade Commission are alarming. The FTC is a creature of the 1940 Federal Trade Commission Act. Five Commissioners are appointed by the President and approved by the Senate. Presently, all five are lawyers; not one is a physician and not one of the lawyers has any demonstrable experience in the health care field. Prior to 1975, the professions were not bothered by the FTC, but along came the Goldfarb Case. Goldfarb said that the minimum fee schedule of the Virginia State Bar amounted to price fixing and was in restraint of trade; and the Supreme Court agreed. With this background, the FTC is saying that competition among members of a profession would reduce costs, having outlawed relative value schedules as fee or price fixing; believes that open advertising by the professions will reduce costs to consumers and has gone so far as to rule that the American Medical Association must change its ethical code relating to advertising. The most recent
ruling, which is being appealed by the AMA, says that the FTC will permit the AMA to set ethical guidelines, but only after first submitting them to the FTC for their permission and approval. The FTC has told plastic surgeons that reliance on Board Certification is anti-competitive and works to the disadvantage of those not capable of passing the Board. Fighting these decisions is costly. This fiscal year alone, the AMA has spent well over one million dollars for attorneys outside its own legal department in contesting several actions.

A decade or so ago, the Hill Burton Law started helping hospitals expand and new ones to be built by money grant. Only now HEW says that those hospitals must provide care, without payment, for those patients classified as indigent and not eligible for Medicaid. This proviso was not in the program when the money was accepted by the hospitals. This, of course, affects hospitals when hospital cost containment is a primary issue with the Federal Government. Voluntary effort to contain hospital costs has been able to reduce the escalating rate in 1978 by over 2.8%, but not with any help from the Trust Department of the United States Government. On request of HEW, they refused to grant the nation's hospitals the Anti-trust Law exemption which would have helped them carry out the program even more effectively.

And again, on the FTC, it continues to attack the American Medical Association's work in medical school accreditation. Two years ago, it asked the United States Office of Education to disregard the rulings of the Liaison Committee in Medical Education where the AMA and the Association of Medical Colleges have representation. More pressure is again being applied by the FTC because they believe that practicing physicians should have nothing to say about the qualifications and institutions which produce doctors.

Under medicare legislations, physicians were to be paid usual and customary fees. In my opinion, using a low percentile of a profile of fees, now several years old, is not consonant with the intent of legislation. Now the Secretary of HEW wants to impose negotiated fee schedules; and, of course, he wants those physicians who practice solely in hospitals to stop using fees and become incorporated into hospital expenses.

A few years ago, and only after a costly court battle, the Secretary of HEW decided that admissions to hospitals did not have to be by Committee after all. The patient's physician alone could make the decision.

I could go on and on about the examples of Government pressures, influence and regulation, all directed at changing a medical care system unsurpassed in the world when measured by any indicator one can think of. Opinion polls of the citizenry have shown over and over again that there is no overwhelming concern among consumers about their health and medical care encounters. The last poll was of Congressmen just returned from their Easter recess. Seventy-five percent said the issue which is of the most concern to their constituents was inflation; 12% put the energy problem first.

There seems to be a strange fervor about the land to make things difficult for us. Of all things, even President Carter has singled out containment of health care costs as the keystone of his anti-inflation program even though these costs represent only 2% to 9% of the gross national product depending upon how it is figured. Secretary Califano uses every opportunity to castigate the medical profession. The promotion of second opinion surgery is nothing more than an open display of distrust; and yet in his own back yard, the Social Security Administration admits to an annual loss of two billion dollars from poor management—some say four billion. That's more than one-half of what the entire Medicaid program cost in 1975. The powerful Senator Kennedy attacks the medical profession with a fervor and a passion entirely out of keeping with the importance of the subject when our problems— I don't deny that there are some—are compared to the energy crisis or to inflation or to the balance of trade with other nations.

What must be done? To me, it's simple. We must get together, stay together and fight together. We cannot go the way of England and Canada where the profession was and still is divided with no unified leadership or position to oppose oppressive government. We must use our organizations intelligently and support them. We have to get involved in communities and neighborhoods and carry our story to the voters. We must display the same fervor and passion and conviction that Senator Kennedy displays before his rigged hearing and press conferences. We can't expect to win this battle or to do much about the course of the campaign if only one-half of us support the only organization that is equipped, is in place and has demonstrated its ability on Capitol Hill. We cannot allow ourselves or our colleagues to use small imperfections in our organizations as an excuse not to support them. The only ball game in town any more is political; and in that big arena in Washington, an individual standing alone doesn't have a chance.
Colon Cancer and Diet

by C. Wilmer Wirtz, M.D. '34

Dr. Wirtz is Honorary Professor of Medicine (gastroenterology).

It is now well recognized that large bowel cancer constitutes a major cause of death in the Western world. In the United States 90,000 new cases are diagnosed annually and 45,000 deaths occur each year. Among the neoplastic diseases in the United States colon cancer has the highest incidence although lung cancer causes more deaths.

Several epidemiological studies have indicated that there is an uneven geographical distribution of large bowel cancer. The incidence is high in North America and Western Europe and low in Eastern Europe, South America, Africa and Asia. The annual incidence in the United States, for example, is 33.4 cases per 100,000 people compared to 1.1 per 100,000 in Nigeria.

Suggested explanations for the geographical variations in the occurrence of colon cancer include (1) variations in the fiber content of the diet, (2) the quantity and type of lipid and protein in the diet and (3) the diet related changes in the intestinal flora.

Fiber

D.P. Burkitt and his colleagues working in Africa were among the first to point out the remarkable rarity among rural blacks of diabetes, ischemic heart disease, hiatal hernia, appendicitis, diverticulosis, polyps and cancer of the colon. Other ethnic groups living in Africa and enjoying more nearly western type diets and life-style manifested these diseases in a frequency approaching that of Europe and North America. These workers speculated that the crucial difference in the life-style of the rural blacks and the westernized groups was in the diet, particularly in the amount of “roughage” or “fiber” consumed. H.C. Trowell defined “dietary fiber” as the plant polysaccharides and lignin which are resistant to hydrolysis by the digestive tract enzymes of man.

Burkitt observed that the net result of feeding fiber at levels of 50g per day is to increase the wet weight of the stool to 250g per day, as compared to the usual 80g to 150g passed daily by urbanized westerners. He felt that continued passage of stools of this volume and mass caused dilution in the bound stool water and water soluble substances as well as an increased absorptive capacity for metals and for various phytotoxins, viruses, bile acid derivatives and postulated carcinogens thought responsible for producing colonic cancer. However, since some dietary fibers are totally insoluble in intestinal water and others completely soluble it is impossible to generalize on the physiologic role of all fibers.

Beef Consumption

Other workers have noted, in an analysis of statistics from 23 countries, that there is a strong correlation between the daily consumption of meat and the incidence of colon cancer. The critical factor appears to be a positive correlation with the consumption of animal fat and protein rather than a negative relationship with dietary fiber. Indeed, no example exists of a population with high beef consumption and a low rate of colon cancer. Whether the fat or animal protein is the critical ingredient cannot
be determined with certainty from the epidemiological studies.

**Bacteria**

However, in the experimental laboratory it has been shown that diet may cause bacterial, chemical and enzymatic changes that lead to the development of both polyps and cancer of the colon in rats. A group of rats were fed diets that simulated those of low colon cancer risk (grain and fiber) or high risk (meat). During the initial four weeks when the rats ate a diet of corn and wheat, the fecal flora and the activities of the B-glucuronidase, nitroreductase and azoreductase were measured. After the rats were shifted to a beef diet there was a 2 to 2.5 fold increase in enzyme activities as well as an increase in anaerobic bacteria such as Bacteroides and Clostridia. These organisms not only elaborate the enzymatic compounds but also dehydroxylate primary to secondary bile acids and insert a double bond in the steroid nucleus. There is laboratory evidence to suggest that the enzymatic and chemical changes can convert procarcinogens to carcinogens.

Interestingly, recent studies have been made of the fecal flora in individuals from high colon cancer areas of England, Scotland and the United States and from low incidence areas of Uganda, where dietary staples include yams and plantains, and South India and Japan, where rice is the staple diet. The British and American individuals yielded a 100-fold higher concentration of Bacteroides in their feces than the low incidence areas.

It seems evident, therefore, on the basis of epidemiologic studies that a strong correlation exists between diet and colon cancer. The critical intermediary may be the intestinal microflora which converts chemical procarcinogens, either of endogenous or exogenous origin, to proximate carcinogens. The microflora should be considered a metabolic system which is sensitive to substrate concentrations introduced in the diet. Its functional niche is the large bowel of man and the carcogenic compounds generated at this site may have a direct, noxious effect on the intestinal mucosa.

### Nuclear Imaging in Coronary Artery Disease

by Milton J. Sands, Jr., M.D. '64

The discipline of nuclear medicine has developed rapidly over the past 20 years, but except for thyroid function studies and lung scanning techniques it is only in the last seven that it has had a great deal to interest the cardiologist. As a result, however, of major advances in instrumentation, newly developed radioactive tracers and the application of computer technology, cardiology and nuclear medicine have recently combined efforts and talents. The stimulus for the utilization of the radionuclide evaluation of the cardiac patient includes its relative non-invasive introduction and safety without alteration of measurable hemodynamic parameters and its further usefulness in acquiring physiologic measurements in the exercising state not readily attainable by more conventional methods.

The principle of radionuclide evaluation is simple: an agent which generates radioactivity and is specific for the organ to be studied is injected into the central circulation, traveling to the location to be evaluated where a nuclear recording camera monitors and records radioactive counts converting these to an electrical signal which is then amplified and displayed. The addition of computer technology to the entire system makes it possible to count this radioactivity over unit time thereby generating specific parameters of cardiac function and converting the count by image processing to visual displays. Although many isotopes have been evaluated, the most common currently employed agents are Thallium-201 and Technetium-99m.

Currently the clinical applicability of cardiac isotope imaging is focused in three general areas. These are myocardial tissue viability studies in the patient with acute myocardial infarction, myocardial blood flow and perfusion studies used to evaluate the patient with suspected or known coronary artery dis-

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*Dr. Sands, Associate Director of Cardiology at New Britain General Hospital in New Britain, Connecticut, is Associate Professor of Medicine at the University of Connecticut School of Medicine. References are available upon request to the author.*
ease and intravascular blood pool studies used in the evaluation of both right and left ventricular function. These latter two studies lend themselves well to evaluation of patients after drug or stress intervention and will be the topic of this discussion.

**Myocardial perfusion imaging (M.P.I.):** Although exercise testing has become a frequently used tool in the diagnosis and management of patients with suspected coronary artery disease, its sensitivity and predictive value is quite variable and dependent upon certain factors such as prevalence of disease within the population tested, severity of disease, presence of symptoms and level of exercise to which the patient is subjected. In an attempt to improve both the sensitivity and predictive value of the exercise test, myocardial radionuclide perfusion studies have been employed. The agent most commonly used is Thallium-201. This cyclotron produced isotope with a small energy of emission and a 72 hour half life has biological properties similar to that of potassium. As such it is distributed within the myocardium in direct relation to blood flow generating a decreased area of radioactivity in the presence of ischemia, acute infarction or scar.

Serial imaging can detect defects caused by ischemia which fill in with rest from infarction or scar in which the defect persists. The testing procedure consists of the injection of Thallium into a large vein at the terminal portion of the exercise test with exercise continuing for at least thirty seconds before termination. The heart is then scanned in multiple projections within the total time period of under an hour and a resting scan obtained four hours later. The two scans are then compared for presence of a defect and changes in this defect in the rest and exercise state.

Does this new approach to stress testing, however, have clinical merit and if so how much and for whom? The answers to these questions are not completely clear. Based on a review of selected studies comparing results of M.P.I. with standard exercise testing in patients undergoing coronary cineangiography, certain conclusions can be drawn: (1) The sensitivity of M.P.I. ranges from 55 to 80% and is slightly higher than the sensitivity of exercise testing in the same population when only ST segment abnormalities are used to indicate an abnormal test. The inclusion of exercise induced angina as an abnormal indicator, however, moves the sensitivity level of exercise testing into a competitive range. (2) The combination of exercise testing and M.P.I. in the same patient population results in improved sensitivity, but of equal importance increased sensitivity is directly related to the severity of the stenotic lesion and the number of vessels involved. (3) By either testing procedure 10 to 15% of patients with significant three vessel coronary artery disease are misclassified as normal with this figure increasing to the 50% range in the presence of single vessel disease. (4.) It is now clear that the predictive value of a positive exercise test is enhanced by not only advancing age, presence of cardiac symptoms, and the magnitude of the abnormal response but also by the demonstration of abnormal myocardial perfusion during exercise. (5.) In light of the above statements it is suggested that M.P.I. be used to enhance the predictive value of an abnormal exercise test in the following situations:

a. in the presence of an abnormal resting electrocardiogram consisting of ST-T abnormalities, evidence of prior infarction, left bundle branch block or the pre-excitation syndrome.
b. in clinical conditions known to be associated with a high incidence of false positive results such as left ventricular hypertrophy, valvular and subvalvular aortic stenosis and mitral valve prolapse.
c. in those patients in whom the clinical index of suspicion for the presence of coronary artery disease is low.

Finally, although the presence of an exercise induced perfusion abnormality is an excellent indicator of disease, the absence of a defect cannot exclude significant disease and cannot replace either good clinical judgement or be substituted for a definitive diagnosis by catheterization.

**Ventricular function studies:** Non-invasive evaluation of right and left ventricular function can be obtained through a process called quantitative radionuclide angiocardiography (RNAC). This process is basically a computer based method of making movies of the heart through isotope imaging making it possible to study both global ventricular function with analysis of ejection fraction (EF), ejection rate (ER) and ventricular volumes as well as regional function through analysis of wall motion. The technique consists of the radionuclide, currently Technetium-99m injected into the central circulation, mixing completely with intravascular blood volume and the heart imaged as the agent travels through it.

The total counts during the entire cardiac cycle or at certain times during the cardiac cycle are recorded on a scintillation camera and computer processed, generating a time activity curve (TAC). Since the blood pool radioactivity is directly proportional to blood volume, this TAC represents a measure of ventricular volume versus time. The level of highest counts is, therefore, end
diastole (EDC) and the lowest level end systole (ESC). The ejection fraction is, therefore, determined by the formula

\[ \text{EF} = \frac{\text{EDC} - \text{ESC}}{\text{EDC}}. \]

The ejection rate, another measure of cardiac performance, can be generated, and through computer processing techniques an actual end-systolic and end-diastolic ventricular cavity outline obtained. From this outline, abnormalities of regional wall motion can be detected.

There are currently two techniques for RNAC, namely first pass and gaited or equilibrium methods. The comparison of the two techniques is unfortunately beyond the scope of this limited discussion but is thoroughly reviewed by W.L. Asburn. Comparison of the results of RNAC by both techniques with results obtained by contrast angiography in the same patients has demonstrated excellent correlation in the range of .89 to .97 in the resting state.

RNAC appears useful in the evaluation of ventricular function following intervention with drugs, surgery or rehabilitation, as a tool to follow the progression of acute or chronic cardiac disease specifically including acute infarction and aortic regurgitation, in the evaluation of the right ventricle performance in acute infarction or in the presence of pulmonary disease and as a diagnostic tool in the evaluation of the patient with suspected coronary artery disease. This technique has demonstrated that the normal response to exercise is augmentation of both left and right ventricular function with preservation of uniform regional wall motion. In the presence of significant coronary artery disease, however, we and others have found that global ventricular function as evidenced by ejection fraction either is unchanged or decreases and quite frequently, abnormalities of wall motion develop in the area supplied by a critically stenotic coronary artery.

Recent work by our group using the first pass technique and J.S. Borer at the N.I.H. with gaited studies demonstrates an improvement in both sensitivity and predictive value over either myocardial perfusion imaging or exercise testing in small patient populations. Hopefully in the larger clinical trials now under way and with the advent of improved computer technology and more rapid counting capability, this technique will be of great help to the clinician in the detection or exclusion of coronary artery disease as well as serving as an excellent reference point in a non-invasive fashion for prognostication and follow-up of patients with cardiac disease.
1919
Ronald C. Moore, 882 12th St., Ham­monton, N.J., attended the Dean’s Lunch­eon in June as his first trip out following recovery from surgery.

1920
Cesar Domingues-Conde, P.O. Box 699, Hu­macao, P.R., writes that his granddaughter expected to marry in June. Her husband is a junior at the Temple Medical School.

1928
Milton M. Auslander, 306 W. Logan St., Norristown, Pa., received the Legion of Honor citation from the Chapel of the Four Chaplains. He has also recently been cited by the Montgomery County Medical Society for his long medical career. A member of the staffs of the Montgomery, Sacred Heart, Suburban General and Norristown State Hospitals, he has served as President of Sacred Heart’s staff. A Fellow of the Academy of Otolaryngology, he is a member of the American College of Ophthalmology and Otolaryngology and of the National Otolaryngology and Allergy Society. He enjoys golf and reading. He has two children, Alan and Carol, and three grandchildren.


1929
John H. Bisbing, 517 Elm St., Reading, Pa., was specially honored by the Berks County Tuberculosis Society on the occasion of the 50th anniversary of his graduation from Jef­ferson. A letter to the Alumni Office from the President of the area Sanitarium stated: “In 1931-1932 a new hospital was built in Bern Township and Dr. Bisbing served as Medical Director and Superintendent of the Berks County Tuberculosis Sanitarium from the time it opened until 1972 when it was closed. The enclosed check in the amount of $500.00 is an expression of appre­ciation for Dr. Bisbing’s faithful service and devotion to the county of Berks in the prac­tice of his profession as a specialist in pul­monary diseases with special reference to tuberculosis.” The check was credited to Dr. Bisbing’s 50th reunion class, Alumni Annual Giving Fund.

Clarence R. Pentz, Laurelwood Rd., Star Rt., Pottstown, Pa., says that he is enjoying his retirement.

A. George Ricchiuti, 335 E. Centre St., Mahanoy City, Pa., has been “semi-retired” for the past five years.

1931
John F. Giering, 84 James St., Kingston, Pa., is a senior member of the staff at General Hospital in Wilkes-Barre. Board certified in internal medicine, he specializes in cardiology. He is known as a physician who still makes house calls. A past President of General’s medical staff and a former Chief of Medicine for ten years, he has served as President of the Pennsylvania Heart Association. He is a Fellow of the American College of Physicians. He has two daughters and three grandchildren.

Amar D. Matta, 2282 Gurdwara Rd., Karolbagh, New Delhi, India, writes that his health is improving. He was, he says, especially encouraged to receive get-well wishes from Alumni President, Peter A. Theodos ‘35.

Anthony S. Tornay, 2038 Locust St., Phila­delphia, writes that he is still practicing neurology-psychiatry. His son, Anthony S. Tornay, Jr., returned to Jefferson for his tenth reunion this past June.

1933
N. Van Sant Myers, 480 Navesink Rd., Red Bank, N.J., took a freighter cruise to the west coast of South America last spring.

1934
Irwin W. McConnell, 2532 Scottwood Ave., Toledo, Oh., writes that his wife, Molly, now serves as nurse for his son, David Brooke McConnell ’69. He noted that “Brooke” was to honor Drs. Bland and An­spach, his Professors at Jefferson. Dr. and Mrs. McConnell were in Philadelphia for his 45th reunion in June.

George B. Craddock, 1500 Langhorne Rd., Lynchburg, Va., has received the Disting­uished Internist Award from the Virginia Society of Internal Medicine at a meeting held jointly with the Virginia section of the American College of Physicians. A member and past President of the Lynchburg Acad­emy of Medicine, he is a Fellow of the American College of Physicians and a Dip­ломate of the American Board of Internal Medicine. Having served on the Virginia State Board of Medicine from 1963 to 1975, he was its President in 1973-74.

1935
John J. Cheleden, Medical Arts Bldg., 1012 Volusia Ave., Daytona Beach, Fl., has been honored by the Florida Medical Association for “distinguished and unselfish service” as a member of the Association’s Judicial Council. Appointed to the Council in 1964, he served as Chairman for six years. His col­leagues honored him for performing “his duties with a unique sense of fairness, digni­ty and integrity.” He has also been awarded the Association’s highest honor, the Certificate of Merit.

T. Scott Moore, 22 N. 13th St., Niles, Mi., is retired. He spends his winters in Arizona; and his summers in Michigan.

1936
J. Edward Berk, 894-C Ronda Sevilla, La­guna Hills, Ca., reports that the second vol­ume of Developments in Digestive Diseases (which he edits) was released late last win­ter by Lea & Febiger. The first volume appeared last year, and the third volume is scheduled for publication in January, 1981.

Gabriel E. DeCicco, 1028 Westport Dr., Youngstown, Oh., retired in February after
These acrylics by Thaddeus Lemert Montgomery '20, Emeritus Professor of Obstetrics and Gynecology, were part of an exhibit of 36 on display last spring at the Philadelphia Country Club. Doctor Montgomery, whose first work is illustrated below, studied at the Fleisher Museum and School of Art and the Philadelphia Museum of Art and under the tutelage of Philomena Delarippa, Thomas Gaughan, Beatrice Fenton and Thomas Ewing. Other exhibits include The Faculty Wives Art Show at Jefferson, Episcopal Academy and the Fine Arts Company of Philadelphia. Photos by Robert Narod.

Winter Gothic, 1969, acrylic on canvas

Highway, 1960, watercolor

Winter Path, 1978, acrylic on canvas
Gladwyne, 1979, acrylic on metal

Still Life, 1978, acrylic on canvas, above

Acolyte, 1978, one of a series at St. Aspahs Church, acrylic on canvas, right
42 years of practice as a family physician. The Ohio General Assembly passed a resolution honoring him for his many contributions to the medical profession. He plans to work part-time as an adviser to the utilization-review coordinators at Youngstown Hospital Association. A founding member of the Academy of Family Practice, he served as President of the YHA staff, the Mahoning County Medical Society, the Medical-Dental Bureau and the Medical Foundation of Mahoning County. He has been included in Who's Who in the Midwest the past 12 years. On the Boards of Goodwill Industries and the Mahoning Valley Association of Churches, he is a trustee of the Youngstown Area United Appeal. An article on Dr. DeCicco that appeared in the Youngstown Vindicator reported that he keeps in shape by climbing stairs; he hasn't used an elevator in ten years. He and his wife, Ruth, have two children and three grandchildren.

James F. O'Neill, 1425 Woodland Rd., Rydal, Pa., has been appointed Director of Medical Affairs at Nazareth Hospital. The newly created position entails working as a liaison between the hospital's medical staff and administration. Dr. O'Neill, who chaired Nazareth's Department of Surgery from 1953 to 1967, has been made an honorary member of the staff there as well as at Holy Redeemer Hospital.


1940

James R. Herron, Jr., 22 E. Narberth Ter., Collingswood, N.J., has been promoted to Clinical Associate Professor of Obstetrics and Gynecology at Jefferson, Lourdes affiliate.

1941

James A. Collins, Box 22, Riverside, Pa., has assumed the Presidency of the American Society of Internal Medicine at its annual meeting in April. (See JAB, Summer 1978) On the ASIM Board of Trustees since 1972, he has also been on numerous ASIM committees. A past President of the Pennsylvania Society of Internal Medicine, he served on the AMA's Section Council on Internal Medicine.

Willard M. Drake, P.O. Box 816, Wellsboro, Pa., is serving as President of Tioga County Medical Society and Secretary of Area II PSRO operating out of Williamsport.

Wesley R. White, 2128 N. Washington Ave., Scranton, Pa., has been appointed President of the medical staff of Moses Taylor Hospital. He is a Fellow of the American Academy of Ophthalmology and Otalaryngology and a Diplomate of the American Board of Ophthalmology and Otalaryngology.

Robert W. Wolford, 18 Manor Dr., Cambridge, Oh., has retired after 30 years of internal medicine private practice in Mansfield. He now spends seven months at the above address and five months in Englewood, Florida. While in Ohio he does emergency room medicine two or three days a week, "just enough to remain interested in medicine."

1943

Winslow J. Borkowski, 1324 Red Rambler Rd., Jenkintown, Pa., was awarded the Villanova Alumni Medal last May for distinguished services to the University.

James S.D. Eisenhower, Jr., 2704 Pacific Ave., Wildwood, N.J., has been appointed Medical Director of the Lutheran Home of the Cape May/Wildwood, New Jersey area. A past President of the Cape May County Medical Society and of the Burdette Tomlin Memorial Hospital, he serves as physician for the City of North Wildwood. He and his wife, Dorothy, are involved in several musical organizations in South Jersey.

Mrs. F. Leland Rose, 501 Haddonfield Commons, Haddonfield, N.J., writes that her son, Bob, who graduated in June, represents the third generation of Roses to attend Jefferson. His father was a member of the Class of 1943.

1944

Warren Y. Bibighaus, 313 4th Ave., Haddon Heights, N.J., received the 1978 Alumnus of the Year Award from the Philadelphia College of the Bible. A deacon in the Haddon Heights Baptist Church, he serves as Medical Advisor on the Executive Board of the Association of Baptists for World Evangelism.

Semantic Sparring in the Pit

Samuel S. Faris '43, Editor of the Medical Bulletin of the Montgomery County Medical Society, did some Hobart A. Reimann reminiscing in a recent article. He recalled with obvious fondness the Professor's exacting talent for teaching Jefferson medical students.

In 1942 when I was a senior at Jefferson it became my not unalloyed pleasure to present a case in the pit before the entire class and before our acerbic Professor of Medicine, a compulsive semanticist, Hobart A. Reimann, M.D. If ever a student was prepared for the task, I was. I knew the history and physical findings as well as I knew my name. The laboratory and x-ray data were down pat. Consultants' opinions were at the tip of my tongue. You couldn't have lost me anywhere. But I reckoned without Dr. Reimann's diabolic powers of consternation, and lapsed sadly.

Oh, yes, I called it the right hemithorax, not the right chest. And I didn't use G-1 ("government issue? galvanized iron?" would be his testy questions). I did not place a patient on medication (the histrionics here called for Professor Reimann to seek under the bed with crane-like peerings). And there was always his mock faint followed by a search for a clamp if we said the bowels were open. I avoided all of this.

I had the bow line bent to a cleat and the stern line in hand—I was almost finished—when I heard as from Olympus, "What did the thermometer show?" Now I ask, who except someone slyly trying to trip a cocky medical student would word a question like that? You or I would say, "What about the patient's temperature?" and the little red warning light would have time to snap on, triggered by the word "temperature." But I fell into the trap.

"The patient had no temperature for the last three days," was my answer. I saw the hole I had dug for myself at once. I braced myself and cowered, the cynosure of 240 gleeful, knowing eyes, waiting for the old master in the white coat to put it to me.

And he did. "Young man, don't you know that everything in God's earth and firmament has a temperature? How can you say this poor patient has no temperature? Is he any less than the whale at the bottom of the ocean, who, I assure you, also has a temperature. Rephrase your answer."

Rephrase I did, and stumbled to my seat.
Robert L. Breckenridge, 13 Cunningham Ln., Cherry Hill, N.J., has been promoted to Professor of Pathology at Jefferson.

Frank H. Butt, 506 South State St., N. Warren, Pa., is serving as President of the medical staff at Warren General Hospital. Last year he was President of the Warren County Medical Society.

1944S

Eugene H. Kain, 1015 Washington Ave., Haddonfield, N.J., has been appointed President of Cooper Medical Center's medical staff, Camden, New Jersey. A Diplomate of the American Board of Surgery, he is a Fellow of the American College of Surgeons. An Associate Professor of Clinical Surgery at Jefferson, he has served as President of the Camden County Heart Association, the Camden County Medical Society, and the New Jersey Chapter of the American College of Surgeons.

Edward L. McConnell, Jr., 115 Gypsy Ln., Wynnewood, Pa., has been promoted to Clinical Assistant Professor of Obstetrics and Gynecology at Jefferson, Methodist affiliate.

1945

Jose L. Garcia-Oller, 3401 Nashville Ave., New Orleans, is the President and Founder of Private Doctors of America 1978, previously the American Council of Medical Staffs. He practices neurosurgery privately in New Orleans.

Robert B. Jeffrey, 2401 Norwood Ave., Easton, Pa., writes that his son, Brooke '74, is completing his residency in radiology at the University of California, San Francisco.

Oram R. Kline, Jr., 104 W. Red Bank Ave., Woodbury, N.J., has been elected President of the medical staff of Wills Eye Hospital, Philadelphia. He has conducted a fellowship program in phacoemulsification cataract extraction surgery and intraocular lens implantation for the past four years.

1947

John J. MeKeown, Jr., 935 Cedar Grove Rd., Wynnewood, Pa., has been promoted to Clinical Professor of Surgery at Jefferson, Mercy Catholic Medical Center.

1948

The Carrier Foundation in Belle Mead, New Jersey, has designated the educational amphitheater in the Ancillary Services Building “the Atkinson Amphitheater” in honor of the late John B. Atkinson. In addition the Foundation will establish an annual lecture on the subject of psychosomatic medicine in his name. Dr. Atkinson died January 15, 1979.

1949

Gerald Marks, 130 S. Ninth St., Philadelphia, has been promoted to Professor of Surgery at Jefferson.

Mortimer T. Nelson, 419 Snowball Dr., Levittown, Pa., has completed two years as President of the medical staff of Lower Bucks Hospital. He passed recertification exams of the American Board of Obstetrics and Gynecology.

1950

Marshall L. Clevenger, 8700 Osuna NE, Albuquerque, N.M., retired at the end of 1976. He writes that he takes “a lot of trips.”

Hal E. Snudden, 350 Hidden River Rd., Narberth, Pa., has been promoted to Clinical Associate Professor of Orthopaedic Surgery at Jefferson, Bryn Mawr affiliate.

1951

Victor F. Greco, E-Z Acres, RD Drums, Pa., lectures on his trip to China to groups in the Wilkes-Barre area. An adjunct Professor of Clinical Medicine at King’s College, Wilkes-Barre, he is Chief of Surgery at St. Joseph’s Hospital in Hazleton.

1952

Elmer J. Taylor, Jr., 6699 Wayne Ave., Philadelphia, has received a secondary appointment at Jefferson as Clinical Assistant Professor of Medicine.

1953

Joseph H. Carter, 816 Hilltop Rd., Erie, Pa., was featured in an article in the Times-News because his motivation to be an anesthesiologist dated to his being injured during World War II. One of the founders of Hamot Medical Center’s School of Anesthesia, he is Medical Director of the Outpatient Surgical Department. He has been collecting anesthetic artifacts for 15 years; his collection will be displayed at Hamot.

Hampton P. Corson, 1420 Club Pl., Johnstown, Pa., is a past President of the Medical Staff of Conemaugh Valley Memorial Hospital and a past Chairman of the Department of Obstetrics and Gynecology. Recently made Director of the Maternal-Infant Health Center at Conemaugh, he has also just been appointed Clinical Assistant Professor of Obstetrics and Gynecology at Temple University School of Medicine. He was recertified by the American Board of Obstetrics and Gynecology this year. He has four grandchildren.

Charles V. R. Dauerty, Box 18, Constantia, N.Y., continues to combine an ER with an anesthesia practice near Syracuse. His wife, Henriette Walker-Dauerty, M.D. (Temple University, ’50), is studying for Family Practice Boards. He writes that two of their five children have begun “to bring an end” to their “college, financial blues.”

Norman Gladstone, 2340 Coral Way, Miami, writes that he’s "happily remarried" and "looking ahead to new horizons—geriatrics and medical hypnosis."

James M. Hunter, 700 Hagsysford Rd., Narberth, Pa., has been promoted to Clinical Professor of Orthopaedic Surgery at Jefferson.

Eugene A. Jaeger, 674 Timber Ln., Devon, Pa., who is employed by Du Pont in Wilmington, also maintains a practice of psychiatry in Devon and Newark, Delaware. At the age of 53, he recently ran the 13 mile Caesar Rodney Half Marathon.

Joseph W. Simpson, 2391 Hickory Rd., Plymouth Meeting, Pa., writes that he “particularly enjoyed the 25th reunion 'do' in June of '78 at Jefferson.”

1954

John J. Blizzard, 1003 Glen Rd., Wallingford, Pa., has been promoted to Clinical Professor of Medicine at Jefferson, Lankenau affiliate.

Robert T. Culp has been named Medical Affairs Director at the Oil City Hospital in Pennsylvania. He previously served as emergency room physician and employee health program physician at the hospital.

Robert A. Hinrichs, 2007 Galatea Ter., Corona del Mar, Ca., writes that the "past year has been occupied with practice, family, recreation and work as a Trustee for a local hospital."

John J. Kelly, Jr., 239-42 Lankenau Medical Bldg., Philadelphia, has been promoted to Clinical Professor of Medicine at Jefferson, Lankenau affiliate.

Stanley R. Kern, 57 N. Wyoming Ave., S. Orange, N.J., is Editor of the recently published "Medico-legal Digest for New Jersey Psychiatrists."

Warren W. Nichols, Kay Dr., Cherry Hill, N.J., has been elected to the Scientific Advisory Board, Cancer Cause and Prevention Council of the National Cancer Institute. Assistant Director of the Institute for Medical Research, Camden, where he was
Some of us have a decided feeling that we would have been more comfortable in another age. Women with generous figures stare ruefully at the ample curves of Rubens’ models. Men whose spirits are as worn down as their pencils from struggling with IRS forms dream of stalking wild animals instead of unwieldy exemptions. Lovers of art think longingly of the Renaissance, and the spiritually attuned modern may be drawn to the Middle Ages. Jefferson alumnus, Guy Lacy Schless ’55, feels that he might well have felt more at home among the Victorians. He says simply that he was probably born a hundred years too late. But unlike most of us who relegate our period preferences to idle moments of fantasy, Dr. Schless has used his affinity to shape much of his recreational time.

It all began when his father, Robert A. Schless, M.D., graduated from Jefferson Medical College in 1916. On stage at the Academy of Music, officials from the British Army appealed to the new graduates to enlist because so many of their physicians had been killed in France. The Americans did not, of course, have to swear allegiance to the British monarch. Dr. Schless volunteered for duty and subsequently discovered that the crisp civility characteristic of the British officer class accorded well with his own temperament. “So I was raised,” says his son, “in a structured, relatively formal atmosphere that was in part a legacy of my father’s army days.”

When Dr. Schless met his future wife aboard a flight from New York to Paris, he already had an appreciation for the courteous, reserved and somewhat authoritarian British manner whose quintessential expression may well have come in the Victorian era. Dr. Schless’ wife, Nancy, was en route to Paris for graduate work in her field of architectural history. His developing relationship to his wife focussed Schless’ attention on architecture, the decorative arts and landscape architecture.

When, on account of his wife, he began looking at buildings, both inside and out, it was the Victorian style that most attracted him.

Though Schless really likes the architecture of the period, his greatest love seems to be for the decorative arts. He speaks of “the ornate, cluttered interiors that exude a sense of warmth.” In part what attracts Schless is the Victorian admixture of two usually antithetical qualities—domesticity and elegance (“elegance” in the sense of “refined opulence” instead of “classic purity”). Schless likes the clutter and its effect of richness as well as of coziness.

After remarking that he doesn’t feel comfortable amidst the spare furnishings and straight, clean forms of modern rooms, Schless was asked whether he has a preference for interior spaces shaped by curvilinear objects.” Schless laughs and, dodging the question’s invi-
tations to expound in academic fashion, he says, “Well, I’d just say that I like lots of junk around.”

It was precisely Schless’ ability to approach history from a perspective free of the professional’s preconceptions that led to his present position as Vice President of the Victorian Society in America. With 25 chapters and over 7,000 members, the Society is a large one; it is headquartered at the Athenaeum in Philadelphia. “I imagine,” Schless says, “that I was asked to join the Board—that’s the Society’s governing body—because I was an outsider, not,” he adds, “an art historian.” Having chaired the Society’s Educational Committee, Schless was recently made a Vice President.

As Chairman, he worked to set up a summer school program for post-graduate work in Victorian at Bedford College in the University of London. Last summer, the Society instituted a similar program for the study of American Victoriana at Boston University. Each of the seminars admits approximately 30 students. Schless has supervised the British program for five years. Among the duties his committee performs are deciding the emphasis of each seminar, choosing speakers accordingly, selecting tour sites to illustrate the lectures and coordinating with the British Victorian Society administrative details associated with housing participants. In addition, the Committee oversees the New York based Victorian Society Scholarship Fund which raises money to finance the studies of about half of the people who participate in the Bedford Summer School program.

Because of his successful management of the summer school program, Dr. Schless was recently made a Benjamin Franklin Fellow of the prestigious Royal Society of Arts. The British organization bestows this honor on only a hundred Americans—two from each state. Dr. Schless was admitted to fellowship not only on the basis of his contributions to the Bedford Summer School, but also for his two decades of summer work at Guy’s Hospital, London.

In conjunction with his residency in medicine and fellowship in metabolism at Pennsylvania Hospital, Dr. Schless studied for over a year at Guy’s Hospital in the University of London. He worked in medicine and metabolic diseases with Professor Sir John Butterfield and did neurology with Sir Charles Simon and Dr. M. J. McArthur. On the basis of his work with these men, he was named a Fellow of the Royal Society of Medicine. With the exception of the two years he spent in the navy as a neurologist, Dr. Schless has returned every summer to work at Guy’s. Until 1975, he was designated “Honorary Visiting Research Fellow in Medicine”; he has since been named “Honorary Consultant Physician.” Because of his English affiliations, he is the only American author of a chapter, “Diseases of Metabolism,” in the 16th edition of Conybeare’s Textbook of Medicine, the standard authority throughout Europe, Asia and Africa.

Appropriately for a man whose tastes are suited to another era, Schless practices medicine in the summer at one of the oldest hospitals in the world—Guy’s was founded in 1726—and the remainder of the year at the oldest hospital in the United States—the Pennsylvania Hospital, founded in 1751. He also holds an appointment as Assistant Clinical Professor of Medicine at the oldest medical college in the country, the University of Pennsylvania. His professional duties include offering an elective to Penn juniors and seniors in metabolic diseases. Because of his Anglo-American medical school affiliations, he has had a good opportunity to compare students trained in the two countries. “Actually,” he says, “I’ve found little difference in the caliber of the students. If the students are first-rate—as I’ve found them to be at Guy’s and at Penn—it really doesn’t matter where they’re from.

In addition to his professional and Victoriana duties, Dr. Schless also spends his time in England taking photographs. “I have,” he says, “been taking pictures for 26 years—even since I married Nancy.” With two Master’s Degrees and a Doctorate associated with her field of architectural history, Mrs. Schless must constantly visit and photograph the buildings and locations that are the basis of her studies. Her field of expertise is 17th and 18th century Anglo-Dutch architecture. She has, for instance, traced the influence of the Dutch country house via English intermediaries on the architectural style of Williamsburg, Virginia. “I take the pictures for Nancy,” says Schless, “because she just doesn’t like doing it herself.” For the scores of pictures Schless has taken to help with his wife’s work, she has given him an avocation to complement his own profession.

awarded the S. Emlen Stokes Professor of Genetics Chair in 1975, he is head of the Department of Cytogenetics. He holds Professorships in Human Genetics and Pediatrics at the University of Pennsylvania.

Richard B. Peoples, 5575 Hilltop Crescent, Oakland, Ca., writes, “We have enjoyed our big decision to move from cold Ohio to sunny California.” He saw classmates Jerome Dersh and Robert C. Lee last fall in San Francisco. “Visitors to the Bay Area, give a call.”

David H. Schonholz, 1212 5th Ave., New York, writes that his son, Steven, is finishing his first year at the Mt. Sinai School of Medicine and that his daughter, Lyris, who graduated from the University of Pennsylvania last December, will enter Mt. Sinai as a first year student this September.

John D. Werley, 3581 Timberlane Dr., Easton, Pa., is a member of the American Colleges of Radiology, of Nuclear Medicine and of Medical Imaging. He is also Director of the Valley Federal Savings and Loan Association. He and his wife, Annette, have a daughter at the University of Chicago Law School, another daughter in the University of Michigan MBA Program and a son at Colgate University.

1955

Herbert E. Cohn, 1111 Berwind Rd., Wynnewood, Pa., has been promoted to Professor of Surgery at Jefferson.

Darwin W. Rannels, 1701 E. Main St., Danville, Il., writes “business as usual at Danville, VAMC—I have plenty of patients.”

Paul M. Selfon, 13116 Foxhall Dr., Silver Spring, Md., has been elected for a second term as President of the Council of Federal Medical Directors for Occupational Health.

1956

Alfred D. Christie, 564 Grand Ave., W. Trenton, N.J., has been recertified as a Diplomate of the American Board of Family Practice. He has been on the staff of the Mercer Medical Center for 20 years.

James R. Regan, 3118 Green Meadow Dr., Bethlehem, Pa., has been elected a Fellow of the American College of Physicians. Board certified in internal medicine, he is on the staff of St. Luke’s Hospital. Chairman of the Internal Medicine Advisory Committee of the Pennsylvania Medical Society, he is a member of the American Society for Hematology and a past President of the Northampton County Unit of the American Cancer Society.
1957

Joseph A. Glick, 1609 Foulk Rd., Wilmington, De., has been appointed Medical Director with the health and environmental affairs group of ICI Americas Inc. Vice President of the Delaware Occupational Medical Association and a member of the New Castle County Medical Society’s Disabled Physician’s Committee, he has been Director of the drug abuse service at the Wilmington Medical Center since 1971. He and his wife, Phyllis have two sons and a daughter.

Edwin U. Keates, 1017 Westview St., Philadelphia, has been promoted to Clinical Professor of Ophthalmology at Jefferson.

Simon Kravitz, 681 Foxcroft Rd., Elkins Park, Pa., has been promoted to Clinical Assistant Professor of Psychiatry and Human Behavior at Jefferson, Eastern State affiliate.

John T. Magee, 432 N. Rose Ln., Havertford, Pa., has been promoted to Clinical Professor of Medicine at Jefferson, Bryn Mawr affiliate.

John R. Prehatny, 402 Penn Rd., Wynnewood, Pa., has been promoted to Clinical Professor of Surgery at Jefferson; he is Chairman of the Department of Surgery at the Jefferson affiliate, Methodist Hospital. He was recently admitted to the Chapel of the Four Chaplains’ Legion of Honor for his service to all people, regardless of race or faith. He also completed a two week course for Chiefs of clinical services at Harvard University’s Programs for Executives in Health Policy and Management.

Marvin A. Sackner, 300 W. Rivo Alto Dr., Miami Beach, is serving as President of the American Thoracic Society. He also is Chairman of the Subspecialty Board of Pulmonary Disease, a member of the Board of Governors of the American Board of Internal Medicine and a member of the editorial board of the American Review of Respiratory Diseases, Journal of Applied Physiology and Annals of Internal Medicine. Dr. Sackner serves as Director of Medical Service at Mt. Sinai Medical Center.

Joseph M. Skutches, 830 Ostrum St., Bethlehem, Pa., has been recertified by the American Board of Obstetrics and Gynecology. Assistant Chief of the Department of Obstetrics and Gynecology at St. Luke’s Hospital, he is a past President of the Northampton County Medical Society and a member of the American College of Obstetricians and Gynecologists.

1958

Barry L. Altman, 1777 Hamburg Tpk., Wayne, N.J., has been elected to Who’s Who in the East, 1979-80, for his original work on inflammatory diseases of the female urethra.

Richard A. Cautilli, 343 Holmecrest Rd., Jenkintown, Pa., has been promoted to Clinical Associate Professor of Orthopaedic Surgery at Jefferson.

Francis V. Kostelnik, PO Box R, Hellertown, Pa., has been promoted to Clinical Associate Professor of Pathology at Jefferson.

Leon P. Sicchitano, 7th & W. Market Sts., Pottsville, Pa., got back his Jefferson Medical College ring, which he lost sometime during his residency between 1959 and 1963. Mr. Robert Isenberg found the ring and contacted the Alumni Association which helped return it to him.

William A. Stecher, 4 Radburn Ct., Rockville, Md., is currently serving as President of the Prince George County Medical Society. He is Chief of Radiology at the Prince George County General Hospital, where classmate Jerome L. Sandler is Chief of Surgery.

1959

Charles L. Brodhead, Jr., 4440 Brockton Ave., Riverside, Ca., sent regrets to agent Larry Mellon for the 20th reunion because of scheduling conflicts with his partner. He notes that he has retired from the navy and is now in a thoracic, vascular and general surgery practice at the above address. “Present my warmest regards to all of the class.”

James V. Gainer, Jr., Suite 205, #4 Hospital Plaza, is practicing neurosurgery in Clarksburg, West Virginia.

Saul Glasner, 216 Devon Blvd., Devon, Pa., has been appointed Clinical Associate Professor of Psychiatry and Human Behavior at Jefferson, Coatesville VA affiliate.

Joseph G. Hemberg, 514 Queen Ann Ln., Cherry Hill, N.J., has been elected President of the medical staff at Zurburrg Memorial Hospital in Riverside, New Jersey. Board certified in radiology, he has also recently been named a member of the Hospital Board of Managers.

Richard S. Koleccki has been named to the Board of Directors of the American Association of Blood Banks. Associate pathologist for the West Jersey Hospital System and Director of its blood bank, he has served as AABB Inspection and Accreditation Area Chairman for New Jersey. Medical Director of the Community Blood Bank of Southern New Jersey, he is board certified in clinical and anatomic pathology.

1960

John P. Brennan, 606 E. Washington St., Nanticoke, Pa., has been elected a Fellow of the American College of Cardiology. Director of cardiology at the Mercy Hospital, he is a member of the American College of Physicians. He and his wife, Marianne, have three children.

Robert A. Hartley, 1201 Robin Hood Cir., Towson, Md., has been Chief of the Division of Gastroenterology at the Union Memorial Hospital in Baltimore for the past six years. He will serve as Secretary-Treasurer of the Maryland Society of Gastrointestinal Endoscopy.

William F. Hushion, 437 W. Springfield Rd., Springfield, Pa., is Medical Director of the Philadelphia Electric Company. He was guest columnist for the Springfield Press. A former Vice President of the Springfield School Board, he is Chairman of the Commission on Industry of the Delaware County Medical Society. Assistant Clinical Professor of Preventive Medicine at Jefferson, he is Treasurer of the Occupational Medical Association of the Delaware Valley and a member of the Board of Directors of Responsible Living, Ltd.

Marvin E. Jaffe, 2100 Packard Ave., Huntington Valley, Pa., has been elected Vice President for Clinical Research of Merck, Sharp and Dohme Research Laboratories division of Merck & Co., Inc. of Rahway, New Jersey. He was previously Executive Director of Clinical Research International.

Irving Melnick, 1040 Main St., Danville, Va., “currently runs a little country practice of seven doctors, soon to be eight. We are the ‘kidney doctors’ for a rather large population and do the urology and nephrology for a considerable portion of Southside Virginia and North Central Carolina.” Dr. Melnick is also President of the medical staff of a 500 bed hospital. He has four children.

Frank K. Rykiel, 600 Marlton Pike, Cherry Hill, N.J., has been promoted to Clinical Assistant Professor of Medicine at Jefferson (Cooper Medical Center affiliate).

1961

Allen L. Davies, Box 354 RD1, Colts, Md., has been promoted to Clinical Professor of Surgery at Jefferson, Wilmington Medical Center affiliate.

William J. Farrell, 495 N. Abington Rd., Clarks Summit, Pa., is Director of Scranton’s Community Medical Center’s Radiology Department. A Fellow of the American College of Radiology, he is a member of the Radiological Society of North America, the Pennsylvania Radiological Society and the
Northwestern Pennsylvania Area Radiologists. Board certified in radiology, he is affiliated with the Radiological Group Inc., Scranton.

Jerry D. Harrell, 121st Evacuation Hospital, APO San Francisco, reports "am keeping quite busy as the ophthalmologist and Chief of surgery at the U.S. Army's 121st Evac Hospital. We are now getting ready for the annual meeting of the 38th Parallel Medical Society."

Barry M. Kotler, 68 Frederick Dr., Dover, De., is opening a private practice of family medicine in nearby Milford. A Charter Fellow of the American Academy of Family Physicians, he has extensive experience in the field of occupational medicine—he was formerly Medical Director of the Johnson & Johnson Eastern Surgical Dressing Plant in New Brunswick, New Jersey; consultant for the Atomic Energy Commission; Unit Medical Director for the Mobil Oil Corporation; and Medical Examiner for Church & Dwight (Arm & Hammer), RCA Global, Palmolive, Interpace and Colgate.

Ronald J. Lentz, 323 N. George St., Millersville, Pa., has been certified as a Diplomate of the American Board of Family Practice.

John P. Lesniak has become associated with Guido D. Boriaisi, M.D. in the practice of psychiatry at the Forum Plaza, Scranton, Pennsylvania, and 276 East Grove Street, Clarks Summit. He was formerly Assistant Superintendent at Clarks Summit State Hospital. Board certified in psychiatry and neurology, he serves as consultant for the Wilkes-Barre V.A. Hospital, St. Michael's School for Boys, Holy Family Residence and Allied Services Rehabilitative Center. A Clinical Assistant Professor in the Department of Mental Health Sciences at Hahnemann Medical College, he is on the staff of Hahnemann, Mercy and Moses Taylor Hospitals and the Community Medical Center of Scranton. He and his wife, Made­ lyn, have five children.

Emilio A. Roncace, 6 Forest Hill Dr., Cherry Hill, N.J., has been re-elected Secretary-Treasurer of West Jersey Hospital System's staff. A Clinical Associate Professor of Otolaryngology at Jefferson, he is also on the consulting staffs of Wilmington Veterans and Wills Eye Hospitals. A member of the American Academy of Otolaryngology and Ophthalmology, he is a Diplomate of the American Board of Otolaryngology and a Fellow of the American College of Surgeons. He has offices in Haddonfield.

Stanton N. Smullens, 238 S. 3rd St., Philadel­phia, has been promoted to Associate Professor of Surgery at Jefferson.

1962

Irwin Becker, 216 W. Chelten Ave., Philadel­phia, who is Chairman of Service for the Department of Family Practice at the Ger­mantown Dispensary and Hospital in Phila­delphia, has been elected Vice President of the Hospital's medical staff. A Diplomate of the American Board of Family Practice and a Fellow of the American Academy of Family Physicians, he is an Assistant Clinical Professor at the Temple University Medical School. A Director of the Pennsylvania Academy of Family Practice, he is a past President of the Philadelphia Academy of Family Physicians.

John P. Capelli, 312 S. Hinchman Ave., Haddonfield, N.J., has been promoted to Clinical Professor of Medicine at Jefferson, Lourdes affiliate.

Thomas B. Carman, P.O. Box 1930, Gal­­lup, N.M., has been elected Chief of staff at McKinley General Hospital in Gallup. He was selected for Who's Who in the West for 1978-79.

Richard E. Goldberg, 946 Hunters Turn, Huntingdon Valley, Pa., has been promoted to Clinical Associate Professor of Ophthal­­mology at Jefferson, Wills affiliate.

Joseph Honigman, 625 Watts Branh Pkwy., Potomac, Md., moved to Washington, D.C., for duty at the Navy Bureau of Medicine and Surgery. He was previously Chief of dermatology at the Naval Regional Medical Center, Jacksonville, Florida.

Courtney M. Malcarney, 591 Chews Landing Rd., Haddonfield, N.J., has been promoted to Clinical Assistant Professor of Obstetrics and Gynecology at Jefferson, Lourdes affiliate.

1963

Rodger S. Agre, 314 Crum Creek Ln., New­ton Square, Pa., has been appointed to the staff of Paoli Memorial Hospital. Board certified in psychiatry, he is a member of both the American and the Pennsylvania Psychiatric Associations.

James E. Barefoot, Alum Bank, Pa., has been elected President of Windber Hospital and Wheeling Clinic's medical staff. Board certified in family practice, he is a member of the American Academy of General Practice.

Andre R. Boissevain, 21 Emma St., Sew­mour, Ct., has taken a commission in the U.S. Army. He expects to be sent to Tripler Army Hospital in Hawaii where he will be a member of the faculty of the family medi­cine program.

Joseph C. Flanagan, 1627 Lafayette Rd., Gladwyne, Pa., received the Honor Award from the American Academy of Ophthal­mology. The award recognizes service di­rected towards continuing education of fellow ophthalmologists. Associate Profes­sor of Ophthalmology at Jefferson and Assistant Professor at Temple, he is on the staffs of Lankenau and Wills Eye Hospitals. He has authored several books.

Arthur D. Magliner, 1251 Fair Acres Rd., Jenkintown, Pa., has been appointed Chairman of the Department of Diagnostic Radi­ology at Albert Einstein Medical Center, Northern Division. He and his wife, Elaine, have two sons, ages 12 and 14.

1965

Harvey J. Bellin, Landmark I-1600, Cherry Hill, N.J., has been promoted to Clinical Assistant Professor of Pathology at Jeffe­rson, Cooper Medical Center affiliate.

Raphael K. Levine, 171 E. Linden Ave., Englewood, N.J., is practicing orthopaedic surgery in Westwood, New Jersey. He has been newly elected President of the medical staff of the Helen Hayes Hospital in West Haverstraw, New York, where he can pursue his interest in the academic side of pediatric orthopaedics.

Joseph W. Smiley, 604 Argyle Ct., Wynnewood, Pa., has been promoted to Clinical Associate Professor of Medicine at Jeffe­rson, Mercy Catholic Medical Center affiliate.

1966

N. Leroy Hammond, III, 1401 Beaumont Dr., Gladwyne, Pa., has been promoted to Clinical Assistant Professor of Orthopaedic Surgery, Lankenau affiliate.

James N. Judson, has recently moved into the Cape Shore Medical Building, Cape May Court House, New Jersey, for his prac­tice of orthopaedic surgery. The Judsons also announce the birth of their third child last September.

Arthur J. Schatz, 1100 N.E. 163rd St., North Miami Beach, has been named a Fellow of
both the American College of Surgeons and the American Academy of Obstetricians and Gynecologists. He and his wife are expecting their first child this summer.

1967

Anthony A. Chiurco, 230 Brookstone Dr., Princeton, N.J., has been made a Diplomate of the American Board of Neurological Surgery. He practices neurosurgery in Mercer County, New Jersey, and Bucks County, Pennsylvania. He and his wife have a year old daughter, Catherine Anne.

Ralph R. Dobbelower, 404 Baird Rd., Merion, Pa., has been promoted to Associate Professor of Radiation Therapy and Nuclear Medicine at Jefferson.

Burton W. Schwartz and Judith P. Schwartz '70 announce the birth of their fourth child, Julia Pauline, on February 7. He is Assistant Director of the newborn and pediatric service at John Peter Smith Hospital, the city-county hospital for Fort Worth/Tarrant County in Texas. They reside at 4533 Phillip Court in Fort Worth.

Louis W. Schwartz, 410 Vernon Rd., Jenkintown, Pa., has been promoted to Clinical Assistant Professor of Ophthalmology at Jefferson, Wills affiliate.

1968

Raphael J. DeHoratius, 667 Sproul Rd., Villanova, Pa., is an Associate Professor of Medicine at Jefferson.

Martina M. Martin, 17 Dartmouth Ln., Haverford, Pa., has been appointed Clinical Assistant Professor of Medicine, Bryn Mawr affiliate.

Richard T. Vagley, 532 South Aiken Ave., Pittsburgh, and his wife announce the birth of a daughter, Sarah Elizabeth on May 21. Mrs. Vagley is in a private law practice in Oakmont where they reside. Dr. Vagley is in the private practice of plastic and reconstructive surgery at Shady Side Hospital in Pittsburgh.

1969

Robert L. Arkus, 9719 Atwell Dr., Houston, Tx., has been elected Chief of staff of Westbury General Hospital in Houston.

Anthony J. Del Rossi, 486 Church Rd., Devon, Pa., has been appointed Clinical Assistant Professor of Surgery at Jefferson.

Richard C. Cross, 6402 Eureka Rd., Roseville, Ca., writes of the birth of his second son, Dana Richard, born last October.

David B. McConnell, 5730 Aspen Dr., Toledo, Oh., is practicing surgery there. He trained at Henry Ford and St. Josephs Hospitals in Ann Arbor, Michigan.

1970

Harvey B. Lefton, 1327 Wright Dr., Huntington Valley, Pa., was elected to fellowship in the American College of Physicians. He is an Assistant Professor of Clinical Medicine of the Medical College of Pennsylvania.

Peter D. Pizzutillo, 5 Ravenwood Ct., Wilmington, De., has been appointed Instructor in orthopaedic surgery at Jefferson, duPont Institute, Wilmington V.A. affiliate.

Phyllis M. S. Smoyer, 2401 Marleton Dr., Wilmington, De., has been promoted to Clinical Assistant Professor of Psychiatry and Human Behavior at Jefferson, Delaware State Hospital affiliate.

1971

On Saturday, June 2, just a week prior to the class reunion activities, the 1971 members of Phi Chi scheduled a dinner in Jefferson's Faculty Club. Half of the membership were present. They are Ed Ruby, Tom Spiegel, Tim Urbanski, Jim McBride (he made arrangements), Steve Frost, Francisco Garcia-Torres, Paul Raymond, Dave Hennessey, Stuart Scherr, Chris Balkany, Bob Chandlle, Tom Mullins and Ron Hirokawa.

James E. Barone, 7 W. 14th St., Apt. 16A, New York, is in a solo private practice of general surgery; he is on the teaching faculty of St. Vincent's Hospital in Manhattan.

Robert E. Chandlle, 2722 Lansdowne Ln., Atlanta, Ga., writes that he and his wife, Barbara Gartland, were pleased to be special guests of the American Academy of Orthopaedic Surgeons in San Francisco, when her father, John J. Gartland '54, the James Edwards Professor of Orthopaedic Surgery and Chairman of the Department at Jefferson, was inducted as President of the Academy (See JAB, spring 1979). They write, "We are very proud of him."

David L. Danoff, 2501 Red Cl., Springfield, Pa., has been appointed Clinical Assistant Professor of Radiology at Jefferson, Bryn Mawr affiliate.

Bruce M. Fishbane, 1040 Bimini Ln., Singer Island, Fl., and his wife, Marsha J. '72, are both in private practice—he, in orthopaedics; she, in pediatrics. They write, "We're really enjoying our Florida home; don't miss the winters at all!" Their second daughter, Meredith Leigh, was born last January.

Richard F. Garnett, Jr., finished his two year military obligation in June. He has accepted a position as Director of the Blood Bank and as a member of the new Pathology Department at Graduate Hospital in Philadelphia. He and his wife, Beverly, announce the birth of their third child, Daniel James.

Irwin J. Hollander, 2735 E. Country Club Rd., Philadelphia, has been appointed Instructor in pathology at Jefferson.

Stanley R. Jacobs, 3600 Conshohocken Ave., Philadelphia, has been promoted to Assistant Professor of Rehabilitation Medicine at Jefferson.

Helen A. Leibowitz, 1206 Rodman St., Philadelphia, has been Attending in radiology at Mercy Catholic Medical Center for a year. She and her husband, Paul J. Hoyer '76, had a second daughter, Natalie, in January.

Morton M. Rayfield, 103 Harmon Dr., Lubbock, Tx., is Chief of Hospital Services at Reese AFB.
Edward R. Russell, Orchard Ln., Rose Valley, Pa., is practicing general surgery at Crozer Chester Medical Center. He and his wife, Marie Oliveri '70, also announce the birth of a third child, Andrew, in late April. She is Director of the Sickle Cell Anemia Program at Children’s Hospital of Philadelphia.

Ronald J. Wapner, 116 E. Scenic Rd., Springfield, Pa., has been promoted to Clinical Assistant Professor of Obstetrics and Gynecology at Jefferson.

Timothy C. Wolfgang, 623 Elgin Ter., Richmond, Va., has been appointed Assistant Professor of Surgery in cardio-thoracic surgery at the Medical College of Virginia. He writes that his “two sons, Michael and Matthew, are practicing rugby in the Virginia springtime.”

1974

Joseph R. Berger, 7110SW 112 Ave., Miami, is enjoying the neurology program at the University of Miami. He and his wife, Sandy, are expecting their second child in October.

J. Martin Brown, 3405 Therdunnn Dr., Plano, Tex., has recently moved to Plano where he is practicing internal medicine. He and his wife, Sharon, have two children, Jennifer and Jeremy.

Anthony C. Dougherty has been named to the Courtesy Staff in the Department of Medicine at Worcester Hahnmann Hospital in Worcester, Massachusetts.

John F. Glenn, III, who completed his surgical residency at Bryn Mawr Hospital in July, has begun a cardiovascular Fellowship in Pittsburgh. The Glenns had a third daughter, Erin Hanson, last December. Joseph Giletto ’75 and his new wife, Gerry, are the godparents.

Michael H. LeWitt, 527 Spruce St., Philadelphia, has been named Works Physician at U.S. Steel’s Fairless Hills plant. Board certified by the American Academy of Family Practice, he is a member of the American Occupational Medical Association.

John P. Lubicky, 5723 Westover Dr., Richmond, Va., is Chief Resident of orthopaedic surgery at the Medical College of Virginia Hospitals. He plans a career in academics.

Bruce P. Meinhard, 4 Horizon Rd., Fort Lee, N.J., will finish his residency in orthopaedics at Columbia Presbyterian Medical Center in New York this June. He then will spend a year abroad doing fellowships encompassing trauma and reconstructive orthopaedics in Switzerland and Germany and implant surgery at the Imperial College Hospital in England.

William I. Miller has completed flight surgeon training at the Naval Aerospace Medical Institute in Pensacola, Florida. He then reported for duty with the Second Marine Aircraft Wing, whose home port is in Cherry Point, North Carolina.

Anthony D. Molinaro, Jr., 2980 Round Hill Rd., York, Pa., announces the birth of a son, Stephen Andrew.

Vincent A. Pellegrini, 321 Warwich Dr., Wyomissing, Pa., completed his ob/gyn residency at Lankenau Hospital. He is now associated with Women’s Clinic Ltd. in West Reading. The Pellegrinis have one daughter.

James D. Plumb, 1107 Church Rd., Oreland, Pa., has been promoted to Assistant Professor of Family Medicine at Jefferson.

Michael L. Podolsky, 1117 Spruce St., Philadelphia, has been appointed Instructor in obstetrics and gynecology at Jefferson.

Ronald L. Smoyer, 233 Mifflin St., Johnstown, Pa., has been certified as a Diplomate of the American Board of Family Medicine. He is now practicing in Wemont, a borough of Johnstown. The Smoyers have a daughter and a son. “Looking forward to our fifth reunion.”

Bethany A. Venit, 1754 Hazlewood Rd., Hazleton, Pa., has opened an office for the practice of pediatrics there.

1975

Howard F. Berlin, 14153 S.W. 62nd St., Miami, is a cardiology Fellow at Jackson Memorial Hospital. The Berlins had a new daughter, Rachael Marissa, in May.

Mark L. Dembert, NSMRL-Box 900, NAV-SUBASE NLO, Groton, Ct., is stationed at the Naval Submarine Base in Groton, Connecticut. He is specializing in diving medicine. “Any old friends welcome.”

Bradley D. Evans, 623-A S. American St., Philadelphia, has been appointed Assistant Professor of Psychiatry and Human Behavior at Jefferson.

Joseph B. Giletto, 706 Kingsley St., Philadelphia, was married on November 4, 1978, to Geraldine L. Miskini, a nephrology Fellow at Hahnemann Medical College Hospital. She completed her internal medicine residency at Mercy Catholic Medical Center in July ‘78, where Dr. Giletto was completing his surgical residency. In July ’79 he began an otolaryngology residency at Jefferson.

Kathryn L. Hall Ginsberg and Lawrence W. Ginsberg, 21620 Ave., Lindsay, Ca., have completed their residencies at Bridgeport Hospital in Connecticut and have moved to the West Coast. He has opened an office for the practice of internal medicine and she, for pediatrics. They also announce the birth of a daughter on November 4.

Alan C. Gold, who was Chief Resident in gynecology and obstetrics at Johns Hopkins Hospital, completed his residency in June and entered the private practice of gynecology and obstetrics in Beverly Hills, California.

Robert H. Hall, 1695 Bethel Rd., Boothwyn, Pa., is serving as Medical Director of Newmarket Drug and Alcohol Detoxification Unit in Delaware. He completed his residency at the Wilmington Medical Center last July.

Wesley R. Harden, III, 605 Cedar Grove Rd., Broomall, Pa., and his family will return to St. Louis in June to resume his surgical residency at Barnes Hospital.

David S. Jezyk, 4226 Highland Pl., Riverside, Ca., is stationed at March AFB in southern California. He completed his resi-
The young woman—let’s call her ‘Rosa’—who walked into the Bathgate division of the Martin Luther King, Jr. Health Center appeared nervous. She kept biting her lips and shifting her weight as she waited for her companion to translate her request into English. Rosa had come to ask the pediatrician, Anne Hench, M.D. ’75, to persuade the staff at Montefiore Hospital to keep her baby for a few more days. The baby who suffered a respiratory arrest at Bathgate the previous week had been admitted to Montefiore which supplies back-up to the center. Rosa didn’t want to bring her baby home because the heat and hot water had been turned off in her apartment building, and she feared that the child’s condition would recur. She needed more time, her interpreter explained, to find another apartment.

In most cases when apartments lack heat and hot water, tenants appeal to the building superintendent then to the landlord and finally to housing authorities. If the situation still does not improve, they might organize a rent strike or demonstrate in the street. No one bothers much with such appeal processes in the South Bronx where many of Anne Hench’s patients live. People like Rosa just try to get out before their building burns. The cutoff utilities seem to serve as a signal that alerts tenants to move on.

That the building will burn is no idle fancy or sensationalistic whim. Beginning about ten years ago the tenements in the South Bronx began to catch fire. So many of them have burnt over the past three years, that fires there and attendant speculation about arson have become trivial footnotes to New York City news. Though the burning of individual buildings has come to seem an ordinary and incidental occurrence, the cumulative effect of so much destruction is awesome.

The health center where Hench works is located on Bathgate Avenue between 172nd and 173rd Streets. From the center on Bathgate up to 180th Street stand few inhabited dwellings. There are some charred hulks awaiting demolition amidst acres of rubble. Mounds of bricks and mortar chunks lie everywhere except in the streets. An article published in Nation (January 21, 1978) describes the area as the “terminal stage of the nation’s most deplorable case of inner city decay and abandonment.” The old cliche comparing the city with its teeming life to a jungle seems singularly inappropriate for the South Bronx. It’s more like a desert.

However darkly apocalyptic the vacant blocks may appear to social commentators, there are still an estimated 700,000 people left in the eight mile square area. Those people require medical care. Eleven years ago as part of its social medicine program, Montefiore Hospital set up the Martin Luther King, Jr. Health Center to help provide that care. The satellite clinic where Hench works was originally the main facility. A larger clinic has since been established at 170th and 3rd Avenue—four blocks from Bathgate. Though Hench spends most of her time at the Bathgate address, she also helps out one day a week at the main clinic.

At Bathgate care is provided by two teams. Families are assigned to a team made up of an internist, pediatrician, family health workers and a nurse practitioner whose work falls mostly into the category of obstetrics and gynecology. Each team has four Montefiore family
medicine residents; a preceptor covers both teams. Team members meet once a week to discuss problem patients and families. Medical assistants, who speak Spanish as well as English, rotate between teams. There are a lab and pharmacy at Bathgate. X-ray facilities and a quasi-emergency room called a "screening room" are located at the main, 3rd Avenue center, where patients also have access to subspecialists in orthopaedics, ophthalmology, dermatology, dentistry, optometry and podiatry.

There are eight social or family health workers at the Bathgate division. Their role indicates how the practice of medicine at the center differs from more traditional approaches. Talking about the ways her work compares to the conventional pediatrics practice, Hench emphasizes especially the role of the social worker. "If," says Hench, "we do a culture or urinalysis, and the test comes out abnormal, the family health worker will be asked to go to the patient's residence to inform him of the results since many of our patients don't have phones.

But that's a minor and specific instance of what they do," Hench continues. "In this environment medical and social problems overlap. For instance, one of the most prevalent conditions we see is anemia—usually iron deficiency. The problem is so common that we have relaxed criteria for diagnosing the condition. Even so," Hench says, "20 to 30 per cent of my patients are anemic. Obviously, the problem relates to diet. WIC, which stand for 'Women, Infants and Children,' is a program of food supplements for pregnant women and children under five. The success of that kind of program depends upon our working hand in hand with the social workers. If we are to provide good health care," Hench goes on, "that care must be fairly comprehensive—hence the importance of the social workers. Unfortunately, HEW's funding of a center like MLK is determined by numbers of patient visits. That system," says Hench, "does not take into account the depth of care our patients require. Their medical problems are more often than not related to environmental conditions.

Since I came here last July," Hench explains, "the center has had to institute a fee system. Patients are charged $5 per visit. Prescriptions cost $3 each—it's a dispensing fee. Few patients have complained, but the fee system has affected staff attitudes. In essence, we have to consider two styles of medicine—one for medicare/medicaid patients who 'can afford' more comprehensive treatment and another for paying patients. We try to minimize the number of revisits and medications for paying patients. It is discouraging to have to tailor your style of practice to the patient's economic condition, but that is a realistic approach to medicine that I'm sure practitioners in areas more prosperous than the South Bronx have to consider too."

"Realistic" is, in fact, the word that best describes Hench's attitudes and manner. A remarkably pretty young woman, she resembles in neither appearance nor style the liberal, socially conscious student of the '60's.

Questioned about her own perceptions of herself with regard to the stereotyped idealism of the last decade, Hench admits that she likes the feeling she gets from doing such socially responsible work. She points out however that there is a selfish side to her commitment. "I'm not working," she explains, "the 60 to 80 hours that I would be if I were in private practice. I am pleased with the quality of care that this clinic gives, and it's personally important to me to be involved in a system of health care delivery which I think is really good. My hospital affiliations—with Montefiore and North Central Bronx—are first-rate. I get good back-up so that my patients are well cared for when I'm not here. Because I work with a staff, I don't experience the professional isolation some private practitioners feel. All in all," says Hench, emphasizing her feelings with her beautiful smile, "I'm quite happy to be here.

Sometimes I get angry at the parents of my patients for doing things that hurt the kids, but I don't feel the anger or the frustration for very long because during the visit my attention is focussed on the child.

I suppose I've become more of a realist," says Hench assessing the changes provoked by her ten months at the center. I used to have fairly strong and complicated reactions to instances of child abuse. My response has become simpler. I feel depressed. Recognizing as clearly as I have that the system is built to perpetuate abuse makes it seem a part of life. When something seems natural or when one becomes accustomed to it, I suppose the outrage diminishes. Then, too, it is easier to deal effectively with the problem if my own emotional responses are minimized."

Despite the fact that she recognizes how fundamental conditions are that promote child abuse or the crippling learning disabilities of older patients, Hench seems to have a response mechanism which prompts her to emphasize the positive. Her remarks on child abuse, for instance, focus on the young mothers who come to the center to express fears that they will hurt their children. "These women," says Hench, "acknowledge their own feelings and want to do something about them. Probably the publicity given to abuse over the past decade has made them feel comfortable enough with their impulses that they seek to divert them. They're young—16, 17, 18. They spend a lot of time alone in their apartments with their children; for some reason they feel uncomfortable about going out. Frequently, it isn't safe. Mostly, they just want some recreation once in awhile—like dancing—but their families, especially the Hispanics, expect them to behave like matrons. As she talks of the parents who worry over the consequences of their anger, Hench shows a low keyed, quiet compassion for her patients. Life is not easy for the remaining residents of the South Bronx, and the MLK staff have a sensitive appreciation of that fact.

Asked whether she found her working environment depressing, one staff member, Suzanne Schechter, a nurse practitioner (who is the daughter of David C. Schechter, M.D. '56), immediately turned the focus from her own feelings. "Think," she says, "how the people who live here feel." Another staff member associated with Jefferson, Robert H. Williams, Jr., M.D. '77, also stresses how difficult the rapid decline has been for the area's inhabitants. Williams recalls dropping off friends in the South Bronx when he was driving from northern New York, where he was stationed, to his home in Philadelphia. "Whole neighborhoods I drove those people to no longer exist."

Williams, a second year resident in family medicine at Montefiore, chose the program because it would train him specifically to work with underprivileged people. He intends to go into private practice in either Harlem or the Mount Vernon-Yonkers area of Westchester County, New York. Throughout
his residency, Williams spends the equivalent of roughly two days a week at the center. Asked if his experiences there have affected his desire to treat poor people, Williams says that they have intensified his commitment. “This,” he says, “is where doctors are really needed. When I’m working here at the center, I feel that I’m seeing the point of all those years of education, and they are all worth the chance to create positive effects in a place like this.”

Questioned whether she too had trained with the intention of helping deprived people, Hench explains that she discovered during her residency at Jefferson that she liked working in the clinic environment. She rotated through Children and Youth at Fitzwater and Broad in Philadelphia during her first year of residency and through a clinic at Einstein Southern her second year.

Having determined that she wanted to work in an urban clinic, Hench began to apply for programs that would place her in New York City. Her husband, Glenn Billingsley, is a professional singer; he must live in New York in order to pursue his career. Hench looked into several programs but could find none with an opening. In February toward the end of her residency, she read a newspaper article discussing government plans to place physicians in underserved urban areas. The article led her to renew inquiries into programs staffed through the National Health Service Corps of the United States Public Health Service. Having interviewed with several urban facilities, she was delighted to be accepted at MLK “because of its good reputation.” She subsequently signed up for two years in the Commissioned Corps of the Public Health Service. “At least,” she says, “I’ve filled my selective service requirement if I ever have one.”

Having grown up in Altoona, Pennsylvania, and gone to Juniata College in Huntingdon, Pennsylvania, Anne Hench’s experiences with an urban environment date to her days in medical school at Jefferson. She finds, however, that New York has a different flavor from Philadelphia. “I like Philadelphia but love New York. I have so much more time now that I’m working than I did when I was a resident, and New York is a wonderful place to be for someone to work hard and then to savor their free time.” — J.S.M.

1977

Ronald A. Fronduti, 1017 A Bullock Ave., Yeadon, Pa., plans to marry Maria D’Alessandro of Yeadon in September. He is a resident in internal medicine at Mercy Catholic Medical Center.

K. Thomas Wagner, Jr., 23334 Edsel Ford Ct., St. Clair Shores, Mi., is a second year resident in orthopaedic surgery at Henry Ford Hospital in Detroit. The Wagners announce the birth of their first child, Timothy Raymond, last December.

1978

Loretta D. Bonanni and Thomas S. Metkus report that they are enjoying suburban living in Abington, Pennsylvania, where he is training. Dr. Bonanni will begin her second year at St. Christopher’s Hospital in July.

Gaylyn Li-Ma, 2035 Kamehameha Ave., Honolulu, took two weeks vacation from Kapiolani-Children’s Medical Center to have a son, Christopher. Her husband, Paul, an architect, designed their new home. “Classmates welcome to visit!”

Duncan Salmon, 110 W. 39th St., Baltimore, and Beverly announce the birth of a son, James Morgan, on April 1. “I like the date.” Both are “doing very well.”
Class of 1979 Hospital Appointments

Robert B. Abrahamsen
Central Maine General Hospital
Lewiston, Me.

Robert R. Ajello
Bridgeport Hospital
Bridgeport, Ct.

James H. Algeo, Jr.
Letterman Army Medical Center
Presidio, Ca.

Julian L. Ambrus, Jr.
Edward J. Meyer Memorial Hospital
Buffalo, N.Y.

Adam S. Asch
Long Island Jewish-Hillside Medical Center
New Hyde Park, L.I., N.Y.

Victor K. Au
Queen of Angels Hospital
Los Angeles

Michael J. Axe
Thomas Jefferson University Hospital

Noah A. Babins
Presbyterian-University of Pennsylvania Medical Center
Philadelphia

Terry B. Bachow
Boston Veterans Administration Hospital
Boston

David G. Baer
St. Margaret Memorial Hospital
Pittsburgh

Robert G. Bagian
Geisinger Medical Center
Danville, Pa.

Howard N. Balick
Roosevelt Hospital
New York

Paul B. Bartos
Aultman Hospital
Canton, Ohio

Bruno E. Basara, Jr.
Hahnemann Medical College and Hospital
Philadelphia

Robert L. Bashore
David Grant Medical Center
Travis A.F.B., Ca.

Willbert G. Baugh
Albert Einstein Medical Center
Philadelphia

John M. Berardis
St. Vincent's Hospital
New York

Theodore F. Berk
Thomas Jefferson University Hospital

Scott D. Berkowitz
Mercy Hospital
Pittsburgh

Robert M. Berley
Wilmington Medical Center
Wilmington, De.

Michael W. Bickerton
Bryn Mawr Hospital
Bryn Mawr, Pa.

Richard S. Blumberg
The New York Hospital
New York

Elizabeth W. Brackbill
Reading Hospital
Reading, Pa.

Robert M. Brackbill, Jr.
Reading Hospital
Reading, Pa.

Jeffrey C. Brandon
Bryn Mawr Hospital
Bryn Mawr, Pa.

Lawrence H. Brent
West Virginia University Hospital
Morgantown, W. Va.

Norman A. Brest
Lankenau Hospital
Philadelphia

George A. Bridenbaugh
Thomas Jefferson University Hospital

Diana Brown
Chestnut Hill Hospital
Philadelphia

Theodore J. Burdumy
Los Angeles County-University of Southern California Medical Center
Los Angeles

Bernard S. Burke
Thomas Jefferson University Hospital

Marie R. Burnham
Aultman Hospital
Canton, Ohio

William D. Burnham
Aultman Hospital
Canton, Ohio

Janis P. Campbell
Lankenau Hospital
Philadelphia

Gaetano J. Capone
Thomas Jefferson University Hospital

Richard A. Carapellotti
Thomas Jefferson University Hospital

Kenneth M. Certa
Thomas Jefferson University Hospital

Anthony C. Cetrone
Eastern Virginia Graduate Medical School
Norfolk, Va.

Steven B. Cherry
York Hospital
York, Pa.

Deborra K. Childress
Yale-New Haven Medical Center
New Haven, Ct.

Peter L. Choyke
Waterbury Hospital
Waterbury, Ct.

Peter J. Christ
Letterman Army Medical Center
Presidio, Ca.

Jeanette B. Coblenz
Hospital of University of Pennsylvania
Philadelphia

Robert H. Coblenz
Western Pennsylvania Hospital
Pittsburgh, Pa.

Warren E. Cohen
Montefiore Hospital and Medical Center
Bronx, N.Y.

Anthony V. Coletta
Thomas Jefferson University Hospital

John M. Colombo, Jr.
Reading Hospital
Reading, Pa.

Thelma W. Comissiong
Abington Memorial Hospital
Abington, Pa.

Luther F. Corley, III
University of Alabama Medical Center
Birmingham, Al.

Howard B. Cotler
Grady Memorial Hospital
Atlanta, Ga.

Richard L. Cruz
Bryn Mawr Hospital
Bryn Mawr, Pa.

John D. Cunningham, Jr.
Bryn Mawr Hospital
Bryn Mawr, Pa.

Gail Davidson
Medical College of Wisconsin Affiliated
Milwaukee, Wi.

Thomas M. DeWire, Sr.
Medical College of Virginia
Richmond, Va.

Joan S. DiPalma
Montefiore Hospital and Medical Center
Bronx, N.Y.

Allen W. Ditto
Sacred Heart Hospital
Allentown, Pa.

Robert S. Djergaian
Thomas Jefferson University Hospital

Christine E. S. Dotterer
Geisinger Medical Center
Danville, Pa.
President Bluemle leads faculty in applause for the class of 1979.

Kathleen C. Dougherty
University Hospitals of Cleveland
Cleveland, Oh.
Geoffrey P. Dunn
New England Deaconess
Boston
Philip J. Dwzonczyk
Mary Imogene Bassett Hospital
Cooperstown, N.Y.
Paul S. Ellis
Bryn Mawr Hospital
Bryn Mawr, Pa.
A. Storm L. Elston
Akron General Hospital
Akron, Oh.
Jan E. Elston
Akron General Hospital
Akron, Oh.
Alan R. Erickson
Chestnut Hill Hospital
Philadelphia
Erich A. Everts, Jr.
Mount Zion Hospital and Medical Center
San Francisco
Mary A. Faccioło
Hospital of University of Pennsylvania
Philadelphia
Mary R. Faris
St. Mary's Hospital
San Francisco
Scott D. Farquhar
Mercy Hospital
Pittsburgh
Frederick M. Fellin
West Virginia University Hospital
Morgantown, W. Va.
Richard T. Fields
Allentown Hospital
Allentown, Pa.

Anthony W. Fiorello
Jackson Memorial Hospital
Miami
Steven A. Foreman
Herbert C. Moffitt-University of California Medical Center
San Francisco
Timothy E. Frei
Eastern Virginia Graduate Medical School
Norfolk, Va.
Ira W. Freilich
Mercy Hospital
Pittsburgh
Gary T. Gabor
Jacksonville Hospital Education Program
Jacksonville, Fl.
Stuart A. Gardner
Miami Valley Hospital
Dayton, Oh.
Thomas W. Gardner
Grady Memorial Hospital
Atlanta, Ga.
Bernadette C. Genz-Remshard
Abington Memorial Hospital
Abington, Pa.
Allen J. Gilson
Washington Hospital Center
Washington, D.C.
David Glick
Wilmington Medical Center
Wilmington, De.
Robert F. Glick
Mount Zion Hospital and Medical Center
San Francisco
Alan H. Goldberg
Cook County Hospital
Chicago

Bruce A. Goldberg
Tufts University Affiliated Hospitals
New England Medical Center
Boston
Marc B. Goldberg
Hospital of University of Pennsylvania
Philadelphia
Robert C. Grasberger, Jr.
Boston University School of Medicine
Boston
Michael L. Graybeal
University of Kentucky Medical Center
Lexington, Ky.
Richard H. Greenberg
Milton S. Hershey Medical Center of the Pennsylvania State University
Hershey, Pa.
Stephen S. Grubbs
Wilmington Medical Center
Wilmington, De.
Michael J. Guarino
Wilmington Medical Center
Wilmington, De.

Dr. Kevin R. Harris (above), recipient of the Alumni Prize for the highest cumulative average for four years. Dr. Joseph A. Walsh (below), received honorable mention. Both physicians graduated summa cum laude.
Jeffrey R. Haag
Bryn Mawr Hospital
Bryn Mawr, Pa.

Harry A. Hamburger
Sinai Hospital
Detroit, Mi.

Kevin R. Harris
Thomas Jefferson University Hospital

Catherine Z. Hayward
Bryn Mawr Hospital
Bryn Mawr, Pa.

Robert L. Herman
U.S.A.F. Medical Center
Wright-Patterson, Oh.

Creton C. Herold, Jr.
Harrisburg Hospital
Harrisburg

Kevan C. Herold
Temple University Hospital
Philadelphia

Barbara A. Hobbs
Lankenau Hospital
Philadelphia

Dr. Robert J. Mandie, (right) Professor of Microbiology, who was awarded the Lindbach Award for the Basic Sciences, on stage with Dr. Joseph A. Gonnella.

Timothy W. Holland
York Hospital
York, Pa.

Glenn D. Horowitz
Hospital of University of Pennsylvania
Philadelphia

Douglas R. Hough
Madigan Army Medical Center
Tacoma, Wa.

Kathleen T. Jewell
Bristol Memorial Hospital
Bristol, Tn.

Dale E. Johnston
Washington University Affiliated Hospitals
Barnes Hospital
St. Louis, Mo.

Kenneth T. Kaan
University of Hawaii Integrated Research Program
Honolulu

Larry J. Kachik
Latrobe Area Hospital
Latrobe, Pa.

Kim U. Kahng
Beth Israel Hospital
New York

Joseph Kavchok, Jr.
Geisinger Medical Center
Danville, Pa.

Steven Kazenoff
State University of New York Health Sciences Center
Stony Brook, N.Y.

Kathleen A. Kennedy
University of California Davis School of Medicine
Davis, Ca.

William T. Kesselring, Jr.
Allentown Hospital
Allentown, Pa.

Michael J. Kibelbek
Mercy Hospital
Pittsburgh

Natalie C. Klein
Mount Sinai Hospital
New York

Audrey M. W. Kovatch
Hahnemann Medical College and Hospital
Philadelphia

James B. Lam
Lankenau Hospital
Philadelphia

Curtis R. Lamperski
Western Pennsylvania Hospital
Pittsburgh

William B. Laskin
Portsmouth Naval Regional Medical Center
Portsmouth, Va.

Dr. Jerome M. Cotler '52, (left), who was awarded the Christian R. and Mary F. Lindbach Award for the Clinical Sciences, with Dr. Hyman Menduke.

James P. Lavelle
St. Vincent’s Hospital
New York

Mark A. Lebovitz
Baystate Medical Center
Springfield, Ma.

Barbara P. Leidich
Portsmouth Naval Regional Medical Center
Portsmouth, Va.

Steven Levenberg
Thomas Jefferson University Hospital

Janet B. Leventhal
Thomas Jefferson University Hospital

Miriam Liberman
University of California-Los Angeles San Fernando Valley Medical Program
Sepulveda, Ca.

Beth H. Lindsey
Thomas Jefferson University Hospital

John C. Maerz, Jr.
Thomas Jefferson University Hospital

Michael E. Mahla
Walter Reed Army Medical Center
Washington, D.C.

Robert S. Marcello
Thomas Jefferson University Hospital

Thomas J. Marshall, Jr.
National Naval Medical Center
Bethesda, Md.

Stanley C. May
St. Francis General Hospital Rehabilitation Institute
Pittsburgh

Michael J. McCloughlin
Latrobe Area Hospital
Latrobe, Pa.

Patricia M. McGuire
St. Christopher's Hospital for Children
Philadelphia

Steven L. Mendelsohn
University of Michigan Affiliated Hospitals
Ann Arbor, Mi.

Steven G. Meranze
Waterbury Hospital
Waterbury, Ct.

William H. Messerschmidt
Thomas Jefferson University Hospital

Douglas W. Michael
Moses H. Cone Memorial Hospital
Greensboro, N.C.

Lawrence S. Miller
Bryn Mawr Hospital
Bryn Mawr, Pa.

William S. Miller
Thomas Jefferson University Hospital

Robert J. Mitchell
Lankenau Hospital
Philadelphia
Gary A. Mohr  
St. Vincent’s Health Center  
Erie, Pa.

Carol A. Narkevic  
Shadyside Hospital  
Pittsburgh

William H. Nealon  
New York University Medical Center  
New York

Lise M. Neifeld  
Albert Einstein Medical Center  
Philadelphia

John S. O'Brien, II  
George Washington University Hospital  
Washington, D.C.

Brian E. O’Byrne  
St. Luke’s Hospital Center  
New York

Brian R. Ott  
Roger Williams General Hospital  
Providence, R.I.

Michael D. Overbeck  
Albert Einstein Medical Center  
Philadelphia

Allen H. Pachtman  
Los Angeles County-University of Southern California Medical Center  
Los Angeles

Joseph G. Parlavecchio  
St. Barnabas Medical Center  
Livingston, N.J.

Mark F. Patlovich  
Good Samaritan Hospital  
Phoenix, Az.

Alto K. Pennisi  
Bryn Mawr Hospital  
Bryn Mawr, Pa.

Carol T. Petrone  
Wilmington Medical Center  
Wilmington, De.

Thomas P. Phiambolis  
Lankenau Hospital  
Philadelphia

Jeffrey N. Potter  
Harrisburg Hospital  
Harrisburg

William B. Reeves  
University of Texas Affiliated Hospitals  
Houston

Robert T. Reichman  
Cedars-Sinai Medical Center  
Los Angeles

Neil D. Remington  
Tufts University Affiliated Hospitals  
New England Medical Center  
Boston

Michael X. Repka  
Pennsylvania Hospital  
Philadelphia

Mark K. Robinson  
University of California Davis School of Medicine  
Davis, Ca.

Thomas A. Robinson  
Cooper Medical Center  
Camden, N.J.

Steven J. Rooney  
Hospital of St. Raphael  
New Haven, Ct.

Robert M. Rose  
University of Oregon Medical School Hospitals and Clinics  
Portland, Or.

Daniel S. Rowe, Jr.  
Yale-New Haven Medical Center  
New Haven, Ct.

Max C. Rudansky  
St. Vincent’s Hospital  
New York

John C. Sacoolidge  
Cincinnati General Hospital  
Cincinnati, Oh.

Jesse W. St. Clair, III  
Roanoke Memorial Hospital  
Roanoke, Va.

Constance G. Sarmousakis  
Wilmington Medical Center  
Wilmington, De.

Jonathan W. Sastic  
Wilmington Medical Center  
Wilmington, De.

Lois M. Sastic  
Wilmington Medical Center  
Wilmington, De.

Sandra F. Schnall  
Thomas Jefferson University Hospital

Catherine M. Scholl  
Milton S. Hershey Medical Center of the Pennsylvania State University  
Hershey, Pa.

Harriet B. Schwarcz  
Hahnemann Medical College and Hospital  
Philadelphia

Robert A. Schweizer  
Bryn Mawr Hospital  
Bryn Mawr, Pa.

Martin E. Scott  
St. Elizabeth Hospital  
Youngstown, Oh.

Richard B. Seely  
Thomas Jefferson University Hospital

Keith E. Senecal  
University of Oregon Medical School Hospitals and Clinics  
Portland, Or.

Lawrence A. Shaffer  
U.S.A.F. Medical Center  
Wright-Patterson, Oh.

Ira R. Sharp  
Albert Einstein Medical Center  
Philadelphia

Linda A. Sherman  
New England Deaconess Hospital  
Boston

Mitchell F. Shmukler  
(Bryn Mawr Hospital  
(Bryn Mawr, Pa.)

Michael E. Shoemaker  
St. Joseph’s Hospital  
Syracuse, N.Y.

Randy J. Silverstine  
State University of New York at Buffalo  
Edward J. Meyer Memorial Hospital  
Buffalo, N.Y.

Gary D. Smethers  
Good Samaritan Hospital  
Phoenix, Az.

Gail B. Smith  
Albert Einstein Medical Center  
Philadelphia

Kenneth J. Smith  
Mercy Hospital  
Pittsburgh

Michael H. Snedden  
Grady Memorial Hospital  
Atlanta, Ga.

Herbert D. Snyder  
Boston University School of Medicine  
Boston

Mark H. Snyder  
George Washington University Hospital  
Washington, D.C.

James A. Solan  
Washington Hospital  
Washington, Pa.

Joseph R. Spiegel  
Medical University of South Carolina Hospital  
Charleston, S.C.

Vikki A. Stefans  
Northwestern University Medical School  
Chicago

William J. Steinour  
York Hospital  
York, Pa.

Sheva M. Stern  
Maimonides Hospital  
Brooklyn, N.Y.

Kathleen M. Strimmel  
Hartford Hospital  
Hartford, Ct.

Michael D. Stulpin  
Chestnut Hill Hospital  
Philadelphia

Jeffrey A. Sunshine  
University of Oregon Medical School Hospitals and Clinics  
Portland, Or.

Victor J. Thomas  
hospital of University of Pennsylvania  
Philadelphia

Donn S. Tokairin  
Kapiolani-Children’s Medical Center  
Honolulu
At the Alumni Banquet on June 7 at the Hyatt House in Cherry Hill, New Jersey the class of '79 and their spouses were guests of the Association. From left Dr. and Mrs. William T. Kesselring, Dr. Alan R. Erickson, Dr. Michael B. Vincent and Dr. Paul S. Ellis.

Also present that evening were Dr. Scott D. Farquhar (left), Dr. Luther F. Corley III (center) and Dr. Robert J. Mitchell.

The following day at the Academy of Music Jefferson held its 155th Commencement. Enjoying a coffee break prior to the academic procession are from left Dr. Robert B. Abrahamsen, Dr. J. David Cunningham and Dr. Steven B. Cherry.

David J. Trumbore  
Hospital of Medical College of Pennsylvania  
Philadelphia

Allen E. Tyler  
Graduate Hospital of the University of Pennsylvania  
Philadelphia

James W. Vick  
Thomas Jefferson University Hospital

Joseph P. Vilogi  
Geisinger Medical Center  
Danville, Pa.

Michael B. Vincent  
Wilmington Medical Center  
Wilmington, De.

Katherine M. Wagner  
Hospital of University of Pennsylvania  
Philadelphia

Joseph A. Walsh  
Hospital of University of Pennsylvania  
Philadelphia

Virginia L. Walters  
Wilmington Medical Center  
Wilmington, De.

Steven H. Weinstein  
Pennsylvania Hospital  
Philadelphia

Thomas M. Williams  
Children's Hospital Medical Center of Akron  
Akron, Oh.

Phyllis S. Willingmyre  
Public Health Service  
Baltimore

Donald F. Wilson  
Wilmington Medical Center  
Wilmington, De.

Jeffrey A. Wilt  
William A. Shands Teaching Hospital and Clinic  
JHMHC University of Florida  
Gainesville, Fl.

Dennis R. Wittmer  
Wilmington Medical Center  
Wilmington, De.

Edwin H. Wong  
Thomas Jefferson University Hospital

John M. Yindra  
Wilmington Medical Center  
Wilmington, De.

Wesley W. Young  
Wilmington Medical Center  
Wilmington, De.

Barbara A. Zavanelli  
Good Samaritan Hospital  
Phoenix, Az.

Sonja J. Zenz  
Michael Reese Hospital  
Chicago

Richard W. Ziegler  
Thomas Jefferson University Hospital
Obituaries

Claude E. Snyder, 1912
Died April 24, 1979. The retired physician was residing in Altoona, Pennsylvania.

Van Sanford Laughlin, 1914
Died November 11, 1978. Dr. Laughlin was a general practitioner in Westfield, New York. His son, Herbert A. Laughlin, is Class of 1945.

Philip F. Martsof, 1915
Died April 8, 1979. Dr. Martsof was a retired surgeon residing in New Brighton, Pennsylvania. His family is rich in Jefferson tradition. His son, John Martsof '44 is a surgeon; one grandson, John T. Martsof '70 is a pediatrician; the other grandson, Robert H. Martsof '76, is in family practice.

Melchior M. Mszanowski, 1916
Died January 17, 1979. Dr. Mszanowski was a general practitioner in Erie, Pennsylvania.

Moses J. Levin, 1919
Died May 29, 1979 at the age of 83.
Dr. Levin was a general practitioner with offices in Philadelphia. His wife, Lillian, and a son survive him.

Milton J. Quinn, 1919
Died in December, 1978. Dr. Quinn, a Fellow of the American College of Physicians, resided in Winchester, Massachusetts. He was on the staff of Massachusetts General Hospital.

Albert G. Gibbs, 1922
Died April 12, 1979 at the age of 81. Dr. Gibbs, a Fellow of the American College of Surgeons, was a retired captain in the navy. He had resided in Virginia Beach, Virginia, for the past 20 years where he was active in community activities. Surviving are his wife, Ethel, and three daughters.

William L. Slagle, 1924
Died August 5, 1978. Dr. Slagle was a general practitioner in Dayton, Ohio.

Hugh Robertson, 1925
Died May 3, 1979 at the age of 78. Dr. Robertson, who was residing in Sun City, Arizona, at the time of his death, was a general surgeon in Philadelphia. He had served as President of the Philadelphia County Medical Society. His wife, Jean, survives him.

Joseph L. Johnson, 1926
Died February 17, 1979. Dr. Johnson was a general practitioner in Graham, North Carolina.

Charles R. Elicker, 1927
Died March 4, 1979 at the age of 74. Dr. Elicker practiced medicine in Pottstown, Pennsylvania, where he served on the staff of Pottstown Memorial Medical Center. Surviving are his wife, Elizabeth, and two sons one of whom is John E. Elicker '60.

David P. McGourty, 1927
Died May 12, 1979 at the age of 79. Dr. McGourty practiced general medicine in Stamford, Connecticut, until his retirement in 1969 to San Juan Capistrano, California. Surviving are his wife, Margaret, three daughters and a son.

Thomas W. Ross, 1927
Died May 14, 1979 at the age of 78. Dr. Ross practiced general medicine and obstetrics in Charlotte, North Carolina. He served as Chief of Obstetrics of the Florence Crittenton Service for 20 years. Surviving are his wife, Marguerite, a son, three daughters and two brothers one of whom is Donald P. Ross '27.

James W. Boyle, 1928
Died January 21, 1979 at the age of 75. Dr. Boyle had a general practice in Forty Fort, Pennsylvania. He served on the staff of the Nesbitt Memorial Hospital.

Ladislas T. Sabow, 1929
Died May 7, 1979 at the age of 74. Dr. Sabow was a general practitioner in the Pittsburgh area. He was a former Chief of Staff at Homestead Hospital. Surviving are his wife, Vera, and three sons one of whom is J. David Sabow '67.

Enoch D. Staats, 1929
Died May 12, 1979 at the age of 76. Dr. Staats has maintained a general medical practice in Ripley, West Virginia until his retirement in 1973. Surviving are his wife, Helen, and two daughters.

Thomas H. Baker, 1930
Died December 28, 1978 at the age of 75. Dr. Baker was a general practitioner in Henlopen Acres, Delaware. His wife, Kathaleen, survives him.

Paul P. Riggle, 1930
Died March 8, 1979 at the age of 76. Dr. Riggle was a practicing surgeon in Washington, Pennsylvania, until his retirement in 1971. He is a past President of the Washington County Medical Society.

Robert R. Layton, Jr., 1932
Died February 3, 1979. Dr. Layton was a general surgeon with his residence in Dover, Delaware. His wife, Jean, survives him.
Michael M. Scott, 1932
Died April 24, 1979 at the age of 72. Dr. Scott was Emeritus Professor and retired Chairman of the Department of Neurosurgery at Temple University Medical School. He was appointed to the position of Chairman in 1959. Dr. Scott won international recognition for his work in cerebrovascular disease and stroke and pioneered a technique for diagnosing spinal lesions and the use of angiograms for diagnosing brain tumors. He was a member of the American Board of Neurology and Psychiatry and the American Board of Neurosurgery. Dr. Scott served as President of the Philadelphia Neurological Association. Surviving are his wife, Mary, three daughters and a son.

Walter E. Starz, 1937

John R. Whiteman, 1940
Died February 14, 1979 at the age of 66. Dr. Whiteman was an internist with a practice in Gallatin, Missouri. He served on the staff of St. Mary’s Hospital in Kansas City for 31 years. Surviving are his wife, Naomi, a son and a daughter.

George F. Rumer, 1943
Died May 6, 1979. Dr. Rumer, a colonel in the army, among his numerous posts served as Director of the Department of Medicine and Surgery at Brooke Army Medical Center at Fort Sam Houston in Texas. He was interested in Emergency Medical Care Programs both in the military and in medical schools involved with the MENDS program.

Gordon P. Van Buskirk, 1944
Died January 12, 1979 at the age of 59. Dr. Van Buskirk was a general practitioner in Chambersburg, Pennsylvania. He was a fourth generation graduate of the Medical College. Dr. Van Buskirk was a member of the President’s Club. Surviving is his wife, Nancy.

John F. Shoff, 1944
Died December 23, 1978 at the age of 60. Dr. Shoff, a general surgeon, resided in Philadelphia, Pennsylvania.

Norman A. Fogel, 1958
Died February 24, 1979. Dr. Fogel, a dermatologist with a practice in North Miami Beach, was an Associate Professor at the University of Miami Medical School. He served as President of the Florida Chapter of the Alumni Association. Surviving are his wife, Lois, and two children.

W. Stuart Leeds, 1965
Died July 24, 1978. Dr. Leeds was a family practitioner in East Hampton, New York.

Steven C. Strum, 1972
Died April 8, 1979 at the age of 33. Dr. Strum, an internist, resided in Miami. He was a member of the American College of Physicians and the American College of Emergency Medicine and served on the faculty at the University of Miami School of Medicine. His wife, Elaine, and two sons, survive him.

Lessing J. Rosenwald
Trustee
Lessing J. Rosenwald, who died June 24, 1979 at the age of 88, was elected to the Board of Trustees at Jefferson in September, 1924 and was made Emeritus in February, 1961. In 1954 Jefferson awarded him an honorary Doctor of Laws Degree. Mr. Rosenwald, a philanthropist and world renowned art collector, was a former Chairman of the Board of Sears, Roebuck & Company. His two great collections—25,000 prints and drawings and rare books—have been pledged to the National Gallery of Art and the Library of Congress. He was a former President of the Federation of Jewish Agencies, the Institute for Advanced Study at Princeton and the Print Council of America. In addition to Jefferson, he held honorary degrees from the University of Pennsylvania, Lincoln University, LaSalle College, Colby College, Williams College, Beaver College and the Philadelphia College of Art. Surviving are two sons, Julius 2d and Robert L., and three daughters, Helen R. Snellenburg, Joan R. Scott who presently is a Trustee on Jefferson’s Board, and Janet R. Becker.
Gonzalo Enrique Aponte, M.D.
1929–1979
Suddenly, on the evening of June 15, 1979, Jefferson lost a loyal alumnus, a brilliant scholar, and a respected department chairman. The students lost both an inspiring educator whom they had repeatedly honored, and a trusted confidant upon whom they relied for professional guidance and personal advice. Many of us have lost a loyal friend. I was privileged to have known him as a friend for over twenty-five years. The sudden death of Gonzalo Aponte was an immense shock and sorrow to the entire Jefferson community.

Gonzalo Enrique Aponte was born on July 15, 1929 in Santurce, Puerto Rico, where he began his extraordinary and brilliant academic career as Valedictorian of his classes in both Elementary School and High School. In 1948, following his graduation from Georgetown University with majors in both philosophy and biology, he entered Jefferson Medical College to begin a remarkable medical career of scholastic excellence, thoughtful and honest research, distinguished and inspiring teaching, and loyal and generous service. While a student, he served as President of A.O.A and, at graduation in 1952, he received eight prizes for academic achievement. Gonzalo interned at Jefferson. He then took a residency in both anatomical and clinical pathology from 1953 to 1957 with Dr. Peter A. Herbut whom he succeeded as Chairman and Head of the Department ten years later. After two years in the U.S. Navy, spent mostly in Guam, he returned to Jefferson in 1959 as Assistant Professor of Pathology. The following year, he was named Jefferson’s first Markle Scholar and two years later he received the Lindback Award for Distinguished Teaching.

Teaching medical students was the most important and most enjoyable aspect of his professional life. His dedication to the students and to their education was recognized by additional awards for Distinguished Teaching from Phi Chi and from Phi Alpha Sigma. The Class of 1971 presented his portrait to the College and every recent class selected him to administer the Oath of Hippocrates at graduation. Almost every year, the Sophomore Class chose him to speak at Parent’s Day. His interest in the students extended beyond the classroom. He was Faculty Advisor to Kappa Beta Phi and served on the Admissions, Student Promotions, and Graduate Studies Committees, among others. For over ten years, he combined his clinical interests and his teaching abilities as Coordinator of Oncologic Teaching and as Assistant Director of the Cancer Training Program. Whenever he participated in the C.P.C. presentations, a packed house in the old “pit” was assured.

Gonzalo Aponte was a man of many accomplishments and many activities. His own scholastic achievements and his devotion to the students and to their education were but two of his interests. He was an outstanding scientist who authored or co-authored over fifty articles covering a wide spectrum of subjects from ventricular aneurysms; leg cramps in pregnancy; hypoglycemia; congenital bowing of the femur; the therapy of leukemia; neonatal gastric perforation; tumors of the larynx; pneumoconioses; the renin-angiotensin system; Pompe’s Disease; Bangungut; Walter Carcinoma and Fore stomach tumors to the Relevance of Examination Questions to Medical Knowledge in Medical Students. His achievements as a scientist resulted in his selection as Clinical Scientist of the Year by the Association of Clinical Scientists in 1967 and by membership and elected office in twenty-two professional societies. He also served on the Editorial Board of the Annals of Clinical and Laboratory Science and as President of the Pathology Society of Philadelphia.

The ultimate academic recognition of his ability came in 1967, just ten years after his residency, when he was appointed Professor of Pathology and Chairman of the Department at Jefferson. For the next twelve years, he led both the academic and clinical divisions of an expanding and diversifying Department to new heights of accomplishment and reknown. He was justifiably proud of the large number of his students who chose to enter the field of pathology.

As Chairman of the Pathology Department, many additional hours were required for administrative responsibilities, committee meetings, conferences, departmental meetings, budget planning, and curriculum scheduling, but Gonzalo Aponte not only maintained his own rigorous teaching program, but he expanded it and improved it. Nothing was too much trouble for his students. Notwithstanding all of these academic duties and accomplishments, he continued to pursue his interest in medical history as a member of the American Association for the History of Medicine and as Chairman of the College of Physicians Museum Committee and College Collections Committee. He developed a popular after-dinner presentation of slides of diseases of famous people which he gave at a recent President’s Club dinner.

Perhaps, above all else, he revered and respected Jefferson Medical College. He felt he owed an obligation to the institution which had provided his medical education and had served as the focus of his entire professional career. He contributed both his time and his financial support to the Jefferson Alumni Association. He was a member of the President’s Club and was elected President of the Alumni Association in 1977. At the time of his death, he was Chairman of a Task Force evaluating the future role of the Alumni Association and was Chairman of the Alumni Committee on Publications.

Gonzalo Enrique Aponte came to Jefferson as a Freshman student in 1948 and he died in 1979 at the peak of a remarkable career of achievement as student, scientist, educator, administrator and leader. He will be sorely missed by Jefferson and by his mother, Lalita, by his sisters Mary Martha and Rose Marie; by his brothers Mario, Andres, and Alfredo; and by all who knew and admired him. Perhaps, as Dean Kellow said at his funeral, he will be missed most of all by the many students who will come to Jefferson in the years ahead and will never have the opportunity to hear, to know, and to learn from this unique, eloquent, talented gentleman, scholar and friend.

Benjamin Bacharach, M.D. '56
Alumni Calendar

October 3
Dinner for Tucson, Arizona alumni
Westward Look Resort, Tucson

October 6
Dinner for Phoenix, Arizona alumni
Paradise Valley Country Club, Phoenix

October 9
Reception in conjunction with the meetings of the American Academy of Family Physicians
The Atlanta Hilton Hotel, Atlanta, Georgia

October 9
Dinner for Hawaii alumni
Waialae Country Club

October 13
Dinner for Chicago area alumni
The Drake Hotel

October 13
Class of 1948 reception and dinner during meetings of the American Academy of Pediatrics in San Francisco. All alumni welcome. Contact Alumni Office, 1020 Locust Street, for additional information.

October 17
Class Agents' Dinner
Jefferson Alumni Hall

October 23
Reception in conjunction with the meetings of the American College of Surgeons
The Hyatt Regency, Chicago

October 26
The President’s Club Dinner
First National Bank Building
Society Hill, Philadelphia

November 4
Reception in conjunction with the meetings of the American Academy of Ophthalmology
The Fairmont Hotel, San Francisco