Spring 1981

Jefferson Alumni Bulletin – Volume XXX, Number 3 Spring 1981

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The Gross Clinic: It’s Past, Present and Future


At the same time that the loan was being negotiated by President Lewis W. Bluemle, Jr., in consultation with the Alumni Association’s Executive Committee, an Ad Hoc Committee was studying the enormous problems of visibility and security of the masterpiece at Jefferson. Thaddeus L. Montgomery, M.D. ’20, Emeritus Professor of Obstetrics and Gynecology and member of this committee, writes of these concerns on page 11. Another member of the committee, Frederick B. Wagner, M.D. ’41, the Grace Revere Osler Professor of Surgery, gives historical comment on the acquisition and composition of the painting on page 14.

The Birmingham exhibition, which starred “The Gross Clinic,” also included four other Jefferson works as well as many from the Philadelphia area. The show was formally opened with several events on February 6 and 7 including a private showing and reception for Jefferson’s area alumni on Saturday afternoon. The President and Mrs. Bluemle joined leaders of the Birmingham Community for these formal affairs. (see page 17)

The handsome full color catalog (JAB cover), written by art historian William H. Gerdts, and a 22 × 34 inch poster are available through the Museum. Orders should be forwarded to Ms. Janet McDonald, Birmingham Museum of Art, 2000 Eighth Avenue, North, Birmingham, Alabama, 35203. Hard cover, $27.95; soft cover $17.95; poster $5.00; plus $1.50 shipping charge. NSG
Jefferson Scene  
Campus news is featured including an interview with the new Alumni President, Benjamin Bacharach, M.D. '56, and a profile of and article by young investigator, Steven R. Peikin, M.D. '74.

The Gross Clinic  
Thaddeus L. Montgomery, M.D. '20, discusses the future of the masterpiece at Jefferson. Frederick B. Wagner, Jr., M.D. '41, traces its heritage. A photo layout portrays the painting's enthusiastic reception at the Birmingham Art Museum's recent exhibit.

Latrobe: Family Medicine Affiliate  
Latrobe's community oriented atmosphere is ideal for Jefferson students and residents to train and practice family medicine.

Class Notes  
William H. Newman II, M.D., '31, pictured at left with his wife in Charlie, their 1911 Chalmers, relates the trials and triumphs of a Canadian-American Transcontinental Reliability Tour.

Published four times a year, Fall, Winter, Spring, Summer  
Second Class Postage Paid at Philadelphia, Pa.  ISSN-0021-5821

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Credits: Cover design by Louis de V. Day.
alumni president

"Jefferson enjoys a national and international reputation. It always has been an outstanding school, educating clinicians and maintaining and fostering alumni loyalty. It always has prided itself on training doctors rather than pure scientists. I think it is continuing to preserve this tradition for turning out good doctors interested in taking care of people and concerned with their welfare."

Venturing in on a snowy January morning, the new Alumni President met with the JAB Assistant Editor in his office on the sixth floor of the New Hospital to discuss his plans and share his feelings about Jefferson, past, present and future.

A member of Jefferson's 25th reunion class of 1956, Dr. Benjamin Barcharach is concerned that today's students have little opportunity to become aware of the history and tradition of Jefferson.

"I think the students today are brighter—and possibly they leave here with more academic knowledge than classes in my era. I'm not sure though that the students maintain the same kind of identification and loyalty to their alma mater. Part of it has to do with the fact that the students spend so much time away from here. There are students in their third and fourth years who spend practically no time at Jefferson. Certainly the majority of their clinical experience can be at institutions other than Jefferson. The juniors and seniors are rarely together as a group and seldom see many members of their own class," he says. Dr. Barcharach feels that this lack of opportunity to be together as a group may put students at a disadvantage in their future identification with Jefferson and with their class after graduation.

Dr. Barcharach is concerned that the important contacts of the past between students and distinguished Jefferson professors may become even less frequent because of the increase in size of both the college and the hospital. "Some of the distinguished and outstanding clinicians in this institution seldom see students and rarely have the opportunity to conduct rounds and do clinical teaching. That is a disadvantage for the present students. The classes are large, and third and fourth year students are spread out through 10 or 12 affiliated institutions. Actually, more, as they have electives which allow them to take part of their clinical training in hospitals throughout the country and in some cases abroad," he comments.

The new President has a deep commitment to Jefferson which is apparent in his long, active association with the Medical College and the University Hospital. He served his general surgical residency at the Jefferson Medical College Hospital and has been a member of the faculty in the Department of Surgery since 1963. (His current rank is Associate Professor.) He served as Chairman of the Delaware Valley Division of the Sesquicentennial Campaign and is presently Chairman of the President's Club.

Reflecting on the future of Jefferson, Dr. Barcharach remarks, "I am sure that Jefferson has the same financial problems that all medical schools are having and will continue to have as the government's financial support diminishes. I think Jefferson must maintain a strong volunteer faculty which presently plays an important role in both the teaching and patient care areas. I also think Jefferson will continue to recognize and follow its tradition of making every effort to accept the sons and daughters of alumni into medical school. The Dean and the Admissions Committee have recognized this tradition and have tried to accept as many offspring of alumni as possible within the many constraints imposed. A certain number of students must come from the States of Pennsylvania and Delaware, and a certain number must be accepted into the Penn State program."

Dr. Barcharach considers the role of the Alumni Association in the institution. "The Association has been undergoing a self-examination of its own role for the past year or two. In the future there may be some changes in both the composition and the role of the Alumni Executive Committee. Hopefully, the Association also will maintain and expand its contacts with the undergraduate students. My two predecessors have encouraged increasing participation and support by the Alumni Association in student activities. A program was initiated last year to identify alumni in cities throughout the country to help students when visiting hospitals for their post graduate training interviews. In many cases students were given an opportunity to stay in their homes overnight."

He adds, "The Association should continue to serve as a mechanism for the alumni to make their feelings known to the administration and to the faculty of the Medical College. The Alumni can play a supportive role in helping the school and the hospital in their relationships with the State government and with other regulatory bodies. I also would like to see the Alumni Association find a way to rekindle some spirit of the history and traditions of Jefferson in the undergraduates."

Dr. Barcharach looks optimismistically towards his 25th reunion in June. "I'm looking forward to seeing some of my friends and classmates whom I haven't seen in a long time. I'm looking forward..."
to the class of 1956 establishing records for Alumni Annual Giving and for attendance at the reunion in June. The class has shown outstanding support for Jefferson since graduation. Many of my classmates have sons or daughters who have either recently graduated or are presently enrolled in the student body. This is another indication of their continued loyalty to Jefferson.

Dr. Bacharach feels that all alumni should be proud of an institution which has been in the forefront of clinical teaching since the days of Samuel D. Gross. "I hope that all alumni, regardless of where they are or how long they have been away from Jefferson, will consider the Alumni Association a dynamic, active group interested in representing their viewpoints. The Association will try to respond to their questions and hopes to help them maintain an interest in Jefferson. But the Association can not function without the participation of its members. Like a lot of things, people should not criticize what has been done unless they make some effort to find out why things are happening."

In conclusion, Dr. Bacharach says, "I hope all the alumni recognize an obligation to Jefferson. I realize that some alumni feel this obligation more than others. But Jefferson has been an important part in the life and career of each of us. Hopefully, all alumni will appreciate what Jefferson has done for them in the past and will make some effort to financially support and maintain this great institution in the future."

**Chinese Visitor**

Liu Bingxun, M.D., Chief of the Division of Higher Medical Education in the Ministry of Public Health of the People's Republic of China, was associated with the Office of Medical Education at Jefferson for three months. While at Jefferson, Dr. Liu, who came to the United States to study medical education here, frequently shared information about medical education and medical care in China.

In 1949, the new government of the People's Republic of China faced major problems in the health care system, according to Dr. Liu. There was a physician shortage. Only 32 medical colleges existed, and most of them were located in the big cities. The colleges were operated by state and provincial governments and private organizations, including foreign missions, and the quality of education varied among the institutions. As the majority of graduates practiced in the cities, the vast rural areas were left with little medical care.

The government reorganized and redistributed many of the medical schools and new schools were established. "The educational system in China is divided into four stages, primary, junior and senior middle schools, university or college and post graduate studies. Medical students come directly from the middle schools," explained Dr. Liu.

There were 113 medical colleges and colleges of pharmacy in China by 1979. Medical schools consist of a five year program. However, 24 of the colleges are "short course" or three year institutions, and the Chinese Capital Medical University has an eight year program which is designed to train the best teachers and research personnel.

There is at least one medical school in each province. Six of the schools, which are considered core or key medical colleges, are given priority in the allocation of funds, teaching and research facilities and the assignment of outstanding medical graduates. Eight other schools which are under the joint auspices of the Ministry of Public Health and the provincial governments are also given preference. All other colleges are run solely by the provincial governments.

"There are about 31,000 new students enrolled in medical school each year. The total enrollment is more than 127,000 students. All applicants are required to take a national entrance exam sponsored by the Educational Ministry. Competition is intense. There are no admissions interviews. Applicants are judged based on good behavior and sound health and the recommendations of the middle school," revealed Dr. Liu.

Only about one out of ten applicants is accepted for admission. More women apply to medical school than men, and there are more women in the student body. Most students enter medical school with 10 to 12 years of education.

The medical colleges offer programs in traditional Chinese medicine as well as western medicine, public health, pediatrics, dentistry and pharmacy. There is a standard curricula in all of these areas which is determined by the Ministry of Public Health.
The five year program includes the study of Marxism and Leninism and traditional Chinese medicine and pharmacy in addition to the bio-medical and clinical sciences found in American schools. Students live and work as undergraduate interns under the supervision of physicians during their fifth year of study.

In addition to the eight year program at the Chinese Capital Medical University, most of the medical colleges offer postgraduate programs which train teachers and research personnel. At the completion of their training, all graduates are assigned work according to the needs of the state.

In addition to the medical colleges, health personnel are trained at secondary medical colleges. Students in these schools have completed the junior middle school and take a three year course in one of ten specialties offered. The specialties include western medicine and traditional Chinese medicine, nursing, midwifery, pharmacy and laboratory technology. Graduates of these schools work primarily in County and Commune hospitals which form part of the rural health care system.

In remote rural areas, barefoot doctors serve the production brigades, and health personnel work with production teams. The barefoot doctors are young peasants with a junior middle school or primary school education who have received three to six months of training at the local hospitals. Refresher courses are taken regularly in the slack agricultural season.

Dr. Liu feels that though great improvements have taken place in the education of health personnel in the last 30 years much more still needs to be done.

revascularization

Jewell L. Osterholm, M.D., Professor and Chairman of the Department of Neurosurgery, is a pioneer in developing a microsurgical procedure to aid stroke patients. The technique, called revascularization, involves connecting a blood vessel from an undamaged area of the head to the damaged area. This allows blood to bypass the obstructed blood vessel.

Dr. Osterholm reports that within hours after performing the surgery on one patient who could not use his hand, the patient was able to move his fingers. Other patients have experienced the return of some arm and facial function and heightened vision after the operation.

Revascularization has proven beneficial to patients who have had minor strokes and is used to prevent these patients from later suffering massive strokes. Dr. Osterholm has found that revascularization may also benefit patients who have experienced major strokes. Dr. Osterholm explains, “Recent research indicates that when there is a major stroke a central zone in the brain is affected and destroyed. But, surrounding that area may be a mass of nerve cells that are idling. Although they are not yet functioning normally, they are not yet dead.” Revascularizing these idling nerve cells, allows blood to flow once again into the damaged portion of the brain, which may improve the patient significantly.

Jefferson Medical College is now educating neurosurgeons in the revascularization procedure.

baldridge resigns

Ten years have elapsed since the College of Graduate Studies became an academic division of the University. Organized research in the College began in 1941. In 1949 the faculty of the Medical College basic sciences departments petitioned the Board of Trustees and received permission to form a Board for the Regulation of Graduate Studies to provide and supervise programs leading to the Doctor of Philosophy and Master of Science degrees.

The College of Graduate Studies was formally established as a division in July 1969 and its first Dean, Robert C. Baldridge, Ph.D. was appointed in March 1970. The Dean is the Chief Executive Officer of the College and is responsible for the management and development of academic programs and administrative affairs. Dr. Baldridge has announced his resignation as the Dean of the College of Graduate Studies effective June 30, 1981. The first six months of 1981 Dr. Baldridge is on a sabbatical leave and will resume full time teaching and research in the Department of Biochemistry in July 1981.

During the past decade the College has matured and many changes have taken place. The College now offers programs leading to the Ph.D. degree in anatomy, biochemistry, microbiology, pathology, pharmacology and physiology, and the M.S. degree in clinical microbiology and toxicology. The latter is a post-doctoral program offered to holders of a Ph.D. degree in chemistry or biology.

Since becoming an academic division, the College has granted 134 doctorates and 104 master’s degrees. Much to the satisfaction of the faculty graduates have been selected for some of the most prestigious post-doctoral positions in the country.

In addition to a large number of graduate courses the students in all programs also attend basic science courses which are part of the Medical College curriculum. Students are required to take a certain number of courses outside their own specialty. They can also participate in the Cooperative Graduate Program sponsored jointly by Jefferson, Hahnemann Medical College, the Medical College of Pennsylvania and Temple University School of Medicine.

The faculty and graduate students have access to excellent facilities and instrumentation in the laboratories at Jefferson Alumni Hall. In addition an informal arrangement with the Franklin Institute allows them to use instruments such as the scanning electron microscope at the Institute’s Research Laboratories. Further Dean Baldridge’s membership on the Education Committee of the Philadelphia Zoological Gardens has given faculty access to numerous animal species for biomedical research.

Several multi-disciplinary programs involving faculty from several departments have evolved during recent years in the areas of toxicology and immunology. The essence of graduate study is research training in the laboratory under
standing graduate students and scheduled basis as tutors for under
demic enrichment to undergraduates in
The College has engaged in cooperative
ventures with members of the scientific community, local government and industry. In 1980, the College
helped sponsor the Second International Symposium on Biological Reactive Intermediates held at the University of Surrey in England. Members of the faculty conducted a course on the Pharmacology of Drug Abuse for the City of Philadelphia in 1974 and during the past four years annual workshops on industrial toxicology. Due to the initiative of the faculty and the central location of Jefferson Alumni Hall, a number of regional scientific organizations hold their regular meetings at Jefferson. These include the regional chapter of the American Society for Microbiology and the Philadelphia Cancer Club.

The College also attempts to meet the needs of Jefferson's professional staff. It has long been a policy to allow faculty members, technicians, residents and fellows to audit courses to increase their knowledge and upgrade their skills. At present the College is making arrangements to assist staff members in obtaining academic credit for career advancement. Course documentation is needed by hospital laboratory technicians who wish to qualify for higher compensation and by residents in certain sub-specialties of obstetrics and gynecology who must meet requirements of sub-specialty boards.

Provision of financial aid to graduate students has been an important aspect of Dean Baldridge's work during the past decade. In the mid-1970's the University Tutorial Program was established in which 12 to 14 of the most talented graduate students serve on a scheduled basis as tutors for undergraduate students. The tutorships provide both financial support to outstanding graduate students and academic enrichment to undergraduates in the College of Allied Health Sciences.

A fellowship program established through the sponsorship of the Foerderer Foundation and some other sources has made it possible to attract and retain students with exceptional credentials. Since the cutback in federal education grants and fellowships which began in 1968, financial aid from private and institutional sources has played a key role in the development of graduate education at Jefferson.

Financial aid programs have allowed students to devote more time to studies and research. Their success is reflected in the research accomplishments of Jefferson students. In 1979 and 1980, over 50 papers were published under the authorship of students and their faculty mentors, and students authored over 30 presentations and poster sessions at national and international scientific meetings.

The College of Graduate Studies' first official decade under the management and direction of Dr. Baldridge has been marked by growth and achievement which promises to flourish in the years ahead. While a Search Committee screens candidates for his replacement Jussi J. Saukkonen, M.D., Professor of Microbiology, is serving as Acting Dean.

more on scott

A three dimensional exhibit entitled "The Evolution of Gastroscopy from the Magenkratzer to the Laser" was on display in the Scott Memorial Library from February 13 through March. The exhibit, which was produced by Martin E. Gordon, M.D., Clinical Professor of Medicine at Yale, has been on display at major medical schools throughout the country. The exhibit came to Jefferson from the University of Iowa. After it leaves Jefferson it will go on display in Washington, D.C.

The content of the exhibit includes the historical development of endoscopic techniques and projections of future devices. Included in the display is the first Mikulicz Gastroscope which was passed into a human in 1881 and Hirschowitz's original fiberoptic bundle. The newest in microcircuitry, laser optics and applications of liquid crystals are also exhibited. Among the futuristic devices featured are optical waveguides smaller than a human hair and gallium arsenide lasers approximately the size of a crystal of salt.

raft debate

The Hobart Amory Hare Honor Medical Society presented its annual Raft Debate on January 22. Suitably attired in black cape and top hat, the Society's Treasurer, Robert Kester, filling the role of the prestigious Dr. Hare, gave the opening remarks.

The debate took place after three hapless Jefferson physicians, an internist, a surgeon and a pathologist, found themselves stranded on a ship which had just struck an iceberg and was slowly sinking into frigid water. Following a frantic search, the doctors discovered an inflatable raft capable of supporting only one man. Thus, they resigned themselves to the fact that only one of them could survive and amiably concurred that they would settle the question of who deserved to live before an impartial audience.

Joseph J. Rupp, M.D., '42, a land bound Jefferson Professor of Medicine, whom they managed to contact on their
short-wave radio at his Center City, Philadelphia office, volunteered to moderate the debate as a neutral partisan.

Meanwhile, the Devil learned of the doctors' plight and sent his personal urologist (none other than that vicious demon, John R. Dalton, M.D., Clinical Associate Professor of Urology) to castrate all the doctors and take them back to his soul starved Inferno.

The doctors agreed that the opinion of an audience comprised largely of Jefferson Medical College students was adequately impartial to decide their fates. Dr. Rupp obligingly introduced the physicians: Herbert E. Cohn, M.D. '55, an alumnus surgeon, Warren R. Lang, M.D., '43, a gynecologist turned pathologist, and William S. Frankl, M.D., a new member of the faculty.

Appropriately garbed in a flowing white robe, Dr. Cohn, Professor of Surgery, commenced the argument for his life most convincingly: "There is a misconception amongst the medical profession that surgeons think they are God. That is a somewhat perverted view of the truth. A man died and went to heaven, and when he met St. Peter at the Pearly Gates, he saw a man in O.R. greens walking around as though he owned the place. He asked St. Peter who the man was. St. Peter politely told the man, 'That is God. He thinks he's a surgeon.' So now you know the truth. We are the chosen people."

Dr. Cohn explained, "God realized that surgeons would be necessary to carry on his work, so he established the first recorded residency program in surgery. Reference to this is found in the journal Bible in Genesis 22:11 where PG-1 Abraham was instructed to do an exploratory laparotomy on patient Isaac. The hand of Abraham was stayed by the Senior Resident of the Lord, Dr. Angel, who called unto him saying, 'Abraham, Abraham.' PG-1 Abraham stammered, 'Here I am,' as PG-1's are inclined to say. And the senior resident said, 'Lay not thine hand upon the lad, neither shalt thou start the prep. His Blue Shield has expired.'

Though Dr. Cohn's arguments were quite sound, the appearance alone of Dr. Lang was enough to stun and tilt the sympathies of the audience. The long haired, blue Jeaned, sixties radical on the ship was none other than the Associate Professor of Pathology and Acting Chairman and Professor of Obstetrics and Gynecology known to his students and colleagues as a gentle, upright conservative with a passion for opera.

Dr. Lang had embarked on the journey as a modern day Mr. Hyde.

Looking uncannily like a Beatle, the pathologist pointedly explained, "Pathology is the bedrock, the foundation. Pathology is the bridge from basic science up here to clinical science down there."

Despite his unusual appearance, Dr. Lang was the only physician who was truly prepared to survive the ordeal of spending endless hours bobbing on the sea. In addition to K-rations, Dr. Lang brought along a lobster and lobster trap marker because pathologists, of course, are ready.

After graciously thanking his hairdresser, jewelry consultant and Brooks Brothers' men's store, Dr. Lang was cut off by Dr. Rupp who felt it only fair to allow Dr. Frankl, in his suit and tie seemingly the only "normal" physician of the crew, equal time.

The Professor of Medicine quite accurately pointed out that healing is "persistently achieved by those who offer medicine to the sick, whereas those who cut, barbers or surgeons, it matters little," commonly have their patients "end up in the hands of the funeral directors or pathologists, it matters little."

A cardiologist, Dr. Frankl stated an indisputable truth, "Those who administer to the heart lead all other healers and must be revered as being at the hand of God." (So much for Dr. Cohn's heavenly operations!)

"Darwin in his Origin of the Species clearly pointed out, 'to date my study suggests that human kind has advanced mightily in certain areas with cardiologists undoubtedly the most advanced example of the human species. It's clear from my studies that he originated from some primordial slush inhabited by other primitive types. Humanity passed out of this stuff to advance to the greatest heights of intellect known—the cardiologist. The primitive types mentioned above may still be seen darting about at the lowest evolutionary level and have been labeled by me as Pithicantipus Surgeon and Cro Magnon Pathologist,'" stated Dr. Frankl.

Venting a sonorous final blow at his fellow travelers Dr. Frankl proclaimed, "If there were no surgeons, who would indeed ever need a pathologist?"

After a rowdy round of questioning and cross examination, the audience made its decision. Dr. Lang's costume proved to be a clever ruse. Clutching the raft, the victorious pathologist opened his lab jacket and displayed his Philadelphia Eagles t-shirt exclaiming, "I'm a winner."

But early proclamations sometimes prove false. The devilish Dalton, having lost the soul of Dr. Cohn to heavenly surgery and the soul of Dr. Frankl to the hand of God, was not content to be outwitted. As Dr. Lang floated gleefully off to his reception in the Thomas Eakins' Lounge, Dr. Dalton was close behind with his pitchfork aimed artfully at the gently bobbing raft.

prostaglandins research

Allan M. Lefer, Ph.D., Professor and Chairman of Department of Physiology, predicts that within five years certain prostaglandins, found in minute quantities in the body, may reduce the symptoms of heart attack, stroke and pulmonary embolism.

Dr. Lefer is working with J. Bryan Smith, Ph.D., Associate Professor of Pharmacology, an expert in measuring small quantities of prostaglandins through radioimmunoassay, and Paul Walinsky, M.D., Associate Professor of Medicine, an authority on coronary artery disease. Together with researchers throughout the world, they are trying to establish the relationship between prostaglandins and cardiovascular disease.

Scientists first discovered prostaglandins in the reproductive organs of the body in 1934. Then in the 1960's, biochemists and physiologists found prostaglandins present in the blood and all organs of the body. Scientists began attempting ways to synthesize pure prostaglandins in order to study them more easily. The ability to synthesize pure
prostaglandins spurred interest in research, and four or five years ago scientists identified, along with other substances related to prostaglandins, prostacyclin and thromboxane, both of which play leading roles in cardiovascular disease.

Prostacyclin guards against thrombosis or spasm, protecting the blood vessel walls by preventing platelets in the blood from sticking and by preventing the vessels from undergoing severe vasoconstriction. On the other hand, thromboxane, produced by the platelets, influences the formation of large clumps which aggregate and tend to close down the blood vessels and can produce vasospasm without aggregation in certain vascular beds.

The discovery of and ability to synthesize prostacyclin and thromboxane will one day enable physicians to fight cardiovascular disease with three types of drugs: an inhibitor to prevent formation of thromboxane, an antagonist to fight the action of thromboxane once produced, and an enhancer to promote the action of the prostacyclin.

At present, according to Dr. Lefer, the problem is that synthetic prostacyclin and thromboxane are both very labile; they metabolize rapidly unless they are produced continuously. Thus, researchers must develop more stable synthetics. However, Dr. Lefer and Dr. Walinsky are already using inhibitors of prostaglandin and thromboxane synthesis to study patients with coronary artery disease.

Through research using laboratory animals, Dr. Lefer and Dr. Smith have successfully reduced the severity of heart attacks and prevented arrhythmias; prevented shock, the buildup of toxic factors that can lead to death; and developed concepts on the mechanism of cardiac death. And they are beginning to investigate the relationships between prostaglandins and stroke as well as in sudden death.

honors etcetera

Simon Kramer, M.D., Professor and Chairman of the Department of Radiation Therapy and Nuclear Medicine, received a gold medal from the American Society of Therapeutic Radiologists at the Society's annual meeting in Dallas, Texas in October. The gold medal is the Society's highest honor for distinguished achievements. Dr. Kramer served as President of the Society in 1969-1970.

Dr. Kramer is a founder and Chairman of the Patterns of Care Study, funded by the National Cancer Institute and administered through the American College of Radiology, which is a nationwide survey on the patterns of clinical care and management in cancer radiation therapy. In addition, Dr. Kramer has served as Director of the Radiation Therapy Oncology Group, a group of university hospitals that conducts radiotherapeutic research and joint clinical investigation, since its inception in 1971.

A native of Great Britain, Dr. Kramer received the M.B. and B.S. degrees from the University of London in 1943 while serving an internship at King's College Hospital. He was certified by the American Board of Therapeutic Radiology in 1955.

John F. Ditunno, Jr., M.D., Professor and Chairman of the Department of Rehabilitation Medicine, has been named President-elect of the American Academy of Physical Medicine and Rehabilitation. He will be installed as President at the national meetings in San Diego next November.

Paul J. Fink, M.D., Professor and Chairman of the Department of Psychiatry and Human Behavior, has been elected President of the American Association of Chairmen of Departments of Psychiatry.

Robert W. Frelick, M.D., Clinical Professor of Medicine, a cancer specialist, is the new President of the Medical Society of Delaware. Dr. Frelick is Chief of the oncology section of the Department of Medicine at the Wilmington Medical Center, and a senior member of the nuclear medical staff.

Harold Kolansky, M.D., Professor of Psychiatry and Human Behavior, has been appointed the first head of the section of child and adolescent psychoanalysis in the Division of child, adolescent and family psychiatry.

Vitaliano B. Bernardino, Jr., M.D., has been promoted to Professor of Ophthalmology at Jefferson.

Jefferson's Scott Plaza received the Pennsylvania Society of Architects of the American Institute of Architects' award for excellence in design. The plaza between Walnut and Locust Streets is flanked by a four tiered parking garage.
Homer Marshall Kimmich, M.D., has been appointed Clinical Professor of Otolaryngology at Jefferson.

William B. Langan, Ph.D., has been appointed Visiting Professor of Pharmacology at Jefferson.

Norman J. Schatz, M.D., Wills Eye Hospital, Philadelphia, has been appointed Professor of Ophthalmology at Jefferson.

Edward Maxwell Sewell, M.D., has been appointed Professor of Pediatrics at Jefferson.

At the Annual Meeting of the JMC Alumni Association Paul C. Brucker, Alumni Professor of Family Medicine, Arturo Hervado, Professor of Pediatrics and Francis E. Rosato, Samuel D. Gross Professor of Surgery, were made honorary members.

**three grants**

The University has recently been the recipient of three grants.

The Federal Department of Energy awarded the University a $241,000 grant to make energy efficient renovations on the Foerderer Pavilion. The University is matching the amount of the grant, awarded under the government school and hospital energy conservation program.

The Pavilion windows, except those on the first floor, will be replaced by double glazed windows with tinted solar glass exteriors. The windows will have energy efficient thermal break frames. Patient rooms will have windows with one operable sash, but other windows in the building will have a fixed sash. The work will begin in the spring.

The second grant was awarded to Jefferson Medical College, together with the College of Allied Health Sciences and the College of Graduate Studies. Trustees of the Percival E. and Ethel Brown Foerderer Foundation, which was established in 1962 to support human service, health, education, cultural and environmental programs, have awarded a grant of $116,800.

The department of family medicine received the third grant. The department received a $741,000 grant from the Bureau of Health and Manpower, Department of Health and Human Services, to support four programs aimed at improving the practice of family medicine and the medical education of students.

One program is aimed at developing a "valid measure for patients' psychosocial supports, those factors that comprise their family and personal relationships and their home and community environments," according to Paul C. Brucker, M.D., Chairman of the Department of Family Medicine and Alumni Professor. "We would like to make family physicians as much concerned with finding out about these things as they are with laboratory data that measures such things as thyroid function," says Dr. Brucker. The program is under the direction of Herbert M. Adler, M.D., Clinical Professor of Psychiatry and Human Behavior/Family Medicine.

James D. Plumb, M.D. ’74, Assistant Professor of Family Medicine, is the Director of the second program which will give medical students the opportunity to make house calls to family medicine patients in the center Philadelphia community. The program will give students the opportunity to see illness in the home as well as the hospital and enable them to learn to identify and evaluate community and home support resources.

The aim of the third program is to develop a coordinated alcoholism curriculum and to implement it. Edward H. McGeehe, M.D. ’45, Professor of Family Medicine, who is coordinator of the study, will work closely with Edward Gottheil, Ph.D., M.D., Professor, Bradley D. Evans, M.D. ’75, Assistant Professor, and Stephen P. Weinstein, Ph.D., Clinical Assistant Professor (all in Psychiatry and Human Behavior).

The objective of the fourth program, which will be coordinated by Howard K. Rabinowitz, M.D., Assistant Professor of Family Medicine, is to achieve more consistency in the third and fourth year family medicine education programs through an interchange of Jefferson and affiliate faculty and the development of faculty workshops.

Steven R. Peikin, M.D., ’74, has covered a lot of ground over the past ten years, both geographically and professionally. Originally from Springfield, Pennsylvania, Dr. Peikin graduated from Temple University in 1969 with a major in mathematics. He attended the Université de Lausanne in Switzerland, a French language medical school, for several months prior to being accepted at Jefferson.

As a medical student, Dr. Peikin was President of AOA, Class Vice-President, Yearbook Editor, and a student member of the Admissions Committee. He received numerous awards including the Physiology, Pathology, Medicine and Surgery Prizes, the Lange Publications Prize for the highest grade point average in 1971, 72 and 73, the Roche Award for personality, scholarship and seriousness of purpose, the Upjohn Achievement Award for clinical proficiency and the Alumni Award for the highest grade point average for four years.

In 1974, Dr. Peikin commenced his post graduate professional training as a medical resident at the University of California-Moffitt Hospitals in San Francisco.

Dr. Peikin was first exposed to research at Temple when he was a laboratory technician for the Chairman of the Department of Biology, Dr. Steve Takats. He enjoyed the basic science courses at Jefferson and decided he would try research for awhile. Thus, after completing his residency, he spent two years at the National Institutes of Health in Bethesda, Maryland. At N.I.H. he was a Clinical Associate in the Gastrointestinal Unit Digestive Disease Branch, National Institute of Arthritis, Metabolism and Digestive Disease.

"The N.I.H. is a pure research experience. I did not know if I would like it or not. But I felt that doing research could
add a dimension to my professional life and was worth a try," Dr. Peikin notes.

Following his research at the N.I.H., Dr. Peikin was a Fellow in Gastroenterology at Massachusetts General Hospital and a Research Fellow in Medicine at the Harvard Medical School. He served on the Thomas Jefferson University Board of Trustees from 1977 until 1979, representing young graduates.

Dr. Peikin is presently an Assistant Professor of Medicine at Jefferson and is an active young investigator. His research involves the effects of various gastrointestinal hormones on pancreatic secretion and smooth muscle contraction. He is also very interested in alcohol research. Dr. Peikin’s research is primarily funded by the Cowperthwaite Foundation.

Because of the current national economic situation, there will be less money available to young investigators for research in the 1980’s than there was in previous decades. However, Dr. Peikin feels there are still professional rewards which make research attractive.

“It’s fulfilling to go to a national meeting, hear someone’s presentation and get an idea of how it might relate to my project, go back to the laboratory and then within two days fit it into my system and get an answer,” he says.

Dr. Peikin has given several national presentations of his research. One of his most exciting experiences was last summer when he presented his research and chaired a session in Hamburg, Germany.

Dr. Peikin emphasizes that it is important for a researcher to do one thing at a time, follow each lead in a logical, orderly manner, and be very careful of the technique used so that results are believable.

He comments, “If an investigator ever wants to reproduce his results, he has to do everything the same each time. He is doing a thousand different things all day. But if he does one thing differently, it can change the entire result.”

Dr. Peikin points out some of the qualities that are necessary for a person to succeed in research: “You have to be willing to do some very tedious work. However, at the end of the day, you get results. These results are data that nobody else in the world has ever obtained. That doesn’t mean the data are all that wonderful or remarkable. But it’s new information, and there is always the chance that something big might come out of it. The physical doing of the experiment is not what’s exciting. It’s tedious. Getting results at the end of the day, when the experiment has worked out, is what makes all the hard work worthwhile.”

“You have to be someone who can put off immediate gratification, look ahead and see the light at the end of the tunnel,” he adds.

Dr. Peikin does most of his own experiments. He does have a part time technician who works two days a week. A graduate student from the University of Pennsylvania works in his laboratory with him once or twice a week.

Compared to the nine to five schedule he had while working at the N.I.H., Dr. Peikin’s days are incredibly hectic now. In addition to his research, he has a private practice with two other gastroenterologists, Susan J. Gordon, M.D., ’66, and Raymond E. Joseph, M.D., also full time faculty.

Dr. Peikin spends at least three full days a week in his research laboratory. On days he works in the laboratory, he sometimes has to do rounds in the morning before starting his experiments. He also has to fit consults, lectures and teaching into his schedule.

Dr. Peikin normally arrives home around seven o’clock, and enjoys spending time in the evening with his two sons, Jeffrey, four, and Scott, seven, and his wife, Vivian. Though his present schedule does not allow him a great deal of free time, he is athletically oriented and likes tennis, basketball, touch football and skiing.

Dr. Peikin remarks, “I am very fortunate that the position I have is funded by the Cowperthwaite Foundation. I have been able to be productive in the lab because I have been given sufficient funds.” In the future he hopes to supplement these funds with a grant from the N.I.H.

Dr. Peikin feels that Jefferson encourages and shows a great deal of support for research. He concludes, “This University has a reputation for putting out good clinicians, but there seems to be a very big push on the part of the hierarchy for Jefferson to become more of a contender with research. This attitude should keep research activities at Jefferson alive and well during the next decade.” E.C.R.

The following article is a summary by Dr. Peikin of his research activities.

Much of my research past and present involves the study of gastrointestinal hormones and their effect on the pancreas, smooth muscle and appetite regulation. Rather than discuss all the projects currently going on in my laboratory which include a) the effect of alcohol and its metabolites on pancreatic secretion, b) the effect of alcohol on Kupfer cell phagocytosis, c) the effect of glucagon on pancreatic enzyme secretion and d) bioassay for serum cholecy-

Young investigator, Dr. Steven Peikin
tokinin, I will concentrate on a project currently under investigation which involves the study of one of the major afflictions of mankind, obesity.

The gastrointestinal hormone cholecystokinin was first described by Ivy and Oldberg in 1928 as a substance released in response to fat in the duodenum which activated gallbladder contraction. Later, Harper and Raper described a hormone released from duodenal mucosa that stimulated pancreatic secretion and named it pancreozymin. Jorpes and Mutt subsequently purified a hormone with 33 amino acid residues, and it became apparent that the two hormonal activities described above were properties of the Jorpes and Mutt hormone. It is now clear that cholecystokinin (CCK) is an important regulator of both pancreatic enzyme secretion and gallbladder contraction in man.

A third function has recently been attributed to CCK. CCK and its carboxyterminal fragments have been shown to be present in the brain in high concentrations, and specific CCK receptors have been demonstrated in the brain in the same general areas as the CCK-containing cells. Although the possible functions of CCK peptides in the brain are only now being investigated, there is increasing evidence that brain CCK has a role in satiety. Much of the evidence rests on experiments in which CCK was injected into animals of various species (including man) and caused a decrease in food intake. It is not known whether this is a pharmacologic or physiologic action of CCK.

In collaboration with Dr. Della Fera from the University of Pennsylvania School of Veterinary Medicine, we injected dibutyryl cyclic GMP (a competitive agonist of CCK at the receptor level—Peikin et al. J. Biol. Chem. 254:5321-5327, 1979) into the lateral cerebral ventricles of sheep. We found that 2.9 nmole/min. dibutyryl cyclic GMP caused more than a 150% increase in food intake during the injection period. The onset of action was rapid and the effect of the nucleotide was reversed immediately after discontinuation of the injection. This suggests that the feeding elicited by lateral ventricle injection of dibutyryl cyclic GMP is due to an inhibition of the action of brain CCK at its receptor and supports the concept of a physiologic role for CCK in the control of food intake.

As practicing physicians we often are confronted by obese patients who insist they "eat like a bird" but still gain weight. There may be some truth in this. A recent report by Jeffrey Flier in the New England Journal of Medicine suggests that obesity may in part be due to reduced energy use as reflected by a decrease in red blood cell sodium-potassium pump activity in obese subjects. However, most studies indicate that obesity is related to an impaired satiety response which results in excessive food intake.

Although the impaired satiety response could just be due to stress and a host of other psychological perturbations, we and others have asked the intriguing question, "Could obesity be related to a disorder of CCK-induced satiety?" This question was initially addressed by Nobel prize winner Rosalyn Yalow and her group from the Bronx V.A. Hospital. They measured brain CCK content by radioimmunoassay and found that genetically obese mice (ob/ob) have reduced brain CCK content as compared to their lean litter mates. They hypothesized that the impaired satiety response in ob/ob mice is related to deficient levels of brain CCK. Bruce Schneider from Rockefeller University subsequently refuted the Yalow study. They could not find a difference in brain CCK content between obese and lean mice.

Carol McLaughlin and Clifton Baile from the University of Pennsylvania School of Veterinary Medicine and I have studied the effects of CCK on the genetically obese Zucker rat (FA/FA). As early as three weeks after birth the FA/FA rat starts to gain weight at a greater rate than its lean litter mate because of excessive food intake. We found that injection of 2 μg/kg CCK into obese rats failed to suppress food intake whereas CCK caused significant inhibition of food intake in lean rats. Obese rats were only relatively resistant to CCK-induced satiety since injection of larger doses of CCK did suppress food intake.

Pancreatic amylase was measured in vivo by cannulating the pancreatic duct and collecting the secretions. Similar to the results obtained measuring food intake, CCK stimulated pancreatic enzyme secretion in obese rats to a lesser extent than in lean rats. We subsequently measured pancreatic enzyme secretion in vitro using a preparation of dispersed pancreatic acinar cells. We found that the dose-response curve for CCK-stimulated amylase release was similar in both obese and lean rats. This suggested that the affinity of CCK for its receptor on the obese rat pancreas was normal.

CCK is a hormone which controls growth of the pancreas. We have also found that the obese rat pancreas weighs 20% less than the lean rat pancreas even though the obese rat weighs 70% more than its lean litter mate and has a higher fat content in its pancreas. Furthermore, we found that chronic administration of CCK caused less of an increase in pancreatic weight in obese rats as compared to lean rats.

Most recently we have been attempting to measure serum levels of CCK using a bioassay system. Our preliminary results suggest that obese rats have higher serum levels of CCK than their lean litter mates. Putting all this information together is difficult, but we think we are dealing with a situation in which there is end organ insensitivity to the effects of CCK, normal receptor affinity, and elevated serum levels of CCK. An analogous situation is found with adult onset diabetes mellitus in which the major defect is decreased insulin receptor number. Therefore, the next step of our study will be to calculate CCK receptor number on pancreatic acinar cells of obese and lean rats by measuring binding of 125I-CCK to the cells. Iodination of CCK has only recently been accomplished. In the near future we plan to perform binding experiments in collaboration with Dr. Larry Miller ('73) who is presently at Yale University.

Only time, lots more work by us, luck, and confirmation from other laboratories will tell us whether our findings have any bearing at all on the cause of obesity.

Steven R. Peiken, M.D.
The Gross Clinic: It's Future at Jefferson

by Thaddeus L. Montgomery, M.D.
Among art critics throughout the world Thomas Eakins is considered the foremost of American painters of all time, and his painting “The Gross Clinic” is his greatest work.

How this prestigious painting came into the possession of the Alumni Association of Jefferson Medical College is an intriguing bit of history with which Dr. Frederick B. Wagner deals fully in this issue of the Bulletin (see page 14). Suffice at this point to say that it was the result of a fortuitous chain of circumstances deriving from Thomas Eakins' studies of anatomy at Jefferson, his friendship with members of the faculty—particularly that of master surgeon Samuel D. Gross, his discouragement at the rejection of his painting by authorities of the Philadelphia Centennial of 1876 and the later purchase of the masterpiece by the Alumni Association.

Be that as it may it has been the privilege and responsibility of the Alumni Association and the Board of Trustees of the Jefferson Medical College to prize, to guard and to exhibit the painting from 1878 to the present.

This responsibility has been fulfilled by placing the painting in a prominent position in successive medical college buildings and by loaning it upon occasion to outstanding and responsible art museums. (In February it was displayed at Birmingham Museum of Art. See accompanying story.)

Most of Jefferson alumni will remember best its location in the corridor at the top of a flight of steps in the present Medical College Building at 1025 Walnut Street. Here it was constantly in view of medical students passing along the hallways and was readily seen from Walnut Street through a large arcing window. The selection of this location was made by the then Dean, Dr. Ross V. Patterson, who was largely responsible for the planning of this unique medical college structure.

When Jefferson Alumni Hall was being built on Locust Street, an area was set aside to be known as the Eakins' Lounge where the three paintings which we possess were subsequently hung. This space and an adjacent outdoor court provided a beautiful background for works of art and a favorable location for the holding of various College functions. Unfortunately equal care was not provided for the illumination and protection of the paintings. “The Gross Clinic” particularly suffers from a maze of highlights and reflections which derive from the large windows of the court and the electric lights of a central chandelier. The situation was worsened by the recent addition of a protective plastic shield. Now the painting cannot be satisfactorily viewed from any angle. Visitors to Philadelphia’s art world who are referred to Jefferson to see the Eakins masterpiece leave in disappointment. The photo illustration on page 13 reveals the woeful contrast between what “The Gross Clinic” looks like under present circumstances and how Jefferson wishes to have it look.

All components of the University are now united in the determination to correct this situation. In keeping with this decision, the Board of Trustees authorized and delegated the President of the University, Dr. Lewis W. Bluemle, Jr., to proceed with a study of the problems involved in the illumination and care of “The Gross Clinic” and other Eakins paintings and to proceed with correction. President Bluemle immediately sought the advice and support of the Executive Committee of the Alumni Association and requested that an Ad Hoc Committee be drawn from its members to work with him.

This group with help from other lay persons has launched a sustained attack upon the problems and now believes it is in a position to make known its findings and recommendations.

Visits have been made to new gallery areas of major art museums such as reconstructed rooms at the Philadelphia Museum of Art, the new American wing of the Metropolitan Museum in New York and the Reiksmuseum of Amsterdam in Holland. The ideas involved in the reconstruction, restoration, illumination and protection of Rembrandt’s “The Night Watch” at the Reiksmuseum appeared particularly pertinent to the problems at Jefferson.

On the basis of these and other observations, preliminary architectural plans have been submitted. These embody preserving the present open court and Eakins' lounge with no changes other than moving the paintings and cutting a graceful archway from the lounge into the adjacent college bookstore which will be moved to another location.

The book store will be constructed as a gallery to house the three Eakins paintings: “The
"The Gross Clinic," which hangs in the Eakins' Lounge of Jefferson Alumni Hall, suffers from a maze of highlights and reflections which derive from the large windows of the court and the electric lights of a central chandelier.

Gross Clinic" in the center of the long wall facing the archway and the Rand and Forbes portraits in the center of the sidewalls (see tentative floor plan). In these positions each would be out of reach of distracting lights from the lounge and would be subjected to the latest and best developments in humidification, lighting and protection.

The archway connecting the gallery with the lounge will be fitted with a wrought iron gateway which can be closed and opened depending upon the time and occasion. However, one would always be able to see the paintings through the grill work.

Thus the court, the lounge and the gallery would be connected in a pleasing "Eakins Suite" which architecturally would do justice to these precious treasures. Actually there is no exhibit area in the art world which would exceed this in beauty.

It is estimated that this entire undertaking will cost $125,000. Quite a sum of money! But—when compared with the intrinsic value of the Eakins painting on the art market today and the sentimental value of this painting to the Jefferson Medical College and its graduates—not a prohibitive sum. Thirty thousand dollars has been donated by the William Penn Foundation of Philadelphia in lieu of gifts from other sources. Already approaches are being made to sources such as individual philanthropies, pharmaceutical houses and art foundations, among others.

However, we, who represent the alumni of Jefferson, have a deep seated feeling that our graduates will want to play a special part either as individuals or as a group in supporting this project. Nothing would please us more than to be able to place on the walls of the Eakins Gallery a tablet commemorating the role that the Alumni Association played in making this reconstruction possible.

What a source of pride and satisfaction it could be to all to wrap up this package of Jefferson history and tradition and make it for all time available to present and future generations of Jefferson students.

Alumni! Doesn't this concept appeal to you? And will you help bring it about?

Be assured you will hear more from us as the project develops. We have pledged ourselves to see it through to a successful termination.
Jefferson may take justifiable pride in its rapidly improving physical face. Visiting alumni, however, frequently find their old haunts changed in location or decor. The single landmark, the identity of which has not only withstood the test of time but added to its luster, is “The Gross Clinic.” The value and vulnerability of this masterpiece required an impermeable plastic shield that has impeded its appreciation by students, alumni and the public. After more than 100 years the Alumni Association through its Executive Committee has determined to provide a new location, visibility and protection that will rival anything in the art world today. It is our purpose to inform alumni of the past history and present plans for what is universally regarded as our true Jefferson heritage.

The story started in 1873 when Thomas Eakins, a Philadelphian destined to become one of America’s foremost artists, studied anatomy under Pancoast at Jefferson and attended the clinics of
the "Emperor of Surgery" of that era, Samuel D. Gross. While thus engaged and sitting on the benches of the old amphitheater, he conceived the idea of painting the surgical clinic as it was then conducted. Such was his admiration for Dr. Gross that it almost enticed him from the field of art into the study of medicine. While thus vacillating, he pursued his artistic studies and sketches from the point of view of the medical class. The completion of this work by 1875 was a voluntary effort on his part and not commissioned by the Alumni Association as some erroneously believe. The confusion stems from the fact that on April 16, 1874 the Alumni Executive Committee did commission Samuel Bell Waugh, an established artist, to do Gross’ portrait. This was completed by February 8, 1875, and presented to the Board of Trustees on Commencement Day, March 11, 1875. The Waugh portrait, which hangs in the Dean’s Conference Room, is a fine work but considered relatively lifeless by some critics.

Eakins submitted his "Gross Clinic" for the Philadelphia Centennial Exhibition in 1876. Much to his chagrin, it was accepted for display only in the room devoted to medical supplies. No comment was made on this decision. Observation hints that Waugh, who was on the selection committee, may not have wanted this portrait to outdo the one of Gross he had just completed at Jefferson. Five other paintings by Eakins, including that of Dr. Benjamin Howard Rand, Professor of Chemistry at Jefferson, were accepted for exhibition in the art section. Negative comments on "The Gross Clinic" were that it was "too dark" or that "blood on his hands repulsed the viewers." In addition, the patient's exposed left thigh, buttocks and perineum were a shocking sight to Victorian eyes.

The delay between the completion of the painting late in 1875 and its purchase sometime in 1878 must not be construed as dissatisfaction with it on the part of the Alumni Association. On the contrary, it seems to have been bought at one of the earliest moments possible. In a notebook kept by Eakins, "The Gross Clinic" is listed as being sold for $200 to the Jefferson Alumni Association. It was presented to the Board of Trustees the next year.

The canvas is 96 × 84 inches, mounted in a massive gilded frame. The signature Eakins, 1875, is located in the lower right corner on the operating table. Eakins at that time was 31 years of age and in a limited sense could be considered an alumnus of Jefferson. The painting graphically depicts a scene that would have been familiar to Jefferson graduates before the use of Listerian antisepsis more than 100 years ago. The distinguished figure of Professor Gross dominates the arena in which he characteristically pauses for a moment to explain to his class the details of removal of a sequestrum from the femur. Surgical instruments, which are still preserved in the archives at Jefferson, are vividly displayed in the left foreground.
With their retractors and hooks to expose the wound, three assistants along with the etherizer, all in street garb, form a pyramid about the patient lying on the right side.

Dr. Daniel Apple holds his position in the right lower corner, while Dr. James M. Barton, Chief of Clinic and later Clinical Professor of Surgery at Jefferson crouches to the side of the master. Dr. Charles S. Briggs, later Professor of Surgery at the University of Nashville, is kneeling at the middle in front of Dr. Gross. Incidentally, his father, Dr. Charles S. Briggs, later Professor of Surgery at the University of Nashville, is kneeling in the right side.

Grosh's grandson, Mr. Orville Bullitt, now subsequently Clinical Professor of Surgery, holding a retractor from the left rear side of Gross, while a right shoulder, coat and knee or knees, appear vaguely on the right.

The patient's mother sits in horror in the lower left corner, shrinking from the sight of her son's blood on the surgeon's knife and hands. It is strange she should have been permitted to be present, especially at a time when women were considered unfit to witness operations.

In the left middleground of the portrait is the recorder, Dr. Franklin West, taking notes at his desk. Dr. Gross always insisted on accurate records in his personal life, clinics and the societies he founded. The background is dark, since even the operating area lacks the illumination so vital to today's surgery. The figures of Dr. Samuel W. Gross the younger is dimly seen in the doorway behind Dr. Barton. To his right is Hughey O'Donnell, the orderly who served the College for many years and collected tumblers of "laudable pus" for Gross' lectures.

The amphitheater made a complete circle, so that only a portion of the class may be seen. The operating table stood in the center of what has been compared to a "bull pit." The table had been made in the early fifties of the 19th century and could have been used by Mutter in his last years. It was subsequently used by the younger Gross, Pancost, Keen, Brinton, Levis, Hearn, Da Costa and other eminent surgeons. Distinguished visitors also lectured from it.

When Jefferson Medical College opened its first hospital on Sansom Street in 1877 the table was moved into the arena. For many years it was misplaced until searched for by Dr. J. Chalmers Da Costa, the first Samuel D. Gross Professor of Surgery, who discovered it in the basement holding oil cans and other waste. The class of 1916 had the table cleaned, repaired and fitted with a a commemorative plate. An additional plate was attached by the class of 1917. At an historic age of more than 125 years it awaits another refinishing. A setting of distinction is planned for the "old operating table" in the new Samuel D. Gross Conference and Archives Room of the Surgery Department under construction on the sixth floor of the Medical College.

"The Gross Clinic" has been on exhibit in various parts of the country throughout the years and is in frequent demand. The latest trip away from home was to the Birmingham Museum of Art from February 7 to March 29 (see page 17). It has achieved world wide recognition and is regarded by many as the greatest masterpiece of American art. Reproductions appear frequently in books on art and medicine. Tempting offers have been received for its purchase by outside sources but the Alumni Association considers the portrait beyond price as a spiritual heritage.

A gala celebration of the 100 years acquisition of the portrait is envisaged when the new plans for display and illumination are consummated.
The Gross Clinic: 
Eakins' 
Masterpiece 
in Birmingham

On Saturday February 7 the Birmingham Museum of Art hosted a preview of its exhibition for Jefferson alumni. At top Dr. Luther F. Corley, Jr., '47, Dr. Noel C. Womack, '47, and Dr. Corley's sons, Dr. Thomas R. Corley, '80, and Dr. Corley III, '79, view "The Gross Clinic" in its exhibition setting. Above: Southern hospitality was extended to President and Mrs. Lewis W. Bluemle, Jr. (second left, far right) by the President of the University of Alabama, Dr. S. Richardson Hill (left), Dean of the University's Medical School, Dr. James A. Pittman, and Mrs. James L. Livingston, Jr., Chairman of the Museum's Board. At left Dr. James R. Cavett, Jr., '45, joins Dr. Womack and Dr. Bluemle in the galleries.
Mr. and Mrs. Livingston, flanked by President and Mrs. Bluemle, are among the first to view the Eakins' masterpiece in its Birmingham setting at a formal dinner Friday, February 6. The exhibition titled "The Art of Healing: Medicine and Science in America" was seen by large audiences through February and March. Included with "The Gross Clinic" were the Jefferson paintings of Eakins' portraits of Forbes and Rand, the Samuel Bell Waugh portrait of Gross and the 1977 class portrait of Professor Richard Berry. At top: Dr. and Mrs. Gamewell A. Lemmon, '46, in the main gallery (note Waugh portrait at left). At right: Dr. Robert A. Cain, '75, with Dean Pittman view Andrew Wyeth's 1949 tempera "Children's Doctor."
Mr. James R. Nelson, art critic for the Birmingham News, began his review with the question, "Can one great painting, a true masterpiece, constitute a great exhibition? The answer is a resounding 'Yes.'" One of the few times that Jefferson has released the painting for an exhibition away from Philadelphia, it was welcomed by the Birmingham community as a "major art event." Above Dr. and Mrs. Noel C. Womack, '47, of Jackson, Mississippi join with local alumni at the Saturday event. Dr. Womack serves Jefferson as its State Vice President for Mississippi. At left Dr. Eugene B. Glenn, '31, (center) active in the community’s art centers, chats with Dean Pittman and President Bluemle.
Dr. and Mrs. Herbert N. Carmichael, '45, (from left) join Mrs. Livingston, Mrs. Bluemle, Dr. Cavett and Dr. and Mrs. Womack on Saturday afternoon at the Museum.

The lower lounge was the setting for the wine reception hosted by the Museum for Jefferson. Volunteers not only acted as hostesses but prepared the refreshments and handled all arrangements. Below Dr. and Mrs. Thomas B. Patton, '41, of Birmingham. He serves as Vice President for the State.
LATROBE: Family Medicine Affiliate

Jefferson Students and Residents Train in a Family Centered Community

by Ella C. Remington

An aerial view of Latrobe, Pennsylvania and its environs reveals sparsely populated, rolling hills. Descending towards the Latrobe Airport in one of Vee Neal or Cumberland Airlines small, twin-engine, commuter planes, the first distinctive structure to appear is the old red brick monastery on the campus of Saint Vincent College with its twin towers gracefully reaching skyward.

Located in Westmoreland County amid the foothills of the Allegheny Mountains, an hour’s drive east of Pittsburgh, the Latrobe area maintains a unique balance of suburban and rural characteristics. The area affords a broad scope of business and industry. It is recognized as the capitol of the cemented carbide tool and the high speed and tool steel industry in the United States. Further, over 45 local firms produce a wide range of products from railroad and mining equipment to sporting goods and athletic training devices. Volkswagen International and Rolling Rock Beer both have plants in the area.

The Latrobe Airport is capable of landing commercial jets. When the Pittsburgh Steelers have had summer camp at Saint Vincent’s, there have been times when they have flown right out of Latrobe to a pre-season game.

Recreational opportunities abound in and around Latrobe. Eleven ski centers in the Laurel Mountains are all within driving distance. The nearby foothills, mountains, streams and lakes provide countless amusements to nature lovers and outdoorsmen. The home of golf great Arnold Palmer, Latrobe has two 18 hole country club golf courses, and nine other courses are located in a 25 mile radius.

The Latrobe area is a nice place to raise a family. Despite its proximity to a major metropolitan area, Latrobe is unaffected by the impersonal attitudes of the city. It has maintained a sense of closeness and community concern.

An outstanding example of this concern is the community’s pride and support of the Latrobe Area Hospital which dates back to 1907 when the hospital received its charter from the Commonwealth of Pennsylvania. Funds for the original 30 room, three story structure were raised in the community by the Tuesday Club, a women’s organization, now called the Latrobe Area Hospital Aid Society. The community has continued to stand behind the hospital which now serves an area of 120,000 and has a 352 bed capacity.

In the mid 1960’s, the Board of Directors, Administration and Medical Staff of Latrobe Area Hospital examined their relationship with their service area and attempted to define their primary objectives as a health care center. Although during the sixties the emphasis in the field of medicine was on some of the new horizons and specialties, Latrobe Area Hospital concluded that its role was and would continue to be that of a community hospital specializing in the health care needs of the families in its service area.
Concurrently, some unique things were happening to the physical hospital facility. The coronary care unit became operational in early 1967, and several major building programs were planned to expand and improve the hospital’s capabilities.

An Ambulatory Care Center, one of the first in the area, was developed. The Center offers out-patient services for laboratory, radiology, audiology and speech pathology. It also has well baby, pre-natal, obesity, diabetic, chemotherapy, pap smear, arthritic and family planning clinics.

The newest hospital building program, a wing which will provide additional space for the Ambulatory Care Center, will be completed in April, 1981. The ground floor of the addition will house the Emergency Department, radiology, out-patient surgery, pre-natal clinic, chemotherapy clinic, arthritis clinic, ambulance ports, out-patient registration and a cafeteria. The first floor will include a new main entrance and lobby, admitting offices, the Social Service Department and an open plaza off of which will be the hospital’s store, the Little Shop.

An elevator tower will provide improved vertical transportation of patients. The second floor will include a recovery room and an operating room nurses station. The third floor will house mechanical equipment, and the fourth, fifth and sixth floors will provide space for the Medical/Surgical Nursing Units. Upon completion of the addition and relocation of the various departments, the hospital plans to renovate other areas of the facility.

The hospital realized its aim of full time coverage in the Emergency Room, and for several years now has had double coverage from eight in the morning until 10 at night. The number of patients treated in the Emergency Room has grown from 6,000 a year in 1965 to 50,000 a year at present.

In its self-evaluation and improvement efforts, the hospital was concerned not only with the caliber of health care within its physical structure but with the total quality of health care in the Latrobe area. The Home Health Care program was designed as an outgrowth of this consideration. Home Health Care is a federally approved program which provides nursing, dietetic counseling, physical therapy, social work and speech pathology to patients in their home environments on orders of their physicians. It allows patients to receive maximum care at a minimum cost by cutting down on unnecessary hospital stays.

Another realm of concern to the hospital was the accessibility of family doctors to the community. According to Dr. Mazero, Latrobe Area Hospital Administrator, “We recognized that in our service area there was a shortage of the primary care physician. We approached some of the local universities to see where they were going with the development of family medicine, but the response was not encouraging.”

Dr. Mazero points out, “Many of our specialists were having problems because there was an insufficient number of professionals to send their patients back to for day to day care once specialty work was completed. We began thinking about some sort of family medicine recruiting program. At about the same time, Dr. John H. Killough, Associate Dean at Jefferson, inquired about the potential for a Latrobe affiliation with the Medical College.”

Dr. Mazero continues, “We were very flattered but were not sure that affiliation was practical because of the teaching potential we had. Our physi-
The residency program involves three years of graduate work and requires Graduate Education in December 1973. Chairman of the Department of Family Medicine only the residency but programs at the undergraduate and postgraduate levels.

Jefferson’s family medicine program was approved by the AMA Council on Graduate Education in December 1973. The residency program involves three years of graduate work and requires recertification every six years. Paul C. Brucker, M.D., Alumni Professor and Chairman of the Department of Family Medicine at Jefferson, was instrumental in establishing the affiliation with Latrobe. According to Dr. Brucker, the family medicine affiliation involves not only the residency but programs at the undergraduate and postgraduate levels.

Junior and senior medical students have the opportunity to select a tract which involves a six week family medicine hospital rotation. Continuing education seminars are conducted to expose practicing family physicians to the most recent concepts and information in the field. (Every two years there is a two or three day post-graduate seminar usually at one of the all season resorts near Latrobe. The next one is planned for August 1981.)

Although affiliate hospitals are solely responsible for their own financial support, they have a cooperative curriculum with Jefferson and remain in close contact. The faculty at affiliate hospitals hold appointments in Jefferson’s Department of Family Medicine.

Family medicine is the only residency program at Latrobe Area Hospital. The community aspect of the hospital makes it a natural, model environment to train family physicians. “Latrobe hospital is part of the community and has open lines of communication with the community. The hospital is continually evaluating its services to determine if they are meeting the wants and needs of the customer, to put it in generic terms. And we attempt to remain aware of just who our customer is,” emphasizes Mr. Korbakes.

Dr. Mazero expounds, “We try to equip students and residents to practice quality medicine and give them a greater sense of understanding of the patients they take care of. There is one thing that community medicine constantly reinforces; it lets the doctor know not only who he is but also gives patients an opportunity to remind the doctor who they are.”

Joseph R. Govi, M.D., Program Director of the Latrobe Family Medicine Program, discusses the characteristics of a good family doctor: “In family medicine you have to have a combination of the intuitive versus the sensing type personality. A totally intuitive person is up in the clouds all the time. He is chasing clouds and never lands on the ground. He has a lot of ideas, but he is not too productive because he doesn’t carry his ideas through to fulfillment. On the other hand, the sensing person is on the ground too much. He doesn’t proceed until he has double checked himself three or four times.”

Dr. Govi feels that both these attributes are necessary for a person in family medicine because a family doctor may be exposed to as many as 30 or 40 patients a day. Therefore, he must not only have ideas but be able to carry them out efficiently.

“There are not too many programs in the country like ours. The medical students train at the hospital family practice office, and we have four satellite offices where we train our residents. We have a full time faculty member and three residents assigned to each satellite office, and these offices operate completely on their own. The offices generate their own patients,” explains Dr. Govi.

Dr. Govi continues, “We have a visiting professor program where a professor from Jefferson comes in monthly and lectures to students and residents. We establish a year’s schedule of topics. Being a community hospital, naturally we don’t have expertise in all areas, so we try to schedule speakers who are experts in areas we do not cover here.”

“The students from Jefferson surround the hospital with a breath of enthusiasm, and we try to make them feel welcome here,” states Dr. Mazero. “We invite them to all of our meetings and tell them to look upon the hospital as their office while they are here.”

Comments Dr. Govi, “The Latrobe Area Hospital experience is good for medical students because it enables them to establish an identity. They have the responsibility to use their knowledge, and they can actually see some positive results of their learning.”

Fluent operation of the Family Medicine program necessitates the capabilities of an individual who is not only a competent director but an exemplary role model. In the second week of his Latrobe rotation, junior medical student, Steve Pearson muses thoughtfully, “I think at Latrobe Dr. Govi’s efforts make it work. You really learn under
him. He asks you questions, and he forces you to think.”

Steve describes a normal day at Latrobe: “We come into the clinic at eight o’clock in the morning, and someone affiliated with the hospital usually lectures on a topic relevant to family practice until nine o’clock. Then from nine until 12, there are patients scheduled to see five of the medical students. The sixth student is usually out at one of the family practitioners’ offices. Each student goes to a family practice office once a week.”

He explains, “The patients we see at the hospital are people we have never seen before. The nurse gives each student a chart for his particular patient. When I receive a patient’s chart, I look at it briefly to see what the complaint is and then go in to see the patient. The complaint could be anything from a rash to a problem which requires an entire physical for black lung. The rash might take five minutes to take care of, whereas, the physical might take over an hour to complete. We can’t do an entire physical on everyone, so we learn to judge what is important to check.”

Steve continues, “After seeing the patient, depending on how much confidence I have in the way I handled the case, I may write up the prescription myself and get everything set. Then I present the case to Dr. Govi. If he agrees with my conclusions, he will sign the prescription. However, if I run into something I’ve never seen before, I’ll discuss it with Dr. Govi. He may go in and examine the patient himself, but after examining the patient, he will discuss everything further and tell me what he thinks. But he leaves responsibility for the patient on my shoulders.”

Medical students’ rotations are determined by a lottery system. Latrobe is a popular rotation, so students must select it early to have a chance of going there. Steve indicates some of the reasons why the Latrobe rotation appealed to him: “All you hear is positive feedback from anyone you talk to about this rotation. A good friend of mine lives nearby in Ebensburg, and he convinced me to select Latrobe. Also, I like to ski, and I knew there would be a lot of snow out here!”

Steve has no regrets about his choice. He says, “The family practitioners I work with are really nice people. Junior medical students work with them in their offices once a week. They are conscientious physicians who care about what they are doing. They are motivated which motivates us. They treat us like people and listen to what we say and think. They point us in the right direction.”

Though he is enjoying his experience at Latrobe, Steve emphasizes that it is not an easy rotation. Medical students are on call every third night. One night they are on call to the emergency room where there is a lot of patient turn over.

Originally from Wilmington, Delaware, Steve speculate if he is going to go into family practice, it will have to be in a small community like Latrobe where he is able to care for the whole family unit.

Larry Kachik, M.D., ’79, who spent his junior year family practice rotation at Latrobe Area Hospital is now a second year resident there and has decided to settle and practice in the area when he completes his residency.

“A community like Latrobe enables a family practitioner to develop an attachment to patients that is impossible in big city hospitals,” Dr. Kachik explains.

As a Latrobe resident, Dr. Kachik has already developed close ties with his patients, and he admits that it bothers him on rare occasions when he must treat another doctor’s patient whose history is unfamiliar to him.

Describing the relationships among the Latrobe family physicians, Dr. Kachik remarks, “The residents do more than just case histories and background work. We have a genuine partnership with the faculty members in charge of our satellite offices. The faculty members listen to us and respect our opinions. They really care. We are a close group of residents, and we do a lot of things together socially.”

Because of the close relationship the residents must maintain while they are at Latrobe Area Hospital, present residents have some say in the selection of new residents, according to Dr. Kachik.

The recreation opportunities the Latrobe area affords appeal to Dr. Kachik. He has a horse and enjoys riding and playing golf in his spare time.

The program started with nine residents, according to Mr. Korbakes, with three residents in each year of training. However, after the first year of the program, the number of residents was increased to 12.

“Everyone on the staff,” states Dr. Govi, “is very willing to lecture, teach and even have students and residents in their offices in town. The strong point of the program has to be the cooperation everyone gives. The staff almost jealously regards teaching opportunities. For instance, if I don’t call on someone to lecture for awhile, they will call me and ask what’s the matter! We strive to keep everyone involved, and we also strive to keep the students and residents turned on to the hospital. We’ve got the hospital turned on to teaching.”

After enthusiastically discussing the potential of the hospital’s new CAT Scanner, John S. Parker, M.D., Chief of Medicine at Latrobe, spontaneously remarks, “The real meaning of physician is teacher. In his daily work, a physician naturally teaches his patients how to take care of their health. Thus, teaching the residents as they are working with us is a very instinctive process.”
There is a great deal of intimacy between faculty members and residents. A lot of down in the trenches type conversations take place on a day to day basis. Both residents and faculty are concerned about satisfying each others needs,” comments Dr. Mazero.

Alexander G. Paterson, M.D., '75, is a former Jefferson resident at Latrobe Area Hospital who remained in the area. Dr. Paterson is the faculty member in charge of one of the hospital satellite offices, Pleasant Unity.

Though on vacation, Dr. Paterson stops by the hospital on his way to take his three year old daughter, Alexandra, out for an orange sherbet. While Alexandra quietly entertains herself with paper and crayons, Dr. Paterson reflects on his role as a faculty member: “My main job is to teach residents though if I have a free moment I spend a little bit of time teaching students. As the faculty member at Pleasant Unity, I supervise three residents, one from each year of training. I am responsible for teaching them the bulk of their out-patient medicine. I am in the office every afternoon while they are seeing patients. We review the patients and discuss their management.”

Dr. Paterson believes that residents have to be exposed to a significant number of patient problems in order to be able to eventually handle the majority of cases that they will see in family practice. Thus, he stresses to his residents that they must be good not only in dealing with people but good in medicine. He encourages them to read in depth about problems they are not clear on.

On an average day, Dr. Paterson spends about an hour in the morning at the office seeing patients. Then he goes to the hospital and makes rounds with his senior resident who is in charge of all his in-patients. After making rounds, Dr. Paterson and his resident will discuss any problems or anything that the resident wants to talk about. On slow mornings, Dr. Paterson may spend the latter part of the morning teaching medical students in Dr. Govi’s office. In the afternoon, he will see patients at the office with one or two of his residents.

Dr. Paterson depicts the Latrobe Area Hospital service area: “We serve a very wide range of people in this community. The majority are hard working, middle class people. A lot of the men in the area work for one or another of the steel mills. There’s a tremendous amount of mining in the areas of Blairsville and Saltsburg where two of our satellite offices are located, so we serve a significant number of miners and their families. It’s a good community in general. Everyone kind of has an idea of what is going on in the area.”

Dr. Paterson believes the medicine that is practiced at Latrobe Area Hospital is top notch and feels it is important to practice in a community where the other physicians are dedicated to providing the highest quality of medical care. Expressing some of the reasons behind his decision to practice in the Latrobe area, he states, “A unique aspect of the Latrobe Area Hospital is the esprit de corps among all the physicians. I enjoy being able to sit at lunch with 10 or 12 physicians, all from different specialties, and discuss cases or politics or whatever else we feel like.”

He continues, “The paramedical staff is also very dedicated. Even though we are a 352 bed hospital, I am still able to know most of the nurses and most of the housekeeping staff. Everyone knows each other and tends to get along which makes for better medical care for the patient, and that is really what we are all about.”

Dr. Paterson contemplates the differences between the present residency program and the program when he was a resident: “The training when I was a resident was out of three offices, the Latrobe, Saltsburg and Pleasant Unity offices. At that time the residents rotated from office to office which gave us the opportunity to see three different communities. But there was a problem because the program was attempting to install a sense of continuity of care in the residents and moving from community to community every year made this tough. Now residents are assigned to the same office for three years, and I think this was a change for the better.”

The present system allows residents to pick up patients during their internship and follow them through their entire stay in the area. This benefits not only the resident but also the patients because they have one physician taking care of them, rather than two or three who are rotating through the office.

"Remaining at one office allows the resident to build up a little bit of a base population should he decide to practice in the area. We have had several resi-
Daniel DiCola, M.D. '78 at Pleasant Unity Satellite Office (above)

Alexander Paterson, M.D. a former Latrobe resident, is the PU faculty member

dents stay in the area. When they have left the satellite office, many of their patients have followed them. In a sense, our offices are self defeating because we turn out good graduates who take patients from us. But that's part of the game. We are happy when the fellows remain since our goal is to get good doctors to stay in the community," says Dr. Paterson.

Teaching not only stimulates Dr. Paterson to stay abreast of the latest medicine but also gives him a chance to get across a sense of what is important to his residents.

"I try to get across to them," he notes, "that it is necessary to spend time outside of medicine. When they are working 12 hours straight, they should put in their 12 hours and really work. But when they are off, they should do something other than medicine. Because if they let medicine become too much, they can become stagnant. A person can't practice good medicine, have a good home life and stay sane if medi-
of Planning and Health Care in Underserved Areas conducted a study in 1974 to evaluate the delivery of health care in selected underserved regions of the Latrobe Area Hospital service area. Findings at the time revealed that the hospital needed to improve and expand various facets of care.

Problems included a need for more primary care physicians, unnecessary utilization of both physician's services and the hospital emergency room, limited transportation to medical services for older persons and families without cars, the lack of a central information center, a need for non-medical services such as homemakers, companions and counselors and the cost of health care as a deterrent for families with modest incomes.

The hospital has made great strides in solving these problems and is continually taking measures to upgrade the quality of health care in its service area. The family practice affiliation program with Jefferson has been a significant factor in improving area health care.

"The program has been beneficial from a service standpoint alone," remarks Dr. Mazero. "The residents, even while they are training, see and service a lot of medical problems and potential medical problems. The number of patients they see in various areas averages anywhere from 750 to 1000 a month. In addition, the presence of the residents serves as a stimulus to the medical staff encouraging innovative thinking and current reading and education."

States Dr. Govi, "As far as our benefits from the students are concerned, we reap a tremendous amount from the students being here. Having eight to 10 fresh intellects arrive here every six weeks keeps us at an academic level we can't go below. So I consider our gold standard as far as academic achievement."

According to Dr. Govi, it is usual for about 60% of post graduates to stay in the area where they were trained. Thus far, Latrobe has had about 50% or a little more of its residents stay on in the area. So the program has helped to increase the number of family physicians in the area.

Dr. Mazero notes, "There are also things that occur in the upper echelons of the institution because of our affiliation with Jefferson. Dr. Killough and Dr. Brucker have been tremendous. They have enriched Dr. Govi and me with a feeling of confidence. We know that if we have problems, they can help us or if they can't help us, they can advise us where to go for answers."

Commenting on the decision to start the family medicine program, Dr. Govi says, "We could have gone in other directions. For instance, we could have bought a cobalt machine for about the same amount of money, but we decided on the program because we felt the community needed family doctors more than a cobalt unit. They could still get cobalt in Pittsburgh."

Analyzing the hospital's role, Dr. Mazero states, "Forty miles down the road we have five hospitals that do open heart surgery. We have three burn units, a trauma center and a university churning out 200 medical school graduates a year. These are all available to us. Anything we would do other than just be a good community hospital would be duplicating what is 40 miles down the road."

"People have a pretty good idea of what kind of medicine they want regardless of their educational background. Families expect to be notified when their loved ones have complications. Family medicine is associated with a lot of emotional back and forth between the doctor and the patient. The physician who resists this kind of interplay probably should not be in family medicine. This includes specialists and sub-specialists that come to Latrobe. They have to become involved beyond the science of medicine," reflects Dr. Mazero.

He concludes, "Our patients are willing to go to Pittsburgh or even Jefferson when the situation demands. But primarily they want to be started on the road to recovery in their own back yard."
1922

Marshall R. Metzgar, 41 N. 7th St., Stroudsburg, Pa., was awarded the honorary degree of Doctor of Laws from Lafayette College for his consistent devotion, his time and interest to higher education and his humanitarian practice of medicine for over half a century.

1923

Cataldo Corrado, 136 E. Fayette St., Uniontown, Pa., is practicing medicine part time. The Uniontown community honored Dr. Corrado on his 50th anniversary in practice at a banquet attended by over 500 persons and presented him with a plaque from the Foundation of the March of Dimes. Dr. Corrado and his wife, Esther, are anxious to hear from classmates and welcome "any 1922-1923 classmates staying this way anytime."

1926

Gerrit J Bloemendaal, Box 325, Ipswich, S.D., is looking forward to the 55th class reunion.

Philip B. Davis, 1225 S. Ocean Blvd., Delray Beach, Fl., sends greetings to all his classmates. Dr. Davis has been spending winters in Florida and summers in High Point, North Carolina since 1967 when he suffered a massive heart attack. He writes, "I enjoy good health."

1927

Donald P. Ross, 325 Beach Rd., Tequesta, Fl., writes, "My wife, Molly, and I are living in Florida for six months and in Niagara Falls, New York for several months and on an Island in Canada for the rest of the time. I am eternally grateful to Jefferson and her great teachers."

1928

Jo Ono, 6-13 Roppongi 6-Chome, Minato-Ku, Tokyo, following a meeting on the west coast, traveled to Tampa, Florida for a visit with his former Professor, Louis H. Clerf '12. Dr. Ono is scheduled to give the Clerf Lectureship at Jefferson in May.

1930

Richard B. Nicholls, 901 Hampton Blvd., Norfolk, Va., still most active in his gynecological surgery practice at the Norfolk General Hospital, has received both the AMA and the Medical Society of Virginia Continuing Education Award approved to April, 1983. He also was cited for his 50 years in medicine by the same Society and the Norfolk Academy of Medicine. Dr. Nicholls notes "I send my warmest regards to all of the class of 1930 and want them to know that I regret not being at the 50th reunion."

1931

Nathan Ralph, 826 Deerfield Ln., Bryn Mawr, Pa., is looking forward to the 50th reunion and hopes the attendance will be the best ever.

George J. Ravit, 139 Killington Ave., Rutland, Vt., writes, "I continue to practice but on a reduced scale."

1932

David Gelfand, 1722 Pine St., Philadelphia, is now retired.

Jacob Lichstein, 3870 Latrobe St., Los Angeles, was invited to become a Fellow of the Menninger Foundation during the past year. He also was listed in Who's Who in American Jewry, Who's Who in World Jewry and Who's Who in the World. Currently Dr. Lichstein is working on a projected book dealing with the psychosomatic aspects of gastrointestinal disorders.

Joseph Lomax, 610 San Servando Ave., Coral Gables, Fl., has been retired from practice for six years.

Carl S. Lytle, 1206 E. Silver Springs Blvd., Ocala, Fl., is enjoying his solo practice.

Edward Gartman writes that he and his wife have moved to a retirement home at 76 Fairhaven, 7200 Third Avenue, Sykesville, Maryland. Included in their comfortable cottage is a studio where Dr. Gartman works at his water colors. "I've been doing them almost my entire life but I'm beginning to get somewhere—at least some people like what I've done enough to buy one occasionally."

1933

Harold T. Fuerst, 510 E. 77th St., New York, recently retired as Professor of Community and Preventive Medicine at New York Medical College and Chief of Preventive Medicine Services at Metropolitan Hospital. Dr. Fuerst recently made a trip to Scandinavia.

Isaac E. Harris, Jr., 1830 Hillandale Rd., Durham, N.C., writes that he is happy and doing well. Dr. Harris has given up general surgery and is confining himself to anorectal surgery. He is associated with the Durham Clinic which he helped to form many years
ago. He is perfecting his golf game in his spare time and sends his regards to his classmates.

Anthony M. Sellitto, 115 Connett Pl., South Orange, N.J., has recovered from his recent illness and is doing well. Dr. Sellitto has retired from active practice. He is looking forward to the next Jefferson trip and sends his regards to all his classmates.

1935

S. Sprigg Jacob III, 421 Curtis Rd., East Lansing, Mi, and his wife are very proud of their two sons who are practicing law. One son has a practice in Atlanta, Georgia, and the other in Palo Alto, California.

1936

George L. Erdman, 2127 Lagoon Dr., Dunedin, Fl., is active in his retirement. He was in Miraj, India, during the 1979 Christmas holidays doing a second tour of volunteer work in a Presbyterian mission hospital as a consultant pathologist.

Robert T. Wong and his wife, Harriet, of Honolulu, spent time with classmate Leonard W. Parkhurst and his wife during the Parkhursts' recent visit to Hawaii. Both the Wongs and the Parkhursts are looking forward to the reunion in June. Dr. Wong writes, "visiting Philadelphia is like returning home for us."

1937

John R. Ewan, 916 19th St. NW, Washington, D.C., is still in solo practice.

Frederick L. Weniger, 108 Franklin Ave., Pittsburgh, is now retired.

1938


1939

George Evashwick, 204 Roswell, Long Beach, Ca., is serving as Chairman of Continuing Education of the International College of Surgeons, a post he has held for two years.

Thurston G. Powell, 418 Glen Rd., Weston, Ma., has been enjoying retirement since May 1, 1978.

1942

Edward F. Murray, P.O. Box 391, Bernardsville, N.J., has retired as Chief Medi-cal Examiner for the County of Essex in New Jersey.

1943

Harry V. Armitage is practicing surgery at Crozer Chester Medical Center in Chester, Pennsylvania, where he is Chief of Surgery. Dr. Armitage is also Professor of Surgery at Hahnemann and Chairman of the Board of Pennsylvania Blue Shield.

1944J

Raymond A. McCormack, 125 Buckingham Ave., Trenton, N.J., has retired from his private surgical practice. Dr. McCormack is now with the State of New Jersey at the Trenton Psychiatric Hospital as a Staff Surgeon. Dr. McCormack has eight grandchildren and expects to have a ninth in the near future.

1944S

Richard H. Ross, 646 Golfcrest Dr., San Antonio, Tx., has retired from his position in the comprehensive (military) health care planning element in the Academy of Sciences, U.S. Army. (The Academy used to be called the Medical Field Services School.)

1945

Harry W. Fullerton, Jr., 207 Shell Rd., Carney's Point, N.J., was re-elected Chief of Staff at the Salem County Memorial Hospital.

1946

John J. Hanlon, Jr., 525 W. Winding Hill Rd., Mechanicburg, Pa., is actively involved in the Family Practice Residency Program at Harrisburg Hospital. Dr. Hanlon's son and three daughters are all finished school and married, and he has one granddaughter.

1947

Edgar C. Hanks, Hudson View Gardens, 116 Pinehurst Ave., New York, is Professor of Clinical Anesthesiology at the College of Physicians and Surgeons, Columbia University. Dr. Hanks is also in charge of ophthalmological anesthesia at Presbyterian Hospital.

Charles J. Rodgers 511 W. 4th St., Williamsport, Pa., and his wife Edna are well. Dr. Rodgers writes, "Mary, Ann, Tom, Peg, Joan and Kate are on their own now. Frances is at Ithaca College. John is applying for pre-med next year and hopes to reach Jefferson in 1986."

Bequest

Jefferson Medical College is the recipient of a gift of $223,338 from the estates of Dr. George B. McClellan Wilson and his wife, Nina Moore Wilson. Dr. Wilson, who died in September 1978, served as Medical Director and psychiatrist at the State Correctional Institution at Camp Hill from 1941 to 1973. A resident of Mechanicsburg, Pennsylvania, Dr. Wilson was a member of the American Psychiatric Association.

Civil War Major

While quail hunting, Dr. Gurdon R. Foster, Jr., of McDonough, Georgia, came across a family cemetery in Henry County, some 40 miles south of Atlanta. Of interest to Jefferson alumni is the tombstone of Thomas Washington Atkins which reads "Sacred to the memory of Dr. Thomas Washington Atkins, son of Joseph and Margaret Atkins, who was born November 6th, 1835 and graduated Doctor of Medicine in the year 1861 at Jefferson College in the city of Philadelphia. He held commission as Captain of Co. A 53 Geo Vol., when he fell mortally wounded while discharging his duties of Major of his Regt at the battle of Gettysburg, Pa., and died July 4th, 1863, aged 27 years, 7 months and 29 days."
Vacations are many things to many people. To my wife, Christine, and I, happiness at vacation time is motoring in cap and duster. We have been interested in antique cars for nearly 30 years. My initial interest began when I was in the service during World War II. I found I had spare time, and I started building model cars to entertain the children. We have two sons, who are both graduates of Jefferson, and a daughter who is now teaching school. The model cars sparked my family’s interest in antique cars, and visiting museums and attending antique shows became a family affair.

The acquisition of a Model T in 1953 started our family hobby of restoring antique cars. In the beginning, we bought and sold old “clunkers” that did not have the original parts. We learned on these “clunkers” and eventually bought four cars which were easily restored to their original condition. We did not have any desire to create a museum. We have a garage that can contain four cars and we quit at four, a 1911 Brush, a 1904 Curved Dash Oldsmobile, a 1912 Buick and a 1911 Chalmers.

There is fulfillment in the restoration of an innate pile of junk to viability. Charlie, as we fondly call our 1911 Chalmers, a gentleman’s runabout, was literally a collection of junk before restoration. When we first bought Charlie, the car was dismantled and hibernating in baskets because the previous owner had been unable to accomplish final rejuvenation. Only basic tools are required to explore the innermost working of an aged, self-propelled vehicle such as Charlie, and the exploration process reveals the impressive knowledge and workmanship possessed by our forbearer craftsmen.

It took 18 years for Charlie to reach the winner’s circle. Then with unrelenting regularity, he garnered trophies, culminating in the Senior National First Prize. The antique car buff is unlikely to hide the fruits of his labors in the dark corner of a garage. Even after the painstaking restoration process, he is gregarious enough to compete on the open road with members of the cult within the confines of organized club rules. He competes despite the knowledge that his pride and joy will accumulate scars from highway flying debris—quite unlike the dust, mud and horse manure of earlier times. Thus, with trophies cached, Charlie entered and took his place in many runs. The races Charlie enters are based on the Reliability Tours of the 1905-1913 era which were organized to prove the American automobile a reliable means of transportation.

The peak of Charlie’s touring career was in June 1979. We trailerd the car to Key West, Florida, to take part in a Canadian-American Transcontinental Reliability Tour. Fifty-five antique automobiles, vintage 1914 or older, lined up at Hotel Casa Marina in Key West to launch the tour, which would involve 160 people, cover 5600 Km in 30 days and terminate in Halifax, Nova Scotia.

The weather was negotiable as we set out on the course. As we approached Ft. Lauderdale, the end of the first leg, one tire softened. Two major tire outlets turned us away and denied having the expertise to repair vintage tires. We parked in the shade of the Surf marquee and began the ritual of tire patching. Soon an observing octogenarian, a fellow traveler, took the tools, murmured something about a clumsy doctor, and began showing off his knowledge. The incident revealed to everyone what a nice hydraulic jack we had packed, and the jack was loaned many times before the Tour was over.

The next morning we felt a very hard drag in “cranking up.” Again, another driver found the trouble in a shorted magneto. The magneto’s insulation had melted in the previous day’s run in the intense heat of the Florida Keys. We feared we were finished; that is, until another driver announced he had lugged along a recently restored “mag.” It did not fit his Chevy ’14, but he had brought it along reasoning someone just
might need a German Bosch DU4.

Camaraderie permeated the whole journey; the travelers had the cohesive-
ness of a common cause. Speed was out; safety was in. It was neither a race, nor
a convoy. It seemed more like a rolling museum. The only criteria was the ar-
ival at certain designated check points before six P.M.

Three cars were out of the race before the Tour left Florida. Near Vero
Beach, an encounter with a flat bed crunched a 1910 Overland Runabout
into a hopeless mass. The driver sus-
tained a broken femur. A 1912 Oldsmo-
bile Limited, a huge seven passenger
touring, was shipped home when the
fan loosened and ploughed into the radi-
ator. A 1906 Mercedes cancelled with
a clutch problem.

After a short stop at Ormond Beach
(the birthplace of speed), a turn on the
Daytona Track and a parade through
Disney World, we left Florida. We
drove through the midlands of Central
Georgia and the western tip of South
Carolina and then had a rest day sight-
seeing in Asheville, North Carolina.

Early the next morning we struggled up
to the Blue Ridge Parkway under an
overcast sky. It began to drizzle and we
were soon engulfed in low hanging
clouds, but we were prepared with rain
gear, hoods, goggles and plastic over
our lap robes. The steady belching of
the muffler cut-out under power, com-
bined with the backfiring of the engine
downhill, made conversation difficult.

We resorted to sign language. Charlie is
topless and has only a monocle attached
to the right hand steering post in front
of the driver for a windshield. The
steady drone in our ears and the wind
and rain in our faces conjured up mu-
sings of automotive pioneers who had
endured much more trying experiences.

One pioneer from the early period of
automobiles was Dr. H. Nelson Jackson
of Burlington, Vermont, who drove a
one cylinder open 1903 Winston across
the continent in 63 days.

Climbing around a bend, we came
upon a cluster of people and antique
cars. The oil pan of one car had been
dropped and the travelers were busy
fashioning a connecting rod bearing from
the driver’s leather belt. A phone
call to a home machine shop brought
new bearings by air the next day.

Further along the course on a steep
downhill slope, we began to smell and
see smoke billowing from under our lap
robes. We stopped on the shoulder. The
driver shouted an order to jump, but
neither he nor his wife could execute
the command with any degree of alert-
ness because it took time to get free of
the rain gear. Lifting the floor boards,
the smoldering brake lining attached to
the driveshaft was rapidly quenched by
the fire extinguisher cached in the
cockpit.

We downshifted into Roanoke. By
this time we had molded ourselves into
maintenance patterns. At the end of the
day, we would fill up with gas, oil and
water. All the men folk would check
their vehicles carefully, turning down
grease cups, tightening water pump
packing and adjusting brakes. The more
time consuming chores were done on
the rest days. The women would busy
themselves with the laundry, most of
which was done by hand since the auto-
mats were overcrowded. At 7 P.M.
sharp, the restoration hour, the travelers
gathered to discuss happenings of
the day and plans for the morning. We
promptly sacked out when dinner was
over.

Murmurs of mutiny were heard as we
contemplated return to the mountains
for the final leg of the Skyline Drive.
The night before we had inched our
way down the mountain gap into Luray
where we bedded down. The lead
driver led the pack back to the moun-
tain, but did not turn to look at those
who sneaked over to I-81 for any easy
run to Winchester, Virginia.

Most thought that the tough part of
the Tour was past. Little did they real-
ize that there were long, rolling hills in
eastern West Virginia and western
Pennsylvania and Pennsylvania potholes
still to be overcome. It was virtually
impossible to miss all of the potholes.
Whenever Charlie hit one, it would
make him shimmery. This required a com-
plete stop to interrupt the cycle. Along
the way, a Simplex broke a spring, and a
Mercedes had 14 flat tires.

The daily pit stops, usually for lunch,
were interesting. They were hosted by
local car clubs, chambers of commerce
or museums. We consumed mountains
of doughnuts and gallons of coffee. One
noon we stopped in Jamestown, New
York. My friend in Jamestown, dis-
traught with anxiety over news of
trouble with Charlie’s foot brake, arose
early. On our arrival, he herded us into
a parking stall where he proceeded to
remove the brake assembly. He took it
to a local automotive machine shop, and
after lunch recovered the repaired
brake lining and reinstalled it. Little
time was lost in getting started for Niag-
ara Falls. Enroute we stopped to offer
assistance to a Stanley Steamer. The
Stanley’s broken axle had already been
removed and was on its way to be
welded. Another Stanley was farther up
the road with steam valve malfunction,
and it limped into the next village
where necessary repairs were
accomplished.

We had another rest day in Toronto
where we were entertained for brunch
at a suburban estate. Under a large tent,
we were served generously at tables set
with floral centerpieces, fine linen and
silverware. Thoroughbreds grazed in
nearby paddocks, and many beautiful
restored classic cars were housed in
sheds.

In Ottawa we spent the day sightsee-
ing. A Locomobile 1913 had ruptured
its back cylinder jugs, the second inci-
dent on the Tour involving a broken
connecting rod. This time a friend in
Boston removed the jugs from a similar
car and flew them in by charter. Just
outside the Ottawa city limits one of the
antiques broke some teeth on the dis-
tributor shaft. As the driver stood by his
car with open hood, contemplating the
next move, a ten year old native boy
volunteered that his brother could fix it.
His brother did, indeed, have a machine shop within the block, and even had the machine to cut beveled teeth which the part required.

As we approached Montreal, we got hopelessly lost in the maze of high speed traffic patterns. A truck driver's response to our inquiries was unsatisfactory because so many of the streets had French names. In disgust, the truck driver motioned us to follow him. We followed the truck to LeChatel Champs-Plain. Under the marquee, we heard the labored chugging of an antique. Suddenly, there was a sharp sound like a rifle shot. We turned to see a National '06 lurch to an abrupt stop, engulfed with steam. Water and oil covered the street, trickled into the gutter and down the hill. Another jug was broken by a wandering connecting rod.

The route along Lake Ontario and the St. Lawrence river was flat and easy for our machines. At Riviere-du-Loup, we turned southeast into the Province of New Brunswick, resting in Edmundston and Fredericton. We had neither pushed, towed or kicked our tour car. Though capable of 80 kilometers per hour, Charlie was restrained to a comfortable 50 kilometers, and we did not allow ourselves to pass any other tour car while in motion. We had kept a low profile since Charlie is unmodified with his original cast iron pistons, updraft carburetor and ignition system.

We crossed the border and slept in Amherst, Nova Scotia. The next day in clear, crisp weather, we began our steady run along the open road. In the shadows of the late afternoon sun, we ascended a high bridge and looked down on the spacious Halifax Harbor, which is venerated in legend and history. The harbor has played a major role in history, not in combat but in the logistics of two world wars.

The struggle was over. Charlie had again proved himself reliable and capable of replacing the horse and carriage. He had traveled a total of 12,000 kilometers, 5000 on his own power. He was carefully secured in his trailer bed along with his new trophy and ferried from Yarmouth to Portland, Maine. Charlie had served with distinction. The odyssey was terminated.

Christine summed up the experience: "It's nice to be home again after checking into 27 different places. We are back with a worn Trip-tik and a wealth of memories."

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Chapter President
S. Stuart Mally '49 is serving as President of the New Jersey Chapter of the American College of Surgeons. He was installed at the clinical meeting held in December in Atlantic City. Dr. Mally, who served as Chairman for the two day convention, was joined by several other Jefferson alumni and faculty on the program. They included Elmer L. Grimes, Clinical Professor of Surgery, Earl Kanter '51, Director of Ob-gyn at Shore Memorial Hospital, Gerald J. Marks '49, Professor of Surgery, Francis E. Rosato, Samuel D. Gross Professor of Surgery, Robert J. Rubin '53, Associate Clinical Professor of Surgery at Rutgers Medical School, and Blackwell Sawyer '56, Chief of Orthopaedic Surgery at Point Pleasant Hospital.

Edgar C. Smith, 1218 Weymouth Rd., Wynnewood, Pa., is a member of the Delaware County Medical Society Board of Directors.

1948
Eugene P. Hughes, 113 W. Chestnut Hill Ave., Philadelphia, writes, "My son Eugene Jr., '75, will join Northwest Surgical Association after completing a one year fellowship at Lahey Clinic in Boston. I'm looking forward to his joining our surgical group."

James J. Humes, St. John Hospital, 22101 Moross Rd., Detroit, received the 1980 Distinguished Service Award for outstanding contributions to American pathology at a joint session of the College of American Pathologists and the American Society of Clinical Pathologists in St. Louis. Vice President for Medical Affairs at St. John Hospital, Dr. Humes is a past President of the American Society of Clinical Pathologists and serves as its Commissioner on Medical Laboratory Personnel. He is also a Fellow of the College of American Pathologists.

1950
Wilbur J. Harley, 241 Flintshire Rd., Winston-Salem, N.C., writes, "Flo and I were sorry to miss the reunion party in June 1980. Our last son is in his second year of college, and we just welcomed our first grandson via our oldest son's family."

1951
Peter Chodoff, 716 Hickory Lot Rd., Towson, Md., writes "I have been on the faculties of four medical schools which has made me realize even more the excellence of my education at Jefferson."

Victor F. Greco, E-Z Acres, Drums, Pa., has been honored by Lackawanna Junior College with the establishment of the Dr. Victor F. Greco Humanitarian Award. The Award, to be given annually, recognizes his outstanding work in both his community and the state. Dr. Greco is also serving as the Penn State Chairman of the Easter Seal Society.

Howard C. Mofenson, 160 Emory Rd., Minoa, N.Y., Professor of Clinical Pediatrics at Stony Brook, is also serving as Director of the Poison Control Center of the Nassau County Medical Center in East Meadows.

Benjamin R. Paradee, 9 Colonial Ridge Dr., Haddonfield, N.J., is giving up private practice to accept the Medical Directorship of Medford Leas, a retirement community. Dr. Paradee's first grandson was born on February 14, 1980.

Irwin L. Stoloff, 628 Chelten Hills Dr., Elkins Park, Pa., writes, "My daughter Amy will graduate from Princeton University in June and will enter the freshman class at Jefferson in September."

1952
Joseph Hodge has relocated his general thoracic and cardiovascular surgery office to the Hodge Building, 864 North Church St., Spartanburg, South Carolina.

Burwell M. Kennedy, Box 666, Ripon, Ca., has a son, Scott, who will graduate from Jefferson in June, and he hopes to attend the graduation. Dr. Kennedy's daughter, Kathleen, a 1978 graduate of Jefferson, is in her second year of family practice at Sacramento Medical Center. Dr. Kennedy has resumed his practice in Ripon after two years in the Middle East.

Edward M. McNinch, 1820 NW Edgell Dr., Camas, Wa., is enjoying his family medicine practice. Dr. and Mrs. McNinch are proud of their son, Malcolm, who will graduate AOA from Jefferson in 1981. Their youngest son, Gregg, will enter Jefferson this year, and their daughter, Wendy, is studying for the Presbyterian ministry at Harvard and Tubingen, Germany.

William Stepansky, 2000 Valley Forge Circle, King of Prussia, Pa., will be joined in his practice of medicine this spring by his son, David, who is completing his residency in internal medicine.

1953
Thurman Gillespy, 1075 Mason Ave., Daytona Beach, Fl., is establishing the Gillespy Traveling Fellowship Fund through the De-
partment of Orthopaedic Surgery at Jefferson. The fund will support graduate education for third or fourth year residents who then will bring new concepts back to share with Jefferson colleagues.

William K. Jenson, 8373 Prestwick Dr., La Jolla, Ca., recently had a nice visit from classmate Irwin Jacobs and his wife, Anna, of Coral Gables, Florida.

Jay A. Nadel, 2373 Pacific Ave., San Francisco, is Director of the interdisciplinary research training program in pulmonary diseases at the University of California in San Francisco. Dr. Nadel is also Chief of Pulmonary Diseases. Thus, he keeps busy teaching, conducting research and administering.

1954

Jerome Dersh, 606 Court St., Suite 200, Reading, Pa., is President of the Pennsylvania Academy of Ophthalmology and Otalaryngology and Chief of the Department of Ophthalmology at St. Joseph Hospital in Reading.

Robert A. Hinrichs, 2007 Galatea Terr., Corona-Del-Mar, Ca., writes, "John S. Hamilton '54 drove up from San Diego while he was attending a radiology meeting. He has not changed in these 26 years!"

1955

Edward C. Bradley, M.D., 321 Willing's Alley, Philadelphia, has been appointed Clinical Associate Professor of Medicine at Jefferson.

Joseph S. Harun, Roxiticus Rd., Mendham, N.J., is Corporate Vice President of Regulatory and Scientific Affairs at Carter Wallace Inc. in Cranberry.

Joseph R. John, 2210 McCutchen Pl., Pensacola, Fl., is now entirely involved in angiography and interventional radiology. Dr. John finds the practice satisfying and intellectually stimulating.

Julius L. Markowitz, 12625 La Mirada Blvd., La Mirada, Ca., writes, "My daughter, Laurie, is a freshman at Jefferson and appears to be enjoying her medical studies very much."

J. Donald Schultz, RD #1, Shelburne, Vt., practices general medicine at the Health Service at the University of Vermont and enjoys his association with college students. Dr. Schultz writes, "Vermont sets a delightful pace to work and live. My wife, Hope, continues to work to help get our younger two boys through college. Our eldest finished her undergraduate work in 1979. I gather I missed a good 25th reunion this past June."

Paul M. Selfon, 13116 Foxhall Dr., Silver Spring, Md., has been elected President of the American Academy of Federal Civil Service Physicians for 1981. The Academy is a recently established organization receiving administrative support from the Medical Society of the District of Columbia.

1956

Eugene F. Bonacci, 773 Teaneck Rd., Teaneck, N.J., has been recertified by the American Board of Surgery.

C. Robert Jackson, Madison Medical Center, 20 S. Park St., Madison, Wi., received the 1980 Presidential Award of the Dane County Medical Society for long, faithful and effective service in the Society's legislative activities.

Wilbert G. Lundgren is Director of Surgery at the Maple Avenue Hospital in Dubois, Pennsylvania.

1957

Robert M. Allman, 4301 Jones Bridge, Bethesda, Md., Colonel United States Air Force, was appointed Chairman of the Department of Radiology and Nuclear Medicine at the Uniformed Services University of the Health Sciences.

Martin G. Blechman, 280 Prospect Ave., Hackensack, N.J., gave a speech entitled "Diabetes: Does Control Make a Difference?" at the Maurice M. Pine Free Public Library in November. Dr. Blechman is Co-chief of the diabetes section at Hackensack Hospital and maintains a private practice in internal medicine there. He is also a past President of the American Diabetes Association, New Jersey affiliate.

Stephen J. Kendra, 4209 Hermitage Rd., Virginia Beach, Va., has retired from the U.S. Navy after 23 years of active duty. Dr. Kendra is the Director of the Chesapeake Virginia Health Department. He and his wife have three children.

Lowell D. Mann, 8 W. Bainbridge St., Elizabethtown, Pa., completed a residency in psychiatry at the Pennsylvania State University Hershey Medical Center in June and was appointed Assistant Professor of Psychiatry at the Pennsylvania State University in July.

Ronald M. Match, 10 Medical Plaza, Glen Cove, N.Y., gave a paper titled "The Management of the Pouce Floutant" during the November meeting of the Jefferson Orthopaedic Society in Philadelphia. He also attended an eight day orthopaedic meeting in Switzerland in December. "Was able to ski part of each day. Also visited with classmate Phil Marone who was into cross-country skiing."

Howard S. Richter, 26 Suzanne Rd., Lexington, Ma., has resigned as Chairman of the Department of Internal Medicine at Choate Memorial Hospital to accept a position as President-elect of the Medical Staff.

1958

Sidney H. Arden, 1196 Dickinson Dr., Yardley, Pa., is Director of Laboratories and was elected President of the Medical Staff at Frankford Hospital.

John H. Bowman has relocated his ophthalmology practice to 1655 Crooked Oak Drive, Lancaster, Pennsylvania.

George A. Griggs, 6 Oxford Mews, Poquoson, Va., is Chief of the Pulmonary Disease Section at the Hampton VA Hospital and Associate Professor of Medicine at Eastern Virginia Medical School in Norfolk.

James E. McGrath, 1131 Norsam Rd., Gladwyne, Pa., has been appointed Clinical Associate Professor of Radiology at Jefferson.

Joseph J. Turchi, 214 Croft Ridge, Brookmall, Pa., has been promoted to Clinical Associate Professor of Medicine at Jefferson.

1959

Charles K. Gorby, 138 Brookline Blvd., Havertown, Pa., was presented with the Four Chaplains Legion of Honor Award at the Chapel of Four Chaplains on July 4, 1980.

Richard S. Kolecki, Associate Chairman of the Department of Pathology and Blood Bank Director at West Jersey Hospital System in Camden, has been elected Director of the Northeast Division of the American Association of Blood Banks. He will oversee activities for a 13 state area. Dr. Kolecki, a Clinical Assistant Professor of Pathology at Jefferson, and his wife Phyllis, have four children and reside in Cherry Hill.

Guy W. McLaughlin, Jr., 1111 Welsh Road, Huntingdon Valley, Pa., is Chief of Pediatrics at Nazareth Hospital in Philadelphia. His daughter, Elgie, is a freshman medical student at Jefferson.

James R. Want, 621 S. New Dallas Rd., St. Louis, Mo., is serving as President of the Missouri Thoracic Society.
1960

Donald Hooper, 1844 Cedar Canyon Dr., Atlanta, Ga., left general practice in 1973 to serve a residency in anesthesiology at Dartmouth Medical School. After his residency, he joined the faculty at Duke University Medical School and later joined the faculty at Dartmouth. In April 1980, Dr. Hooper joined the Anesthesia Group at Crawford W. Long Memorial Hospital at Emory University.

1961

Arthur D. Boxer, 931 Hollow Rd., Radnor, Pa., enjoys calligraphy. Dr. Boxer writes, "I suggest a course in calligraphy become an integral part of the medical school curriculum. It would be a Jefferson first!"

Elliot Perlin, 2717 Weller Rd., Silver Spring, Md., is Senior Consultant of the Hematology/Oncology Branch at the National Naval Medical Center. Dr. Perlin is also a visiting physician in the Clinical Pharmacology Division, Pharmacology Department, Uniformed Services University of the Health Sciences, Bethesda, Maryland. Dr. Perlin is looking forward to the class reunion in June.

1962

John A. Forchetti, 1610 Cobblestone Ct., Chesterton, In., was made a Fellow of the American College of Cardiology by the Board of Trustees last October.

Robert M. Glazer, 415 S. 19th St., Philadelphia, was promoted to Clinical Associate Professor of Orthopaedic Surgery and Clinical Associate Professor of Orthopaedic Surgery in Physical Medicine and Rehabilitation at the University of Pennsylvania School of Medicine. Dr. Glazer is affiliated with the Hospital of the University of Pennsylvania and the Graduate Hospital.

1963

William H. Leschev, 180 Park Ave., Portland, Me., writes, "I am still marathoning and practicing neurology in Portland. My entire family is involved in running. My daughter is undefeated for two years in cross country, and my wife completed three marathons last year, best of 4:02."

1965

Robert M. Cohen, 1539 Pine St., Philadelphia, was recently appointed Instructor in Neurosurgery at Jefferson.

Robert M. Piilewski, 7 Oakwood Dr., Oil City, Pa., was elected-Chairman of the Governing Board of Oil City Hospital. Dr. Piilewski is practicing internal medicine. The oldest of his four children is a sophomore in college.

William B. Wood enjoys his anesthesiology practice in Mankato, Minnesota. He and his wife are happy to announce the birth of their fifth child, Karolyn Elise, in January 1980.

1966

James F. Brodey, 151 Orchard Rd., West Hartford, Ct., is engaged in a project specializing in the treatment of chronic pain patients called Pain Management and Behavioral Medicine Center, Inc. in Farmington.

1967

Marc A. Shuman, 37 Claremont Blvd., San Francisco, and his wife, Carolyn (Columbia Physicians and Surgeons Class of 1967), have two children, Rebecca, age 10, and Jonathan, age seven. Dr. Shuman is on the faculty of the University of California in the Hematology Division. His wife is doing a fellowship in the Child Study Unit. He was elected to the American Society for Clinical Investigation last year and recently received a Career Development Award from N.I.H.

1968

F. Susan Cowchock, 530 Delancey St., Philadelphia, has been promoted to Associate Professor of Medicine at Jefferson.

John D. Frost, 4050 Lake Otis Suite 103, Anchorage, Ak., and his wife, Ruby, have two daughters, Stacee, five and Kathleen, 18 months. Dr. Frost enjoys his orthopaedic practice in Anchorage and loves living, hunting, fishing and flying in Alaska.

Morris L. Orocofsky resides at 10815 Braesforest, Houston, with his wife Dr. Vasantha Orocofsky, who recently completed her residency in psychiatry at Thomas Jefferson University Hospital.

Robert D. Rockfeld, 190 N. Glenn Ct., Atlanta, is practicing orthopaedic surgery at 4555 North Shallowford Road Dunwoody. Dr. Rockfeld enjoys living in the South.

1969

Edward F. Dzib, 119 Middlesex Rd., Buffalo, N.Y., has been appointed Chief of Diagnostic Radiology at Mercy Hospital in Buffalo.
Harris M. Goodman, 2605 Manhasset Circle, Modesto, Ca., and his wife are happy to announce the birth of their third daughter, Amanda, on March 29, 1980.

Richard A. Insel, 167 Oakdale Dr., Brighton, N.Y., Assistant Professor of Pediatrics at the University of Rochester Medical Center, is involved in a research program investigating the structure and production of human antibody to Haemophilus influenza type B, the most common cause of bacterial meningitis and childhood bloodstream infections in the United States. Research is directed toward development of a vaccine to prevent these infections. The program is funded by a three year grant of $75,000 per year awarded to the University of Rochester Medical Center by the National Institute of Allergy and Infectious Diseases of the National Institutes of Health.

Sander J. Levinson, 802 Jefferson Ave., Scranton, Pa., is actively involved in the practice of pulmonary diseases in northeastern Pennsylvania and was recently appointed Assistant Clinical Professor of Medicine at Temple University School of Medicine.

Thomas J. McGlynn, Jr., 28 Crescent St., Hummelstown, Pa., was made a Fellow of the American College of Physicians. Dr. McGlynn is on the staff of the Milton S. Hershey Medical Center.

1970


Thomas J. Devers, 44 Dover Rd., New Britain, Ct., was made a Fellow of the American College of Physicians. Dr. Devers will be honored at a convocation ceremony during the College's Annual Session in Kansas City in April.

W. Clark Lambert, 66 Plymouth St., Montclair, N.J., has been appointed Assistant Editor of the Journal of the American Academy of Dermatology. Dr. Lambert, an Assistant Professor of Pathology at the College of Medicine and Dentistry of New Jersey, is a Diplomat of both the American Board of Pathology and the American Board of Dermatology.

Harvey B. Lefton, 1327 Wright Dr., Huntington Valley, Pa., has been promoted to Associate Professor of Clinical Medicine at the Medical College of Pennsylvania. Dr. Lefton recently completed a chapter on Inflammatory Bowel Disease for a new textbook of Medicine.

David J. Randell, 45-955 Kam Highway, Kaneohe, Hi., married Rosemary T. Fazio last October. Dr. Randell is practicing ophthalmology in Kaneohe.

Charles R. Schleifer, 67 Overhill Rd., Bala Cynwyd, Pa., has been promoted to Assistant Professor of Medicine at Jefferson.

Paul M. Selinkoff, 3523 Hunter's Sound, San Antonio, Tx., is Assistant Professor of General Surgery at Wilford Hall Medical Center, Lackland Air Force Base, and loves teaching all the eager budding surgeons. Dr. Selinkoff is a Lieutenant Colonel, and his whole family enjoys the warm Southern climate and hospitality.

Martin A. Tobey, 811 Fifth Ave., Ft. Worth, Tx., was elected a Fellow of the American College of Cardiology by the Board of Trustees at the October meeting in Chicago.

1971

Warren Appleman has opened a new office for the practice of ophthalmology at 539 Park Avenue, New York.

Gary K. Buffington, 2357 Greenbriar Blvd., Pensacola, Fl., is Chief of Emergency Room Services at West Florida Hospital in Pensacola.

Harry R. Cramer, Jr., 1012 West 31st St., Minneapolis, Mn., has left the N.I.H. to take a position at Abbott-Northwestern Hospital in the Department of Diagnostic Radiology. Dr. Cramer writes, "Minnesota weather agrees with us and our son is thriving at nine months."

William C. Davison, 3741 S. Mission Hills Rd., Northbrook, Il., is practicing neurology in Chicago and is a member of the faculty of Northwestern University. Dr. Davison enjoys sailing on Lake Michigan.

James R. Dooley, P.O. Box 721, New York, became a staff member of the anesthesia department at St. Vincent's Hospital and Medical Center in New York in April 1980.

Theodore W. Fetter, 713 Oxbow Dr., Virginia Beach, Va., is Chairman of the Otolaryngology Department at Naval Regional Medical Center in Portsmouth. Dr. Fetter has recently established a new residency in otolaryngology, which is affiliated with the Eastern Virginia Medical School in Norfolk.

Ronald D. Grossman, 84 E. Broad St., Hopewell, N.J., writes, "just finished erecting my own building for family medicine. I recently passed my recertification boards in Family Practice."

William C. Hamilton, 5 Oakley Dr., Cherry Hill, N.J., is practicing orthopaedic surgery in association with John J. Dowling '47 at Lankenau Hospital in Philadelphia. Dr. Hamilton is Assistant Professor at Jefferson.

Edward B. Ruby, 1133 Laurel Ln., Huntington Valley, Pa., is Director of Endocrinology at Mercy Catholic Medical Center and Assistant Professor of Medicine at Jefferson. During the past year, he has been inducted as a Fellow of the American College of Physicians and elected into the Endocrine Society.

Robert C. Snyder has been living in Mons, Belgium, for two years and is Chief of Pathology at the 196th Station Hospital (Supreme Headquarters Allied Powers of Europe). Dr. Snyder welcomes any classmates who are in the area to visit.

Faculty Wives Art Show

Since its inauguration in 1967 the Annual Art Show, sponsored by the Jefferson Medical College Faculty Wives Club, has become an important part of reunion and other end of the year activities. This year's show is scheduled for May 22 to June 4.

Open to all members of the University including JMC alumni and their families, the exhibition displays works in all media: watercolors, oils, sculptures, photographs, graphics, metallics, carvings, needlepoint, etc. Entries will be accepted in room 139, Jefferson Alumni Hall from 9 A.M. to 4 P.M. Thursday, May 21.

For additional information or entry forms contact the Alumni Office. Mrs. Bruce E. Northrup is serving as this year's Chairman.
Pneumoconiosis:

Pottsville to Poland

In 1905, the grandparents of John Karlavage, '74, left Poland for America because of severe poverty in their village. Farmers in Poland, they came to Northeast Pennsylvania's anthracite district and became coal miners. There they witnessed and participated in the golden years of the coal industry, helping to mine in 1917 the greatest yearly total of anthracite in US history. But later, after World War II, the coal industry declined, collapsing in the early 1950s, when oil was cheap. A way of life began to die in Northeast Pennsylvania; many miners and their families moved elsewhere, looking for work. The Karlavages stayed.

In 1970, John Karlavage came to Jefferson as part of the Physician Shortage Area Program. After graduation he returned to the Pottsville area to practice general medicine. Many of his patients are retired miners, the last survivors of a Golden Age of Coal that Karlavage hoped to see revived. Meanwhile he treated the old miners for black lung disease. The area is depressed and, he admits, environmentally scarred, though his tone of voice when he talks about it shows his love for the place and the people. "I grew up there; I understand it," he says warmly.

His interest in pneumoconiosis has led him back to Poland, where, he says, "coal is an extremely important economic commodity for export and internal use. They use it for everything—trains, heating, generating electricity—except cars and they're almost self-sufficient in energy." At the invitation of Poland's Institute for Occupational Diseases, Karlavage visited the country at the end of June 1980 to confer with his medical counterparts there. "They already have a very positive and cooperative relationship with doctors, so they welcomed me with open arms.

He went to the town of Sosnowiec in Silesia, where "tomatoes grow no larger than golfballs" because of heavy industrial pollution. A 30-bed specialty hospital in the town is a center for treatment not only of black lung disease, but diseases that afflict the workers that are peculiar to the industries particularly chemical and steel production in that area of Silesia. Orthopaedic medicine is very sophisticated there because safety in the mines is poor. Karlavage attributes this to the fact that the mines operate 24 hours a day, so time is lacking for repairs and maintenance. The miners work ten-hour shifts six days a week under difficult conditions, which may affect their ability to avoid accidents. Such is coal's importance to the national economy that its production takes precedence over every other consideration.

The price of coal in Poland has been almost absurdly low: $5 per ton on domestic markets, $15 per ton for export. This compares to the US domestic price for anthracite of $50 per ton. Legal requirements to control pollution and protect workers' safety and jobs raise the American price. Poland is a good example, according to Karlavage, of how coal can be utilized. But it also shows how lack of environmental and safety precautions can negatively affect workers and the general population. He believes that one effect of Poland's recent labor troubles may be a rise in the price of coal, which is one of the country's major exports to both Eastern and Western Europe. He notes that the coal miners, the best-paid workers in the country, did not strike for the same reasons as other workers, but to protest lack of safety provisions in the mines. Gierek, the Communist Party leader who fell from power as a result of the nationwide strikes, was himself a coal miner and a native of the region Karlavage visited.

Black lung disease, Karlavage found, is not so great a problem in Poland as it is in the United States. A well-established preventive program regularly tests miners for traces of the disease. If any are found, the miner is moved to a job where he is less likely to be exposed to silica. "They are much more advanced in preventing and catching cases of pneumoconiosis than we are." In addition, the type of coal mined in Poland, is not so fibrogenic as anthracite. Injuries are a far greater problem. Karlavage mentioned 600-bed hospitals devoted to occupational injuries, where back problems and traumas are predominant. He was extremely impressed with the doctors' devotion to and sympathy towards the miners. Karlavage took samples of anthracite to Poland for analysis. Findings comparing anthracite to Polish coal (wengel) will be published within the year. "In a sense I had to go all the way to Poland to get anthracite studied," he noted. This is because the US National Institute of Occupational Safety and Health works out of West Virginia, where bituminous coal is mined and has neglected the research of anthracite coal.

While he was in Poland, Karlavage also visited members of his family, who still live in the northeastern part of the country. He found a cousin, a farmer, taking medicine for black lung disease, which he had contracted during a six-year stint as a coal miner in Western Europe. "It's amazing how Polish miners travelled to find work," Karlavage observed. He gathered earth from the graves of some relatives in Poland and brought it back to the US, where he
scattered it on his grandparents' and parents' graves in Pennsylvania. His devotion to his family, their native land and their adopted home is clear in this gesture. "If it hadn't been for a boat trip 75 years ago," he said, "I would be there, in Poland."

Back in the United States, Karlavage sees coal as a major resource that can help this country reduce its dependence on foreign oil. "What we're hoping for is a new day" when coal can be mined safely and profitably in Northeast Pennsylvania. Having treated health problems there that he rarely if ever saw at Jeff—tuberculosis, for example—Karlavage would like the US to emulate Poland's concern for its miners' health, while sharing methods that have made American mines relatively safe places in which to work. He also emphasizes that a major task in the US is convincing coal miners to quit smoking.

Karlavage is extremely knowledgeable about the history of the Girardville area where he lives and practices medicine. An early center of the Molly Maguires—Irish miners who rebelled against the mine owners in the 1880s and '90s—Girardville is named for Stephen Girard, who owned land there. This property now belongs to the City of Philadelphia, which profited from mining operations on it from the 1850s to the 1930s. Karlavage estimated that 100 million dollars' worth of coal remains underground there. If it were mined, it would benefit both the local community and the City of Philadelphia once more.

Karlavage, his wife Judy Proctor and two children live in the Girard Estate Mansion House, designed by the architect of the US Capitol, and they are restoring it. He and his wife enjoy going to Pottsville, where there is a small but lively cultural "scene." He notes that many doctors do not move to Physician Shortage Areas because their wives object to living in such places. His wife, a Philadelphia native, keeps busy by involving herself in local health organizations; she is President of the Schuylkill County Unit of the American Cancer Society and a District Director of the Pennsylvania Division of ACS. He obviously loves living in Schuylkill County. But he is also part of an international network of physicians with whom he feels "strong bonds of commonality" in their dedication to those who mine the coal we burn.

1972

Steven A. Ager, 809 N. 29th St., Philadelphia, has a private practice in psychiatry. Dr. Ager and his wife, Mary Ann Linz Ager, M.D., recently celebrated their first wedding anniversary.

Susan C. Judson, Box 136, Rd #3, Williamsport, Pa., married André Delgalvis in August 1980. Dr. Judson is practicing hematology-oncology.

Rosalie K. Marinari, 149 Briar Ct., Marlton, N.J., writes, "My dermatology practice in Cherry Hill is going well. My husband, David, has just opened a restaurant in Moorestown, New Jersey called Aesop's Tables. Our two sons, Henri and David, enjoy helping Dad in the kitchen!"

Barton L. Schneyer, 9 Skyview Ln., Stonybrook, N.Y., and his wife, Elin, have two children, Samantha Alison, age three, and Jarrod Stuart, born October 25, 1980. Dr. Schneyer recently passed his boards in pulmonary medicine. He is very happy living near the ocean and practicing internal and pulmonary medicine on Long Island.

Carl M. Silberman, 1344 Dearborne Pkwy., Chicago, has been appointed Associate Director of the Coronary Care Unit at St. Mary of Nazareth Hospital there. An Assistant Professor of Medicine in the Division of Cardiology at Chicago Medical School he also serves as Director of Cardiology at the Naval Regional Medical Center in Great Lakes. Dr. Silberman is a Diplomat of the American Board of Internal Medicine and the American Board of Cardiologists and is a Fellow of the American College of Chest Physicians and the American College of Cardiology.

1973

Erik J. Bergquist, 302 Martin Ln., Wallingford, Pa., was guest speaker at the semiannual medical education symposium sponsored by Jefferson and the Franklin Hospital medical staff. The subject of the conference was pulmonary diseases. Dr. Bergquist is Assistant Professor of Medicine and Assistant Professor of Microbiology at Jefferson.

Eric W. Blomain, 2214 Dover Rd., Harrisburg, Pa., is serving as both an Assistant Professor of Surgery at the Milton S. Hershey Medical Center and as a Clinical Professor of Plastic Maxillofacial Surgery at the University of Virginia Medical Center.

Ben P. Bradenham, 7601 Forest Ave., #332, Richmond, Va., married Judith Gross in September 1979. Dr. Bradenham is in a group practice of gastroenterology in Richmond.

Paul P. Casadonte, 336 East 30th St, New York, married chimpanzee Priscilla J. Kistler in January. After three years as Unit Chief and Director of Residents Training Adult Service at Bellevue, Dr. Casadonte is presently Associate Director of Psychiatry at Manhattan V.A. and Assistant Clinical Professor at New York University Medical School. He also conducts courses at Postgraduate Medical School.

Arthur W. Colbourn, 2820 Kennedy Rd., Wilmington, De., Instructor of Medicine at Jefferson, is associated in the practice of cardiology with A. Henry Glaget, Jr., Honorary Clinical Professor of Medicine at Jef ferson, and Michael E. Stillabower 76.

Robert N. Dumin, 1502 N. Franklin St., Wilmington, De., and Jay Weisberg '74 have formed Psychiatry Associates, a private psychiatric group offering a wide range of mental health services to the Delaware community.

Benjamin Gerson, 200 Temple St., Newton, Ma., and his wife, Barbara, announce the birth of their daughter, Allison, on October 19, 1980. They also have a three year old son, Adam. Dr. Gerson is in the Harvard Medical School Department of Pathology.

Robert A. Gordon, 548 Hembloc Ln., Lebanon, Pa., recently became associated with the physician group Internal Medicine Specialists of Lebanon, Ltd. The group has opened a satellite office in the newly renovated physicians' wing of the Good Samaritan Hospital for outpatient and family counseling purposes.

Steven R. Isaacson, 52 Medinah Dr., Flying Hills, Pa., was recently accepted for membership in the Berks County Medical Society. Dr. Isaacson practices otoaryngology.

Gary J. Levin, One Bondsville Rd., Downingtown, Pa., and his wife, Susan, announce the birth of their daughter, Stefani, on June 8, 1980. They also have a two year old son, Eric.

David M. Rogovitz, 1832 Cardinal Lake Dr., Cherry Hill, N.J., is Assistant Professor on the staff of the Radiology Department at the University of Pennsylvania.

Joseph W. Sassani, Milton S. Hershey Medical Center, Hershey, Pa., has been appointed Assistant Professor of Surgery in the Division of Ophthalmology and Assistant Professor of Pathology there. Dr. Sassani is the first ophthalmic pathologist in Central Pennsylvania. He is engaged in research which involves tissue culture studies of cornea healing as it relates to surgical complications of eye surgery and wound healing. Dr. Sassani was a resident in ophthalmology and a Fellow in ophthalmic pathology at Scheie Eye Institute at the University of Pennsylvania.
Michael J. Schmerin, 44 W. 77th St., New York, and his wife are happy to announce the birth of their second son, Daniel, on December 10, 1980. Dr. Schmerin is practicing internal medicine and gastroenterology at New York Hospital-Cornell Medical Center and Lenox Hill Hospital.

Paul S. Zamostien, 517 Rambleswood Dr., Bryn Mawr, Pa., was certified as a Diplomate of the American Board of Obstetrics and Gynecology. Dr. Zamostien is in private practice at Crozer Chester Medical Center where he serves as Medical Director of the Family Planning Service and Director of OB-GYN Education.

1974

Alice A. Angelo announces the opening of her office for the practice of endocrinology and diabetes at 780 Chestnut Street, Suite 29, Springfield, Massachusetts.

Bruce C. Berger, 1210 Imperial Rd., Rydal, Pa., is now a Clinical Assistant Professor of Medicine at Jefferson.

Joseph R. Berger, 12860 S.W. 119 St., Miami, and his wife, Sandy, have a second son, Michaelissan. Dr. Berger will join the faculty of the Department of Neurology at the University of Miami in July 1981. He is currently a co-investigator in several epilepsy studies and has four articles and a book chapter at press.

Lee E. Denlinger, 418 N. Washington St., Titusville, Pa. was elected President of the Titusville Hospital medical staff.

Robert M. Johnson, Box 370, Concord, N.H., and his wife, Annette, have two daughters, Lara, age two, and Colleen, born August 28, 1980.

Larry R. Leichter, 4101 N. 48th Terr., Hollywood, Fl., is practicing gastroenterology there. Dr. Leichter has written a novel, *Epidemic*, which has recently been published and is out in paperback. The first 10,000 copies have sold out and a second printing is expected. Dr. Leichter and his wife have two children, Michelle and Jeffrey.

Raymond Merrell, Suite 48, 206 South 11th Ave., Yakima, Wa., recently finished a Pediatric Urology Fellowship at the University of Toronto's Hospital for Sick Children in Toronto, Ontario. Dr. Merrell has joined a urology practice in Yakima, Washington. He writes, "my wife, Eileen and I are enjoying the great Pacific Northwest."

William B. Olney, Mt. Auburn Hospital, Cambridge, Ma., was elected a Fellow of the American College of Cardiology by the Board of Trustees at the October meeting in Chicago. Dr. Olney practices cardiology in Rochester, New Hampshire and is on the staff of Mt. Auburn Hospital.

1976

Vincent A. Pellegrini, 321 Warwick Dr., Wyomissing, Pa., is now board certified in obstetrics and gynecology and has a practice in West Reading. Dr. Pellegrini and his wife Susan have two children, Cara, five, and Luke, one.

Jay S. Schinfeld, 38 Lakewood Rd., Newton, Ma., and his wife announce the birth of Seth Franklin on August 25. Dr. Schinfeld has a new position as Assistant Professor of Obstetrics and Gynecology in the Division of Reproductive Endocrinology/Infertility at the Boston University School of Medicine.

Ira Schwartz, 1810 S. Rittenhouse Sq., Philadelphia, and his wife, Cynthia, announce the birth of their daughter, Rachel, on December 18. Dr. Schwartz is serving his residency in urology at the University of Pennsylvania Hospital and recently presented two papers at the Kimbrough Urological Seminar in San Diego.

John J. Kavanagh, Jr., 304 William Ave., Council Bluffs, Ia., has joined the Cogley Clinic, a multispecialty group in Council Bluffs, as an oncologist, having completed training at M.D. Anderson Hospital. Dr. Kavanagh is a member of the faculty of the University of Nebraska Medical School in Omaha.

1975

Barry S. Brenner, 2175 Knorr St., Philadelphia, plans to marry Elyse Beth Glauzer in April 1981.

Ira Brenner, 8 Hunt Dr., Coatesville, Pa., was recently board certified in psychiatry and is Unit Director of the General Adult Services at the Fairmont Institute in Philadelphia.

Martin D. Broff, 65 Columbian St., South Weymouth, Ma., and his wife, Jane, announce the birth of their second child, Lesley Karen, born July 19.

Lenn J. Chalfin, 12 Central Ave., Cheltenham, Pa., will start a Fellowship in plastic surgery at the University of Florida at Gainesville in July.

Steven J. Glass, 1717 Pine St., Philadelphia, is practicing general psychiatry at Einstein-Daroff and is in practice in Center City.

Larry R. Glazerman, 4242 Treeline Dr., Allentown, Pa., and his wife, Joan, have a son, Richie, age two, and are expecting their second child in August. Dr. Glazerman is practicing with Park OB-GYN Associates in Allentown.

Scott M. Goldman, 212 S. 11th St., Philadelphia, is completing his residency in general surgery and will begin a residency in cardiothoracic surgery at Thomas Jefferson University Hospital in July.

W. Edward Jordan, III, 5608 A Gilkey St., Ft. Knox, Ky., will begin a three year Fel-
lowship in hematology and oncology at Brooke Army Medical Center, San Antonio, Texas in July.

Raymond A. Klein has recently moved to 23 Ironstone Drive, Reading, Pennsylvania. Dr. Klein has opened a practice in obstetrics and gynecology.

Frederic B. Kremer, 516 Conshohocken State Rd., Bala Cynwyd, Pa., demonstrated several new instruments he developed for use in the Radial Keratotomy procedure, surgery for nearsightedness, at a seminar in Moscow in September.

Robert A. Leipold, RDF 1 Granville Dr., Barrington, N.H. writes, "Sorry we won’t be able to make the reunion, but Tricia and I will be thinking fondly of a lot of good friends. We’re enjoying a good practice and a good life in New Hampshire."

Andrew J. Levin, 733 Kings Croft, Cherry Hill, N.J., finished his residency in ophthalmology at Wills Eye Hospital and is now in private practice with another former Wills Eye resident at 1600 South Broad Street, Philadelphia. Dr. Levin is on the Wills Eye staff.

Philip Nimoityn, 269 S. 9th St., Philadelphia, has been awarded a research grant by the Southeastern Pennsylvania Chapter of the American Heart Association. Dr. Nimoityn, a Research Fellow at Jefferson, is studying a compound called Thromboxane B2 released by the platelets to determine if it has the potential of aggravating coronary artery disease.

Joseph C. Noreika, 172 Locksley Ave. #3, San Francisco, is enjoying his oculo-plastic Fellowship at the University of California in San Francisco. Dr. Noreika and his wife, Joanne, have a year old daughter, Sarah Elizabeth. He writes, "despite the lure of the West, we’re heading back East in June."

Elizabeth H. Thilo and Eugene E. Wolfel, 6748 A E. Cedar Ave., Denver, Co., write, "living in Denver is wonderful. If any of you are out this way, please look us up. We’d like to see you."

David W. Willis, Box 165 Route 2, McMinnville, Or., and his wife, Margaret, are happy to announce the birth of Adam Matthew on October 27, 1980. Dr. Willis began his private pediatric practice with a specialty in behavioral pediatrics in the fall of 1980.

1977

William C. Konchar, Geisinger Medical Center, Danville, Pa., completed his residency in family medicine at Geisinger in June and has joined the medical staff there.

William J. Peck, 2255 Roosevelt Ave., Williamsport, Pa., has been named a Diplomate of the American Board of Family Practice. Dr. Peck is associated with Cornerstone Family Health which has offices in the Williamsport Hospital Medical Center.

1978

Roger F. Crake, 3120 School House La., Philadelphia, and his wife have a son, Michael, born May 5, 1980.

Peter J. Gkonos is finishing his residency in internal medicine at George Washington University Hospital. Dr. Gkonos has been accepted for a two year endocrinology Fellowship at Yale-New Haven Medical Center. He will begin the Fellowship in July.

Frank Guillard, 103 Cocoa Ave., Hershey, Pa., is Chief Resident and Associate Professor of Medicine at Milton Hershey Medical School. Dr. Guillard and his wife are expecting their third child in June.

Arthur J. Patterson, 5022 Friendship Ave., Pittsburgh, is completing his third year general surgery residency at West Penn Hospital there.

1979

Mary Rachel Faris, 1415 B Compton Rd., San Francisco, had a manuscript "Toxic-Shock Syndrome: Adult Kawasaki Disease?" accepted for publication by the Western Journal of Medicine.

Timothy W. Holland works as an emergency department physician at Spencer Hospital, 474 Pine St., Meadville, Pennsylvania.

Michael E. Shoemaker, 762nd Med. Det., APO N.Y. is fulfilling his obligation to the army in West Germany. Dr. Shoemaker and his wife, Mary Lou, have a daughter, Meghan, born in March of 1980.

Donn S. Tokairin, 3536 Pinao St., Honolulu, is presently a resident in obstetrics and gynecology.

1980

James D. Balshi, 3931 Walnut St., Philadelphia, writes "following my internship I will assume a full time appointment as ship's doctor on the Love Boat!"

Hugh M. Carlin, 14136 Grand Prt Rd. #21, Silver Spring, Md., and his wife are happy to announce the birth of their daughter, Elisabeth Angela, on November 24, 1980.


John E. McManigle, 1221 King Henry Dr., Ocean Springs, Ms., married Eleanor Antoinette Panico last October. Dr. McManigle is a Captain in the U.S. Air Force.

James P. Paskert, Bryn Mawr, Pa., is serving his residency in orthopaedic surgery at Bryn Mawr Hospital.

Nicholas A. Tepe, 3900 Chestnut St. #608, Philadelphia, is engaged to Amy Stevenson, a senior at Amherst College. Dr. Tepe and his fiance plan a June 27 wedding in Fort Worth, Texas.

Puerto Rican alumni met in San Juan last fall to hear news of the College from President Lewis W. Bluemle, Jr. (fourth from left). Others attending the dinner at the AFDA club were (from left) Dr. and Mrs. Jose Amadeo 52, Mrs. Lolita Socorro, mother of the late Professor Gonzalo E. Aponte, Mrs. Bluemle and Dr. and Mrs. Vincente Font Suarez '19
Obituaries

Victor E. Bonell, 1907
Died April 5, 1980. The retired physician was a resident of Fort Worth, Texas.

Robert K. Finley, 1916
Died December 30, 1980 at the age of 89. Dr. Finley, a Diplomate of the American Board of Surgery, was Chief of Staff at Miami Valley and Good Samaritan Hospitals in Dayton, Ohio. A former President of the Montgomery County Medical Society he was a founder of Ohio Blue Shield. He is survived by his wife, Florence, and a son, Robert K. Finley, Jr. '48.

Howitt H. Foster, 1919
Died December 11, 1980. The general practitioner was a resident of Norlina, North Carolina. His wife survives him.

William B. Norment, 1922
Died August 11, 1980 at the age of 81. Dr. Norment was a general surgeon who resided in Greensboro, North Carolina.

Benjamin Halporn, 1923
Died December 20, 1980 at the age of 82. Dr. Halporn practiced medicine with his wife, Dr. Miriam R. Polk, in the Harrisburg area until their retirement in 1960. He was on the staff of Polyclinic Medical Center. She survives him.

Thomas E. J. Larkin, 1924
Died January 1, 1981. The retired urologist was a resident of Fort Lauderdale, Florida. Surviving are his wife, Kathleen, and two daughters.

William J. Snow, 1924
Died June 6, 1980 at the age of 87. Dr. Snow, a resident of Houston, Texas, was certified by the American Board of Otolaryngology.

Carl H. Weidenmier, 1927
Died February 8, 1981 at the age of 79. Dr. Weidenmier practiced general medicine in the southern Mahoning and northern Columbian counties in Ohio until his retirement in 1969. He is survived by his wife, Beulah Pettit, and his son, Dr. Carl H. Weidenmier, Jr.

Milton M. Auslander, 1928
Died January 6, 1981 at the age of 74. A resident of Norristown, Dr. Auslander was a fellow of the American Academy of Otolaryngology and a Diplomat of the American Board of Otolaryngology. Dr. Auslander, a pioneer in the use of microscopic surgery of the ear, was a member of the faculty at the University of Pennsylvania Medical School. He was a past President of the staff at Sacred Heart Hospital and received its first distinguished physician award. He also was given the Chapel of the Four Chaplains' Legion of Honor Award. A daughter and son survive him.

Philip J. Morgan, 1928
Died January 13, 1981 at the age of 78. Dr. Morgan was Chief of Surgery at both Tyler Memorial Hospital in Tunkhannock and Wilkes-Barre Hospital where he had been a member of the staff for 33 years. He was a Diplomat of the American Board of Surgery. Dr. Morgan is survived by his wife, Elizabeth, a son, Philip J. Morgan, Jr. '61, and two daughters.

Anthony G. Merendino, 1929
Died September 18, 1980. Dr. Merendino, a general surgeon, was a resident of Margate, New Jersey.

Angus C. Meagher, 1930
Died December 12, 1980 at the age of 76. Dr. Meagher, who practiced medicine in Toppenish, Washington, was instrumental in establishing the Central Memorial Hospital there in 1951 and served as its first Chief of Staff. Surviving are a physician son and a daughter.

Samuel Halpern, 1931
Died July 31, 1980 at the age of 75. Dr. Halpern, a general practitioner from Miami Lakes, Florida, had retired to Margate, New Jersey.

John T. Murphy, 1931
Died December 13, 1980 at the age of 73. Dr. Murphy, a resident of Scranton, Pennsylvania, was on the surgical staffs of Mercy, Scranton State General, Midvalley and Carbondale General hospitals.

Patrick J. Gillespie, 1932
Died December 2, 1980 at the age of 74. Dr. Gillespie, a general practitioner in Hazleton, Pennsylvania, was an Instructor in pediatrics at Hazleton Hospital. A physician son and three daughters survive him.

Joseph F. Lechman, 1932
Died December 13, 1980 at the age of 74. Dr. Lechman practiced in Latrobe, Pennsylvania from 1933 and was on the staff of the Latrobe Area Hospital.

Casimir Gadomski, 1933
Died December 29, 1980 at the age of 73. Dr. Gadomski, a Diplomat of the American Academy of Ophthalmology and Otolaryngology, practiced in Elizabeth, New Jersey. He served on the staffs of St. Elizabeth and Alexian Brothers Hospitals and the Newark Eye and Ear Infirmary. A Fellow of the American and International College of Surgeons, Dr. Gadomski served as a member of the Elizabeth Board of Education. Surviving are his wife, Dorothy, four sons, one of whom is Stephen, a senior at Jefferson, a daughter and two brothers one of whom is Joseph P. Gadomski '46.

Harold B. Harris, 1933
Died December 11, 1980. Dr. Harris, a general surgeon, was a resident of Trucksville, Pennsylvania.

William D. Troy, 1936
Died December 8, 1980 at the age of 69. Dr. Troy, a charter member of the American Academy of Family Physicians, practiced in Stamford, Connecticut. He served on the staffs of St. J's and Stamford Hospitals and was a past President of the Stamford Medical Society. Dr. Troy served as Chief School Physi-
cian at Stamford High School. Surviving are his wife, Margaret, two sons and two daughters.

**John D. Walters, 1937**
Died September 21, 1980. Dr. Walters, a dermatologist, resided in San Ramon, California. His wife, survives him.

**Louis P. Ballenberger, 1941**
Died August 24, 1980. Dr. Ballenberger served in the United States Navy for 34 years. Along with being a flight surgeon, he was the only medical officer chosen to assist with the full series of Gemini Space Missions as part of their examining team. He is survived by his wife, Norma, and his stepson, Charles K. Stevens, who is in his first year at Jefferson Medical College.

**Ferdinand S. Forgie, 1941**
Died October 17, 1980. Dr. Forgie, Chief of Urology at Pawtucket Memorial Hospital, was a resident of Rumford, Rhode Island. He also served on the staff at St. Joseph’s, Fatima and Notre Dame Hospitals. His wife, Jane, survives him.

**Albert J. Snyder, 1941**
Died January 12, 1981. Dr. Snyder, a resident of Malvern, Pennsylvania, spent his entire professional career in industrial medicine. Surviving is his wife, Audrey.

**Richard R. Goldcamp, 1942**
Died June 25, 1980 at the age of 65. Dr. Goldcamp, a resident of Rockledge, Florida, was certified by the American Board of Otolaryngology.

**Herbert S. Doroshow, 1944J**
Died October 9, 1980. Dr. Doroshow, a resident of Chicago, was a urologist at South Chicago Community Hospital.

**Theodore L. Holman, 1945**
Died December 30, 1980. Dr. Holman was in private practice for many years in Casper, Wyoming. In 1974 he relocated to Douglas, Wyoming. Dr. Holman served as Vice President for his state for the JMC Alumni Association. He is survived by his wife, Jane, and two sons.

**Lamar E. Haupt, 1947**
Died January 2, 1981 at the age of 57. Dr. Haupt practiced family medicine in Perkasie, Pennsylvania, for many years before his retirement in January 1980. He is survived by his wife, Isobel, two sons and a daughter.

**Robert N. Swartley, 1947**
Died December 22, 1980 at the age of 58. Dr. Swartley, who at the time of his death was a resident of Colusa, California, was a senior surgeon at Chestnut Hill Hospital in Philadelphia. He also served on the staff at Germantown and Philadelphia General Hospitals. Dr. Swartley was on the faculty at Jefferson. Surviving are his wife, Linda, two sons and a daughter.

**Louis Beer, 1951**
Died October 8, 1980 at the age of 63. A general practitioner in Bethlehem, Pennsylvania, he was Chairman of the Bethlehem Health Board and was physician to the Area Vocational-Technical School.

**Robert P. Gerhart, 1951**
Died November 17, 1980. Dr. Gerhart was a general practitioner who resided in Blakeslee, Pennsylvania.

**William B. Millberg, 1953**
Died on January 17, 1981. A resident of Ashatabula, Ohio, Dr. Millberg was Chief of Surgery, Director of Respiratory Care Services, and Director of the Intensive Care Unit at Ashatabula General Hospital and President of Ashatabula Clinic, Inc. He was a Fellow in the American College of Surgeons and the American College of Chest Physicians, a member of the American Lung Association and an active member of the American Academy of Medical Directors. He is survived by his wife, Janice, four daughters and a son. His brother is Richard S. Millberg, ’54.

**John W. Gordon, 1954**
Died December 5, 1980 at the age of 54. Dr. Gordon was a general practitioner in Ridley Park, Pennsylvania. He was a past President of the Chester Pike Rotary Club. Surviving are his wife, Virginia, two sons and two daughters.
Reunions, 1981

June 3
Clinic Program
Dean's Luncheon
Class Parties '31 to '61

June 4
Financial Planning Seminar
Fairmount Park Tours
Alumni Banquet
Franklin Plaza Hotel

June 5
Commencement, Academy of
Music

June 6
Class Parties, '66, '71 and '76

The Louis H. Clerf Lecture
to honor the Emeritus Professor of Laryngology
and Broncho-Esophagology

Friday, May 1 at 4 P.M.

Jo Ono, M.D. '28
Visiting Professor of Broncho-Esophagology
Keto University School of Medicine

The first Benjamin F. Haskell Lecture
to honor Jefferson's Honorary Clinical Professor of Surgery

Friday, May 9 at 8 A.M.

Professor J. C. Goligher
University Department of Surgery, The General Infirmary
Leeds, England

The John Y. Templeton, III, Lecture
to honor Jefferson's Professor of Surgery

Friday, June 26 at 4 P.M.

David C. Sabiston, Jr., M.D.
Chairman, Department of Surgery
Duke University Medical Center