Editorial

The untimely death of Gonzalo Enrique Aponte, M.D. this past summer left a terrible void in the life and workings of Jefferson Medical College. In the summer issue of the JAB, Benjamin Bacharach, M.D. ’56 eloquently recounted Dr. Aponte’s distinguished career and how much he meant to all of us at Jefferson. One of his less well known functions was his chairmanship of the Alumni Bulletin Publications Committee. He served this Committee for many years with great distinction and helped to guide the Bulletin to ever greater accomplishments.

With Gonzalo’s demise a new chairman had to be appointed, and Dr. Peter A. Theodos, President of the Alumni Association, asked me to take over the Chairmanship, at least for the remainder of this year. I accepted the assignment with humility and also with confidence that the Alumni Bulletin will maintain its high quality. It is hard to step into the shoes of Gonzalo Aponte in any of his numerous endeavors, and having been a long-time admirer of his I am fully aware of this.

Although Gonzalo was much younger than I, he was a class ahead of me in medical school. These were the days when the junior and senior classes still met jointly in the clinical amphitheater for most of the clinical lectures. There, as a junior, I came to admire Gonzalo and my admiration never ceased. Gonzalo was first in his class but that is only a faint description of his intellectual abilities. He was that rare student to whom professors turned for advice and approval. Gonzalo always sat in the first row, and while never showing conceit, just naturally gave the appearance of being fully in command and being on equal terms with the professors. He always had that natural nobility of conduct, poise, assurance, combined with a superior intellect. His subsequent illustrious career amply confirmed the promises of his student years. All of us on the Publications Committee will especially miss him for the leadership that he displayed in chairing the Committee and lending it his wisdom, good judgement and ideas.

Fortunately, the Committee will have the continued help from two individuals who have been doing the lion’s share of putting together each and every issue. Of course, I am referring to the Editor, Nancy S. Groseclose, and her able Assistant Editor, Jacquelyn S. Mitchell. The Publications Committee has met, has taken stock, and is confident that despite the terrible loss of our Chairman, the show must go on and the Alumni Bulletin will continue to serve the Jefferson community with distinction as it has in the past. If any of our readers have suggestions or recommendations for changes or improvements, or if any of you would like to submit features for consideration, please do not hesitate to do so. We thank you for your support and hope to serve you faithfully in the future.

For the Publications Committee,
Franz Goldstein, M.D. ’53
Keeping the "New Curriculum" New
The Chairman of the Curriculum Committee discusses JMC's evolving educational program.

New Face for Old Space
A face-lift for the College's old second floor lecture halls, designed and renovated by Jefferson's Department of Engineering and Construction, is presented photographically.

Basic Biomedical Research:
Its Contributions and Crises
Dr. Paul Maurer surveys the state of pure medical research from the viewpoint of cost effectiveness.

Class Notes

Obituaries

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The Alumni Association of Jefferson Medical College
1020 Locust Street, Philadelphia, Pennsylvania 19107
### First Year

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- Each track has its own requirements:
- 8 to 16 wks in major discipline; -16 to 24 wks clinical electives
- 4 wks of a basic science

+Subtracks: Obstetrics & Gynecology; Pediatrics
++Subtracks: Neurology, Neurosurgery, Ophthalmology, Otolaryngology, Psychiatry & Human Behavior
Keeping the “New Curriculum” New

Chairman of the Curriculum Committee discusses
JMC’s evolving educational program

by Jussi J. Saukkonen, M.D.

Several weeks ago, I was asked to talk to the incoming freshman class about the educational program of the College. I noticed that I was referring to the “new curriculum,” a standard term when we talk about the present program, first introduced in 1972. It occurred to me that the majority of the students in the audience entered high school that year, and those in the Jefferson-Penn State accelerated program had just finished elementary school! In their minds, 1972 cannot be very recent times, even if the intervening years may have gone by much too quickly for some of us of earlier vintage. The interesting thing is that even students who have been at Jefferson for a year or two seem to accept the phrase readily. It could be, of course, that both the faculty and students accept standard jargon without much thought as to its origins. I suspect, however, that we really mean what we say—that we are indeed dealing with an evolving curriculum, which can adapt to meet our needs. If this is the case, then the designers of the 1972 curriculum have succeeded in one of their main objectives.

In the Spring 1975 issue of the JAB, Dr. Thomas D. Duane, Professor and Chairman of the Department of Ophthalmology, and the previous Chairman of the Curriculum Committee, gave an excellent description of the new curriculum and its development. He pointed out that the new program would be closely monitored, and that changes would be made when experience showed that they were required.

At the time Dr. Duane wrote his article, the freshman curriculum had been in effect for a few years, the sophomore and junior year programs for an even shorter time, and the senior year existed only as a general outline on paper. We now have several years of experience in all aspects of the curriculum, and this may be a good time to see how well the educational program is doing, and whether it still is a “new curriculum,” capable of change when needed. An outside review for College accreditation by the Liaison Committee on Medical Education has just been completed, and it is of interest to see what some experienced and seasoned observers of the field of medical education have to say about our efforts.

Basic Sciences—Learning the Fundamentals

As the diagram indicates, the basic sciences are learned in about one and two thirds of a year, with a required basic science rotation in the senior year. The Jefferson faculty felt strongly that this was about the minimum amount of time in which the essential aspects of basic sciences could be learned. Many other medical schools allocated only one year for the basic sciences in their curriculum revision. It is interesting that essentially all of these schools have now extended, or are about to extend, the basic science exposure to one and a half years or more.

At the outset, the faculty in each discipline was asked to determine the scope and content of the core material, the knowledge that every Jefferson graduate needs to learn. These definitions have undergone some change,

Dr. Saukkonen, appointed to the Jefferson faculty in 1969 and promoted to full Professor of Microbiology in July, 1972, has served as Chairman of the Curriculum Committee since 1976.
largely due to the rapidly expanding body of knowledge in medicine and biology.

The first course of the freshman year is "Cell and Tissue Biology" in which the student learns fundamental morphological and biochemical aspects of cells and tissues. The main contributions to this course come from Departments of Biochemistry and Anatomy, with faculty from five other departments participating. The course has been well received from the beginning. The students find the overall approach and subject matter similar to the undergraduate college experience, which makes the course a good transition into medical school.

Gross Anatomy, Histology (part of which was already given in the Cell and Tissue Biology course), Embryology and Physiology comprise the next teaching block. In the original plan, these topics formed an interdepartmental course known as "Structure and Function," which was given jointly by the Departments of Anatomy and Physiology for the first six years of the new curriculum. The intent was to present the morphological and physiological aspects of the body systems simultaneously and in an integrated manner. In practice this commendable objective has been difficult to attain. Anatomy is best learned by a regional approach, while the physiologists deal meaningfully with systems from the beginning. For this reason, and to facilitate more efficient administration of the courses, the teaching block was divided last year into separate courses of Anatomy (including Histology and Embryology) and Physiology. The departments are committed to maintaining as close coordination as possible between the disciplines.

The next course, Neurosciences, is a cooperative effort of three basic science and four clinical departments, with Anatomy carrying the main load. The other participating departments are Physiology, Pharmacology, Neurology, Neurosurgery, Otalaryngology and Ophthalmology. It appears that this topic is well suited for an integrated approach, and the course has been well received by all classes.

The first year emphasis is on study of the healthy human body, even though clinical relevance is pointed out in appropriate connections, including correlation lectures by clinicians. The study of the abnormal begins at the end of the first year in the course entitled "Basic Mechanisms of Disease," and continues during the first teaching block of the sophomore year.

Pathology, in many ways in key position among the Basic Sciences, occupies the first ten weeks of the second year. Diseases are discussed by organ system, correlating pathogenic mechanisms and pathological findings with clinical mani-
Learning to Become a Clinician

One of the objectives of the 1972 curriculum was to find ways for earlier exposure to clinical material, without affecting the quality of basic science learning. A great deal of planning, experimentation and effort has been devoted each year to introductory clinical courses, and many of the curricular changes made during the past years have concerned this aspect of the curriculum.

A substantial amount of integration of clinical knowledge with basic principles occurs already in the basic science courses. In addition, about one fifth of the total teaching time is devoted exclusively to clinical topics. An interdepartmental course entitled "Introduction to Clinical Medicine" draws its faculty from many clinical departments, meets throughout the first two years every week for half a day, except for the last 11 weeks of the sophomore year, when the course occupies all instructional time. A companion course, "Medicine and Society," also meets for half a day each week, addressing issues of social importance germane to medicine. Several clinical departments share in the administration and teaching of this course.

The institution and implementation of these two programs have gone through many phases. Part of the difficulty has stemmed from the fact that lack of adequate basic science background severely limits the choice of meaningful clinical material in the early part of the curriculum. Other early difficulties included the realization that clinical teachers were often unaccustomed to lecturing at freshman level, thus easily losing their audience. The competition by basic sciences for the student time has also created some problems.

The proposed remedies have ranged from abandoning all attempts for early introduction of clinical material to faculty changes, course rearrangements and demands for mandatory student attendance. It is reassuring that at all times, both faculty and students have felt that this is an important part of the curriculum and should be retained. By much hard work, trial and error, most problems have now been ironed out, and we have a setting in which early introduction of clinical principles occurs effectively.

The "Introduction to Clinical Medicine" course begins with fundamentals of first aid and emergency medicine, including instruction in CPR. The students also begin to learn about patient interviewing and of medical instrumentation. Later, concurrently with Gross Anatomy, fundamentals of physical diagnosis are being taught. During the Neurosciences course at the end of the first year, as well as during the Pathology block in the beginning of the second year, this course deals with topics relevant to these areas, and is closely integrated with these two courses. During the remainder of the second year, sequential introduction to various medical specialty areas begins, and continues during the latter part of the year, when all instructional time is given to this course.

The course in "Medicine and Society" deals with a variety of important topics, each occupying a block of course time and administered by one department, even when faculty from several departments participate in the teaching of the topic. The subject areas include Growth and Development, Maturation, Aging and Human Sexuality; aspects of Preventive Medicine, Epidemiology, Nutrition and Determiners of Human Behavior. In the second year, Chronic Health Problems are discussed, with emphasis on social implications. Health Care Delivery, Ethics and Legal Medicine round off this extensive course. Departments of Family Medicine, Pediatrics, Psychiatry and Rehabilitation Medicine share the main responsibility for this course.

Jefferson has always had large classes, which in recent years have grown even larger; the size of an entering class is now 223 students. This challenges the faculty to find ways to facilitate direct student-faculty contact outside the traditional large classroom. Basic Science laboratories in Anatomy, Histology, Pharmacology

Dr. Wolfgang H. Vogel, Professor of Pharmacology

Other members (from left) are Dr. Robert M. Steiner '64, Associate Professor of Radiology, Dr. Benjamin Bacharach '56, Associate Professor of Surgery, and Dr. Leonard J. Graziani '55, Professor of both Pediatrics and Neurology
Pathology and Microbiology, and demonstrations and group discussions in all six basic sciences serve this purpose.

A new approach of special interest is the Small Group Program, which was added to the curriculum three years ago. During freshman and sophomore years groups of 15 students meet weekly with three faculty leaders for about one and a half hours to discuss topics related to the material being learned in the classroom, or other subjects of the groups' own choosing. These vary widely, and often deal with general or personal concerns of the students, unrelated to the curriculum. Patient interview techniques are also practiced in this setting. This program is part of the "Medicine and Society" course, and is coordinated by the Department of Psychiatry.

The students begin to learn the principles of physical diagnosis in the first year and continue in the second year. It became evident, however, that in the original setting, the students did not have enough opportunities to practice these skills prior to the third year clerkship. A remedy, which appears to be very effective, was found by establishing a "miniclerkship" in the second year. During the last four weeks, the sophomores go to Jefferson and affiliated hospitals for a clerkship with well defined but limited goals. In contrast to a "real" clerkship, the students will focus only on patient interview and physical diagnosis. The "miniclerkship" has meant an additional responsibility for the clinical faculty, but all concerned seem to feel that the program is quite valuable, and helps the students substantially in their first rotation in the junior year.

The third year consists of 12 week rotations in Medicine and Surgery, and of six week rotations in Family Medicine, Obstetrics and Gynecology, Pediatrics and Psychiatry. One of the special features of the Jefferson curriculum is the requirement that all students take a clerkship in Family Medicine.

The students are assigned to Jefferson or to one of the 16 affiliated hospitals. As has always been the case, bedside teaching is the key element of the third year learning. The range of patients seen by a student varies, and his learning must be supplemented by other means. The students attend conferences and lectures at their assigned hospitals, and some departments provide uniform reading lists for the rotation. Despite these difficulties, which are shared by virtually all medical schools today, the clerkships provide an excellent learning experience for our students.

Another continuing concern is that at present some specialty areas do not have a clerkship devoted solely to that discipline. Arrangements have recently been made to integrate essential material of these disciplines into the mandatory rotations, e.g. Neurology contributes to Medicine clerkship, Otolaryngology to Pediatrics and Ophthalmology to Family Medicine. In addition, the fourth year offers elective opportunities for students to explore all specialty areas.

The senior year was a topic of much debate when the curriculum was formulated. At that time, many medical colleges shortened their curricula to three years—those were the days when it was imperative that more physicians should be produced quickly! Jefferson opted for a four year curriculum, a decision that in retrospect appears to have been

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**Rating Performance of Jefferson Graduates in the First Year of Residency**

Results of a survey among hospitals which received JMC graduates from 1970 to 1978. Their performance was compared with that of all residents in those training hospitals.

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sound, as most of the previous three year curricula have now been converted to four year programs.

The past experience here and at other schools showed that programs with fully elective senior years present many problems. While many students made wise selections and designed an excellent program for themselves, many others did not. Having decided in favor of a four year curriculum, the committee wanted to provide sufficient structure for the senior year to assure that certain minimum requirements would be met by all students. Following extensive discussion, a system of structured elective programs or tracks was created.

The seniors are asked to choose one of five tracks: Family Medicine, Growth and Development (Obstetrics and Gynecology, Pediatrics), Internal Medicine, Neurosciences and Human Behavior, or Surgery. Each track consists of mandatory and elective teaching blocks. A unique feature of our curriculum is that every student is asked to select one rotation in a basic science course, specially designed for seniors.

The purpose of the tracks is to give the students an opportunity to select a field of concentration, within which a reasonable balance between the main area and other aspects of medicine is provided. A large variety of elective courses is available to the students at Jefferson, and when certain requirements are met, up to two rotations may be taken outside Jefferson and its affiliates.

The track program and its purpose have been interpreted in various ways by students and faculty. Some students consider it an opportunity for early specialization, and thus elect a track in their field of major interest. Others, who have equally clear career goals, view the senior year as an opportunity to broaden their background and choose a track other than their main field of interest. The senior faculty has generally favored the latter view and advised students accordingly. During recent years, the data gathered indicates that a sizeable number of fourth year students agree with this thinking. A large number of seniors are not yet certain about their future direction; many of them elect either Family Medicine or Internal Medicine.

### Evaluation of the Program

From its inception, the effectiveness of the new curricular design has been assessed by various means. It is relatively easy to obtain comparative and reasonably reliable data in areas of competence in which student performance can be expressed numerically. These figures are often quoted in evaluations, even though only an indirect relationship may exist between the test results and a student's ability to perform later as a physician. In these comparisons our students do well.

The data collected by the Office of Medical Education over a number of years shows, for instance, that during the years of the new curriculum, the students' performance in basic sciences has been equal to, if not better than in years preceding the program change. This is significant because it shows that despite a considerable reduction in basic science teaching time in the first two years—to make room for introductory clinical courses—the students' performance was not adversely affected. Both intra- and extramural examination data support this

### Data Gathering Skills

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In conclusion. In the National Board Examination, part I (Basic Sciences, with certain clinically related topics), Jefferson students have consistently performed well, being in the top 10% of all medical schools. In Part II and III examinations, which deal with aspects of clinical competence, our students are usually in the top 5% bracket, attesting to the quality of our clinical education.

The Office of Medical Education, under the direction of Dr. Joseph S. Gonzella, Associate Dean and Director of Academic Programs, is conducting a longitudinal study, in which data are collected over a number of years concerning the competence of Jefferson graduates as physicians. An example of the voluminous data is given in the tables on page 6. The hospitals which received Jefferson graduates from 1970 to '78 rated the residents' performance during the first year. The areas of competence explored were knowledge, data gathering skills, clinical judgment and professional attitudes. It is obvious that a study of this nature is difficult to conduct, and many variables, some of which are not easily quantifiable, enter into the evaluation. Certain trends are nevertheless evident in the data. In all four categories listed, there is an improvement over the years of observation, as the proportion of graduates falling into the two lower quartiles diminishes. In at least two categories, there appears to be an increase in the percentage of students rated in the highest quartile.

Last year, Jefferson and its educational program was subjected to a very careful outside evaluation in the form of an accreditation review, conducted by the Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges. The results of the survey have recently become available. In general, the report was complimentary to the College and its leadership. The educational programs were considered excellent, and note was taken of improvement and continuous development. Some concerns were expressed, all of which had been identified earlier by ourselves, and which are under active study.

One of the concerns frequently discussed by the faculty is the fact that approximately 60% of our clinical teaching GOALS OF THE CURRICULUM

The goals of the curriculum at Jefferson are:

A. to provide each student of Jefferson Medical College with an identical core curriculum which contains the sine qua non which should pertain to all physicians;

B. to provide each student of Jefferson Medical College with advanced curriculum opportunities in order to prepare himself/herself in depth in one of the areas of basic or clinical medical sciences;

C. the curriculum will be such that the future physician will have a humanistic as well as a scientific approach toward the care and treatment of people with medical problems. Additional goals of the curriculum are:

1. to have students understand the tentative nature of scientific conclusions;
2. to encourage students to assume responsibility for their own education and to diminish their dependence on the teacher as a sole source of information;
3. to encourage students to think critically and independently within the framework of social responsibility;
4. to encourage students to develop a logical approach to the analysis and management of clinical problems.

In order to achieve the above goals:

1. All core (basic and clinical) instruction is completed by the end of the third year in medical school. The third year itself will be devoted exclusively to clinical clerkships.
   a. The first two years of instruction will encompass both a departmental and systems approach.
   b. The third year of medical school will consist of clinical clerkships including Family Medicine (6 weeks); Internal Medicine (12 weeks); Obstetrics/Gynecology (6 weeks); Pediatrics (6 weeks); Psychiatry (6 weeks); and Surgery (12 weeks).

2. The last year of medical school will consist of 5 tracks: Family Medicine, Growth and Development, Internal Medicine, Neurosciences and Human Behavior and Surgery. A student must select one of the tracks which consist of 36 weeks (6 courses each lasting 6 weeks). Separate booklets describing the programs are made available to all students.
takes place in the affiliated hospitals. The affiliations are indispensable for our educational effort. For the most part, they provide excellent teaching and allow the students to see a more varied selection of patients. The large number of affiliations, distance and other problems of communication have sometimes resulted in differences in the nature and quality of education. The faculty is making sustained efforts to improve the situation in these respects.

The Curriculum Committee also continues to search for ways to include all clinical departments in the core curriculum. At present, efforts are being made to improve the quality of teaching in various respects. Most courses rely heavily on the didactic lecture as a teaching device; the Curriculum Committee is encouraging the faculty to introduce more laboratory, seminar and group sessions, which are more likely to promote active student participation. Consistently low student attendance in certain segments of the program is a source of concern, and solutions are being developed together with the students.

When one views the developments which have taken place during the past seven years, and indeed since 1962, when first discussions on curriculum development were held, several observations speak well of the decisions taken at the planning stages. Jefferson did not follow the then popular trends towards a three year medical school, and compression of basic science teaching into one year. The pendulum has now brought most schools close to our thinking in these matters. Despite a very large class size, our students consistently place in the top ranks in national comparisons. Credit for this belongs to the concerted efforts of students and faculty. The accreditation report stressed that an important asset is our ability to monitor the educational programs and student performance, even after graduation, making it easier to detect problems and find solutions.

It appears that we will continue to do well by maintaining a structured curriculum, which has enough flexibility to allow for gradual renewal. If we maintain these features, it may be justified to continue calling it the "new curriculum."
For decades the address, 1025 Walnut Street, has been synonymous with Jefferson Medical College. There in the College generations of students attended lectures during their four years. In 1968 when Jefferson Alumni Hall opened, the Medical College's educational focus in the basic sciences switched to 1020 Locust Street. Now with extensive refurbishing of the second floor of the College, "1025 Walnut" once again actively represents all education at Jefferson.

Three old lecture halls, located immediately above the Dean's Offices, have been removed. In their place stand six new rooms whose relationship to each other has been carefully planned. In the center of the roughly square space is the DaCosta Conference Room. Its name reflects the accomplishments of John Chalmers DaCosta, M.D., Class of 1885, the brilliant teacher and clinician who became the first Samuel D. Gross Professor of Surgery in 1910.

At the northwest and southwest corners of the renovated area are two triangular shaped classrooms. The northwest one has been named after another famous holder of the Samuel D. Gross Chair in surgery—John H. Gibbon, Jr., M.D. '27. In 1953 Dr. Gibbon performed the first successful cardiotomy with use of his invention, the heart-lung machine. While the northwest classroom memorializes a surgeon, the southwest one honors an esteemed Professor of Medicine and Chairman of the Department; Hobart A. Reimann, M.D. was the Magee Professor from 1936 to 1951.

Between the two classrooms is a rectangular seminar room named for J. Parsons Schaeffer, M.D., Professor of Anatomy and Director of the Daniel Baugh Institute from 1914 to 1948. Two other new seminar rooms lie along the north and south walls. The north one recognizes the extensive contributions of JMC's 17th Dean, William Harvey Perkins, M.D. '17. The south seminar room is in honor of Thomas McCrae, M.D. an outstanding clinician and teacher who assumed the Chair in Medicine in 1911. In addition, the auditorium on the lower level of the College has been named in memory of Thomas Jefferson University's first President, Peter A. Herbut, M.D. (See page 18.)

Naming of the rooms, which was reported at the Dean's Luncheon during reunion activities last June, was the work of an Ad Hoc Committee of the Executive Committee of the Alumni Association, as requested by Dean Kellow.
On the second floor of 1025 Walnut three lecture halls lined the west side of the building. Here is the North Lecture Hall.

The South Lecture Hall was located in the southwest corner of the building on Walnut Street.

The middle room with its steep amphitheatre was known as the Demonstration Room.
Demolition between the Demonstration Room and North Lecture Hall.

On left, the site of the three lecture halls looking north. On right, the North Lecture Hall's amphitheatre.
Replacing the North and South Lecture Halls are the Reimann (south) and Gibbon Rooms. Triangular in shape, each classroom seats approximately 55 students.

Each room, equipped with the latest teaching devices, is decorated in tones of orange and tan.
The hallway on the second floor where "The Gross Clinic" was displayed (recessed area behind table).

The new entrance way to the six-room conference suite.
The old hallway leading to the South Lecture Hall.

The suite entrance looking towards McClellan Hall.
The hallway leading to the DaCosta Conference Room (door on right) and the Reimann Classroom. The portrait and biographical material on each of the famed professors hangs outside each room.
There are three seminar rooms accommodating 24 to 36 students. They flank the two classrooms.

The elegant DaCosta Conference Room which will seat 14 (see cover).
back to the books

The school year at Jefferson begins traditionally with Opening Exercises. This year marks the 156th time the ceremony has been held. It was again, as in years past, one of the best attended events of the school year. With all the seats filled, people stood around the perimeter of McClellan Hall where the ceremony was held; others sat in the newly named Peter A. Herbut Auditorium to look at a videotape of what was going on in the hall above.

The ceremony began with an academic procession and ended with a recessional. The Reverend Edward C. Bradley, of the Jesuit Spiritual Center, who graduated from Jefferson in 1955, delivered the Invocation and Benediction.

TJU President, Lewis W. Bluemle, Jr., M.D., presided at the Convocation. He announced that Warren R. Lang, M.D. ’43 would act as Chairman of the Pathology Department to fill “the vacancy left by the untimely death” of Gonzalo H. Aponte, M.D. ’52. Bluemle explained that Aponte had been chosen, before his death, as the first Peter A. Herbut Professor. The Professorship honors Aponte’s predecessor, Peter A. Herbut, M.D., the first President of Thomas Jefferson University. Bluemle said that Aponte will be appointed posthumously to the Chair so that his name will head the list of those so honored.

Dr. Bluemle told the Class of 1983 that they are beginning their careers during apparently troubled times, but he speculated that similarly pessimistic observations could have been made at any number of the Opening Exercises held at Jefferson over the past century and a half.

Bluemle’s remarks were followed by the awarding of prizes to students. Frederic L. Ballard, Chairman of TJU’s Board of Trustees, introduced the Deans of the Medical College, Graduate School and College of Allied Health Sciences. They, in turn, made the presentations to the students.

JMC Dean, William F. Kellow, M.D. gave a profile of the entering medical school class. Of the 223 students, 33 are the children of alumni; and eight, the children of faculty members. Twenty were admitted through the Delaware Program, 24 through the Physician Shortage Area Program, and 24 through the Penn State-Jefferson Program. Kellow also mentioned some of the unusual backgrounds of class members. One was chosen to wait on England’s Queen Elizabeth when she visited the United States during the Bicentennial; another worked professionally as a scuba diver; and a third tagged sharks for the U.S. marine fisheries.

Finally, Paul H. Mauer, Ph.D., Professor of Biochemistry and Chairman of the Department, gave the keynote address for the evening. The text of his remarks, adapted for publication, begins on the following page.

The auditorium in the basement of 1025 Walnut has been named the Peter A. Herbut Auditorium in memory of the late President of Thomas Jefferson University and former Professor and Chairman of Pathology. Here, the class of 1983.
Basic Biomedical Research:  
Its Contributions and Crises  

by Paul H. Maurer, Ph.D.

The Faculty and Administration consider teaching to be an integral and important part of our responsibilities. However, you may not be aware that much of the physical plant, both here and in other medical schools, is devoted to many areas of medical research. The areas of biomedical research range from what has been called basic research to the applied or clinical research areas in which our colleagues in medicine, pediatrics, surgery etc. are involved. The areas of basic biomedical research are sometimes more esoteric, but really become the foundations for the clinical and applied research.

What is research? First of all, research is a curiosity, it is a commitment and controversy. Research is a philosophy, and for many of us it is grantmanship and fund raising.

To many, scientists appear to be delving into profundities, fishing up obscure bits of information for which there can be no conceivable use: in basic science we are looking for an idea that will fit with another idea, a connection and a mechanism. The most important and difficult step in the planning of science is to decide where the problem stands. Although medical science has progressed tremendously during the past two decades, the most important and interesting problems in biomedical science today are still matters of high uncertainty. There is an abundance of new and fascinating information, and there are a good many enticing theories concerning the key issues of biology: such as the possible role of immunologic reactants in cancer and new ways to approach neoplastic cells. But we all know that if one takes especially the cancer problem, there is no general feeling of certainty about it.

An outstanding example of applied science in biology (with which I had contact at the University of Pittsburgh Medical School and which had tremendous support in basic research) is the Salk vaccine. It was known that there were three types of polio virus, and that all three could elicit some sort of protection if injected appropriately, and that they could be provided in infinite quantities. Once these things were known, it was an absolute certainty that a vaccine against polio could be made for use in humans. The successes of the Salk vaccine or the Sabin vaccine could be predicted. Similar successes have occurred in the therapy of Hodgkin’s disease and certain other lymphomas and some solid cancers of childhood. In the area of applied science, which in the physical areas resembles the research towards the moon shot or the hydrogen bomb, all scientists are under an obligation to work together in some team fashion and stick closely to an agreed schedule. If the experiment doesn’t work, something really must have gone wrong. In basic science, however, everything is the opposite. The shock and the surprise come when the experiment does turn out as you hoped.

The public today has become more aware that basic research is an important facet of our economic and academic structure. Yet it is being questioned more and more relative to the contributions versus the cost. A poll released by Harris in May reported that Americans in the last three years have lost confidence in the ability of science to conquer disease. However, it should be stated that medical research and its payoffs are not the only areas being questioned. There has been a growing credibility gap between science and technology, in general, and the public. In Pennsylvania we are very well aware of the Three Mile Island situation where all of the data are still not in; we know we couldn’t predict where Skylab was going to fall; we have problems with the DC-10 Jets; we have cars that pollute the air. In medicine we have the stories of laetrile, the swine flu vaccine, smoking, Legionnaire’s disease and the ever growing controversy over carcinogenic compounds. This summer at the same time the International Biochemical Congress was underway in Toronto, Canada, Skylab was falling in Australia. An interesting editorial which dealt with the subject, “The sky is falling and debris is heavenly,” concluded saying, “Perhaps a warning should be affixed to all future satellites which reads ‘The descent of this object may be harmful to your health.’” All of the growing incidences mentioned have led to a loss of confidence in the scientific and technical communities.

What concerned people most about
Skylab was not so much its re-entry, as the virtual total lack of control over its descent. Just as in the case of the Three Mile Island accident, it was the involuntary aspect of exposure to radiation emitted from the plant, rather than the actual level of exposure, that generated the fiercest complaint. It would be a tragedy if the dominant message left by the Skylab incident, following as closely as it does the other accidents that have occurred this year, frightens people away from technology on principle. However, if what comes through is that control of technology is as important as technology itself, then the lesson will have been worthwhile.

The erosion of public confidence in science is being paralleled by an actual decline in United States research, development and technological innovations. A striking case in point was the very nearly successful campaign a year or two ago to write a law that would have brought molecular biologists and recombinant DNA work under federal control. As science becomes increasingly an issue of public policy, there is a need for greater thoughtfulness and self discipline within science. There is a need for standards of professional integrity and objectivity in the scientist's policy judgment, as high as those that govern the scientist's work in his or her technical specialty.

We in medical research have been the recipients in a negative way of many of the errors that have been made in technologies as well as many promises made about too early solutions to many medical problems via research "breakthroughs." Some of the negative feelings that have been developing about biomedical research have not only been reflected in the generally poor funding situation for research, but also in the negative effect of the need to perpetuate, educate and foster clinical scientists. These investigators are physicians who not only will be engaged in the practice of medicine, but who will be willing and encouraged to become involved in clinical research which is the eventual goal of much of the basic biomedical research.

In the areas of biomedical research, what have been some of the major advances and contributions to the improved welfare of mankind, and what is the sum of the cost/benefit ratios of the investigations?

In the past 30 years there has been an explosion of knowledge about the normal biologic functions and disease pathogenesis. Although the methods of prevention, diagnosis and treatment have improved, the most meaningful impact of progress on clinical research has been the ignorance that it has uncovered. Discoveries, such as the growth in the laboratory of the poliomyelitis viruses, the development of sensitive ways to assay for the presence of drugs, the discovery of cortisone and many other advances resulting from the interaction of clinical and basic investigators, convinced health planners that supportive research would have a tremendous payoff. Giant strides were made in the prevention and cure of infectious diseases. Progress in cancer prevention and treatment, however, has not been as rapid as was hoped, but we do know how to prevent most cancers of the lung, and how to treat leukemias and lymphomas.

In recent years, we have seen dramatic advances employing recombinant DNA in micro-organisms. This recombinant technology has increased our understanding of the nature of genetic material and how it functions in cells. At the same time there is considerable interest and opportunity in tailor making bacteria to produce products such as the hormone insulin and other needed hormones which are difficult to obtain from natural sources. Although it can be shown that biomedical research has led to improvements in the quality of life or indeed of lives saved, it no longer seems sufficient to convince the general public and their elected representatives in Congress that such expenditures continue to deserve high priority. Rather it appears that expenditures for biomedical research must be shown to be justified in view of taxpayers' dollars saved, if such research is to be supported by the general public.

As my background is predominantly in the area of immunobiology, I am most aware of calculations about savings here (as presented by Professor H. Fudenberg to a Congressional Committee). About 15 percent of all hospitalized patients suffer from one or another immunologic deficiency problems. In addition, there are about 30 million Americans with significant allergies, more than eight million of whom are asthmatics. In 1978-1979 the Institute for Allergy and Infectious Diseases of NIH, which supports such research, received about 160 odd million dollars. This was to cover the research in virology, bacteriology and parasitic diseases; allergy and autoimmune diseases; and almost all of the basic research in immunology which is the most rapidly exploding of the various biological disciplines.

Just from this one Institute alone, let me document a few figures showing considerable savings. Polio has been eradicated with a savings of about $2 billion a year; a measles vaccine has been developed resulting in prevention of congenital deformations which often require lifelong institutionalization. This saves about 180 billion dollars a year. Basic immunologic studies designed to learn the mechanism of antibody feedback resulted in data which were applied to the eradication of the Rh problem in newborns. The estimated savings from this work was about 60 million dollars a year, and at least tenfold this amount throughout the world. The molecules associated with transfusion hepatitis have been identified by Dr. Barry Blumberg of Fox Chase in Philadelphia. He was awarded the Nobel Prize for the discovery enabling symptom-free donors who are silent carriers of this virus to be screened so that their blood is not used for transfusion purposes. Protection appears to have eliminated a cost of about 100 million dollars yearly. The production of a vaccine is currently in progress. As a result of fundamental research in transplantation immunology and on the nature of the immune response in mice, which we study extensively in this Institution, it was learned that genetic differences were responsible for immunologic rejection of kidney transplants. Through close matching of donors and recipients and through administration of experimental drugs which were learned
to suppress the immune response, success has been achieved which allows some transplants to take. Similar successes are being approached with heart transplants if matching of donor and recipient lymphocytes is done properly.

All of these immunologic advances which have saved the country hundreds of millions of dollars a year have been supported by only one arm representing perhaps one sixth of the total activity of one Institute of the National Institutes of Health—The National Institute of Allergy and Infectious Diseases! The amount of the National Institute of Allergy budget, directed to immunology, was about 33 million dollars per year, and the cost saving from past research totaled about 3.3 billion dollars per year for a dollar benefit cost ratio of a 100 to one. I haven't even mentioned other major developments from this one Institute, such as the present vaccine against pneumococcal pneumonia developed in Philadelphia by Robert Austrian, M.D. at the Medical School of the University of Pennsylvania. Austrian's work was based on fundamental studies of the biochemistry and immunochemistry of large sugar molecules on bacteria done by my former Professor, Michael Heidelberger.

I can enumerate other contributions to the eradication of diseases. We can now immunize against smallpox and diphtheria. We can fluoridate water to prevent caries and we have antibiotics which can eliminate the most serious infectious diseases; we can treat various endocrinological diseases, like diabetes, and we do have a few surprisingly effective drugs for the treatment of pain and hypertension. These have evolved mainly from the free exercise of human curiosity for basic science. The social good of this kind of research is obvious. In addition there has been a tremendous economic impact. Those who can remember the days of tuberculosis, when people were hospitalized for years, realize that one cannot easily calculate the cost of that disease. The development of isoniazid and streptomycin in the laboratory of Selman Waxman, at Rutgers, led to the incredible success of eliminating tuberculosis as a serious health problem.

Another recent development in which our laboratory, as well as others, has participated internationally is the discovery of specific genes that control the immune response. These were studied initially in mice and guinea pigs, and they now appear to be present in man. As these genes can determine the ability of a body to defend or not defend itself against certain diseases, it seems highly likely that research in this field may provide information that will be useful in identifying individuals or groups of individuals by genetic markers, who have certain susceptibilities to diseases, before the disease actually occurs. The savings from this, in the future, can indeed be staggering. In spite of these facts, the total annual health bill for the United States a few years ago was in the neighborhood of 160 billion dollars, yet the total funding for research was only about two percent of that amount. This seems fiscally irresponsible.

In addition to the credibility crises I've alluded to, what are other problems facing biomedical researchers? The unsolved medical problems are only one facet of our concerns.

Medical research must now address those major degenerative disorders to which humanity remains, almost helplessly subject: cancer, cardio-vascular disease, multiple sclerosis, arthritis, muscular dystrophy, schizophrenia and hundreds of genetic and mental disorders. What must be resisted is the public impulse to address these problems directly before the time is right. However, we should always remember a very appropriate quotation of Max Planck, "Science cannot solve the ultimate mystery of nature, and that is because in the last analysis we ourselves are part of nature, and therefore part of the mystery that we are trying to solve." A very apt statement was given by Senator Charles Mathis of Maryland in 1977 which said, "Basic research, the pure search for knowledge, does not press for immediate predictable results. We cannot hope to meet future problems by buying knowledge on a crisis by crisis basis. We cannot expect to push a button and have science supply answers instantaneously. We must lay broad foundations now to have a scientific structure adequate to tomorrow's needs."

A serious problem in biomedical research today for the investigator is the ever growing avalanche of information coming out of laboratories throughout the world. The data shown below are taken from an address given by Dr. Dave Talmage, a former colleague of mine at the University of Pittsburgh who is President of the Immunology Society. Even if one measures growth by the number of English speaking journals in immunology, there has literally been
an explosion in this specific area.

It is the same for all other fields of biology and medicine. The literature has become vast, it is intricate and complicated, and much of it is difficult to grasp even for workers in closely neighboring fields, but it is filled with meaning and excitement.

In addition to these crises there are two other serious ones upon which I should like to dwell: i.e., funds for research and training, and personnel for research and their mutual interactions.

During the past few years, the National Institutes of Health budget has not grown much if one takes inflation into account. Although support has been forthcoming in words, the financial support has not increased tremendously. The increased present budget of about nine percent which will come to the National Institutes of Health this year was most unexpected!

Carter must be credited with a presidential first for having his administration single out basic research as perhaps the only area to be excluded from Washington's recurring bouts of budget cutting. It's nice to know that the President and his top budget and science advisors are in harmony at least on the value of basic research!

Some surprising findings and sobering facts came to light during the review of the federal support for basic research that was ordered by President Carter. For instance, it was determined that over the past ten years, federal support for basic research has declined by 19 percent in terms of constant dollars. Research opportunities for young university scientists have been declining, and so the percentage of young scientists on our faculties declined from 43 percent in 1968 to 27 percent in 1975, a chilling omen for future scientific achievements. In the health fields there were serious efforts in the early 1970's to cut back on funding for biomedical research under the guise of containing health expenditures.

As Senator Norris Cotton used to say of an economy minded Congress of his day, "The boys are in such a mood that if someone introduced the Ten Commandments they'd cut them down to eight."

During the past few administrations in Washington, federal policy towards science became obsessed with the search for the quick fix: that which promised a quick payoff was amply funded, while support of basic research was allowed to decline. President Carter has indicated that he is determined to reverse that dangerous and shortsighted trend. It is hoped that he will be much more successful in this area than he has been in several other areas up to this time.

We are beginning to realize more that the strength and success of the research and support program lie in the consistent reliance on the wisdom and ingenuity of individual investigators. Indeed, the role of investigator initiated—or what has been termed, non-targeted research—is widely accepted as the basic working unit of science, for it is axiomatic that those on the frontier of knowledge best perceive the paths to discovery.

Good research is essentially a creative activity, and it is essential that funds be available each year for the award of grants, to new investigators and to established investigators with new ideas.

In addition to the drop in prestige and credibility, the complexity of research, and the fall in funding, another serious concern is the loss of students, both of M.D.'s and Ph.D.'s going into biomedical research. Although we at Jefferson are a medically oriented university and train students in many areas, especially to be competent practicing physicians, another obligation which we assume is to try to encourage the development of some students such that they enter academic medicine and biomedical research. We, as many other institutions, have been concerned over the years with the shortage of physicians who provide general medical care to the public. We certainly have responded positively to this shortage. However, a prediction made by Doctor David Rogers, President of the Robert Wood Johnson Foundation, and some others is that the shortage of physicians who provide general medical care might be over by the late 1980's! Whether this will occur or not, the shortage of physicians going into the research area is growing.

According to figures released by the American Medical Association, the number of physicians who reported research as a primary activity has dropped from 15 thousand in 1968 to about eight thousand in 1975. This decline, despite the fact that the number of U.S. medical schools increased from 100 to about 125 during this period of time, suggests that many of the medical schools now have no facility for in-depth clinical research studies. No doubt there are a number of complex factors leading to the reduction in interest in what has been termed, "Academic Medicine."

There is no doubt that one of the major determining factors, but not the sole one, is financial, and that private practice and its lures have become compelling factors. The percentage of medical students interested in research has fallen markedly in the past few years, yet the complexity of present knowledge of disease processes and the explosion of new technology mandate a more than inflationary increase in the proportion of health dollars assigned for training able clinical investigators and insuring their continued support. It is a situation that now must be considered seriously. NIH, in fact, has been concerned about the shortage of M.D.'s in clinical research and has been considering proposals that would alter the ground rules for entry of M.D.'s into post doctoral training. Training for physicians who wish to engage in clinical research must be increased in the near future. It would then be the responsibility of institutions, such as Jefferson, which has indeed taken on this responsibility, to apply for the training grants to support these individuals.

I should like to end with a quotation from Detlev Bronk who was President of Johns Hopkins University in the McCarthy era, where he learned about adverse social pressures, but he had characteristics of courage and knew when to display them. "Progress requires courage. If we are to fulfill our rightful role in the furtherance of science, we need abundant courage. For this we are fitted by tradition and by the nature of our calling, for we are discoverers and teachers of new knowledge, which is usually challenged and disputed. And so there is no place in science for timid men and women who are unwilling to defend their necessary freedom for inquiry and free unpredisposed discussion."
1922

Lawrence S. Carey, 2245 Garrett Rd., Drexel Hill, Pa., has been honored by the Upper Darby Rotary Club for his service to the community. Dr. Carey maintains his office for the practice of cardiology at the above address.

1924

Thomas E. Larkin, 3333 N. E. 34th St., Fort Lauderdale, Fl., writes that he works one morning a week at a nearby clinic after he passed his Florida Boards in '71. "Dr. Anthony DePalma has been of great help in rehabilitating my spine and has brought a greatly needed expertise to the city of Fort Lauderdale."

1933

Anthony Ruppersberg, Jr., 332 E. State St., Columbus, Oh., was given the Special Recognition Award for his outstanding leadership and dedication as Chairman of the Ohio State Medical Association's Committee on Maternal and Neonatal Health for a quarter of a century.

1935

Samuel R. Brownstein, 820 Franklin St., Santa Monica, Ca., writes "my third year of compulsory retirement from UCLA finds me busier than a one armed paper hanger—accumulating brownie points for continuing medical education and visiting the gym four days a week." He also sends best wishes to classmate Peter Theodos during his year as President of the Alumni Association.

1936

J. Edward Berk, 894-C Ronda Sevilla, Laguna Hills, Ca., is the first recipient of the "Distinguished Professor" title awarded by the College of Medicine faculty at the University of California, Irvine. Dr. Berk is Professor of Medicine there.

1937

Milton H. Gordon, Civil Air Surgeon for the State of Israel, has been elected to membership in the International Academy of Aviation and Space Medicine. Membership of the Academy is limited to 250. He is also a Fellow of the Aerospace Medical Society. "Regards from the Holy Land. Hope any friends in Israel will call."

1938

Wilfred I. Carney, 154 Waterman St., Providence, R.I., was presented a Letter of Distinction Award last spring at the sports banquet of Saint Vincent College in Latrobe, Pennsylvania. Dr. Carney, a Clinical Assistant Professor of Surgery at Brown University School of Medicine, is a member of the American College of Surgeons.

Harold L. Chandler, 7 Hickory Ln., Belmont, Ma., has been elected a Fellow of the American College of Nuclear Physicians. He is one of six in the country and the only Fellow in New England. Dr. Chandler is a staff member of the Department of Nuclear Medicine at Mount Auburn Hospital in Cambridge where he was founder and first chief. He is President of the Education and Research Foundation of the Society of Nuclear Medicine and Treasurer of the College which honored him. Dr. Chandler serves on the faculty at Harvard Medical School.

1939

Glenn L. Williams, 4122 Kottler Dr., Lafayette Hills, Pa., writes of the death of his wife, Winifred, following a short illness last April. His daughter, Lynn, has married Daniel Pastor.

1940

Stephen E. Matsko, 15 Tresckow Rd., McAdoo, Pa., writes that he stopped assisting the "younger lads" in surgery last January and retired from private practice in 1977. Since then he has been appointed Medical Director of Luzerne County Cancer Detection Clinic. He will supervise projects of the medical staff, all quality control procedures, testing interpretation and liaison activities with the physician community. Dr. Matsko adds that he heard from Rick Matta, now retired in Miami and Dale Wilson also retired in Miami Springs. "See Dale twice a year: we see him in Florida in February and he visits us in July. He gets the better of the deal since Ruth cooks for us both after golf matches. I beat the hell out of him. He had the highest handicap honor at our 25th and he still has it. Best to all the medica kids of the class of '40."

1943

Warren R. Lang, Associate Professor of Pathology and Professor of Obstetrics and Gynecology, has been named Acting Chairman of the Department of Pathology at Jefferson (See page 18). He also has been made Adviser and Councillor of Alpha Omega Alpha, a position formerly held by the late Gonzalo E. Aponte '52.

1944S

Eugene H. Kain, 1015 Washington Ave., Haddonfield, N.J., has been named President of the medical staff at Cooper Medical Center. Dr. Kain, an Associate Professor of Surgery at Jefferson, served as Chief of Surgery at Cooper until 1975. He is a past President of the Camden County Heart Association, the Camden County Medical Society and the New Jersey Chapter of the American College of Surgeons.

Charles L. Liggett writes that he is trying retirement at a new home in Kerrville, Texas. His address there is 354 Englewood, Road, River Hill Estates. If the golfing, fishing and hunting begin to bore, he will set up an office for two or three days each week. Dr. Liggett also writes that his son, Scott '77, a third year resident in family medicine at John Peter Smith Hospital, was married August 25. Another son, Charlie '73, is at Rutgers for a year of peripheral vascular surgery training.
Every year a handful of Delawareans is cited for distinguished services to their State and country. When Davis G. Durham, M.D. '43 received one of the awards for 1978, he was not the first member of his family to be so honored. His wife, Harriet, had been chosen the previous year in recognition of her extensive work on State prison reform. An orthoptic technician, she has also helped her husband with the worldwide ophthalmological work that led to his being named a "Distinguished Delawarean."

For Dr. Durham that work began with the Eskimos in 1949. Before the War, another ophthalmologist, Milo Fritz, M.D., had become concerned over the seemingly widespread blindness among Eskimos. Durham met Fritz while they were both stationed at Valley Forge Military Hospital after the War. Fritz recruited Durham and two other ophthalmologists (including Philip Thygeson, M.D., Chief of the ophthalmological service at Valley Forge) to mount an expedition to Alaska for study of the Eskimo problem.

Much of the blindness, Durham explains, was thought to be caused by the snow and reflected ultraviolet radiation, but phlyctenular keratitis, the cause of scarring, was a result of tuberculin sensitivity. "Cortisone," Durham recalls, "came in about that time. We recommended its use to eliminate the allergy. Every time a person is subjected to an attack, corneal scarring occurs so we had to try to ensure treatment despite the fact that there were then so few physicians in the region. Nurses and schoolteachers were instructed to apply drops when a child's eye was red in order to abort an attack. We surveyed those whose corneas were so badly scarred that transplants were necessary. The operations," he says, "came later with other teams."

Durham next volunteered in 1957 to go to Samoa for the Department of the Interior. "In those days," he remembers, "we flew in big Boeing Stratacruisers. They were so underpowered, we could barely get off the ground. Thirteen hours after take-off from Hawaii, we landed in Fiji and boarded a smaller plane for Samoa. It might have taken a lot longer to get there then, but the comparative inaccessibility of the place before the jet age meant that its people and culture were still unspoiled.

"Samoa," Durham says, "was a fascinating place," one of those earthly para-
dises since lost to civilization. "I was there to survey the eye problems and determine the area's needs for ophthalmologic care."

The irony of that position doesn't escape Durham. He realizes that the benefits of civilization—represented by his systematic approach to eye care—do not offset the loss of the Samoans' cultural integrity, but it's clear that Durham feels that benign intervention is needed to counteract the disruption westerners have introduced into such formerly homogeneous cultures.

But Dr. Durham is not a disinterested idealist. He believes that his volunteer work abroad has done him as much good as he has given. "I really don't understand," he says, "why more physicians don't take advantage of the opportunity their profession gives them to travel and work abroad. All of these programs only require a month or two of a doctor's time, and their administrators always have everything lined up ready for a physician to get to work. When I see," Durham says, "what other people have to put up with—both doctors and patients—I am much more tolerant of my own problems after I come home."

Also, he adds, "a doctor is somebody special in those places." Not only do the people generally treat an American physician well, but they also revere native doctors so that in many places, physicians hold high government offices as well as practice medicine. Having worked with them, the American physician has, according to Durham, an entree into native culture that few tourists can manage.

For instance, on his second trip with Project Hope, Durham became quite friendly with a Peruvian neurosurgeon who tried to clear up a misconception he supposed Americans had about Latin men. The neurosurgeon told Durham that North Americans erroneously think that the Latins have mistresses. The surgeon confessed that his father in fact did keep one, but that he himself only had an affair once or twice a month.

In addition to addressing himself to the problem of the stereotyped Latin lover, the neurosurgeon took Durham on a digging expedition in an Incan graveyard. They unearthed "bundles;" these trinkets, buried with the body for use in the afterworld, are wrapped in approximately 500 yards of linen ribbon. "It rains perhaps once in 25 years there so the pot shards or whatever are beautifully preserved." What most interested Durham as well as the the neurosurgeon were skulls. The Peruvian, Durham recalls, had a private collection of well over 2,000, some bearing evidence of the earliest attempts at brain surgery, and some of those (with traces of healed bone) suggesting that the patient had survived. There were even, Durham says, a few skulls with multiple trepanations which indicate not only survival but multiple treatment. The neurosurgeon speculated that trephining represented an early prophylactic attempt to relieve epilepsy.

Both Durham's second and fourth trips with Hope were to South American countries. He went to Peru as a member of an advance party whose job it was to make preparations for the ship's arrival. The party worked in Lima and a smaller city, Trujillo, before ascending 13,000 feet to survey the health care needs of the Indians in the Andes Mountains. "I was impressed," Durham says, "with the U.S. mining operations there; of course, those installations have since been taken over, but when I was in Peru," Durham asserts, "the best fed, healthiest and most well-to-do Indians were mining for the Americans."

Durham was qualified for the advance team because he had already joined Hope on its first mission in 1960 to Indonesia. Durham, who served as Director of Project Hope's Ophthalmology Department, was, in fact, the first ophthalmologist to work aboard the ship.

He became interested in Hope as a result of reading a Life magazine article. He then wrote to the dynamic founder, William Walsh, M.D., who interviewed Durham and took him aboard. "None of us knew then," Durham recalls, "how the Project would work. I don't think we had any idea at the start how much politics it takes to make the practice of medicine possible. Everything depended on the relationships we established in the host country. If we were invited by government officials without the consent of local doctors, we would quite likely be wasting our time in that country because we needed the physicians' cooperation. We made a practice of seeing patients only by referrals so as not to antagonize the local doctors with the spectre of competition."

One of the primary reasons for the Project's existence depended, in fact, on the Americans' ability to get along with the local medical community. The Project was designed to provide specialty training to physicians who would otherwise have had to leave their countries to acquire further education. The danger of the latter course, Durham points out, is that physicians trained abroad have an alarming tendency to stay abroad, and the country—in Asia, Africa or South America—loses an invaluable resource. When Durham is not helping out in some foreign country, he practices ophthalmology in Wilmington, Delaware. He estimates that nearly a third of Delaware's doctors sometime during the '60's and early '70's were immigrants to the U.S.

"The medical problems I saw throughout Indonesia and Guinea" (Durham's first and third trips with Hope) "were so vast that the only long term solution centers on training the country's own people. I or any other doctor can't deliver much care in a month or two," Durham explains; "but if we spend our time training someone, then the effects of our work are compounded."

Of his four trips with Project Hope, Durham was most impressed with the work done in South American countries of Peru and Columbia. In both of these places, Durham claims, the generally good rapport between Project officials and local doctors and politicians accounted for the high quality of work done.

He also rates highly what he saw of the ship's first mission—the one to Indonesia. The ship started out in Jakarta, a city with "a good medical school and good doctors." It next went to Soerabaja, where the medical school "wasn't as good." Finally, "we went to Bali," Durham says, "where there was one ophthalmologist—an East German contract physician."

In places like Bali where the opportunities for modern medical care are few, a physician tends to see "exotic conditions that he'd never see back in the United States. I recall one boy with an eye tumor out to here," Durham gestures about four to five inches in front of his eye. "We wanted to operate, but the parents said 'no.' They claimed the child would die anyway (which," Durham interjects, "was probably true). In the meantime, they were afraid that if the child died on the ship, the cost of transporting the body back precluded a lavish funeral, and funerals are the occasion of tremendous celebration on Bali." The priorities of the Balinese family impressed Durham because of the positive association with death that they presupposed.
He left the ship at Bali to go on a volunteer mission of his own to Nepal. Two doctors from Delaware—a husband and wife team—had started a hospital and nursing school in the country. They were among the first western doctors to visit the place. Durham joined them to do cataract surgery.

Seeing the extensive medical problems in places like Nepal has made Durham feel more resigned about international social conditions. "We can just hack away at the problems, but I suspect that there are not, in many instances, any real solutions. I felt obliged," Durham says, "when I gave talks on my Hope experiences to stress how entrenched the problems are because it's so hard for Americans to realize that they may not be able to affect the status quo."

Durham grows particularly grave when he speaks of the problems facing African nations. Frequently, he says the countries have been carved out with little regard for tribal units which usually claim more allegiance than do the comparatively recent nation states. He has worked in Guinea (on the West coast), Ethiopia and South Africa.

Having gone to Guinea under the auspices of Hope, he feels that his time there and the ship's were among the least productive months of the Project. "We simply didn't have local cooperation so we couldn't accomplish much, and, too, there weren't many doctors to train. We could see that the need for medical care there was great. One ophthalmologist—a contract physician from Togo—served a population of three million people. Their evident need," Durham says, "made our limited ability to help all the more frustrating."

It was in Guinea that Durham realized the limitations of foreign aid. "I was down at the docks one day when barrel after barrel of cooking oil was being unloaded. They were gifts stamped 'made in the U.S.A.' A few days later I read that the government was selling the oil with no mention of the U.S. Not only did the people end up paying for the oil, but they also had no idea it came from us."

Durham's work in South Africa was somewhat more self interested than the services he provided during his other travels.

A representative of the duPont Company in Wilmington asked him whether he knew of any instances in which a diamond-edged knife would prove a more effective surgical tool than a steel implement. Durham figured that the diamond knife, which is "many times sharper than the sharpest steel instrument," might be especially useful for cataract surgery. Working with the duPont people, Durham adapted the diamond knife so that it could be used to make a perfectly beveled incision.

He next needed to test the instrument. It is, however, extremely difficult to do experimental surgery in the United States. Durham called a friend in Pakistan who told him that he could do a thousand cataracts in a month if he wanted. The problem was that the necessary follow-ups were not possible. Eventually Durham made arrangements with the staff at the Medical School of the University of Witswatersrand in Johannesburg to do the clinical trials for his knife in South Africa. He performed approximately 40 successful cataract operations there with the diamond instrument. Despite his efforts to validate the technique, Durham says that "the diamond knife never made much of an impact" except, perhaps, in the Soviet Union. The Russians were the first to buy the instrument.

Durham also helped to develop an applanation tonometer to measure the fluid pressure inside an eyeball. He was checking the eye of a duPont engineer with a Schiötz instrument designed at the turn of the century. Seeing this implement, the engineer felt that there had to be a better one for the job. He and Durham subsequently adapted for the eye an instrument that had been developed to measure the blood pressure of astronauts. Apparently the same spirit of adventure that prompted Durham's minimizations abroad has also made him receptive to such innovative concepts.

He also took advantage of his proximity to the Alfred I. duPont Institute, a pediatric orthopaedic hospital located little more than a mile from his office, to do the research for a thesis entitled "Free Amino Acids in Human Intraocular Fluids." The thesis was a prerequisite for membership in the prestigious American Ophthalmological Society, the oldest American medical organization devoted to a specialty. Dr. Durham was the first and only Delawarean to be accepted for membership.

Board certified in ophthalmology, he is an Assistant Clinical Professor of Ophthalmology at Jefferson and a senior assistant surgeon at the Wills Eye Hospital of Philadelphia. The first Director of the Department of Ophthalmology at the Wilmington Medical Center, Durham is a past President of the Delaware Academy of Medicine. A Fellow of the American College of Surgeons, he also belongs to New York's Explorers Club.

For the most part his travelling days are over. He strongly advises young physicians to take advantage of opportunities to practice medicine abroad before family responsibilities make such adventures too difficult. Durham and his wife have five children.

They still visit the island of St. Lucia in the Caribbean. Though Durham goes there supposedly to vacation, he has become involved with the island's systems for acquiring medical supplies. Seeing the dearth of such materials on St. Lucia, Durham arranged with a group in New York City to supply equipment and drugs. "All that the St. Lucians have to do," says Durham with only the slightest hint of exasperation in his voice, "is to communicate their needs. I know those needs exist, yet the people there don't seem to be able to manage the ordering process." Durham is a little disheartened at the lack of response to his efforts, but his global experiences have left him with an appreciation of how difficult it can be to help people by altering conditions that they themselves accept. Durham simply does what he can without allowing the disappointing consequences of an action determine its value. His attitude and experience suggest that concern over the quality of the effort rather than of the accomplishment is more likely to lead to other attempts—especially successful altruistic ones.
1945

John S. Madara, 31 Market St., Salem, N.J., and his wife, Ruth, were named Distinguished Citizens of the Year by the Salem Chamber of Commerce last spring. In a six column article in the local paper, the Madaras were lauded for their many accomplishments and services to the community.

John B. White, Jr., 5850 High Fall Rd., Indianapolis, Ind., represented Jefferson on October 26 at the inauguration of Jerry Anderson as President of Ball State University in Muncie. Dr. White serves as State of Radiology at the national meeting in Chicago last September. He is affiliated with the Baystate Medical Center in Springfield.

1946

Robert A. Grugan, North St., Blandford, Mass., was named a Fellow of the American College of Radiology at the national meetings in Chicago last September. He is affiliated with the Baystate Medical Center in Springfield.

1947

John A. Koltes, Jr., 530 Spring Ln., Philadelphia, spoke on "Retirement: The Golden Years" at a program sponsored by the Chestnut Hill Library. Dr. Koltes, Professor of Psychiatry at Jefferson, is Director of neuro-psychiatry at both Chestnut Hill and Roxborough Hospitals. Presently he is serving as President of the Philadelphia Psychiatric Society.

1948

John D. Bealer, 3639 Emerson Ct., Bethlehem, Pa., has been promoted to Corporate Medical Director of Bethlehem Steel Corporation.

Leonard F. Bender, Chairman of the Department of Physical Medicine and Rehabilitation at Wayne State University School of Medicine, has been elected President of the American Academy of Cerebral Palsy and Developmental Medicine. He also serves as Chief Executive Officer and Executive Vice President of the Rehabilitation Institute in Detroit, Michigan.

Robert S. Lackey, 2118 Pinewood Ct., Charlotte, N.C., was named a Fellow of the American College of Radiology at the annual meeting in Chicago in September. He is affiliated with the Charlotte Memorial Hospital, Charlotte Eye, Ear, Nose and Throat Hospital and the Orthopaedic Hospital of Charlotte.

Henry B. Liss, 1 Wentworth Bd., Summit, N.J., has been elected to a three year term on the Board of Directors of the American Association of Neurological Surgeons. He is a member of Jefferson's President's Club.

Ernest G. Shander, 1107 Richmond St., Scranton, Pa., was elected Secretary of the Moses Taylor Hospital medical staff and Executive Committee where he is Director of the Department of Anesthesiology.

1949

Gerald Marks, 111 S. 11th St., Philadelphia, was responsible for a postgraduate course on gastrointestinal diseases at the annual meeting of the American College of Surgeons in Chicago in October.

Robert E. T. Stark, 15 E. Country Club Dr., Phoenix, Ariz., writes "the chronic backache I used to have has disappeared since I stopped golf and tennis and began calisthenics with weights." He recently won the 165 pound title in competition in Buena Park, California. Dr. Stark added that three of his children have graduated from law school with his youngest beginning this fall. "No doctors yet, but daughter Catherine did have the sense to marry one."

1950

James R. Hodge, 2975 W. Market St., Akron, Ohio, has been appointed Chairman of the new Department of Psychiatry at Akron City Hospital following 23 years in private practice. He also has been elected President-elect of the Ohio Psychiatric Association and has been appointed Associate Professor of Psychiatry at the Northeastern Ohio Universities College of Medicine. Dr. Hodge has completed course work for a Master's Degree in psychology.

William B. Holman, 39 Warren Dr., Norwalk, Ohio, is serving as Chairman of the Board of Trustees at Fisher-Titus Memorial Hospi-
tal where he also serves as Chief of Surgery. Dr. Holman has been elected Treasurer of the Board of Trustees of the Emergency Medical Services of Northwest Ohio.

Murray A. Kessler, 741 Westwood Ave., Long Branch, N.J., a pediatrician, was featured in a six column article in the Asbury Park Press last May. He is an Attending Physician at Monmouth Medical Center, Long Branch and Freehold Area Hospitals and serves as Clinical Associate Professor of Pediatrics at Hahnemann Medical College.

Donald K. Sass, Holly Ln., Woodstock, N.J., has been named Director of the Millville Cancer Treatment Center. Dr. Sass, who is Clinical Assistant Professor of Radiation Therapy and Nuclear Medicine at Jefferson, practiced ob-gyn until the late sixties when he began a residency in radiology at Wilmington Medical Center. He was Board certified in radiology in 1973.

Aris M. Sophocles, 4409 S. Broad St., Yardville, N.J., is serving as President of the Mercer County Medical Society. Dr. Sophocles is Attending Physician in the Department of Otolaryngology at Mercer Medical Center in Trenton.

1951

Leonard S. Girsh, 1401 Melrose Ave., Philadelphia, has been named Director of the newly founded Allergy and Clinical Immunology Division at the Medical College of Pennsylvania. He is a Diplomate of the American Board of Allergy and Immunology and the American Board of Internal Medicine and is a Fellow of the American Academy of Allergy and the American College of Allergists. Dr. Girsh serves as pediatric allergist at St. Christopher’s Hospital for Children.

Victor F. Greco, E-Z Acres, Drums, Pa., has been reappointed Chairman of the Board of

Lutterloh

Family

Spans

Four

Generations

During the summer of 1978 a town in North Carolina celebrated two hundred years of a family's combined medical practice. The Lutterloh's of Sanford claim not only four generations of medical service to that community, but three generations of graduates from Jefferson Medical College. When Isaac Hayden Lutterloh, Jr., '52 finished his residency training at St. Joseph's Hospital in Philadelphia, he returned to Sanford to join his father, Isaac Hayden Lutterloh '21 and grandfather, Issac Henderson Lutterloh (a graduate of Vanderbilt Medical School), in practice at the Lutterloh Clinic. The Clinic, which has been in operation since 1909, was built by Dr. Isaac Henderson Lutterloh. The third Jefferson graduate was the builder's grandfather, Dr. Arkansas Independence Henry Lutterloh, Class of 1850. The Sanford Herald celebrated this unique family contribution with a full-page spread in the July 15th edition.
Edward M. Magargee, M.D. '64 alternates mornings between four and six mile runs. If, while out jogging, he comes across a dead bird, he might pick it up and carry it with him as he finishes his course. Back at his Moorestown, New Jersey home, Magargee deposits any newly acquired avian corpse with other refrigerated specimens. Later, he may inject the specimen with formalin. Though Magargee is a pathologist at West Jersey Hospital's Eastern Division in Voorhees, his approach to preservation is more utilitarian than professional. When he scoops up dead birds or borrows stuffed ones from the State museum in Trenton, he is just doing what any representational artist must do—procuring a model. Magargee's medium is wood; his primary tool, the knife.

Perched on tables in the living room, huddled together across the wall-to-wall mantle in the den and nestled among the plants on the dining room floor are the Magargee birds—easily 100, probably closer to 200 of them. Magargee did not begin his carving career with birds, but he has gradually limited his practice to them.

He started carving when he was stationed with the U.S. Army at Fort Wood, Missouri. Fort Wood is in the Ozarks—mountain country long associated with the hillbilly, hunkered down, whittling away summer evenings. Magargee recalls beginning with a few
tools and a book by Ben Hunt called Whittling. Hunt’s text, which Magargee rates as excellent, approaches carving as a stylized rather than a representational mode of expression. Animals are carved not to look like the beast itself or the artist’s idea of it, but to reflect a traditional way of depicting a creature. For instance, a fox carved by Magargee in the Hunt manner is smooth, shiny and svelte.

The polished wood is characteristic of the stylization process. A textured finish would more realistically represent the fur of the animal, but the glossy surface of Magargee’s version belongs to a tradition that recognizes some inexplicable human delight in seeing simplified lines stylized treatments is suggested by “The Womb.” The portly, basket-like sculpture dominates Magargee’s coffee table. Carving the ambiguous looking “womb,” Magargee crossed the border from stylized into abstract art.

But as Magargee has discovered during his 9 years of carving, he is temperamentally more suited to realism than abstraction. In other words, he likes a thing to look as much like its model as possible. So, most of the refinements he has been developing aim at more accurately depicting his current subject—the bird.

Magargee became interested in bird watching as well as carving while he was in Missouri. He says that there were a lot of birds there, and he just started observing them. He did not, however, begin carving them until after he had moved to New Jersey. Before settling on birds for a subject, Magargee spent some time doing hillbilly caricatures in the manner of Harold Enlow, another Ozark mountain man noted for his deft knife. Magargee’s colorfully painted hillbillies, with droll hewn faces suggesting a cussed and cantankerous temperament, are clustered on shelves in his den. But, as any visitor to the Magargee home quickly realizes, the stylized animals, the abstract pieces and the hillbilly caricatures have all been superseded by the birds. And of the birds, Magargee particularly favors the owl.

About sixty owls—representing numerous species and carving techniques—line the mantle in the den. Regrettfully, Magargee explains that the prize owl was stolen. It stood about three feet high in front of the house. Magargee carved it from a log with a chain saw. His wife, Norma, says that she awoke one night to catch two kids rolling the big owl down the street. “I stopped them that night,” she says, “but I guess they came back.”

The family—Magargee has four teenage children—are not in the least phased by visitors trooping through the house to inspect their father’s flock. They are, apparently, used to indoor bird watchers. Aside from journalists (Magargee has been the subject of four articles during the past year), prospective buyers also come to the house. Magargee sells his birds directly only to friends. Others can see his work displayed at a shop in Haddonfield, New Jersey, called By Hand. Though the place is run by the wife of one of Magargee’s West Jersey colleagues, Magargee explains that he didn’t tell the woman that he worked with her husband. Instead, he introduced himself as a carver interested in marketing his work. Magargee recalls his delight when the shopkeeper accepted him on the merit of his craftsmanship.

“I really don’t make any money,” says Magargee. “I put profits from the sale of birds into this drawer,” he says pointing to a workbench. “That money covers the cost of supplies and equipment,” and, he adds a little ruefully, “I need a retail outlet; if I don’t sell some, the birds will take over the house.”

Though numerous tools lie around the workroom, carving does not actually require much equipment. The initial expense for beginners can be quite small. Magargee recommends that beginners invest in a few books before purchasing tools. He feels that lessons help most after an individual has learned the rudiments of the craft by himself.

Magargee stumbled on his own teacher almost by accident. He recalls going to a store in Chesterfield, New Jersey, because he needed some glass eyes. There he met the proprietor, Mr. George Walker, “one of the premier decoy carvers in the country.” Walker helped Magargee especially with painting. The blue back and the rusty breast of the eastern bluebird are, for instance, not difficult shades to reproduce, but mixing and applying the more subtle earth colors of many songbirds requires skill which only a master of the craft can teach.

In addition to painting, Magargee is working on another technique to refine his style. He applies individual feathers made from wood shavings to the shaped body of a bird. Initially, he “carved up” the tail as one solid piece. He keeps examples of his early work on the lower shelf of his display case in the living room. The contrast between early and later work is marked. The older carvings show the stylized influences of Hunt and Enlow; while more recent pieces with feather shavings simply look a lot more like real birds.

With an instrument that resembles a small soldering iron, Magargee burns the venation pattern of a feather into each shading. The shavings are applied to a base which Magargee makes by cutting out with a band saw an outline he has drawn on a piece of wood. He next carves the base by either carving with knife and chisel or shaping with a rasp. After adding the feathers, he applies a coat of gloss to seal the wood in preparation for painting. Magargee uses basswood (from the linden tree) because of its minimal grain. The soft wood is easy to work, yet it doesn’t split when cut across the grain. Also, because basswood does not produce tar, it is easier to paint than other soft woods like pine. For painting, Magargee prefers to use acrylics because they dry quickly. He figures that only old-timers still use the more slowly drying oil based pigments.

Basically, it’s for the painting that Magargee needs the models. In addition to the birds he manages to pick up in his area, Magargee takes out specimens on loan from the State museum. Periodically, he returns one allotment for another. The models help him to analyze especially the finely graded shading of most songbirds. Although an avid bird watcher, Magargee finds that he really cannot see enough to distinguish among the colors of such tiny creatures as wrens. Watching has also enabled him to pose his birds naturally.

Magargee regularly bird watches during breakfast which he eats after jogging. He figures that he devotes 18 to 20 hours a week to carving during the winter. He spends less time at his hobby in the summer because he swims 40 laps each evening. He also tries to practice his organ every day and do at least one crossword puzzle. Board certified in clinical and anatomical pathology, he is a member of the College of American Pathologists, the American Society of Clinical Pathologists and the West Jersey Medical Society. “I guess,” he says, noting the obvious bias of his schedule, “I’m not much of a joiner; I just like to keep busy by myself.”
Directors at the White Haven State School and Hospital and is still active on the Advisory Committee to the Director of the National Institutes of Health. Dr. Greco added in his note that his son, Richard, began Jefferson in September and his daughter, Joan, entered the School of Nursing. "Happy to see the Jefferson tradition continuing."

George E. Riegel, III, 501 Irwin Dr., Sewickley, Pa., has been included in the 21st edition of Who's Who in Finance and Industry. Dr. Riegel, who is associated with Dravo Corporation in Pittsburgh, was elected to Fellowship in the American Occupational Medical Association last spring. Prior to his 1974 appointment to Dravo he maintained a private practice in Sewickley where he continues to see patients.

Frank J. Sweeney, Jr., Vice President for Health Services at Jefferson, has been appointed to the Board of Trustees at Magee Memorial Rehabilitation Center.

1952

Eugene E. Kegel, 122 N. School Ln., Lancaster, Pa., writes that his son, Daniel '78, is a resident in ob-gyn at Baylor University in Houston, his daughter, Margaret (who spent her first two years at Jefferson), is a resident in internal medicine at Hartford Hospital in Connecticut and his other daughter, Mary, is a sophomore at Jefferson.

William F. Lynch, 1441 Chapel St., New Haven, Ct., has been appointed Clinical Director at the Greater Bridgeport Community Mental Health Center. He also is a Clinical Instructor of Psychiatry at Yale School of Medicine.

John C. McLoone, 316 W. Johnson Hwy., Norristown, Pa., has been elected to the Board of Directors of Sacred Heart Hospital in Norristown. He also recently passed the recertification examination of the American Board of Family Practice.

1954

John W. Goldschmidt, who presently is serving on the staff of the Rehabilitation Institute of Chicago, announces the marriage of his daughter, Susan, to John B. Atkinson, IV, Esq., son of Mrs. John B. Atkinson and the late Dr. Atkinson '48. The marriage took place in Philadelphia last August.

Ralph H. Williams, 2165 Blue Ridge Rd., Hagerstown, Md., was named a Fellow of the American College of Radiology at the annual meetings in Chicago last September. Dr. Williams is affiliated with Washington County Hospital and Brooklane Psychiatric Center in Hagerstown and the Veterans Administration Center in Martinsburg, West Virginia.

1955

Herbert E. Cohn, 111 S. 11th St., Philadelphia, has been promoted to Professor of Surgery at Jefferson, also serves as Director of Graduate Education in that department and as Director of the surgical intensive care unit. He notes, "my son, Jeff, will be graduating next June as we all celebrate our 25th. Look forward to seeing everyone at that time." Dr. Cohn is serving as Chairman for the June reunion activities.

Richard E. Hicks, 122 W. Maple Ave., Moorstown, N.J., Director of Education and Training at Friends Hospital in Philadelphia, participated in the planning for a two day conference there on "The Family: Issues and Resolutions."

1956

J. Mostyn Davis, 309 E. Sunbury St., Shamokin, Pa., has been named President-elect of the Pennsylvania Academy of Family Physicians. Dr. Davis, who serves as Fourth District Trustee to the Pennsylvania Medical Society, is a Charter Fellow of the American Academy of Family Physicians and Diplomate of the American Board of Family Practice.

1959

Harris R. Clearfield, 720 Oxford Ci., Bala Cynwyd, Pa., was doubly honored last spring by the students at Hahnemann Medical College. Dr. Clearfield, who is a Professor of Medicine and Director of the Division of Gastroenterology there, received the Lindback Award for distinguished teaching and the Student American Medical Association Golden Apple Award for teaching excellence. For the first time SAMA presented the portrait of the recipient.

1961

Jay S. Barnhart, Jr., 530 S. 8th St., Philadelphia, has given up his sizeable general practice in North East, Maryland, and has returned to Jefferson for a two year pathology residency.

Egypt and Athens for '80

Alumni and their families are invited to participate in Jefferson's annual post graduate seminar in Egypt and Athens from April 15 to April 30. Further information available through the Alumni Office.

1964

James M. Delaphane, 6190 Ardleigh St., Philadelphia, has been named Director of Friends Hospital. Prior to his May appointment he served there as Medical Director. Dr. Delaphane is certified by the American Board of Psychiatry and Neurology.
Edward C. Leonard, Jr., 1435 Cloverly Ln., Rydal, Pa., is serving as President of the Philadelphia Psychiatric Society during 1979.

Robert C. Mackowiak, Associate Dean and Director of Student Affairs, has been named Secretary/Treasurer of Alpha Omega Alpha at Jefferson. He succeeds Warren R. Lang '43 who has been named Adviser and Councillor to succeed the late Gonzalo E. Aponte '52.

1965

John A. Hildreth, 720 Pelican Way, North Palm Beach, Fl., has been elected Chief of Medicine and Vice Chief of Staff at the Palm Beach-Martin County Medical Center Hospital.

Joseph W. Smiley, 604 Argyle Ci., Wynnewood, Pa., has been elected President of the medical staff at Mercy Catholic Medical Center in Darby.

George W. Smith, 101 S. Second St., Harrisburg, Pa., has been certified by the American Board of Psychiatry and Neurology and continues as Clinical Supervisor for child adolescent, mental retardation and sexual identity services at the Harrisburg Hospital MH/MR Center. He addressed the First National Drug Congress in Washington, D.C., in August and served on a six member faculty at the annual meeting of the American Orthopsychiatric Association last March. Dr. Smith received an alumni association Special Citation from Lebanon College. He also spent three weeks in China during the summer months.

1966

Walter P. DePalma, 2183 Shore Rd., Lynwood, N.J., has been named Acting Director of the Emergency Department at Shore Memorial Hospital.

Kermit B. Gosnell, 3801 Lancaster Ave., Philadelphia, presented a paper on alcoholism and drug addiction at an International Congress in Warsaw, Poland, last year. Two of his papers were accepted for publication in Polish journals. Dr. Gosnell is Board certified by the American Academy of Family Physicians.

1967

Clifford C. Kuhn, Webb Rd., Finchville, Ky., is Director of Residency Education at the University of Louisville Health Science Center.

1968

Richard L. Davies, 7023 Montna Dr., Paradise, Ca., announces the birth of a son, Matthew Stephen, in September of 1978.

Barry Kniazer, 1517 Hill Rd., Reading, Pa., has opened an office for the practice of obstetrics and gynecology at 250 N. 12th Street in Reading. He recently was accepted as a member of the Berks County Medical Society.

Sarah J. Richards, 16 Burroughs Rd., Lexington, Ma., is continuing to work full time as a pediatrician at the Massachusetts General Hospital in Chicago. Her children are Jennifer, 8, Kenneth, 6, Camilla, 3, and Andrew, 2.

Mark R. Stein, 1201 Pine Pt., Singer Island, Fl., has been made a Fellow of both the American College of Physicians and the American Academy of Allergy. He presently is practicing at 2601 N. Flager Drive in the West Palm Beach area.

Charles J. Zwerling has opened a second office for the practice of surgery at 71 West Main Street in Shrewsbury, New Jersey.

1969

Stanley N. Brand, 4303 W. 93rd Ter., Prairie Village, Ks., an Assistant Professor of Clinical Medicine at the University of Kansas, is teaching residents part-time in addition to his private practice.

Robert A. Lustig, 246 N. Bent Rd., Wyncoate, Pa., has been named to the staff of John F. Kennedy Memorial Hospital in Stratford, New Jersey. He completed his residency in radiology at Metropolitan Hospital in New York.

Mark Nissenbaum announces the relocation of his office for the practice of surgery of the hand and microsurgery to Thomas Jefferson University Hospital, Suite 6220.

Robert C. Spahr has been appointed an Associate in the Division of Pediatrics at the Geisinger Medical Center in Danville, Pennsylvania. He is certified by the American Board of Pediatrics.

1970

James M. Gerson has been named to the faculty of the Milton S. Hershey Medical Center. Dr. Gerson, a pediatric oncologist, was a clinical immunologist and senior investigator in the Laboratory of Immunodiagnosis of the National Cancer Institute.

Peter D. Pizzutillo, 5 Ravenwood Ct., Wilmington, De., has been appointed to the full time staff at the Alfred I. du Pont Institute in Wilmington.

Christopher C. Rose, 268 Fifteenth Ave., San Francisco, completed his residency training in internal medicine at Stanford in 1978 and was certified the same year. Presently he is serving as a Clinical Instructor in emergency medicine at Stanford.

1971

Richard W. Altreuter, 664 W. Johnson St., Philadelphia, has been appointed Director of the new Department of Emergency Medicine at Frankford Hospital. He is an Assistant Professor at the Medical College of Pennsylvania.

Gregory P. Borkowski, 1642 Seven Oaks Dr., Lyndhurst, Oh., joined the radiology staff at the Cleveland Clinic Foundation on July 1.

Thomas R. Borthwick, 130 Lake Lorraine Ct., Shalimar, Fl., has received the Outstanding Teaching Award for 1978-79 at Eglin Air Force Base where he and his family are stationed.

Delvyn C. Case, Jr., 20 Drew Rd., S. Portland, Me., has been named Assistant Director of the Division of Hematology, Department of Medicine, in the Maine Medical Center in Portland.

Robert E. Chandler, 2722 Lansdowne Ln., Atlanta, has been appointed Chief of the Department of Radiology at Cobb General Hospital there. He also serves as President of his six man group which performs all aspects of diagnostic radiology. "I hope my fellow Jeffersonians will call when in town for the RSNA meeting in November."

Stephen S. Frost has joined an associate at 1033 Hamilton Street in Allentown, Pennsylvania, for the practice of gastroenterology. During his training he served as a Bockus Fellow at the Presbyterian Medical Center of the University of Pennsylvania Medical School. He is certified by the American Board of Internal Medicine and is a member of the American College of Physicians and the American Society of Gastrointestinal Endoscopy.

1972

Martin J. Fleishman, R. D. 4, Lehwstown, Pa., has been certified by the American Board of Surgery. A member of the Lewistown Hospital staff, he has offices at Fourth Street and Highland Avenue.

Craig T. Haytmanek, Country Side La., Hellertown, Pa., has been appointed a Diplomate of the American Board of Otolaryngology. He is a member of the staff at St. Luke's Hospital in Bethlehem.

Irwin J. Hollander has joined the Pathology Department of Grand View Hospital in Sellersville, Pennsylvania. Board certified in internal medicine and pathology, he completed his pathology residency at Jefferson.

Nicholas Jarmoszuk, 1315 Lindenwood Ct., Lorain, Oh., has entered a private practice of gastroenterology following a staff position as gastroenterologist at the U.S. Naval Hospital in Jacksonville, Florida.
Last June the Department of Radiation Therapy and Nuclear Medicine presented the portrait of Martha E. Southard, M.D. to Thomas Jefferson University. Hers is the first portrait of a woman physician to be hung at Jefferson. JMC Professor of Radiation Therapy and Nuclear Medicine, Dr. Southard is Chairman of the Department's Clinical Division. Department Chairman, Simon Kramer, M.D., gave the biographical sketch. His remarks parallel those in a "Profile" of Dr. Southard published in the winter 1979 edition of the JAB. The portrait is by Charles Ellis.

Jeffrey A. Mattes, 45 East End Ave., New York, was married July 1 to Amy R. Becker, a candidate for a doctorate in clinical psychology at George Washington University. Dr. Mattes is a research psychiatrist and Medical Director of the Child Development Clinic at the Long Island Jewish-Hillside Medical Center in Glen Oaks.

Richard R. McCurdy, 211 Sykes Ave., Wallingford, Pa., is in the practice of cardiology at Methodist and Riddle Memorial Hospitals. The McCurdys have two sons, Daniel, 1, and Richard, 4.

John H. Milander, Cresco, Pa., has joined the staff of emergency room service at the Coaldale State General Hospital. He is serving as the Director.

Louis D. Pietragallo, 1626 Terrie Dr., Pittsburgh, is Director of a hematology-oncology service at the Uniontown Hospital. He also is an active member of the medical staff at Mercy Hospital in Pittsburgh.

John P. Rodzvilla, Jr., 98 S. Ivy Ln., Glen Mills, Pa., has been appointed an Instructor in pediatrics at Jefferson, Mercy Catholic Medical Center affiliate.

Carl M. Silberman, 1344 Dearborn Pkwy, Chicago, has accepted an appointment as Assistant Professor of Internal Medicine at the Chicago Medical School. In addition to his duties of teaching, consultations, catheterizations, etc., he also is in charge of the cardiac intensive care unit. Board certified, Dr. Silberman completed a Fellowship in cardiology at Northwestern University Hospital. "Best wishes to all my Jefferson colleagues and my gratitude to Jefferson Medical College for the fine education my teachers provided."

Stephen W. Wong has been appointed an Assistant Professor of Ophthalmology at Temple University School of Medicine. He also serves as the retinal surgery consultant at the Philadelphia Naval Regional Medical Center.

1973

Daniel J. Brown, 305 Union St., Portsmouth, N.H., is a pediatrician at Portsmouth Hospital. Presently he serves as Chairman of the Hospital's Quality Assurance Committee.

Gary R. Fleisher, 140 Trent Rd., Overbrook Hills, Pa., is an Assistant Director of the emergency room and an Attending in the Division of infectious diseases at the Children's Hospital of Philadelphia.

Gary Gerstein, 10 Molly Stark Dr., Morris- town, N.J., has been appointed to the medical staff at Dover General Hospital and Medical Center.

Barry Gordon, 31 E. 31st St., Baltimore, announces that a fourth Gordon will be joining Richard Gordon '75 and Robert Gordon '75 and himself as Jeffersonians when Gregory joins the class of '84 in September. There are no more Gordons in this generation but Barry's wife, Renee, is expecting in April. Dr. Gordon is Acting Chief of the Department of Neurology at Baltimore City Hospitals and Assistant Professor of Neurology at Johns Hopkins.

Frederick L. Kramer, 7 Worthington Dr., Media, Pa., a member of West Park Hospital's staff, received the Physician's Recognition Award for Continuing Education from the AMA. He also is Director of diagnostic ultrasound at Presbyterian Medical Center.

Robert G. Lahita, 500 E. 63rd St., New York, has been appointed Assistant Director of the Rockefeller University Hospital. He also is an Assistant Professor at Rockefeller and Adjunct Assistant Professor of both medicine and pharmacology at Cornell Medical College.
Kathleen A. McKeag, Gravers Ln. and Flourtown Ave., Wyndmoor, Pa., has been appointed an Instructor in obstetrics and gynecology at Jefferson, Chestnut Hill Hospital affiliate.

John M. Sundheim, 851 Derry Dr., Toms River, N.J., a member of the American College of Physicians, has joined the staff at Community Memorial Hospital in Toms River.

1974

Robert L. Breckenridge, Jr., has begun graduate medical training at the Mayo Graduate School of Medicine in Rochester, Minnesota.

Louis T. Broad, 2991 School House Ln., Philadelphia, has been appointed an Instructor in Medicine at Jefferson.

Joseph A. Kuchler, 10924 Shelbyville Rd., Louisville, Ky., has completed his first year of residency in thoracic and cardiovascular surgery at the University of Louisville.

Ira Schwartz, 1810 Rittenhouse Sq., Philadelphia, a urology resident at the University of Pennsylvania Medical School, has received a Ph.D. in pharmacology.

Ronald L. Smoyer, 233 Millfin St., Johnstown, Pa., has been certified by the American Board of Family Practice. He is on the active staff of Mercy Hospital and the courtesy staff of Conemaugh Valley Memorial and Lee Hospitals.

Donald B. Williams, 3311 Chalet Dr., Rochester, Mn., has begun a two-year Fellowship in thoracic and cardiovascular surgery at the Mayo Clinic. He and his wife announce the birth of Adam on May 4, 1979.

1975

Thomas R. Ellenberger, Jr., has been Board certified in internal medicine and has opened a practice in Johnstown, Pennsylvania. He also is providing patient care at the local primary health care facility, CHAMPS.

Richard D. Gordon, 37 Outlook Dr., Worcester, Ma., has completed a Fellowship in rheumatology at St. Vincent's Hospital in Worcester following a year at Georgetown University Hospital. He and his wife, Judy, have a year old daughter.

Marilyn C. and Jonathan Kay are residing at 25 Lakeview Drive in Galveston, Texas. He has passed his Boards in internal medicine and is doing a two-year residency in anesthesiology at the University of Texas Medical Branch in Galveston. She has passed her ophthalmology boards and is an Assistant Professor of Ophthalmology and Neurology at the same institution.

Ellis R. Levin, 223 Pacific St., Santa Monica, Ca., began a Fellowship in endocrinology at UCLA and Wadsworth Veteran's Hospital in June.

Richard P. Marcello, 7671 E. Tanque Verde Rd., Tucson, Az., following completion of his residency at Wills Eye Hospital, has opened an office for the practice of ophthalmology at 490 N. Alvernon Way in Tucson.

John M. McGowan, 8 Lake Ave., High Bridge, N.J., and his wife, Pamela, announce the birth of their son, John Peter, on April 12. Dr. McGowan, who completed a residency in family medicine at the Hudson Medical Center in Flemington, New Jersey, in June is now a partner in a growing private practice in Califon, New Jersey.

F. Harland Miller, Fox Valley West, Glen Mills, Pa., has joined two associates for the practice of cardiology and internal medicine at 8 Morton Avenue, Ridley Park, Pennsylvania.

Phyllis J. Morningstar presently is serving as a member of the medical staff at the Big Valley Medical Center at Belleville, Pennsylvania.

Michael D. Perilstein, 124 Springwood Dr., Southampton, Pa., is a rheumatology Fellow at Albert Einstein Medical Center. He and his wife, Barbara, announce the birth of Mindy Shari.

John P. Rogers, 85 Carlisle St., Wilkes Barre, Pa., is with Pediatric Associates in nearby Kingston. He discussed "Pediatric Emergencies" at a program sponsored by the Health Educators Association of Luzerne County for the general public.

John T. Santarlas, R. D. 2, Derry, Pa., writes that his son, John Taylor, was one year old in August.

Bruce J. Stratt, 104 Knollwood Dr., Cherry Hill, N.J., has been appointed a Instructor in radiology at Jefferson.

Bruce H. VanVranken, 28101 Gunnison Ct., Laguna Niguel, Ca., an Instructor in family medicine at the University of California, Irvine, has opened an office at 30111 Niguel Road there.

David L. Weiss, 151 Bishop Ave., Secane, Pa., has been appointed an Instructor in radiology at Jefferson.

1976

Robert R. Brenner, New London, N.H., is doing postgraduate training at the Mary Hitchcock Memorial Hospital in Hanover.

Mark A. Clark, Raintree Apts., Anderson, S.C., completed a residency in family medicine and assumed a position at the Student Health Service at the University of Dela.

ware. He and his wife, Patti, are expecting their first child this fall.

Gary A. Emmett, 705 South St., Philadelphia, has been appointed an Instructor in pediatrics at Jefferson.

Lydia M. Lasichak Lytle and Nelson K. Lytle are presently living at 32945 Myrna Drive, Livonia, Michigan. She has begun a rheumatology Fellowship at Henry Ford Hospital and he has joined the Fairlane Center, a Henry Ford Hospital satellite clinic in Dearborn, for the practice of general internal medicine.

Guy E. McElwain, Jr., 4000 Gypsy Ln., Philadelphia, has been appointed an Instructor in medicine at Jefferson.

Joseph D. Purvis, III, has begun graduate medical training in medical oncology at the Mayo Graduate School of Medicine.

Nancy M. Satur, 3264 Ramson Rd., Cleveland Heights, Oh., completed a year of pathology residency at the University of Illinois Hospital, Chicago, in July and began a dermatology residency at Case Western Reserve University Hospital in Cleveland.

1977

Cynthia B. Altman, 1205 Weymouth Rd., Philadelphia, has been appointed Associate Director of Clinical Investigation at Smith Kline & French Laboratories in Philadelphia.

Harvey D. Cassidy, 1 Pleasant Ct., Danville, Pa., has received an award from the American Academy of Family Practice to help finance his graduate training. He was selected from 120 candidates for his scholastic achievements, leadership qualities and interest in the specialty.

John A. Ferriss, BAS 2/12 3rd Mar Div FMF, FPO, San Francisco, writes that he is on active duty in Japan with a Marine Corps artillery unit.

John E. Piatt, III, Box 461A RD4, Danville, Pa., married the former Sue A. Stayer last August. He is a third year resident in family medicine at the Geisinger Medical Center where his wife is a physical therapist.

1978

Joseph A. Lombardo, 18310 Amie Ave., Torrance, Ca., writes, "California may have the best weather but as far as the Medical Center here, Jefferson certainly has the class."

Victor A. Zachian, 346 Rosemary Ln., Penn Valley, Pa., has completed his first year as a resident in obstetrics and gynecology at Albert Einstein Medical Center, Northern Division, Philadelphia, and now is a second year resident at Pennsylvania Hospital.
An Invitation to Alumni
to present names of candidates for:

The Alumni Achievement Award

The annual Alumni Achievement Award will be
presented at the Alumni Banquet on June 5, 1980.

Nominations with supporting information regarding suggested candidates for
the 1980 Award should be submitted as soon as possible to:

James H. Lee, Jr., M.D.
Chairman
Alumni Achievement Award Committee
Alumni Office
Jefferson Medical College
1020 Locust Street
Philadelphia, Pa. 19107

Alumni Trustee

Alumni are asked to submit for consideration names of
potential candidates to serve on the Board of Thomas Jefferson University. Presently
representing the alumni are Carl Zenz, M.D. '49; John H. Hodges, M.D. '39; and
James E. Clark, M.D. '52. Please forward supporting information for the com-
mittee's use.

Herbert A. Luscombe, M.D.
Chairman,
Nominating Committee
Alumni Trustee
Alumni Office
Jefferson Medical College
1020 Locust Street
Philadelphia, Pa. 19107
Obituaries

Robert B. McIver, 1916
Died July 9, 1979 at the age of 87. Dr. McIver, a urologist in Jacksonville, Florida, was founder of the Jacksonville Blood Bank and the Florida Urological Association. He was Chief of Staff at St. Vincent's Hospital and Consultant at Flagler and Veteran's Hospitals. Dr. McIver was a Diplomate of the American Board of Urology and a Fellow of the American College of Surgeons. A past President of the Duval County Medical Society, the Florida Medical Association and the Southeastern Section of the American Urological Association, Dr. McIver was responsible for establishing urology residencies at two local hospitals. Surviving are his wife, Ida, a son and a daughter.

Morris E. L. Shapiro, 1917
Died July 3, 1979. Dr. Shapiro, prior to his retirement to North Miami Beach, was a general practitioner in Brooklyn, New York. He was associated with Brooklyn Jewish and Adelphi Hospitals there. Surviving is his wife, Ruth.

Chin Wen Low, 1918
Died in the spring of 1979 per notification by his daughter, Dr. B. H. Low of the People's Republic of China. Dr. Low resided in Shanghai.

Lyle G. Ellis, 1920
Died August 13, 1979 at the age of 84. Dr. Ellis, who was residing in Rocky Mount, North Carolina, at the time of his death, was a retired Medical Director for Traveler's Life Insurance Company in Hartford, Connecticut. His wife, Yarka, died on the same day.

Russell J. Hangen, 1923
Died June 9, 1979 at the age of 81. Dr. Hangen was a general practitioner residing in Wilkes Barre, Pennsylvania.

Martin J. Hannigan, 1923
Died July 21, 1979 at the age of 82. Dr. Hannigan practiced family and industrial medicine in Monongahela, Pennsylvania. He served as physician for Donora Zinc Works American Steel and Wire Company. His wife, Madeline, and two daughters survive him.

Joseph L. Robinson, 1926
Died May 3, 1979. The retired physician was residing in Wailuku, Hawaii, at the time of his death.

J. Douglas Corwin, 1935
Died June 8, 1979 at the age of 71. Dr. Corwin was a practicing physician in Washington, Pennsylvania for more than 40 years. In addition to his wife, Gayle, he is survived by three sons including James H. Corwin, II '56 and T. Douglas Corwin '59 and a grandson, James H. Corwin III '78.

James E. McCoy, Jr., 1936
Died May 14, 1979 at the age of 67. Dr. McCoy, prior to his retirement, practiced pediatrics in Brooklyn and Queens in New York. Surviving are his wife, Mary, three daughters and a son.

Ralph R. Cherashore, 1938
Died May 29, 1979 at the age of 66. Dr. Cherashore retired in 1978 as Chief of Obstetrics at Phoenixville Hospital where he was associated since 1939.

Thaddeus S. Gabreski, 1938

Robert M. Johnson, 1945
Died during the spring of 1979. He was a psychiatrist at Portsmouth Hospital in Portsmouth, Ohio.

Ellsworth R. Browneller, 1948
Died July 17, 1979 at the age of 56. Dr. Browneller was Vice President for public programs at Geisinger Medical Center in Danville, Pennsylvania. He served as Secretary of Health under former Governor Raymond P. Shafer. Surviving are his wife, Ruth, and five daughters.

Joseph J. John, 1950
Died August 6, 1979 at the age of 64. Dr. John was a retired lieutenant colonel in the air force. Following his service retirement he practiced in Roxborough, Pennsylvania. At the time of his death, he was residing in San Antonio, Texas. Surviving are his wife, Elvira, two sons and a daughter.

William A. Rutter, 1957
Died August 22, 1979 at the age of 48. Dr. Rutter, an Associate Professor of Psychiatry and Human Behavior at Jefferson, served as Director of the In-Patient Unit at Jefferson Hospital from 1974 to 1977. He spent nearly his entire professional career at his alma mater. A Consultant to Fairview State Hospital, he was particularly interested in hospital psychiatry and forensic psychiatry. Dr. Rutter was an active member of the Executive Committee of Jefferson's Alumni Association. Surviving are his wife, Patricia, and five children.

Donald B. Addington, 1962
Died April 8, 1979 at the age of 48. Dr. Addington, who resided in Anchorage, Alaska, was certified by the American Board of Plastic Surgery.

Jeffrey H. Elkind, 1977
Died September 21, 1978. Dr. Elkind was a pathology resident at the Nassau County Medical Center in East Meadow, New York. His parents, Dr. and Mrs. M. Paul Elkind, survive him.
Abraham Cantarow, M.D., Jefferson
1924, Emeritus Professor of Biochemistry, died September 1st after a long and
distinguished career.

Following his graduation with honors
and an internship at Jefferson Hospital,
he was asked to teach in the Depart-
ment of Medicine. Here, he began in-
tensive studies in calcium metabolism
which resulted in a monograph on cal-
cium, the first ever written on this sub-
ject. He continued his research and also
began his pioneer investigation in liver
metabolism and liver carcinogenesis.
This work and his studies in steroid me-
tabolism laid the foundation for some of
the current uses of chemotherapy.

In 1945, he was appointed Professor
and Chairman of the Department of Bio-
chemistry. He was warm and kindly and
was looked upon by the students as a
friend as well as a revered teacher. They
readily sought his advice, not only for
technical help but for many unrelated
personal problems. He spent much time
and effort in helping a number of young
men and women to get a proper start in
research. This support and aid at a criti-
cal time in young careers was of inestim-
able value. He found real pleasure in
his teaching and on one occasion re-
marked that “It was as if he were able to
lead a group of eager and alert compan-
ions to the high point of the mountain
and to reveal to them in their fresh enthusi-
asm the wonders of the scene before
them.” The students responded and
twice dedicated their class books to him.
In 1960, the senior class had his portrait
painted for the College. He was Presi-
dent of the Alumni Association in 1964,
and in 1968 he was presented with the
Alumni Achievement Award for that
year. Jefferson gave him an honorary
Doctor of Science degree in 1969 and the
Alumni elected him a Trustee in 1970.

His textbook *Biochemistry*, written
with the collaboration of Doctor Bernard
Schepartz, was published in 1954 and
today is in use in more than 40% of the
medical colleges in this country and Can-
da. A smaller volume, *Clinical Biochem-
istry*, has been translated into five
languages, including Japanese. In the
early ’60’s he joined the late Doctor Karl
Paschiks and Doctor Abraham E. Rakoff
in the publication of a text in endocrinology.

The Finnish government presented
him with a handsome silver medal for
his aid in the reorganization of their De-
partment of Chemistry at the University
of Helsinki and their election of a new
Chairman. His fraternity presented to
him its gold medal of achievement, the
recipients of which include some of the
leading figures in American medicine.

Doctor Cantarow pursued excellence
in his teaching, in his work and in the
Medical School. He stood firmly for
those principles in which he believed
regardless of any personal conse-
quences. He faced, with great courage,
his last illness with its multiple, major
surgical procedures. His wife died the
preceding year; he is survived by one
daughter, Ellen.

Benjamin Haskell, M.D. ’23
Class Agents* and Reunion Chairmen**

Dates: June 4 and 5, 1979

<table>
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<th>Year</th>
<th>Class</th>
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<tr>
<td>1930</td>
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<tr>
<td>Leon L. Berns, M.D.*</td>
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<td>Patrick J. Kennedy, M.D.**</td>
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<td>Edmund L. Housel, M.D.*</td>
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<td>J. Edward Lynch, M.D.**</td>
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<td>John A. McCormick, M.D.**</td>
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<td>Thomas B. Mervine, M.D.*</td>
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<td>Herbert A. Luscombe, M.D.**</td>
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<td>1945</td>
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<td>James H. Lee, Jr., M.D.*</td>
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<tr>
<td>Lawrence J. McStravog, M.D.**</td>
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<td>1950</td>
<td>30th</td>
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<td>Hal E. Snedden, M.D.*</td>
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<td>William B. McNamee, M.D.**</td>
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<td>Herbert E. Cohn, M.D.**</td>
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<td>Marvin E. Jaffe, M.D.*</td>
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<td>William T. Lemmon, M.D.*</td>
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<td>Richard R. Soricelli, M.D.**</td>
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<td>Richard P. Wenzel, M.D.*</td>
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<tr>
<td>Nancy S. Czarnecki, M.D.**</td>
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<td>Richard L. Nemiroff, M.D.* **</td>
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<td>1975</td>
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<td>Robert E. Wall, M.D.*</td>
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<td>John E. Hocutt, Jr., M.D.**</td>
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Alumni Calendar
Fall and Winter

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 Bank Building of the United States
Society Hill

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

November 8
Dinner for Northern New Jersey alumni
Orange Lawn Tennis Club
South Orange

January 10
Dinner for Los Angeles area alumni
The California Club

January 11
Dinner for San Francisco area alumni
The Fairmont Hotel

February 10
Reception to honor John J. Gartland, M.D.
'544,
President of the American Academy of
Orthopaedic Surgery
Atlanta Hilton
Atlanta, Georgia

February 28
The Annual Business Meeting of the
Alumni Association
3 Girard Plaza, Philadelphia

March 22
Black and Blue Ball
The Union League