Summer 1980

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Francis J. Braceland, M.D. '30
Psychiatry

Joseph L. Finn, M.D. '35
Obstetrics & Gynecology

John D. Langston, M.D. '40
Pathology

Ralph J. Veenema, M.D. '45
Urology

Aaron M. Rosenthal, M.D. '50
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William R. Fair, M.D. '60
Urology

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James W. Fox, M.D. '70
Plastic Surgery
"the Pit" revisited

No JAB cover has evoked a response like that generated by “the Pit” photograph that appeared on the spring, 1980 issue. Alumni who graduated in the ’40’s, ’50’s and ’60’s have claimed the pictured class as their own. The old amphitheater—the former center of clinical teaching at Jefferson—invokes such strong personal identifications that graduates of three different decades see themselves and their peers listening to JMC’s quick-witted Magee Professor of Medicine and Department Chairman, Hobart A. Reimann, M.D.

The evidence strongly suggests that the pictured classes are ’50 and ’51. Both Francis J. Sweeney, Jr., M.D. ’51, TJU’s Hospital Director and Vice President for Health Services, and Hal E. Snedden, M.D. ’50 have, with the aid of magnifying glasses, identified many sitters as classmates. Juniors, Sweeney says, occupied the back rows; if, he adds, an underclassman had the “effrontery” to take a front row seat, the seniors picked him up and passed the body back to its “proper” place.

That Jefferson tradition may, in fact, have caused some of the confusion about the class’s identity. Earl Kanter, M.D. ’51 has recognized many of his classmates; he hasn’t said where they are seated, but if Sweeney’s observations are correct, they should tend to congregate in the back rows. Kanter has, moreover, pointed out that an excellent reproduction of the photograph appears on page 302 of the 1951 Clinic. He argues that the yearbook photo supports his contention that it’s the Class of 1951. Russell W. Schaedler, M.D. ’53, JMC Professor of Microbiology and Chairman of the Department, has added to the confusion by identifying some of his classmates. He feels the picture was taken his sophomore year when ’50 would have graduated.

Needless to say, any information leading to a more positive identification of the students and their classes will be appreciated.

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The Alumni Association of Jefferson Medical College
1020 Locust Street, Philadelphia, Pennsylvania 19107
Reunion Clinic Talks
Ten distinguished alumni gave multidisciplinary lectures in their area of expertise. Eight are presented.
Francis J. Braceland, M.D.
Joseph L. Finn, M.D.
John D. Langston, M.D.
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James W. Fox, IV, M.D.
Gerald B. Martin, M.D.

Jefferson Scene
General news of the University during the spring months and Reunion activities.

Class Notes
Credits: Cover layout by Louis deV Day; photographs of reunion activities, Robert Narod.

Annual Giving, 1979-1980: $677,231
Annual Giving for the past year marked the largest increase in our 32 year history. There was a $107,995 increase over last year’s all time high of $569,236.
My personal thanks and congratulations to each of you who elected to support Jefferson and the Aponte Chair for 1979-1980. It is a remarkable performance! As I have reported to you in the past I know of no other Association our size that can claim the year in and year out successes that Jefferson’s Annual Giving Program claims.
Several areas of endeavor were particularly successful. The 25th reunion class of 1955 posted an extraordinary figure of $33,411. Class agent Bob Senior and all members who participated must be congratulated on this fine performance. The President’s Club under the leadership of Bud Bacharach ’56 saw an increase of over 20%, many new members from the class of ’55. And, of course, the Aponte Chair was supported by nearly the entire constituency.
Other figures for the 32nd drive include an increase to 47.4% in participation, 233 additional contributors for a total of 3571, a $19.00 increase in the average gift to $189.00 and 316 new gifts.
Although a complete report will be mailed to you in September I did want to have this opportunity to share with you immediately these splendid figures. And again my thanks to each of you who shares this success with me.
J. Wallace Davis, M.D., Chairman
For the Annual Banquet of the Alumni Association, over 600 Jeffersonians returned on June 5 to the place where the affair has been held traditionally—the old Bellevue Stratford renovated and reopened under the management of the Fairmont Hotel chain.

Alumni Association President, Thomas B. Mervine, M.D. '40, presided. William F. Kellow, M.D., the Dean of the Medical School, presented lapel buttons and certificates to members of the 50th reunion class. The Chairman of the Annual Giving Fund, J. Wallace Davis, M.D. '42, delivered a report on the status of the campaign. With an aggregate sum of more than $30,000, the 25th reunion class of 1955 contributed more than any other single class. The Class President, Robert Senior, M.D., greeted members of the Class of 1980 and gave them a little advice tempered with much good humor (see back cover). Matthew V. DeCaro, M.D. '80 thanked the Association for feting the graduates.

Parties for the individual classes were held on Wednesday and Saturday evenings. More alumni attended their fifth reunion than ever before. On Thursday morning alumni had the option of attending a Financial Planning Seminar or going on a trolley bus tour of Fairmount Park mansions.

Several classes held luncheons on Thursday. Members of the Class of 1920 gathered at the Barclay, and graduates of 1935 dined at the Union League. The 25th reunion class assembled for a stag luncheon at Downey's. Eleven of their old professors attended including John Dietrich, M.D., former Magee Professor of Medicine, who came down from New York for the occasion.

Along with the Banquet and individual parties, the clinic presentations on Wednesday morning are a staple activity of reunion week. Each fifth reunion class selects a speaker. A sampling of those presentations begins on the facing page.
**Mental Health of the Elderly—Some Rules**

by Francis J. Braceland, M.D. '30

Many of the ancient writers were lugubrious about old age—almost funereal, but a few of them were encouraging and I'll stay with them. Of necessity, my discourse will be general, but I will try to touch upon some of the things elderly doctors face. Just as love and marriage used to be coupled, now aging and retirement are generally still coupled. All of us know of some wonderful old folks who sail along seemingly blissfully, oblivious of age until they are brought low by some tragedy too difficult to bear. Then they seem to quit, and death soon mercifully takes them. True, however, for many people becoming old is filled with fear and pain. Millions of the elderly are left alone, and the end of their cycle becomes one of bitterness and despair. Not all the ancient writers were discouraging, however.

Fortunately, Cicero helped a bit when he wrote that old men retain their mental faculties providing their interest and application continue, and this is true not only of men in exalted station but likewise those in quiet private life. He said, “the aged remember everything that interests them.” Well, physicians can hardly sway this, but Cicero’s opinion is welcome and much more encouraging than the bilious statements of the other pessimists.

Perhaps Cephalus, who when he was asked if life was hard toward the end, gave the wisest answer: “The truth,” he said, “is that these regrets and also these complaints are to be attributed to the same cause which is not old age but men’s characters and tempers. For he who is of calm and happy nature will hardly feel the pressures of age, but to him who is of opposite disposition youth and age is equally a burden.” My own preference as far as ancient commentators are concerned is found in Juvenal’s Journal. “To know how to grow old,” he wrote, “is the master work of wisdom and one of the most difficult chapters in the art of living.”

Finally, I am encouraged by the fact that Socrates told Cephalus that he liked to talk to aged men, for they had been on a journey which he would have to take and he could ask whether the way was rough or smooth. So, if Socrates could stand it, I am encouraged to believe that you can and you might be willing to listen to me for my task is to talk and yours is to listen.

Aging begins at birth—perhaps a little before—but we don’t seem to be overly concerned about it until we enter the fifties. The 1970 census figures indicate that 4,000 people reach the age of 65 each day, and each day 3,000 people over the age of 65 years die. The net population gain is thus 1,000. In 1903 we constituted only three percent of the population. Today we make up ten percent of it, and there are now over 22 million Americans over the age of 65.

Why do people get old? There are numerous theories, none of them proven. The intrinsic aging process is still not clear. All we know for sure is that at some point in lives the tissues and energy reserves cease to expand. Then a gradual impairment of homeostatic capacities is gradually reached and eventually old age is upon us. There is a simple skeletal sketch, but it is all we have time for here.

“Aging,” Nouwen, a theologian philosopher says, “is the turning of the wheel—the gradual fulfillment of the life cycle in which receiving matures in giving and living makes dying worthwhile.” Aging doesn’t need to be hidden or denied, but can easily be affirmed and experienced as a process of growth in which the mystery of life is slowly revealed to us. Without the elderly we might forget we are aging. The elderly are our prophets; they remind us that what we see so clearly in them is a process we all share. We make a mistake, however, when we think of them as a homogeneous group. Some are rich and some are poor; some are sick and some are well. Most of them fall somewhere in between.

Over a century ago, Daniel Drake, a physician, warned that if we are to guard against gloomy, sad, and insignificant old age we must accomplish it by industry in youth, for in our declining years the knowledge acquired in early life remains with us and is the last to be effaced. There is no doubt about the industry of medical students—they would soon be among the missing. Rene DuBos made a statement in a similar vein and added, “The maintenance of these faculties depends on their continued use during the later stage of life.” In other words, the dictum “use it or lose it” is valid and has recently been confirmed by a biomedical investigation.

The saying that “one is as old as he feels” is not simply a flippant remark either. Pathologists have demonstrated at autopsies that the brains of some individuals who had been labeled senile often demonstrate few serious changes. On the other hand, some people who have occupied important positions to the end give evidence of severe brain pathology. The trouble with many who exhibit senile behavior is that they are...
deeply depressed or they have quit—have given up for some reason. To lose interest (and this is hastened by monotony and isolation) at this time of life means to be soon left behind, and depression of various degrees ensues. To salvage them we must fill their time and try to revive their interest in life and encourage them to use their brains and hands, along with whatever medical treatment is called for.

Time and again one can see the mental and physical deterioration that follows upon cessation of responsibility and productivity, but few have noticed the individuals' own part in the deterioration. What can make the lives of those individuals meaningful? Certainly more than good physical treatment is required. It is necessary to find a vocation and an avocation which interest them and revive their sense of worth. We as physicians solve bodily ills by doing something to the body—giving digitalis, penicillin, stimulants, etc. But aging is different—we do not realize that in addition much of the healing force needed may reside within the patients themselves. The healing power can be strengthened by their confidence and relationship with you as their physician.

There are several things to keep in mind with regard to the emotional reactions of the elderly. Depression is one of them, and it is omnipresent. It confuses our diagnoses, and many times people are diagnosed as senile though they really are depressed and can be helped by present day remedies. Another fear which is widespread is that aging brings with it always an intellectual change never for the better, but the work of Busse of Duke University and his colleagues encourages us to believe otherwise. They state, “We studied a sample of people between the ages of 60 and 69 and we fully expected that their intelligence would drop off after ten years. But with one notable exception their intelligence after ten years was undiminished.”

Apparently, therefore, despite the fact that aging is associated with various losses, older people can still learn, and, understandably, many of them wisely are hesitant to test their learning abilities in the public market place.

As to memory, that bête noir of aging, there is a glimmer of hope in the news also. Kahn and his colleagues conclude from their studies that the inevitability of memory decline with age is a complex phenomenon in older persons in which complaint must be differentiated from performance. Complaints occur either with or without actual deficit. Impairment on tests, as expected, often indicates organic changes, but complaints about memory often indicate depression, inattention or slowness of recall. In some instances persons who complained about memory loss actually functioned better than those who did not complain. Don't forget either that our recall is also slowed by the fact that our mental filing cabinets are full, and there is much for our computers to hunt through.

But what about physicians. How do we handle aging ourselves? Earlier on it was unusual for doctors to retire, but lately with the Federal Government, the legislators, the courts and civil libertarians telling doctors how to practice medicine, more of them will be inclined to give up a bit earlier. No matter when we do give up, the present day theories indicate that the maintenance of activity is important for us as a basis for maintaining satisfaction, health and esteem. We have been fortunate as a profession in that we have been able to work beyond the age in which many of our fellow citizens are cast off as no longer needed. Some of our colleagues will continue to practice as long as they are able to get around.

One must be careful, however, for the distinguished George Humphreys recalls the sad spectacle of the devoted family practitioner “who has such a strong sense of responsibility to his patients and so few other interests that he continues to practice in spite of infirmities that embarrass his colleagues and force discerning patients to desert a beloved advisor when problems arise he can no longer handle.”

Some of these men have been known to us. We have also watched surgeons who continued to operate long past their prime and were eventually forced to quit only by lack of referrals. In the same vein, Heaton observes, “As time passes we all outgrow our usefulness to hospitals and medical schools. It is sad
All women subjected to mastectomy suffer psychologic and emotional shock, often of a marked degree, with effects that may persist for years. With the increasing age of the patient, the psychologic stress is apparently less, but the breast is always the most important secondary sex characteristic and a necessary symbol to maintain femininity.

Formerly the severity of the grief for the missing breast was rarely recognized by the surgeon who merely saw the patient as one to be rescued from cancer and not the sensitive woman who feared impending mutilation and death and who realized that her feminine personality would be or had been damaged. Although the statement of Remniker and Cutler, who equated mastectomy in the female with the castration complex in the male, may seem exaggerated, its plausibility is still somewhat apparent to those who minister to these patients during the years following ablative surgery.

When one considers the incidence of breast carcinoma in the female (30,000 new cases per year with one in every 15 women developing breast cancer), the need for a rational approach to this postsurgical deformity becomes apparent. With recent advances in diagnostic techniques including mammography, thermography, xerography and ultrasound, breast disease is being diagnosed in younger age groups and at earlier times in the disease process. Coupled with these non-invasive studies is an increase in routine patient self-examination as well as modifications in the surgical approach for many varieties and stages of breast carcinoma. For these reasons and many others, breast reconstruction is actively sought by the public.

Attempts at reconstruction of the female breast following mastectomy have been described since the late 1800's. The deformity in the radical mastectomy patient includes loss of the breast mound, loss of the nipple areolar complex, loss of the anterior axillary fold and a significant infra-clavicular hollowing. The modified mastectomy patient demonstrates the first two of these deformities. As always is the case, today's reconstructive techniques are a summation of many techniques from the past.

Creation of a breast mound has been borrowed from techniques utilized in the patient with micromastia or small breasts. That is, an implanted bag of gel or saline is placed beneath the surface tissue of the chest wall. Techniques for constructing nipple areolar complexes have been borrowed from tissue grafting techniques utilized in the burn patient. Techniques for correcting loss of the anterior axillary fold and the infra-clavicular hollowing have been developed from the principles of pedicle flap rotations and advancements.

Treatment of the post mastectomy patient includes appropriate selection of the patient and timing of the reconstruction. The major contraindications to breast reconstruction are inflammatory cancer of the breast and large, aggressive lesions with questionable local eradication (probably less than six percent of all patients). Timing of the reconstruction has been reported as early as at the time

**Breast Reconstruction**

By James W. Fox IV, M.D. '70
of mastectomy (Horton) to as late as five years post-mastectomy (Holdsworth).

Our treatment plan includes consultation with the patient's ablative surgeon as well as her radiation therapist or chemotherapist. If the patient's local disease is felt to be well controlled, then reconstruction is started following maturation of the wounds (usually six to 12 months post-mastectomy). Many times the patient is seen initially prior to her mastectomy to provide psychologic support.

The reconstruction is usually accomplished in two stages. The first stage includes a pedicle flap, if needed, to correct the skin deficiency of the chest wall or to replace a skin graft or an irradiated area. Furthermore these flaps fill in the infracavicular hollow and re-create the anterior axillary fold. Currently the latissimus dorsi myocutaneous flap or the transverse thoracoepigastric flap are the pedicle flaps of choice. Following rotation of the flap, an alloplastic implant is placed beneath the flap to create a breast mound. These wounds are then allowed to heal and mature for approximately six months.

The second stage of the reconstruction includes building a nipple areolar complex either by sharing from the opposite breast or by using a full thickness high medial thigh skin graft beneath which are placed two laminated discs of cartilage harvested from the ear concha to simulate nipple projection. Also at this time, the opposite breast is tailored such that bilateral breast symmetry is accomplished.

Postoperative shortcomings of these reconstructed breasts include spherical contracture about the implant, malposition of the implant, and bilateral asymmetry. The reconstructed breast is always firmer than a normal breast. For these reasons, the patient is always counseled preoperatively that “the most attractive breast she will ever have is the breast that God gave her and that she will never fool anyone with her clothes off.”

Nevertheless, patients undergoing breast reconstruction are generally quite happy with the result, demonstrate a great measure of psychologic improvement with regards to self-image and describe a tremendous increase in enjoyment of life. Isn't that what medicine is all about!
Cesarean Section: Solution or Problem

by Richard H. Schwarz, M.D. '55

There is no area in medical practice wherein consumer influence has been felt more acutely than the delivery of obstetric care. This interest has been fostered not only in consumer groups but in numerous federal, state and local agencies as well, with the prevalent views urging women to resist all forms of so-called obstetric intervention. In the extreme, there is the advocacy of home delivery. This attitude would seem to be at odds with emerging obstetric technology, which is directed toward improved pregnancy outcome. How can these very divergent positions be rationalized, and is there indeed just cause for the concerns of consumers and their various advocates?

At the hub of this controversy one finds the issue of cesarean section. The rate of delivery by cesarean section has risen dramatically in the past decade as shown in Figure 1, but obstetricians would be quick to add that, at the same time, perinatal mortality has shown a striking decline. Cesarean section, however, is not the sole reason for this improved pregnancy outcome. There are many factors, not the least of which are the enormous strides made by pediatric colleagues in the care of premature infants. Indeed, as the data indicate, the fall in perinatal mortality began substantially before the rise in cesarean sections occurred.

In order to evaluate the increased use of abdominal delivery, it is necessary to assess the components of that increase as is done in Figure 2. This depicts the leading indications during this study of over 9,000 cesarean sections in a 17 year period. Because of a long standing policy which has dictated that all deliveries subsequent to a cesarean section be accomplished in the same fashion, there has been a steady rise in repeat cesarean sections which now account for over five percent of all deliveries. The other indications which have contributed heavily to the increase are fetal distress, preeclamptic toxemia, uterine dysfunction, and malpresentation, especially breech presentation. Most of the remaining indications have continued to be applied at a relatively stable rate.

The use of cesarean section for fetal distress has increased more than any other, by a factor of nearly eight fold in ten years. Much of this rise has been attributed to the use of electronic fetal monitoring, popularized during this period; the detractors would suggest that many procedures were done unnecessarily. Benefit from this approach should theoretically be most dramatic on the incidence of intrapartum fetal deaths. However, as can be seen in Figure 3, that rate has fallen rather slowly despite the fact that cesarean section for fetal distress now accounts for two percent of all deliveries. Even when a somewhat more subtle measure of morbidity, such as the apgar score is utilized, it cannot be shown that the percentage of compromised infants has been reduced in a fashion corresponding to the increase in cesarean delivery.

The number of patients delivered by cesarean section because of cephalopelvic disproportion or uterine dysfunction has increased by a factor of three. Although several things have contributed to this change, the dramatic and well-reasoned reduction in midforceps (from 22% to 0.3%) and low forceps, as well, has played a major role. Perinatal mortality has decreased significantly in this group.

Malpresentation is the most recent of the indications to show a rapid rise, largely because of the changing attitude toward fetal distress now accounts for two percent of all deliveries, and abruptio placenta and intrapartum infection.

Finally, it would be naive to fail to acknowledge the role of the fear of litigation in these trends. Poor pregnancy outcome has become an almost automatic cause for legal action, and the awards in cases involving brain damaged children are staggering. This no doubt has contributed to the avoidance of forceps and breech deliveries as well as intolerance of prolonged labor or any even poorly documented evidence of fetal distress. Obstetrics is indeed being practiced defensively.

Does cesarean section pose a problem in addition to being a solution? The answer is clearly "yes," and the problem is the morbidity and even mortality experienced by women delivered by cesarean section as compared with that in vaginally delivered patients. Morbidity occurs in the former group at least ten times more often than in the latter, and the mortality rate in the last year of the study was 10.8 per 10,000 cesarean sections as compared with 1.7 per 10,000 vaginally delivered patients. Complications of general anesthesia and infection are the leading causes of death in patients undergoing cesarean section. In the New York area there is one maternal death for every 1,000 cesarean sections performed.

Certainly cesarean section represents both a solution and a problem, but how
should obstetricians respond? Should the cesarean section rate be allowed to increase steadily, as it seems it will if present policies are followed; or are there areas in which reductions can be accomplished or at least further increases avoided? As the indications are analyzed individually, it does seem that specific reductions could be brought about without sacrifices in perinatal morbidity or mortality. Although it is a nearly universal dictum in the United States, "once a section, always a section," numerous studies have shown that with careful selection and close observation in an appropriate facility 30 to 50% of patients with previous cesarean sections can safely deliver vaginally.

Such patients obviously come from the group whose prior surgery was for non-repetitive indications. The impact of delivering 50% vaginally would be to reduce the overall section rate by 15%. In the case of fetal distress, confirmation by measuring the pH in blood samples obtained from the fetal scalp could effect an additional reduction as could direct intrauterine pressure measurements in those patients who fail to progress in labor. By these approaches along with the adoption of a more critical attitude in making cesarean section decisions, it seems quite feasible that obstetricians might achieve a 20-30% reduction in the current rate, and that this could be done without a perinatal cost. At the same time the maternal morbidity and mortality would be reduced. Nationwide, if the New York mortality rates were applied, deaths in cesarean section patients could be reduced by 100-150 each year.

Thus although consumer pressures seem at times to be counter to the advancement of modern obstetric technology, the critical self analysis that such pressures engender is valuable. To be sure, the outcome of pregnancy has improved and dramatically so. Clearly too, cesarean section has played a significant role in this progress, but perhaps the approach has reached a point of diminishing or even no return to the offspring at a significant cost to the mother. It seems both possible and desirable that some reduction in the cesarean section rate be achieved.
Impact of Low Back Pain on Americans

by Mark D. Brown, M.D., Ph.D. ’65

Idiopathic low back pain has reached what at first glance appear to be epidemic proportions in the United States. Actually the high prevalence of this disorder has only recently been realized. A random sample of 1,135 people between the ages of 18 and 64 in Columbus, Ohio revealed 18% suffered from back pain! Of the 132 people who suffered from back pain, 62% had been x-rayed, 26% donned a spinal support and 4% had undergone surgery to alleviate their condition. Extrapolating these figures to the entire United States population of 130,000,000 people aged 18 to 64, one would predict slightly less than 23,000,000 of our fellow Americans suffer from back pain, of which 14,000,000 have been exposed to x-rays, 6,000,000 carry a support and 1,000,000 carry a surgical scar. In the 1978 Kelsey Report entitled “Musculoskeletal Disorders: Their Frequency and Occurrence and Their Impact on the Population of the United States” back pain is named as the second most frequent cause of limitation of persons under the age of 55 in the United States, second only to the common cold!

Back complaints are not indigenous or unique to the United States. Hult noted that 60% of Swedish men between the ages of 25 and 69 admit to having experienced back pain at one time or another in their lives. Furthermore, 16% of the entire Swedish population have been incapacitated with back pain for a period from three weeks to six months. Two percent of our British cousins consult a physician for low back pain each year. It has been estimated that two billion people suffer from idiopathic low back pain in the world.

Industrial back injuries are an enormous social and economic problem in the United States. U.S. workers lose on an average of 1,400 hours per 1,000 workers per year from back injuries. British workers fare worse in that their average loss of time each year is 2,600 hours per 1,000 workers. I suspect that the difference in time lost between the two countries can be accounted for by the effect that Britain’s socialized health system has on perpetuating disability. Twelve percent of work-related injuries involve the spine and according to insurance underwriters these injuries are 25% more expensive than all other industrial cases. Since idiopathic low back pain accounts for such a large proportion of industrial injuries, and a disproportionately high cost of health care, it would behoove industry and insurance underwriters to commit research dollars to determine the cause and cure of this condition.

Emphasis should be placed on four areas of research: The first, and most important are studies of the work place and preventive medicine, such as those funded by the Volvo industry in Sweden. Secondly, studies should be made on the impact of social and economic legislation in the Workmen’s Compensation laws which lead to a perpetuation of disability and suggestions made about how to change them. Thirdly, monies should be committed to the development of spine treatment centers for efficient and accurate diagnosis of idiopathic back pain and standardization of treatment along with containment of health care costs. Finally, although it has been repeatedly documented that the incidence of low back pain is unrelated to occupation, there is ample evidence that those individuals involved in heavy labor have a more difficult problem in rehabilitation than those in sedentary jobs. Ostensibly, this is due to the increased demands that a laborer makes of his back. The factors that play a part in this discrepancy should be studied, e.g. should laborers undergo spinal fusion more frequently than non-laborers following disc excisions?

The etiology of idiopathic low back pain remains obscure. Horal states: “Low back pain has been known throughout the history of medicine, and an equal amount of time has been spent in trying to explain the etiology and pathogenesis of this disease.” J. Albert Key says that “in practically all patients with idiopathic low back pain, the cause of the pain is within the spinal canal and that in over 90% of the cases this is a lesion of the intervertebral disc”. Rowe compared two groups of men about to retire, ages 62 to 65. One group of 105 men who had never been treated for back pain, demonstrated an incidence of 19% degenerated discs on x-rays at the two lower lumbar discs. One-hundred-thirty-two men who had been treated for low back pain during the course of their employment demonstrated a 69% incidence of degenerative discs at the same levels. These and numerous other observations lead me to believe that the cause of idiopathic low back pain is disc degeneration.

The intervertebral disc is comprised of a gelatinous nucleus pulposus maintained as a hydraulic ball-bearing between adjacent vertebrae by the annulus fibrosus, a tough lamellar ligament firmly attached to the vertebrae themselves. An as of yet unspecified inherited predisposition to disc degeneration leads to dehydration of the nucleus pulposus. This results in abnormal weight bearing characteristics of the disc and adjacent facet joints interposed between the vertebrae. We have traditionally accepted the fact that these abnormal weight bearing characteristics cause back pain because of over-stretching of the ligaments and capsules of the intervertebral joint. However, it is a fact
that progressive degenerative changes may occur in an intervertebral joint over a period of several decades, and that these changes may or may not be associated with the experience of pain. Pain may be associated with mechanical stimulus, i.e., an unaccustomed week-end of activity, and/or an unknown biochemical factor, for example, the pain that occurs with changing weather, awakens one at night, or comes and goes without reason. As the result of some clinical observation on the immediate effect of pain relief from the injection of steroids, ammonium ion, and EDTA into the region of the intervertebral joint and spinal nerves we have concluded that back pain and leg pain can be alleviated by biochemical means.

It is my feeling that the next big breakthrough in research in this area will be the discovery of a mechanism of pain stimulus by the breakdown products of degenerative connective tissue matrix on the free nerve ending in the ligaments and joints, and on the spinal nerves and spinal ganglia themselves. The elucidation of the relationship of degenerative connective tissue breakdown products to local pain receptors can best be studied in the intervertebral joint, but has far reaching implications in the study of pain production in all degenerative connective tissue disorders, such as osteoarthritis of the knee.

Since the true cause of idiopathic low back pain continues to elude physicians, it follows that no specific treatment for this disorder exists today. Following the discovery by Mixture and Barr of the significance of disc displacement in the production of pain by compression of spinal nerve roots, surgeons created what Ian Macnab was to call “the dynasty of the disc,” which was the result of a great deal of spinal surgery in the form of disc excision in an attempt to alleviate back pain and radicular pain. The statement by F. G. St. Clair-Strange that “the diagnosis of a prolapsed intervertebral disc, imperfectly made has been responsible for making tens of thousands of perfectly fit men and women into life long invalids” focused upon a problem that we began to encounter in the past two decades. That is, the tragic back pain cripple as the result of degenerative disc changes with superimposed ill-fated attempts at surgical cure. Although well-timed and perfectly executed spinal surgery for the relief of pain is one of the most satisfying surgical procedures for the patient and the surgeon with respect to restoration of function and rehabilitation, this type of surgery is only rarely indicated.

At one point in time it was the fear of honest and dedicated physicians that the number of surgical cripples was outnumbering the number of patients helped by surgical intervention. For this reason there has been great outcry against spinal surgery during the past decade. This backlash of medical and public opinion has led in my opinion, to some cases of poor judgment with dangerous delays in indicated spinal surgery. However, recent emphasis on education in the medical specialties which deal with spine surgery has done a great deal to alleviate this problem.

Nonoperative treatment of back pain has created what Barrett described as “the spine salesman” in a book entitled Health Robbers, How to Protect Your Money and Your Health. Because of the ready availability of chiropractors and their frequent dramatic ability to alleviate some acute spine pain by manipulation, without benefit of diagnosis, this practice has survived and become firmly established in the United States. Although the originator of chiropractic practice, D. D. Palmer, a grocer and “magnetic healer,” had no scientific training, ironically his original statement of philosophy concerning his art of healing was serendipitously to contain some truth. “I am the originator, the fountainhead of the essential principle that disease is the result of too much or not enough functionating.” If by “functionating” Mr. Palmer meant activity, he may have been a visionary before his time. Scientific observations have led us to realize that a degenerative intervertebral joint is an avascular living structure which requires control and consistent physical activity for passive diffusion of nutrients and cellular repair. Where we once prescribed long sojourns of bed rest to heal a disc lesion or sprained spinal joint, we now pre-
scribe the early onset of controlled activity and exercise. That is, we increase the patient’s “functionating.”

We have now begun to realize that we must avoid any treatment for this chronic condition which produces dependency needs on the part of the patient. The great offenders in this regard are pain medications, repeat manipulations, acupuncture, traction and other physical therapy modalities. We found that controlled exercise, education and reassurance will help our patients understand and tolerate chronic low back pain. Rowe stated that “Patient education by an interested and knowledgeable physician has been a key factor in strengthening the adaptability and capability of a working man with a back ache. Regular careful follow-up, reassurance as to the self-limited, if lengthy, nature of the condition, a simplified exercise program and the timely use of surgical intervention where indicated is the most effective treatment for these conditions.” The judicious use of rotary manipulation, epidural steroids, low back schools and surgery have been efficacious forms of care in our clinic. We have virtually abandoned the use of muscle relaxants, narcotic analgesics, anti-inflammatory agents, ultrasound, biofeedback, acupuncture, transcutaneous stimulation and a variety of other “therapy” techniques as methods which entertain the patient at their own or someone else’s expense.

In the beginning of this discussion, we quoted just a few astounding statistics documenting the social and economic impact of idiopathic low back pain on U. S. citizens. Although two billion people in the world have idiopathic low back pain, there are fewer than 50 full-time investigators studying the true pathogenesis of this condition. At an Orthopaedic Research Society Workshop from 1976, it was stated that the National Institute of Health had funded ten projects concerning the cause of low back pain, with total budget of less than $200,000. In the U. S. there are virtually no research funds from industry devoted to this problem, despite the fact that of all work-related injuries, 12.4% involve the spine. Industry has funded research into back disorders in Canada, England and Sweden, with the result that most of the basic research into the cause and cure of this condition have come from these countries in the past two decades. The U. S. has fallen far behind and must catch up!

In 1973, Dickson said that in England “Back pain research could not get sophisticated until it got experience, it could not get experience until it started, it could not get started without money and could not attract money because it was not sophisticated.” Unfortunately, this has been the case with respect to funding of back pain research by the National Institute of Health. For this reason, we back pain researchers must turn to industry and the private sector for research support. Approximately 20 former patients of mine have started the Spine Research Foundation at the University of Miami within the past year. The purpose of this Foundation is to generate money to establish a spine research and education center at the University of Miami Medical School. I am proud to inform you that we are now making significant progress into the cause and cure of low back pain! I hope that our example will encourage other centers to seek alternative sources of funds to study this common problem which besets so many Americans.

Footnotes to History

Joseph L. Finn, M.D. ’35

Economic clouds were very dark when the class of 1935 began their student days. Real estate was almost worthless and bank failures were rampant. I was one of many across the country whose bank closed as I was preparing to pay my first tuition installment.

“Gentlemen I have a ruptured plantaris muscle.” With that opening the kindly, gentle man, Dr. Edward Klopp, Professor of Surgery on the old B service, informed us of the classical symptoms and signs of the above condition. Because of other symptoms he was hospitalized. As an intern with Dr. Henry K. Mohler, I was indoctrinated into the direct approach when he informed Dr. Klopp that he had viridans in his blood. His next sentence was, “This will probably give you time to get your affairs in order.” It was a sad but memorable lesson in the pitfalls of self-diagnosis and the futility of therapy in the pre-antibiotic days. Dr. Klopp died a few weeks later of sub-acute bacterial endocarditis and its complications.

Dr. George P. Muller who succeeded Dr. Klopp was different in temperament. Also, he was more involved with surgical organization on a national level. One day, after surgical rounds, he informed us interns that he had just attended a meeting in Chicago with several other surgeons. They had completed plans to organize the American Board of Surgery. Its aims sounded so idealistic to us. He said that the successful candidate would receive a certificate indicating that he had passed a qualifying examination. This would improve his standing in the specialty but would in no way be a guarantee for hospital or other appointments. That lofty ideal evaporated with World War II.

The residency program at Jefferson...
started with a bequest by Dr. P. Brooke Bland in 1937. The late Dr. John A. McCormick and myself were the first residents named. A resident's duties, objectives and work allotment were all unclear in a city that took to the residency program later than many other medical centers. Dr. Norris Wistar Vaux, a man thrice born to the purple who did not learn how to make enemies, levelled the hilltops and straightened out the crooked paths for us.

The war years opened up new vistas. Two great old surgical veterans were sent by the War Department to observe from a civilian viewpoint the type of surgical care the soldiers were receiving at Fort Meade, Maryland. They were Dr. Evarts Graham and Colonel W.L. Keller, U.S.M.C., Ret. Following the inspection it was my pleasure to lunch with them. Each told a very interesting story.

Having met the physician-patient in Pittsburgh a short time earlier who had the first successful pneumonectomy and knowing that Dr. Graham had performed the surgery, I asked him about the procedure. He calmly stated in his peculiar soft toned voice that he had planned to do a lobectomy but found that the lesion extended further so he just had to take the entire lung out, hoping that the patient would survive and do well. The patient did and the rest is history.

Colonel Keller, on learning that I was from Philadelphia, told the following story. While Surgical Chief of service at Walter Reed General Hospital in the early twenties he had as a patient the son of President Calvin Coolidge. After a tennis match the youth had developed a blister which became infected. Local infection spread from the foot and septicemia and bacteremia developed. Realizing the situation was getting hopeless, the parents were so informed. Colonel Keller discussed the question of having consultations with other physicians. The President had heard of Dr. John Deaver of Philadelphia, and he was called to the hospital to consult. After examining the patient Dr. Deaver told the President and Mrs. Coolidge that everything would be all right if the treatments outlined by Colonel Keller were followed. Keller was stunned. When, alone with Dr. Deaver, the Colonel asked him if he really meant what he had said about the prognosis, his answer was as follows: "Of course not, the boy will die, but there is no point in upsetting the family." Needless to say, Colonel Keller's power of forgiveness was stretched to the breaking point.

While furnishing liaison medical assistance to the Nationalist Chinese Forces, I was under the command of a line officer, Colonel Walter Phillips. He had been Chief of Staff to General Short, Commander of the Hawaiian Department U.S. Army when the islands were attacked on December 7, 1941. He had put the famous telephone call through to General Marshall in Washington, advising him of the attack. His descriptions of the conversation, though it was in scrambled speech, were very interesting. General Short and Admiral Kimmel bore the brunt of the verbal attacks for responsibility during the disaster. From Colonel Phillips' accounts I can only form one conclusion. The unfinished history of the start of World War II (as regards American participation) will some day be complete and then perhaps the names of Short and Kimmel will be cleared. Hopefully, it won't take 115 years as was the case with Dr. Mudd, who was defamed for his treatment of John Wilkes Booth.

There was a time in China when it appeared that hostile forces would take over the entire country. The medical unit of which I was in charge was assigned for a short period to defend several miles of the Burma road extension into Western China. We were told to be prepared in case our escape route was cut and the last airfield in China was captured. "Go north three months and turn left" was the instruction we received. The telescopic lens of time and distance has made that order seem fantastically humorous, but from our situation then it was everyday reality. The pendulum was soon to swing the other way and within a year we watched the Japanese Imperial Army surrender to the Chinese Army in the village where we were stationed. It was the end of a 13 year war.

While toasting victory that evening in a compound atop the city wall we were congratulating our Chinese opposite numbers on the completion of such a long and dreary war. The chief Chinese medical officer shook his head and said, "No, our war is not yet over because we still have to fight Russia, our old enemy." That was in 1945.

A few days later we were in Sian, Northwest China. This was an ancient city, the first capital where the first Han emperor came to power in 255 B.C. Recently a terra cotta army was dis-

"We were told to be prepared in case our escape route from Burma was cut and the last airfield in China was captured. 'Go north three months and turn left.'" Dr. Finn
covered buried with the emperor when he was entombed. As we were standing on the apron of the runway, a plane taxied near to where we were. General Jonathan Wainwright, just released a few minutes previously from a Japanese POW camp, stepped from the plane and looked around for a few moments. I shall never forget the expression on his face as he looked on American soldiers and what was then modern equipment of war. His journey had taken him from McArthur’s farewell on Corregidor, his defeat and surrender on the same rock, the death march in the tropical heat and humidity, three years of a demeaning prison existence—and now—the glorious light of a new day. Three days later he was on the deck of the Missouri for the surrender ceremony.

That evening we spent several interesting hours with the senior British and Dutch officers who had been captured in the far flung colonies of the Far East. Their accounts of the end of the old order, the fall of a new order and an uncertain future for these areas were most dramatic. Perhaps Kipling foresaw these times when he wrote:

The tumult and the shouting dies—
The captains and the kings depart—
Still stands thine ancient sacrifice,
An humble and a contrite heart.
Lord God of hosts be with us yet,
Lest we forget, lest we forget.

The years roll on. Dark economic clouds again appear. Physicians still self-diagnose. Board certification has become recertiﬁcation, and voluntary becomes compulsory. The world consultation seems second in importance to the newer cliche—“second opinion”. The sympathetic bedside manner of our dear old Professor Thomas McCrea, who stressed the careful history and thorough physical examination, is being updated, and is termed “holistic medicine.” Residents though better informed about their present are confused about their future. Military outposts under siege have given way to embassies under siege and prisoners have become hostages. China and Russia face each other threateningly as my old Chinese friend predicted. With Winston Churchill we can all say, “If you would know the future, study the past.”

Thirty years ago when I was a medical student, a patient with cardiac arrest was just pronounced dead since the physician was usually incapable of restarting the heart. Today, medical technology has advanced to a very high level of sophistication; hearts are restarted and lives are saved. However, our skills in prolonging life have apparently surpassed our collective wisdom in the application of these skills. It seems to me that the time has arrived for us to ask the question, “Is life in any circumstance always better than death?”

I raise this question because as a physiatrist for the past 20 years, I have seen a number of patients who were resuscitated following cardiac arrest, and whose brains were signiﬁcantly and permanently damaged. It is my contention that saving hearts, lungs, livers and kidneys without saving the brain is of very questionable value. Even among those patients who survive initial resuscitation, many die as a result of secondary brain death, and more than 20% of those who do survive longer have severe, permanent brain damage.

What we seem to be doing by indiscriminate use of cardiopulmonary resuscitation is saving a small number of people without concomitant brain damage. We lose a much larger number who die of prolonged death, and a signiﬁcant number of those we save are doomed to live qualitatively differently because of various degrees of permanent brain damage.

These are my contentions. Let me try to substantiate them by citing some of the evidence. In 1977 Eliaastam and his group retrospectively studied 198 arrested patients. Of these, 151 or 76% were pronounced dead on arrival in the emergency room. An additional 40 patients or 85% of the survivors died after an average of 5.2 days in the hospital. So we are left with seven survivors out of the original 198. Of these, six had no brain damage while one had severe brain damage.

Eliaastam states in his summary that in his view the prospects for a patient to recover from a cardiac arrest which was not adequately treated before the patient was brought to the hospital emergency room are exceedingly poor.

He adds that the cost of resuscitation is relatively high, and when resuscitation produces a permanently brain damaged survivor, the societal burden is large.

He, therefore, concludes that there are some situations where the chance of recovery is so little that he feels in those cases emergency room resuscitation is not warranted.

That’s one study. Let me cite another. Messert and his group in 1976 published a prospective study in Lancet. His study group consisted of 183 patients who arrested in the hospital during a three year period. Of the 183, 135 or 74% died initially and 48 survived. Twenty more died a few days later, and two more died at home within two months. When Messert removed from the survivors’ list the non-cardiopulmonary cases, such as syncope, seizures, suicide attempt and other miscellaneous non-

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"My bias is that physicians must begin to face the issue that resuscitation will continue to be a positive force in human evolution only if it focuses on outcome of human mentation."

Dr. Rosenthal

Through the opportunities as well as the exigencies of the war, it was my privilege, unique for the class of 1940, to become a pathologist and participate in the exciting developments which have paved the way for the advances in all our fields of practice. My best sophomore subject had been pathology under Professor Virgil Holland Moon. Davey Morgan impressively and gleefully demonstrated large crocks of "pickled" gross organs which made students stand well back. In retrospect, I suspect that the fixative was pure formaldehyde, not four percent. We all loved him, and a subsequent class honored him with a portrait. A great teacher, he did not, however, inspire students to consider a career in pathology, which had only a glorious, morbid anatomy past. Dr. Bucher, the Jefferson Hospital pathologist, did a rare frozen section, for most surgeons made their gross pathological diagnosis and threw away the specimen. After all, hadn't Dr. George Muller, Professor of Surgery, written the "Surgical Pathology" book? The JCAH requirements came post-war. Dr. Abraham Cantarow lectured and precepted "Laboratory Medicine," which was soon to be the exploding field of clinical pathology.

Much laboratory work was performed by interns, later by medical students. In hematology, the Sahli acid hematin was the most accurate method. The Dare hemo- globinometer was a common office or bag method. The filter-paper comparison of Tallquist was used by interns. Ten-cell differential counts were, unfortunately, the rule rather than the exception. Today, there are no amateurs, and even small hospitals have automated equipment counting all blood cells with an accuracy of 0.1% instead of the ± 10% of our day. We usually automate the tedious differential leukocyte counts with similar reproducibility.

Bone marrow studies were rare, usually trephines, interpreted by Dr. Leon- dron Tocantins or Dr. Harold W. Jones. The Turkel needle had been invented, but the only ones I saw were used in demonstrations of the practicability of giving intravenous fluids or blood into cardiopulmonary causes, there remained nine survivors of the original 183 patients for a modest 4.9% survival rate. Of these nine survivors, five stayed in a chronic vegetative state.

These are facts and they speak for themselves quite clearly. What they say to me is that what we are now doing is not always commendable. We need to begin to ask ourselves if every patient whose heart stops should be resuscitated, notwithstanding the length of the arrest, the cause of the arrest, the age of the patient or the coexistence of serious medical problems. If we don't, then the statistics will continue to be bleak in regard to the survival of patients who remain in a vegetative state. For them, I submit, we do little except to prolong their deaths.

In a recent newspaper account I read the following:

Brother Joseph Charles Fox, the 83 year old cleric who became the
subject of a right-to-die controversy while being kept alive by a respirator, has died in the hospital. A hospital spokesman said the patient, in coma for more than three months, died last night, still attached to the respirator. The patient first suffered cardiac arrest and slipped into coma while undergoing a hernia operation.

To whose benefit was it for this 83 year old man to be kept vegetatively alive in coma for three months?

My bias is that we physicians must begin to face the issue that resuscitation will continue to be a positive force in human evolution only if it focuses on outcome of human mentation. This is especially true for the elderly patient.

For example, Baer and associates studied 87 patients over the age of 65 who were “code-blue.” Forty-one were pronounced dead at the end of the attempted resuscitation. Of the survivors, 14 had excellent results, three were considered to have attained only a fair quality of life. Of these survivors, 11 were resuscitated to a viable heart rate and rhythm in five minutes or less. On the other hand, 29 patients whose resuscitation ranged from ten to 60 minutes experienced a prolongation of half an hour to one month in the act of dying.

Out of his experience, Baer advocates the following guidelines for patients over the age of 65:

1. No CPR for any unobserved cardiac arrest.
2. Five minutes of maximum time to reestablish heart rhythm in a patient with instantly observed and immediately treated cardiac arrest.

In addition, Jennett states that for patients of all ages if primary resuscitation is to become a routine reaction to cardiopulmonary arrest in a hospital, then it should become commonplace also to withdraw support once it is obvious that the patient cannot recover.

In those patients with irrecoverable intracranial or extracranial disease, the physician, with concurrence by the family, should issue instructions not to resuscitate in the event of cardiorespiratory collapse.

Finally, there is a collaborative international study under way which suggests that it may soon be possible to identify criteria by which the ultimate outcome may be reliably predicted in many cases within 24 hours of ictus, and in most, within three days. This should enable those responsible for critical care to reach a decision about how long and at what level to maintain life support measures.

When we are able to do this, then compassion will once more be an integral component of the physician’s armamentarium. Only then will the curse of CPR be eliminated, and all who are resuscitated will be rewarded by its blessing.
Again, Dr. Duncan demonstrated the first two patients treated with sulfa-thiazole who survived pneumococcal meningitis. They were blind, but no prior proven case had survived regardless of therapy. With an ever-increasing spectrum of new and more effective antibiotics, sensitivity studies now place bacteriology second in terms of laboratory work load units.

Urine was easy to get, hence, the most frequently tested quantity. Dr. E. J. G. Beardsley recommended urinalyses to his students and performed them in his office. Terrible equipment it was, and probably a worse urinalysis! The hospital specimen was frequently cloudy, though it was supposedly collected in the morning; any smart student nurse got her tired, sleepy, hungry self away quicker by accumulation of as many as possible before lights out. Protein by ring test, glucose by the Fehlings method and a quick microscopic were all by the intern. The quantitative urine glucose by Benedict’s titration of a boiling urine specimen played a large part in the hospital control of diabetes. All these and six others save the microcent dipstick in 30 seconds.

The Aschheim-Zondek pregnancy test meant constant breeding of mice, then a two-day wait to develop the hemorrhagic ovaries if the urine injection didn’t kill the mice, another two days for the tissue sections since gross inspection was not always clear, and rapid paraffin sections were ten years away. What a change to the two-minute “in the privacy of your own home” or laboratory, Human Chorionic Gonadotropin test of today! In between, we had rabbits, immature rats, African female frogs, domestic male frogs and toads. During the war, with the requirement of a positive pregnancy test for administrative discharge of a Wave, Wac or BAM, rabbits became a frequent choice item available without meat-ration points.

The greatest changes, qualitatively and quantitatively, have come in biochemistry. The Duboscq’s colorimeter with eye-match was generally used. Dr. Paul Havens, Fellow in medicine, working on hepatitis had the first Coleman Junior Spectrophotometer, then a new instrument with nearly monochromatic light and a photometer. It was a curiosity of no significance to students or interns.

Reagents were made up in institutions. Prepared controls using serum or serum-like material would not be available for years. Normal values came early to Pennsylvania through Dr. William Sunderman (20 years later at Jefferson), who also did an early clinical laboratory survey in Pennsylvania with Dr. Belk. This is still well regarded considering the state of the art or—20% of laboratory results are inaccurate by the statistics of clinical pathologists.

Folin-Wu was the usual method for a protein-free filtrate. Glucose was determined by the Folin-Wu or the Benedict’s method which included 30-40 mgs of other reducing substances. Six or eight a day was a big laboratory load though these determinations were seldom used for the day-to-day control of diabetes. Specific enzyme methods and the attendant rise in the price of horse-radish were at least fifteen years ahead.

The non-protein nitrogen was performed upon all urologic patients prior to instrumentation or operation and upon many other patients. It required digestion by hot concentrated sulfuric acid, clearing with hydrogen peroxide and nesslerization.

VanSlyke CO₂ was done with the spillage of toxic amounts of mercury. Other blood gas determinations were not yet available. Anesthesiology was just entering the phase of the endotracheal tube—certainly not ready to support today’s sophisticated surgery, resuscitation and recovery. “Recovery” was the patient, reeking of ether, wheeled into the beds pace nearest the nurses’ desk to be observed by the student nurse in addition to other duties.

Chloride titrations had a difficult end point and reproducibility. Sodium and potassium determinations were not clinical tests as done by platinate precipitation methods with a 48 hour turn-around, poor accuracy and reproducibility and high cost. Now by flame photometry, we measure all electrolytes in less than five minutes.

Atomic absorption allows for rapid and accurate determination of the alkaline earths for calcium control and the monitoring of lithium in psychiatric treatment. The clinical significance of levels for magnesium, manganese and trace elements is still under debate. We can measure many trace elements and enzymes for whose values there are no known clinical states.

Continuous flow methods with dialysis and segmentation of small samples enable laboratories to turn out highly reproducible tests on small specimens by the hundreds. Dry methods are in the development state.

Electrophoresis and chromatography
made possible the splitting and examination of very small and only slightly differing fractions of lipids, proteins and drugs. Further refinements are by immunoelectrophoresis, radio-isotopic techniques and radio-immune assay.

Hormone deficits and inborn errors of metabolism can be predicted, measured, and often successfully treated and monitored. Digitalis and other potent drugs, once available in homeopathic preparations, now have their active principles isolated and dosage monitored by hundredth nanogram blood levels.

If we saw overdoses, we did not recognize them beyond opiates and alcohol. The current demand is for toxicological methods that will pick up everything and quantitate the positives. Variable wavelength continuous recording spectrophotometers and mass spectographs help.

There is a clear indication that an individual's biochemical patterns are relatively constant throughout life. Predictive value for altered health states to come has been established, but unfortunately there appears to be little evidence for our ability to alter individual health or disease propensities.

Multiphasic battery testing has revolutionized patient processing, medical care insurance, multispeciality group practices (HMO's) and the attitudes of physicians, patients and government, both positively and negatively.

That this and all medical care (now miscalled "health care") costs too much is an idea promulgated at various levels of government; its time, however, appears to have passed; for rapid patient processing to cut down on the number of today's very expensive hospital days is now beginning to be understood and fostered by other third party payers. It is likely that we shall see larger and larger admission or pre-admission batteries pointing the way to more specific diagnoses and shortened stays or non-hospital therapy.

The ideal laboratory test requires no specimen; takes no time; and costs nothing. None fits all three. But we can constantly monitor the blood calcium of an astronaut orbiting the moon or determine constituents of the urine in 30 seconds using a two-cent dipstick.

As graduates of one of the last all-male medical schools in the United States, the Alumni of Jefferson, at this point in time predominantly male, should have an unusual interest in the problem of prostatic cancer, the second most common cause of cancer deaths in males. In the year 1980 prostatic cancer will account for approximately 17% of all new cancers diagnosed in men in the United States. Lung cancer, which will be responsible for an estimated 22% of new cancers diagnosed in 1980, remains the most common cancer in males.

Following lung and prostate, the most common organ systems involved with cancer and the estimated incidence are as follows: colon and rectum (14%), leukemia and lymphoma (9%), urinary tract (9%), oral (5%), pancreas (3%) and skin (2%). During the current year there will be an estimated 21,500 deaths from cancer of the prostate, a figure exceeded only by cancer of the lung and surpassing the deaths due to malignancies of the colon, pancreas, stomach or the leukemias. A further discouraging fact is the realization that a significant reduction in deaths due to cancer of the lung could be occasioned if people would simply stop smoking. However, no such easy remedy is available to prevent prostatic cancer.

While it is not always true that early detection of cancer means improved survival, such does appear to be the case with prostatic cancer. This encouraging observation is more than counterbalanced by the grim fact that most prostatic cancer is not detected until such time that it has already escaped the confines of the prostate gland, and the likelihood of cure by extirpative surgery or radiation therapy is severely lessened.

In the Veterans Administration Cooperative Study only 7% of the total patients admitted had Stage II disease when initially diagnosed. Stage II, which in the V.A. classification refers to a gland which is normal except for a solitary nodule of prostatic cancer, is the only early stage cancer which can be detected on rectal examination. Stage I cancer is used to describe those malignancies which are found only on histologic examination of tissue removed for presumably benign disease. Most impressive was the observation that 88% of all patients admitted to the study had tumor that extended beyond the confines of the prostate when first discovered, obviously severely limiting the chances of curative therapy. These discouraging statistics have led to renewed investigations in the hope of developing a simple blood test that would enable early detection of prostatic cancer.

For years the serum acid phosphatase, as measured by standard enzymatic methods using a variety of substrates for acid phosphatase and expressed in units reflecting the amount of phosphate, phenolic or naphtholic moiety released, were used to monitor the course of patients with prostatic cancer. However, none of these tests was specific for prostatic acid phosphatase (PAP), nor was their sensitivity sufficient to detect PAP in the sera of individuals with early malignancy. In an effort to improve the enzymatic method's accuracy, a variety of inhibitors (tartrate, formaldehyde, etc.) have been used to help differentiate PAP and acid phosphatase from other sources. However, none of these techniques was par-

Carcinoma of the Prostate:

"The Man's Cancer"

William R. Fair, M.D. '60

Dr. Fair is Professor and Acting Chairman of the Department of Surgery and Director of the Division of Urology at Washington University School of Medicine in St. Louis.
icularly helpful in detecting early stage disease, and fewer than 5% of patients with Stage I or II cancer of the prostate have an elevated serum acid phosphatase. The test also suffered from a high percentage of false negative determinations in patients with disseminated prostatic cancer, and as many as 25% of patients with Stage IV disease may have a normal serum acid phosphatase. In 1978 a report appearing in the New England Journal of Medicine occasioned much excitement that such a screening test was at hand. In this report Foti and Cooper announced that, using a sensitive radioimmunoassay for PAP, 79% of patients with Stage II disease and 33% of patients with Stage I disease had positive assays. Furthermore, 92% of patients with disseminated prostatic cancer had an elevated PAP by RIA, and there is no question that radioimmunoassay is a better way for the biochemist to measure prostatic acid phosphatase, but it does not follow that the RIA makes the test a better tool for the clinician.

1. Is the radioimmunoassay a better way to measure prostatic acid phosphatase?

Confusion over the role of RIA for PAP is centered on the undisputed value of radioimmunoassay as a technique of quantitation. Thus, there is no question that the radioimmunoassay is a better way for the biochemist to measure prostatic acid phosphatase, but it does not follow that the RIA makes the test a better tool for the clinician.

At present, there are no data that indicate that the RIA is clearly superior to enzymatic methods in detecting carcinoma of the prostate. In addition, the widespread use of the RIA in mass screening of populations for cancer of the prostate is fraught with a great deal of difficulty, not the least of which is the problem of false positive results. In the illustrated example several assumptions are made: 1) That the incidence of intracapsular carcinoma of the prostate in men over age 60 is approximately 10%. 2) That the sensitivity of the assay to detect Stage I or II disease is approximately 12%, the mean percentage of positive tests in patients with intracapsular disease as reported in several large series. 3) That the specificity is approximately 95%—which means a 5% false positive rate.

Thus, for every 1,000 men over age 60, 100 are likely to have intracapsular disease; of these, 12 would be expected to have a positive PAP. However, of the 900 men without prostatic cancer, 5% (or 45) will also have a positive PAP. Therefore, almost four false positive results will be found for each positive test in a cancer patient. Aside from the widespread anxiety that would be unnecessarily generated in many patients as a result of a false positive screening test for cancer, the cost-benefit analysis would be extremely negative due to the expense of the following through the false positive results. Of course, long term follow-up of these individuals is extremely important to determine what percentage of individuals with a presumed "false positive" will eventually develop prostatic cancer.

Thus, unfortunately, it appears that we still do not have the male "Pap" test, the simple screening test which will enable the early detection of prostatic cancer and, hopefully, lead to increased rates of cure of this dread disease. Thus, the interested clinician will have to await further developments in this fast moving field before being able to assure his patients that a blood test will indicate the presence or absence of prostatic cancer.

Let me share with you some observations from our laboratory that may in the future play an important role in furthering our understanding of the mechanisms of metastatic spread of prostatic cancer.

Until recently, laboratory investigation into the basic mechanisms of prostatic cancer was severely hampered by lack of a suitable animal model. In 1961 Dr. Wilhelmina F. Dunning at the University of Florida observed a spontaneous tumor of the prostate on postmortem examination of a 22 month old retired breeder Copenhagen male rat. This tumor involved primarily the dorsal prostate gland and, histologically, resembled an adenocarcinoma. No metastases were identified. Dr. Dunning had the foresight to extract this tumor and transplant 10 mg grafts of the soft tumor to other rats. The transplanted tumors grew very slowly and were palpable on the 60th day. These findings were reported by Dunning in 1963, and the tumor has been transplanted subcutaneously for almost twenty years. This tumor, designated the R-3347, remains histologically a well differentiated adenocarcinoma. Further evaluation has shown it to have a doubling time of approximately 20 days and to be sensitive to male and female hormones. This serendipitous discovery opened up an entirely new approach to investigation of prostatic cancer and enabled hormonal, surgical and radiation therapy manipulations to be carried out in the animal model. This breakthrough has helped our
understanding of the basic mechanisms of
the growth, hormonal regulation and met-
abolism of prostatic adenocarcinoma.

Since this initial discovery a number
of additional lines of the R-3327 tumor
have been developed including the R-
3327 At, a rapidly growing, hormon-
insensitive, anaplastic tumor with a
doubling time of two days. Until re-
cently all of the animal tumors, whether
or not sensitive to hormones and irre-
spective of the growth rate, remain lo-
calized tumors and metastases rarely, if
ever, occurred. Clearly, in human carci-
noma of the prostate, the propensity of
the tumor to metastasize accounts for its
lethal behavior in many patients. Early
last year in our urology laboratories at
Washington University, Dr. W.D.W.
Heston noted the presence of metastatic
lung lesions when the R-3327 At tumor
was transplanted to castrated female
Copenhagen rats administered diethyl-
stilbestrol prior to tumor trans-
plantation. These lesions appeared as
discrete areas on the surface of the lung.
By removing the lung and infusing it
with picric acid, to stain the normal
lung tissue an intense yellow color, the
non-staining metastatic lung lesions
could be easily counted and expressed as
the number of metastases per lung. Re-
moving these lesions and subsequent
passage into other animals has enabled
us to develop a new strain of Copenha-
gen rat tumor, designated R-3327 MA-
Lu (metastatic anaplastic, tumor-lung).
Thus, we now have, for the very first
time, an animal model of a prostatic tu-
mor which, like many human tumors,
has a propensity for metastatic spread.

Transplantation of this tumor into in-
tact male, female or castrated animals
subjected to a variety of hormonal manip-
ulations is helping to expand greatly our
knowledge of the possible role of hor-
mones in the development and spread of
prostatic cancer in the rat. Hopefully, this
research will open the door to a better un-
derstanding of the vagaries of the human
tumor. For although estrogen was first
used in the treatment of prostatic cancer
more than 30 years ago, we still have no
real estrogen dose response data to guide
the clinician in deciding if, when and how
much estrogen therapy to administer to a
given patient. Furthermore, the phe-
nomenon of "estrogen-fastness" in which
a patient's tumor remains well controlled
on estrogen therapy for a period of time
only later to escape control and spread
wildly within a relatively short time, re-
 mains unexplained. Lastly, the confusing
clinical observation that in some patients
estrogen administration seems to have a
deleterious rather than salutory effect re-
 mains unanswered.

The R-3327 MAT-Lu tumor provides an
opportunity to answer these questions in
the Copenhagen rat. Although it is not
possible to state with certainty that these
observations will be directly translatable
to the human condition, basic investiga-
tions of the animal model may well fur-
ther our understanding and treatment of
human prostatic adenocarcinoma. In ad-
dition, it is also tempting to speculate that
this model may serve as a means of mea-
suring the effect of various chemothera-
peutic agents on the primary tumor as
well as the influence of these agents on
metastatic disease and the role of chemo-
therapy as an adjunct to radiation therapy
or surgery.

In this very brief dissertation I have
tried to highlight two of the most im-
portant current areas of research in the
field of prostatic cancer. The first, deal-
ing with the clinical detection of early
prostatic cancer by the use of a simple
blood test to detect the presence of
prostatic cancer, appears to remain the
clinician's dream. Certainly, radio-
immunoassay for PAP does not appear to
be fulfilling the promise of the initial
reports. The second aspect, and perhaps
a most promising one, involves the use
of newer animal models to investigate
and quantitate the basic biochemical
and immunological mechanisms in-
volved in the initiation and growth of
prostatic cancer.

We should keep in mind that the ini-
tial observation of a tumor in the Co-
penhagen rat, a finding which may
eventually prove to be of inestimable
value to humans suffering from prosta-
tic cancer, was made by Dr. Dunning,
a female researcher. It seems fitting to re-
alize that as members of an Alumni As-
sociation characterized by such a heavy
male predominance, we owe a tre-
mendous debt of gratitude to a col-
league of the gentler sex for her role in
stимulating a great deal of research in-
volving animal models of prostatic can-
cer. It has been more than 30 years
since the last major advance occurred in
our understanding and treatment of
prostatic cancer. In all likelihood the
next major advance may well occur as a
result of studies involving the rat model.
Hopefully, this happy day when prosta-
tic cancer—the man's cancer—no longer
ranks as one of man's major killers will
not be long in coming.
Two hundred and twenty-one students of the class of 80 received M.D. degrees at Jefferson's 156th Commencement held last June at the Academy of Music. The College of Graduate Studies conferred 13 Ph.D. and 16 M.S. degrees. Representing a return to an earlier tradition, graduation ceremonies for the College of Allied Health Sciences were separate from those for the Medical and Graduate Schools.

After the academic procession, whereby faculty assembled on stage, the Reverend Edward C. Bradley, S.J., M.D. '55 delivered the Invocation. TJU's President Lewis W. Bluemle, Jr., presided at the ceremony. He continued the tradition initiated years ago, of asking parents, spouses and relatives to rise for a round of applause from the students they supported. After Bluemle's remarks, each student ascended the stage where degrees were individually conferred. Joseph J. Rupp, M.D. '42 administered the Oath of Hippocrates.

Four individuals then received honorary degrees. Among the most loyal and devoted of Jefferson alumni, Joe Henry Coley, M.D. '34 was made an Honorary Doctor of Science. An Emeritus Professor of Obstetrics and Gynecology at the University of Oklahoma School of Medicine, Dr. Coley has rendered distinguished service to his alma mater. A member of the University's Founders Society, he was Alumni Trustee on TJU's Board for over six years. A Class Agent and member of the Executive Committee of the Alumni Association, he has served for many years as the Association's Vice President for the State of Oklahoma. He also chaired the Alumni Section of Jefferson's Sesquicentennial Fund Drive.

Temple University President, Marvin Wachman, Ph.D. was given an Honorary Doctorate of Science. When he was teaching history at Colgate University, he was selected to be the President of Lincoln University in Pennsylvania. He became President of Temple in 1973. Having served as a trustee of various institutions including Thomas Jefferson University, the Academy of Music of Philadelphia, the African State Aid Fund, the Abington Memorial Hospital and the Jewish Publication Society of America, he is Director of the African Academy of Arts and Research, Inc., the Bell Telephone Company of Pennsylvania, the Greater Philadelphia Partnership, the Philadelphia Saving Fund Society and the Philadelphia Urban Coalition.

Also a recipient of an Honorary Doctorate of Science, Robert I. Wise, M.D., Ph.D. was JMC's Magee Professor of Medicine and Chairman of the Department from 1959 until his retirement in 1975. His portrait was presented in 1976. A member of numerous societies and organizations, he has sat on the editorial board of the American College of Physicians' Annals of Internal Medicine.

The fourth honorary degree recipient, John R. Hogness, M.D., gave the Commencement address. Having been appointed Professor of Medicine at the University of Washington, Seattle, in 1964, he became Chairman of the Board of Health Sciences and Director of the Health Sciences Center in 1970. He left the University of Washington the following year to become President of the Institute of Medicine of the National Academy of Sciences in Washington, D.C. A Professor of Medicine at George Washington University, he also sat on the Board of Trustees of Case Western Reserve University. In 1974 he returned to the University of Washington to become its President. Finally, in 1979, he was selected to serve as President of the Association of Academic Health Centers—the position he presently holds. His address at Commencement focused on medically related accomplishments of civilizations associated with Islam. He used that particular point of view to stress the value to a civilization of the physician's erudition.

Awards to graduates for outstanding work in medical school were presented at Class Day ceremonies, held in McClellan Hall the day before Commencement. William F. Kellow, M.D., Dean of the Medical School, presided at the ceremony. When he began by remarking that, "This is an outstanding class," the students applauded. The Dean reminded them that they, who had been chosen from one of the largest pools of applicants to Jefferson, comprised one of the institution's most select group of students who had, nevertheless, surprised the administration and faculty with their now notorious underachievement on the first part of the National Boards. They scored, however, significantly higher than the national average on Part II.

The Dean went on to characterize the composition of the Class of 1980. Forty-seven of the 221 graduates are women. Thirty-six were admitted through the Penn State-Jefferson Program; 19 through the Delaware Program; and 13, through the Physician Shortage Area Program.

The Class chose Paul J. Fink, M.D., Professor of Psychiatry and Human Behavior and Chairman of the Department, to speak on behalf of the faculty. Dr. Fink talked of "The Hazards of Being a Doctor." John J. Woog, M.D. was selected by his classmates to give the student address; he spoke on "The Physician as Patient Advocate."

Dr. Woog, a member of the Penn State-Jefferson Program, received both of the most prestigious awards con-
ferred on a student at the Class Day cere-
monies—the Alumni Prize, for the
highest, overall cumulative record, and the
William Potter Memorial Prize in Clinical
Medicine, for the highest cu-
mulative average during the last two
years of medical school. Honorable
mention for the Alumni Prize went to
Thaddeus S. Nowinski, M.D.; and for
the Potter Prize, to John W. Clayton,
III, M.D., who also got the Leopold
Goldstein Memorial Prize in Obstetrics
and Gynecology, for the highest aver-
age in that field. Dr. Nowinski also re-
ceived the Philip and Bella Medoff Me-
rorial Prize in Gynecology, for the high-
est cumulative average during the last two
years of medical school.

The Clinical Surgery Prize was be-
stowed on Matthew V. DeCaro, Jr.,
M.D., and William J. Polacheck, Jr.,
M.D. received the Orthopaedic Surgery
Prize. For excellence in the field of gen-
eral surgery during his clinical years,
John C. Wain, Jr., M.D. was awarded
the Goerge J. Willauer Prize, estab-
lished in memory of Jefferson’s former
Clinical Professor of Surgery, George J.
Willauer, M.D. '23.

Donna M. Pfaff, M.D. was awarded
the Henry Keller Mohler Memorial
Prize in Therapeutics. The Arthur Krie-
ger Memorial Prize in Family Medicine
went to Gerard F. Klinzing, M.D. Fi-
ally, a new award, the Hyman Men-
duke Research Prize, sponsored by Mi-
ichael LeWitt, M.D. '74 in honor of Je-
ferson’s current Director of Sponsored
Programs, was given to Lawrence M.
Matthews, Jr., M.D. for “excellence in
research.”

Also recognized at Class Day are the
recipients of the prestigious Christian B.
G. and Mary F. Lindback Awards for Diste-
ighi shore Teaching. Two awards are
presented; sophomores choose a mem-
ber of the basic science faculty, and sen-
iors select a representative from the
clinical faculty.

August Epple, Ph.D. was honored for
his excellence as a teacher of the basic
sciences. Having received in 1960 his Do-
torate in natural science magna cum
laude from the Johann-Wolfgang-von-
Goethe University, Frankfurt am Main,
Germany, he came to Jefferson in 1967 as
an Associate Professor of Anatomy spe-
cializing in histology and embryology. He
was promoted to Professor in 1977. As
Chairman of the Anatomy Graduate Af-
fairs Committee from 1969-71, he helped to
develop a new training program in
atomy for graduate students. Serving as
Coordinator of Departmental Research
Resources and Animal Facilities since
1974, he is also the current Division Chief
of the Histology Curriculum for Fresh-
man Medical Students.

Dr. Epple’s research interests focus
on the evolution of structure and func-
tion of the endocrines, particularly in
chordates. Co-editor of Die Vogelwelt
from 1965-68, he is an author of nearly
50 papers. He belongs to the following
societies: American Anatomists Associ-
ation, American Association of Univer-
sity Professors, American Diabetes As-
sociation, American Ornithologists’
Union, American Society of Zoologists,
Delaware Valley Diabetes Association,
Deutsche Gesellschaft fur Saugetier-
kunde, Deutsche Ornithologen Gesell-
schaft, Nassauischer Verein fur Natur-
kunde, New York Academy of Sciences,
Senckenbergische Naturforschenge Ge-
sellschaft, Sigma Xi and Zoologische
Gesellschaft.

Selected from the clinical faculty,
Roy Clouse, M.D. is the other recipient
of the Lindback Award. He graduated
from the Medical School of Ohio State
University in 1961 and joined the JMC
faculty in 1975 as an Instructor of Psy-
chiatry. He was promoted to Assistant
Professor in 1977. He is Coordinator for
the clinical clerkships of Jefferson’s De-
partment of Psychiatry. An Associate
member of the Royal Society of Medi-
cine, he also belongs to the Philadelphia
Psychiatric Society, the American Psy-
chiatric Association, the Pennsylvania
Psychiatric Association and the Associ-
ation for Academic Psychiatry.

achievement award

Accepting the Alumni Achievement
Award at the Association’s Annual Ban-
quett last June, Warren W. Nichols,
M.D., Ph.D. noted that his field of ex-
pertise, cytogenetics, didn’t exist when
he graduated from medical school in
1954. His observation, well suited to a
gathering where returning alumni wel-
come new graduates to the profession,
underscores the tentativeness of a medi-
cal student’s education—the precarious-
ness of what he now knows and the tan-
talizing possibilities for what he may
some day know.

When Nichols attended Jefferson, he
assumed he was preparing himself for a
career in clinical medicine. He thought
his research interests would later sup-
plement a pediatrics practice. As a
 sophomore, he was cited for research on
blood lipids in relation to coagulation
physiology; later he received the Mosby
Scholarship Award for Scholastic Excel-
ence. During his residency at the Chi-
dren’s Hospital of Philadelphia, his in-
terest in pediatric cancers grew though
he still supposed that research would
later be subordinate to patient care.

While a resident at CHOP, he rotated
through the Camden Municipal Hospi-
tal. Specializing in the treatment of con-
tagious diseases, the hospital has since
closed, but its research adjunct, the In-
stitute for Medical Research, focuses
now, as it did then, on the study of vi-
ruses. After two years of pediatrics with
the U.S. Air Force, Nichols returned to
the Institute in 1959 where his career in
research has since been centered. His
Chair there was endowed in 1978. The
Institute’s first S. Emile Stokes Professor
of Genetics, Nichols also holds two fac-
culty appointments, as Professor of Hu-
man Genetics and Professor of Pedia-
trics, at the Medical School of the Univer-
sity of Pennsylvania.

In the early sixties, he began a collab-
oration with Professor Albert Levan
which entailed several trips to Sweden
and which led to a Ph.D. from the Uni-
versity of Lund in 1966. Nichols’ work
concentrates on the question of whether
viruses cause cancer by affecting ge-
netic material. The majority of his pa-
ners—he’s written well over 100 and
edited, authored or contributed to 14
texts—consider some aspect of the key
relationships among viruses, genetic
mutations and cancer.

A Diplomate of the American Board of
Pediatrics, he is a member of five
honorary societies including the Ameri-
American Society for Clinical Investigation. He belongs to numerous professional organizations 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 1963-72 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 received perhaps the most singular honor of his career when he became Co-chairperson of the USA-USSR Program of Mammalian Somatic Cell Genetics Related Neoplasia. It is one of several committees set up by the National Cancer Institute to foster scientific collaboration with the Soviet Union.

**jefferson relationships**

Each year at the Dean’s Luncheon, the Jefferson antecedents of graduating medical students are recognized. The affair, hosted by the current Dean of the Medical School, William F. Kellow, M.D., is held during reunion week on Wednesday after the Clinic presentations.

R. P. Heilman graduated from Jefferson in 1876, over a 100 years before his greatgrandson, John E. McManigle. Two members of the Class of 1980 have grandfathers and fathers who attended the Medical School. William H. Eister ’08 is the grandfather; and Donald H., the father of Ronald N. Thurman Gillespy, Sr. ’07 is the grandfather; and Thurman, Jr. ’53, the father of Thurman, III.

Dr. Templeton, left, with the first John Y. Templeton lecturer, Dr. Denton A. Cooley.
ences' Alumni Association. While at Jefferson she was a member of the Curriculum Committee. After graduation, she worked in an intensive care unit at Philadelphia's Graduate Hospital. She then attended the New York Law School and placed third in the American Bar Association's student essay competition on medicine and law. Her husband, Warren E. Cohen, M.D., a pediatric intern at Montefiore Hospital in New York City, is a graduate of JMC, Class of 1979.

Also elected to the Board is Smith-Kline Corporation's President and Chief Operating Officer, Henry Wendt. He graduated from Princeton University in 1955 with a Bachelor of Arts Degree. On the Board of Directors of the Girard Company and Girard Bank, the World Affairs Council of Philadelphia, the Greater Philadelphia Partnership and the Greater Philadelphia Chamber of Commerce, he also serves on the Board of Trustees of the Philadelphia Art Museum, the Advisory Council of the Leonard Davis Institute of Health Economics and the Advisory Council of Princeton's Department of East Asian studies.

The third new Board member, Howard Gittis, Esq., is a partner at Wolf, Black, Shorr and Solis-Cohen. Both his Bachelor of Science Degree in economics and his law degree are from the University of Pennsylvania. He was law Secretary to the Supreme Court of Pennsylvania in 1959. A member of the Philadelphia, Pennsylvania, Florida and American Bar Associations, he is Chairman of his firm's Executive Committee.

His professional affiliations include membership in the Pennsylvania Bar Association's House of Delegates, the American College of Trial Lawyers and the American Judicature Society; he is a permanent member of the Judicial Conference of the Third Circuit. He also serves on the Board of Directors of Cohen-Hatfield Industries, Inc., After Six, Inc. and Harron Communications Corporation; on the Board of Governors of Moss Rehabilitation Hospital, Willowcrest-Bamberger Extended Care Facility, the Locust Club of Philadelphia and Philmont Country Club; on the Board of Trustees of the Federation of Jewish Agencies; on the Board of Directors of the Museum of American Jewish History.

senior portrait

When Robert C. Mackowiak, M.D. '64 rose to address those assembled in McClennan Hall for his portrait presentation, the audience gave the Associate Dean a prolonged standing ovation. The majority of the people who gathered last May to honor JMC's Director of Student Affairs were members of the Class of 1980, who had commissioned Robert Oliver Skemp to paint Mackowiak's portrait. As William P. Davis, III, a Trustee accepting the portrait on behalf of the TJU Board remarked, "No honor is greater than that students bestow on their teacher." Being selected to pose for "the senior portrait" is in fact the most singular recognition students at Jefferson can make of a faculty member.

Delivering the opening remarks at the ceremony, Student Council President, Martin Carney, M.D. '80, noted that the "time honored award" dated back to 1924 when the graduating class commissioned the portrait of John Chalmers Da Costa, M.D., Class of 1885. Since then, the portrait has been painted annually with only one exception. Carney's comments made it clear why Mackowiak had been chosen. He praised the Associate Dean for his "accessibility to students." Observing that Mackowiak's "unique sensitivity and perception" made him a "trusted counselor" and "friend" of students, Carney emphasized especially Mackowiak's "uncompromising commitment to total student welfare."

The keynote of the biographical sketch given by Joseph J. Rupp, M.D. '42, JMC Professor of Medicine, was that Mackowiak was "an ordinary person" capable of "superhuman efforts." Rupp spoke briefly of the rigors of Mackowiak's childhood in a northeastern Pennsylvania coal town and of the closeness of father and son after the death of Mackowiak's mother when he was 11. Mackowiak, Rupp explained, decided to attend Jefferson after he received an early acceptance because he couldn't afford to lose the deposit that guaranteed him a spot in the Class of 1964.

However tenuous Mackowiak's initial attraction to Jefferson, the place has subsequently been at the center of his career. After a year's internship at Methodist Hospital in Philadelphia, he deferred plans for a residency and returned to Jefferson as an Instructor in Physiology. His now well known affinity for statistics prompted him to introduce computer methods for correcting exams and probabilistic modes for analysis of test design and student performance. Promoted to Assistant Professor of Physiology in 1967, Mackowiak entered a residency program the following year in internal medicine and cardiology at the Mercy Catholic Medical Center, Philadelphia, which led to his being certified a Diplomate by both the American Board of Internal Medicine and its Subspecialty Board of Internal Medicine.

The same year—1968—that he began his residency, Mackowiak was awarded the Christian R. and Mary F. Lindback Foundation Award for Distinguished Teaching. As Rupp pointed out, Mackowiak received the award three years after joining the faculty. The following year the JMC Student Council designated him "Outstanding Basic Science Lecturer." Other academic honors include Phi Beta Kappa, Alpha Omega Alpha and Sigma Xi.

The topics of his 50 publications reflect the variety of his research interests which range from dyslipoproteinemias and coronary heart disease, to hemodynamic effects of gastrointestinal function and manipulation, to accelerated programs of medical education.

Mackowiak's diversity of interests is also suggested by the societies he's chosen to join. A Fellow of both the American College of Physicians and the American College of Cardiology, he's a Founding Member of the Philadelphia Academy of Cardiology and a Charter Member of the Bioengineering Society. Among the other societies of which he is a member are the American Association for Higher Education, American Association of University Professors, American Educational Research Association, American Federation for Clinical Research, American Geriatrics Association, American Heart Association, American Physiological Society, Ameri-
appointments

John F. D’Aprix, formerly Director of Corporate Planning and Executive Associate to TJU’s President, Lewis W. Bluemle, Jr., M.D., has been promoted to Vice President. As the University’s principal planning officer, he is responsible for developing long range strategies and overseeing the implementation of recommendations embodied in approved plans. He will also coordinate university relations, development, institutional research, support services for faculty and administration and management for commercial operations.

Ian S. E. Gibbons, M.D., Clinical Professor of Pediatrics and Director of the Division of Pediatric Gastroenterology and Nutrition, has been named Medical Director of Children’s Heart Hospital, an affiliate of Jefferson. He will continue to serve as Medical Director of the Pediatric Colitis Foundation (formerly the Jeff Fund).

Ellen Bleecker Liversidge has been appointed administrator of Children’s Heart Hospital.

Joseph S. Gonnella, M.D., Associate Dean and Director of Academic Programs, has been nominated for a four year term as member-at-large on the National Board of Medical Examiners.

Brajesh N. Agarwal appointed Professor of Medicine (Wilmington VA affiliation)

George W. Atkinson promoted to Clinical Professor of Medicine

William E. Delaney ’53 appointed Professor of Medicine (primary appointment)

William J. Holloway promoted to Clinical Professor of Medicine (Wilmington Medical Center affiliation)

Evelyn P. Ivey-Davis appointed Visiting Clinical Professor of Psychiatry and Human Behavior

Laird G. Jackson promoted to Professor of Obstetrics and Gynecology (secondary appointment)
Carl Levenson appointed Clinical Professor of Rehabilitation Medicine (primary appointment) and Clinical Professor of Psychiatry and Human Behavior (secondary appointment) (VA Coatesville affiliation)

Peter R. Maroko appointed Adjunct Professor of Physiology (primary appointment) and Adjunct Professor of Medicine (secondary appointment)

Abraham E. Rakoff '37 made Emeritus Professor of Obstetrics and Gynecology

Patricia Myrick Randels appointed Clinical Professor of Psychiatry and Human Behavior (VA Coatesville affiliation)

Bernard Schepartz made Emeritus Professor of Biochemistry

Chung-Hsiu Wu appointed Professor of Obstetrics and Gynecology (Endocrinology)

research prizes

Each spring Jefferson's chapter of the research society, Sigma Xi, sponsors Student Research Day. In the past, medical and graduate students, competing within their respective divisions for prizes, have presented papers summarizing research projects conducted over the past year. Because of the lengthiness of this mode of presentation, students have adopted a poster format to explain their work. Posters were exhibited in the alcove between Solis-Cohen Auditorium and the east atrium of Jefferson Alumni Hall. Research Day Co-ordinator, Robert C. deGroof, Ph.D., Assistant Professor of Pharmacology, explained that the poster format enabled onlookers to consider the synopses and then to question selected students further.

Joseph G. Sodroski, '80 the winning medical student, entitled his presentation "RNA Synthesis and Function in Rat Mammary Tumors." Sodroski, who is beginning an internal medicine residency this summer at the New England Deaconess Hospital, said that his project relates to the larger issue of "protein involvement in cell growth and differentiation." The other medical student cited for his research efforts was Richard B. Freeman, Jr., who has just completed his first year.

David O. Williams, a third year student in physiology, was the graduate division winner. His project was on "Incorporation of Exogenous ATP into Myocardial Cell ATP." The runner-up was Chen-Tung Yen.

After the presentation, William H. Batchelor, M.D., Acting Research Manager for the National Institutes of Health, addressed an audience of faculty and students on the tentativeness of NIH's approach to the subsidizing of training. Batchelor explained that when he first worked at NIH in the early 1960's the funding of research included a commitment to training. In the early 1970's that relationship changed, and research and graduate education were considered separate categories for funding with different priorities. Batchelor in effect said that NIH had as yet not worked out the implications of its altered priorities.

His remarks seemed to suggest that a willingness to support research efforts of medical students exists, but that the extent of that disposition is not clear. The issue of support for medical student research is an offshoot of current concern over the decline in new physicians going into academic medicine.

An indication of the type of program now being federally funded is the summer training grant. The award provides short term research training for graduate professional students.

Jefferson has received a $200,000 grant from NIH to support the summer research efforts of 24 medical students over a five year period. Each student is receiving $1,050 for two and a half months of work on a project; in addition $625 per student has been allotted for supplies. Hyman Menduke, Ph.D., Professor of Pharmacology (Biostatistics) and Director of Sponsored Programs, says that the award to Jefferson was based on a review which included such factors as the institution's plans for selection of students and project follow-up as well as the research experience of faculty and the level of student interest.

JMC's Committee on Research presided over the selection of faculty preceptors and students. Faculty were asked to submit descriptions of summer projects to the Committee. Preceptors and students were chosen independently; in other words, no prearrangements influenced the decision of which specific students and faculty were chosen. After the choices were made, individual preferences were considered to the fullest extent possible in matching students with preceptors.

Robert L. Brent, M.D., Ph.D., Professor of Pediatrics and Chairman of the Department, Professor of Radiology and Professor of Anatomy, is serving as project director; Allan J. Erslev, M.D., the Thomas Drake Martinez Cardeza Research Professor of Medicine and Director of the Hematology Division, is Associate Director.
1917
Henry L. Bockus, 250 S. 18th St., Philadelphia, presented the first lecture of the annual Edwin Polish Memorial Lectureship in Gastroenterology sponsored by the Department of Gastroenterology and Nutrition of the Graduate Hospital in Philadelphia. Dr. Bockus, who spoke on "Inflammatory Bowel Disease: A Fifty Year Perspective," is Emeritus Professor of Medicine at the University of Pennsylvania and former Chairman of the Department of Medicine and former Chief of Gastroenterology at the Graduate Hospital.

1920
Cesar Dominguez-Conde, P.O. Box 699, Humacao, P.R., writes that he is doing administrative work for his old hospital now that he is no longer active in practice. Dr. Conde with Doctors Montgomery, Turner and Sokoloff celebrated the class 60th reunion with a luncheon in June at the Barclay Hotel.

Stanley D. Conklin, 506 S. Elmer Ave., Sayre, Pa., has been retired for seven years after 53 years at the Robert Packer Hospital-Guthrie Clinic in Sayre. He writes, "am in good health; keep active daily."

1922
Marshall R. Metzgar, 41 N. 7th St., Stroudsburg, Pa., has retired after 56 years of general practice in Stroudsburg. An Emeritus Trustee of Lafayette College in Easton, Pennsylvania, he was awarded an Honorary Doctor of Laws Degree at its May Commencement.

1923
Lester R. Wilson, 224 E. Maple Ave., Merchantville, N.J., writes "still on the job, but no surgery. Regards to all my classmates."

1925
Paul Sloane, 3 Grapevine Rd., Gloucester, Ma., published a 273 page text last year entitled *Psychoanalytic Study of the Dream* (New York: Aronson). Currently a faculty member of the Psychoanalytic Institute of New England, East, he was previously Director of the Albert Einstein Medical Center of Philadelphia and Associate Professor of Psychiatry at the University of Pennsylvania.

1929
Samuel M. Hauck, 200 Blossom Hill Dr., Lancaster, Pa., retired from the practice of medicine last spring. A member of the medical staff of Lancaster General Hospital, he has practiced in the area for 50 years. One of the founders of the Lancaster Chapter of the American Heart Association, he has served as President of the Lancaster City and County Medical Society and the F&M Alumni Association. He is the current president of the Cliosophic Society, a local organization whose members discuss literary subjects. Having served on the Manheim Township School Board and the Lancaster City Board of Health, he is a member of the Board of Directors of the Historic Preservation Trust of Lancaster County—a position which enables him to pursue his current passion for the preservation of the old Lancaster County Hospital, perhaps the second oldest in the United States. He and his wife enjoy visiting their daughter in Denver and son in Oregon.

1930
David H. Buchman, 21 E. Market St., Blairsville, Pa., is celebrating his 50th year in practice. He has no plans for retirement. He and his wife, Hazel, have two children, Alan, 19, and Andrea, 16, who are planning careers in medicine.

1931
Kenneth E. Fry, 621 University, Walla Walla, Wa., sends news of his marriage to Hattie Gordon Wakefield on March 29 in Walla Walla. He notes that she serves on
the Board of Overseers at Whitman College where they attend meetings together.

John E. Lewis, 659 Lake Howard Dr., NW, Apt. 126, Winter Haven, FL, is retired. He writes, "If all goes well, I'm hoping to get back to Philadelphia, June, 1961."

George W. Paschal, Jr., 3334 Alamance Dr., Raleigh, N.C., has been elected a life member of the Board of Trustees of Wake Forest University.

1933

N. Van Sant Myers, 408 Navesink River Rd., Red Bank, N.J., took a trip to Central America on a freighter—a Chiquita banana boat. "Wonderful way to see the world (if you like the sea), but getting more difficult and more expensive—like everything else."

Matthew J. Zakreski announces the removal of his offices for the practice of obstetrics and gynecology from the Chestnut Hill Hospital Medical Building to 8055 Stenton Avenue, Wyndmoor, Philadelphia.

1934

Chester L. Isenberg, 18th & Morris Sts., Saxton, Pa., was Chairman of the Bedford County Easter Seal Campaign for the last drive.

Stanley G. McCool, 316 N. Newstead, St. Louis, Mo., has retired from the Veterans Administration Medical Center after "12 years and seven days" as a staff physician in internal medicine.

1935

Edmund L. Housel, 255 S. 17th St., Philadelphia, is still in medical practice but works only three days a week. "Enjoy extra leisure time at home with my wife, Mabel, we grow and cross African violets." Dr. Housel writes that they traveled to the People's Republic of China last November.

S. Spigg Jacob, III, 421 Curtis Rd., East Lansing, MI, is still practicing pediatrics. He writes that he has "two lawyer sons to keep us out of trouble."

Nathan Sussman, 805 N. Second St., Harrisburg, Pa., has been re-elected Board Chairman of the Central Pennsylvania Chapter of the Arthritis and Rheumatism Foundation.

Peter A. Theodos, 1930 Chestnut St., Philadelphia, has been elected Treasurer of the Philadelphia County Medical Society. Past President of the American Lung Association of Philadelphia and Montgomery County and the JMC Alumni Association, Dr. Theodos is Honorary Clinical Professor of Medicine at Jefferson.

1936

George L. Erdman, 2127 Lagoon Dr., Dunedin, FL, has just returned from five months abroad. He spent three months at the Wanless Hospital, Miraj, India, as a volunteer consultant to the Pathology Department, under the auspices of the Presbyterian Church. He also visited Yugoslavia and Kenya.

Albert W. Freeman, 76 W. King St., Shippensburg, PA, and his wife, Margaret, and their children and grandchildren spent the early part of June in Switzerland. Among the party of ten was William A. Freeman '94.

June U. Gunter, 1411 N. Mangum St., Durham, N.C., has had an asteroid named in his honor. The International Astronomical Union called the asteroid "Jutta," derived from Gunter's initials and those of his publication, "Tonight's Asteroids," a bi-monthly newsletter in its 10th year. Dr. Gunter, who retired in 1976 from the practice of pathology after nearly 40 years in the field, has contributed more than 60 articles and columns about asteroids to popular astronomy magazines.

Elmer M. Reed, 2021 Fairwood Ln., State College, Pa., retired from his work at the Pennsylvania State University Student Health Center. He is now medical consultant for Sera-Tec Biologicals, a division of Rite Aid.

Sidney S. Samuels, 5601 N. Broad St., Philadelphia, has been elected President of the medical staff of Warmister General Hospital. A life Fellow of the American Academy of Otolaryngology, he is a Fellow of the American Geriatric Society and the Philadelphia Laryngological Society.

Albert M. Schwartz, 3900 Ford Rd., Apt. 9C, Philadelphia, writes that "his son, Burton '67, and his daughter-in-law, Judith Parker '70, have given us four beautiful grandchildren."

1937

Morton W. Levenson, 66 Heritage Rd., Akron, PA, retired in 1975 after 11 years as medical officer in the Foreign Service of the Department of State.

Robert P. Waterhouse, 6830 Crittenden St., Philadelphia, writes "retired and enjoying it."

John F. Wilson, 2013 Delancy St., Philadelphia, was elected Vice President of the Dermatology Foundation at the annual meeting of the American Academy of Dermatology held in Chicago last winter.

1940

Louis T. Gabriel, Jr., 25 W. Frack St., Frackville, PA, speaks to local groups on the medical aspects of the crucifixion. A Diplomate of the American Board of Surgeons, he is a Fellow of the American College of Surgeons.

1941

James A. Collins, Jr., Box 22, Riverside, Pa., Senior Consultant at the Geisinger Medical Center, is President of Geisinger's Institute for Medical Education and Research. A Clinical Professor of Medicine at the Pennsylvania State University's College of Medicine, he is Chairman of the Pennsylvania Medical Society's Standing Committee on Aid to Education. Formerly the President of the Pennsylvania Society of Internal Medicine, he recently completed his term as President of the American Society of Internal Medicine. Dr. Collins was special guest at a reception given by the Alumni Association in New Orleans during the meetings of the American College of Physicians. The former Director of the National Commission on the Certification of Physicians' Assistants has also served as Chairman of the AMA's Joint Review Committee for Educational Programs for Physicians' Assistants.

Arthur F. Hoffman, 1019 Harris Rd., Ft. Wayne, IN, was presented Scouting's highest award in a region—the Silver Antelope. He and his wife, Mary, are busy with medicine, scouting and family activities.

Paul J. Poirsard, 2123 Delancey St., Philadelphia, is President-elect of the Philadelphia County Medical Society and is serving as President of the Medical Staff of Thomas Jefferson University Hospital.

1943

Theodore J. Berry, 164 Pennsylvania Ave., Bryn Mawr, PA, has been appointed interim Chairman of the Pennsylvania-Ohio Region of the Association for Hospital Medical Education.

Edwin J. Levy, 468 Wyngate Rd., Wynnewood, PA, was promoted to Clinical Associate Professor of Dermatology at the University of Pennsylvania Medical School.

1944

Bernard L. Braveman, 1533 Kansas Ave., McKeesport, PA, spends February and March each winter in Florida, where his neighbor is classmate James B. Leonard.

1944

John J. Cartland, The James Edwards Professor of Orthopaedic Surgery and Chairman of the Department at Jefferson, was invited to give the 23rd Alan DeForest
Smith Lecture at the annual meeting of the orthopaedic alumni of Columbia University. College of Physicians and Surgeons. Dr. Gartland completed his residency in orthopaedic surgery there in 1952.

1945

Charles F. Grabiak, 605 Warwick Rd., Had- donfield, N.J., writes that his son, Thomas A., graduated from Jefferson this June. Another son, Charles, Jr., will be a member of the Class of 1984.

Raymond C. Grandon, 91 Poplar Ave., New Cumberland, Pa., was recently elected President of the Pennsylvania Medical Society. He expects to serve as President for 1981-82.

John S. Madara, 31 Market St., Salem, N.J., writes that his freshman year at Jefferson.

Gerald Marks, 111 S. 11th St., Philadelphia, presented a study of the “Comparative Effectiveness of Rigid and Flexible Sigmoidoscopy in 1800 Patients” and a paper on “Colonoscopy and Flexible Fiberoptic Sigmoidoscopy in the Management of Colorectal Neoplasia” at the Third European Post-Graduate Course of Gastrointestinal Endoscopy, held in Rome last April. At the Second International Symposium of Digestive Surgery and Endoscopy, also held in Rome, he gave a paper on “Technique and Full Application of the Combined Abdomino-transsacral Method of Sphineter Preservation in Surgery of the Irradiated and Non-irradiated Rectum.” He also addressed Italy’s Ordine die Medici di Latina in Latina on “Endoscopy in the Prevention, Diagnosis and Postoperative Surveillance of Colorectal Cancer.”

Howard Mazzer, 512 Garwood Dr., Cherry Hill, N.J., has been elected Vice President of the Bridgeton Hospital medical staff. He holds an appointment as Instructor of Urology at Jefferson.

John E. Mills, 123 Congress St., Pasadena, Ca., has been re-elected Chief of Ophthalmology at Huntington Memorial Hospital in Pasadena.

1946

Myron Bash, 7 Chopin Ln., Lawrenceville, N.J., has been elected President of the medical staff of Mercer Medical Center. A member of the American Academy of Orthopaedic Surgeons, he is a Fellow of the American College of Surgeons and a Diplomate of the American Board of Orthopaedic Surgery.

1947

Luther F. Corley, Box 517, Boaz, Al., and his wife, Clare, attended their second Jefferson graduation in two years. Son, Thomas, will spend the next year at Carraway Methodist Hospital in Birmingham, Alabama.

1948

Robert K. Finley, Jr., 31 Wyoming St., Day- ton, Oh., has been elected President of the Ohio chapter of the American College of Surgeons for the year 1980. He was also elected for membership in the Central Surgical Association last spring.

Joseph P. Kenna, 902 Penn Valley Rd., Media, Pa., writes that his daughter, Denise, is completing her sophomore year at Jefferson. “Attended Parents’ Day last March—very enlightening and entertaining. What fabulous changes between 1940 and 1980!”

Ernest G. Shander, 1107 Richmont St., Scran- ton, Pa., writes that his daughter, Kathy Maria, graduated from the University of Scranton last May. She will enter Jefferson Medical College in September. Her father writes that he’s “proud of her acceptance.”

1949

Richard A. Ellis, 255 S. 17th St., Philad- elphia, has been promoted to Attending in surgery on the general ophthalmologic service at Wills Eye Hospital. He also assisted with the oral examinations of the American Board of Ophthalmology this past May.

George B. Farrell, 1300 Grand Ave., No. 8, San Diego, writes that he’s now the “senior” physician in the Pacific Beach area.

1950

James R. Hodge, 295 Pembroke Rd., Akron, Oh., has been named Professor of Psychiatry at the Northeastern Ohio Universities College of Medicine.

Bernard V. Hyland, 1003 Greenbriar Dr., Clarks Summit, Pa., has endowed a memorial biology award at the University of Scranton “in loving memory of his parents, Kathryn and Bernard Hyland.” The award will be given annually at Commencement to a student with a pre-med major who has demonstrated academic excellence in biology and who has shown personal integrity and concern for others.

1951

Leonard S. Girsh, 1401 Melrose Ave., Philadel philia, has been elected to the Board of Regents of the American College of Allergists. He is Director of allergy and clinical immunology at the Medical College of Pennsylvania.

Victor F. Greco, E-Z Acres, RD Drums, Pa., served as Chairman of the annual conference of Rotary International District 741. Having been President of the Hazleton Rotary Club in 1977, he is the present district Governor-elect for the 1980-81 Rotary year. He is a founder-member of the Pennsylvania Society of Thoracic Surgeons. He and his wife, Mary Jean, have six children.

James C. McLaughlin, Box 739 Bermuda Run, Advance, N.C., is Chairman of the Department of Obstetrics and Gynecology at the Winston-Salem health care facility. He is Clinical Assistant Professor of Obstetrics and Gynecology at the Bowman Gray Medical School of Wake Forest University.
1952

Robert A. Ebersole, 319 W. Holland St., Archbold, Oh., writes that his son, Donald, finished his family practice residency at Riverside Hospital in Columbus this past June.

1953

Jerome Abrams, 190 Greenbrook Rd., North Plainfield, N.J., was re-elected Deputy Chairman of the Department of Obstetrics and Gynecology at the Muhlenberg Hospital in Plainfield. He has also been promoted to Clinical Associate Professor of Obstetrics and Gynecology at the Rutgers Medical School.

William F. Coffey, 41 Highland Ave., Bala Cynwyd, Pa., was elected Vice President and Medical Director of the Fidelity Mutual Life Insurance Company. A member of the Association of Life Insurance Medical Directors of America, he also belongs to the Philadelphia Serra Club and the Catholic Philopatrian Literary Institute. He and his wife, Roseanita, have nine children.

T. William Cook, 3509 Brookview Rd., Rockford, Ill., is President of the Illinois Ophthalmology Association this year. He spent two weeks last October visiting the Ophthalmic Hospital in Red China.

Norman Gladstone, 2340 Coral Way, Miami, Fl., is practicing internal medicine there. His daughter, Joy, graduated from the University of Miami Law School last May. He writes that he is enjoying a "solar heated hot tub in the garden."

Franz Goldstein, 707 Arlington Rd., Penn Valley, Narberth, Pa., was re-elected to the Board of Trustees of the American College of Gastroenterology at the annual meetings held at Anaheim, California, last fall. Having presided at one of the scientific sessions for the College's 44th Annual Convention, he was appointed Program Chairman for the next year's meetings scheduled for Toronto, Canada.

John H. Harris, Jr., was Professor of Radiology at Michigan State University until July when he became Professor of Radiology and Chief, Section of Emergency Radiology, at the University of Texas Medical School in Houston. In September he will become Chairman of the Board of Chancellors of the American College of Radiology.

Eugene A. Jaeger, 674 Timber Ln., Devon, Pa., has been elected Secretary-Treasurer of the Chester County Neuropsychiatric Society of Pennsylvania.

Joseph W. Simpson, 2391 Hickory Rd., Plymouth Meeting, Pa., writes that he was taken "way off guard" March a year ago with angina then myocardial infarction in July and triple aorta-coronary by-pass at Jefferson in October. "Now I'm 'out' on disability for an indeterminate time; I'm trying to adjust to the 'cut-back' in activities."

1954

Jerome Dersh, 606 Court St., Suite # 200, Reading, Pa., was awarded the Distinguished Alumnus Award for 1970 from Albright College. He also assumed duties as President of the Pennsylvania Academy of Ophthalmology and Otologyngology last May.

Charles H. Greenbaum, 8220 Castor Ave., Philadelphia, is Chairman of the Evaluation Committee of the American Academy of Dermatology. His oldest son, Steve, has completed his first year at Tulane Medical School.

John S. Hamilton, 2312 Green briar Ln., SE 1 Decatur, Al., is radiologist for a five man practice located in Decatur. He and his wife, Marguerite, have four boys—three are in college, and one is a graduate. He writes that he enjoys fishing as a hobby.

Robert A. Hirnrichs, 2007 Galathea Ter., Coral Gables, Fl., writes that his oldest son, Mark, graduated from Amherst last May. "The practice is steady; we are enjoying our 'freedom' with all the kids gone. I like skiing, tennis and golf. Visited Spain and France last year, but haven't gone anywhere this year."

W. Robert Jacobs, 511 Fairbanks St., Philadelphia, N.J., has become a Diplomate of the American Board of Family Practice. Currently serving as Chairman of the Division of Family Practice at Warren Hospital, he has just been elected President of the Warren Hospital Medical and Dental Staff.

Stanley R. Kern, 57 N. Wyoming Ave., South Orange, N.J., is a Diplomate of the American Board of Forensic Psychiatry. A Clinical Associate Professor of Psychiatry at the College of Medicine and Dentistry of New Jersey, he is the CDMNJ Chief of consultation- liaison and Chief of psychiatry at the Hospital Center at Orange. Board certified in psychiatry, he is a Fellow of the American Psychiatric Association. President of the Tri-County Chapter of the New Jersey Psychiatric Association he is a council member of the New Jersey Psychiatric Association, Secretary of the New Jersey Psychoanalytic Society and Chairman of the psychiatry section of the Academy of Medicine of New Jersey.

Francis J. Nash, 75 Hinckley Rd., Milton I Ma., writes that he and his wife, Mary, had a great time at the 25th a year ago in June.

Henry W. Pletcher, 53 Adriance Ave., Poughkeepsie, N.Y., served as general Chairman of the 1980 educational fundraising effort of the Dutchess County Unit, the American Cancer Society. A member of the Society's Dutchess County Unit Board of Directors, he was also Chairman of the Uterine and Breast Cancer Task Force from 1971 to 1976. Dr. Pletcher practices obstetrics and gynecology in Poughkeepsie.

Harold R. Weidaw, RD 3, Tamaqua, Pa., was promoted to Fellow of the American College of Allergists in January at the 36th Congress.

1955

Fredrick Lytel, Place One, 777 W. Germantown Pk., Plymouth Meeting, Pa., is Director of the Family Practice Residency Program at Abington Memorial Hospital.

Hugh S. Pershing, RD 2, Box 268, Newtown, Pa., writes that his daughter, Pamela, is in Tju's baccalaureate nursing program.

Paul M. Selson, 13116 Foxhall Dr., Silver Spring, Md., has been elected President of the National Capital Occupational Medical Association, President of the Council of Federal Medical Directors and President-elect of the American Academy of Federal Civil Service Physicians.

F. William Sunderman, Jr., 13 Mountain Rd., Farmington, Ct., directed a seminar on biochemical hematology for the association of Clinical Scientists last fall in Philadelphia.

David O. Zenker, Van Beuren Rd., Morris-town, N.J., has been appointed to the Western Regional Board of the Midland National Bank. He is Chairman of the Department of Otolaryngology at Morristown Memorial Hospital.

1956

Kenneth N. Beers, 268 N. Diamond Mill Rd., Clayton, Oh., has received the Aerospace Medical Association's Harry G. Mosely Award for his contribution to the reduction in the incidence of spinal injuries experienced by pilots ejected from F-111 and F-4 aircraft. When he retired from the Air Force in 1978, he was Chief Aeromedical Advisor for the Life Support Systems Program Office at Wright-Patterson AFB in Ohio. A Diplomate of the American Board of Preventive Medicine (Aerospace Medicine), he is a Fellow of both the Aerospace Medical Association and the American College of Preventive Medicine. He holds the NASA Gemini and Apollo Achievement Awards, the USAF Legion of Merit with one oak leaf cluster, the Air Medal with two oak leaf clusters and the Muhlenberg College Alumni Achievement Award. An Associate Professor of Family Practice and Community Medicine at Wright-State University in Dayton, he is Director of the Fairborn Family Health Center, Coordinator of Clinical Training
and Preceptor for the Aerospace Medicine Residency Program.

Dale A. Grove, Jr., 1551 Broadway, Bethlehem, Pa., is a Diplomat of the American Board of Family Practice. He is a member of the Department of Family Practice at St. Luke's Hospital.

J. Harold Housman, 15 Savo Ave., Lancaster, Pa., became Board certified in ophthalmology last October.

Robert C. Magley, 300 W. Highland Ave., Ebensburg, Pa., has been named Chairperson for the Northern Cambria County Special Gifts Campaign conducted by the Pennsylvania Highlands Chapter of the American Heart Association. Among positions he has held with the Heart Association is the Vice Presidency of the Pennsylvania affiliate. He is a member of the Cambria-Somerset Advanced Life Support Committee Emergency Medical Service, the Central Cambria School Board and Retardation Advisory Board, and the Community Nursing Service Advisory Board.

1957

Joseph A. Glick, 1609 Foulk Rd., Wilmington, De., has been appointed Medical Director with the Health and Environmental Affairs Group in Wilmington. He was in general practice there from 1959 to 1977.

John P. Murray, 316 W. Johnson Highway, Norristown, Pa., has been appointed Chief of family practice at the Sacred Heart Hospital and Rehabilitation Center where he has been a member of the medical staff for the past 21 years. He is a Diplomat of the American Board of Family Practice and a Fellow of the American Academy of Family Practice.

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

1958

Henry S. Clair, 7803 Louise Ln., Philadelphia, writes that his son, David, will be starting Jefferson in September. He represents the third generation to attend Jefferson. Dr. Clair's father graduated in 1926.

Robert A. Cooper, Jr., 555 Clover Hills Dr., Brighton, N.Y., Director of the University of Rochester Cancer Center, has accepted an additional appointment as Associate Director of the Medical Center for Public Affairs. A member of the editorial board of the Journal of Cancer Clinical Trials, he is Associate Editor of the International Journal of Radiation Oncology, Biology, and Biophysics.

Patrick J. McKenna, 508 W. Centre St., Woodbury, N.J., has been appointed Clinical Associate Professor of Medicine at Jefferson.

1959

Vincent P. Blue, 692 Stony Hill Rd., Yardley, Pa., is an Emergency Room specialist at the Maple Avenue Hospital of DuBois, Pennsylvania. A Fellow of the American College of Emergency Physicians and a Diplomat of the American Board of Internal Medicine, he recently completed certification in advanced cardiac life support. He also conducts an allergy clinic at the Maple Avenue Hospital.

Felix J. Boffa, 2413 Oakmere Rd., Wimington, De., is an anesthesiologist at the Wilmington Medical Center.

Richard W. Godshall, Fairhill Rd., Hatfield, Pa., has been elected Chief of Grand View Hospital's Department of Surgery. Board certified in orthopaedic surgery, he is Chief of the Hospital's Department of Orthopaedic Surgery. Active in the American Orthopaedic Society for Sports Medicine and the American College of Sports Medicine, he is a Board Member and Medical Director of the All-Star Football Game of Montgomery County. He and his wife have four daughters.

Joseph G. Hernberg, 514 Queen Ann Ln., Cherry Hill, N.J., was elected President of the Zurbrugg Memorial Hospital Medical Staff for 1980. Assistant Professor of Radiation Therapy and Nuclear Medicine at Jefferson, he is an Attending in radiology at Zurbrugg. He is Board certified.

Kenneth P. Johnson, Jr., Department of Neurology, VA Hospital, 4150 Clement, San Francisco, is Professor of Neurology and Pathology at the University of California, San Francisco. Chief of the Neurology Research Laboratory, the Veterans Administration Medical Center, San Francisco, he has been the recipient of a Research Career Development Award from the National Institute of Neurological Disease and Stroke and the Weil Award from the American Association of Neuropathology. His major research interest is on the relationship between multiple sclerosis and measles virus infection.

Lawrence J. Mellon, Jr., 708 N. Morton Ave., Morton, Pa., has been appointed Adjunct Clinical Assistant Professor of Medicine at Jefferson.

Stanley L. Spelman, 495 Biltmore Way, Coral Gables, FL, is in the private practice of ophthalmology in the Coral Gables-Florida Keys area. A Clinical Professor of Ophthalmology at the Bascom Palmer Eye Institute in Miami, he is engaged in vision research with sharks at the University of Miami.

1960

Sherman W. Everlof, 306 Crum Creek Ln., Newtown Square, Pa., has been promoted to Clinical Assistant Professor of Obstetrics and Gynecology at Jefferson (Mercy Catholic Medical Center affiliate).

Alfred J. Finn, Jr., 25 Hotchkiss Pl., Torrington, Ct., was elected to the Waterbury Connecticut Board of Education. A general practitioner, he has served as President of the Hungerford Hospital staff for the past two years.

John P. Galgon, 1162 Belair Dr., Allentown, Pa., is Pennsylvania representative Councillor for the American Thoracic Society and the immediate past President of the Pennsylvania Thoracic Society.

Seymour Shlomchik, 1013 Walsh Ln., Narberth, Pa., practices orthopaedic surgery in Philadelphia. His sons, Mark and Warren, are students at Harvard, classes of 1981 and 1984 respectively.

Luke G. Tedeschi, 241 Belknap Rd., Framingham, Ma., is Director of Laboratories at the Framingham Hospital and Clinical Professor of Pathology at the Boston University School of Medicine. He was recently appointed Associate Editor of a new journal called American Journal of Forensic Medicine and Pathology.

Ulysses E. Watson resigned the Directorship of the Greater Bridgeport Mental Health Center. He accepted a position as Superintendent of Eastern State Hospital in Medical Lakes, Washington, a mental health facility ten miles from Spokane. Before Bridgeport, Dr. Watson was a psychiatrist and Director of the Eastern Pennsylvania Psychiatric Institute in Philadelphia.

1961

Lewis G. Anthony, 501 St. Mary's Blvd., Green Bay, Wi., is a Fellow of the American College of Cardiology. He is presently serving as President of the Medical Staff at Bellin Memorial Hospital, Green Bay.

David J. Graubard, 340 Chatham, Mt. View, Ca., an orthopaedic surgeon, has been elected Staff President at Santa Teresa Community Hospital in San Jose. "Run into classmate Jeff Crane frequently."

Kenneth A. Greenawald, 431 Westchester St., Birmingham, Mi., has been elected Secretary of the Council of Henry Ford Hospital. With a Ph.D. in experimental pathology from Jefferson ('64), he is Chairman of the Department of Pathology at Henry Ford. Before his Association with that hospital, he was Chief of anatomic pathology at the U.S. Army Institute of Surgical Research at Brooke Army Medical Center in Fort Sam
"We are star people," Milton L. Friedman, M.D. '60 declares somewhat enigmatically. The carbon in our bodies like all atoms more complex than helium was forged in the interior of a star probably much larger than the sun. "In the beginning, not 'the' beginning," he says qualifying his assertion, "but at the outset of galaxy formation, there was hydrogen." The first stars that condensed in the Milky Way were composed almost exclusively of that element; helium probably made up a small percentage of original galactic matter. The other elements, he explains, including carbon, nitrogen and oxygen (the major constituents of our body), were formed in the core of stars, and blasted out through stupendous explosions called supernovae; the solar system was made from that matter. "So you see," says Friedman, who is President of the Rittenhouse Astronomical Society (the oldest such amateur organization in the country), "we are literally remnants of a dead star."

Even though he is quite familiar with such exotic ramifications of modern cosmological theorizing, a note of awe still colors his explanations. He admits that he is as intrigued by stellar events now as he was 14 years ago in Vietnam when he stumbled on a set of astronomy texts in the base hospital's library in Danang. Friedman, who was in Vietnam on account of the general medical call-up of 1966, started to star-gaze at night there between shellings. He continued to read about the stars after he returned to the Northeast where he resumed general practice with his partner and brother-in-law, Leon Shmokler, M.D. '51. He soon bought his first telescope—a refractor—in 1969. He still has the refractor with its characteristic long tube, but has supplemented it with a catadioptric telescope which uses instead a large mirror-lens combination so that light from more distant objects can be collected.

Friedman asserts, fairly forcefully, that going outside and sitting with his telescopes trained on the sky is "the greatest way to relax" that he's yet discovered. "There are no phones out there," he says, "and looking back in time millions of years is a first-rate way of getting some perspective" on the seemingly pressing issues of the moment.
Like many physicians, Friedman’s career in medicine represents an outgrowth of a general youthful involvement with science. He discovered, however, that he was unwilling to forsake his early interest in the “hard” sciences because his career demanded a focus on biology. His astronomical activities have, consequently, given him the opportunity to keep up with some of the more dramatic developments of modern physics.

He is especially enthusiastic about recent findings and current theories relating to cosmic birth and death processes or, in the lingo of contemporary astronomers, “the big bang” and “black holes.” Ever since 1965 when Wilson and Penzias unwittingly collected “light” apparently left over from creation—at 3° K in the microwave region of the spectrum—the “big bang” has become the leading theory for conceptualizing the beginning of the universe. The fossil radiation they discovered has since been confirmed by other measurements; it demonstrates, Friedman explains, a marked “red shift”—light reaching us from a source travelling away from us is shifted towards the red region of the spectrum in proportion to the distance between observer and source. The radiation discovered by the Bell astronomers was shifted beyond red into the microwave section of the spectrum, thereby indicating that it had traversed a distance of “roughly” 15 billion light-years. At that time apparently the universe became transparent to the radiation resulting from the cosmic explosion that represents, Friedman says, “as much sense as we can make of the beginning.”

In conjunction with his duties as President of the Rittenhouse Astronomical Society, Friedman gives talks illustrated with slides to civic and academic groups in the area. Invariably, he says, his remarks on the “big bang” approach to genesis cause a little consternation in his audience. People are, however, Friedman admits, much more curious about the existence of other beings than disparities between religious and scientific cosmologies.

“I remember my first meeting, he says. Sitting in the back row, I was overwhelmed by the expertise of the people in front of me. Because of my own experience, I make a special effort to keep newcomers from being intimidated out of returning. The accent,” he emphasizes, “is on intellectual conviviality.”

The high point of his tenure as President occurred last spring when the Society awarded its silver medal of commendation to noted astrophysicist, Carl Sagan. The ceremony took place at a dinner (for 350 people) held jointly with the Franklin Institute. Sagan flew in from California where he’s working on a cosmos television series. Friedman heartily recommends the programs scheduled for airing next fall on PBS.

Sagan’s books, _The Dragons of Eden_ and _Broca’s Brain_, are prominently displayed in Friedman’s den. They are stacked next to a really curious book of “mathematical poetry” with weirdly symbolic musings on esoteric subjects like zero as a metaphor for god. Positioned about the room are all sorts of odd objects. A heavy brass “theodolite,” used to triangulate targets during World War II, is made up of a myriad of compasses, levels, tiny telescopes and various knobs for adjustment. Friedman admits that he “loves gadgets,” especially unusual clocks. Among those in his collection is a notch clock—whose momentum is supplied by the force of gravity exerted on a metal weight that descends a ladder of notches; at the end of the day the clock is “rewound” by putting the weight back at the top of the ladder. Instead of swinging to and fro, the pendulum of another “flies” around a prong, unwinds and winds again.

All of these extraordinary objects accord well with the strikingly eclectic decor of the Friedman home. Colors like deep purple, hot pink and orange, traditionally considered antagonistic, are harmonized in interesting, unexpected ways. Interior vistas through doorways are planned so that the color and pattern of one room are restated, reworked in the next; doorways thereby function as design elements within rooms. It’s an exciting place, not, as Friedman’s wife, Shirley, says, for all eyes, but singularly appropriate for a man with a distant vision.
Houston, San Antonio, Texas, and associate pathologist at Baptist Memorial Hospital in San Antonio.

1962
John P. Capelli, 312 S. Hinchman Ave., Haddonfield, N.J., has been appointed Chief of staff at Our Lady of Lourdes Hospital by the Board of Trustees.

Alan R. Freedman, 57 Levering Cti., Bala Cynwyd, Pa., is co-recipient of a $10,000 grant from the U.S. Steel Foundation for research into measurements of the magnetic content of occupationally acquired lung dust. He is an Assistant Professor of Medicine at Hahnemann Medical College.

Donald W. Matzelle, 1035 Wayne Ave., Chambersburg, Pa., has opened a branch office in the St. Thomas Medical Building at 175 St. Thomas-Edenville Road. His practice is limited to general and thoracic surgery. He is currently serving as President of the medical staff at the Chambersburg Hospital. He and his wife have three children.

1963
James E. Barefoot, Alum Bank, Pa., has been named Chairperson for the Bedford County Special Gifts Campaign conducted by the Pennsylvania Highlands Chapter of the American Heart Association. A Fellow of the American Academy of Family Practice, he is a Clinical Instructor at the Hershey Medical Center. He is also President of the medical and Chairman of the Department of Family Practice at another Hospital and Wheeling Clinic in Wheeling.

Peter J. Devine, Jr., 6 Pheasant Dr., Hollland, Pa., has been appointed Medical Director for the Bell Telephone Company of Pennsylvania. He is a member of the American Occupational Medical Association, American Academy of Occupational Medicine and the College of Physicians of Philadelphia. He is on the medical staff of Nazareth and Holy Redeemer Hospitals.

E. Donald Kotchick, Braewood Dr., RD 3, Dalton, Pa., returned to Clarks Summit to practice family medicine with Eugene C. Stec '54. Dr. Kotchick has six children—the last, a girl, was born in December.

William H. Leschey, Jr., 180 Park Ave., Portland, Me., writes that he's been bitten by "the marathon bug." He's run six marathons in the last 18 months. His best time is 3:06, but he hoped to break three hours this year at Boston.

Joseph J. Prorok, 2833 Greenleaf St., Allentown, Pa., has been elected President of the Eastern Pennsylvania Chapter of the American College of Surgeons. Having been Clinical Instructor of Surgery at the Medical College of Pennsylvania, he received the Distinguished Teacher Award in the Department of Surgery from the Allentown Affiliated Hospitals. A liaison Fellow in cancer of the American College of Surgeons, he is a member of the American Society of Parenteral and Enteral Nutrition and the American Society of Clinical Oncology. He is on the staffs of the Allentown and Sacred Heart Hospital Center, the Allentown Hospital and the Sacred Heart Hospital.

B. Dawson Shoemaker, 1064 Ollerton Rd., Woodbury, N.J., is President of the medical-dental staff of Underwood-Memorial Hospital, Woodbury.

1964
Leroy S. Clark, 19242 Bernetta Pl., Tarzana, Ca., is currently Director of the Department of Radiology at the Medical Center of Tarzana. He is also assuming the same position at the Medical Center of Encino.

1965
Robert M. Cohen, Rancocas Valley Hospital, Professional Building East 106, Willingboro, N.J., has been appointed Instructor in Neurosurgery at Jefferson.

James L. Conrad, 1511 N. Ridge Rd., Pekasie, Pa., has been elected Chairman of Grand View Hospital's Department of Family Practice. A past President of the Grand View medical staff, he is an Instructor in Family Medicine at Jefferson. Formerly Director of the Bucks County Medical Society, he is a member of the American Academy of Family Practitioners.

Ralph W. Crawford, Jr., 3505 Baker Blvd., Altoona, Pa., has a solo ob/gyn practice in Altoona. He writes "loving it."

Jack Jenofsky, 215 Fourth Ave., Haddon Heights, N.J., is a Fellow of the American College of Obstetricians and Gynecologists and of the American College of Surgeons. He writes that he, his wife and two children are fine.

William H. Rogers, 175 E. Brown St., E. Stroudsburg, Pa., is Chief of Surgery at the Pocono Hospital—"doing mostly peripheral vascular surgery."

Thomas J. Schneider, 4212 Oak St., Palm Beach Gardens, Fl., writes that he loves south Florida. He is doing GI and medicine in a 35 man multi-specialty group. Boarded in medicine and gastroenterology, he has been Chief of medicine at St. Mary's Hospital for the past five years—"ready to pass it on." He and his wife, Loretta, have two daughters, ages 14 and 12.

1966
George M. Tai, 1750 Zion and New Rds., Northfield, N.J., writes that Amanda Krown was born last October. He is still in solo ob/gyn practice in Northfield, where he and his wife, Debbie, live with their daughters.

1967
Robert A. Block, 19 Buxton Rd., Cherry Hill, N.J., has been elected Secretary/Treasurer of the medical staff of Washington Memorial Hospital. He is in the practice of obstetrics and gynecology.

Stephen Byrne, 145 E. Third St., Moorestown, N.J., has been recertified as a Diplomat of the American Board of Family Practice. He is President of the Burlington County Chapter of the American Academy of Family Physicians and a past President of the Burlington County Heart Association. An Instructor in Family Medicine at Jefferson, he is on the staffs of the Burlington County Memorial, Zurbrugg Memorial and Garden State Community Hospitals.

Stanley L. Grabias, Jr., RFD # 1, New Holland Rd., Reading, Pa., has been accepted for membership in the Berks County Medical Society. He is in the practice of orthopaedic surgery.

Daniel N. Karsch, 5611 E. 8th St., Tucson, Az., is in the private practice of urology. He is a Fellow of the American College of Surgeons. An Officer in the Conservative congregation of Anshei Israel, he has three children, Benjamin (11), Hannah (8) and Mordechai (7).

Morton L. Rubin, 497 Woodcrest Dr., Mechanicsburg, Pa., writes that he's very busy with the practice and his family. "Enjoy coaching little league football; we were 1979 conference champs! Jason (6) and Chad (3) are still too young to play, and Nina (10) doesn't care to."

Matthew White, 899 New N. W. Anderson Hill Rd., Silverdale, Wa., left the navy after 11 years of service. He has been in private practice for one and a half years.

1968
Joseph P. Glaser, 970 C Ave., Coronado, Ca., has moved his office from San Diego to Coronado. He is in the practice of internal medicine and gastroenterology.

Lawrence V. Hofmann, 3900 Harvard N.W., Canton, Oh., has had a boy, "8 pounds 9 ounces."

James B. Turchik, 19 Bradford Dr., Dewitt, N.Y., will become Director of infectious disease at Crouse Irving Memorial Hospital in
Syracuse, New York (part of the Upstate Medical Center SUNY).

Jacquelyn J. Wilson, 12307 Oak Knoll Rd., Poway, Ca., writes that her study of the United States homeopathic pharmacopeia is progressing and that it has enlarged her "therapeutics choices 100%.”

1969

John Clement and Linda Coleman Clement have accepted staff appointments with the Department of Radiology at the Geisinger Medical Center in Danville, Pennsylvania.

Salvatore P. Girardo announces the relocation of his offices to 1317 Wolf Street, Philadelphia.

Robert M. MacMillan has been appointed Interim Director of the Cardiac Catheterization Laboratory at the Cooper Medical Center in Camden. A Diplomate of the National Board of Medical Examiners, he is a Fellow of the American College of Cardiology, the American Council of Physicians and the Council on Clinical Cardiology of the American Heart Association. He and his wife have two children and reside in Haddonfield.

Thomas J. McGlynn, Jr., 28 Crescent St., Hummelstown, Pa., is Assistant Professor of Medicine at the Milton S. Hershey Medical Center of the Pennsylvania State University. He was Chief Resident and Instructor of Medicine at the University of Michigan Medical Center before assuming his present position in 1974.

1970

Joseph A. Breslin, Jr., 1280 Wheatland Ave., Lancaster, Pa., is in the private practice of urology in Lancaster. He recently became a Diplomate of the American Board of Urology.

Leonard J. Cerullo, 720 W. Fullerton, Chicago, is co-author of the Pediatric Cerebral Angiography Atlas. He is Assistant Professor of Neurosurgery at Northwestern University Medical School and Attending neurosurgeon at both Northwestern Memorial Hospital and Children’s Memorial Hospital of Chicago. Chosen "Outstanding Clinical Teacher of the Year" by the students of the Northwestern University Medical School, he also received a Master of Science Degree in neurosurgery, the highest clinical scientific degree granted by the University. He and the former Cherly Lee Weir have twin daughters, Lauren Elizabeth and Katherine Lynsey.

Allen B. Davis, 127 Brook Rd., Sharon, Ma., is practicing general and vascular surgery. He writes that he’s built a new home in Sharon and that his first child, Steven Michael, was born last year.

Thomas R. Kay, 14 Fir Ln., Voorhees, N.J., is opening an office for the practice of obstetrics and gynecology at the Garden State Community Medical Center in Marlton, New Jersey. His daughter, Ashley Meghan, was born last May.

Harvey B. Lefton, 1327 Wright Dr., Philadelphia, is writing a chapter on inflammatory bowel disease for a new textbook of medicine. He is serving as an advisor to the Colostomy and Ileostomy Rehabilitation Association.

Peter D. Pizzutillo, Alfred I. duPont Institute, Box 269, Wilmington, De., has been promoted to Clinical Assistant Professor of Orthopaedic Surgery at Jefferson (duPont Institute affiliate).

Christopher C. Rose married Alice Chang, a law student and ICU nurse, in San Francisco last March. They are residing at 9427 Meadowbrook Lane in Philadelphia. Dr. Rose has been appointed Professor of Medicine at the University of Pennsylvania Medical School.

1971

James E. Barone, 40 Fifth Ave., New York, N.Y., had a son, James, Jr., last February.

Alexander T. Baskous, Box 7-741 ANMC, Anchorage, Ak., is currently working with the Indian Health Service in Alaska. Board certified in family medicine, he recently received a Master’s degree from Harvard University in Public Health. He and his wife, Maria, find Alaska a “terrific” place to live.

Terrence S. Carden, Route #1, Box-180A, Elm Rd., Mundelein, Il., remarried last March.

Edwin P. Ewing, Jr., 5174 Sunburst Dr., Norcross, Ga., is a pathologist at the Center for Disease Control in Atlanta. He presented a paper at the 1980 meeting of the International Academy of Pathology in New Orleans. He entered the Peachtree Road Race again this year.

Ervin S. Fleishman, 1321 Hagys Ford Rd., Narberth, Pa., has been appointed Instructor of Medicine at Jefferson (Lankenau affiliate).

James G. McBride, 18½ Meade St., Wellsboro, Pa., is a Diplomate of the American Board of Ophthalmology. He and his wife, Carol, and their son, Patrick, “extend an invitation to all class members visiting the northern Pennsylvania area to stop by for a visit.”

Brent W. Spears, 47 Summer St., N. Amherst, Ma., was featured in an article that appeared in the Springfield Republican.

The article praised his innovative managerial style at the new Family Health Center of Farren Memorial Hospital. His approach to health care is characterized as stressing “wellness and health” instead of “illness and disease.” He is represented as being as concerned with his staff’s human qualities as with their professional credentials. Board certified in family practice, he is working on a doctorate at the University of Massachusetts and is training in family evaluation at Baystate Medical Center. He likes to garden, read, sing in a church choral group, jog and renovate his Victorian home in Amherst. Active in community affairs, he is the founder of the Amherst Common Market and co-founder of the Amherst Taxpayer’s Association. He and his wife, Maria, a family therapist, have a six year old daughter, Jessamyn.

G. Thomas Spigel, 48 Maple Ave., Portville, N.Y., and his wife, Cecelia, announce the birth of their second son, Brian Thomas, last October. Classmate James G. McBride served as godfather by proxy at the child’s christening.

1972

Anthony P. DeNoia, 20 Ave. at the Common, Shrewsbury, N.J., practices internal medicine in Holmdel and Shrewsbury. He recently married the former Vicki DeFascle from Cincinnati; she is an R.N. in SR-ICU at Riverview Hospital in Red Bank, New Jersey.

Charles A. Gordon, 1251 S. Cedar Crest Blvd., Allentown, Pa., announces the birth of his first son and child, Jason Putnam, last March.

Scott H. Jaeger, 134 Coleman Rd., Hamilton Square, N.J., has been appointed Instructor of Orthopaedic Surgery at Jefferson.

Glenn C. Nye, 7478 N. Shore, Norfolk, Va., announces the birth of William Kent a year ago April. He writes that he joined classmate David P. Hughes and his wife, Duffy, for skiing in Aspen last February.

Howard T. Ppfajena, 128 Westfield Dr., Alquippa, Pa., completed a residency in thoracic surgery at Allegheny General Hospital in 1979. Board certified in surgery, he is opening a private practice of cardiothoracic surgery in the Sewickley-Pittsburgh area.

James M. Ryan, 45 Williams St., Ft. Leonard Wood, Mo., is certified by the American Board of Surgery; he is practicing general surgery at General Leonard Wood Army Community Hospital.

Richard P. Schwartz, 16 Drawbridge Rd., Westford, Ma., “was blessed” with a second daughter, Joanna Ellen.

Carl M. Silberman, 1344 Dearborne Pkwy, Chicago, has been appointed Assistant Pro-
fessor of Medicine at the Chicago Medical School, Department of Cardiology. He is Director of the Cardiology and Intensive Care Unit of the Naval Regional Medical Center in Great Lakes, Illinois.

Robert E. Steward, Jr., is now associated with the Moshannon Valley Medical Associates of Philipsburg, Pennsylvania, as a general surgeon. He has been certified by the American Board of Surgery. He and his wife have three sons (Robert, III, Dwight and David) and a new daughter, Lydia Ruth.

William M. Wixted, 19 E. Meyran Ave., Somers Point, N.J., is Board certified in urology. He writes that he enjoys practicing with Michael J. Ginieczi ’69 at Shore Memorial Hospital in Somers Point.

1973

Robert N. Dumin, 2008 Flora Dr., Wilmington, De., has been appointed Clinical Assistant Professor of Psychiatry and Human Behavior at Jefferson. A Diplomate of the American Board of Psychiatry and Neurology, he is in private practice in North Wilmington. He and his wife, Janice, have two children, Michael (3) and Jennifer (1).

Lewis W. Gray, Box 606 C, RD 3, Newton, N.J., was inducted a Fellow of the American College of Cardiology at the annual meeting in Houston last March. Board certified in internal medicine and cardiology, he practices in Newton and is on the staff of the Newton Memorial Hospital. He and his wife, Carol, have a 7 year old daughter.

George J. Gustais, 323 16th St., Honesdale, Pa., and classmate, James J. McGraw, have moved into a new 11 room building which will house Family Practice Associates, Inc., their joint venture located on Route 191, two miles south of Honesdale. Both are Board certified in family medicine.

Edward A. Kelly, Jr., 203 Louis Dr., Exton, Pa., is President of the Chester County Academy of Family Practice. He is also on the Board of Governors of the Pennsylvania Society of Family Practice.

Stephen P. Muller, 6361 Citadel Ln., Anchorage, Ak., is Chief of surgery and Chief of otolaryngology at the USAF Hospital, Elmendorf AFB, Alaska.

Paul Smey has accepted the position of Assistant Professor of Pediatric Urology at the Albert Einstein College of Medicine in New York City. He also is in charge of pediatric urodynamics. He writes “the only bad part of the move was that my family was unable to join me due to housing problems. We have now purchased a home here, and they are planning to join me on May 1.” Their new address is 12 Kilmer Road, Larchmont, New York.

Stanford N. Sullum, 16 Somerset Dr. N., Great Neck, N.Y., has recently been certified as a Diplomate of the American College of Obstetrics and Gynecology. In the private practice of ob/gyn at 21 East 87th Street in New York City, he is an Assistant Attending at the Mt. Sinai Hospital.

Joseph R. Thomas, Jr. Box 2078, APO, New York, passed his orthopaedic surgery Boards. He is expecting his second child this fall, “Enjoying England and Europe, but looking forward to my return home next summer.”

1974

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

Steven E. Decker, 4016 School House Ln., Plymouth Meeting, Pa., is practicing with Ambler Medical Associates, 500 Willow Avenue in Ambler. He has been appointed Instructor in family medicine at Jefferson. He has a five year old son and a four year old daughter.

Edward F. Drass has been working temporarily as a full time emergency room specialist at the Punsksutawney Area Hospital. He has accepted a position with a hospital in Fort Myers, Florida. He and his wife, Rhonda, have a daughter, Hayden and are residing at 1022 S.E. 20 Avenue, Cape Coral.

Dr. Gerald B. Martin, Fellow in Nephrology at Jefferson, spoke on “Goodpasture Syndrome—Update” for his 5th reunion Class of 1975.

Mitchell M. Greenspan, 27 Sunnybrook Dr., New Britain, Pa., has passed sub-specialty Boards in cardiology. On the staff of Grand View Hospital, he is a member of the American College of Physicians and the American College of Cardiology. He and his wife have two children.

Robert E. Hobbs, 4323 Baintree Rd., University Heights, Oh., is a member of the Cardiology Department at the Cleveland Clinic Foundation.

Robert M. Johnson, Blueberry Ln., RD 3, Concord, N.H., is practicing internal medicine there. He and his wife, the former Annette DeCumbia, have a daughter, Cara Alane.

Frank T. Kucer, 9 Tiffany Rd., Perkasie, Pa., has passed his Boards in gastroenterology. On the staff of Grand View Hospital, he is a Diplomate of the American Board of internal medicine. He and his wife have two sons.

Michael A. Kutcher, 1604-A Post Oak Dr., Clarkston, Ga., and his wife, Ellen, announce the birth of a son, Matthew Emery.

Michael C. Leo, PO Box 64, Fort Defiance, Az., is Board certified in surgery.

Michael H. LeWitt, 10 Oxford St., Langhorne, Pa., has sponsored the Hyman Menduke Research Prize, which will be awarded annually to a graduating medical student who has demonstrated excellence in research at Jefferson. Selection is by the Committee on Research of the Faculty.

Bruce P. Meinhard, 171 S. Middle Neck Rd., Great Neck, N.Y., has completed a one year fellowship in advanced reconstructive orthopaedic surgery and traumatology with the A.O. International in Switzerland and Germany and reconstructive knee surgery at the Hospital for Special Surgery in New York. With a teaching appointment at the North Shore University Hospital of Cornell University, he is beginning the private practice of orthopaedic surgery. He is married to Susan Fox, M.D. of the Columbia Presbyterian Medical Center.

William H. Meyer, 10 B Beehive Pl., Cockeysville, Md., has recently been appointed Assistant Professor of Pediatrics at the University of Virginia in the Division of Pediatric Hematology/Oncology. He is married to the former Irma DeVaul.

Anthony D. Molinaro, Jr., 2980 Round Hill Rd., York, Pa., has had a second child—daughter, Gina.

Jonathan J. Rogers, 2059 Woodland Rd., Abington, Pa., has been appointed Instructor of Orthopaedic Surgery at Jefferson (Chestnut Hill affiliate).

William M. Schulman completed a surgical oncology fellowship at the City of Hope National Medical Center. He has joined his
father. Jesse Schulman '45, and associates in the practice of surgery in Lakewood, New Jersey. He has also passed Boards in surgery.

Bruce B. Vanett, 1974 Sproul Rd., Broomall, Pa., is Director of the Sports Medicine Clinic of the Havertford Community Hospital. The clinic specializes in the treatment and rehabilitation of athletic injuries. Dr. Vanett also directs Havertford Community Hospital's Physical Therapy Department. A Consultant to the Philadelphia Flyers, he is an Instructor at the Temple University School of Physical Therapy. A member of the American College of Sports Medicine, he was the 1975 and 1976 national karate champion.

1975

Angelo S. Agro, 1626 S. 8th St., Philadelphia, has been appointed Instructor in Otolaryngology at Jefferson.

William Bader, 100 Broadway St., Pittsburgh, has completed a four year residency in internal medicine and begun practice in Carnegie. He has two children, Stephen and Victoria.

Gerard T. Berry, 1141 Dyre St., Philadelphia, is starting his last year of fellowship training at Children's Hospital of Philadelphia in pediatric metabolism and endocrine function. He and his wife, Nancy, have a two year old son, Gerard, Jr.

William A. Biermann, 502A Arbutus Ave., Horsham, Pa., has been appointed Instructor in Medicine at Jefferson.

Kenneth J. Detrick, Woodbound, S. Sterling, Pa., writes that he married in June of 1976 and moved back to Philadelphia to complete a psychiatry residency at EPPI. They then moved to the Poconos where they are in the private practice of marital and family therapy. "Generally enjoy being away from the rat-race."

John H. Doherty, Jr., Box 458, RD3, Summit Lake Rd., Clarks Summit, Pa., is going into practice with two other orthopaedic surgeons in Scranton. He finished his residency in July at the Hospital for Special Surgery in New York.

Thomas R. Ellenberger, Jr., RD5, Box 350, Fender Ln., Johnstown, Pa., is in the private practice of internal medicine there. His first baby was due in June.

Barbara B. Gibson, 56 Webster St., Apt. 3-E, Hartford, Ct., has changed specialties to anatomic pathology. She began a residency at the University of Connecticut in July.

Howard E. Goody, 2 Hansom St., Philadelphia, is in the private practice of dermatology at Jefferson.

Arthur C. Hayes, 2308 B Farragut Ct., Philadelphia, is the youngest Chief of medicine in the U.S. navy. Board certified in medicine, he was recently presented a Legion of Honor Membership in the Chapel of Four Chaplains, an interfaith memorial and sanctuary located at Temple University. He and his wife, Jill, have two daughters, Dawn and Elizabeth.

Steven L. Horowitz, 824 Maple Rd., Flossmoor, Ill., is a member of a 40 man, multi-specialty group practicing otolaryngology with facial plastic and reconstructive surgery. He writes that his wife, Sandra W. Horowitz '76, is finishing a fellowship in neuroradiology. They have a daughter, Jeanne.

Michael D. Perilstein, 124 Springwood Dr., Southampton, Pa., is starting a rheumatology practice at Saint Joseph Hospital in Reading, Pennsylvania.

Robert T. Sataloff, 1721 Pine St., Philadelphia, has been appointed Instructor in Otolaryngology at Jefferson.

Keith M. Staiman, 170 Waukena Ave., Oceanside, N.Y., is in the solo practice of pediatrics on Long Island. He has just had a third child and second daughter.

David O. Thayer, RD4, Cosmos Heights, Cortland, N.Y., served as Chief resident the last year of his training at St. Francis Hospital and Medical Center in Hartford. He has since joined an ob-gyn group in Cortland, New York. He and his wife, Carolyn, are expecting their first child in July.

1976

Ann A. Ashley-Gilbert, 651 Stanley Ave. #6, Long Beach, Ca., has completed three years of an ob/gyn residency at the Martin Luther King Jr. General Hospital in Los Angeles. To meet her Public Health Service obligation, she will be working the next two years in Orlando, Florida. She and her husband, George, have a baby daughter, Reyna.

Martin D. Broff, 2507 Stearns Hill Rd., Waltham, Ma., entered private practice in allergy and clinical immunology this July in South Weymouth, Massachusetts. He will remain a Clinical Instructor of Pediatrics at the Harvard Medical School and attend an Allergy Clinic at Children's Hospital in Boston. He and his wife, Jane, are expecting their second child this July.

Robert R. Farquharson, 2327 S. 103rd St., Omaha, Neb., has been appointed staff physician in the Emergency Department and Assistant Professor in Family Practice at the University of Nebraska Medical Center in Omaha.

James H. Garvin, Jr., 20 Kappius Path, Newton, Ma., and his wife, Linda, announce the birth of their second child, Katharine, last March. He is a Fellow in pediatric hematology-oncology at Children's Hospital Medical Center in Boston.

George J. Heymach, III, 11134 Cricket Hill Dr., St. Louis, Mo., is completing a pulmonary fellowship at the Barnes Hospital Complex of Washington University. "The Heymachs (George, Barbara, Brooke and John) are well and enjoying St. Louis."

Raymond A. Klein, 331-D Third Ave., Long Branch, N.J., is opening offices for the practice of obstetrics and gynecology in Reading, Pennsylvania. He just finished his residency as Chief at the Monmouth Medical Center in Long Branch, New Jersey. He has also been accepted for membership in the Bucks County Medical Society.

Guy E. McElwain, 320 Dresherstown Rd., Fort Washington, Pa., has been promoted to Clinical Assistant Professor of Medicine at Jefferson.

Joseph C. Noreika, 213 Woodbridge Dr., Pittsburgh, has been awarded the $10,000 HEED Fellowship to pursue advanced studies and research in the field of ophthalmic plastic surgery. He will study for a year at the University of San Francisco Moffit Hospital under the direction of Crowell Beard, M.D. Dr. Noreika was also awarded the Robert E. Shoemaker Award for a resident's presentation at the Pennsylvania Academy of Ophthalmology and Otolaryngology. He is married to the former Joanne Keane, who is a registered nurse and Clinical Instructor at Presbyterian University Hospital in Pittsburgh. They have a daughter, Sarah Elizabeth.

Nancy Roberts Reed, 403 S. Thirteenth St., Philadelphia, is completing the year as Chief resident in the Department of Obstetrics and Gynecology at Jefferson. She looks forward to a perinatology fellowship at the Pennsylvania Hospital. With Morgan T. Smith, she has published an article "Periarteritis Nodosa in Pregnancy: Report of a Case and Review of the Literature" in the March, 1980 issue of Obstetrics and Gynecology.

John K. Sanstead is associated with Brockie Internal Medicine Consultants, Ltd., 924B Colonial Avenue, York, Pennsylvania. An article he co-authored won the Goldblatt Award as the best clinical research paper published in the Journal of Clinical and Experimental Pharmacology in 1976.

1977

Harvey D. Cassidy, #1 Pleasant Ct., Danville, Pa., won this year's Mead Johnson Award. Richard A. Martin '78 was named alternate. Both are family medicine residents at the Geisinger Medical Center.
William C. Davis, RD 1, Box 274-A, Wapwallopen, Pa., has been appointed Director of the Emergency Department at Philipsburg General Hospital in Philipsburg.

Gary W. Lawrence started work with the National Health Service Corps in Kingwood, West Virginia, as a pediatrician.

Herbert Patrick, 1106 Surrey Rd., Philadelphia, will be Chief medical resident at Jefferson for 1980-81; he has been appointed Instructor of Medicine there. Afterwards, he plans to enter a two year pulmonary medicine fellowship program at Temple University.

1978

Theresa R. Benecki, Building 12-A, #129, 127 Old Short Hills Rd., West Orange, N.J., married Theodore G. Zaleski, M.D. (Georgetown Medical School, Class of 1974). She is finishing her ob/gyn residency at St. Barnabas Medical Center in Livingston, New Jersey. He plans to open a private practice of orthopaedic surgery in Point Pleasant.

Marian B. Klepser, 358 Glen Rd., Weston, Ma., married Mian M. Ashraf, M.D. last October. She is completing her residency in internal medicine at the New England Deaconess Hospital in Boston. He is a thoracic surgeon with the Overholt Thoracic Clinic in Boston.


Richard A. Martin, 102 Laura Dr., Danville, Pa., was named alternate for this year's Mead/Johnson Award. Harvey D. Cassidy '77 won the award. Both are family medicine residents at the Geisinger Medical Center.

Duncan Salmon, 110 W. 39th St., #1214, Baltimore, will begin a cardiology fellowship at the Johns Hopkins Hospital in July of 1981.

1979

Janis P. Campbell, 101 Cherry Ln., Wynnewood, Pa., finished an internal medicine residency at Lankenau Hospital in Philadelphia. She has moved to Ann Arbor, Michigan, where she is doing a residency in dermatology.

Thomas W. Gardner, 724 Hinman Ave., Apt. 2 E, Evanston, II., has begun a residency in ophthalmology at Northwestern University.

Mitchell F. Shmokler, 855 Old Lancaster Rd., #2A, Bryn Mawr, Pa., has finished one year of Family Practice residency at Bryn Mawr Hospital. He plans to marry Miss Pummy Morgan in November.

Obituaries

Arthur A. Brindley, 1912
Died December 24, 1979 at the age of 89. Dr. Brindley, an anesthesiologist in Maumee, Ohio, was residing in Orlando, Florida, at the time of his death. He served as President of both the local and state medical societies. His wife survives him.

John P. Jones 1912
Died February 6, 1980 at the age of 92. Dr. Jones, who was residing in Sarasota, Florida, at the time of his death, was a founder of the South County Hospital in Wakefield, Rhode Island. An honorary member of the Board of Trustees, he served as both Chief of Staff and Chief of Surgery there. A Fellow of the American College of Surgeons, he was installed in the International College of Surgeons in 1954. Surviving is his wife, Maude, and a daughter.

Roscoe L. Wall, 1912
Died March 17, 1980 at the age of 90. Dr. Wall served as Professor of Anesthesiology at the Bowman Gray School of Medicine, Wake Forest for 15 years and was named Emeritus in 1957. When the College moved to Winston-Salem in 1941, he established the section on anesthesiology and its training program. Dr. Wall served as President of the Alumni Association there. Surviving are his son, Roscoe L. Wall, Jr., ’40, and a daughter.

Lowrain E. McCrea, 1919
Died May 27, 1980. Dr. McCrea, who was residing in Pinehurst, North Carolina, at the time of his death, was a Clinical Professor of Urology at the Temple University School of Medicine. A Fellow in the American College of Surgeons and the International College of Surgeons, he was past President of the Mid-Atlantic Urological Society. Dr. McCrea was presented the Outstanding Civilian Service Medal by the Department of the Army. He was the author of many books on urology, and he invented and perfected a cystoscopic camera (now in the Smithsonian) to photograph inside the human body. A daughter survives him.

Elmer Bertrand, 1920
Died October 17, 1979 at the age of 83. Dr. Bertrand was a general practitioner from Lewes, Delaware.

Alva R. Spindler, 1921
Died May 14, 1980. Dr. Spindler, who resided in Akron, Ohio, was a general practitioner. His wife, Ethel, survives him.

Alexander M. W. Hursh, 1923
Died June 3, 1980 at the age of 84. Dr. Hursh, who was residing in Natick, Massachusetts, at the time of his death, served as Medical Director for the Pennsylvania Railroad. He was a Fellow of the American Board of Occupational Medicine. Surviving are a son and a daughter.

Amil M. Duster, 1924
Died December 29, 1979 at the age of 80. Dr. Duster was a general practitioner in Butler, Pennsylvania, where he had offices for 55 years.

Harry A. Brotman, 1925
Died February 27, 1980. Dr. Brotman was a general practitioner and resided in Maplewood, New Jersey.

Zenon F. Novicki, 1925
Died March 7, 1980 at the age of 82. Dr. Novicki was a general practitioner with offices in Philadelphia. Surviving are his wife, Isable, and a son.

John W. G. Hannon, 1927
Died March 1, 1980. Dr. Hannon was a resident of Washington, Pennsylvania, where he maintained his practice.

Fred L. Kneibert, 1927
Died April 8, 1980 at the age of 77. Dr. Kneibert was an obstetrician/gynecologist in Poplar Bluff, Missouri.

John S. Johnson, 1929
Died December 22, 1979. Dr. Johnson was a resident of Huntersville, North Carolina.

David A. Boyd, 1930
Died January 21, 1980. Dr. Boyd served as Chairman of the Department of Psychiatry and Clinical Psychology at the Mayo Clinic in Rochester, Minnesota,
and Professor of Psychiatry at the Mayo Graduate School of Medicine. Prior to his 1948 appointment at Mayo, he was Professor and Chairman at the Indiana University School of Medicine. Dr. Boyd served as Director and Secretary/Treasurer of the American Board of Psychiatry and Neurology and its Executive Secretary from 1959 to 1970. He was a Fellow of the American Psychiatric Association. His wife survives him.

James H. Foy, 1930
Died May 8, 1980. Dr. Foy was a general practitioner from Scranton, Pennsylvania. He was the uncle of Joseph J. Rupp, '42.

Harry J. Peoples, 1930
Died December 31, 1979. Dr. Peoples was an internist who resided in Somers Point, New Jersey. His wife, Anne, survives him.

Donald E. Schell, 1930

Carl L. Danielson, 1931
Died in February, 1980 at the age of 79. Dr. Danielson was a general surgeon who resided in Butler, Pennsylvania.

Milner C. Maddrey, 1931
Died February 19, 1980. Dr. Maddrey, a general surgeon, resided in Roanoke Rapids, North Carolina. His wife, Jean, survives him.

John K. Rothermel, 1932
Died March 10, 1980 at the age of 73. Dr. Rothermel, a general practitioner, resided in Strausstown, Pennsylvania.

Willis G. Frick, 1933
Died May 23, 1980 at the age of 72. Dr. Frick was an orthopaedic surgeon who served as Chief of the surgical staff at Montgomery Hospital in Norristown, Pennsylvania. Surviving are his wife, Dorothy, and a son.

Hamil R. Pezzuti, 1933
Died April 13, 1980 at the age of 72. Dr. Pezzuti, a general surgeon, was a past President of the Harrisburg Hospital staff and former Chairman of the Surgery Department. In addition he was past President of the Dauphin County Medical Society and the Harrisburg Academy of Medicine. Dr. Pezzuti was a Fellow of the American College of Surgeons. A son and daughter survive him.

Warren C. Phillips, 1934
Died March 18, 1980 at the age of 69. Dr. Phillips was an ophthalmologist with offices in Harrisburg, Pennsylvania.

Malcolm M. Dunham, 1935
Died May 12, 1980. Dr. Dunham was a general practitioner, who resided in Colonial, New Jersey. His wife, Gladys, survives him.

John A. McCormick, 1935
Died May 15, 1980 at the age of 69. Dr. McCormick, an Honorary Clinical Associate Professor of Obstetrics and Gynecology at Jefferson, served on the staffs at Mercy Catholic Medical Center, Riddle Hospital and Burdette Tomlin Hospital in Cape May Courthouse, New Jersey. He was a Fellow of the American College of Surgeons and the American College of Obstetricians and Gynecologists. Dr. McCormick served as first President of St. Joseph's College Medical Alumni Association and received its Shaffrey Award in 1967. He also was named “alumnus of the year” by St. Joseph’s Preparatory School in 1957. Surviving are two daughters and five sons.

Edward S. Phillips, 1938
Died April 30, 1980 at the age of 67. Dr. Phillips, a general surgeon, served on the staffs of the Ohio Valley Medical Center, Wheeling, Reynolds Memorial, Martins Ferry and Wetzel County Hospitals in West Virginia. He was a member of the American College of Surgeons. He is survived by his wife, Alice, a son, Edward B. Phillips '66, and a daughter. Dr. Phillips was serving as Vice President of the state for the Alumni Association at the time of his death.

Fred S. Badman, 1939
Died May 23, 1980. Dr. Badman was a general practitioner who resided in Harrisburg, Pennsylvania.

Howard E. Posnner, 1941
Died February 9, 1980. Dr. Posnner, an ophthalmologist, resided in Canton, Ohio.

Thomas G. Dineen, 1942
Died April 30, 1980 at the age of 63. Dr. Dineen was an internist with offices in Philadelphia and Delaware counties. He was associated with Mercy Catholic Medical Center where he served as President of the staff. He also was President of the Medical Alumni Association of St. Joseph’s College. Surviving are his wife, Margaret, two sons and a daughter.

John L. Fox, 1943
Died March 29, 1980. Dr. Fox was an allergist with offices in Upper Darby, Pennsylvania.

Joseph A. Ladika, 1954
Died March 4, 1980 at the age of 54. Dr. Ladika was a neurologist at St. Joseph Hospital in Reading, Pennsylvania.

David M. Kamsler, 1975
Died March 2, 1980 at the age of 32. Dr. Kamsler, a member of the American Academy of Pediatrics, completed his residency at St. Christopher’s Hospital for Children in Philadelphia. Most recently he was serving as an Instructor at Johns Hopkins in Baltimore and was conducting an inner city pediatrics clinic. He is survived by his parents, Rabbi and Mrs. Joel Kamsler, and a brother.

Henry Mitchell, Sculptor
Died April 4, 1980 at the age of 64. Mr. Mitchell’s two Jefferson works, The Winged Ox of St. Luke on Walnut Street and the recently dedicated Otter Fountain named for William W. Bodine, enhance the center city campus. He was featured twice in the JAB, once in the Summer 1976 and again last fall. A memorial service was held at Jefferson at the request of his wife. Mr. Mitchell was a member of the faculty at the Philadelphia Museum of Art and Philadelphia Museum School of Art. His works are visible throughout the Philadelphia area.
Class of 1980 Hospital Appointments

On Match Day every spring, seniors find out where they will begin residencies the following July. This past year 103 of 205 participating students got their first choices, an exceptional proportion. Their appointments are listed below. The following also represent the percentages of Jefferson students electing designated specialties; national placement percentages for each specialty appear in parentheses: flexible 8.7% (8%), family medicine 16.8% (14%), internal medicine 33.2% (36%), surgery 19.2% (14%), pediatrics 4.8% (9%), ob-gyn 8.7% (6%), anesthesiology 1.4% (2%), orthopaedic surgery 1% (2%), pathology 1.4% (2%), psychiatry 3.4% (3%), rehabilitation medicine 0.5% (0.2%), diagnostic radiology 1.9% (2.2%), ophthalmology 0.5% (no info.).

Charles E. Abrahamsen
Wilmington Medical Center
Wilmington, DE

Seth A. Adelman
Thomas Jefferson University Hospital

Robert B. Allen
Wilmington Medical Center
Wilmington, DE

Mark E. Anderson
Hospital of St. Raphael
New Haven, CT

Willard G. Andrews
Georgetown University Hospital
Washington, DC

Raymond C. Andries
Norristown, PA

Lee K.W. Au
Hospital of Medical College of Pennsylvania
Philadelphia

John D. Babb
Cooper Medical Center
Camden, NJ

James D. Balshi
Hospital of University of Pennsylvania
Philadelphia

Andrea J. Becker
Thomas Jefferson University Hospital

Frederick L. Becker, Jr.
Thomas Jefferson University Hospital

Stephen T. Bell
Reading Hospital
Reading, PA

Gary A. Beste
Conemaugh Valley Memorial Hospital
Johnstown, PA

Thomas K. Bills
Rutgers Medical School
Piscataway, NJ

John J. Bonner
West Jersey Hospital
Voorhees, NJ

Willis S. Boyd
St. Elizabeth Hospital
Youngstown, OH

Kevin M. Boyle
Wilmington Medical Center
Wilmington, DE

Bedford F. Boyston
Bayler College of Medicine
Houston

Lawrence P. Bressler
Hospital of Medical College of Pennsylvania
Philadelphia

Arthur H. Brownstein
Wilmington Medical Center
Wilmington, DE

William R. Cambridge
Hartford Hospital
Hartford, CT

Mario D. Capparuccini, Jr.
Wilmington Medical Center
Wilmington, DE

Matthew H. Carabasi
Hahnemann Medical College and Hospital
Philadelphia

Hugh M. Carlin
National Naval Medical Center
Bethesda, MD

Martin J. Carney
Rhode Island Hospital
Providence, RI

Haynes B. Cates, Jr.
Bryn Mawr Hospital
Bryn Mawr, PA

Mark D. Chilton
Thomas Jefferson University Hospital

Patricia E. Clancy
Sacred Heart Hospital
Allentown, PA

John W. Clayton, III

Charles E. Abrahamsen
Wilmington Medical Center
Wilmington, DE

William T. Clements
Reading Hospital
Reading, PA

Frank D. Clifford
Chestnut Hill Hospital
Philadelphia

Joseph R. Codispoti
Thomas Jefferson University Hospital

Jeffrey B. Cohn
Albert Einstein Medical Center
Philadelphia

John C. Collingwood
Hospitals of the University Health Center of Pittsburgh
Pittsburgh

Frank L. Conly
Bryn Mawr Hospital
Bryn Mawr, PA

Anne E. Connor
Thomas Jefferson University Hospital

Joseph V. Conroy, III
Hospital of the Medical College of Pennsylvania
Philadelphia

Thomas R. Corley
Carraway Methodist Hospital
Birmingham, AL

Gail C. Corrado
Hahnemann Medical College and Hospital
Philadelphia

Steven K. Corse
Thomas Jefferson University Hospital

Jonathan M. Cox
Eastern Virginia Graduate Medical School
Norfolk, VA

Regina M. Cudemo
Thomas Jefferson University Hospital
Paul F. Curti
Mercy Hospital
San Diego
Matthew V. DeCaro, Jr.,
Thomas Jefferson University Hospital
Linda R. DeGaeta
University of Massachusetts Hospital
Worcester, MA
Donald P. DeLorenzo, Jr.,
Geisinger Medical Center
Danville, PA
Joseph M. Devlin
York Hospital
York, PA
David L. Dickensheets
U.S. Public Health Service
San Francisco
Henry A. Doenlen, III
Thomas Jefferson University Hospital
Karl Doghramji
Presbyterian-Univ. of Pa. Medical Center
Philadelphia
Bruce R. Dooley
Chestnut Hill Hospital
Philadelphia
Gary Dukart
Bryn Mawr Hospital
Bryn Mawr, PA
William F. Dunn
Mayo Graduate School of Medicine
Rochester, MN
Charles J. Dunton
Lankenau Hospital
Philadelphia
Ronald N. Eister
Williamsport Hospital
Williamsport, PA
Robert N. Epsten, Jr.,
University of California Medical School
Irvine, CA
John P. Erdman
National Naval Medical Center
Bethesda, MD
Martin K. Fallor
Los Angeles County, University of Southern California Medical Center
Los Angeles
Jean H. Fetzer
Hospitals of the University Health Center of Pittsburgh
Pittsburgh
Richard N. Finegold
Western Pennsylvania Hospital
Pittsburgh
Daniel L. Fisher
Northwestern University Medical School
Chicago
Madeleine R. Fisher
Northwestern University Medical School
Chicago
David J. Fishman
Los Angeles County, University of Southern California Medical Center
Los Angeles
Margaret M. Flanagan
Geisinger Medical Center
Danville, PA
Gary M. Flashner
Scripps Mercy Hospital
Allentown, PA
Jeffrey S. Fong
Washington Hospital Center
Washington, DC
John A. Friedline
Shady Side Hospital
Pittsburgh
Barbara G. Frieman
Bryn Mawr Hospital
Bryn Mawr, PA
David R. Gastfriend
Presbyterian-Univ. of Pa. Medical Center
Philadelphia
Harry F. Gebert
St. Luke's Hospital
Cleveland, OH
Susan M. Geletka
Youngstown Hospital
Youngstown, OH
Stephen A. Geraci
Presbyterian Hospital
New York
Richard M. Gerber
New York University Hospital
New York
Kevin J. Gill
St. Francis Hospital
Hartford, CT
Lewis M. Gill
Hospital of Medical College of Pennsylvania
Philadelphia
Thurman Gillespy, III
Wilmington Medical Center
Wilmington, DE
Paul L. Gorsuch, Jr.,
Valley Medical Center
Fresno, CA
Thomas A. Grabiak
Pennsylvania Hospital
Philadelphia
Alan D. Graham
Baptist Memorial Hospital
Memphis, TN
Gail S. Greenspan
Hahnemann Medical College and Hospital
Philadelphia
Jean L. Grem
University of Iowa Hospitals and Clinics
Iowa City, IA
Thomas D. Griffin
Eastern Virginia Graduate Medical School
Norfolk, VA
Michael J. Grimes
University of Wyoming
College of Human Medicine
Cheyenne, WY
Joseph G. Grover
Thomas Jefferson University Hospital
James I. Heald
Milton S. Hershey Medical Center
Hershey, PA
Beverly L. Hershey
Hahnemann Medical College and Hospital
Philadelphia
Robert G. Hill, Jr.
St. Luke's Hospital
Bethlehem, PA
Tyrie L.J. Hiller
Wilmington Medical Center
Wilmington, DE
Charles M. Holdsworth
Pennsylvania Hospital
Philadelphia
James T. Hopkins
Bryn Mawr Hospital
Bryn Mawr, PA
At left, Dr. John Jacob Woog, winner of the Alumni Prize for the highest cumulative average and the William Potter Memorial Prize in Clinical Medicine for the highest attainment. Below from left, Dr. Stephen T. Bell, Dr. Thomas K. Bills and Dr. Andrea J. Becker, who received the W.B. Saunders Prize. At right, Dr. Robert D. Lehman, Jr.
At left, Dr. Joe Henry Coley ’34 was awarded a Doctor of Science Degree. Above, Chairman of the Board Frederic L. Ballard, left, and President of the University, Dr. Lewis W. Bluemle. At right, Dr. Robert I. Wise, Emeritus Magee Professor of Medicine, was awarded the Doctor of Science Degree.
Godspeed, Class of 1980

"Lord, thou knowest better than I that I am growing older and may some day be old; keep me from the miserable habit of thinking I must say something on every subject, and on every occasion. Release me from craving to try to straighten out everybody's affairs. Make me thoughtful but not moody; helpful but not bossy. With my vast store of wisdom, it seems a pity not to use it all—but thou knowest, Lord, that I want a few friends at the end!

Keep my mind free from the recital of endless details; give me wings to get to the point. Seal my lips on my aches and pains, for they are increasing and love of rehearsing them is becoming sweeter as the years go by. I dare not ask for grace enough to enjoy the tales of others' pains, but help me to endure them with patience...

Keep me reasonably sweet. I do not want to be a saint—some of them are so hard to live with—but a sour old person is one of the crowning works of the devil! Give me the ability to see good things in unexpected places and talents in unexpected people. Give me the grace to tell them so.

Amen."
Fall Calendar

**September 14**
Reception Meeting for Washington, D.C. area alumni at the Potomac home of Jay M. Grodin, M.D.

**September 15**
Workshop on DSM
Department of Psychiatry, JMC

**September 29**
Reception during meetings of the American Academy of Otolaryngology
Disneyland Hotel, Anaheim, California

**October 7**
Reception during the meetings of the American Academy of Family Medicine
The Royal Orleans, New Orleans

**October 15**
Class Agents Dinner
Jefferson Alumni Hall

**October 18**
Dinner, North Carolina alumni
Place to be announced

**October 21**
Reception during the meetings of the American College of Surgeons
Capital City Club, Atlanta

**October 24**
The President’s Club Dinner
The Franklin Institute, Philadelphia

**October 31**
Dinner, Jefferson Alumni Hall
to honor new President of Pennsylvania Medical Society, Leroy A. Gehris, M.D. '35

**November 3**
Reception during the meetings of the American Academy of Ophthalmology
The Drake Hotel, Chicago

**November 9**
Sunday Brunch, The Hershey Hotel
Central Pennsylvania Alumni Chapter

**November 12**
Perspectives on Cardiology
Jefferson Medical College

**November 14-15**
Cytology Workshop
Jefferson Medical College