“Wills Eye Takes Thee Jeff”  
The Ophthalmologist-in-Chief discusses the negotiations behind a medical marriage.

the way it is... the way it was  
Photo spread including the cover picture of the “pit” (the old amphitheater where clinical teaching was centered) previews changes in the Jefferson Scene for alumni planning to return for reunions in June.

Career Changes  
Five alumni talk about major shifts in their professional lives.

Class Notes  

Obituaries  

Alumni Ballot  
Detachable ballot inserted in the cover is for the election of the alumni trustee from 1980 to 1983.
The early history of Wills Eye Hospital is sketchy. James Wills, Jr., a Philadelphia Quaker merchant, died in 1825 at the age of 48 and bequeathed over $100,000 to the City for a Hospital to care for the “indigent blind, and lame.” No one seems to know much about James Wills, Jr., what he looked like or why he made this philanthropic gesture.

By 1832 his munificence was translated into a building facing Logan Square (now Logan Circle and, incidently, the site of Pope John Paul II’s recent visit). The Hospital, with expansions added over the years, stood for a century. Francis Heed Adler, M.D., a dean of American ophthalmology, recalls this first building and says he was delighted when he heard the City intended to raze it in favor of a new opera house. (That never materialized, and the site is now a parking lot.) An older patient referred to the hospital at Logan Square as a “garage.”

In 1932 Wills moved to its second home, a seven story brick building at 16th and Spring Garden Streets. The late J. Parsons Shaeffer, Ph.D. once told me that in the 1920’s Wills seriously considered moving adjacent to Jefferson, but both parties decided that this would be a source of unwise distraction for each. It is interesting to speculate what would have evolved had they done so at that time. Undoubtedly it would have precluded my writing this report in 1980.

For those interested, the early history of Wills Eye Hospital has been expertly compiled by William S. Tasman, M.D., Co-Director of the Retina Service at Wills Eye Hospital, and will be published by Harper & Row in time for the dedication—scheduled for April 23.

The only era I can knowingly address.
“Wills Eye Takes Thee Jeff”

The Ophthalmologist-in-Chief discusses the negotiations behind a medical marriage.

by Thomas D. Duane, M.D., Ph.D.

is the present and immediate past (1960-1980).

In the early 1960’s the Board of Directors of City Trusts, which is responsible for overseeing the administration of the Hospital, received a mandate that was hardly subtle. It came primarily from the granting agencies, particularly NIH, and stated unequivocally that free standing hospitals unattached to university medical centers were ineligible to receive research grants. In other words, private individuals and private groups could not meet the rather rigid standards that the Federal Government had established for award eligibility. This was a bitter blow to Wills Eye Hospital’s Research Institute, founded almost singlehandedly by Irving H. Leopold, M.D., in 1949, and already nationally recognized for its achievements in clinical and basic ocular research. Housed in two buildings on Brandywine Street in back of the Hospital, the Institute was otherwise flourishing.

In any event in 1964 Drs. Leopold, P. Robb McDonald and Arthur H. Keeney, Wills’ new Ophthalmologist-in-Chief, led a search to affiliate with one of the five medical schools (Hahnemann, Jef-
ferson, Temple, University of Pennsylvania, Women's). Speaking for Jefferson which was the only one I knew anything about, the then Dean, William A. Sodeman, and I made an attractive offer as we could devise. We were rather optimistic about our chances when we were rudely shocked to hear that the final decision of the Board of Directors of City Trusts was to join with Temple. We had heard rumors that this did not represent the predominant and prevailing opinion of the majority of the Wills' staff but whether all this was true as reported is a moot point. Wills affiliated with Temple and that was that. We all went about our business.

In the period 1965 to 1972 several developments occurred at Wills which had (and have) a profound and lasting effect on her destiny.

Firstly, ophthalmology (just as all other medical disciplines) had made prodigious strides since World War II, most conspicuously in the field of retinal diseases. Since 1958 these changes included: a) the re-introduction of binocular indirect ophthalmoscopy which was perfected so that the entire retina could be inspected in vivo; b) the adoption of scleral plastic materials which push the wall of the globe inward toward the detached retina and support the retina; c) the introduction of photoocoagulation with xenon arc and later argon laser which enable the retina to be "seared" through the pupil; and d) cryo therapy which produced the same effect. The names of Custodis, Meyer-Schwicke-rath, and Schepens respectively became indelibly imprinted in the ophthalmologic world.

To his everlasting credit these advances were promptly recognized by P. Robb McDonald, M.D., a Chief at Wills, and soon the founder of a Retina Service, the first subspecialty service at the Hospital. A group of physicians elected to pool their efforts (and their finances) and establish a Service within the Hospital (over and above their private offices located elsewhere). "Retina" flourished. Shortly thereafter other diagnostic techniques blossomed. These included ultrasonography (on which a book was written by the physicians on the Retina Service); fluorescein angiography, which made the small retinal vessels visible; and neurophysiologic techniques (including electroretinography, electro-oculography, and visual evoked potentials) which enable the visual system to be better explored "electronically." Most important of all, perfected retinal photography appeared on the scene. It proved tremendously useful for patient care, teaching and research.

Now run by three directors—William H. Annesley, Jr., M.D. '48, Lov K. Sarin, M.D., and William S. Tasman, M.D.—and consisting of many members, the Retina Service has produced books, established two-year fellowships, made numerous scientific presentations and exhibits and has devised new surgical instruments for vitreous surgery. By almost any measure one employs, be it teaching hours, operating room hours, number of inpatients, number of Fellows trained—it all comes down to about one-third of our total activity being sponsored by the Retina Service. Certainly its presence enhances the Hospital's national and international reputation. It has almost become a tail wagging the dog. In retrospect Wills and I do not resent this. Eye and ear hospitals which failed to move in this direction in the 1930's have either lived to regret it or have closed their doors and died in cities all over the United States.

The then Ophthalmologist-in-Chief (Arthur H. Keeney, M.D.) quickly recognized the success of the Retina Service and promptly organized other Services: General Ophthalmology, Glaucoma, Cornea, Pediatrics, Neuro-Ophthalmology, Oculo-Plastics and Pathology. He acquired money from many sources and remodeling occurred all over the Hospital. New single or double occupancy in-patient rooms, new operating rooms with ceiling mounted microscopes, new teaching and administrative areas, in-patient and out-patient clinics accommodating the

From 1832 to 1932 this building on Logan Circle served as Wills Eye Hospital.
above mentioned Services became the mostly revised interior of the Hospital. Most significantly he provided for a large General Ophthalmology Service and Emergency Room and a fully equipped Pathology Laboratory. Thirty to 40 residents plus 18 Fellows were accepted for training at any one time. All seemed to be humming.

Then something happened in paradise. I wasn’t there and I am not sure what occurred and frankly it is really none of my business. All I know is that one day I received a call from Dr. Keeney who said Wills was available for marriage again as she was divorced from Temple. So the scramble began once more—led at Jefferson by the late President, Peter A. Herbut, M.D., and backed by others especially Dean William F. Kellow, Mr. George M. Norwood, and myself.

Dr. Herbut insisted and Mr. William P. Cairo, representing the Board of Directors of City Trusts of Wills, readily agreed that there was little sense in an affiliation if Wills did not intend to move with all possible haste to the area of the Jefferson campus. Ink was hardly dry on the affiliation document when Mr. Cairo, Dr. Herbut, Dr. Keeney and I agreed to form a corporation whose goal was to search for a likely site near Jefferson for the new Wills Eye Hospital. Some wags said we were engaged in a “search for a site for sore eyes.” But every nearby locale had a hitch connected with it, and we felt frustrated in our search.

It was suggested then that Wills occupy a tower on one-quarter or one-third of the block between 10th and 11th, Sansom and Chestnut, where the new Thomas Jefferson University Hospital was planning to build. Such a proposal was totally unacceptable to Jefferson because their new Hospital and out-patient facility design called for 120 beds per floor—impossible if Wills was occupying or consuming a large chunk of the floor plan. So it was decided that the only option left was a “condominium”-type agreement wherein Wills would occupy the top two floors of the new Hospital with 120 beds on one floor and the out-patient clinics on the other.

Though at the time I was solely responsible and almost singlehandedly representing Jefferson from a professional standpoint, I had heard some grumbling among the Wills’ Staff about the condominium idea. Nevertheless, it was accepted by both sets of Trustees and our job was to make it work.

Then the storm began to set in. First of all, Dr. Keeney accepted the position of Deanship at his Alma Mater, the University of Louisville Medical School. That left the Ophthalmologist-in-Chief position open and since I was there they gave me the job.

When I showed up at Wills the grumbling became more audible. It was pointed out that the condominium had many inherent deficiencies. The in-patient floor with operating rooms and beds was totally satisfactory. The outpatient floor was something else. The clinics were too small and spread out in an illogical order; there was little or no conference space; no research facilities; and no room for expansion. The Eye Emergency Room was to be on the first floor which was ten floors away. There was a deadly fear of being gobbled and forgotten in this new setup. The more I learned about Wills the more I had to admit that there was justification for these criticisms, but it didn’t make any difference what I thought anyway.

Evidently there was such a ground swell of opinion, chiefly among the Staff but also representing the prevailing opinion of many of the Trustees, residents, nurses and employees that could best be expressed by stating that Wills would be lost in a condominium arrangement. This protest reached crisis proportions, and when I returned from a midwinter vacation I was confronted with a vote by the Wills’ Staff of 50 to 1 to pull out of the condominium agreement. On this occasion, to say the least, “all hell broke loose.” The Wills’ Alumni entered the act, meetings were held (including Saturdays and Sundays), and the net result was a withdrawal.
from the original plans to be part of the Thomas Jefferson University Hospital. This was not the most cheerful news to Jefferson, and for a while I felt like a shuttlecock being battered by my constituents each time I reported what had occurred at the other camp.

However, things began to settle and Mr. Cairo and I searched for alternatives. We suggested an outpatient clinic on Sansom, west of 11th Street, with a bridge across 11th to the new Thomas Jefferson University Hospital. This was unacceptable to Jefferson.

Dr. Herbut countered with a suggestion that we take over the Foerderer Pavilion but this was unacceptable to Wills.

Finally, the site at 9th and Walnut, at that time a parking lot, was selected knowing that there were (and remain) some inherent deficiencies. The main one is that unlike some other centers elsewhere in the U.S.A. there is no direct patient passage from one hospital building to the others, neither bridges nor tunnels. Perhaps future planners may bring this off—I wish them luck!

We had some other problems at Wills—which all seemed to occur at once. There was the matter of parking. The Redevelopment Authority insisted that we place 60 parking slots in a sub-basement—through which a stream runs underground. We planned to build a vertical research laboratory at the south end of the Hospital but this was hampered by the formidable presence of the "Mills House," a sacrosanct historical landmark, but which to me and many of my colleagues represented an over-priced, overvalued and overhead edifice which was in the way. Again the Staff rebelled and about this time we had monumental internal problems at Wills Eye Hospital which finally culminated in a change in the Hospital Administration and an agreement to move the Mills House to a new area in the neighborhood. In its place a garage at the south end of the block and a horizontal research floor inside the Hospital were approved by the Hospital Survey Committee which was the accrediting agency in those days. All this was engineered by Mr. David S. Joseph who came aboard as Hospital Administrator with tremendous experience in hospital construction as well as hospital management. There is little to be gained now by rehashing all the struggles of that period—as some bitter scars remain and it is a pity that events proceeded in this manner. Personally, although I am delighted with the new Hospital, I am sorry that the labor and delivery period were so protracted and traumatic.

So, what have we acquired in the new Wills Eye Hospital? First of all, we have space—lots of space, specifically 207,000 square feet as compared to less than 120,000 in the old building. Secondly, we are adjacent to a medical school complex including its clinical laboratories, basic science departments, non-ophthalmologist expertise in clinical areas, etc. Thirdly, we have planned space around our activities rather than compromising functions to conform with architectural restrictions. This means that in-patient floors, outpatient areas, elevators, the auditorium, registration desk, conference rooms, etc. are where we want them, not where we can inconveniently squeeze them in.

The building is eight stories tall, and its "footprint" extends from Walnut Street four-fifths of the way south to Locust and from 9th to a small road which was formerly known as Hutchinson Street. A non-heated, separate five story above ground garage with a capacity for 250 plus cars appends Locust Street, the south end of the block, leaving a bit of space for a mini-park which includes trees, a mural and benches. The "skin" of the building is gray metal enamel which we think complements the Walnut Theatre which is also gray and is an historical landmark since Lincoln spoke there. The two edifices represent a transition from Society Hill to downtown Philadelphia via Thomas Jefferson University which to my way of thinking is a "forest of bricks."

Starting at the top there are three 40 bed in-patient floors in a tower-like arrangement giving a total number of beds which is identical with what we had at 1601 Spring Garden Street. However, the amenities will be improved by several magnitudes. Everything from visitor elevators to resident examining rooms and nursing stations have been meticulously designed to be both pleasant and efficient.

The fifth floor is the operating room floor. Its features include vibration-proof ceiling-mounted microscopes in all the operating rooms, adequate dressing quarters, and lounges for nurses, staff, out-patients and relatives. Ambulatory medical consult rooms, x-ray facilities, and specimen laboratory areas, possibly a CAT scan console connected to Jefferson via fiber optic bundles will all contribute to the diagnosis and treatment of patients with visual system diseases.

Basic research, including clinical and experimental pathology laboratories, consumes most of the fourth floor. Education, nursing, and business offices and a superb library complete the occupancy of this area.

On floors two and three are the subspecialty, out-patient clinics including Retina (which includes Uveitis), Ophthalmology, Cornea (and External Disease), Glaucoma, Pediatric Ophthalmology, Neuro-Ophthalmology, and Oculo-Plastics. We have also planned the resident on-call suites, the administrative offices, Board room, and space for sundry other activities (including retinal photography, ultrasound, neuro-physiology recording, etc.) in strategic places.

The first floor houses the main entrance for ambulatory patients via the front door on 9th or via a depositing ramp from a car-way entering into the garage also on 9th. A doctor's lounge, audiovisual laboratories, an auditorium, and a strategically placed receiving truck loading platform are designed to avoid confusion and conflict with one another on this floor. The main entry area has to be seen to be appreciated but will be a pleasant environment for both patients and their families and for employees. The General Ophthalmology Service and the Emergency Room comprise the main features of the professional space. The Pharmacy, Women's Committee Gift Shop and commercial outlets (including a bank and opticians) likewise add to the ambience of this floor. The basement will house the kitchen, dining rooms, employee locker rooms and lounges, maintenance quarters, etc.
Features for the most part missing or inadequate at 16th and Spring Garden are seven elevators, total air conditioning, steam heat, an adequate number of public lavatories, maximum security design, etc., etc., etc. (as Yul Brynner would say).

Of course, all this will not suffice if what we do in the building isn’t up to snuff. Right now we have a magnificent staff who write books and articles for the journals, make presentations and are looked upon as world leaders. They are complemented by the largest resident staff in the U.S.A. They are supported by a dedicated, pleasant group of administrators, nurses, paramedical personnel, and employees. The Board of Directors of City Trusts has governed the Hospital according to James Wills’ bequest—with foresight and concern—over the years.

Dean Kellow wants, of course, to know: “What is all this going to do for our medical students?” In some respects the answer may be: “Not too much because ophthalmology is primarily a post-graduate discipline, and there is not sufficient time in the undergraduate curriculum for study of the nuances of our specialty.” On the other hand eye patients frequently harbor other maladies. The younger patients show genetic and developmental abnormalities beyond those existing in the visual system. The adults all too often are victims of degenerative and metabolic diseases such as hypertension, arteriolar sclerosis and central nervous system diseases, all of which seem to conspire against successful treatment of the visual system. So there is plenty at Wills to see and treat on the part of the medical student, internist or generalist. Furthermore, in our opinion, it will not be too long before deans will become responsible for graduate medical education since no one practices medicine anymore on the basis of what has been learned exclusively in undergraduate medical school.

Many students from Jefferson and from schools all over the world imbibe their first draft of ophthalmology at Wills, and a few go on to great careers in our specialty. It is difficult to see how we can be anything but an asset in our juxtaposition to the Thomas Jefferson University Medical Center.

Besides fulfilling our commitments to provide the best patient care we can as well as ideal medical education and basic and clinical research, we jealously guard the indescribable element which cannot be bought or rented—that spirit which forces one to strive toward excellence.

The Dedication

The opening of Wills Eye Hospital was celebrated by three events—a party, a ceremony and a ball. The party called “A Celebration of Sight” was held in the middle of March shortly before patients were transferred from the old Spring Garden address. Guests toured the new facilities and danced in the reception area. Sun Company Vice President, Horace L. Kephart, who doubles as Chairman of the hospital’s Advisory Council, hosted the affair.

The formal dedication was scheduled for April 23 to coincide with Wills’ 32 Annual Clinical Conference (which lasted through the 26th and featured Cornelius D. Binkhorst, M.D. as the Arthur J. Bedell Memorial Lecturer). Over 2,500 guests were invited to the ribbon cutting ceremony. A reception for the general public followed at the Hospital; 250 guests were invited to a private gathering which inaugurated use of the hospital’s auditorium.

On Friday, April 25, the Women’s Committee for Wills Eye Hospital sponsored a dedication ball at the Union League; 500 guests danced to music by Peter Duchin.

Though we are one of the two or three most sought-for ophthalmology residencies in the country, though our staff is productive and though our employees are efficient and pleasant—we are not contented. We must constantly re-examine ourselves and search for weaknesses. Medicine (ophthalmology) changes. Often we slip behind our potential and “catching up” can be upsetting, even painful. In this profession one only goes ahead or falls behind, one cannot remain at a position of status quo.

For instance in the last five or so years major changes have occurred in cataract surgery. The Chiefs of the General Ophthalmology Service are besieged with new but partly unproven techniques—such as intraocular lenses and phacoemulsification. Though the first intraocular lens in the U.S.A. was inserted by Turgut N. Handi, M.D. (a current Chief) and Warren S. Reese, M.D. (a retired Chief), its place in the surgical treatment of cataract is still debated. The same is true for other procedures such as phacoemulsification (invented by a Wills’ graduate), refractive and thermal keratoplasty and on and on. I feel sorry for the Chiefs. On the one hand they, of course, must be careful, conservative and responsible—on the other hand the residents and fellows are constantly wanting to “get with it” which translated means adopt the “new.”

We know of other institutions or departments where certain features of patient care, teaching or research are flourishing to a higher degree or on a higher plane than exists at Wills. We seek to either emulate these examples, send our graduates there or to entice their younger experts to join our staff. As would be expected this is a two way street, and we lose a few of our stalwarts to other eye centers. Right now the balance is in our favor, and the new building makes recruitment a lot easier. No one knows what lies ahead. We are planning for the future in an advantageous a manner as we know how. The $24 million physical plant has given us a tremendous opportunity, but it is up to all of us to deliver the goods. If we do Philadelphia and Jefferson will benefit. If we fail—I refuse to give it thought.
the way it is, 1980 . . . the way it was, 1965
Two aerial views of Jefferson (top) give a 1980 overview of the campus. At left Jefferson Alumni Hall (bottom left) serves as south border for the complex which now extends to Chestnut Street. At right is the new Hospital which acts as north border. Jefferson Alumni Hall is visible at far right. At immediate left the block between 11th and 10th Streets prior to demolition. The left photo faces north down 11th towards Walnut and the Foederer Pavilion; the other looks east towards the old Horn and Hardart Building on Locust Street. Curtis Clinic is in center background. Bottom left is site for the Pavilion with the College and Thompson at right. On this page at right is a view of the old cigarette factory, Stefano Brothers, the Mohler and bank buildings on Walnut Street. Bottom, another view of the block that has been totally razed and rebuilt.
DBI, familiar to generations of Jeffersonians, maintains its cornerstone although "Luxury Rental" sign now tells a new story. The building at 11th and Clinton Streets housed the anatomy courses from 1911 to 1967 when the department moved to the 5th Floor of Jefferson Alumni Hall. The auditoriums are associated with teaching by Professors such as Schaeffer, Bennett, Nichols, Hausberger and Ramsay.
The Scott Library in its new facility at 1020 Walnut Street houses over 120,000 volumes on three spacious floors. Although the circulation desk is on the second floor, a 24 hour reading room is located on the first floor (above and right). The old library which closed in 1970 was located on the first floor of the College Building at 1025 Walnut (below).
Career Changes

Five alumni talk about major shifts in their professional lives.

by Jacquelyn S. Mitchell
Donald K. Sass, M.D. '50 is deceptively easy going. He has a relaxed, off-handed way of referring to his accomplishments which makes the attaining seem easier than it was. He is, he will tell you, a direct man. His directness means that he's not given to embellishing accounts of the effort it takes to do a thing. "Changing from obstetrics and gynecology to radiation therapy wasn't," he says, "easy; but then again," he adds, "it wasn't all that hard either."

His wife, Patricia, noticed that his attitude towards obstetrics and gynecology had grown increasingly negative. Her observation prompted him to think about his feelings towards his specialty. It had been gratifying work for most of the 12 years that Sass practiced out of a two man office associated with Salem County Hospital in the southernmost part of New Jersey. Because, in fact, he had once gotten satisfaction from his job, he realized, after his wife encouraged him to reflect on earlier experiences, how his interest had flagged. He didn't mind the hours or the nighttime interruptions. He was simply feeling, he says, stifled.

As his practice evolved, he got further into obstetrics and gynecology and further away from other realms of medicine. Disliking that narrowness of focus, he decided that if he were to go into another specialty it "would have to be related to all other specialties." He explored his dissatisfaction with ob/gyn in conversations with his good friend, Gene Paschuck, M.D. 'S44, a Salem County radiologist. Talking to Paschuck enabled Sass to get a feeling for how medicine would look from the more centrally located specialty of radiology.

One of the things Sass thought about when he began to consider a change of specialty was his earlier attraction to obstetrics and gynecology. He had, he recalls, two main reasons for selecting the specialty. First, ob/gyn during his junior year at Jefferson gave him his first exposure to the practice instead of the theory of medicine. He really liked the experience of doing something—initially assisting with births—and that sense of accomplishment and competence became associated with obstetrics. Second, the specialty gave him an opportunity to associate with young people, and being only 22 when he graduated from medical school, he felt more at ease with a patient population nearer his own age.

Sass, in fact, is an early and somewhat isolated instance of a type of medical student who would become more common at Jefferson after the Penn State/Jefferson Program was instituted in 1964. The Program enables students to acquire both a bachelor's and a medical degree in five years so that students graduating through the Program are approximately the same age as Sass was when he left Jefferson in 1950 for a rotating internship and residency at Philadelphia General Hospital.

Sass's education was however accelerated in high school and college instead of in college and medical school. Graduating from high school in June when he was 16, he went straight to college in July and attended classes year round for two years so that he was ready for medical school when he was 18. He speculates that acceleration gave him the latitude to do another residency. In other words, he was still young enough at 39 to have the energy to tackle another field, but also experienced enough in the first field to know definitely that he wanted the second.

On the other hand, he wonders if he just wasn't too young when he graduated to make decisions affecting so directly the shape of the rest of his life. "My father, a general practitioner in Boswell" (a small town near Johnstown, Pennsylvania, where Sass grew up) "urged both me and my brother" (Robert E. Sass, M.D. '46) "to specialize." Sass's father, Franklin E., Jefferson Class of 1910, felt that general practice provided too diffuse an approach to medicine. Trying to construct a career that would avoid that extreme, Sass was led into a specialty whose compass was, for him, too restricted. Apparently, trying to correct for one extreme led to another—a position which was in turn modified when Sass went into radiology.

He began the second residency at the Wilmington Medical Center in January of 1968. After six months he had to leave the program in order, quite literally, to attend to business. Before leaving his ob/gyn practice to the sole jurisdiction of his partner, he joined and became active in the family printing business to finance his second career. After six months, it became evident however that the business which was supposed to support him needed his support so Sass attended to the matter for six months. By the time he was ready to go back to Wilmington, the program had been temporarily discontinued. He then spent a year waiting and working as an industrial physician for DuPont's Chambers Works. By January of 1970, the program was re-established. He finished the residency in July of 1972 and took another year to do a fellowship in radiation oncology at Wilmington. After practicing radiation therapy at
Cooper Hospital in Camden for five years, he moved last year to Millville, New Jersey, where he runs his own Department at the Wheaton Regional Cancer Treatment Center.

When he first went into radiology, he thought it would be good to get away from patients. After several months of diagnostic work, he rotated through radiation therapy and discovered with the renewed contact how much he missed patients. That recognition made radiation therapy the obvious choice for his refocused career.

Sass admits that he didn’t really know what he had gotten himself into until he was reimmersed in training. His ob/gyn work had indeed led him far from areas of medicine which were central to his new specialty. His first chore, he recalls, was relearning anatomy, neuro-anatomy and physiology. He supplemented his training at Wilmington by coming up to Jefferson for Tuesday afternoon conferences conducted by Jack Edeiken, M.D., Professor of Radiology and Chairman of the Department. Tuesday evenings he attended physics lectures at Hahmemann.

He found that he could study most effectively early in the morning so he got into the habit of getting up at 4:30 and arriving at his Department in Wilmington by 6:00 to read for one and a half hours before the Department began functioning officially at 7:30. He doesn’t think that it was any harder to study and learn at 40 than it was at 20. “The main thing,” he says, “is to arrange one’s life so that one is not distracted by all the worldly cares and worries that typically accompany maturity.” Sass says that his wife made a decided effort to insulate him from such distractions.

He says emphatically that he could not have changed specialties without the great support he got from his women—all three of his children are daughters. When he began his second residency, his oldest girl, Roberta, was in college. Finances were very tight. For the family, at least, readjusting to a markedly lower standard of living was the most difficult part of the retraining process. Sass says that the more modest living style didn’t affect him much because he was too busy to notice what he didn’t have. But he estimates that it’s taken him ten years to recoup his losses and to re-establish his former, comfortable life style. In the meantime, he says, family members never once referred to the economies the process necessitated as “sacrifices.” “Their attitude made the whole venture possible.”

Whatever the change cost him, Sass says, “I’ve had no doubts to this day that it’s what I wanted. Maybe I wasn’t cut out to be a surgeon,” he says referring to the surgical side of obstetrics and gynecology. “As I grew older, I began to suspect that I didn’t like the surgery as much as I once thought I did. Now when I look back, I can see that I didn’t like it and that I was slow to admit to myself that I didn’t.”

In general Sass feels that the process of redirecting his career has had an invigorating effect on all of his life. “The experience made me more disciplined. I surprised myself with how much more efficiently I could channel my resources.” Asked how else the experience changed him, Sass says that it has made him more humble. Despite his additional Board certification, he asserts that he now has “a much better idea” of how much he doesn’t know in medicine.

“Practice can encourage a doctor to see his own knowledge and skills through the generally flattering eyes of patients. Going back to school, so to speak, forces one back into a recognition of limitation. I think,” he says smiling perhaps at his prematurely assumed sagacity, “that that recognition is therapeutic.”
Dr. Davis: "Everything seems to have worked out for the best... I've had experiences I wouldn't have otherwise had without the change of career."

From Internal to Industrial Medicine,

Making the Most of Necessity

While practicing internal medicine in Ephrata, Pennsylvania, Thomas G. Davis, Jr., M.D. '56 volunteered as physician to the high school football team. "One fall Friday night," he says, "I was walking across the football field and 'bang' the chest pain hit." Within the week he was admitted to the Graduate Hospital for a work-up. "I was," he recalls, "one of the first people in the City of Philadelphia to be catheterized." That cardiac episode occurred in 1963 when Davis was 36 years old. "They couldn't prove whether or not I had a coronary, but disease was apparent. The incident was a real jolt, believe me."

He returned to Ephrata and tried to adapt to a slower pace. "Within three months," he says, "I was in grave difficulty again. No," he says seeming to anticipate the next questions, "I didn't smoke, and I wasn't overweight. Everybody said I worked too hard. Sometimes I didn't sleep at home for two to three nights. My wife and I liked the Ephrata area so we decided to try practicing there. They never had an internist, and 20 minutes after we pulled up, the phone rang. It was a request for a consultation. From that moment on, day and night, the requests kept coming. When I arrived," he says describing the vacuum he tried to fill, "they had a 50 bed hospital with nobody on board to do EKG's."

Ironically, too much, rather than too little work, forced Davis out of practice. "My body," he says, "made the decision for me. For three and a half years I did what I thought I was going to do for the rest of my life. Then my body said 'no.'" Not only did Davis have to face up to the bald fact that he might not be doing anything at all, but he also had to contend with the necessary practicality of giving up what he spent 12 years learning to do. Characterizing his response to the series of crushing realizations, he says, "I was a mental basket case for awhile. We seem, though, to have a way of working out of such states. Gradually, I even began to look forward to changing careers.

I wrote a lot of letters to insurance companies that hire M.D.'s. I had done some phase III & IV drug testing for Smith Kline & French. Their liaison for
the area heard that I was leaving prac-
tice. He informed the company, and
they sent a representative to my office
to ask me to think about working for
them. Until he arrived, I hadn't consid-
ered the pharmaceutical industry.

I went to Philadelphia for the inter-
view at the end of 1963. They were
forming a new subsidiary for medical
instrumentation and were looking for an
M.D. I went to work for them in March
of 1964 as Associate Medical Director.

The instrumentation we were de-
veloping,“ he says smiling at his change of
fortune, “turned out to be ultrasound.

The job didn't tax me physically
nearly as much as practice had. It took me
eight months just to dissociate a sense of
urgency from the phone ringing.”

That remark about the phone could
almost stand as a summary self-charac-
terization. Davis “keys in” more in-
tensely on the stimuli in his environ-
ment and responds more readily and
fully than other people. It may be that
“living on the edge,” as he says, for 16½
years has keenly attuned him to the
present. “One learns,” he says, “just to
live and not worry about the next day.”

On the other hand, that heightened sen-
sitivity and alertness may simply be-
speak an unusual intensity of being.

Even as Davis sits still listening, he
leans forward intently. Though he
doesn't speak especially fast or give
clipped replies to questions, inter-
viewing him takes appreciably less time
than it does to ask other people the
same questions. The whole process
somehow gets speeded up by becoming
more methodical; irrelevant chatter
tends to disappear. Such an instinct for
paring an interaction down to essentials
must make Davis an especially effective
presider over group communications
where the voices of individuals tend to
muddle the common ground for dis-
course. Such a talent for streamlining
and ordering interactions admirably
suits him to the administrative, manag-
erial core of the corporate world. Out in
Ephrata, however, there were just too
many voices—too many demands from
patients and colleagues—for a man with
a pronounced penchant for order.

That clinical experience has, though,
provided Davis with a practical basis
for the ethical standards which inform
his business dealings. Among the duties
associated with his present position as
Director of Worldwide Medical Affairs,
he chairs a Review Board which ap-
praises new pharmaceuticals. He tells
Board members that “we are not here to
look at a compound because it might
sell or even because it might be needed;
we're only here to consider its safety.
It's important,” he says, “in a job like
this to think from the viewpoint of the
clinician; we have to be the conscience
of the corporation. The patient must
come first; the doctor, second; and the
 corporation, last. Otherwise, I wouldn’t
be doing my job because I would be giv-
ing the corporation bad advice.”

Perhaps on account of his ethical ap-
proach to his own work, Davis does not
regard the FDA as an adversary. “Cer-
tainly,” he says, “the regulations can
drive you up the wall. On the other
hand, when I go down there, I can’t
help but be impressed by the quality of
the people. They are making their con-
tribution just like I am.”

Davis compares his job to public
health work because of the indirect re-
ponsibility for the welfare of a large
number of people. “This week,” he says,
referring to mid-January when he was
interviewed, “we took a brand new
drug off the market because we found it
produced a side effect we couldn’t live
with. The side effect never showed up
in all those thousands of clinical trials,”
he says shaking his head at the costly
unpredictability of such ventures, “we
started administering the drug to pa-
tients in 1974; it was approved last May
for marketing. Now, eight months later,
it has to come off the market. You can
imagine,” he says, “the extent of the re-
sources it took to get the drug this far.”

In addition to research and develop-
ment relating to pharmaceuticals, Davis
consults for other health care related
areas such as instrumentation and over-
the-counter medication (the Menley &
James Division). A member of the Exec-
utive Committee which presides over
corporate affairs, he reports directly to
the President of Smith Kline & French.

“Everything seems to have worked
out for the best,” he says surveying the
course of his career. “I've had experi-
ces I wouldn't have otherwise had
without the change of career. I've also
been able to spend more time with my
three children. But, then, corporate life
entails moves, and those have been tra-
matic for the children. On the other
hand,” he continues demonstrating that
feeling for trade-offs that executives cul-
tivate, “I think it was good for the chil-
dren to have a California as well as an
East Coast experience.”

The California experience probably
benefitted Davis as much as his children.
There's still a note of amazement in his
voice when he talks about the West Coast
lifestyle. “In all of my clinical work at
Stanford I don't think I ever saw anybody
running in the halls. They get the job done
without our hustle and bustle.”

It was ultrasound that brought Davis
to California. SmithKline relocated its
ultrasound division to California in
1968. By then Davis had been working
with the evolving technology for four
years. “In 1964, all we knew how to
do,” he recalls, “was measure the mid
line of the head. Then we extended use
to fetal heads. So all we did for quite
awhile was talk to neurosurgeons and
obstetricians. By mid 1965 we started to
get cardiologists interested. It was really
slow going for the first five years. Ninety
per cent of my work in California re-
lated to ultrasound, and 90% of that
dealt with echocardiography. Not until
the early '70's did the technology begin
to catch on.” In 1970 he was promoted to
Director of Research and then to
General Manager in 1972.

Last November Davis returned to his
undergraduate alma mater, Ursinus Col-
lege in Collegeville, Pennsylvania. The
recipient of an honorary Doctor of Sci-
ence Degree, he was the featured
speaker at the College's annual
Founder's Day Convocation. He spoke
of how the liberal, broad based educa-
tion he received there gave him the lati-
date to explore his technical interest
which, much later, provided the foun-
dation for his work on ultrasound and,
hence, the bridge to a new career. “I
pointed out when I was speaking there
that not only had they trained me for a
career I sought—medicine—but, more
importantly, they also prepared me for
a career I didn't seek.”

16
"It was a case of boondocks blues." At least that’s the diagnosis that Jay S. Barnhart, Jr. ’61 made on the basis of his 17 years as a family practitioner in the little town of North East, Maryland. Fittingly, the course of treatment for a condition that has taken 17 years to develop is also lengthy—five years. That’s how long it takes to become a thoroughly trained forensic pathologist.

More than halfway through his first year of residency at Jefferson, Barnhart still has the folksy drawl and downhome manner that must have soothed and settled hundreds of residents of the Chesapeake Bay area community. Interviewing such a friendly, relaxed fellow seems like an easy proposition, but it isn’t. All those years as a G.P. have made Barnhart adept at interacting with people. He can sidestep a question with such aplomb that it takes awhile to realize that the answer he’s giving isn’t to the question he was asked. Even when the discrepancy between question and answer becomes apparent, it’s hard to quibble disagreeably with such a charming, good-humored man. Behind Barnhart’s country cadences lies a really astute communicator with that intuitive feeling for other human beings that is the hallmark of the skilled clinician.

It takes a long time, a lot of experience and a certain amount of personal mellowing to develop such adeptness. Yet Barnhart, who is so skillful at handling the living, has, in effect, turned his attention to the dead. And it isn’t that he always had a secret longing for pathology. “When I graduated from medical school, if somebody would have had me rank 20 things I could do in order of personal preference, pathology would have been number 20.” Nor has he been unhappy practicing family medicine for the past 17 years. “It was great,” he says. “I was alone for eight years, and then my brother, Barry” (a graduate of Temple Medical School), “joined me. He arrived just when the practice had expanded to the extent that one man couldn’t really handle the patient load. No,” Barnhart says in answer to a series of questions designed to see whether friction between the brothers made the partnership and hence the practice untenable. “We fought when we were kids, but the partnership worked really well. Barry was in fact surprised when I told him I wanted out. He had the option of maintaining the practice but decided to enlist in the Air Force. He’s a flight surgeon now, stationed in Cocoa Beach, Florida, and loves the work. He figured,” explains Barnhart, “that he’d feel the same way I did after another five years of practice.”

How did Barnhart feel? “I felt,” he says, “that I had it made. I had the influence, the big practice, everything, in fact, that I had wanted and worked for. I started thinking, ‘Well, gee, do I want to do this for another 20 or 30 years?’ We would have had to have upgraded the practice—got a new building, more partners. I was Vice President of the Maryland Academy of Family Practice; that office gave me the chance to consider developing my career through organized medicine. Barnhart realized, in other words, that there was latitude for growth within his specialty. He also sensed that he had reached some point in his personal development that necessitated his making a change—either further into or out of his specialty.

“About five years ago,” he says, “completely untrained in forensic pathology, I started doing coroner work for the North East area. I took the job almost solely because nobody else wanted it. Some of the stuff is gruesome,” he says explaining the general lack of interest in such work, “and you get called out in the middle of the night. But I liked the job—the mystery involved with unsolved crime and the police work; I even liked going to court.”

In November of 1978, I went to a meeting held by the National Association of Medical Examiners in Newport, Rhode Island. I was fascinated by conversations among the pathologists. They were obviously excited by their work and so,” he admits, “was I. I saw an ad there for Assistant Medical Examiner of the State of Maine. It intrigued me. I found myself applying for the job. Though I had some experience, they said they had to have somebody who was trained. I thought the training would take a year or two; I was really surprised that certification in anatomic alone takes a three year residency.”

The length of pathology residencies varies depending on the trainee’s objectives. There are separate Boards for anatomic and clinical pathology. The residency at Jefferson lasts four years, but can be shortened to three if the trainee wants to be qualified in either anatomic or clinical. Forensic with its own sub-specialty Boards entails another year of training in a Medical Examiner’s office. A resident planning on going into forensic doesn’t have to take
the full four year residency. Barnhart thinks, however, that the whole pro-
gram will give him credentials which
will carry more weight in court.
Responding to the ad for the Maine
job not only prompted Barnhart to in-
vestigate the training process, but the
gesture also indicated to him how seri-
ous he was about changing. During the
month after the forensic conference, he
was writing New Year's resolutions.
That's when he spelled out for himself
the decision to go into pathology. "I'd
talked to men who were experiencing
mid-life crises, not only doctors but
businessmen, too, around the age of 49
or 50. They kept saying they wished
they'd made a change four or five years
beforehand. At least four or five years
from now—I'm 44," he says smiling—"I
won't be saying 'I wish I had.'"

After his brother decided that he too
would leave the practice, their first task
was to find somebody who could take
over. A friend of Barnhart told him of a
friend who wanted to settle in the
Chesapeake Bay region. The man, a
Westerner, had apparently become en-
amored of the area when he was do-
ing a residency at the University of
Maryland. "Two weeks after my friend
told me of his friend, the guy called me;
we got together and drew up an agree-
ment. Then my brother and I sent thou-
thands of letters to the patients whom we
had records on. We asked them to sign
the letter and return it if they wanted to
keep their records with the practice.
Ninety-eight per cent of them did. That
was great; otherwise we would have
had to extract and forward a lot of pa-
per." For tips on the logistics of dis-
banding a practice, Barnhart recom-

mends a text put out by Medical Eco-
nomics called How To Close a Practice.

In addition to divesting himself of the
practice, Barnhart had to sell his house.
"I put a sign on the lawn that said, 'For
Sale by Owner.' Two weeks later a man
who had moved to Texas from the
neighborhood was driving around look-
ing for a house so he could move back
to Maryland. He stopped, went through
the place and made me an offer."

Barnhart and his wife have since
bought a house in the City on Eighth
Street near the Society Hill Playhouse.
During my first month of residency, I
sublet a room in Orlowitz while my
wife looked at houses. She narrowed the
field down to three. I took a day off and
looked at them; we picked one."

Barnhart is wholeheartedly enthusi-
astic about his new life style. He loves the
City, and he loves pathology. "There's
so much to do here. When I was in med-
ical school, I had two children; we felt
tied down and couldn't wait to get out
on weekends. Now, I'm much better
able to appreciate the richness of urban
life—the variety of people, the wealth of
cultural activity.

Once I got over any doubts I had
about whether I could do the residency,
I started enjoying the work. I wouldn't
want the people back home to know,
but I don't miss that life at all." From
the slightly puzzled expression on his
face, it's evident that even Barnhart
hadn't expected to like his new life as
much as he does. At the very center of
that life is the pleasure he takes from
academic stimulation. Despite his re-
discovered enthusiasm for academics, he
says, "I don't have any regrets for the 17
years I spent in family practice. I would
do that all over again if given the
chance. It's just that I had done what I
wanted to, and it was time to move on
to something else."
It isn't really appropriate to cast William E. Delaney, III, M.D. '53 in the part of a physician who changed specialties. He wasn't a pathologist who one day discovered himself turning into a medical oncologist. His field might better be characterized as medicine, not "internal medicine," just "medicine." From that perspective, his three Board certifications and sub-specialty fellowship at Johns Hopkins seem like stages in a continually evolving engagement with his profession.

Fittingly, for a man with such an integrated, on-going relationship to his career, Delaney begins his account of his decision to leave pathology with his graduation from Jefferson 23 years beforehand. But the story starts earlier with his father, William E. Delaney, Jr., M.D. '23, a surgeon. Delaney explains that he too thought he would go into surgery until his senior year at Jeff when he scrubbed for a nine hour gastrectomy. The surgeon was, he comments, a little slow. Delaney decided that he didn't have the back for such prolonged bending. Already slated for a rotating internship at Jefferson, he used the year to consider other specialties. Still uncommitted, he chose to "make a temporizing decision and take a year of pathology. The year turned into two," he explains because he got an American Cancer Society Fellowship for the second year... $3,600, tax free, a fortune," he adds grinning slightly, after the meager salary of an intern and first year resident. The second year appointment was the proverbial "offer" he "couldn't refuse" as were the third and fourth year appointments and fellowships. It wasn't of course the money that made the offer so attractive, Delaney "really enjoyed the opportunity to dig deeply into the scientific foundations of pathology." It's just that when he finished his residency, he still didn't know if he wanted pathology as a career.

Again deciding on temporary measures to shore up his finances, Delaney took a job as Director of Laboratories at St. Agnes Hospital in South Philadelphia. That year he made up his mind that he didn't want to be a pathologist so he applied for a medical residency at Jefferson under the then Chairman of Medicine, Robert Wise, M.D. "That's when I should have made the switch," he says. But familial circumstances led him to defer the move. With the death of his wife in 1959, he had to care for his six year old daughter. "That was enough to make me stay in pathology." He adds by way of simple explanation that he "wanted stability."

He began to work his way into the more academic side of pathology when he discovered that he preferred surgical pathology to autopsies. Returning to his alma mater as Assistant Director of Clinical Laboratories in 1961, he stayed until 1968. "Every year," he says, "I had pangs that I really wanted to do internal medicine." In 1968 he got however another offer that he couldn't resist. As Director of Laboratories at St. Vincent's Hospital in New York City, he was appointed full Professor of Pathology at N.Y.U.

It was at St. Vincent's apparently that he began to mature as a teacher. "I don't think I was that good at teaching when I was at Jeff in the '60's. I really became inspired to teach at St. Vincent's. I suppose," he says with his usual good-humored self awareness, "that the older one gets, the more one likes to talk to young people." He characterizes his orientation to pathology at St. Vincent's as clinical in contrast to "the laboratory and tissue thinking" of his earlier years at Jefferson. Apparently his emerging sense of his obligations as a teacher of future physicians led him to put the patient back at the center of his medical thinking. He had never abandoned his primary allegiance to clinical medicine; teaching simply reinforced it.

While he was at St. Vincent's he also picked up on an interest he had acquired ten years before in nuclear medicine. In 1960 he had gone to Oak Ridge, Tennessee, for training in that field. In the early seventies a conjoint Board of internists, pathologists and radiologists was formed to certify doctors in the new field. Physicians with training in one of these areas and nuclear medicine were declared Board eligible. When Delaney prepared for and passed Boards in nuclear medicine, he had no idea that seven years later he would be finishing up an oncology fellowship. In addition to being well prepared for con-
suits with radiation therapists, he has the background that enables him to understand the physics of isotope therapy.

Despite his intellectual excursion into nuclear medicine and his involvement with teaching, Delaney realized during the mid-seventies that he was becoming not a surgical or anatomic, but an armchair pathologist. With a staff of ten pathologists I wound up doing the administrative work. My angst set in," he says, "maybe that's what people mean by mid-life crisis. I just knew I couldn't go that way any further. I wanted a clinical speciality—had wanted one on and off for 18 years. It was 'now or never.' My wife”—he had remarried in 1963—"supported me.

I decided to do a medical residency at Lankenau mostly because Frank Gray was there. A month after I began, Gray left to chair the Department at Jefferson." Delaney shrugs. That is another case of his plans coming out differently than he expected. This summer when Delaney assumes his new appointment as Professor of Medicine at Jefferson, he will finally get to work under Gray.

When he arrived at Lankenau, Delaney had, he says, little trouble readjusting to patients. "Procedures were," he concedes, "different," and he had to adapt to "major changes in the contrapctions of clinical medicine. It was a matter of a few months before I got comfortable with the hardware. The housestaff were the same as they had been a generation ago—same problems, same personalities." They didn't, he says, discriminate against him on the basis of age. He shared equally all the dubious privileges of a residency—night, weekend and special call. The first time he responded to a code he ran a quarter mile and dashed up three flights of stairs at 3 a.m. He was afraid, he admits, that his "heart might not be up to it."

In fact giving up one's job as Director of Laboratories at St. Vincent's to become a resident at age 48 entails a gamble on one's health. The gamble is compounded by the loss of financial security. If health problems do occur, financial reserves for coping with them have been depleted, and, as Delaney has discovered, four years of retraining can be an expensive venture. "If I could have looked at the balance sheet beforehand, maybe I wouldn't have done it. I didn't plan on four years; initially I thought I'd do the two years in medicine and then go into practice. So it took more time and more money than I anticipated—about twice as much," he adds ruefully. For that investment of time and money, Delaney says that he's gotten "a chance to make my life more meaningful." He pauses and then goes on to explain "more meaningful in terms of what I'm putting back into the world. I wanted my contribution to be more personal. I wanted to bring what I knew back to the sick bed."

It's probably true that few other specialties bring the physician closer to the "sick bed" than medical oncology; and Delaney's interest is in the particularly virulent oat cell carcinoma of the lung. But he is sanguine about coming to oncology from pathology. "The pathologist sees the worst," he says, "sees how cancer spreads. The clinician, on the other hand, gets to experience the good things—the improvements, the relieved suffering, the extended life."

Delaney chose to go on in oncology because of his positive experiences during a rotation at Lankenau under hematologist, Thomas G. Gabuzda, M.D. "I learned to appreciate the value to patients of even a small lengthening of life if it is of good quality."

Only when he was well into his training program did he come to see oncology as a specialty that is an amalgam of internal medicine and pathology. He didn't plan his career that way. He was even, he says, induced by other people to view his oncology sub-specialty as a conservation of his pathology resources. He just followed out his interests, and, understandably, those interests ended up coalescing into a pattern.
In Residency,
Acute Enthusiasm
Offsets
Chronic Fatigue

Dark smudges under the eyes and a preternatural alertness... Bruce D. Hopper, M.D. '65 has all the marks of a man undergoing one of the more physically demanding residencies—in obstetrics and gynecology. He's been on call every third or fourth night for a year and a half, and in o.b., "call" is very much more than a pro forma matter. Babies do, Hopper verifies with a somewhat wry smile, prefer the early morning hours. Because of the hours, many obstetrician/gynecologists start thinking, somewhere in their middle years, about limiting practice to gynecology. That is when Hopper plans at age 42 to start practicing, and though he speaks warmly of women, it's obvious that his real interest focuses on women in relation to babies so that obstetrics will not be peripheral to his future practice. Why, one wonders, would anyone subject himself to such an arduous maturity?

Though Hopper plainly does not see his switch to obstetrics as all that taxing, he admits that a number of people have sidled up to him during his year and a half of training at Jefferson to ask why he has taken such a task upon himself. Hopper, who is an articulate and thoughtful man, has carefully considered the answer to the question. But behind that reasoned reply, there's also a more compelling, if less logical, explanation. "Delivering babies," he says, "is the greatest thing; it gives me a psychological high all the time."

Dr. Hopper is not the sort of man given to the liberal use of such colloquialisms as "high." He uses the word presumably because it conveys so well his own sense of how it feels to do something he really likes. Apparently, some

Dr. Hopper: "There's too much to do in medicine for anyone to be unhappy... I figure you can do most things if you want them badly enough."
premonitory sense of such feelings is what led him from family medicine to obstetrics and gynecology. He doesn’t say so directly, but his remarks suggest that he’s found that it takes time and experience for a person to figure out what he really likes in contradistinction to what he thinks he ought to like. “There’s too much to do in medicine,” he says, “for anyone to be unhappy because he’s lodged in a particular facet he doesn’t find stimulating. Too many people,” he goes on, “walk around at the age of 50 saying ‘if only.’ At least I won’t be saying that. I figure you can do most things if you want them badly enough.”

That last assertion could be Hopper’s motto. It’s the sentiment he’s used to gear himself up for the rigors of retraining. “I had been running my own shop for 10 years,” he says referring to his incorporated family practice in Wayne, Pennsylvania. “I was very comfortable making my own decisions. Then, when I went back into training, I just had to accept the fact that I was no longer in control. There are rules for the game; I just abide by them.”

Hopper began thinking about a change of specialty in 1974, the year before he passed his Boards. Not until June of 1977 did he make up his mind to go into obstetrics and gynecology. He began training at Jefferson in July of 1978.

“It wasn’t so much a question of my being dissatisfied with family medicine as it was of my not being able to do all that I wanted in medicine. Family medicine is so broad and encompassing that there was no way that I, at least, could keep up in all the relevant areas. Consequently, I found myself skirting one of two courses—referral or ‘flying by the seat of my pants,’ so to speak. And, I wanted to do some surgery. Also I’ve discovered that I prefer women to men as patients because they generally have more realistic expectations for treatment as well as more sensible evaluations of their initial conditions. Men,” he goes on drawing on his experience as a family practitioner, “tend to conceive of themselves as well or not; by the time they decide they’re sick enough to see a doctor, they’re half-dead. Oh, I’m generalizing of course, but I find that it’s easier for me to work with what seems to me to be the more discriminating stance women allow themselves to have about their health.

I mulled over my reasons for switching for awhile. I decided I wanted the change and then discussed the matter with my wife. If she had said ‘no way,’ that would have been the end of it. She was highly supportive of the idea initially, and her support throughout has been tremendous.” (Hopper pronounces that last word with much feeling.)

“Yes, our income has plummeted, but we just do without the extras. My wife has taken over primary parental duties” (for the three children, ages 10, 11 and 14) “as well as most of the house maintenance chores.”

Hopper says that he confronted the possibility that he might not like ob/gyn before he made the decision to do the residency. He made up his mind that if he didn’t like the field, he would quit after completing the first year. Now, that he’s half way through the residency or, as he puts it, “on the downward slope,” there’s little question that he has found his place in medicine. He really likes obstetrics and gynecology, and his enthusiasm shows when he discusses the specialty.

“From 1965 when I last studied obstetrics to 1978, the field has completely changed. The stable, non-interventionist approach has been altered by such procedures as fetal monitoring. With the technological changes, we’re getting better babies and healthier mothers.”

Again, underscoring changes in the field which have been conceptual as well as technological, Hopper talks of a paper he wrote his senior year at Jefferson on abortion. “It was illegal then,” he recalls. “I gave a paper in an o.b. course which argued that there was a place for abortion. I deplored the septic abortions I had seen coming into PGH. That paper was inflammatory stuff back in the mid-sixties. I thought I had flunked the course on account of it.” He shakes his head. “That liberal position of the mid-sixties has become the conservative view of the early eighties.”

Hopper is also in an especially good position to note the changes that have taken place at Jefferson over the past decade and a half. His enthusiasm for “the beautiful new buildings” is unqualified. From his vantage as a teacher of juniors during their ob/gyn clerkships, he has, however, some reservations about changes in educational style.

“I went to medical school at the end of what I would call the traditional era of Jefferson. Academic life,” he says, “was structured, very structured. A student might not have ‘liked’ the atmosphere, but the teachers did a good job of educating us to be physicians. Now things are much more casual and informal. Personally, I don’t like the pervasive loosening of structure. I would even argue that it represents a step backwards which we’ll probably see reversed.”

Hopper admits that his aesthetic sense biases him in favor of more formal dress for students. It’s not the clothes, however, but the attitude of students that troubles him. “They ask more questions than we did which forces residents and Attendings to stay informed, but they seem to read less. I like that aggressive stance towards questioning, but I don’t care for the defensive self-centeredness that can go along with it—the recurrent ‘what’s in it for me?’ The general social climate is so different from when I was in school that I basically just accept the fact that my students have different world views.

Even though I’ve been talking of changes in educational style which I don’t care for, I’ve found that I like teaching. In fact, I really enjoy functioning in an academic environment because of the constant stimulation.”

With his growing appreciation of academics, Hopper was asked how he reacts to the charge that obstetrics and gynecology is among the least intellectual of the specialties in medicine. “Well,” he says, “the intellectual content of the field has certainly increased over the last decade. True academics want, though, to study things in a predictable way. People aren’t, I don’t think, all that predictable, and people are, after all, at the heart of my specialty. Whether they are predictable or not fundamentally is besides the point. What I like about obstetrics is the variability. The work doesn’t follow according to routine. Periodically, I’m intensely involved. I like to think that involvement is intelligent if not intellectual.”
1924
Samuel S. Shaprio, 340 C Narragansett Ln., Jamesburg, N.J., writes that he has been retired since January of 1976.

1925
Leslie L. Nunn, Rt. #1, Box, 340, Ocean Park, Wa., painted an oil entitled “Pearl Harbor,” which was featured in an article in The Retired Officer. A veteran of both wars he served in the Pacific Theater as Chief of surgery. Colonel Nunn says that the inspiration for his work is “self-explanatory.” Having retired from the United States Army, he gave up private practice in 1959. He studied sculpture under Manuel Izquierido in Portland and painting from an Ocean Park, Washington, artist.

1926
Gerrit J. Bloemendaal, Ipswich, S.D., writes that he hopes to attend the 1981 class reunion.

1927
William T. Hunt, Jr., 513 Parkview Dr., Wynnewood, Pa., has two daughters—one in Wyomissing, Pennsylvania, and one in Switzerland. He and his wife write that “retirement allows us to visit with our daughters.” They spend about five months a year in Wynnewood and the rest of the time in Switzerland; Beach Haven, New Jersey; and Florida. “Both of us are relatively healthy and active.”

1930
Leon L. Berns, 1300 Knox Rd., Wynnewood, Pa., is Honorary Clinical Professor of Anatomy at Jefferson—“proud to announce his 48th year with the Anatomy Department.”

1931
Ira G. Wagner, Jr., 301 W. Main St., Ephrata, Pa., is retiring after 48 years of practicing medicine in the Ephrata area. He looks forward to pursuing his two favorite hobbies: skiing and woodworking. He skis during visits to his daughter, Susan, who lives with her husband and four daughters in Littleton, Colorado, a suburb of Denver. Dr. Wagner served as President of the Lancaster City and County Medical Society and the Northern Lebanon Medical Association. On the staff of the Lancaster General Hospital, he was Chief of pediatrics at Ephrata Hospital.

1932
Achilles A. Berrettini, 65 W. Union St., Wilkes-Barre, Pa., writes that his son, Wade '77, is in his second year of a psychiatric residency at Jefferson.

1933
John R. Bower, 1669 Garfield Ave., Wyomissing, Pa., plans “to revisit Germany in 1980 to attend the Passion Play in beautiful Oberammergau.”

Murray Elkins, 4601 Bayberry Ln., Ft. Lauderdale, Fl., is semi-retired with a limited practice in the Fort Lauderdale area.

Nicholas F. Vincent, South Carolina State Hospital, PO Box 119, Columbia, S.C., has been a staff psychiatrist there since July of 1977 when he withdrew from private practice.

1934
Francis Gallo, One Front St., Winsted, Ct., writes that he and his wife celebrated their 50th wedding anniversary last November. He presently is recuperating following surgery at Jefferson.

1935
Mark D. Grim, Main St., Oley, Pa., continues with his general practice there.

1936
J. Edward Burke, 894-C Ronda Sevilla, Laguna Hills, Ca., described his 25 years as a researcher in an oration entitled “Amylase: A Saga of Serendipitous and Other Unfinished Adventures” when he was installed as the first Distinguished Professor of the University of California College of Medicine at Irvine. Dr. Burke, who is Professor of Medicine there, was honored by his colleagues at the third Faculty Colloquium of the Medical College. He was the first Chairman of the Department of Medicine as well as the first head of the Division of Gastroenterology. Jefferson’s Dean William F. Kellow attended the Colloquium and the installation ceremony.

Gabriel E. DeCicco, 1028 Westport Dr., Youngstown, Oh., writes that he is enjoying his retirement. He works part-time as physician advisor to the Utilization Review Coordinators in the Youngstown Hospital Association. They have delegated status with PSRO. He writes that he hopes to make the 45th in 1981.

Paul E. McFarland, 5302 E. Palo Verde Dr., Scottsdale, Az., is practicing ophthalmology part-time.

1937
Irvin F. Hermann, 141 Lowell Ct., Langhorne, Pa., has been appointed National Medical Director of the Postal Service.

Carl G. Whibyck, Box 177, RD 2, Hudson, N.Y., writes that he’s almost fully retired. He does part-time work as Medical Director of a nursing home. He has seven grandchildren. “Still playing tennis and golf.”
The Case of the Missing Diatribae Duae

When P. Brooke Bland, Professor of Obstetrics and Gynecology, died in 1940, his extensive collection of rare and early medical books was given to the Scott Memorial Library. Included in this donation, which was "accessioned" in the summer of 1941, were two editions of Thomas Willis' *Diatribae Duae*, the first written account of intestinal fermentation. One edition was published in 1663 in Amsterdam and is still in the library. The first edition, however, published in 1659 in London, disappeared sometime between 1941 and 1948 when the Bland collection was finally processed and catalogued.

How or when it left the Library is still a mystery.

In the fall of 1979 John A. Timour, the Librarian, was telephoned by a colleague at the Library Company of Philadelphia, Edwin Wolf, II. Mr. Wolf noted that he had an auction catalogue from a London book dealer advertising the 1659 Willis book for $4,000 and noting in the description that it contained "... perforations of the Jefferson Medical College Library..." Mr. Wolf asked if we had sold it, or otherwise disposed of it since "... no copy is known to be in the United States...."

A check of the catalogue revealed no record of this 1659 edition, but when the Accession Books were scanned the entry was found. There was no indication that the book had been withdrawn so a letter was sent to England asking how the book got into their possession. In reply, Roger Gaskell of Bernard Quaritch, Ltd. indicated that the book had been purchased from a German dealer, but had been sold to a Los Angeles dealer, Jacob Zeitlin.

When queried the German dealer would only say that they had received it from a "merchant in Paris." Mr. Zeitlin, when informed of the status of his purchase, offered to cooperate fully. Shortly thereafter, Los Angeles alumnus Edward E. Harnagel, M.D. '43 agreed to visit Mr. Zeitlin's shop and verify Jefferson ownership. On the day the confirming letter from Dr. Harnagel arrived at Jefferson, Mr. Gaskell called from London to say that in view of the circumstances Mr. Zeitlin's money was being refunded, and the Willis book was to be returned to London. Further, that if we were to request its return, that request would be honored. The request has been made, and we are awaiting the arrival of this unique item, missing for 30 years.

Jefferson is extremely grateful to the dealers for their mutual display of honor and integrity in its behalf.

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1938

Charles M. Bancroft, 213 Walker St., Falmouth, Ma., has retired to Falmouth on Cape Cod after 41 years of practicing medicine in the Wilmington, Delaware area. A Diplomate of the American Board of Allergy and Immunology with re-certification in 1977, he received the Award of Merit from the American College of Allergy in 1978. The Delaware State Medical Society conferred on him the President's Award for his work in total patient care; he has served as Chairman of the Society's Committee on Religion and Medicine.

Tillman D. Johnson, 123 Singerly Ave., Elkton, Md., was honored at a retirement dinner and dance at the Singerly Fire Hall in Elkton. He is giving up his practice after 20 years and moving to Punta Gorda, Florida. Dr. Johnson settled in Elkton after retiring from the Army in 1959. While practicing in Elkton, he first assisted with, then took over duties as County Medical Examiner. He and his wife, Mildred, have three children and four grandchildren.

Paul H. Morton, 1000 Adella Ave., Coronado, Ca., has moved his office after 30 years in Coronado. He and his son, John P. Morton '74, have moved into a new building they built in Nestor—11 miles down the Silver Strand in South San Diego. He adds that John has passed his family medicine Boards.

1941

Williard M. Drake, Jr., PO Box 816, Wellsboro, Pa., plans to associate with Dr. Arthur Speck in Nacogdoches, Texas. He is recruiting his replacement at present.

Charles M. Gruber, Jr., 3102 E. Kessler Blvd., Indianapolis, is still in research. His wife, Winnie, was elected Indiana Mother of the Year for 1979. They have two boys in college; one is presently studying in London.

1942

Edward M. McNicholas, 932 Netherwood Dr., Norristown, Pa., is "looking forward to retiring this coming July." His plans call for "first taking it easy."

Vernon R. Phillips, 2515 Market St., Camp Hill, Pa., still has an active family medicine practice.

1943

Andrew C. Ruoff, 1416 S. Wasatch Dr., Salt Lake City, U.t., represented Jefferson at the Inauguration of the new President of Utah State University.

1944J

Irving M. Gerson, 191 Presidential Blvd., Bala Cynwyd, Pa., has been appointed Consulting Editor in electrophysiology to Science. He is a member of West Park Hospital's Medical Staff, Division of Medicine, Department of Electroencephalography.

1944S

William S. Rothermel, 3750 Fulton Dr., N.W., Canton, Oh., has a son who is a general surgeon and a daughter-in-law who is a pediatrician and four grandchildren.

1945

Harry W. Fullerton, Jr., 207 Shell Rd., Carney's Point, N.J., has been elected Chief of
staff of the Salem County Memorial Hospital for 1980.

Raymond C. Grandon, Grand Acres, Poplar Ave., New Cumberland, Pa., has been elected Vice President of the Pennsylvania Medical Society. A Harrisburg internist, he served as Trustee from the Fifth District and Vice Chairman of the Board of Trustees at the time of his election.

William T. Lineberry, Jr., 1890 Edgecliff Dr., Fullerton, Ca., is still working in the Industrial Medical Clinic of a medical group in Downey, California; he also assists the group's surgeon. His oldest daughter, who graduated from Stephens College last May, is now taking pre-nursing at Saddleback College; his youngest daughter is a junior at California State, Fullerton.

1946

Samuel D. Rowley, Hibernia Rt., Box-890, Green Cove Springs, Fl., has recently been elected President-elect of the Florida Public Health Association. He will assume office in September.

1948

Velo E. Berardis, 139 Conroy Ave., Scranton, Pa., writes that his son, John, is doing a surgical residency at St. Vincent's Hospital in New York; he graduated from Jefferson last June.

Meyer Edelman, 538 Susquehanna St., Huntingdon Valley, Pa., has been appointed physician-in-chief, Department of Anesthesiology at the Abington Hospital.

Paul J. Lane, 300 Bay View Dr., 1605, N. Miami Beach, was recertified in 1979 as a Diplomate of the American Board of Family Practice.

John L. McCormack, 9409 43rd St., Mercer Island, Wa., is practicing urology. He is currently serving as Chief of staff of Swedish Hospital Medical Center.

1949

Sheldon Rudansky, 520 Franklin Ave., Garden City, N.Y., writes that he is expecting another grandchild and that he was delighted to attend his son's graduation last June from Jefferson.

George A. Winch, 60 San Andreas Way, San Francisco, writes that he enjoyed the 30th reunion. "I manage to stay busy with my practice and teaching commitments." He is also President-elect of the University of California Medical School Clinical Faculty.

1950

Erich A. Everts, 303 Georgian Dr., Cinnaminson, N.J., is the President of the Medical Staff of St. Mary Hospital in Philadelphia. He is a Clinical Associate Professor of Pathology at Jefferson. His daughter, Deborah '78, who is married to Kenneth Hollein '78, is a resident in pediatrics at St. Christopher's Hospital in Philadelphia. His son, Erich, Jr. '79 is a resident in pediatrics at Mt. Zion Hospital in San Francisco.

James R. Hodge, 295 Pembroke Rd., Akron, Oh., has accepted an appointment as Adjunct Professor of Psychology at the Florida Institute of Technology where he taught a 30 hour credit course to graduate students last December. He has also been selected for membership in Psi Chi, the national honorary society in psychology, on the basis of his Master's degree studies at Akron University. He contributed the section on "Hypnotherapy Combined with Psychotherapy" to the text entitled Specialised Techniques in Individual Psychotherapy, edited by Karasu and Bellak (New York: Brunner/Mazel, 1980).

Murray A. Kessler, 741 Westwood Ave., Long Branch, N.J., writes that he and Joseph A. Davies '64 have a group pediatrics practice with two other associates and two offices. Board certified in pediatrics and allergy-immunology, he is an Attending at Freehold Hospital and the Monmouth Medical Center, both in New Jersey. Director of the Monmouth Medical Center's Pediatric Allergy Clinic, he is an Associate Clinical Professor at Hahnemann. He has three children—Joel, an attorney; Connie, who is currently applying to medical schools; and Dan, a student at the Massachusetts Institute of Technology.

Donald K. Sass, 1300 Goldfinch La., Millville, N.J., has become Director of the Wheaton Regional Cancer Treatment Center, Millville Hospital. See page 13 for an interview on his change of specialty.

Amos V. Smith, Jr., 219 E. 9th St., Watson-town, Pa., has been appointed to the Sunbury Community Hospital staff for part-time work as an emergency room specialist.

Richard H. Smith, 341 E. Lancaster Ave., Downingtown, Pa., was recently elected Chief of staff at the Chester County Hospital in West Chester, Pennsylvania. He was also re-elected Vice-chairman of the hospital's Department of Medicine. He and his wife, Doris, have seven children.

1951

Harry Boretsky, 156 Beaconview Rd., Pittsburgh, has a son, Robert, who is a sophomore at Jefferson. After practicing anesthesiology for 25 years, he is taking a sabbatical from his post as Chairman of the Department at Suburban General Hospital in Pittsburgh.

1952

Jerome M. Cotler has been appointed to the Medical Scientific Advisory Board of the Pennsylvania Regional Tissue and Transplant Bank. Clinical Professor of Or-

In the fall, 1978 issue, the JAB ran an article on Paul H. Jernstrom, M.D. '47 called "Marathon Medical Man." Jernstrom, who is Director of Laboratories at the California Hospital Medical Center, contracted hepatitis in 1971. Two years later, his slow recovery included taking morning walks along the Palos Verdes Peninsula. There he would watch the joggers. Eventually, he took the sport up himself.

In 1975, he ran his first marathon at Palos Verdes in 4 hours, 10 minutes. By 1978 he was running the 26 mile, 385 yard race fast enough to qualify for the premier marathon in Boston. Jernstrom, at the age of 56 apparently completely recovered from the ailment that had threatened seven years earlier to curtail his work to part-time, took the Boston course in 3 hours, 1 minute. Running as one of the 700 physicians representing the American Medical Joggers' Association, he had the best time among the doctors in his age group.

Later in 1978, he was able to achieve his own goal by running a marathon at Calver City, California, in less than three hours. In 1979 he returned to Boston for the first of six marathons he completed during that year. Tallying the mileage for races and daily workouts, Dr. Jernstrom logged in 3,970 miles for 1979—easily the equivalent of the distance on foot between L.A. and Boston.
Evolving Research Career

Warren W. Nichols, M.D., '54, Ph.D. is an expert on cytogenetics. While he was in medical school at Jefferson, he was preparing himself for a career in clinical medicine. During his residency at the Children's Hospital of Philadelphia, his interest in pediatric cancers grew, but he still assumed that his research activities would someday supplement a pediatrics practice. He never did go into practice. No patients come to his office at the Institute for Medical Research in Camden, New Jersey. Visitors come instead from virology and genetics laboratories around the world.

Dr. Nichols' association with the Institute for Medical Research began while he was a resident at CHOP. The Institute was then the research adjunct of the Camden Municipal Hospital, where residents went for training in contagious diseases. The Hospital took all contagious cases from Trenton to Cape May. Research at the Institute then as now focused on viruses. During the period when Nichols was training at the Municipal Hospital, the polio virus was successfully treated at the Institute with gamma globulin thereby accelerating development of the Salk vaccine whose first field trials were subsequently evaluated at the Institute. With increased control over contagious disease and the decline throughout the country of specialty in favor of general hospitals, the Camden Municipal Hospital closed. The Institute remained as a free standing research facility.

After two years of pediatrics with the U.S. Air Force, Nichols returned to the Institute in 1959. In conjunction with his position there he was appointed to the Medical School faculty of the University of Pennsylvania. At present, he holds two appointments as Professor of Human Genetics and Professor of Pediatrics.

His interest in malignancies led him to genetics. In the early sixties, he explains, Levan and Tjio's work made it possible to look at human chromosomes. These newly developed techniques provided good chromosome preparations from cells grown in culture. At that time Nichols was doing tumor tissue culture work; he used the new cytogenetic techniques to study tumor virology.

Then in the early sixties, he met Professor Albert Levan of Sweden's Lund University. Levan was invited to the Institute on his way back to Sweden from Denver where he had been attending a conference on standardization of nomenclature relating to chromosome preparations. "We got along well," Nichols says; "we were interested in each other's work." The following summer Levan returned to the Institute to collaborate with Nichols.

The next year Nichols made the first of six trips to Sweden to work with Levan; in 1966 he got a Ph.D. in genetics from Lund. The first trip to Sweden lasted 15 months. His family had, Nichols thinks, a more difficult adjustment to make than he did. His work occupied most of his attention, and colleagues in the lab spoke English. His wife had to acquire the Swedish necessary for running a household. Her Swedish, he says, is to this day better than his. The children, Warren, Jr., and Sean, ages 4 and 1½ at the time of their first trip to Sweden, also quickly learned the language though their parents were unaware of their developing facility. Nichols recalls that it was a babysitter who informed him and his wife of the children's ability. "She complimented us on their Swedish," he says, "and we didn't even know they could speak the language."

Nichols tried to schedule succeeding trips so that the travel would not interfere with the children's schooling in the U.S. "Once," he says, "we left before the school year ended here or in Sweden. A neighbor there asked if she could try to get the children into classes. She did," he adds laughing, "much to the chagrin of our children. Sweden was at that time well ahead of the United States on issues related to sexual equality so that one of our boys had to take sewing. He 'lost' the potholder he had to make in class on his way home."

When Nichols talks about his own children, it's easy to envision him a pediatrician. He has that blend of curiosity and gentleness which makes him atten-
tive, but non-interfering so that children must feel secure yet free around him. He admits that he liked his little patients and enjoyed clinical medicine. So why, one wonders, has he devoted himself to research?

At one point, Nichols says, he discovered he couldn’t keep up in both pediatrics and genetics so he gave up the clinical specialty. The reason for his choice seems to lie not with negative feelings towards pediatrics, but with his decided attraction to genetics. Asked about his recreational activities, he begins to describe his interest in sailboat racing, but interrupts his narrative to comment that his “is one of the few occupations that can also be a hobby. I guess,” he adds after reflecting for a moment, “that work is really my main hobby.”

It’s probably overstating the case to say that work is play for Nichols. It’s just that, as he talks about what he does, it’s hard to remember at times that he’s discussing a job—what he’s been doing for 25 years to earn a living. Though he isn’t sentimental about serving “science,” his attitude toward his work is perhaps best characterized as reverential. He has a profound respect for the fundamental processes of life that he’s helped to explore. And he seems too to have a quiet but genuine appreciation of the good fortune that led him to a field whose time has come.

In 1978 his Chair at the Institute was endowed so he has become the first S. Emlen Stokes Professor of Genetics. His group now numbers from 15 to 20 people; six positions are on the doctoral level.

In keeping with the Institute’s early association with a hospital for contagious diseases, Nichols’ work has centered on the problem of whether viruses cause cancer by affecting the genetic material. The majority of his papers (he’s written well over 100 and edited, authored or contributed to 14 texts) focus on some aspect of the key relationships among viruses, genetic mutations and cancer. He began by adding specific viruses to cells to see if the organisms caused chromosomal abnormalities. He also looked at blood chromosomes from individuals with pathognomonic viral infections. “Sure enough,” he says, “there were chromosome breaks in a high percentage of cells for a short time during the disease.”

Though chromosome breaks make up a set of events which is highly correlated with the comparatively rare event of gene mutation, that probabilistic relationship has not yet, Nichols says, been established for viruses. It is that relationship which currently occupies his group.

They are also studying the cells of people with a demonstrated increased susceptibility to cancer—they either have three or more cancers or come from a cancer prone family. “We examine the cells,” says Nichols, “from the viewpoint of various genetic parameters to see if they have abnormalities that would make them more mutable. We look at the chromosomes, sister chromatid exchange frequency, response to added mutagens, and DNA repair capabilities—all in an effort to figure out what gives cells the increased probability of becoming cancerous.” In addition to cancer, the group is investigating certain facets of hereditary diseases and aging by applying the rapidly evolving findings of theoretical genetics.

Throughout discussion of this work, Nichols constantly refers to the various schema that have been developed for looking at chromosomes. The walls of his office are covered with chromosome pictures made possible through techniques his friends and colleagues, Levan and Tjio, helped to develop. Nichols also has a sheaf of photographs which he uses to clarify his remarks; among the representational techniques these illustrate are chromosome pairing and chromosome banding. It becomes apparent from the frequency of his references that half the battle in research is finding a new vantage since the way a thing is arranged and viewed affects what is seen.

Even while a student at Jefferson, Nichols’s penchant for research was evident. When he was a sophomore, he was cited for research on blood lipids in relation to coagulation physiology; later he received the Mosby Scholarship Award for Scholastic Excellence. A Diplomate of the American Board of Pediatrics, he is a member of five honorary societies including the American Society for Clinical Investigation. He belongs to numerous professional societies and has sat on the editorial boards of four journals: Cytogenetics, Mutation Research, Cancer Genetics and Cytogenetics and Cancer Research. He served as Associate Editor of the latter publication from 1977-79.

From 1963-1972 he worked under a Research Career Development Award from the National Institutes of Health. For four years beginning in 1973, he was a member of NIH’s Human Embryology and Development Study Section. He has also recently been appointed to NIH’s Board of Scientific Counselors of the Division of Cancer Cause and Prevention.

In 1976 he became Co-chairperson of the USA-USSR Program of Mammalian Somatic Cell Genetics Related Neoplasia. This is one of several committees set up by the National Cancer Institute to foster scientific collaboration with the Soviet Union. The Russian and U.S. Committees last met in Camden; the next meeting, scheduled for spring, will be held over there. Asked if he thinks the deteriorating relations between the two countries will affect the collaboration, Nichols says that heretofore “both the State Department and the National Cancer Institute have tried to keep science separate from politics. The committees do,” he adds, “get on well together.”

One of the benefits the United States gets from the collaboration is, according to Nichols, the opportunity to see Soviet labs. That firsthand experience helps U.S. investigators evaluate the findings of the laboratories. The Russians, on the other hand, have a chance to learn from U.S. geneticists. Their progress in that field has been slower than ours because under Stalin the state supported the faulty theories of T. D. Lysenko. He (like the French naturalist Lamarck a century before) argued that characteristics acquired through environmental interaction may then be incorporated into an organism’s heredity. Mendelian genetics and the chromosome theory could not be taught in the Soviet Union from 1948 to 1964—hence the lag in knowledge. “They have,” Nichols says, “been catching up and making contributions.” He himself has found the interaction to be “personally stimulating and productive.”

Asked if he construes his own efforts to be a political duty, he answers emphatically “no.” “I wouldn’t have chaired the U.S. committee if the collaboration was a political instrument because,” he explains quite simply, “that wouldn’t have been the best way to spend my time.” With T. D. Lysenko in mind, it’s hard not to agree. J.S.M.
thopaedic Surgery at Jefferson where he is a member of the Attending staff. Dr. Cotler is Chief of the hip service at Elizabethtown Hospital for Children and Youth and a consultant to Wills Eye Hospital. A Fellow of the American College of Surgeons and the American Academy of Orthopaedic Surgeons, he is Secretary-Treasurer of the American Board of Orthopaedic Surgery as well as Chairman of its Eligibility Committee. A founding member of the Jefferson Orthopaedic Society and the Tom Outland Orthopaedic Society, he also belongs to the American Fracture Association, the American Orthopaedic Association and the Society of Latin American Orthopaedists and Traumatologists.

Edward M. McAninch, 1820 N.W. Edgehill Dr., Camas, Wa., has been in family practice for 25 years. His eldest son, Mal, is a junior at Jefferson; his daughter is at the Harvard Divinity School and his youngest son, Gregg, is a junior majoring in biochemistry at the University of Puget Sound.

Herbert A. Saltzman is Professor of Medicine at Duke University Medical Center.

George T. Wolff, Director of the Family Practice Residency Program at Moses H. Cone Memorial Hospital, Greensboro, N.C., is serving as Treasurer of the American Academy of Family Physicians.

1954

Norris B. Groves, 102 S. Maple Ave., Martinsburg, W.V., is President of the Berkeley County Board of Education and of the Eastern Panhandle Training Center for the Mentally and Physically Handicapped. A past President of the State School Board Association, he is also serving as Vice President of the Regional Comprehensive Diagnostic and Counseling Center for the Handicapped. He writes that he and his wife, Jody, "are getting old on the farm." A daughter, Debbie, graduated from West Virginia University; another daughter, Sissy, is an alumna of Shepherd College where she was named "outstanding senior"; and daughter, "Boo," is a sophomore at Shepherd where she is majoring in art.

David L. McMorris has been named Medical Director of the Evelyn G. Frederick Health Center of The Pennsylvania State University; he has also been appointed Assistant Professor of Family and Community Medicine at the College of Medicine. He comes from Sun City, Arizona, where he practiced internal medicine. Before his two year stint in Arizona, he practiced internal and nuclear medicine in Williamsport, Pennsylvania, for 20 years.

Joseph M. Winston, Box 92 RD 2, Bernville, Pa., became Chairman of the Department of Radiology at St. Joseph Hospital in Reading.

Philip Woolcott, Jr., Box 6998, Department of Psychiatry, Abraham Lincoln School of Medicine, 912 S. Wood St., Chicago, accepted his current position as Director of Clinical Services in the Psychiatry Department last September.

1955

Robert E. Berry, 502 Audubon Rd., Roanoke, Va., was appointed Professor of Surgery at the University of Virginia Medical School last July. He has also been elected President of the Virginia State American Cancer Society.

J. Hubert Conner, 420 Foxchase Ln., Media, Pa., writes that fellow classmate, Taylor Brandfass, joined his orthopaedic surgical group in Chester last August.

Donald J. Manz, 345 Cinnamon Dr., Huntington Valley, Pa., has been appointed Director of Laboratories and Pathology at Holy Redeemer Hospital.

Robert Pathroff, 193 Easton Rd., Horsham, Pa., writes that his son, Robert, Jr., spent his freshman year at Jefferson but transferred to Tufts University where he and his wife, Denise, are now second year students. "Hated to see him transfer, but the girls always win!"

Robert C. Spagnoli, 706 Howell Dr., Brielle, N.J., writes that he and his wife "are looking forward to this year's reunion especially because daughter Marie will be graduating from Jefferson. It's quite a thrill for us!"

1956

J. Mostyn Davis, 309 E. Sunbury St., Shamokin, Pa., was featured in an article that appeared in the Shamokin News-Item. A family practitioner there for 21 years, he participates in Geisinger's Rural Free Receptor Project. One day a week he serves as consultant to residents in family medicine at the Dickey Clinic. Each Friday, he's assisted by one of Geisinger's family medicine residents, who rotate monthly. On the Board of Directors of the Pennsylvania Medical Society, he is President of the North Central Pennsylvania Academy of Family Physicians. Editor of the Pennsylvania Academy of Family Physician's journal, Keystone Physician, he is also the society's Vice President.

John J. Costigan, 305 Jeffrey Ln., Newtown Square, Pa., has been named Co-Director of the Department of Surgery at the Mercy Catholic Medical Center's Fitzgerald Mercy Division in Darby. Board certified in surgery, he is a Fellow of the American College of Surgeons.

John W. Holdcraft, 150 Rugby Pl., Woodbury, N.J., writes that his daughter, Suzanne, is in her first year at Jefferson.

1957

Bertram H. Frohman, 3 Hempstead Rd., Trenton, N.J., has become Board certified in family medicine. He is an AAFP Fellow and an ACEP charter member. He is serving as Director of the Department of Family Practice at St. Francis Medical Center in Trenton.

Simon Kravitz, 681 Foxcroft Rd., Elkins Park, Pa., writes that his son, Joseph, has been accepted at Jefferson where his oldest son, Daniel, is currently a freshman.

Gerald Labriola, 88 Timothy Rd., Naugatuck, Ct., has been re-elected to a fourth term as Chief of the medical staff at the Waterbury Hospital Health Center. He is the first physician to hold the elective post for four years since the position was created in 1948. A Diplomate of the American Board of Pediatrics, he is President-elect of the Yale Club of Northwestern Connecticut, a delegate of the Association of Yale Alumni and a member of the Yale Committee on Athletics. He serves as Secretary of the Naugatuck Board of Education, Director of the Naugatuck Valley Savings and Loan Association and the Country Club of Waterbury.

Lowell D. Mann, 8 W. Bainbridge St., Elizabethtown, Pa., is Chief resident, the Department of Psychiatry, the Hershey Medical Center.

Robert H. Schwab, 632 Montgomery School La., Wynnewood, Pa., has been promoted to Clinical Associate Professor of Medicine at Jefferson.
1958

John T. Antolik, Box 57, 19 W. Maiden Ln., Somerdale, N.J., writes, “I finally took and passed the ABFP exams in July ’78-79. I continue with family practice in Somerdale and enjoy it immensely.”

Frederick W. Floyd, 100 Somers Ave., Moorestown, N.J., has been appointed to the staff of the West Jersey Hospital System. He has been certified by the American Board of Allergy and Immunization and the American Board of Pediatrics; he has subspecialty certification in pediatric allergy. He holds a teaching appointment at Jefferson. He writes that his daughter, Mary’s, specialty certification in pediatrics. Catherine, has been accepted into the Jefferson Medical College clan of 1984.”

Marvin Z. Rotman, 59 E. 50th St., New York City, has “taken a new job” as Professor and Chairman of the Department of Radiation Oncology, the Downstate Medical Center of the State University of New York in Brooklyn.

1959

Trevor D. Glenn, 5072 N. Van Ness, Fresno, Ca., has resumed the private practice of forensic psychiatry with a full Professorship at the California State University, Fresno, to teach health science.

William A. Steinbach, Miller Rd., Waverly, Pa., has been elected President of the Pennsylvania Orthopaedic Society. Chief of surgery at Community Medical Center, he is also on the staffs of Scranton’s Mercy Hospital, State General Hospital and Allied Services. He holds a teaching appointment at the Hahnemann Medical College.

1960

Ronald A. Cohen, 841 Meadowview Rd., RD 1, Kennett Square, Pa., is with the Department of Medicine at the Wilmington, Delaware VA.

Peter W. Hebert, 100 Markham St., Portland, Tx., is located “in South Texas on the beautiful Gulf of Mexico.” He and his wife, Pat, write, “hope to see ‘you all’ in June.”

Marvin E. Lautt, 1015 El Dorado St., Vallejo, Ca., is Board certified in psychiatry. His private practice is in Vallejo.

Harvey W. Oshin, 399 E. Highland Ave., Ste. #320, San Bernardino, Ca., is a Diplomate of the American Board of Psychiatry and Neurology and the American Board of Forensic Psychiatry. He writes that he supplements his practice of psychiatry by “wheeling and dealing in California real estate.”

Walter K.W. Young, 1380 Lusitana St., Suite 615, Honolulu, has just finished being Chief of surgery at a children’s hospital in Hawaii.

1961

Louis Brown, 164 Orchard Rd., West Hartford, Ct., is Chairman of the section of thoracic and cardiovascular surgery at St. Francis Hospital in Hartford. His daughter, Sharon, has begun pre-med studies at Brandeis University along with “Stephen Sabo, son of classmate, fellow resident and pinuche partner, Jack Sabo, of Lakewood, New Jersey.

Charles L. Deardorff, Jr., 42 N. Lime St., Lancaster, Pa., was elected President of the Lancaster City and County Medical Society. On the active staff of St. Joseph’s Hospital and the courtesy staff of Lancaster General Hospital, he is a Fellow of the American College of Surgeons and a member of the Pennsylvania Association of Thoracic Surgery. A past President of the Lancaster chapter of the American Heart Association, he is a delegate to the Pennsylvania Medical Society.

Arthur N. Meyer, 186 Joseph Dr., Kingston, Pa., has recently been notified of his Board certification in the subspecialty of oncology. He has three children, Mark, David and Rachel.

Stanton N. Smullens, 1710 Pine St., Philadelphia, married the former Sara Kay Cohen last December. The new family unit includes four children—Elisabeth (age 11), Kathyanne (age 8), Elizabeth (age 13) and Douglas (age 10).

James Vorosmarti, 16 Orchard Way S., Rockville, Md., is Program Manager of the Diving and Submarine Medical Research Program at the Naval Medical Research and Development Command. He has been appointed Editor of Undersea Biomedical Research, the journal of the Undersea Medical Society.

1962

Robert M. Glazer, 415 S. 19th St., Philadelphia, continues to practice orthopaedic surgery and rehabilitation at the Graduate Hospital, the Hospital of the University of Pennsylvania, Children’s Hospital of Philadelphia and the Philadelphia VA Hospital.

Jack W. P. Love, Bethel Hill Rd., RFD, Sewell, N.J., was featured in an article in South Jersey Monthly. The article focused on Love’s dual career as physician and farmer. In 1970 he gave up his private practice for a position as emergency room physician at Underwood Memorial Hospital in Woodbury, New Jersey. He and his wife, Sally, renovated a 140 year old farmhouse situated on six acres. His attempt to raise cows on the six acres led to his purchase of 44 more acres to grow feed. In addition to this tract, called Bethel Mill Farm, he has rented land in Gloucester and Salem counties for fodder and other crops. He has five children.

Robert C. Nuss, 3493 Westover Rd., Orange Park Fl., was recently recertified by the American Board of Obstetrics and Gynecology. His oldest daughter is in her freshman year at Jacksonville University in Florida.

Herbert C. Perlman, 1104 Fleetwood Dr., Carlisle, Pa., is Chairman of the Department of Radiology at the Carlisle Hospital. He and his wife, Judy, have four children, Dan (16), Claire (14), Elaine (11) and Abigail (9).

1963

Peter J. Devine, Jr., 6 Pheasant Dr., Holland, Pa., has been appointed Medical Director for the Bell Telephone Company of Pennsylvania. On the staffs of the Nazareth and Holy Redeemer Hospitals, he is a member of the American Occupational Medical Association, American Academy of Occupational Medicine and the College of Physicians of Philadelphia. He and his wife, Donna, have three children, Michael, Donald and Kristin.

Ronald O. Gilcher, 3212 Broken Bow Ct., Edmond, Ok., is Director of the Oklahoma Blood Institute in Oklahoma City.

J. Robert McNutt, PO Box 297, Orleans, Ma., has been named Chairman of the Obstetrics and Gynecology Department of Cape Cod Hospital. His wife, Susan, who is completing requirements for a Master’s Degree in Early Childhood Education at Wheelock College, Boston, is owner and head mistress of a nursery school with 60 pupils and five teachers. Located in Orleans, the school is called The Curiosity Shop. Dr. and Mrs. McNutt have two sons.

Rudolph J. Preletz, Jr., 800 Ostrum St., Bethlehem, Pa., has been appointed Clinical Assistant Professor of Surgery at the Temple University School of Medicine. On the staff of St. Luke’s Hospital, he is Chairman of the Tumor Committee. He is a member of the American College of Surgeons.

Phi Chi Invitation

The Brothers of Phi Chi Medical Fraternity invite all of the alumni back to the house for cocktails on June 4, 1980, following the Dean’s Luncheon. Stop in between 2:30 and 4:30 p.m. and let the Chi welcome you back to Jeff.
Herbert C. Rader, Catherine Booth Hospital, NAGER-COIL-629 001, Tamlilnad, India, has returned to the Catherine Booth Hospital and is as "busy as ever" after a six month furlough during which he travelled 31,000 miles by car in order to attend 80 speaking engagements throughout the United States. He talked of his medical missionary experiences in India. He is occupied there with the hospital's surgical practice including the ophthalmology service. He and his wife, Lois, have six children. In India she educates four of the children at home; two board at the "hill school in Kodakarna--a 20 hour bus trip from Tamlilnad. "We would be very happy to send to anyone interested, the addresses of inexpensive Indian Christian periodicals which would give a very good picture of the current situation, and would help to focus prayer."

1964

John M. Donnelly, II, 200 Wister Rd., Ardmore, Pa., has been appointed Clinical Assistant Professor of Psychiatry and Human Behavior at Jefferson (Lankenau affiliate).

Richard D. Shapiro, 6177 Sodom-Hutchings Rd., Girard, Oh., who is finishing his term as President of the Trumbull County Medical Society, has just been elected Chief of subspecialties at St. Joseph Hospital.

Robert M. Steiner, 129 Gypsy Ln., Wynnewood, Pa., has received a secondary appointment at Jefferson as Associate Professor of Medicine.

1965

Jon S. Adler, 124 Evans Dr., McMurray, Pa., is Board certified in family medicine. He is President of the Washington County Medical Society.

Mark D. Brown, 8900 S.W. 96th St., Miami, is an Associate Professor of Orthopaedic Surgery at the University of Miami. Next December he will give the Third Annual International Continuing Medical Education Course on the Spine, which is sponsored by the American Academy of Orthopaedic Surgeons. He looks forward to the last six months of 1981 when he will take a sabbatical in Sweden to study the basic mechanism of back pain. He and his wife, Patricia (R.N., Class of '59), have four children, Christopher, Tony, Daniel and Nicole.

Richard W. Cohen, 3044 Plymstock Ln., Atlanta, Ga., is Boarded in orthopaedic surgery. He has three teenage daughters.

James L. Conrad, 1511 N. Ridge Rd., Perkasie, Pa., moved last November to a new home outside Perkasie, where he continues "to enjoy a busy, three-man-group family practice." They are acting as preceptors for the Jefferson Family Medicine Department. Dr. Conrad has four children.

Nathan B. Hirsch, 507 Sevilla Ave., Coral Gables, Fl., writes that his second daughter, Emily Ann, was born last September by the LeBoyer technique, "a very beautiful experience."

Lewis A. Kirchner, 330 Mt. Auburn St., Cambridge, Ma., is Director of the Inpatient Psychiatric Service at Mount Auburn Hospital in Cambridge. On the courtesy staff of McLean Hospital, Belmont, he is the Medical Director of the Metropolitan Beaverbrook Mental Health and Retardation Center.

Allen S. Laub, 21 Beaumont Dr., New City, N.Y., is practicing pediatrics in Rockland County. He has three children, ages 7, 10 and 13.

Margaret M. Libonati, 922 Cedar Grove Rd., Wynnewood, Pa., spends most of her time "administering anesthesia at Wills Eye Hospital," but one day a week she goes to Children's Hospital of Philadelphia "to learn and to teach."

Samuel Salen, 136 Emerson St., Upland, Ca., writes that W. Caldwell Sims '63 has joined his group in the practice of radiology "in lovely southern California."

Joseph W. Smiley, 604 Argyle Ci., Wynnewood, Pa., is Director of the Renal Dialysis Center and President of the Medical Staff at Mercy Catholic Medical Center.

William T.M. To, 1852 Alpha Ave., South Pasadena, Ca., has been Board certified in internal medicine. An Attending at the Kaiser Foundation Hospital in Los Angeles, he practices internal medicine and cardiology as a partner of the Southern California Permanente Medical Group.

Garry H. Wachtel, 7100 S.W. 7 St., Plantation, Fl., shares a busy ob/gyn practice with two other physicians. He and his wife, Linda, have three children, David (7), Adina (9) and Marcia (13¼).

Richard P. Wenzel, 1940 Fox Run La., Charlottesville, Va., has just accepted the post of Editor-in-chief of Infection Control, "a scientific publication which will focus on studies of nosocomial infections." Late in 1980 his book on hospital acquired infections will be published by CRC Press Inc.

1966

Nathan Cohen, 12290 Skyline Blvd., Woodside, Ca., writes that he's "looking forward to seeing classmates at the May APA meeting in San Francisco."


Barton L. Hodes has been named Professor of Surgery and Chairman of the Division of Ophthalmology at The Milton S. Hershey Medical Center of The Pennsylvania State University. He comes to Hershey from the Northwestern University Medical School, where he was Associate Professor and Chief of the ophthalmology clinics, Director of the Division of Echography, Head of the Ophthalmology Department's resident training program and President of the Medical Faculty Senate. The author of 36 publications, he is a member of the editorial board of the Journal of Clinical Ultrasound, associate examiner for the American Board of Ophthalmology and collaborator for the American Journal of Ophthalmology. He belongs to the American Academy of Ophthalmology, the American College of Surgeons, the World Federation for Ultrasound in Medicine and Biology, the International Society for Diagnosis with Ultrasound in Ophthalmology and the American Association for Ultrasound in Ophthalmology.

Robert H. Kirschner, 6822 S. Euclid Ave., Chicago, will be presenting a paper on "High Resolution S.E.M. of Isolated Cell Organelles" at the International Symposium on Scanning Electron Microscopy in Cell Biology and Medicine, which will be held in Kyoto, Japan, this May. Only eight scientists from the U.S.A. have been invited to participate.

Bernard J. Miller, 6546 Carondelet Dr., Tucson, Az., is presently practicing ENT in Tucson. He has five children.

Arthur J. Schatz, 1100 NE 163 St., N. Miami Beach, and his wife, Irene, "celebrated the birth" of their daughter, Jennifer, last August.

Michael D. Strong, Peppar Bush Lln., Moorstown, N.J., who joined the Army Reserves in 1974 after completing a tour of duty in Vietnam, is Chief of the Medical Service Team for the 75th Maneuver Training Command, 75th Division (Training), at Fort Dix. He is on the staff of the Deborah Heart and Lung Center in Browns Mills, New Jersey. He and his wife, Barbara, have two children.

Marvin S. Wetter, 112 Spring Ridge Dr., Berkeley Heights, N.J., is Executive Director for the Medical Services of Pharmaceutical Divisions of CIBA-Geigy Corporation. He writes that he is "quite content (surprisingly) out of clinical practice." He and his wife, Nina, expected their third child last winter.
1967

Joseph P. Chollack, Jr., 48 Cardinal Ridge Dr., Medford, N.J., has left his general practice for a year to attend classes in marital and sexual therapy at the University of Pennsylvania Medical School. One of nine class members, Dr. Chollack received a grant for the year's work.

Charles H. Klieman, 3737 E. Century Blvd., Suite 450, Lynnwood, Ca., is Chief of staff and Chief of Cardiac Surgery at St. Francis Medical Center.

Michael B. Kodroff, 3428 Riverview Dr., Richmond, Va., has become an Associate of Radiology. He is a Fellow of the American Academy of Pediatrics, radiology section.

Philip A. Rosenfeld, 355 Wenner Way, Ft. Washington, Pa., has been appointed Clinical Assistant Professor of Otolaryngology at Jefferson.

Edward M. Salgado, 2920 Center St., Bethlehem, Pa., is Board certified in plastic surgery. He is a member of the American College of Surgeons.

Jean Olsen Shor, 9600 Atlantic Ave., Apt. 1415, Margate, N.J., was recently appointed to the Medical Staff of shore Memorial Hospital. She is a member of its Radiology Department.

Vincent J. Varano, 203 N. Crestwood Dr., Danville, Pa., announces the birth of his fourth child, a daughter. He was reelected Secretary of the Central Pennsylvania Society for Gastrointestinal Endoscopy.

Gary L. Wolfgang, 100 Laura Dr., Danville, Pa., has been named Director of the Department of Orthopaedic Surgery at the Geisinger Medical Center. He and his wife, Janet, have three children.

1969

Alan S. Bricklin, 22733 DeKalb Dr., Woodlands, Ca., is a pathologist at the Medical Center of Tarzana in Tarzana. He and his wife, Bonnie, have two children, Melissa and Seth.

Salvatore P. Girardo, 2517 S. Colorado St., Philadelphia, Pa., has recently been elected a Fellow of the American College of Cardiology.

Alfred J. Mauriello, II, has opened the Chester County Audiologic and Oto-Neurologic Center for complete audiologic and vestibular analysis at the Exton-Lionville Medical Arts Building, Suite 202, Route 100 and Welsh Pool Road, Exton, Pennsylvania.

Barry S. Smith, 702 Lexington Pl., Louisville, Ky., writes that he and his wife, Jane, enjoyed visiting with old friends at the reunion. "It was a great party!"

1970

Ronald I. Blum, 5 Gardner St., Patten, Me., is co-directing the Milliken Medical Center. He is practicing pediatrics and family medicine in rural, northern Maine, which he says is "beautiful." He and his wife, Mary Lou Evitts '71, have an 18 month old daughter.

John W. Breckenridge, 7937 Heather Rd., Elkins Park, Pa., has been promoted to Clinical Assistant Professor of Radiology at Jefferson.

Larry S. Cohen, 16800 N.W. Second Ave., North Miami Beach, had a son, Michael Brandon, last May.

George Isajiw, 111 N. Lansdowne Ave., Lansdowne, Pa., has been appointed Instructor of Medicine at Jefferson (Mercy Catholic Medical Center affiliate).

James W. Kendig, 214 William Dr., Hershey, Pa. is in his first year of a three year clinical and research Fellowship in nephrology at the M. S. Hershey Medical Center.

Steven A. Klein, 33 Shepherd La., Roslyn Heights, N.Y., spent two years in the air force as Assistant Chief of the Wilford Hall, San Antonio gynecological service after completing an ob/gyn residency at Bellevue in New York. He began a Fellowship there in maternal-fetal medicine in 1977 and expects to complete Board certification in that field in 1981. He is presently serving as Chief of the Department of Obstetrics, the perinatal service, at Nassau Hospital on Long Island. He and his wife, Daniela, who is a Lamaze instructor, have two children.

William J. Lewis, 33 Lankenau Medical Bldg., Philadelphia, is one of five otorhynologists selected to participate on H.E.W.'s second opinion panel.

Norman G. Loberant, 521 Little Wekiva Rd., Altamonte Springs, Fl., announces the birth of his fourth child, Moshe Aryeh. He and his family are planning to spend a year in Israel.

John T. Martzolf, University of North Dakota, Department of Pediatrics, Grand Forks, N.D., "continues to enjoy North Dakota. The clinical genetics program is well into its second year of operation."

Lawrence S. Miller, 145 S. Burlingame Ave., Los Angeles, has been elected President of the Southern California Society of Physical Medicine and Rehabilitation. He presented three papers at national PM&R meetings in Hawaii. He writes that he and his wife, Anita, and three children are thoroughly enjoying California.

Larry S. Myers, 1779 Nacogdoches, San Antonio, Tx., has been promoted to lieutenant colonel while serving as staff psychiatrist at Brooke Army Medical Center, Fort Sam Houston, Texas.

David R. Pashman, 86 McFadden Dr., Huntington Valley, Pa., has recently become a Fellow of the American College of Surgeons. He writes that he is enjoying group orthopaedic practice and living in the Philadelphia suburbs. He has three children.

Christopher C. Rose, 268 15th Ave., San Francisco, has been appointed Assistant Professor of Medicine at the University of Pennsylvania as of last April.

Robert I. Salasin, 209 E. Charleston Ave., Wildwood Crest, N.J., is practicing general surgery with his father, Robert G. Salasin '54, in Wildwood, New Jersey. He and his wife, Bonnie, have had their sixth and "final" daughter, Lauren, last October.

Paul M. Selinkoff, 4855 W. Royal Palm Rd., Glendale, Az., is Chief of surgery at Luke Air Force Base Hospital in Phoenix. Board certified in general surgery last June, he has been promoted to Lt. Colonel.

Roger L. Terry, 1501 Clubview Dr., Lima, Oh., is in the private practice of orthopaedics in Lima. He was inducted into the
American Academy of Orthopaedic Surgery last February.

Neil O. Thompson, Christian Hospital, Manorom, Chaint, Thailand, writes that he has been settling into the daily life of the hospital community there. He is about three to four hundred miles from the Cambodian refugee camps.

Martin A. Tobey, 811 Fifth Ave., Ft. Worth, Tex., announces the birth of his second child, Rachel Elizabeth. He is in the practice of cardiology.

Calvin L. Weisberger, 538 11th St., Santa Monica, Calif., writes that his first book, Practical Nuclear Cardiology, was published by Harper & Row last September. He co-authored the book with colleague, James Sprengelmeyer, M.D. They also have a slide series for Medcom on the same subject scheduled for marketing in 1980. Dr. Weisberger, an Associate Professor of Medicine at USC, is still with the Southern California Permanente Medical Group. He and his wife, Janice, have three children.

1971

Robert E. Chandler, 2722 Lansdowne Ln., Atlanta, Ga., has been appointed Clinical Assistant Professor of Radiology at Emory University School of Medicine.

David R. Cooper, 372 High St., Souderton, Pa., is Clinical Assistant Professor of Orthopaedic Surgery at Hahnemann Medical School in Philadelphia. He and his wife, Joanna, "are the proud parents of Meredith, age 3, and Richard, age 1."

William R. Henrick, Rt. 1, 272-D, Raleigh, N.C., has recently joined the Raleigh Anesthesia Associates.

Ronald A. Hoffman, 445 E. 80th St., 4G, New York City, has opened offices for the practice of otology. His wife, Alice, is an associate with a Manhattan law firm.

Margaret A. Shepp has just begun an internal medicine-hematology practice in Portland, Maine. Her address is 95 Foreside Rd., Falmouth.

J. Stanley Smith, Jr., 2645 N. Third St., Harrisburg, Pa., has been appointed Medical Director of South Central Pennsylvania's Emergency Health Services Federation.

Michael E. Starrels, Franklin and Wood Sts., Doylestown, Pa., has been appointed Consultant in ophthalmology to the Doylestown Hospital's Department of Surgery. A surgeon at Wills Eye Hospital and an Assistant Professor of Ophthalmology at Jefferson, he delivered a lecture on “Visual Fields in Glaucoma” at the annual meeting of the American Academy of Ophthalmology in San Francisco.

Barbara Tenney, 816 Alpine St., Morgantown, W.V., is Associate Professor of Pediatrics and Chairman of the Child Abuse Team at West Virginia University. She was elected Outstanding Teacher of the Medical School for 1978-79.

1972

Anthony J. Calabrese, 2510 Riva Rd., Annapolis, Md., completed two years of active duty at Andrews AFB last July. He is currently in the private practice of gastroenterology in Annapolis. He and his wife, Nancy, have two sons, Chris and Michael.

Sanford Fitzig, 243 Post Oak, Wichita, Ks., has joined the Wichita Clinic as a urologist. He is an Assistant Professor of Surgery at the Kansas University School of Medicine. He writes that he, his wife (Elly) and children (Deron and Jeremy) are enjoying their new Midwestern home.

Helen A. Leibowitz, 1206 Rodman St., Philadelphia, writes that she and husband, Paul J. Hoyer, '76 had a second daughter, Natalie, in January of 1979. She is a radiologist at Mercy Catholic Medical Center; he is finishing a pathology residency at Jefferson.

James W. Redka, Box 336, Picture Rocks, Pa., has joined the Cornerstone Family Health group whose offices are in Williamsport, Pennsylvania. He has just completed a two year assignment with the National Health Service Corps as a family practitioner in Picture Rocks. He and his wife, Margaret, have two children, Kristen and Bryan.

Wayne T. Rensimer, RD 2, Athens, Pa., has just been Board certified in ophthalmology. He is on the staff of the Guthrie Clinic.

John P. Rodzvilla, Jr., 98 S. Ivy Ln., Glen Mills, Pa., announces the birth of a daughter, Jennifer, last June.

1973

Peter C. Amadio, One Emerson Pl., 5D, Boston, will return to Jefferson in July as a hand surgery Fellow with Drs. Hunter and Schneider. His wife, Bari, is enjoying her first year as a law student.

Frank A. Borgia and Lynne E. Porter, 21 Oakgren Dr., Oakmont, Pa., announce the birth of a son, Matthew Allan, last December. A Diplomate of the American Board of Surgeons, he is in group practice in Natrona Heights, Pennsylvania; she is a gastroenterologist on the staff of the University of Pittsburgh.

Mary Ann (Starsene) & Alan M. Resnik, 522 Wyndmoor Ave., Wyndmoor, Pa., write that she is staff anesthesiologist at Jefferson and he is practicing colon and rectal surgery there.

Michael S. Wrigley, PO Box 583, Valley Forge, Pa., is an emergency room specialist at Pottstown Memorial Medical Center.

1974

Joseph S. Agnello, Jr., 301 Prospect Ave., Syracuse, N.Y., has become a Diplomate of the American Board of Anesthesiology. He is Clinical Instructor and Director of Resident Training at St. Joseph's Hospital in Syracuse and the SUNY Upstate Medical Center.

David A. Brent, 6551 Northumberland, Pittsburgh, is a second year resident in child psychiatry at Western Psychiatric In-
stitute. He has completed a pediatrics residency at the University of Colorado. He gave a workshop entitled "Trained To Be Obnoxious" at the American Association of Psychiatric Services for Children in Chicago. Another paper on "Family Business" has been accepted for publication and presentation at the Pittsburgh Family Systems Conference.

Louis T. Broad, 2991 School House Lane Oak 14-E, Philadelphia, has been Board certified in gastroenterology. He is practicing at Jefferson and Methodist Hospitals. His wife, Andi, is an attorney in Philadelphia.

Burton H. Danoff, 3800 Hillcrest Dr., Hollywood, Fl., is in the private practice of obstetrics and gynecology at Ft. Lauderdale.

Alice J. Forsyth and Thomas Forsyth, Jr., 601 E. Sedgwick St., Philadelphia, write that he has completed a surgical residency at Lankenau Hospital and is studying for Boards. She was appointed to the Abington Hospital ER last July and was certified in Advanced Life Support.

Robert W. Gardner, 6600 Foothill Ranch Rd., Santa Rosa, Ca., writes that he is "happily announcing the first birthday of his daughter, Erica. Warm regards to all classmates, especially those I don't get to see frequently."

Michael C. Leo, PO Box 64, Fort Defiance, Az., finished his general surgery residency and teaching Fellowship last July at the Berkshire Medical Center, an affiliate of the University of Massachusetts Medical School. He is Chief of surgery at the U.S. Public Health Service Indian Hospital, Fort Defiance, Arizona, for a Navajo Reservation. He has a faculty appointment for a clinical preceptorship from the University of Massachusetts Medical School.

Vincent A. Pellegrini, 321 Warwick Dr., Wyomissing, Pa., is in the private practice of obstetrics and gynecology at the Women's Clinic, Ltd., Reading, Pennsylvania. He has two children, Luke (six months) and Cara (age 5).

Edward J. Share, 462 Oakhurst Dr., Beverly Hills, Ca., completed a gastrointestinal Fellowship at Boston University Medical Center and the Boston City Hospital. He is now practicing gastroenterology and internal medicine in Los Angeles.

Bruce G. Silver, 1121 Greentree Ln., Narberth, Pa., has been promoted to Clinical Assistant Professor of Medicine at Jefferson, Lankenau affiliate.

Bruce B. Vanett, 732 Hedgerow Dr., Broomall, Pa., is Medical Director of the newly opened Sports Medical Clinic at The The Jefferson Medical College Clock

The Alumni Association of Jefferson Medical College now makes available to our membership a clock of solid butcher block construction. The deep gold coloring of its roman numerals and central silk screened seal of the Medical College stands out against a dark grained walnut finish. The 11" x 11" x 1½" clock weighs three pounds and runs on a size C battery.

A perfect gift for the alumnus' office or den. Delivery is approximately three weeks, and it will be mailed directly to the purchaser's or recipient's home. Checks for $40.00 should be made payable to the Alumni Association of Jefferson Medical College and returned to 1020 Locust Street, Philadelphia, 19107. Delivery charge is included.

NAME OF PURCHASER __________ CLASS __________
ADDRESS OF PURCHASER ________________________________

NAME OF RECIPIENT __________ CLASS __________
ADDRESS OF RECIPIENT ________________________________

Faculty Wives' Art Exhibit

The 12th Annual Art Exhibit, sponsored by the Faculty Wives of Jefferson Medical College, will open May 22 and continue through June 5.

Everyone in the "Jefferson Family" is invited to participate; to enter arts in every possible medium—oils, watercolors, pastels, drawings, crafts of all kinds—whatever your special talent! Stained glass? Photography? Bring and share it! If you or your family are connected with Jefferson in any manner, come join us in this annual "get-together" during reunion activities at Jefferson Alumni Hall! For additional information and entry forms, contact the Alumni Office.

Mrs. Willard Krehl and Mrs. Robert Baldridge are in charge of this year's Exhibit.
Haverford General Hospital, 2000 Old West Chester Pike, near West Chester Pike and Lawrence Road, Havertown. He is an orthopaedic surgeon.

Guillermo J. Vazquez, Sagrado Cavagon, Santurce, P.R., has been appointed Chief of the infectious disease section at the Hospital of the University of Puerto Rico Medical School.

Charles E. Vickerman, Jr., 1800 High St., Pottstown, Pa., has joined the consulting staff of the Good Samaritan Hospital; he provides outpatient dermatology services to residents of Schuylkill County. He has finished a Fellowship in immunology at Jefferson.

Richard Wallace, 1900 Spruce St., Philadelphia, opened his own office for the practice of internal medicine and joined the staff of Graduate Hospital. He is married to Ellen J. Siegel.

1975

Angelo S. Agro, 1626 S. 8th St., Philadelphia, will finish an otolaryngology residency at Jefferson in June.

Geoffrey R. Barger, 6 Locksley Ave., A10-F, San Francisco, finished a neurology residency at Pennsylvania Hospital last July. He currently is doing a two-year Fellowship in neuro-oncology at Moffitt Hospital's Brain Tumor Research Center, the University of California at San Francisco.

Jerry M. Belsh, 198 B. 122 St., Belle Harbor, N.Y., is a clinical Fellow in neuromuscular disease at Mt. Sinai Hospital in New York. He and his wife, Barbara, announce the birth of their second son, Meir Simcha.

Paul D. Bergson, Fachzahrer der Anesthesie, Benedikt Kreutz Rehabilitationszentrum für Herz und Kreislaufkranke, 7812 Bad Krozingen, West Germany, left his position as Director of Anesthesiology at Soldiers and Sailors Memorial Hospital in Wellboro, Pennsylvania, last January and moved to the German Federal Republic to assume the position of Oberarzt (Associate Professor of Anesthesiology) after he spends six months as special advisory consultant in anesthesiology at the Cardiovascular Disease Clinic in Bad Krozingen, Baden Wurttemberg. "If anyone's near Freiburg, please contact me."

Gordon L. Brodie, 77 Wilshire Rd., Vernon, Ct., is in his second year of a family medicine private practice in Manchester, Connecticut.

Robert H. Hall, 761 N. King St., Xenia, Oh., has moved to Xenia to become Medical Director of Greene Hall, a chemical dependency treatment unit of the Greene Memorial Hospital.

John E. Hocutt, Jr., 1243 Lakewood Dr., Wilmington, Del., is practicing with classmate, Gary M. Owens, in Wilmington. He published a chapter on sports medicine in Taylor's textbook of Family Medicine.

Richard S. Jackson, Jr., is Chief resident of the surgical service at the University of Vermont Medical Center. Plans call for him to pursue thoracic and cardiac surgery at Tufts New England Medical Center in Boston.

Alexander G. Paterson has been appointed unit Director at Latrobe Area Hospital's Family Practice Unit at Pleasant Unity. He will be responsible for the supervision and unit instruction of the family practice residents assigned to the office.

John P. Rogers, 85 Carlisle St., Wilkes-Barre, Pa., is in private group practice in nearby Kingston. Clinical Senior Instructor at Hahnemann Medical College and Clinical Instructor for the King's College physician assistant program, he serves on the Board of Directors of Home Health Services of Northeast Pennsylvania and the Luzerne Community College respiratory therapy program.

Edward S. Schulman, 6818 Bonnie Ridge Dr., #102, Baltimore, has finished a pulmonary Fellowship at the University of California in San Francisco. He is now doing a Fellowship in clinical immunology and allergy at Johns Hopkins Medical Center.

David O. Thayer, RD 4, Cosmos Heights, Cortland, N.Y., began the practice of obstetrics and gynecology there in association with Doctors Jacobus, Olson and Ger.

1976

Dennis J. Bonner, 213 Cambridge Dr., Langhorne, Pa., has been appointed Director of Physical Medicine at Saint Mary Hospital, Langhorne. He and his wife, Theodora, have three children, Paige, Julia and Dennis, Jr.

James E. Bradfield, Box 89, N.R.M.C., San Francisco, is serving as Chief resident of the OB/GYN service at the Naval Regional Medical Center, San Diego.

Christopher M. Frauenhoffer, 950 Walnut St., Philadelphia, is finishing a residency in pathology at Jefferson. His wife, Suzanne, M.D. (Medical College of Pennsylvania '77), is in her second year of a pathology residency also at Jefferson. They had their first child, Susan, last February.

Steven J. Glass, 1717 Pine St., Philadelphia, is completing a psychiatry residency at Jefferson. He plans to work at the Philadelphia V.A. with outpatients and to set up private practice.

Robert L. Goldberg, 7030 Walnut Wood Dr., Modesto, Ca., writes that he and his wife, Brenda, recently welcomed classmates Roderick B. Grooms and Sanders S. Ergas to their country home. "I made my first solo as a private pilot last September."

Paul J. Hoyer, 1206 Rodman St., Philadelphia, and his wife, Helen A. Leibowitz '72, had a daughter, Natalie, in January of 1979. He is finishing a pathology residency at Jefferson; she is a radiologist at Mercy Catholic Medical Center.

Andrew J. Levin, 9301 State Rd., Philadelphia, will complete his training in ophthalmology at Wills Eye Hospital next June.

Ivor F. Lewis, 7 W. Mill St., Elysburg, Pa., has opened an office for the practice of family medicine in the Sunbury, Pennsylvania, area. He is the first of the Weis Scholarship sponsored physicians to begin fulfilling the agreements of the pact.

John S. Liggitt, Jr., 5600 N.W. 29th Ter., Gainesville, Fl., writes that he is "newly married."

Robert H. Martsolf, 483 Seventh St., Sharpsville, Pa., began the private practice of family medicine in Sharon, Pennsylvania, last August with classmate Glenn B. Charlton. He writes that they both passed AAFP Boards last summer. Dr. Martsolf expected his second child in January.

Richard J. Pierotti, 201 Fawn Dr., Harleysville, Pa., is associated with Dr. R. Lawrence Derstine of Harleysville. He is on the staff of Grand View Hospital, Sellersville. He and his wife, Virginia, have a daughter, Rebecca Marie.

Paul B. Sobelman, 416 Poppy Hill Dr., Healdsburg, Ca., finished a family practice residency last June. He is now working full-time as an emergency room physician in northern California.

1977

Cynthia B. Altman, 1205 Weymouth Rd., Philadelphia, has been selected as a member of the JAB Publication Committee.

Michael P. Hofmann, 35 Kelly St., S. Portland, Me., his wife (Betty Anne) and son (Timothy) "will be heading for a little town called Pound, Wisconsin," after he finishes his pediatric residency at the beginning of the summer. He will join up with classmate Russell C. Jones, II to serve together with the National Health Service Corps to repay scholarship funding.

Harry J. Knowles, Jr., 117 W. Yononali St., Santa Barbara, Ca., moved there to pursue training in radiology at Cottage Hospital after completing two years of a general surg-
cal residency at Georgetown University. "Wishing all Phi Alpha Sigma brothers the best of luck!"

Samuel M. Lesko, 60 Road Ave., Windsor, Ct., announces the birth of a daughter, Erin, born last November.

John W. Peters, 1708 Adams Ave., Dunmore, Pa., is a third year resident in internal medicine in the Scranton/Temple Residency Program (a new arrangement between Mercy and Moses Taylor Hospitals and the Temple University School of Medicine). He presented a paper on "Hydrogen Sulfide Poisoning" to the eastern regional meeting of the American College of Physicians last October.

Stanley P. Solinsky, Rt. 1, Box 174A, Thornton, W.V., and his wife, Ruth, announce the birth of Sharon Amy last August. He plans to resume residency training in obstetrics and gynecology next July after concluding his stint with the Public Health Service.

1978

Johnson G. Coyle, 113 S. Vernon Ave., Flint, Mi., and his wife, Jane, had their first child, Abigail Julia, last October. Dr. Coyle is practicing full-time emergency medicine; his wife is a premedical student at the University of Michigan.

David M. Goodman, 1400 NW 10 Ave., 18-K, Miami, will complete anatomic pathology training at Jackson Memorial Hospital in Miami and finish his AP/CP training at the Mount Sinai Medical Center in New York City beginning in July 1980.

Sally L. Herpst, Desert Villa 24-4, Edwards AFB, Ca., is working as flight surgeon at Edwards Air Force Base. "Classmates visiting Southern California are invited to see the Mojave Desert."

M. David Lauter, 290 Montello St., Lewiston, Me., is in his second year of a family practice residency in Lewiston. "Good skiing one hour away—come on up."

Robert M. Lintz, 833 South Ave., Westfield, N.J., will be Chief medical resident at St. Michael's Medical Center in Newark, New Jersey, effective July 1, 1980. He married the former Carol Richmond last August. He writes that his brother, David I. Lintz '70, also lives in Westfield "where he is happily engaged in the practice of infectious diseases."

Francis A. Marro, 2 Colony Blvd., #132, Wilmington, De., has been accepted at Georgetown University Hospital for a nephrology Fellowship beginning in July.

Joseph A. Petrozza, 184 Lauren Dr., #202, Laurel, Md., is currently completing his second year as an internal medicine resident at the University of Maryland; he has been accepted there as a G-I fellow.

Patricia Harper Petrozza, 184 Lauren Dr., #202, Laurel, Md., is currently serving as general medical officer for the U.S. Navy at the Washington Navy Yard. "The work is enjoyable and interesting."

Ira U. Smith, 5700 Fifth Ave., #33-C, Pittsburgh, married the former Shelly Mammoth of Philadelphia last August. He is a resident in internal medicine at Allegheny General in Pittsburgh.

Ronald D. Springel, RD 1, Box 119B, Emmaus, Pa., is currently a second year resident training in emergency medicine.

Charles D. Stutzman, 2850 N. Charles St., 12-A, Baltimore, writes that he ran into former classmate, Duncan Salman, at Johns Hopkins Hospital. "Duncan says he likes it there, but his call schedule doesn't leave him time to enjoy Baltimore."

Douglas B. Yingling, Meadow Brook Village, W. Lebanon, N.H., is a second year surgical resident at Dartmouth's Mary Hitchcock Medical Center.

1979

Lawrence H. Brent, 3557 Collins Ferry Rd., D-6, Morgantown, W.V., is a first year resident in medicine at the University of West Virginia. This July he will return to Thomas Jefferson University Hospital for his second year of residency in medicine. He recently published in the Delaware Medical Journal a paper entitled "Sarcoidosis with Thrombocytopenia."

Anthony V. Coletta, 528 Brookhurst Ave., Narberth, Pa., is a first year surgical resident at Jefferson.

Robert Herman, 2364 Big Sur Ct., Dayton, Oh., is completing the first year of an internal medicine residency at the United States Air Force Wright-Patterson Medical Center. He and his wife, Marion, "are happy to announce the birth of their first child, Lisa Michelle, last August."

Barbara P. Leidich, 3083 Reese Dr., Portsmouth, Va., is an intern in internal medicine at the Portsmouth Naval Regional Medical Center. Her husband, Raymond B. Leidich '76, is a second year surgery resident at the University of Virginia Hospital in Charlottesville.

Steven L. Mendelsohn, University of Michigan Affiliated Hospital, 1405 E. Ann St., Ann Arbor, Mi., is engaged to Susan Zwanger. She will graduate from the School of Medicine of Northwestern University next June.

Obituaries

Victor M. Reynolds, 1905
Died December 15, 1979 at the age of 97. Dr. Reynolds, a general practitioner, maintained his office in his Colwyn, Pennsylvania, home until two years ago. He is survived by a daughter and a son.

Samuel Blaugrund, 1915
Died October 17, 1979. Dr. Blaugrund was a pediatrician with offices in Trenton, New Jersey.

Thomas J. Summey, 1915
Died January 22, 1980 at the age of 92. Dr. Summey, a general surgeon, practiced in the Moorestown, New Jersey, area until 1959. He was a founder and Chief of Staff at Burlington County Hospital. At the time of his death, he was a resident of Richmond, Virginia. Surviving is his wife, Jane.

Francis E. Eakin, 1918
Died November 18, 1979 at the age of 84. A radiologist, Dr. Eakin was a resident of New Castle, Pennsylvania. He was associated there with Jameson Memorial and St. Francis Hospitals. A son survives him.

Walter G. Klugh, 1918
Died June 13, 1979 at the age of 83. Dr. Klugh was a general practitioner in Hot Springs, Arkansas. He is survived by his wife, Dorothy, and a physician son.

Grover A. Meikle, 1922
Died December 12, 1979 at the age of 85. Dr. Meikle retired from general practice in Galeton, Pennsylvania, in 1971. He is survived by his wife, Grace, a son and a daughter.

Vincent C. Hughes, 1924
Died November 10, 1979 at the age of 81. Dr. Hughes resided in Lakewood, New Jersey, at the time of his death. He is survived by his wife, Mary, and a son.

Sidney S. Goldman, 1926
Died December 27, 1979 at the age of 77. Dr. Goldman maintained his medi-
cal practice in his home at 1327 Pine Street in Philadelphia. He also worked for 45 years with the City's Health Department and was honored for his years of service in 1956. Surviving are his wife, Sara, and a physician son.

John W. Gordon, Jr., 1926
Died October 16, 1979. The retired physician was residing in Irvine, California at the time of his death.

Morris Harwitz, 1926
Died January 25, 1980 at the age of 78. Dr. Harwitz was a staff member at the Wilmington Medical Center in Delaware. For several years he was known as Doctor X on a WILM talk show. He is survived by his wife, Fannie, and three sons, one of whom is Daniel G. Harwitz '65.

En Shui Tai, 1928
Died January 17, 1980. A specialist in pulmonary disease, he resided in Collegeville, Pennsylvania. As a living memorial, his family has established the Dr. En Shui Tai Fund to benefit the United Nations Children's Fund, 830 Third Avenue, New York, New York 10022.

John L. Boyer, 1930
Died January 8, 1980 at the age of 78. Dr. Boyer first practiced general medicine in the Arendtsville area of Pennsylvania. He later studied under the late Dr. Eugene Pendergrass at the University of Pennsylvania Graduate School of Medicine. He then headed the Department of Radiology at Warner and Hanover General Hospitals in the Hanover area of Pennsylvania.

Lloyd E. Saylor, 1932
Died December 27, 1979 at the age of 73 following an accident Christmas Day. He was practicing general medicine in Baltimore, Maryland.

Gaston F. Johnson, 1934
Died January 22, 1980. The retired physician was residing in Chapel Hill, North Carolina.

Edmund F. Neves, 1942
Died December 10, 1979 at the age of 63. Dr. Neves, a staff physician at Rutland Heights Hospital in Rutland, Massachusetts, was former Chief of Anesthesia at Union Truestdale Hospital in Fall River. In addition to his wife, Dorothy, he is survived by a daughter and five sons.

Vance A. Funk, Jr., 1943
Died December 22, 1979 after a long illness. Dr. Funk was Chairman of the eye, ear, nose and throat department at the Wilmington Veteran's Hospital in Delaware. He had been retired since 1964 due to illness. Surviving are his wife, Lydia, two attorney sons, William B. Funk '77 and a daughter who heads the Latin Department at the Baldwin School.

William F. Grady, 1943
Died December 1, 1979. Dr. Grady, a pediatrician, resided in Danville, Illinois. His wife, Norah, survives him.

John L. Weaver, 1949
Died January 14, 1980 at his home in Beulah, Colorado, where he had moved recently. Prior to that he had practiced surgery in Pueblo for over 25 years. Dr. Weaver was cited several times for his work with civilians during the Vietnam War. A past President of both the Pueblo County Medical Society and the Pueblo Rotary, he served as Director of the Pueblo Chamber of Commerce. He is survived by his widow, Frances, and four children.

Richard J. Kester, 1951
Died March 12, 1980 at the age of 55. Dr. Kester, who maintained a private psychiatry practice in Wilmington, Delaware, served as Clinical Forensic Psychiatrist for the state and was a founding Director of the Rockford Center there. He also served on the staffs of Delaware State and St. Francis Hospitals and the Wilmington Medical Center. Surviving are his mother, a daughter and two sons one of whom, Robert, is a junior at Jefferson.

Vonnie M. Hicks, Jr., 1952
Died December 13, 1979. Dr. Hicks, an ophthalmologist, in Raleigh, North Carolina, was in practice until a week prior to his death. He is survived by his widow, Jean, a daughter, three sons and a step daughter.

Thomas C. Jacob, 1954
Died December 29, 1979. Dr. Jacob was a radiologist who resided in Springfield, Pennsylvania. He was a Life member of the President's Club. His wife survives him.

Marc W. Shapiro, 1972
Died December 18, 1979 of osteogenic sarcoma. Dr. Shapiro, who was in a private practice of dermatology in Birmingham, Michigan, completed his internship at Michael Reese Hospital and his residency at Henry Ford Hospital in Detroit. He is survived by his wife, Joan H. Shapiro '72 and two sons.

Revelle W. Brown, Trustee
Revelle W. Brown, who died March 14, 1980, at the age of 97, served as a Life Trustee on Jefferson's Board from 1952 to 1970 at which time he was named Emeritus. He received an honorary degree from Jefferson in 1971. President of the Reading Company from 1944 to 1951, Mr. Brown then served as Chairman of the Executive Committee. Following his service with the railroad, he acted as Consultant to the governments of Norway, Columbia (SA) and India. Mr. Brown was active in youth work, particularly the Boy and Girl Scouts of America. In 1966 a Reading Railroad station was renovated and called the R. W. Brown Boys Club. He also was named one of the Fifty Philadelphians in 1959 for his community efforts. In addition to his honorary degree from Jefferson, he received Doctor of Law degrees from the University of Pennsylvania (1947) and Dickinson College (1949) and a Doctor of Letters from Ursinus (1951). Surviving are his wife, Catherine, a son and two daughters.
Alumni Association President

Thomas B. Mervine, M.D.

Having risen through the academic ranks, he was made Clinical Professor of Surgery in 1974. From 1959 to 1972, he served as Chief of Surgery of the Jefferson Division of PGH.

He credits his interest in alumni affairs to the central role the institution has played in his own professional life as well as that of several family members. Four relatives, including his father, Graydon D. Mervine, M.D. '04, have received medical degrees from Jefferson. Mervine says that he was “marked as a Jefferson man when he started accompanying his father on housecalls” throughout the Lock Haven, Pennsylvania area. “My father was a good friend of Ross Paterson” (Former Dean of the Medical School) “who recommended that I attend Penn State in preparation for Jefferson.”

He is, he says, especially honored to preside over the Alumni Association exactly 40 years after his own graduation. Mervine, who has served as Class Agent for most of those intervening 40 years, feels that it will be “a particular pleasure” to be toastmaster at the Annual Banquet in June “when so many of my classmates will be present.”

Questioned about expectations for his Presidency, Mervine speculates that his leadership role can be minimal since “the business of the Association is run by committees, and I respect the autonomy of the committee chairmen.” He does anticipate expediting the work of the Executive Committee by focusing sessions on “actions to be taken or not” rather than discussion.

His greatest interest as President is on strengthening the Association’s relationship to students. He is concerned that present-day students may lack the sense of class and hence institutional affiliation that has led older Jeffersonians to form such a strong alumni group. “Class loyalty is dissipated after the sophomore year when everyone goes off to a different place for his clinical training; they don’t share ‘the pit’ anymore,” he says referring to that communal educational experience which used to bind upperclassmen together at Jefferson (see cover).

A Fellow of the American College of Surgeons, Mervine is a member of numerous professional and social organizations. With trophies for his golf and ribbons for his swimming, he is unusually active in sports. He and his wife, Frances, are, in fact, especially know for their dextrous execution of dances like “the three and six beat hustle.” The Mervines, who have three married children, reside in Haddonfield, New Jersey.

Other officers elected for a year’s term are President-elect, Benjamin Bacharach, M.D. '56; Vice-Presidents, Rudolph T. DePersia, M.D. '48, John W. Fink, M.D. '54, Nancy S. Czarnecki, M.D. '65, John J. Dowling, M.D. '47; Treasurer, Samuel S. Conly, Jr., M.D. '54; and Secretary, Jerome J. Vernick, M.D. '62.

Thomas B. Mervine, M.D. assumed the Presidency of the Jefferson Medical College Alumni Association at the Annual Business Meeting held at Three Girard Plaza in Philadelphia last February. Dr. Mervine’s involvement with the Association dates to his graduation from medical school in 1940. He remained active while an intern, Chief resident and surgical resident at Jefferson and continued to serve the Association throughout his entire surgical career which, with the exception of his military service, has been centered on Jefferson. He was first appointed to the staff as an Instructor of Anesthesiology for the Department of Surgery in 1944.
Reunions, 1980
For the classes of 0 and 5

June 4
Clinic Program
Dean's Luncheon
Class Parties, 1930 through 1960

June 5
Financial Planning Seminar
Fairmount Park Mansion Tour
Alumni Banquet, Fairmont Hotel

June 6
Commencement, Academy of Music

June 7