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Class Agents* and Reunion Chairmen**

Dates: June 3 and 4, 1981

1931
Jack M. Lesnow, M.D.*
Nathan Ralph, M.D.**

1936
Nicholas R. Varano, M.D.* **

1941
John Y. Templeton, III, M.D.*
Paul J. Poinsard, M.D.**

1946
James V. Mackell, M.D.*
William H. Baltzell, M.D.**

1951
Frank J. Sweeney, Jr., M.D.,
Vincent J. McPeak, Jr., M.D.*
Daniel T. Erhard, M.D.**

1956
Eugene F. Bonacci, M.D.*
Leopold S. Loewenberg, M.D.**
Benjamin Bacharach, M.D.**
Stewart E. First, M.D.**
Patrick S. Pasquariello, M.D.**

1961
Theodore W. Wasserman, M.D.* **
Stanton N. Smullens, M.D.**
Robert W. Solit, M.D.**

1966
George L. Adams, M.D.*
Edward T. Carden, M.D.**

1971
James E. Barone, M.D.,
Terrence S. Carden, M.D.*
William C. Hamilton, M.D.**

1976
Philip Nimoityn, M.D.* **
Hospital Update

Jefferson's "hospital of tomorrow," architecturally exciting, primarily is a matter of staffs and systems.

An Introduction to Stress

Dr. Margolis discusses the concepts of stress and how it relates to disease.

Jefferson Scene

In addition to general news of the University a new column on the young investigator is introduced.

Class Notes

Three alumni in the classes of 1930, 1935 and 1977 are featured.

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The Alumni Association of Jefferson Medical College
1020 Locust Street, Philadelphia, Pennsylvania 19107
HOSPITAL

UPDATE

by

Jacquelyn S. Mitchell
Shortly after the facility opened early in June of 1978, the JAB featured an article on the New Hospital. That article detailed the architectural innovations of the $51.5 million building: the skylighted atria, a cafeteria, hung with rainbow banners and cut-outs of clouds; the preponderance of private patient rooms each with a diverting street or atrium view; and the efficient floor design positioning services near those to be served. It seems appropriate two years later to go back and see how the building—called "the hospital of tomorrow" in trade publications—accommodates the needs of its staff, students and patients.

The modifications in hospital design have proved to be as usefully innovative in practice as they looked on paper. The facility has, in effect, successfully passed its performance test. It is unquestionably a very fine and fancy building, but a building nonetheless. The innovations which seemed so startling two years ago when the Jefferson community gathered five months ahead of schedule in the atria for the formal dedication ceremonies have become accepted features of the hospital landscape. Now, as the impact of the architecture recedes, it becomes increasingly apparent that Jefferson's "hospital of tomorrow" is as much a matter of its staff and their systems as of bricks and rainbow banners.

This article by Mrs. Mitchell will be her last assignment for the JAB. Following three years with the Alumni Office staff she has elected to return to academics in order to complete her dissertation at the University of Pennsylvania. Her incisive interviewing skills, her wide range of interests and her writing abilities have been widely praised during her tenure.
The systems approach to crafting a hospital environment represents an adaptation of concepts and techniques pioneered by corporate managers. In the field of health care, the patient has felt increasingly lost among a welter of diagnostic and treatment modalities each presided over by an expert whose very depth of specialization—so the stereotype goes—precludes more than a passing interest in other aspects of patient care. Many professionals in various stages of training do many things to the patient in many places so that his experience is one of fragmentation. His parts may be well cared for, but he may not feel cared about. That experience of fragmentation can be especially acute in a facility like Jefferson's where the "sicker," referred patient requires more complex services than the average patient in a community hospital. The systems approach to hospital design and management seeks to operate a large facility so well and so "systematically" that the ameliorative potential of the patient’s environment is optimized on a cost effective basis.

"Systems" quite simply are ideas people derive from analysis of a task about how to accomplish that task—admit a patient or schedule an operation—most efficiently. Obviously the quality of a system depends on the quality of its designers and implementors, and what Jefferson has to complement its new building is a thoroughly qualified management team. Conversations with any of them—Laura Merker, D.P.H. (Director of Nursing Service); Frank Milewski (Program Planning Manager); Michael Jhin (Associate Hospital Director for Patient Programs); Gail Sweitzer (Associate Hospital Director for Professional Support Services); Judy McNamara (Director of Patient & Volunteer Services); or Thomas Lewis (Assistant Hospital Director for Care Programs) invoke adjectives like "intelligent," "quick witted," "competent" and "professional." Francis J. Sweeney, Jr., M.D. '51, is the Vice President for Health Services and Hospital Director at Jefferson, a post he has held since 1967.

What do they do, these professional managers? They minister, so to speak, to the health of the institution. They try to affect beneficially the place where medicine and education are at work. And that’s in the O.R.’s and on the floors where the house staff congregate in small groups discussing the myriad practicalities of sheer life and death—what tests to order, their meaning, what drugs, consults. From the perspective of the "floors," it may not appear too important that the patient’s admission data including his third party payment plan is online with billing or that central scheduling via an IBM 370/148 computer governs tightly that assignment of beds whose occupancy figures are the substance of weekly and monthly reports. From the perspective of the floors, the "information system" that’s important is Medical Records. These are more accurately kept because a computer controls assignment and transfer of the patient’s medical records number. Such small things as consistency in medical records numbers and the consequent right alignment in the clinician’s hands of a constellation of tests make a great difference in an institution whose function must be to reduce "margins of error."

But the professional managers interject, "at what cost?" Exploring such interjections is their job. What they try to do in fact is run the place as efficiently as possible. They keep costs down; not by compromising quality of service, but by "systematizing" tasks. In most cases, the systems lead to an improvement in the quality of service.

The architecture facilitates such an approach. The building has been designed so that all the units for the direct delivery of health care are smaller, and ancillary services more consolidated than in other comparable hospitals. Four of the hospital’s nine floors function as self-contained, miniature hospitals where smaller nursing units mean that the nurses are closer to the patient.

Each patient care floor of approximately 100 beds focuses on the treatment of a particular group of patients. The pa-

Almost all the rooms in the New Hospital are private, with views of either the street or the atrium.
The impersonal lines of patient floor architecture stand in contrast to the variety of staff activities that take place nearby: reading x-rays; consulting records at a sub-station; reading EKG results.
cine. The remaining patients represent the Departments of Dermatology and Family Medicine. An ICU for patients in these categories and Diagnostic Radiology services are also located on the floor, which can be distinguished from other floors by its apple-green millwork.

Both medical and surgical facilities for the Cardio-Pulmonary Care Program are grouped on the fifth or orange floor. Five critical care units are on the floor; medical and surgical cardiac care units, an intermediate CCU, a respiratory intensive care unit and an intermediate RICU. The four operating rooms are supported by the Pulmonary Function Laboratory, the Ross V. Patterson Heart Station and the Cardiac Catheterization Laboratory and special radiology suites.

The seventh floor with its blue appointments contains the Surgical Care Programs for patients traditionally seen by the Departments of Surgery, Gynecology and Urology. Also admitted are patients of the Division of Nephrology of the Department of Medicine. Eight operating rooms are on the floor. Ancillary services include the cytology, surgical pathology and gastroenterology laboratories as well as an acute dialysis unit.

The Neurosensory-Musculoskeletal Care Program is on the ninth or purple floor. Patients represent the Departments of Ophthalmology, Otolaryngology, Neurology, Neurosurgery, Orthopaedic Surgery and Dentistry. The Rheumatology Division of the Department of Medicine also places patients on this floor. In addition, the floor contains the facilities of the Department of Rehabilitation Medicine, the majority of whose patients are treated in conjunction with the neurosensory-musculoskeletal specialties. The Spinal Cord Injury Center and the Electroencephalogram Laboratory are also on this floor.

Each patient care floor has its own admissions/business office which also discharges patients. Attending physicians make reservations through Central Scheduling so that when the patient arrives at the round, red Information Desk positioned near the main hospital entrance on Eleventh Street, he can be directed to his assigned floor where admission takes place. There are 404 beds in the New Hospital whose floor offices also admit patients to the more than 200 active beds located in adjacent areas of the older hospital complex. The New Hospital connects to the older complex via glass enclosed ramps across Sansom Street.

During the admissions interview, the patient's financial folder is set up by an interviewer who subsequently acts as the patient's financial counselor if problems arise concerning third party payment. Admissions data go online at the floor office—meaning that the information is keyed into the computer which returns a patient identification bracelet and a form that becomes the face sheet of the medical record subsequently maintained on the unit.

Central Scheduling is tied into those floor offices so that a discharge, anticipated by Attendings at the end of the previous day, can be quickly related to reservations. Central Scheduling also immediately receives information regarding patient transfers for medical reasons. As Michael Jhin, an Associate Hospital Director, notes, "This allows the hospital to monitor utilization for patients waiting for admission."

For the past two years the New Hospital's occupancy figures have consistently run over 90%. The figure for the entire complex is a little over 87%. For the fiscal year that ended June, 1980, occupancy for the New Hospital averaged 91%. In addition to the rapid pro-

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The Other Facilities

The Main or Old Hospital Building was opened in 1907 and has served Jefferson's patients, faculty and students well over the past seven decades. No longer acceptable for inpatient care, it will continue, however, to be used for a variety of outpatient, research and educational activities. It will continue to be the site for the Department of Radiation Therapy and Nuclear Medicine, and will house such activities as the Hemophilia Center, the Clinical Research Unit, educational activities of the College of Allied Health Sciences, the House Staff quarters and Psychiatric Outpatient facilities.

The Samuel Gustine Thompson Building located between the Main Building and the Foerderer Pavilion on Sansom Street was opened in 1927 and will continue to be used for some inpatients as well as for many support functions for the Hospital. The latter will include such services as biomedical instrumentation, respiratory therapy, ultrasound and others.

The Curtis (clinic) Building has been gradually turned over to the College for academic and research activities. No patient care, except for the Student and Employee Health Services, will remain in the building when the renovation program has been completed. F.S.
cessing of information related to bed occupancy, Sweeney attributes the high figures to the single patient rooms which obviate all the problems of pairing patients according to such variables as smoking preference or sex.

Sweeney and his Program Planning Manager, Frank Milewski, are also working with a consulting group from the University of Michigan which is investigating ways of coupling admissions to the O.R. schedule. Such a tie-in enables an increase in elective surgery and may boost bed occupancy figures to as high as 95%.

At present imprinter tied into the floor admissions/business offices and Central Scheduling convey information about patient flow to Food Services and the Supply, Processing and Distribution Department. They therefore have exact information about the number of patients they have to serve and their location.

Food Services and Supply, Processing and Distribution are two of the more innovative of the New Hospital's systems. "Systems" standardize the tasks inherent in the hospital's provision of these services by consolidating associated activities into large departments with centralized control. Hearing that the systems for Food Services were being reanalyzed, one Attending, who asked to remain anonymous, remarked that the computer may yet undermine a Jefferson Hospital tradition.

Sweeney prefaces his description of projected changes in Food Services with the observation that "our dietary has never been quite what we want. We're running into problems," he explains, "with our approach to storing entrees. We're switching from freezing to supercooling." Patient questionnaires in fact indicate little dissatisfaction with other parts of the meal—appetizers, salads, desserts, beverages. Sweeney adds, with emphasis, that "high priority has been given to improving the quality of food at Jefferson."

Food Services shares the Sansom Street side of the second floor with what everyone calls "S.P.D." (Supply, Processing and Distribution). The food is prepared in bulk and distributed along a "tray line" to stations each responsible for one item on the tray. Patients choose from a menu of numerous items so trays have to be made up differently. At the end of the tray line, the "Q.C." (person responsible for quality control) checks the patient's order against the assembled trays. They are stored and conveyed to the floor pantries for reheating by convection and microwave ovens. In keeping with the mini-hospital concept, the last phases of the operation are performed on the floor.

"S.P.D." encompasses all those tasks associated with the allotment of materials throughout the hospital complex. At the heart of the new system are the exchange and case carts and three pneumatically driven lifts which speed supplies to the relevant floor. Exchange carts supply patient care areas; case carts, the O.R.'s. It takes 26 seconds for a cart (five feet high, five feet deep and two and a half feet wide) to go from the second to the ninth floor. A "logistics technician" wheels the cart to the lift. It is tagged so that a mechanism on the lift "reads" the proper destination and ejects the cart accordingly.

A series of shelves made of metallic gridwork are on wheels so that they can readily be manipulated once they have arrived. General medical and surgical supplies as well as the linens are taken to storage space adjacent to the nursing posts. From there the goods are conveyed to what has been variously called the "patient storage module" or the

The first floor information desk provides the patient's first contact with the facility.

Admissions take place on the floor where the patient will receive care.

An enclosed ramp connects the New Hospital and the Foerderer Pavilion.
"nurse server." There are two doors to this closet located immediately outside each patient’s door. The medical supplies and linen go into the top half of the cabinet. Trash and dirty linen, deposited in the bottom half, are ready for disposal. Two vacuum chutes on the floors draw the trash to compactors near the loading docks on the second floor and the linen to the laundry in the Foerderer Pavilion.

What in effect the S.P.D. system does is to provide supplies with their own lift system so that elevators can be used for what they were designed—the transport of people. Because of the exchange cart system, it is much easier for a person to get around in the New Hospital than in facilities with unsystematic methods for conveying supplies. The system also provides for greater inventory control and sizable economies. When a supply is distributed—to the nurse server, for instance—a tag is removed, marked with the patient’s room number and then deposited in an envelope accompanying the cart. The patient can thereby be charged for the supplies he uses during his stay.

Another obvious economy underlying both the Food Service and S.P.D. systems is their distribution of the work load over the day. People in these departments work at nearly continuous rates instead of in response to "peak usage" demands. The important point is that a large pool of labor does not then have to be available only to meet peak demands. As Sweeney observes repeatedly when relating systems to finances, the hospital’s greatest costs are for personnel. Using people well represents, therefore, the most effective approach to economy.

It seems fairly obvious too, as expensive Baccalaureate degrees supersede diploma and L.P.N. certificates, and as the Department of Nursing moves towards decentralization, that the best use of an R.N. is with patients. Moreover, as Laura Merker, Associate Hospital Director and Director of Nursing, points out, the Hospital now has a significant investment in the initial training of each of its nurses. There is a high incentive, then, not only to employ but to retain these professionals as primary deliverers of care to patients. The decentralization of nursing posts at Jefferson encourages the nurse-patient relationship by spreading out nursing personnel and making patient-nurse contact more accessible. Each nursing unit with its orange station encompasses an average of eight beds; two of these units form a teaching and administrative post readily distinguishable by its yellow appointments.

In practice, however, instead of basing themselves at the orange sub-stations, nurses, house officers and attending physicians have tended to congregate at the administration/teaching posts as they once did at the central nursing station of the old complex. People also tend, apparently, to gather where records are kept. The problem is that the yellow clerical posts weren’t designed to support all that activity.

Teaching was supposed to have gone on in the small rooms behind the clerical counter with records accessible through a series of pass-through slots between the two areas. It simply wasn’t, though; teaching—especially associated with working rounds—goes on primarily in and between rooms. Everyone praises the single rooms which facilitate Jefferson’s long tradition of bedside instruction. Studies are now underway to redesign the primary care nursing system; the new system should alleviate the bottleneck at the yellow posts.

Another projected change for nursing involves, according to Laura Merker, the concept of predictive staffing which ties the required staffing patterns for quality care to the admissions/O.R. schedule. Again the idea is to predict and to control where and when people are needed so that personnel are used most efficiently. Increased knowledge of schedule procedures and admission data will assist in long range planning for staff which will enhance patient care. Effective use of personnel providing that care is essential in a hospital whose nine intensive care units require a nurse-patient ratio approaching one to one. Specialization in these care programs requires personnel with highly individualized skills to meet patient care needs.

These systems—both the operating and the projected ones—require much "information." The computer related systems deal in it; they represent in fact the first components of a total projected Hospital Information System.

In the future a physician, nurse or other appropriate person will be able to have results of laboratory tests, x-ray and other services immediately displayed on television screens at the bedside or nursing stations. This will greatly facilitate patient care and help to maintain Jefferson’s position in the forefront of American medicine.
There are 12 operating rooms in the Hospital, four on the fifth (cardio-pulmonary) floor and eight on the seventh (surgical) floor; all are spacious, furnished with the latest equipment.
The concept of stress and its damaging effects has attracted the interest of members of the lay community as well as the medical world. It is a popular topic for articles and talk shows. Americans seem to have accepted the apparently inevitable fact that they are living stressful lives, that stress causes them substantial discomfort, that it makes them distinctly less efficient at their particular jobs, and that it may lead eventually to some sort of physical deterioration unless they learn to “take it easy” or “to get away from it all” regularly. They feel stressed, and they are right! The medical world acknowledges a dramatic increase in the “diseases of civilization,” those stress-related disorders so characteristic of our time. For example 15 to 30 percent of our adult population suffers from hypertension. In 1972, the total cost of hypertensive disease was estimated at over nine billion dollars. Arthritis affects over 50 million people in the United States. In 17 million cases, patients experience pain and disability severe enough to warrant ongoing medical treatment. Loss of wages and medical care costs reach four billion dollars per year. The increase in respiratory disease is alarming. Twenty-five years ago, bronchitis and emphysema were relatively rare; today, ten million people in the United States are afflicted. Asthma and allergies are increasing. Thirty million Americans report sleep disturbances severe enough to mention to their physicians. Almost 75 million Americans have back problems. There are seven million new cases a year which result in five million people being partially disabled and two million so disabled they cannot work. Up to 80 percent of these are thought to be the result of psychological stress and anxiety. Eight million Americans suffer from depression. In 1970, HEW reported that 40 percent of disability insurance was paid to people suffering from disease of the circulatory, respiratory and digestive systems.

Hans Selye, the well-known stress theorist, first formulated his ideas when he was a young medical student in Prague some 40 years ago. His speculations are instructive. Noticing that patients with different ailments often had certain symptoms in common—for instance, energy depletion and listlessness—Selye described a syndrome of “just being sick.” The idea developed into a theory of how the body adapts to stressors (agents that cause stress)—both beneficial (eustress) and detrimental (distress). Selye schematizes his view thus:

<table>
<thead>
<tr>
<th>Overstress (Hyperstress)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Stress STRESS Bad Stress</td>
</tr>
<tr>
<td>(Eustress) (Distress)</td>
</tr>
<tr>
<td>Understress (hypostress)</td>
</tr>
</tbody>
</table>

He illustrates his point by describing two kinds of people: “racehorses,” who thrive on a fast-paced lifestyle that seems to favor stress; and “turtles,” who prefer a tranquil, quiet, low-stress sort of life. Maintaining an appropriate lifestyle and an appropriate level of stress—resisting pushing beyond one’s normal stress endurance—Selye takes as the key to healthy living; but he recognizes that the ubiquity of “diseases of civilization” demonstrates how very difficult it is to maintain appropriate, safe stress levels. People, Selye concedes, are bound to pursue what they regard as the optimal level of stimulation for themselves; but they so often fail that they are inclined to turn to stimulating and tranquilizing drugs. Still, on the evidence, the legitimate use of drugs seems incapable of controlling or reducing the incidence of excessive, free-floating stress, that tends, when prolonged, to result in psychological, neurophysiological, and endocrine damage and disruption and, ultimately, in an increased susceptibility to disease. “For the first time in history” Kenneth Pelletier claims, “the major cause of death and disease is stress-related disorders.”

Selye defines biologic stress as “the nonspecific response of the body to any demand made upon it.” This response manifests itself as a series of processes that Selye labels the general adaptation
syndrome (G.A.S.), called into play during sustained exposure to a stressor. There are three states in the G.A.S.: the alarm reaction, resistance and exhaustion. Often the body responds to stress by going through the first or second stage only, since stressors are usually of limited duration; or if they continue, the body may adjust or may even cease to produce a stress response. Even when the exhaustion stage is reached, recovery may still be possible, for instance, when the stressor responsible is removed or adaptation takes place. Only when the body cannot adapt adequately to the continuing presence of some stressor, or when new stressors continue to induce the G.A.S. response exhaustingly, does its adaptive mechanism eventually fail and pathogens become difficult to control.

When the body recognizes and responds to a stressor, the hypothalamus is normally activated by emotional stimuli processed through the limbic system or by cognitive stimuli processed through the cortex. In its turn, it activates the autonomic nervous system and the endocrine system. The initial “fight or flight response,” first described by Cannon, is followed by the release of cortical hormones which, when prolonged, weaken the body’s immunological capacity.

During the alarm stage, cortical hormones are secreted. They decrease as the body moves into the stage of resistance in which one organ or organ system takes over the stress response. If the delegated organ or system is exhausted before the body adapts to or overcomes the stressor, the body itself continues to respond in its total, non-specific ways, thus activating the alarm stage again and again. Prolonged stress exhausts the body’s resources. Selye’s research with animals, for instance, demonstrated that flooding the system with cortical hormones causes the thymus to shrink and effects a reduction in lymphatic tissue, weakening the normal powers of the immune system. However, more precise animal studies have yielded more equivocal results; varied stressors appeared to affect the immune system differently.

In studies with humans the picture is even more complicated. George Solomon reports a relationship between the state of the immune system and the incidence of stress, emotional decompensation and depression. He and his associates have observed that psychological factors are linked with elevated levels of adrenal cortical hormones. For instance, cortisol can become immunosuppressive. Though “psychoimmunology” is a young discipline, tantalizing clinical evidence seems to confirm the immunological relevance of psychological factors. Of course, the actual onset of illness or disease depends on such additional factors as one’s state of emotional and physical health, behavioral variables, environment and even life events. Paul J. Rosch draws attention in

... on the evidence, the legitimate use of drugs seems incapable of controlling or reducing the incidence of excessive, free-floating stress that, when prolonged, tends to result in psychological, neurophysiological and endocrine damage and disruption and, ultimately, in an increased susceptibility to disease.

JAMA to the wide variability of responses to stressors. But the same or similar events produce quite different physiological responses in different people. They differ, after all, genetically, culturally, physiologically and in other ways. It is particularly important to realize that the stress response is not fixed: it may actually be altered by experience or learning.

Modern technology has only recently begun to exploit this insight systematically. The mental control of bodily processes has always intrigued mankind, yet contemporary scientists tended to ignore techniques like hypnosis, relaxation and meditation to reduce tension, anxiety and stress until biofeedback technology appeared a little more than a decade ago. Although quite simple in design, biofeedback provides an extremely direct and effective way of helping people identify, monitor and even control tension and stress. Although organisms have numerous internal feedback systems that permit the body to function efficiently and without conscious control, few can be measured easily and directly by external means. Biofeedback provides a technique for translating and even manipulating some of the body’s internal signals in terms of perceivable, readily screened information. Autonomic nervous system responses, normally involuntary, have now become accessible to voluntary control. Muscle tension below the threshold of awareness can now be monitored. General and specific relaxation techniques can be taught and symptoms caused by tension, reduced or eliminated. The era of stress management has now begun.

Recently, a number of studies investigating the relationship between certain life events and the onset of illness have appeared. These understandably have captured the attention of the popular press as well as the medical community. For instance, Thomas Holmes and Richard Rahe, of the University of Washington School of Medicine, have devised the Social Readjustment Scale (SRC), which assigns a stress-weighted value from 0 to 100 to a large number of commonly occurring life events. Marriage, for example, has a weight of 50. The death of a spouse scores 100. The idea is that each event places a roughly quantifiable strain on the adaptive capacities of people. Holmes and Rahe hypothesize that the higher the score the greater the likelihood of developing a serious illness. After testing and standardizing their instrument for 5,000 subjects they (and others) proceeded to examine the scale’s predictability potential. Although some items clearly need to be revised, this scale supports the thesis that when stressful events occur within a concentrated period, the probability of illness increases, in accordance with Selye’s thesis about the lowering of resistance.

By totaling the numerical values assigned to particular life events over a
**THE NATURE OF STRESS**

**SOCIAL READJUSTMENT RATING SCALE**

<table>
<thead>
<tr>
<th>Event</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death of spouse</td>
<td>100</td>
</tr>
<tr>
<td>Divorce</td>
<td>73</td>
</tr>
<tr>
<td>Marital separation</td>
<td>65</td>
</tr>
<tr>
<td>Jail term</td>
<td>63</td>
</tr>
<tr>
<td>Death of close family member</td>
<td>63</td>
</tr>
<tr>
<td>Personal injury or illness</td>
<td>53</td>
</tr>
<tr>
<td>Marriage</td>
<td>50</td>
</tr>
<tr>
<td>Fired from work</td>
<td>47</td>
</tr>
<tr>
<td>Marital reconciliation</td>
<td>45</td>
</tr>
<tr>
<td>Retirement</td>
<td>45</td>
</tr>
<tr>
<td>Change in family member's health</td>
<td>44</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>40</td>
</tr>
<tr>
<td>Sex difficulties</td>
<td>39</td>
</tr>
<tr>
<td>Addition to family</td>
<td>39</td>
</tr>
<tr>
<td>Business readjustment</td>
<td>39</td>
</tr>
<tr>
<td>Change in financial status</td>
<td>38</td>
</tr>
<tr>
<td>Death of a close friend</td>
<td>37</td>
</tr>
<tr>
<td>Change to different line of work</td>
<td>36</td>
</tr>
<tr>
<td>Change in number of marital arguments</td>
<td>35</td>
</tr>
<tr>
<td>Mortgage or loan over $10,000</td>
<td>31</td>
</tr>
<tr>
<td>Foreclosure of mortgage or loan</td>
<td>30</td>
</tr>
<tr>
<td>Change in work responsibilities</td>
<td>29</td>
</tr>
<tr>
<td>Son or daughter leaving home</td>
<td>29</td>
</tr>
<tr>
<td>Trouble with in-laws</td>
<td>29</td>
</tr>
<tr>
<td>Outstanding personal achievement</td>
<td>28</td>
</tr>
<tr>
<td>Spouse begins or stops work</td>
<td>26</td>
</tr>
<tr>
<td>Starting or finishing school</td>
<td>26</td>
</tr>
<tr>
<td>Change in living conditions</td>
<td>25</td>
</tr>
<tr>
<td>Revision of personal habits</td>
<td>24</td>
</tr>
<tr>
<td>Trouble with boss</td>
<td>23</td>
</tr>
<tr>
<td>Change in work hours, conditions</td>
<td>20</td>
</tr>
<tr>
<td>Change in residence</td>
<td>20</td>
</tr>
<tr>
<td>Change in schools</td>
<td>20</td>
</tr>
<tr>
<td>Change in recreational habits</td>
<td>19</td>
</tr>
<tr>
<td>Change in church activities</td>
<td>19</td>
</tr>
<tr>
<td>Change in social activities</td>
<td>18</td>
</tr>
<tr>
<td>Mortgage or loan under $10,000</td>
<td>17</td>
</tr>
<tr>
<td>Change in sleeping habits</td>
<td>16</td>
</tr>
<tr>
<td>Change in number of family gatherings</td>
<td>15</td>
</tr>
<tr>
<td>Change in eating habits</td>
<td>15</td>
</tr>
<tr>
<td>Vacation</td>
<td>13</td>
</tr>
<tr>
<td>Christmas season</td>
<td>12</td>
</tr>
<tr>
<td>Minor violation of the law</td>
<td>11</td>
</tr>
</tbody>
</table>

**Autonomic nervous system responses, normally involuntary, have now become accessible to voluntary control. . . .**

**General and specific relaxation techniques can be taught and symptoms caused by tension, reduced or eliminated. The era of stress management has now begun.**

Year, individual scores are determined. A score of 150 signifies a 50 percent chance of developing an illness. A score over 300 increases that probability to 90 percent. In a study involving physicians as subjects (Holmes and Masuda), life event scores were obtained for an 18 month interval. In the succeeding year 49 percent of those in the 300+ group experienced significant illness and 25 percent of the 200-299 group and nine percent of the 150-199 group became ill. This study and others have been carefully conducted as double blind experiments with all of the usual methodological precautions being observed. The upshot is that susceptibility to illness can be predicted with some precision (Gunderson and Rahe).

Given the advantage of such a scale, we explore effective ways of reducing one’s vulnerability to stress. A number of stress management techniques of a quite promising sort are currently being developed, and they can be taught in a systematic way.

The Department of Psychiatry and Human Behavior at Jefferson now teaches stress management to individual patients, groups of patients and groups drawn from external companies, institutions and communities. Contracts are tailor-made to fit specific needs whether for company personnel or patients. But
The Department of Psychiatry and Human Behavior at Jefferson now teaches stress management to individual patients, groups of patients, and groups drawn from companies, institutions and communities. Contracts are tailor-made to fit specific needs, whether for company personnel or patients.

the strategies remain much the same; the learning principles are designed to change behavior. During their psychiatry rotation medical students may elect to participate in any of the ongoing programs and learn the various stress management techniques.

Essentially, stress management training covers the concept of stress, assessment of personal life style and vulnerability to disabling stress, in a number of mental and physical strategies to reduce the stress response, and the selection and implementation of a customized program of behavioral change.

Many people, particularly patients who have already developed a life-threatening or chronic illness, view themselves primarily as victims of their condition. Very often, such patients make themselves dependent on their physicians and delegate all responsibility for recovery or maintenance. Sometimes they continue living as before and merely rationalize their behavior by adopting a "what will be, will be" attitude. Both reactions induce patients to remain helpless and to become even more vulnerable to deterioration—at least psychologically, if not physically as well. The point of stress education is to help people understand the full sense in which they are responsible for the way in which they lead their lives.

A great deal is known about health maintenance. People can certainly reduce risk of disease and improve the prospect of enjoying life by adopting habits and attitudes which enhance health and fitness. Patients can be partners with their physicians in their own recovery. Even those with no symptoms warranting medical treatment must aim at continued fitness. The educational approach offers manageable but specialized information about stress and disease, and encourages people to feel that they can control their lives. This may be particularly appealing to executives and professionals who are already used to taking charge of their lives. It can also teach seriously ill patients about their own resources.

Stress assessment procedures include a number of paper and pencil tests that ask participants to look at the general state of their health and to make an honest appraisal of their habits. For instance, obesity, smoking, nonmedical drug use and under-exercise are reviewed within the life styles people favor. Styles of reactivity are rated. The Holmes and Rahe inventory of life events quantifies the amount of recent stressful change and current susceptibility to illness. Support systems at home and at work are reviewed. Coping skills are identified. A stress questionnaire and a satisfaction inventory enable participants to see what checks and balances they have. Reviewing the answers provides a broad, holistic picture of each participant's style of living, resources, strengths and vulnerabilities. A review of the entire profile permits each person to explore areas of possible change and to evaluate, later, what relevant changes he or she has made.

People can be taught specific techniques for regulating their response to stress and for channeling the energies of their bodies and minds into a resting state (as an antidote to stress). We teach a number of very specific psychological and physical techniques, and supervise practice. Meditation, self-hypnosis and guided imagery, for instance, are particularly effective in helping people quiet their bodies. Studies of the practices of Indian yogis, Zen monks and, more recently, Western meditators, have confirmed specific physiological changes—slowing of respiration and heart rate, lowering of blood pressure, decrease in oxygen consumption, decrease in skin conductivity—that signify a state of substantially reduced stress.

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imagine pleasant images or experiences, or by encouraging themselves to relive certain relaxed feelings.

There are various kinds of specific exercises that integrate mental and physical functions and induce states of deep relaxation and mental relaxation. Autogenic training teaches subjects systematically to induce a feeling of warmth and heaviness in their limbs and torso, which leads to deep physical relaxation. They can reach this level quickly and gain greater control over their autonomic system. Aerobic exercises are introduced because of their beneficial effect upon respiration, the cardiovascular system and the muscles throughout the body. Building fitness depends on more than intermittent (even regular) exercise.

Our stress management programs have included group training for ten weeks, two-day workshops with a half-day follow-up, and individual stress management training. We have trained various executive groups, community groups, patients and family groups. Patients recovering from serious illness are often seen for both supportive psychotherapy and stress management. In fact, many would not be willing to come for psychotherapy alone. Programs are adjusted to individual needs and behavior techniques are used to reinforce selected changes. Change is monitored both by the participant and the trainer or therapist. Small changes tend to be encouraged rather than a single major change; group support and expectations play a strong role in motivating individual patients.

In a ten-week program for senior citizens, nurses regularly took blood pressure readings. After several sessions, participants could reduce their blood pressure in a few minutes of relaxation. Some reported that they now recognized when their blood pressure was rising during daily activities; they could even interrupt this rise by deliberately quieting their minds. Many reported other reductions in discomfort levels—arthritic pain, gastrointestinal distress, eye strain—as they became skilled in stress reduction.

In the past four years, we have received favorable reports from nearly all participants. Systematic evaluation of our programs and long-term follow-up have just begun. Some of the anecdotal responses are particularly touching. The mother of a hemophilic child referred to our stress program has written the coordinator of the Hemophilia Center the following (excerpted) letter (reprinted with her permission):

"In January, when you telephoned, offering information concerning a stress workshop for patients, parents and family members on Thursday mornings for ten weeks, I was elated and accepted readily. Later, I worried about someone to keep [her son]; gas; tolls and parking costs; and making other arrangements on Thursday for the extra child I care for. In hindsight I can say that the benefits I received far outweighed any cost or sacrifice on my part.

My biggest mark of progress during class was when I brought [her son] in on March 14th with a possible broken arm. He had kept us up much of the night and I did my relaxation techniques throughout the night and the day after exams and x-rays he was infused for a shoulder and/or elbow joint bleed. We were both much calmer and he walked from place to place cheerfully rather than clinging to me and asking to be carried (his usual behavior in the hospital). Being six months pregnant with twins (which turned out to be triplets) I needed to keep myself in control also and managed so well, I was amazed." June 6, '80

Behavior change is more easily monitored during a ten-week program than a two-day workshop with a follow-up. Patients seen individually have been followed up to six months. Research studies report that six month behavior modification groups have helped people reduce their level of hypertension significantly. We are forming longer-term groups now and offering companies and other organizations programs tailored more completely to their particular needs and time requirements.

Most people realize that they undergo stress much of the time. As more become aware of the connection between stress and their physical condition, they are bound to seek relief. They frequently turn first to their physicians. But if they are not responsive, they turn instead to less trained people for advice—the personnel of health food stores, for example. Programs like Jefferson's are trying to fill an important gap in the health care system.
young investigator

Researchers are ordinary men and women with families, homes, desires and fears like the rest of us. Still, they have the distinction of intelligence, competence and dedication. Fred Lublin, '72, is such a man.

Combining clinical practice with research activity, he spends part of his time in the College's Department of Neurology and part in the Biochemistry laboratories of Alumni Hall. In addition, he teaches, serves on Jefferson's Committee on Research and devotes considerable time to his wife and two sons, eight and four. "The only hassle I have in all the world right now is, there's never enough time in the day." He wants to keep up this energetic pace while he's young.

So far, his professional accomplishments have been impressive: he has published five articles, four of them in the past two years, related to multiple sclerosis. At Jefferson he is Assistant Professor of Neurology and Adjunct Assistant Professor of Biochemistry (Immunology). His road to success has been paved with honors. A summa cum laude graduate of JMC, he won the Lange Medical Publications Prize in 1969, '70 and '71, the Roche Award in 1970, the Phillips Prize, the Potter Memorial Prize and the Alumni Prize in 1972.

Yet he is unassuming, accessible and forthright. Asked if he is ambitious, Lublin replies, "Yes, in the sense that there are things I want to do and achieve and I enjoy going after and achieving them."

He likes to have things to look forward to; in medical school, he anticipated residency and as a resident, professional life. He has been geared to accomplishment since childhood, when he first decided on medicine as a career. He doesn't remember anyone pressuring him to do well, except himself, and claims that medical school was "less competitive" when he was a student. Such modesty is charming but a bit misleading, belied by the complexity of his work and his competence in doing it.

Auto-immune diseases, such as multiple sclerosis, are Lublin's special interest. Because treatment is ineffectual and cure and causes unknown, he concentrates on finding ways to suppress the disease. Using an animal model, he studies patterns of onset, remission and relapse in experimental allergic encephalomyelitis, a disease similar to multiple sclerosis. In order to replicate the course of M.S. in humans, he and his research team had to develop a new model, which they discovered by "serendipity," when a mouse experienced delayed onset of the disease. There seems to be a hereditary predisposition to M.S. that Lublin also looks for in his test animals. No one has yet located the gene responsible, however. The epidemiological peculiarities of the disease are puzzling, too. Young caucasian adults living in temperate climates seem most susceptible, while blacks and orientals are less vulnerable. As in the case of poliomyelitis, age of exposure to the disease agent, which may be a virus, could be crucial. Unlike polio, no evidence shows whether early or late contact is more dangerous.

Lublin's other projects include examining immune reactions within the central nervous system. Techniques have been developed to remove lymphocytes from the brains of research animals for this kind of work. Like other researchers, he does not know how his research will turn out. "I don't know what questions I'm going to be asking next month or next year." One writer has remarked that scientists are most surprised when they get the results they had hoped for.

Lublin hopes that his research and clinical work will affect another, so that what he sees in treating patients will make him ask questions he can try to answer through research—and vice versa. Pure research, he believes, is worth doing in any case and he thinks "research money, by and large, has been well-spent."

Informing the public of research accomplishments is difficult, he says. When the media quote a specific study, scientists can review it to see if it has been accurately represented; but when a scientist tries to use the press to publicize his or her research before publishing it in a reputable journal, there's no way to evaluate the results. There are no medical ethics governing such use of publicity, which may give the public (and legislators) a false impression of what research is all about. Nowadays, when support is harder to find, publicity can play an important role in convincing society that research per se is worth doing, hopefully without trivializing or distorting its meaning.

Another problem with which Lublin is concerned is the use of human subjects in research. Although he now uses animals, he hopes eventually to use humans in his work, but worries about the risks. "You really feel horrible to have something go wrong in a person who's a volunteer for research." Such concern necessarily slows the scientist down in order to take all possible precautions. According to Lublin, safeguarding subjects is the most difficult part of doing research on humans.

Overall, Lublin seems to be a thoughtful but happy man, enjoying his work,
whether it be research, clinical practice or teaching. Of the last, he says, “It’s very satisfying to me to come back here where I was a student and now teach other students” who are “bright and eager” and ask “hard, sometimes embarrassing … but searching and appropriate questions.” His family, he adds, is as important to him as his varied and absorbing professional life. He notes with satisfaction the recent “minor milestone” of his youngest son getting old enough to go to school, leaving his wife more free time. His devotion to his family explains some of his hobbies, like playing with trains and going on outings to the Franklin Institute of Philadelphia. In both work and personal life, Fred Lublin is doubly blessed.

pew grant

The Pew Memorial Trust has awarded a $1.5 million grant to help fund energy conservation and maintenance and improvement projects at Jefferson. According to Dr. Lewis W. Bluemle, Jr., TJU President, the grant will enable Jefferson to “implement cost-saving measures in older buildings which did not incorporate energy efficiency in their original design. Such measures will help extend the usefulness of these buildings. These projects will play an important role in the university-wide energy conservation program, in which employees, students and faculty have been asked to participate.

The university also received a $250,000 grant from the Atlantic Richfield Foundation to help establish a Toxicology Center. Faculty members from six departments will be able to conduct basic research at the Center, which will also serve as a clearinghouse for the exchange of scientific information in the Philadelphia area.

seniors with alumni

Jefferson’s Alumni Association has established a program for seniors who must travel outside commuting range for residency or post-graduate training interviews. After Dr. Edward H. McGehee, ’45 Chairman of the Association’s Student Affairs Committee wrote to alumni living in areas where students have trained in the last five years, the Office set up a file of those graduates willing to provide bed and breakfast for one or more nights. The alumni response was excellent. The program not only helps students, but gives alumni a chance to find out what’s going on at Jefferson and what the newest generation of medical students is like.

When David and Barbara Swann, Jefferson seniors, needed a place to stay in Rochester, Minnesota, they went to the Alumni Office, where the staff helped them find an alumni who agreed to put them up for a night. Dr. John Yunginger, ’64, was more than hospitable. He showed the Swanns around Rochester, giving them an idea of what the town was like in a brief time. Then the Swanns rented a car and drove to Minneapolis, where they had to stay for three nights in all. Once again, a Jefferson alumnus extended hospitality, despite a hectic schedule. Dr. Ernest C. Wynne, ’72, his wife and two children made the Swanns feel at home. During both visits, alumni and students traded information and reminisced about Jeff.

The Swanns are enthusiastic about this home-stay program. “The nicest thing,” Barbara Swann remarked, “was that instead of being stuck in a hotel in a place we didn’t know, we saw the area, looked at apartments and got an inside view of things.” During their other interviews in Cincinnati and Columbus, they stayed with Dr. Herbert C. Magenheim, ’59, and Dr. Carey B. Paul, ’54, respectively.

Dr. Yunginger was as positive about the home-stay idea after the Swanns’ visit as he had been before. “I’m not so far away from being in medical school that I can’t remember how you need to save money when you’re going all over the place for interviews,” he commented. The Swanns, he added, called ahead to arrange meeting times and places and “everything went well.” With the good spirit of both alumni and students, this program—a truly great idea,” according to one alumnus—should continue to go well.

student performance

Jefferson’s Office of Medical Education has conducted a study and written a report comparing the performance of Jefferson medical students before and after graduation. Jon Veloski, Mary W. Herman, Ph.D., Joseph S. Gonnella, M.D., Carter Zelenik, Ph.D. and William F. Kellow, M.D. collaborated on the article published in last year’s Journal of Medical Education which has been summarized for Jeff Scene.

Although the ultimate test of medical education is competence as a physician, few schools determine how well their students are performing following graduation. The Office of Medical Education at Jefferson regularly obtains ratings on the clinical performance of its graduates from the hospitals at which they are receiving their first year of postgraduate training as part of a longitudinal study of Jefferson students which has been underway since 1969.

Each year near the time of graduation seniors at Jefferson are asked to give written permission to seek information on their postgraduate careers. Since 1970, 77 percent of the graduates have done so. Their cooperation together with that of the many physicians who completed rating forms have made the present study possible.

In this study, two major questions were addressed: (1) Are Jefferson gradu-
rates highly rated by their supervisors in the first postgraduate year? and (2) Are there relationships between performance in medical school and the postgraduate period? Surprisingly, a number of studies have reported little correlation between medical school grades and performance as a physician.

The study sample consisted of 535 Jefferson graduates between 1971 and 1975 who followed the regular four-year program and for whom postgraduate ratings were available. Ratings were obtained on 66 percent of the graduates. The rating form used for the first postgraduate year consists of 54 fairly specific statements dealing with four aspects of clinical competence: knowledge, data gathering skills, clinical judgment and professional attitudes. Raters are asked to place each resident in the top, second, third or bottom quarter of all graduates they have supervised on each item. An average score is then computed for each graduate in the four areas of clinical competence.

In answer to the first question, the study showed the great majority of Jefferson graduates had received good ratings from their supervisors. As the graph shows, almost one-third were rated in the top quarter on knowledge, data gathering, and clinical judgment, and more than one-third received this rating on professional attitudes. In the great majority of cases the raters stated that they would offer the residents further training at their institution. Thirty percent of the graduates who received low ratings on professional attitudes, however, would not be offered this opportunity.

Relationships between performance as medical students and as physicians were analyzed in two ways. Product-moment correlations indicated statistically significant but low relationships between grades in all four years of medical school and scores on Parts I and II of the National Board Examinations and postgraduate ratings in all four areas of competence. Correlations with MCAT science scores were not statistically significant. Grades in the junior year showed the strongest relationships with the postgraduate competence ratings.

As is also shown in the table, still stronger relationships appeared when the graduates were grouped into three levels of performance both as students and in the first postgraduate year. The data show, for example, that the graduates with high ratings on knowledge were five times as likely to have had grade averages of 85 or higher in their junior year than they were to have had averages between 75 and 79. The proportion of the latter group who received the lowest ratings in knowledge is four times that of the graduates with the highest grades as juniors in medical school. Similar but less dramatic findings were found in other areas.

On the basis of this study, it was concluded that the medical school faculty has sufficient information to predict good and poor performance in a substantial number of cases. The study also indicates that a monitoring program which continues into postgraduate period can provide medical schools with valuable information about the competence of their graduates and clues to strengths and weaknesses in their educational programs. It is important that directors of residency programs assume greater responsibility for evaluating their residents and communicating with the medical schools about their graduates. It is also important that students give their medical schools permission to obtain information about their performance following graduation.

faculty club

Located on the mezzanine of Jefferson Alumni Hall, the Faculty Club gives its members the opportunity to dine more graciously than in the cafeteria downstairs. What's more, faculty members from diverse disciplines may meet there to talk shop or just to socialize with their colleagues. On Wednesdays,
when roast beef is served, between 100 and 150 members come to lunch.

Immediate past president Jerone N. Cotler, M.D. '52 and JMC Clinical Professor of Orthopaedic Surgery, notes that the club makes it possible "to synthesize the diverse strengths of a university." In a similar vein, Richard B. Coombs, Director of Material Management and Purchasing and a former club President, points out that the facility gives University administrators a chance to share their opinions with academics and clinicians.

The facility is not merely an adjunct to work; its most important function is recreation. Accordingly, the club has sponsored many social affairs since its founding eight years ago. There are seasonal parties such as the fall and spring dinner dances, the Christmas party and an Oktoberfest. Other affairs are designed for the family with touches such as a "make your own" sundae bar. They've had pizza, fondue and wine tasting parties. The faculty have square danced, barbecued and river boated together.

A series of gourmet dinners have been organized around themes such as Mardi Gras, when ingredients and delicacies from some famous French Quarter restaurants were imported for authenticity's sake.

The approximately 450 members can also make arrangements to use the facility for meetings of professional societies and other groups. The Club's revenue comes from such leased usage as well as dues and its annual art auction. Membership is open to Jefferson employees who receive faculty fringe benefits.

Current Club President is Dr. Harry Smith.

rape program

For most of this summer, Jefferson Hospital's rape program was the only one of its kind functioning in the city. Presbyterian Hospital, which had handled almost half of the reported rapes in Philadelphia since PGH closed in 1976, had to end its participation, leaving the Jeff emergency room's crisis unit to cope alone. Jefferson residents examined as many as 10 rape cases per day. It was, as Emergency Room Director Dr. Joseph A. Zeccardi commented, a very difficult summer.

Zeccardi runs this innovative program, which coordinates the efforts of doctors, nurses, law enforcement officials and volunteers to treat rape victims and gather evidence for prosecution of offenders. Often, the major problem of victims is not medical but psychological; their distress and shame require the special attention and sensitivity of police and hospital and court staffs.

Assistance from former PGH staff and two other groups, Women Organized Against Rape (WOAR) and Center for Rape Concern (CRC), helped the emergency room staff set up the program in the first place. Now Jefferson's crisis unit is training personnel of Episcopal Hospital in North Philadelphia to run their rape program, which has recently replaced Presbyterian's. Dr. Zeccardi and other staff members have participated in educational efforts as well, teaching medical students, speaking to Family Court judges, testifying before juries, lecturing at the Police Academy and talking to the press when necessary, to fight the many myths about rape.

The program which brings Jefferson usually favorable publicity, is not "cost-efficient." Nevertheless, Hospital Director Dr. Frank J. Sweeney, '51, insists that it continue for the good of the community. Dr. Zeccardi professes himself "impressed" by the administration's strong support.

The rape program receives some financial help from the City of Philadelphia, so that the victim does not pay for the emergency room visit. Examination, treatment and follow-up are designed not only to care for the patient but to "enhance prosecution" according to Dr. Zeccardi. The nurse acts as a patient advocate, protecting her or him from unnecessary stress or violation of privacy. After the preliminary examination, children are referred to pediatrics, adults to gynecology, psychiatry or the Joseph Peters Institute (formerly CRC), depending on their age and problems. Sometimes victims escape physical harm, but in most cases the threat of violence has put them in a state of emotional shock. Some cases are ambiguous, others are clear-cut, but all require sympathetic and conscientious care. "It's not our job to make judgments," Zeccardi says.

He notes that some rape cases receive considerable attention. A lawyer who was raped, savagely beaten and discovered 18 hours later in a deserted part of Suburban Station last March was taken to Jefferson, where she lay in a coma for months. Her story reached newspapers all over the country via wire services. "But" comments Zeccardi, "we saw 711 people last year and every one of them had an awful story to tell."

Such work is hard on staff. Nevertheless, Zeccardi, who is Clinical Associate Professor of Pediatrics, says that residents "do a great job." The female staff members, whether doctors, nurses or volunteers, feel special stress and an increased sense of vulnerability. All concerned, including hospital personnel, district attorneys, police and health department officials, meet regularly to coordinate policies and, one suspects, to give moral support to one another in this difficult work.

malpractice study

The Office of Medical Education has also obtained a grant funding an innovative program on medical malpractice. The program is intended to help students learn about judicial procedures and give them information designed to reduce the risk of their being involved as defendants in malpractice litigation. Funded by a $54,202 grant from the National Fund for Medical Education with the Exxon Education Fund as its sponsor, it will be part of the Department of Surgery's junior year clerkship program beginning this fall and will be conducted over a two year period. Dr. Carter Zeleznik, the Associate Director of Medical Education, will conduct the program during four weekly sessions in each block of student rotation at Jefferson. He says that the surgery block is appropriate for this kind of a program because of the interest of the Department of Surgery in the topic. On a national basis, surgeons are particularly vulnerable to malpractice suits. The aims of the program are to make students more aware of the risks of medical procedures through detailed exam-
inination of an actual malpractice case.

In this experimental project, students will form a panel, along with lawyers and law students, reading briefs and testimony and coming to their own judgments concerning the case, including determination of possible monetary damages to be awarded the plaintiffs. Then they will compare their decision with the one actually made in the courts. Zeleznik believes such an exercise will stimulate dialogue between doctors and lawyers, who, he notes, do not "speak the same language" in general and tend to meet under adversary conditions in many situations.

In addition, Zeleznik wants to build upon didactic information presented in the sophomore year Medicine and Society Program and to influence both the knowledge and attitudes of the students, many of whom tend to be very apprehensive about the topic. He also hopes that Jefferson residents, faculty, and staff will attend the sessions, which he plans to videotape for later classroom use. Alumni are welcome to communicate their ideas on malpractice and how it might be presented in the curriculum to Dr. Zeleznik.

Lee Joiner, Esq., head of the University's Department of Risk-Management-Medico-Legal Affairs, will attend the sessions to share his knowledge of malpractice issues and to provide information concerning Jefferson's Risk Management Program through which Jefferson is coping with the problem.

**templeton portrait**

"Colossal energy, forthrightness, brilliance and dry humor" are some of the qualities of John Y. Templeton, III, '41, according to his classmate Frederick B. Wagner, Jr., who delivered the Biographical Sketch at Templeton's portrait presentation ceremony September 17. This painting may be the first one done by an alumnus and former resident—Edward B. Bower, '70—to be presented to the College. Templeton's former residents and colleagues commissioned it to honor the Professor of Surgery and former Gross Professor.

The ceremony was marked by much wit. Dr. Wagner illustrated his sketch with slides of Templeton, beginning with a baby picture and including shots of his many outdoor exploits as boatman, fisherman, hiker and mountain climber. More seriously, Wagner paid tribute to Templeton's "outstanding surgical career," prolific scholarship, numerous honors, and memberships and offices in more than 50 professional societies. For example, Templeton has been awarded the Golden Scalpel Award by his colleagues; and he has served as President of the Philadelphia Academy of Surgery (founded by Samuel Gross), the Pennsylvania Association of Thoracic Surgery, the Philadelphia County Medical Society and the Jefferson Alumni Association, among others. A Templeton Lectureship, established by Benjamin Bacharach, '56 and his wife, featured Denton Cooley, M.D. as its first speaker this year. Templeton has been President of Jefferson Hospital's Medical Staff since July. A complete list of his activities and posts fills about three pages of his curriculum vitae.

All of the speakers at the ceremony—former Chief Resident Dr. Stephen Whitenack, '74, Dean William F. Kellow and Frederic L. Ballard, Chairman of the Board of Trustees—sang varied praises of Dr. Templeton. Whitenack pointed out his skills as a teacher and supervisor; Kellow mentioned his excellence as a surgeon; Ballard praised his work as the alumni representative on the committee that selected William F. Bluemle as University President. Templeton's response was, as Dr. Wagner might have predicted, both appreciative and wry.

"Being here is like being sued," he said. "You sit there while all these people say things about you. The only
difference in this case is that what they’re saying is good.”

Dr. Whitenack broke with tradition by unveiling the portrait at the end of his introductory remarks, thus giving the audience more time to compare Dr. Bower’s artistry with his subject. Bower had commented earlier that he had always wanted to paint Templeton and was extremely pleased when his former teacher chose him to do the portrait. “Some of my best times at Jefferson,” Bower said, “were spent with him in the operating room. It was amazing to me that he hadn’t been painted before.” Bower is an entirely self-taught artist who began painting in medical school as a diversion from his studies.

Painting Templeton was “an interesting challenge”; Bower spent a weekend observing, sketching and photographing Templeton in various settings and finally placed him in his library at home. Asked if he was happy with the result, Bower replied, “I’m never happy with anything I do” and added that the people the artist wants to please are his subjects—and their wives.

The presentation ceremony ended with enthusiastic applause and was followed by a reception in the courtyard of Jefferson Alumni Hall where, despite threatening skies, it did not rain.

honors etcetera

Dr. Lewis W. Bluemle, Jr., University President, has received several honors in the last few months. In April he was elected to the Boards of Directors of Narco Scientific, Inc., of Fort Washington, and the Greater Philadelphia Partnership; in May he received an honorary Doctor of Science degree from the Philadelphia College of Pharmacy and Science and became a Director of Girard Bank. In July, he was named 45th President of the College of Physicians of Philadelphia.

* * *

Alfred M. Bongiovanni appointed Adjunct Professor of Pediatrics
Jay L. Federman promoted to Professor of Ophthalmology
Harold Haft promoted to Clinical Professor of Neurosurgery

Esmond McDonald Mapp promoted to Clinical Professor of Radiology
Luis Alaman Marco appointed Professor of Psychiatry and Human Behavior and Professor of Pharmacology
Clorinda G. Margolis promoted to Clinical Professor of Psychiatry and Human Behavior

John B. Smith promoted to Professor of Pharmacology

opening exercises

Two well-known and respected members of the Jefferson community received honorary degrees at the 157th Opening Exercises on September 3. Mary H. Gibbon Thompson, who developed the heart-lung machine with her late husband, John H. Gibbon, Jr., M.D., ’27, was awarded a Doctor of Science degree by Dr. John Y. Templeton, III, Professor of Surgery. Their years of research culminated in the first successful open cardiotomy performed by Dr. Gibbon in 1953. Mrs. Thompson was long associated with the Surgery Department of the College. Robert T. Lentz also received the Doctor of Science degree, presented by John A. Timour, his successor as University Librarian. Lentz, who served Jefferson from 1931 to 1975, made Scott Philadelphia’s major medical school library. He is now University Archivist.

The awarding of honorary degrees at Opening Exercises is a relatively new practice. More traditional at the ceremony is awarding prizes to medical students for academic excellence. This year the Obstetrics and Gynecology Prize went to Michael S. Remetz (honorable mention, Peter E. Bippart) and the Katzman Pathology Prize to John C. Lystash (honorable mention, Victor F. Altdonna). Kim D. Lamon won the Bodine Award and Mary F. Boyle won the Class of 1947 Scholarship Award. Lange Medical Publications Prizes went to Ms. Boyle and Howard S. Silverman (first year), John C. Lystash and Craig H. Sherman (second year) and John S. Radomski and Michael S. Remetz (third year).

The College of Allied Health Science Alumni Special Achievement Award was presented to Barbara G. Schutt, R.N., D.S., a graduate of the Jefferson School of Nursing.

Dean William F. Kellow, who announced the prizes, listed accomplishments and cited statistics of some of the 223 new students of the Class of 1984. Forty-four are women, 157 are Pennsylvanians, 20 are Delaware residents, 42 are sons or daughters of alumni, 12 are sons or daughters of faculty members, 25 are from the Penn State Program and 19 are Physician Shortage Area Program students. The new class includes one woman who escaped from South Vietnam five years ago, another who has raised and trained a thoroughbred filly and a third, Pamela Flick, who is the fourth generation of her family to attend Jefferson. One man is a violinist in the Lancaster Symphony and another is a three-time All-American in golf. Dr. Kellow noted that he hoped to learn something from the golf champion.

Mr. Frederic L. Ballard, Chairman of the Board of Trustees, was the speaker.
1930

Ernest H. Coleman, 705 Sunset Rd., State College, Pa., is an expert on the Pennsylvania canals system. This summer he gave a lecture on "Canal Travel from Lock Haven to Pittsburgh, circa 1840" at the Heisey Museum in Lock Haven. Photographs and maps accompanied the talk.

Fuller G. Sherman, Parkview Circle, Brunswick, Me., was presented with a medical service pin by the Maine Medical Association at its annual meeting in June.

1932

Stiles D. Ezell, 12 S. Main St., Salem, N.Y. writes: "I had a hole in one on the golf course—on a 182 yard hole—just four years after I got my first hole in one on Bicentennial Day, July 4, 1976. After 40 years of golf, this is the crowning glory!"

1933

Anthony Ruppersberg, Jr., 332 E. State St., Columbus, Oh., reported in an interview with Ob. Gyn News on results of a 25-year Ohio Maternal Mortality Study that has pinpointed the causes of pregnancy-related deaths and published guidelines for obstetric care.

1935

Edmund L. Housei, 255 S. 17th St., Philadelphia, was misrepresented in the summer issue of JAB. Due to a transposition of names he was pictured as semi-retired, enjoying leisure time growing and crossing African violets and savoring memories of a trip to China. Dr. Housel notes that he is very much full time, knows nothing about African violets, has a wife named Ann not Maribel and would very much enjoy a first trip to the Peoples Republic of China. The Editor apologizes for the error.

1936

John A.C. Leland, 3904 S. Pearson Dr., Lafayette, Ca., retired in August 1979, at age 70.

1939

John H. Hodges, 436 Sabine Ave., Wyncrook, Pa., has been elected Treasurer of the College of Physicians of Philadelphia.

Joseph Medoff, 204 Wynne La., Penn Valley, Pa., has been appointed a member of the attending staff of the internal medicine department of West Park Hospital.

1941

Paul J. Poinnard, 2123 Delancey Pl., Philadelphia, was presented a gavel at the completion of his three year term as President of the Medical Staff at TJUH. He is President-elect of the Philadelphia County Medical Society.

1942

Rinaldo J. Cavalieri, 454 Highland St., Wethersfield, Ct., is serving as Chief of medicine and Chief of staff of the Rocky Hill Veterans Hospital.

1943

Samuel S. Faris, 235 N. Easton Rd., Glenside, Pa., was appointed the Pennsylvania Medical Society's representative to the Child Health Passport Drafting Panel.

Adolph Friedman, 5454 Wisconsin Ave., Washington, D.C., represented Jefferson at the inauguration September 18 of Richard Earl Berendzen as President of American University at the National Cathedral. Dr. Friedman serves as Vice President for the Association in Washington.
On a moonlit night almost 60 years ago, a young man named Cecil Coggins was sleeping on the veranda of a plantation house in Honduras. Awakened by groans from outside, he and a houseboy discovered an injured plantation worker whom they dragged into the house. The man’s arm had been cut off near the shoulder by a machete. Coggins watched helplessly as the worker slowly bled to death. “There was blood all over the steps. I got to thinking about it, cursing myself for not knowing how to stop a thing like that. Then I thought, I’d better go to college.... That was the one little thing that made me really angry at myself....” While Coggins said this incident was not the only thing that propelled him into medicine—family tradition played a part—it was an important factor in his decision to become a doctor. Both self-awareness and anger can still move the man today. He is a vigorous, articulate, incisive 78-year-old, not only a retired doctor but a retired Admiral as well.

Although these two occupations might seem irreconcilable to some, Cecil Coggins has managed to combine them throughout his adult life. He has done everything from delivering babies to running NATO’s bacteriological warfare defense. And he has had many adventures in between.

Coggins was always interested in intelligence work; when young he read books about it as a hobby. Graduating from Jefferson in 1930 during the worst days of the Depression, he joined the Navy as a medical officer. Before long, his old interest led him to make independent studies of Japanese activities in California where, with official approval, he apprehended the first Japanese spy ever caught in America. During the 1930s, US intelligence was primitive and understaffed. One colonel and one sergeant ran the Army’s West Coast establishment, while the Navy employed perhaps a dozen operatives in that area. Nevertheless, Coggins succeeded in doing some innovative work, wrote a new Manual of Investigation and helped the Department to expand its intelligence operations as war approached. Assigned to Honolulu as Chief of counterespionage, he had a list of suspected Japanese spies deposited in every police station in Hawaii. After the attack on Pearl Harbor, 120 of them were rounded up within 24 hours. Coggins was not infallible, however, as he laughingly admitted when he told the story of his first attempt in California to recruit a Nisei (first-generation Japanese-American) for Navy Intelligence. Pretending to be a newspaper reporter, he took his prospect to lunch several times. When he found that the man had a surprising number of the necessary skills, Coggins asked him if he would like to work for the US government as an intelligence agent. The next day the prospect was on a boat to Japan; he had already filled Coggins’ qualifications far too well—for the enemy!

While Coggins was in Hawaii tracking down Japanese spies, the US government moved to intern thousands of Nisei who were American citizens. Since he worked with—and trusted—his Nisei operatives in Hawaii, Coggins strongly opposed their internment in war relocation camps. Accordingly he wrote an article in Harper’s which President Roosevelt read and apparently took to heart. Called to Washington, Coggins testified before a Congressional Committee on the matter. Bullied by one senator, he insisted that “We are writing a black page in American history which will be remembered a long, long time. And do you know, Senator, that inside the barbed wire of one of those camps is a very large American Legion Post?” Coggins is still proud of the efforts he made to oppose Nisei internment. He told a poignant story about the Nisei who fought in the US Army in Italy. In planning for these troops, a general recommended that the usual 50 percent replacements be sent with Nisei units, but Coggins thought they had better send 100 percent replacements, since the Nisei “had one weakness: they would refuse any order to retreat.” Coggins’ remarks were borne out by some Nisei units’ 100 per-
cent purple heart record.

For awhile after the outbreak of World War II, Coggins was Navy representative in the OSS and Chief of a new psychological warfare unit. Still adventurous, he asked to be sent to China to join the “rice paddy navy.” Working with Chinese intelligence as field surgeon for the guerrilla army, he spent two years in South China’s 13 provinces, picking up the language and more than a superficial understanding of Chinese customs and beliefs. From this experience he gained an important insight: “A man is a good man or a bad man to the extent that he lives up to his own standards—not to your standards. . . If he does what he thinks is right, you can’t say he’s a bad man.” Coggins believes that if American policy makers and diplomats had reached this understanding, perhaps they would have been more successful in China and other countries after World War II. When General Marshall went to China, he asked his Chinese counterparts to do various things, all of which they promised, but did not deliver; consequently the Americans saw them as liars and doubledealers. But Coggins had a different explanation: by the rigid requirements of Chinese etiquette, no request of such a great man visiting their country could be refused. What the Americans called lies, the Chinese considered proper manifestations of deference. It took Coggins himself over a year to revise his initial judgments of the Chinese and to decide that “every foreigner is right in his own country—in those respects in which he basically disagrees with you.” Those Americans who came after him did not have the time to acquire this insight. The results were misunderstanding and enmity.

After the war, Coggins remained in China for two years as senior Medical Officer of the hospital ship Repose. Next came postgraduate study in nuclear physics and more study of chemical warfare under Army auspices. Then, after two years as Chief of Atomic, Biological and Chemical (ABC) Warfare for the Navy, he was ordered to NATO as Chief of ABC Warfare. Coggins’ involvement with these fearful weapons raised the question of whether he felt any conflict between his roles as doctor and military man. The answer was yes. “My life’s been dedicated to saving lives . . . but after all, much as I love medicine, I love America first. Sometimes people have to choose, especially when you’re associated with the military, you’re really patriotic and the country needs you.” Coggins developed methods for detecting and retaliating against biological warfare attacks, lectured to General Staffs and set up schools of ABC defense in NATO nations. In 1959 he retired from the Navy as a rear admiral.

An active man, he was not yet ready to retire completely. For the next six years, Coggins was Medical Chief of California Civil Defense. Among his accomplishments was the establishment of 500-bed MASH units in 200 high schools in the state. After 1965, he said, the US public lost interest in civil defense, while the Soviet Union continued to develop its facilities. He believes that civil defense will again interest Americans—and that biological or chemical warfare is inevitable “because the whole world recoils from atomic warfare.”

Coggins is interested in and worried about the future. Recently he has delivered lectures at colleges near his California home in support of nuclear power. A determined and articulate partisan, he is hard to argue with because of his considerable knowledge of the subject. Having experienced runaway inflation in China at the end of World War II (when he bought a suit for a million dollars carried in a suitcase to the tailor), he fears this possibility if the US does not reduce its dependence on foreign oil. Beyond these immediate problems, Coggins is distressed by what he sees as the decline of American education and the moral deterioration of our society. “We’ve got to maintain our freedoms, but we have to have some discipline. The biggest problem in our future is to retain the Bill of Rights and at the same time survive as a capitalistic nation.”

He said with some heat that “the world does not owe anybody anything. People should be self-sufficient, self-supporting, self-disciplined.” The strength of his convictions evidently comes from the richness, variety and danger of his own long experience. Whether one agrees with his views or not, it is difficult not to respect his sincerity, determination and accomplishments. How can one not admire a man who, at the end of what one writer called “a uniquely distinguished and adventurous career,” can still say, “I don’t know, I’m hopeful. I think we’ll muddle through somehow.”

Andrew C. Ruoff has accepted an appointment as Chief of Staff at the Veterans Administration Medical Center in Indianapolis effective October 1. He also has been appointed Professor of Orthopaedic Surgery at the University of Indiana and Assistant Dean of the Medical School for veteran affairs.

1944

Benjamin E. Cole, Jr., formerly of East St. Medical Bldg., Pittsfield, Ma., has moved to St. Thomas, U.S. Virgin Islands, to take over an obstetric practice there. In Pittsfield he refereed high school and college hockey games, an activity he will have to give up in St. Thomas.

1944S

Robert M. Kerr, 204 S. Franklin St., Wilkes-Barre, Pa., attended the 61st Annual Session of the American College of Physicians in New Orleans last spring. He has also received the Physician’s Recognition Award.

Carol H. Konhaus, 96 Carol St., New Cumberland, Pa., "had a great trip to New Zealand" in March to visit his daughter.

John S. Monk, 135 N. Strathcona Dr., York, Pa., has won an award for excellence in teaching obstetrics and gynecology presented by York Hospital’s ob-gyn residents.

1947

Nathan M. Smukler, 7810 Linden Rd., Philadelphia, has been appointed Professor of Medicine at Jefferson.

1949

Edward H. Robinson, 17 Trundy Rd., Cape Elizabeth, Me., has been appointed staff psychiatrist at the Bath-Brunswick Area Mental Health Center. He also serves as the Center’s Director of the psychiatric inpatient unit of Regional Memorial Hospital in Brunswick and psychiatric consultant of a residential alcoholism treatment center. His wife, Jacquelyn, works as a nurse consultant for alcohol related problems.

1950

John C. Lychak, 35 E. Elizabeth Ave., Bethlehem, Pa., has been named Director of the mental health program at Muhlenberg Medical Center. A former President of the Lehigh Valley Neuropsychiatric Society, he is currently Chairman of the grievance committee of the Northampton County Medical Society.
Prescription
for a
Better Image

Leroy A. Gehris, '35, is a man of strong opinions, strongly stated. He also has a sense of duty powerful enough to make him restrain himself when necessary. President as of November of the Pennsylvania Medical Society, he says he could hardly stop from saying what he thinks, but “after the problem goes through the mill and comes out as policy of PMS, no matter what comes out, that’s my opinion. I wouldn’t argue.”

A self-made man, he admits to being “old-fashioned” with a certain pride. Nostalgically he tells tales of the horses that did his plowing back in the Depression years when he worked his way through Jefferson as a truck farmer near Reading. He bought one for $50 and resold it to its former owner for $75 at the end of the summer—“and back then, $25 was $25.” Everything about Dr. Gehris, from his stories to his home, above his office, bespeaks a man of material and moral substance. He is proud to be a doctor and thinks his colleagues are “the best people in the world.”

Consequently he has dedicated himself to representing their interests, as well as those of the public at large. “My aim is that all the citizens of Pennsylvania receive the best possible medical care.” And he believes the medical society is “on the right track” in its efforts.

To find out what physicians themselves think of PMS, the organization sent out a questionnaire to help Gehris determine his priorities as President. The public’s perception is another matter. “I think they look on organized medicine as some kind of an evil,” though they see individual doctors as “shining examples.” His prescription for an improved image is for doctors to do the best they can with the public’s good in mind.

Pointing out that PMS does many things that the average doctor doesn’t know about, Gehris has outlined the society’s positions on a number of issues, from bioethics to malpractice. According to the survey PMS conducted earlier this year, members favor abortion only when there is danger to the mother’s life or health, when the fetus is damaged or when the mother is a victim of rape or incest. Gehris admits that the psychological health of the mother would also have to be considered carefully in making such a decision, but “danger to health” would have to be defined quite narrowly. He has strong feelings about care of the terminally ill, saying, “Personally, I think everybody who is terminally ill has a right to die in dignity.”

Doctors should abide by “living wills,” he thinks. The PMS is discussing this issue and has just determined its policy on the matter. The next step is to make changes in the law so a physician can comply with a patient’s request. Gehris shies away from hard and fast rules on experimentation and research with human subjects, however.

Philosophically consistent, he and PMS oppose government regulation of the profession. “It’s ridiculous to have the doctor hamstrung and unable to practice the art and science of medi-
cine,” he says, citing the example of state-regulated treatment of welfare recipients. Convinced of its unfeasibility, he notes the problems of the Social Security Administration and says that private, voluntary efforts are bound to be cheaper and more efficient. While he feels that HMOs are not likely to make medical care less expensive, he is careful to point out that PMS’ position is different from his own. Currently the society neither endorses nor disapproves of HMOs, leaving the decision to participate up to the individual physician.

Gehris says he is not “keen” on having physician’s assistants licensed, since he thinks this might result in their practicing without medical supervision, leading to poor care. The case of a physician’s assistant who diagnosed indigestion in a Graterford inmate who died of a heart attack hours later led him to the subject of prison medical care. Emphatically he says that prisoners and welfare recipients are as entitled to medical care as anyone else. He notes that PMS even inspects prisons and quotes the Preamble to a code of medical ethics written in 1802 in England by Thomas Percival:

The profession of medicine, having for its end the good of all mankind, without judgment as to the rightness of its client’s cause, dispenses its peculiar benefits without stint or scruple to men of every country and party and rank and race and religion and to men of no religion at all. Characteristically, Gehris says that he memorized this passage 45 years ago and has thought about its meaning many times.

PMS is discussing environmental health risks, one of its executive meetings having been disrupted by the TMI accident just ten miles from the society’s headquarters in Lemoyne. Gehris thinks advance emergency plans for such accidents are certainly in order, especially as they apply to evacuation procedures.

Turning his attention to the medical profession itself, he characterizes the shortage of physicians in rural and inner city areas as a misnomer; the problem, he says, is really maldistribution. Citing increasing specialization and family needs as factors, he has no instant solutions. In this connection, the society has no official opinion on hiring foreign doctors or restricting their entry into the United States.

On continuing education, Gehris notes the society’s rule that all members must take 50 hours per year of courses in order to remain in good standing and thinks the requirement is easy to fulfill, through lectures or home study. Some doctors have been expelled from PMS for failing to do so, he says. “Continuing education is an absolute essential in the life of a physician.” Peer review has legal dangers that he wants members to know about. Publicizing decisions on fees could lead to anti-trust action, according to PMS lawyers. As for recertification, the society has taken no position.

Gehris has much to say about malpractice, which he prefers to call medical liability. “Some doctors,” he points out, “are practicing defensive medicine,” using, and even overusing, technological equipment to avoid legal action. The medical society has its own insurance company, PMLIC, founded with an eight million dollar fund that was raised in seven weeks by complete cooperation of the membership of PMS. The maintenance of the catastrophic loss fund is still under consideration.

How did Dr. Gehris come to be involved in an organization that has many members but relatively few active ones? He returned to Reading in 1939, after four years as Chief Resident at German-town Hospital in Philadelphia, and sought affiliation with a local hospital. He discovered he had to join the county medical society first, but when he tried to, the Secretary of the county medical society informed him he had to practice for six months to be eligible. Caught in a “Catch-22” situation, Gehris left the society’s offices determined to change things. Subsequently he served in nearly every committee, office and chairmanship of the county organization before becoming President in 1958. He got involved in the state medical society as a member of the House of Delegates, then Trustee and Councillor of the Second District. In 1978 he was elected Vice President with subsequent elevation to the position of President-elect and President. His wife has also been President of the Women’s Auxiliary of PMS.

Dr. Gehris is an enthusiastic Sunday painter and a musician. One of his daughters is a professional musician, having made two recordings of religious songs; the other is a former Latin teacher now raising Dr. Gehris’ first grandchild. He says he has not thought of retiring: “Retire from what? I never felt I was really working, because I’m a free man.” L.R.

1951
Victor F. Greco, E-Z Acres, Drums, Pa., has been elected Governor of Rotary District 741, comprising 41 clubs in Northeastern and Central Pennsylvania. He is an officer of many organizations, including the Wilkes-Barre-Hazleton Cancer Detection Center, White Haven State School, the Hazleton Chamber of Commerce and the Pennsylvania Medical Society.

John W. Langley, 4960 Challen Ave., Riverside, Cal., had his second myocardial infarction in August 1979 and a triple by-pass in November 1979. Since January 1980 he has resumed full-time work, “semper Permanente.”

1953
Jerome Abrams, 190 Greenbrook Rd., North Plainfield, N.J., has been promoted to Clinical Associate Professor of Obstetrics and Gynecology at the College of Medicine and Dentistry of New Jersey-Rutgers Medical School.

1954
Stanley R. Kern, 57 N. Wyoming Ave., South Orange, N.J., has been certified by the American Board of Forensic Psychiatry and elected President of the New Jersey Psychoanalytic Society.

Edward M. Podgorski, 1192 Atlantic Ave., Camden, N.J., has been promoted to Assistant Clinical Professor of Obstetrics and Gynecology at Jefferson.

Philip Woolcott, Jr., has been named Director of Clinical Services in the Department of Psychiatry at the Abraham Lincoln School of Medicine, University of Illinois Medical Center at 912 West Wood Street in Chicago.

1955
Leon A. Peris, 1421 Autumn Rd., Jenkintown, Pa., has been promoted to Associate Clinical Professor of Obstetrics and Gynecology at Jefferson.

1956
J. Mostyn Davis, 309 E. Sunbury St., Shamokin, Pa., has been installed as President of the Pennsylvania Academy of Family Physicians. He has also been appointed an associate member of Sunbury Community Hospital.

Leopold S. Loewenberg, 1116 Remington Rd., Wynnewood, Pa., has been promoted to Associate Clinical Professor of Obstetrics and Gynecology at Jefferson.
Anthony F. Merlino, 2 Countryside Dr., N. Providence, R.I., has been elected an Associate in Medicine in the American College of Legal Medicine and an Associate Member of the American Orthopaedic Society for Sports Medicine.


Hand Center Move

Two patients used their surgically replanted hands to cut the ribbon at the dedication of the Hand Rehabilitation Center's new building on September 3. The audience included other patients, physicians, nurses and physical therapists whose mutual efforts have made the Center successful since it first opened in 1972. Its new quarters, located at 901 Walnut Street, are larger than the previous ones. Thirty-six staff members assist patients—mostly victims of industrial accidents—to regain full use of their hands after surgery. Services include medical evaluation and treatment, physical and occupational therapy, electromyography, orthotics, prosthetics and an intensive rehabilitation program for out-of-town patients who stay in local hotels.

Dr. James M. Hunter, '53, Chief of the Division of Hand Surgery at Jefferson Hospital, and Clinical Professor of Orthopaedic Surgery, made opening remarks at the dedication ceremonies. After the ribbon cutting, Evelyn J. Mackin, Director of Hand Therapy, showed slides illustrating the center's work with surgeons and patients. Dr. Lawrence H. Schneider, Clinical Assistant Professor of Orthopaedic Surgery at Jefferson, introduced the main speaker. Dr. Paul W. Brand, an internationally known hand surgeon, delivered a lyrical tribute to the wonders of the human hand. A reception followed his talk in the Center's rehabilitation areas, where all could see the facilities and the products of patients' efforts, including sculptures in wood.

1958

Michael J. Aronica, 1609 Jefferson Ave., Dunmore, Pa., is active as a lecturer in medical education programs. Recently he led a seminar on "Medical Aspects of Rehabilitation in the Long-Term Care Facility" for nursing home administrators. He is a member of the graduate faculty of the University of Scranton.

Frank R. Vanon, 379 Prospect St., Torrington, Ct., has been elected to the Board of Directors of Torrington's First Federal Savings and Loan Association. He is Chairman of the General Practice Department of Charlotte Hungerford Hospital and President-elect of the Connecticut Division of the American Cancer Society, among other offices.

1959

Ronald E. Cohn, 4940 Frankford Ave., Philadelphia, has been promoted to Clinical Professor of Medicine at the Medical College of Pennsylvania.

1960

Vincent T. McDermott, 580 Warwick Rd., Haddonfield, N.J., has been promoted to Assistant Clinical Professor of Medicine at Jefferson (Lourdes affiliate).

1961

Samuel M. Epplley, 98 Church St., Endsburg Falls, Vt., writes that he underwent triple vessel bypass surgery at Jefferson last January but is doing well. In May he received the A.H. Robins community service award from the Vermont State Medical Society. His son Harold, was valedictorian of his high school class and has entered St. Olaf College in Northfield, Minnesota. Daughter, Rebekah, is a sophomore in high school.

1962

Joseph Honigman, 625 Watts Branch Pkwy., Potomac, Md., has been appointed Deputy Director of the Navy Medical Corps. He is stationed at the Bureau of Medicine and Surgery.

1963

John M. Dick, 8209 La Sierra Ave., Whittier, Ca., is President of Health Physical Survey Labs, Inc., a medical service company. Board certified in family practice, he is a fellow of the American Academy of Family Physicians.

Rugh A. Henderson, 500 University Dr., Hershey, Pa., has been named Associate Professor of Family and Community Medicine of the Pennsylvania State University College of Medicine at the Milton S. Hershey Medical Center.

Stanley C. Ushinski, Sutton Rd., Route #5, Shavertown, Pa., has been recertified by the American Board of Allergy and Immunology. He is Clinical Assistant Professor of Pediatrics at Hahnemann Medical College, Visiting Instructor in Pharmacology at the Medical College of Pennsylvania and Director of the allergy clinic of Wilkes-Barre VA Hospital.

At retirement dinner for Dr. Joseph W. Stayman, Jr., '42 (right) are Dr. Michael D. Strong '66 and the Samuel D. Gross Professor of Surgery, Francis E. Rosato (center). Dr. Stayman, who was Director of Surgery at Chestnut Hill Hospital, is residing in Landrum, South Carolina.
1965

Bernard S. Casel, 313 N. Fredericksburg Ave., Ventnor, N.J., is practicing otolaryngology; his wife Brenda, an audiologist, works with him.

Edward R. Corcoran, Jr., 700 Starkey Rd., Largo, Fl., finished a pathology residency at the University of South Florida in October 1979 and passed anatomic and clinical pathology boards in November. "After a long period of job hunting," he writes, "I started working at the Office of the Medical Examiner for Pinellas and Pasco Counties in March. There's never a dull day!"

George L. Hamilton, 43 Cloud View Rd., Sausalito, Ca., became a father for the third time in May 1980. He practices as an ophthalmologist at Permanente Medical Group in San Francisco.

John C. Steiner, 6543 Kentuckyview Dr., Cincinnati, Oh., married Margaret Calvert on April 12, 1980. His new family consists of three daughters and a son. An Associate Professor of Neurology at the University of Cincinnati, he is Director of the cortical evoked potential laboratory. He is President of the Greater Cincinnati Council for Epilepsy and a Fellow of the American Academy of Neurology.

1966

W. Royce Hodges III, 328 Sunset Dr., La-Vale, Md., is practicing anesthesiology at Memorial Hospital in nearby Cumberland. His wife, Nancy, gave birth to their first child, Natalie Marie, on June 16. Both are doing well.

David W. Jenkins, 34 Scotch Rd., Trenton, N.J., has been elected Secretary of the Department of Family Practice of Mercer Medical Center.

Robert L. Tober, 219 Holt Rd., Andover, Ma., writes, "Harriet and I are happy to announce that Benjamin's brother, Adam, was born on December 27, 1978."

1968

William J. Dennis, 3823 J St., Philadelphia, has been appointed Director of the Pediatrics Department of Frankford Hospital.

Jacquelyn J. Wilson, 12307 Oak Knoll Rd., Poway, Ca., has been elected to the Board of Directors of the National Center of Homeopathy.

1969

H. Roger Hansen, 20 Clermont Ave., Maplewood, N.J., is moving to Keene, New Hampshire, where he will be affiliated with the Keene Clinic.

James V. Mackell, Jr., 104 Albemarle Rd., Penllyn, Pa., is practicing orthopaedic surgery at Nazareth Hospital in Philadelphia and at Holy Redeemer Hospital in Meadowbrook.

1970

Norman G. Loberant, 521 Little Wekiva Rd., Altamonte Springs, Fl., has passed his Boards in emergency room medicine.

Christopher C. Rose, 9427 Meadowbrook Ln., Philadelphia, called the Alumni Office with the correction that his faculty rank at the University of Pennsylvania School of Medicine is Assistant Professor of Medicine not Professor as noted. He also is an Attending Physician in the emergency department at the Hospital of the University of Pennsylvania.

Neil O. Thompson, Christian Hospital, Manorom, Chainat, Thailand, writes that he has done some complicated surgery and become "fascinated by the appendix." Staff shortages are acute but "God teaches us much about ourselves—good and bad—during trying times."

Howard Toff, 9730 Lockford St., Los Angeles, is a staff psychiatrist at Cedars Sinai Medical Center, coordinating residents' and child fellows' rotations through family and child psychiatry.

Jon P. Walheim, 16 Donaldson St., Doylestown, Pa., is practicing internal medicine. He has two sons, ages six and four. His wife is actively involved in local amateur theatre.

1971

Gary K. Buffington, 2357 Greenbriar Blvd., Pensacola, Fl., writes that he started jogging about a year and a half ago and ran the New Orleans Marathon in 3:54 and the Boston Marathon in 4:18.

Floyd M. Casaday, III, 4919 Wickloe Rd., Gibsonia, Pa., has completed a two-year fellowship in cardiology at Allegheny General Hospital, Pittsburgh, and returned to practice in Indiana, Pennsylvania. Board certified, he is a member of the American College of Physicians and American College of Cardiology.

Robert E. Chandlee, 2722 Lansdowne Ln., Atlanta, Ga., has been elected Secretary-Treasurer of the Atlanta Radiological Society for 1980-1.

1972

Louis C. Blaum, Jr., 33 Wilcox Dr., Wilkes-Barre, Pa., has accepted an advanced clinical fellowship in thoracic and cardiovascular surgery at Deborah Heart and Lung Insti-

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Stephen Karasick, 3600 Conshohocken Ave., Philadelphia, has been appointed Assistant Professor of Radiology at Jefferson.

Bruce B. Vanett, 1974 Sproul Rd., Boomall, Pa., is not a Consultant to the Flyers, an Instructor at the Temple University School of Physical Therapy nor a national karate champion. These honors as reported in the summer issue of the JAB belong to his colleague and associate Pat Croce at the Sports Medical Clinic at Haverford Community Hospital. Dr. Vanett, an orthopaedic surgeon, is Medical Director there. Apologies to both.

Stephan H. Whitenack (Ph.D. ’72) has joined Northwest Surgical Associates in practice at Chestnut Hill and Roxborough Memorial Hospitals. He replaces Joseph W. Stayman, Jr., ’42 who retired in June and moved to South Carolina. Dr. Whitenack joins two Jeffersonians, Eugene P. Hughes ’48 and Anthony M. Padula ’67 as well as John M. Roberts and Francis Schumann. He was certified by the American Board of Surgery in November, 1979 after completing his residency at Jefferson in 1978. Dr. Whitenack then spent two years as a resident in cardiothoracic surgery. “Has anyone been at Jefferson 12 years without being an Attending?” The Whitenacks reside in Erdenheim with their two children, Todd and Aimée.

Arnold J. Willis, 6203 Leee Forest Ct., Bethesda, Md., has completed his residency in urology at George Washington University Hospital in Washington, D.C. He has published two articles on urology and won a prize awarded to residents of the Washington Urologic Society. A co-founder of Medical, Inc., a firm providing physician contract staffing and clinicals, he is also its Vice President and Medical Director. He is a Clinical Instructor in Urology at GWU Hospital. Competitive sailing is a favorite activity.

1975

William A. Auritt, 21 W. Mt. Pleasant Ave., Philadelphia, has been appointed Instructor of Pediatrics at Jefferson (Lourdes affiliate).

William A. Biermann, 502A Arbuteus Ave., Horsham, Pa., has completed a two-year clinical fellowship in oncology at Fox Chase Cancer Center’s American Oncologic Hospital. As Instructor of Internal Medicine at Jefferson, he will practice medical oncology with Ronald Cantor, M.D.

Richard D. Gordon, 40 Fuld St., Trenton, N.J., announces the opening of his office for the practice of rheumatology.

1976

Martin D. Broff, 65 Columbian St., S. Weymouth, Ma., has been appointed to the staff of South Shore Hospital in Weymouth. He is a pediatrician specializing in allergy and clinical immunology.

Mark A. Clark, P.O. Box 212, Anderson, S.C., is Assistant Professor of Family Medicine in the Anderson Family Practice Residency Program. His wife Patti, a 1974 Jefferson diploma nursing graduate, had their first child, Shannon Meredith, on September 26, 1979. Patti is a childbirth educator. He writes, “We thoroughly enjoy living in the South.”

Miriam T. Dougherty, 14 Embankment Rd., Boston, completed an ophthalmology residency this June at Jefferson. She has begun a one-year fellowship in ophthalmic plastic and reconstructive surgery at Massachusetts Eye and Ear Infirmary, Harvard University.

Robert F. Farquharson, 2327 S. 103rd St., Omaha, Neb., has been appointed Assistant Professor of Family Practice at the University of Nebraska College of Medicine.

Edward H. Garber, Jr., 205 Reynolds Mill Rd., York, Pa., is associated with Glenn P. Grove in the practice of general surgery at 912 S. George St., York.

Larry B. Glazerman, 245 Egle St., Wescosville, Pa., has finished his training as Chief Resident in Ob-Gyn at Alleentown Hospital. He has joined the practice of M.D. Chetfetz at 2200 Hamilton St., Allentown.

George J. Heymach, III, 11134 Crickett Hill Dr., St. Louis, Mo., is finishing his senior fellowship year in pulmonary diseases at Washington University as a Research Instructor.

Richard C. Kernish, 1333 Madison Ave., Winston-Salem, NC, has won the Radiology Faculty Award at the Bowman Gray School of Medicine of Wake Forest University, where he is completing his residency.

Robert A. Krall, 430 E. 67th St., New York, is currently a Fellow at Memorial/Sloan-Kettering Cancer Center. An article he co-authored with three other Jefferson physicians was published in Vol. 243, No. 19 of JAMA. Its title is “Death Resulting from Ipecac Syrup Poisoning.”

Frederic B. Kremer, 516 Conshohocken Street Rd., Bala Cynwyd, Pa., has finished his residency in ophthalmology at Jefferson/Will’s Eye and started in practice at 130 S. 9th St., Philadelphia.

Stuart F. Kushner, “Merkaz Kliita,” Zamenhof St., Kfar Saba, Israel, finished his neurology residency at Mt. Sinai Hospital in New York and moved to Israel in July. “Anyone coming for a visit to Israel is welcome to look me up,” he writes.

Lawrence H. Lyons, Route 2, Box 305E, Santa Fe, N.M., recently accepted the position of Medical Director, New Mexico Department of Corrections. He is also a physician at the Penitentiary of New Mexico in Santa Fe.

Peter K. Marsh, 41 Gay St., Newtonville, Ma., is currently a Fellow in infectious diseases at Tufts-New England Medical Center in Boston.

James P. McCann, Box 115, Chester, Mt., writes: “I’m now in private practice in a town of 900. My wife, former Christine Sachs, gave birth to our second son, Paul Daniel, in January. Hunting and fishing are great and I have trapped enough beaver to make a coat for my wife this year. We would like to see any friends on their way to Glacier Park.”

Robert J. McNally, 336 Commonwealth Ave., Boston, currently is in a fellowship program at the Harvard School of Public Health in occupational medicine. He completed his training in internal medicine at Northwestern University Medical Center in Chicago.


Gordon J. Ostrum, Jr., 75 West Ave., Woodstown, N.J., and his wife, Sharon, had a son, Gordon Jacob III, on March 31.

Richard J. Pierotti, 201 Fawn Dr., Harleysville, Pa., has been certified by the American Board of Family Practitioners. He joined the staff of Grand View Hospital, Sellersville, in 1979.

John O. Punderson, Jr., 724 Cheyenne La., Mendota Heights, Minn., completed family practice residency at University of Minnesota and joined a family medicine group practice in West St. Paul, in August 1979.

Jonathan D. Ralph, Fairways of Inverary, 4229 Inverary Blvd., Lauderhill, Fl., has joined a group practice in Plantation, after completing his residency at Jefferson.

Elizabeth H. Thilo, 6748 E. Cedar Ave., Denver, Co., is a Fellow in neonatal-pediatric medicine at Denver Children’s Hospital.

Eugene E. Wolfel, 6748 E. Cedar Ave., Denver, Co., is a Fellow in cardiology at the University of Colorado Health Sciences Center.

1977

Cynthia B. Altman, 1205 Weymouth Rd., Philadelphia, ran into several Jeffersonians at two international conferences in Europe during the summer. At the Fourth International Congress of Immunology in Paris, she “spent time with Fred Lublin, Ralph Heimer and Paul Liberti.” The following week, at the First Annual Conference on Immunopharmacology in Brighton, Eng-
New astronaut Jim Bagian showed up for his press conference at the University of Pennsylvania Hospital yesterday just as cameramen from two rival television stations were in heated dispute over where he should sit.

He entered and stood unnoticed in the doorway for a few moments, confused and then amused by the scene. Bagian, a doctor, had come directly from an operating room upstairs, so he was still wearing his dull-green surgical fatigues and cap. A gauze mask hung around his neck. He has blond hair and a bushy blond moustache and his cheeks have a ruddy red glow. At 28, he is of medium height, and his loose clothing revealed a tightly muscled frame. He wore blue and orange track shoes, and he stood tensed forward on the balls of his feet.

As he watched the cameramen battling on, oblivious to his entry, Bagian grinned a full-toothed grin big enough to be a laugh. A man who grins like that usually can fill a room with his laugh, but Bagian held his peace. He watched the show.

Last week, Bagian was among 19 new astronauts named by NASA's Johnson Space Flight Center in Houston. In addition to being in superb physical condition, Bagian has a mechanical engineering degree from Drexel University, an M.D. from Jefferson Medical College and is an avid pilot, the kind of pilot who likes to push airplanes over the limits of their performance capabilities.

"Dr. Bagian was a very good candidate; with his combination of medical and engineering experience, he's ideal for performing all kinds of experiments we have planned for future orbital missions," said George Abbey, director of flight operations at the Johnson Center. "Jim is one of a new generation of astronauts: young people who grew up with the program. In many cases, the people we select have devoted their lives since childhood to becoming an astronaut. It's a decision they made early in life, and everything they've done since was designed to make them more qualified for our program."

Once the interview room was arranged to everyone's satisfaction, Bagian took a seat behind a microphone. His joy at being selected for space flight was obvious. He had just received word of his selection Friday, upon returning from two days of hiking the Appalachian Trail, and clearly the thrill had not worn off.

"I kept a scrapbook for eight years when I was a kid, full of pictures of the astronauts and the space program, the whole bit," he said. "Sure, I always wanted to be an astronaut myself. But I kind of gave up thinking about it when I was 10 because it seemed like too much of an impossible thing. I mean, it's like dreaming about being President of the United States. You give up dreaming about things like that because they don't seem possible enough."

So he concentrated on being a pilot instead, and an engineer, and a doctor. Bagian's father, who lives in Olney, was a fighter pilot in World War II, and they rent single-engine airplanes and fly them through crazy loops and dives and other harrowing stunts. He was asked about extra-G pressure, the force that pilots and astronauts feel when the motion of their craft multiplies normal gravitational forces.

"Getting Gs on is the whole fun of it when you're doing acro (acrobatics)," Bagian said enthusiastically. The harder you push the plane, the more Gs you pull. I did 7 Gs once, but I better not say in what airplane. They'll never rent it to me and my father again. We kind of stretched the specifications of the aircraft that time."

Three years ago when he applied to NASA for the astronaut program, Bagian was turned down because of funny readings on his electrocardiogram, but in the years since, the symptoms he showed have been identified as a sign, in younger men, of extreme fitness, he said. During 1978 and 1979, he worked as a flight surgeon at the Johnson Center. So this time around Bagian was a shoo-in. Within the month, he will report to Houston to begin astronaut training in earnest. NASA officials expect the space shuttle to fly within the next two years, and operations director Abbey guessed that Bagian would most likely pull an orbital flight during the next two or three years.

"Sure I'm excited," he said, grinning again. "Doesn't it show?"

It shows.
The Alumni Association of Jefferson Medical College now makes available to our membership a clock of solid butcher block construction. The deep gold coloring of its roman numerals and central silk screened seal of the Medical College stands out against a dark grained walnut finish. The 11" × 11" × 1½" clock weighs three pounds and runs on a size C battery. A perfect gift for the alumnus' office or den. Delivery is approximately three weeks, and it will be mailed directly to the purchaser's or recipient's home. Checks for $40.00 should be made payable to the Alumni Association of Jefferson Medical College and returned to 1020 Locust Street, Philadelphia, 19107. Delivery charge is included.
land, she met Anthony Triolo and “had the pleasure of talking with Dr. Victor A. Najjar, of the famous Crigler-Najjar syndrome. It was exciting to see so many friends so far away from home!”

Lanning A. Anselmi, 206 Carverton Rd., Trucksville, Pa., has joined the practice of Richard Crompton, in family medicine. He is a Diplomate of the National Board of Medical Examiners.

John D. Bartges, 7317 Brentwood Rd., Philadelphia, now doing his urology residency at the Hospital of the University of Pennsylvania, has been named Director of HUP’s Impotence Clinic.

Thomas C. Benfield, 13 Station Ave., Somer­dale, N.J., has been appointed Instructor of Psychiatry and Human Behavior at Jefferson.

Wade H. Berrettini, 1000 Walnut St., Phila­delphia, is this year’s recipient of the Kenn­eth Appel Award of the Philadelphia County Medical Society, for his research into schizophrenia treatment methods at Jefferson. He was to begin working at the National Institute of Mental Health in Bethesda, Maryland.

Edward W. Bogner, 103 Queen St., North­umberland, Pa., opened a medical practice there this summer after completing his residency at Latrobe Community Hospital. His wife and baby daughter, Emily, live in nearby Selinsgrove.

Harvey D. Cassidy, #1 Pleasant Court, Dan­ville, Pa., has received a certificate of training in family practice from the American Academy of Family Physicians after completing a program paid for by a $1,200 scholarship he won last year from the AAFP. J. Mostyn Davis,’56, presented the certificate.

Timothy A. DeBiase, 1113 Harvard Rd., Monroeville, Pa., completed pediatric residen­cy at the University of Pittsburgh’s Children’s Hospital. He will be on the full­time staff of East Suburban Health Center in Pediatrics.

Leopoldo E. DeLuca, 950 Walnut St., Philadelphia, is Chief Resident of otorhinolaryngology at Jefferson.

Joseph J. Evans, 5510 Meadowood Dr., Madison, Wi., is Chief Medical Resident at the William S. Middleton Memorial VA Hospital in Madison.

Mark S. Isserman, 103 Dennis Ave., Port Al­leghe­ny, Pa., has completed his residency in internal medicine and joined Community Hospital in Port Allegheny. His office is located at 105 Broad St.

Robert J. Miller, St. Joseph’s Hospital, Arc­cadia, Wi., has completed his family prac­tice residency at Labrobe Area Hospital and will begin practicing with classmate Rian D.C. Mintek who has finished his residen­cy at St. Francis Hospital, LaCross, Wisconsin. They will man a public health service clinic which is being built for them in Arcadia. Robert and Pam Miller have a two year old son; Rian and Paula Mintek are expecting their first child in October.

Herbert Patrick, 1106 Surrey Rd., Phila­delphia, is Chief Medical Resident at Jeffer­son; in 1981 he will begin a pulmonary fellow­ship at Temple University Hospital.

William J. Peck, 2255 Roosevelt Ave., Wil­liamsport, Pa., has completed family prac­tice residency at Williamsport Hospital and will remain in that area to join a group of three other young family physicians.

William J. Steinberg, 1212 Hawthorne Ln., Ft. Washington, Pa., is the Director of the emergency unit at Albert Einstein Medical Center-Northern Division in Philadelphia.

1978

Chris A. Kittle, 539 University Ave., Palo Alto, Ca., is a resident in anesthesiology at Stanford.

Joseph A. Lombardo, 3626 Gaviota Ave., Long Beach, Ca., is starting the third year of family practice residency at UCIMC, where he has been appointed Chief Resi­dent of the Family Practice Clinic.

Warren L. Robinson, Jr., 7990 El Paso St., La Mesa, Ca., recently left on a deployment to the Western Pacific with the U.S. Sev­enth Fleet, as Medical Officer of the USS Dubuque. He holds the rank of lieutenant.

1979

Terry B. Bachow, 219 Newbury St., Boston, is a resident in radiology at Massachusetts General Hospital in Boston. He and class­mates Bruce Goldberg and Neil Remington shared a summer home overlooking Scituate harbor. Goldberg and Remington are resi­dents in psychiatry at Tufts-New England Medical Center.

Janis P. Campbell, who has begun a three year dermatology residency at the University of Michigan, is residing at 1411 Natalie Lane, Ann Arbor.

1980

William F. Dunn, Mayo Graduate School of Medicine, 200 First St., S.W., Rochester, Mn., married Donna Fausnacht in June.


Frederick E. Millard, Naval Regional Medical Center, San Diego, Ca., married Marie G. Maynard in June.

Obituaries

Joel T. Holcomb, 1909
Died December 22, 1978. A retired physician, Dr. Holcomb was living in Marine on St. Croix, Minnesota, at the time of his death.

Frank W. McCorkle, 1917
Died May 10, 1980. Dr. McCorkle was a general practitioner who lived in Gad­den, Alabama. His wife, Ruth, survives him.

Heriberto Mercado, 1920
Died February 5, 1980 at the age of 84. A resident of La Paz, Bolivia, Dr. Mer­cado was retired from general practice.

Jabez H. Williams, 1920
Died May 24, 1980 at the age of 87. A resident of Thomasville, North Caro­olina, he had retired from the Oteen Veter­ans Hospital in 1963.

Lesis M. Lide, 1921
Died July 1, 1979. Dr. Lide, who prac­ticed internal medicine, was a resident of Columbia, South Carolina.

Jose R. Pastor, 1921
Died August 13, 1978. Dr. Pastor was a resident of Santurce, Puerto Rico.

Louis O’Brasky, 1922
Died May 31, 1980. Dr. O’Brasky was a dermatologist and resided in New Haven, Connecticut. Surviving is his wife, Marian.

Leonard Shapiro, 1922
Died March 6, 1980. A gastroenterolo­gist, Dr. Shapiro lived in Palm Beach, Florida.

D. Forrest Moore, 1925
Died August 20, 1980. Dr. Moore was an obstetrician-gynecologist and resided in Shelby, North Carolina. His wife sur­vives him.

Romualdo R. Scicchitano, 1927
Died June 26, 1980 at the age of 78. Dr. Scicchitano was Chief Surgeon at the Ashland State General Hospital in Ash­land, Pennsylvania. He was a Fellow of
both the American College of Surgeons and the International College of Surgeons. Surviving are his wife, Lillian, Leon P. Scicchitano '58 and a daughter.

Carol O. Lungerhausen, 1928
Died July 1, 1979 at the age of 76. The general practitioner was a resident of Sebring, Florida at the time of his death. His wife survives him.

James A. Thomas, 1928
Died July 13, 1980 at the age of 81. Dr. Thomas, who maintained offices in the West Oak Lane section of Philadelphia, served as a physician for the Philadelphia school district. He also served as Consultant to the Pennsylvania Department of Vocational Rehabilitation. Surviving are his wife, Margaret and two sons, James A. Thomas, Jr., '60 and Daniel J. Thomas '63.

Karl W. Hahn, 1929
Died June 18, 1980 at the age of 79. Dr. Hahn conducted a general medical practice from his Bethlehem, Pennsylvania home. He is survived by his wife, Ruth.

James L. Hollywood, 1929
Died June 15, 1980. Dr. Hollywood was a general practitioner who resided in Jersey City, New Jersey. He is survived by his widow, Evelyn.

Isaac R. Smith, 1929
Died April 7, 1980 at the age of 75. Dr. Smith was Chief of Medicine at the Nanticoke Hospital in Nanticoke, Pennsylvania and physician for the public schools there.

Alexander B. Cimochowski, 1930
Died July 29, 1980. Dr. Cimochowski was a general practitioner who resided in Forest City, Pennsylvania. He was on the staff of St. Joseph's Hospital in Carbondale. Surviving are his wife, Catherine, a daughter and four sons, one of whom is George E. Cimochowski '67.

Joseph L. Barthold, 1932
Died June 24, 1980 at the age of 74. Dr. Barthold, a general practitioner, was living in Norristown, Pennsylvania.

Thomas H. McGlade, 1932
Died August 30, 1980. Dr. McGlade was an otolaryngologist and resided in Haddonfield, New Jersey. He served as Chief of the Department of Otolaryngology at Cooper Medical Center and Our Lady of Lourdes and Zurburg Memorial Hospitals. Surviving are his wife, Dorothy, and a daughter.

Charles F. Abell, 1935
Died October 15, 1979. Dr. Abell, an orthopaedic surgeon, was a member of the staff at Marion General Hospital. In recognition of his interest and influence in the development of emergency services at MGH a plaque has been erected in his name in that area. Dr. Abell was a founder of the Medical Arts Corporation. Surviving are a wife, Polly, and a son, Charles F. Abell, Jr., '56.

Manuel M. Pearson, 1936
Died August 15, 1980 at the age of 69. Dr. Pearson was Senior Attending Psychiatrist at the Institute of Pennsylvania Hospital and served for 40 years as Professor of Clinical Psychiatry at the University of Pennsylvania School of Medicine. He also served as Visiting Chief of Psychiatry at the now defunct Philadelphia General Hospital where he was responsible for setting up many programs. Dr. Pearson was the author of textbooks and articles and the sixth edition of Streker's Fundamentals of Psychiatry. In 1978 he received Penn's Earl A. Bond Award for excellence in teaching and in 1975 the Philadelphia Medical Society presents him with the Dacosta Oration. A Fellow of the American Psychiatric Association he served as Chairman of its membership committee. Surviving are his wife, Roslyn, and two sons.

James T. Moy, 1940
Died suddenly July 16, 1980. A resident of Wichita, Kansas, he was a staff member at the Wesley Medical Center. Dr. Moy was an intern with special interest in cardiology.

Joseph T. Healey, 1942
Died February 4, 1980. Dr. Healey was an anesthesiologist residing in Ogdensburg, New York.

William P. Coghlan, 1947
Died July 6, 1980. Dr. Coghlan, a thoracic and cardiovascular surgeon in Beaver Falls, Pennsylvania, was honored shortly before his death when the Beaver County Medical Center named its new education center for him. He was a member of Jefferson's faculty from 1956 to 1960 and also served on the faculty at the University of Pittsburgh. He was a Fellow of the American College of Surgeons and the International College of Surgeons. Dr. Coghlan was a charter member of the Pennsylvania State University Advisory Board. Surviving are his wife, Patricia, and four children, William P. Coghlan '75, Kevin, Matthew and Ann.

Robert P. Sturr, Jr., 1948
Died July 4, 1980. Dr. Sturr was a radiologist who lived in Long Beach, California.

Conrad F. March, 1949
Died April 29, 1980 at the age of 57. A psychiatrist, Dr. March lived in Santa Rosa, California. He was on the staff of the Pittsburg Clinic there.

Lawrence C. Webb, 1954
Date of death unknown. Dr. Webb was in general practice in Pleasant Gap, Pennsylvania.

Carter N. Davison, 1958
Died May 4, 1980 at the age of 52. The family practitioner resided in Tamaqua, Pennsylvania.

Richard F. O'Brien, 1958
Died December 28, 1979 at the age of 47. A resident of Tampa, Florida, he was certified by the American Board of Pathology.

Roger G. Serota, 1963
Died suddenly July 24, 1980. Dr. Serota was a psychiatrist who resided in Bala Cynwyd, Pennsylvania. Surviving are his wife, Elaine, two children, his parents Dr. and Mrs. Louis Serota, a brother, Ronald D. Serota '68 and a sister.
Jefferson's Alumni Trip, 1981
Aboard the Cunard "Countess"
February 7 to February 14

Leave from and return to San Juan, Puerto Rico
Visit Caracas, Granada, Barbados, St. Lucia and St. Thomas

Information through the Alumni Office.
FALL AND WINTER
ALUMNI CALENDAR

October 15
Class Agents Dinner
Jefferson Alumni Hall

October 18
Dinner for North Carolina Alumni
The Governors Inn
Research Triangle Park

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

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

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
Clinical Cardiology
The Franklin Plaza Hotel
Philadelphia

November 14
Dinner for Puerto Rico alumni
The AFDA club, Condado

November 14-15
Gynecologic Cytology Workshop
Jefferson Medical College

January 30
Dinner for the Delaware Alumni
Wilmington Country Club

February 26
The Annual Business Meeting
Penn Mutual Towers

February 28
Reception during meetings of the American
Academy of Orthopaedic Surgeons
The Las Vegas Hilton