Fall 1981

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Fall Calendar

**November 2**
Reception during the meeting of the American Academy of Ophthalmology.
The Atlanta Hilton

**November 8**
Brunch to honor President-elect of the Pennsylvania Medical Society
Raymond C. Grandon, M.D. '45
The Pittsburgh Hilton

**November 11**
The First Housel Lectureship in Hypertension
Solis Cohen Auditorium
to honor Edmund L. Housel, M.D. '35

**December 4 & 5**
Clinical Strategies in Hypertension and Cardiology
Sponsored by the Department of Medicine
Jefferson Medical College
The Bellevue Stratford Hotel

**Jan. 13, 14, 15**
Dinners for Florida Alumni
January 13, Innesbrook
Tarpon Springs
January 14, Turnberry Country Club
Miami
January 15, Coral Ridge Country Club
Fort Lauderdale

**January 24**
Reception during the meeting of The American Academy of Orthopaedic Surgeons
New Orleans

**February 5 to 15**
Post Graduate Seminar
Mexico City and Puerto Vallarta

**February 25**
Annual Business Meeting
Alumni Association JMC

Class Agents* and Reunion Chairmen**

Dates: June 9, 10 and 12 1982

1932 50th
Stiles D. Ezell, M.D.*
Nathan S. Schlezinger, M.D.**

1937 45th
John J. O'Keefe, M.D.*

1942 40th
J. Wallace Davis, M.D.*

1947 35th
Martin M. Mandel, M.D.*
John J. Dowling, M.D.**

1952 30th
James E. Clark, M.D.*
Jerome M. Cotler, M.D.**

1957 25th
Bronson J. McNierney, M.D.*
John T. Magee, M.D.**
John R. Prehatny, M.D.**
Joseph F. Rodgers, M.D.**
Robert H. Schwab, M.D.**

1962 20th
William V. Harrer, M.D.*
Jerome J. Vernick, M.D.**

1967 15th
Carl L. Stanitski, M.D.*
Anthony M. Padula, M.D.**

1972 10th
Glenn C. Nye, M.D.*
Edward R. Russell, M.D.**

1977 5th
Jean A. Halpern, M.D.*
Cynthia B. Altman, M.D.**
Jefferson Scene

The Dean's statement on the GMENAC report and Dr. Bruce Jarrell's review of transplantation surgery at TJUH head a series of news items at Jefferson.

Daniel Baugh: Benefactor

Daniel Baugh's contributions to Jefferson are recognized at a special ceremony and in an article by Dr. Andrew Ramsay.

Revolution in Educational Communications

Teaching devices that aid the faculty are reviewed by the Department's Director, Ms. Therese M. Powers.

Class Notes

Three alumni are highlighted this issue for three varied reasons: one a presidency, one a retirement and the third a successful completion of a strenuous course.

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The Alumni Association of Jefferson Medical College
1020 Locust Street, Philadelphia, Pennsylvania 19107
the dean's statement

The Secretary of HEW in 1976 appointed a committee called the Graduate Medical Education National Advisory Committee (GMENAC) to determine the number of physicians required in each specialty to bring supply and requirements into balance and to consider how the geographic distribution of physicians might be improved.

This Committee developed new mathematical models to estimate physician supply and requirements in the future, and introduced new concepts to assess how the geographic distribution of physicians and medical services might be determined in the future. The Committee has been complimented on these new methods of assessing these factors in years to come, although GMENAC itself has recognized that no method is accurate in forecasting such matters.

In the fall of 1980 GMENAC submitted a report to the Secretary in which it estimated that by 1990 there would be a surplus of 70,000 physicians in the United States, and it predicted that most specialties will have a surplus of physicians and only a few will have shortages. These conclusions led GMENAC to recommend that medical school enrollment be reduced by 10%; that the licensing of graduates of foreign medical schools be decreased; and that there be a reduction in the number of paraprofessionals including physician assistants who are being educated.

While there are many other conclusions in the six volumes of the GMENAC Report, and while there are over 100 recommendations in the reports of the various panels which the major Committee created, it is these conclusions and recommendations which have received the most attention from the public media and from most of the professional publications.

Various organizations in the medical community have been quick to point out that past experience has shown how difficult it is to make long-term manpower projections. No matter what model is used, it is not possible to assess how much more demand will be required to meet a growing and aging population whose income is rising and whose demand for more service is continually on the upswing. Just as the attitude of the average American is becoming oriented more and more toward a 40-hour week with more vacation and more time off, the attitudes of physicians toward their work-week are changing. Furthermore, the student bodies of American medical schools are now composed of 27% women, and soon women will make up one-third of the medical profession. Many suspect that women will not be able to work as continuously in the profession as men because they have obligations to their children and to the development of their families. For all these reasons, it would seem unwise to change our current schedules of medical manpower development suddenly.

None of this is to say, however, that the conclusions and recommendations of the GMENAC study are to be ignored and that we should continue the expansion policies which have been pursued for the past 15 years. The major results of the GMENAC Report call for a sober and careful reappraisal of the need to continue expanding medical manpower. During this period no new medical schools should be developed in any area unless there is a demonstrated need for more physicians in the region which cannot be met by existing resources for medical education, and unless there exist educational, clinical and financial resources to provide for quality medical education. Existing medical schools should not plan to expand their entering classes beyond their current size, and the federal government should grant waivers to those medical schools which have received construction grants and other types of federal support which required a promise of a succession of expansions in class size over a period of several years.

There are approximately 3,500 graduates of foreign medical schools being licensed in the United States yearly. This represents about a 50% reduction in the number who were obtaining initial licenses just eight years ago. This decrease is especially marked in the number of new licenses which are being issued to foreign nationals. There are a number of reasons for this decrease, but among them is the development of an examination called the Visa Qualifying Examination (VQE) which foreign nationals who are medical graduates must take in order to acquire a visa to study in this country. The VQE reflects more accurately than previous entrance examinations the scope and contents of Parts I and II of the National Board which many American medical graduates take before they enter housestaff training.

As the number of foreign nationals has decreased, however, a growing number of US citizens have started to enroll in new, foreign-chartered medical schools in the Caribbean Islands and in Central American countries. During the past six years there has been a fourfold increase in the number of foreign-educated US citizens who have been applying for ECFMG certification.
tion to return for housestaff training in the United States. Thus the foreign nationals who are required to take the VQE now represent a more competent group of foreign medical graduates who are entering American medicine than they did heretofore. The problem, however, has shifted to US citizens who are foreign medical graduates. The USFMG is not required to take the VQE, and often he enters residency in a US hospital after having attended a very inferior medical school and after having taken a screening examination which is less rigorous than the VQE which the foreign nationals are now taking.

The GMENAC Report recommends that steps be taken by the federal government to reduce this inflow of foreign-educated US citizens. It goes on to state, however, that if this number cannot be reduced, domestic capacity should be lowered beyond the 10% reduction recommended originally in order to reduce the potential physician surplus. We differ with this conclusion. Certainly it would be ridiculous for the United States, which has developed a medical education system considered to be one of the best in the world, to reduce its capacity in order to accommodate the graduates of unaccredited foreign medical schools, even though they be US citizens. Recently the General Accounting Office attempted to evaluate these new schools in the Caribbean and in Central America, and concluded that they do not provide an education which is comparable in any way to medical education that is provided in the United States.

There has been considerable discussion of the GMENAC Report among the faculty at Jefferson Medical College. Concern exists that the immediate impact of the Report may be adverse in a number of ways. The expansion in student enrollment in America's medical schools did not occur abruptly. During the past 20 years the enrollment nationally has more than doubled, but this has been a gradual increase from a level of about 7,500 entering students in the early 1960's to more than 17,000 new students each year now. This gradual growth has been reflected in the expansion of the student body at Jefferson, which had an entering class of 167 students in the mid-sixties and now admits 223 students a year.

The GMENAC proposal that the entering classes of America's medical schools be reduced to 14,000 by 1984 from their current level would require too sudden a change. Just as the expansion of our medical school classes occurred gradually over a period of 15 or more years, any reduction in class size will also have to be a gradual one. Our worry is that even if we undergo a gradual reduction, the impact of this Report, together with other factors, may cause a lowering of the current level of student quality by decreasing the attractiveness of medicine as a career for young people and thus reducing the number and quality of applicants to medical schools in this country.

The Jefferson faculty is concerned that the GMENAC prediction of a physician surplus will be used by legislators and others who make government policy as an excuse to reduce the financial support of medical education. Already, the Congress has eliminated the capitation program for medical schools. A few years ago this program provided Jefferson with more than a million dollars a year in operating funds. In the coming year there will be no funds whatever from this program, and thus Jefferson has lost more than $1 million a year of operating revenues at a time when costs are increasing out of all proportion to what has occurred in the past. If the states decide to decrease their investment in medical education, medical schools will begin to close, as nursing schools have done, and there may actually be another short age of physicians by 1990 instead of the projected surplus.

Dark days are ahead for American medical education. The loss of public support for our operations is causing a huge escalation in the amount of tuition which must be charged to meet our operating expenses. All of this is occurring at a time when more and more regulations of medical care are being imposed at all levels. The ability of a physician to treat his patients according to his best judgment is being impaired by all kinds of external factors such as threats of legal action, interference from parapersonals, and the imposition of mandates from regulatory agencies. Our profession is endangered; our means of warning the public of these ominous developments are limited; and solutions to these many problems are not evident. It is optimistic to say that dark days are ahead. They are upon us.
renal transplantation

One area that has been changing recently in the University is the area of renal transplantation. Under the guidance of the transplant surgeon Bruce E. Jarrell, M.D. '73 and transplant nephrologists James F. Burke, M.D. '66 and Robert Garth Kirkwood, M.D. this division is emerging as an active member of the Jefferson medical community. Jefferson is one of the five transplant centers in the Delaware Valley and serves patients on chronic dialysis throughout the region. Although there are multiple options available to the patient with chronic renal failure, most people would agree that a successful transplant is the best method of treatment. We at Jefferson believe in this philosophy and feel that we can produce results that make both living donor and cadaver donor transplants attractive.

Most patients who develop chronic renal failure are initially cared for by a nephrologist. Once the renal function is inadequate to sustain life, the patient is begun on some form of dialysis and treated with multiple medications to control associated problems. Many people are placed on either thrice weekly hemodialysis or varying peritoneal dialysis regimes. They are able to survive but clearly their life style is restricted. They are anemic and frequently tired and may develop severe bone disease due to secondary hyperparathyroidism. Progressive vascular disease, and in diabetics, major visual impairments are common. They are usually unable to have children and certainly may have psychiatric problems because of their dependency on other people. While not necessarily unhappy with their situation, most of these patients would trade their dialysis machine for a functioning kidney if the chance of success were reasonable.

There is no doubt that the chance of success is excellent in the situation where the patient has close relative willing to donate a kidney. Generally the tissue match is close and in fact has a 25% chance of being perfect if the donor is a sibling. These kidneys function well immediately, have few rejection episodes and require must less immunosuppressive therapy when compared to other types of transplants. The usual hospital stay is two to three weeks and the usual kidney survival is between 75 and 95% for five years, depending upon the tissue match. Unfortunately only about one quarter of patients have the option of a living related kidney available. The remaining patients who desire a transplant have to acquire a kidney from a cadaver donor. Cadaver donors are victims of some catastrophe resulting in brain death. Usually the next of kin donates the kidneys to us and we in turn retrieve the organs for use in our pool of patients.

The donor organs are kept in a preservation unit under the supervision of Mr. William Elsasser, while the tissue typing laboratory, under the direction of Dr. Steven P. Hauptman, determines the histocompatibility antigens and tests each patient for compatibility with the kidney. Once this has been completed, the patient most suitable for the kidney comes to the hospital to receive the kidney. The choice of patients is based on the patients' individual needs, the tissue match and the number of preformed antibodies present in the patients blood. The operation requires three to six hours to perform and is followed by one or two days in the intensive care unit. During the operation, a urologist, either Kenneth Brownstein, M.D., or Joseph Jacobs, M.D., '73 assists in anastomosing the donor ureter to the recipient bladder. About 80% of the kidneys function immediately and 20% have a delayed diuresis due to acute tubular necrosis. Once the kidney has been transplanted, the patient is immunosuppressed with Imuran and Prednisone supplemented with anti-lymphocyte globulin.

The clinical transplant program at Jefferson involves close post operative coordination between the surgical transplant staff, the clinical nephrology staff and the nursing service. These teams now have full time fellows, residents and nursing specialists and combined rounds are made on each patient daily. This team approach has been extremely beneficial to both the patients and the house staff by allowing all decisions to be made when considering both the surgical and medical point of view. It encourages free exchange between the medical and surgical teams and promotes excellent patient care. This becomes especially important whenever there is a significant complication following transplantation and allows the most expeditious and optimal care to ensue. We feel that this has been one of the primary reasons for our good overall results in both patient and graft survival. Jefferson has one of the lowest mortalities in this region for dialysis patients and this low mortality has also been reflected in its transplant population.

Traditionally the two year graft survival has been poor with cadaver renal transplantation. There have been several major changes at Jefferson and other centers in the country that have improved these statistics. The first major change has been the use of pre transplant blood transfusions. Prior to 1973, transfusions in dialysis patients were avoided because of the fear of hepatitis or of developing antibodies that would preclude transplantation. Subsequently, it was shown that pre transplant transfusions enhanced the graft survival by 10 to 20% at two years and did not seem to predispose patients to developing antibodies. Thus a blood transfusion protocol has been instituted in most centers and is responsible for a recent trend in increased graft survival to the range of 60% at two years.

A second improvement at Jefferson has been the use of anti-lymphocyte globulin (ALG). ALG is a specially prepared blood product obtained at the University of Minnesota by immunizing horses to human B-cell lymphoblasts. In multiple clinical trials this product has been found to be very safe and at the same time effective. We use it prophylactically following cadaver transplants and also therapeutically during the first acute rejection. We have found that it modifies the course of transplantation dramatically. The effects are most noticeable early in the transplant course.
Acute rejections are rare in the first 28 days when treated with ALG and the rejections that occur are much milder than with Imuran and Prednisone alone. In addition, approximately 40% of patients have no acute rejection at all when treated with ALG and this compares quite favorably with the 20% of patients who have no acute rejections on standard immunotherapy. When used for acute rejection, ALG is extremely potent and therefore alleviates the need for high dose Prednisone therapy. The complications of high dose Prednisone therapy are well known to the medical community and any attempt to avoid steroids seem justified. Jefferson is involved in a joint effort with the University of Minnesota to continue evaluation of this product and we are very enthusiastic about it.

Follow up care for the transplants is also done jointly by the medical and surgical teams. This gives continuity of care to the patients and allows them to continue to identify with their in-hospital physicians. We will soon be adding a nurse transplant coordinator to assist in this role and to help communication with referring physicians and centers.

Once the new kidney, whether from a cadaver or a living related donor, is functioning on a low dose of steroids, the patient begins to reap the benefits of the new graft. The hematocrit rises to normal and the patient has a feeling of well being and becomes much more energetic. The secondary hyperparathyroidism corrects itself and thus bone disease improves and the need for phosphate binders disappears. Patients’ vascular disease stabilizes or improves as does peripheral neuropathy and retinopathy. Sexual function returns to normal resulting in improved family relationships. Most importantly patient rehabilitation is more complete allowing for independence from the dialysis machine and return to work. In short the patient returns to a relatively normal life.

There are complications associated with transplants and these are generally related to steroids. They include cataracts, Cushingoid changes, aseptic necrosis of the hip and infections. These problems do not deter from the overall success of the transplant.

Obviously research in the area of renal transplantation offers the chance for new techniques in altering and improving the plight of the chronic renal failure patient. Active investigation in the area of immunotherapy is taking place here as well as most centers in the U.S.A. At Jefferson we are also conducting studies in renal preservation for transplantation with Anatole Besarab, M.D., and Laurence G. Wesson, M.D.. There is considerable optimism for several new preservation solutions that seem to decrease proteinuria and increase renal perfusion after reimplantation. Obviously a better preserved kidney has the best chance for survival when transplanted. We have both a surgical and medical fellow investigating these and other problems in transplantation.

In summary, we are very optimistic about our program in renal transplantation here at Jefferson. We hope to continue to be of service to the Jefferson community and offer personalized care to chronic renal failure patients and their families.

Dr. Jarrell, appointed Assistant Professor of Surgery on January 1, 1980, trained at the Medical College of Virginia.

Robert D. Reinecke, M.D. was appointed Professor and Chairman of the Department of Ophthalmology at Jefferson and Ophthalmologist in-Chief of Wills Eye Hospital effective October 5. Dr. Reinecke held the position of Professor of Ophthalmology and Chairman of the Department at Albany Medical College of Union University before his appointment at Jefferson.

Born in Fort Scott, Kansas, Dr. Reinecke received both his bachelor and medical degrees from the University of Kansas.

After serving his internship at the University of Kansas School of Medicine, he was a resident in ophthalmology at Massachusetts Eye and Ear Infirmary. Prior to his Professorship at Albany Medical College, he was Instructor in Ophthalmology at Harvard Medical School from 1965 to 1966 and an Assistant Professor at Harvard from 1967 to 1969.

He has held numerous administrative positions including Chairman of the Food and Drug Administration Panel on Review of Ophthalmic Devices, Chairman of the National Re-
search Council Committee on Vision, President of the Association of University Professors of Ophthalmology and Chairman of the New York State Board for Medicine.

In addition, he has served in an advisory capacity as a member of the National Institutes of Health Visual Sciences Study Section and a member of the Graduate Medical Education National Advisory Committee's Manpower Committee, among many other positions. Dr. Reinecke is also a member of the Editorial Boards of Both the American Journal of Ophthalmology and the Archives of Ophthalmology.

Dr. Reinecke is a Fellow of both the American College of Surgeons and the American Academy of Ophthalmology and Otolaryngology. He is also a Diplomat of the American Board of Ophthalmology. He has been a member of the American Association for the Advancement of Science and is presently a member of the American Association for Pediatric Ophthalmology, of which he was President in 1976, the National Academy of Sciences National Research Council Committee on Vision and various other societies.

Dr. Reinecke is a member of Alpha Omega Alpha. In 1973 he was the Alumni Lecturer at the Mayo Clinic and in 1979 he delivered the Schoenber Lecture of the New York Academy of Medicine. He has been selected for numerous visiting professorships and has served in key positions on a number of Boards of Trustees and Directors including the National Society for the Prevention of Blindness, Inc., and the American Association of Ophthalmology. He and his wife, Mary, have a daughter, Karen.

p.a.c.t.

The Philadelphia Association for Clinical Trials (P.A.C.T.) represents an unparalleled collaborative effort by the health care delivery and research community of the greater Delaware Valley. P.A.C.T. is a unique nonprofit organization developed and endorsed by six area academic medical institutions: Jefferson, the University of Pennsylvania School of Medicine, Temple University School of Medicine, Hahmemann Medical College and Hospital, the Medical College of Pennsylvania and the Philadelphia College of Osteopathic Medicine.

The support of the six institutions places P.A.C.T. in a central role with access to several regional features. The organization is in a position to coordinate, explore and utilize the core of six medical teaching institutions, a group of 40 community hospitals active in the teaching and research programs of their parent institutions, a population base of 5.6 million people, major pharmaceutical companies in the immediate area and throughout the northeast quadrant of the country as well as major governmental participants in the development and evaluation of health care products in the Washington, D.C. area.

The major activities P.A.C.T. has developed fall into the categories of clinical trials, post-marking surveillance and epidemiology and preparation of research proposals. The organization designs, monitors and analyzes the controlled clinical trials necessary to establish the safety and efficacy of new therapeutic modalities. In addition, plans to identify cohorts for study and place large populations under long-term observations are being developed. Further, the organization works with investigators, developing and writing applications to supporting agencies.

The Data and Information Systems Center of the University City Science Center provides important support for P.A.C.T.'s programs. The Center is convenient, staffed by highly experienced personnel and an ideal unit for handling the large volume of data generated by multiclinic trials. The Center provides a full spectrum of data coordinating services. Services include data reduction and statistical analysis. The Center also offers assistance in forms design, training and monitoring of data collection staff and procedure.

P.A.C.T.'s participation in developing a wide variety of projects since its inception reflects the breadth of the organization's mission. P.A.C.T. has helped investigators by making available assistance in statistical analysis of project results. The organi-
zation has been involved in placement and monitoring of an antibiotic efficacy trial.

P.A.C.T. has organized regional participation in a large scale vaccine trial, developed a system design and coordination plan for a national post-marking surveillance study of an antibiotic and conducted a feasibility study of a regional drug surveillance system. The organization has also collaborated with pharmaceutical marketing research groups to enhance the scope of presently existing survey systems and submitted several contract applications to federal agencies for studies of ophthalmic diseases, bioavailability of drug products and in-hospital drug surveillance.

The offices for P.A.C.T. are located at 3624 Market Street in Philadelphia. John J. Schrogie, M.D., is serving as the Executive Director.

german medical education

Summers at Jefferson are characteristically quiet, progressing at a much less harried pace than fall. Finding himself engaged in easy banter with a very articulate medical student last July, Carter Zeleznick, Ph.D., of the Office of Medical Education, detected a slight accent and was suddenly intrigued. A friendly inquiry revealed that Friedhelm Beyersdorf, spending a 12 week rotation working with Francis E. Rosato, M.D., Samuel D. Gross Professor of Surgery and Chairman of the Department, was a graduating student from the medical school in Frankfurt, Germany.

Unable to overlook the unique opportunity for cultural exchange, Dr. Zeleznick invited Mr. Beyersdorf to present Jeffersonians with an August seminar “Contrasting German and American Medical Education.”

Upon completion of the four year Volus School program (public school) students have three options. They may continue in the public school for five years, completing their mandatory education at age 15, or they may attend middle schools, consisting of six grade levels. Following graduation from middle schools, students are able to pursue training in fields such as nursing. The third option and the highest education system is the gymnasium, similar to high school in the U.S. The gymnasiums, consisting of nine grades, graduates students at 18 or 19.

These students have the option of attending universities, although not all of them elect to continue their educations. Those who intend to pursue a medical career commence a minimum of six years training following graduation from the gymnasium.

German students do not pay tuition, and even books are provided without charge. Everyone in Germany is required to serve in the army at age 18, but in some cases students may delay entry until after their education is completed. Mr. Beyersdorf served his military commitment prior to entering the university.

Medicine, pharmacology and psychology are the three most competitive sciences in Germany. Acceptance into the university is based 70% on the grade point average from the gymnasium, though students also take an examination which accounts for 30%. The heavy emphasis on grades has caused some controversy in the country, according to Mr. Beyersdorf, because the gymnasiums are not standardized. Thus, some are more difficult than others.

The six years of medical school are divided into 12 semesters. During the first two years, students take courses in eight basic sciences: anatomy, biochemistry, physiology, chemistry, physics, biology, psychology and sociology. Students take exams after each course, and at the completion of four semesters, take a standarized national exam, given to all medical students in the country at the same time, called the Pre-physician Exam.

In addition to the Pre-physician Exam, there are three other national tests given at designated points in medical school curriculum. These four tests are called the Physician Exams. In the third year, medical students study microbiology, pharmacology, pathology, examination and bio-mathematics. They take a second Physician Exam, Part I, at the end of the third year.

The next block in the curriculum consists of the clinical sciences ranging from surgery to family medicine. In this block students also study pathology, pharmacology and public health and epidemiology. This block takes up four semesters, and students must take the Part II Exam at the end of the fifth year.

The last year is called the Practical Year, and is spent inside the hospital. Students work in the hospital and are exposed to the various specialties by spending several afternoons a week with physicians on the wards. The students spend four months in surgery, four months in internal medicine and four months in a specialty they select. A final Physician Exam, Part III, is given at the end of this year.

Successful completion of Part III earns students the degree of Physician, but they are not M.D.’s. To receive the M.D. degree, they must work in a research laboratory or hospital and write a thesis. The thesis must then be approved by the dean of the university, the supervising professor and second professor. After presentation of the thesis, students are given a grade and an oral exam on the thesis as well as an exam in their specialty. Passing the exam makes them eligible for the M.D. degree.

The thesis generally takes from one to three years to complete. Medical School graduates may, however, practice without an M.D. degree. With the Physician degree, graduates may serve a residency in their specialty and then enter private practice.

Physicians in Germany are salaried employees of the hospital; thus, it is generally more lucrative for them to go into private practice which allows them to set their own rates and laboratory test fees.

Mr. Beyersdorf feels that the major difference between the German and U.S. medical education systems is American students have more practical experience from spending two years in the hospital and German students are exposed to more theoretical material.
Mr. Beyersdorf will be taking his Part III exam this fall. He explains that he came to the United States for three reasons: He wanted to become better acquainted with the language, discover what was going on in another country and investigate medical practices outside Germany. The son of a prothesis manufacturer, he has always been interested in medicine and decided to enter the profession following his military service with the Public Health.

He has a younger brother who plans to be an architect, and he has a great love for the outdoors, enjoys swimming, skiing, sailing and all water sports. After completion of his Part III Exam, he will spend a year as a pathology resident and then serve a six-year residency in surgery.

**artificial larynx**

A team of experts at Jefferson has developed the first artificial larynx. Although other artificial larynxes have been seen in the past, this particular one is remarkable because of the freedom it permits for simultaneous use of both hands during speech. It is a self-contained unit which fits into a removable dental plate worn on the roof of the mouth.

It will be particularly beneficial to people who have undergone laryngectomies most often caused by cancer. It may also benefit some quadriplegics who have had tracheotomies to ease airway difficulties. Currently this artificial larynx is undergoing clinical trials at Thomas Jefferson University Hospital and is available only to select patients.

The interdisciplinary team who invented it includes: Philip A. Katz, Ph.D., Director of biomedical instrumentation; Harold L. Schwartz, M.S., Clinical Engineer in biomedical instrumentation; Henry S. Brenman, D.D.S., Chairman of the Department of Dentistry; and Louis D. Lowry, M.D., Professor and Chairman of the Department of Otolaryngology. Consulting on the project were: Lynda F. Katz, M.S., CCC-SP, and Adeline R. Schultz, M. Ed., CCC-SP, both speech and language pathologists at the Thomas Jefferson University Hospital.

There are approximately 40,000 people in the United States who have had laryngectomies, and approximately 9,000 laryngectomies are performed each year. At least one-half of these patients may be candidates for primary use of the device. The other half may communicate using esophageal speech, and perhaps utilize the device as a supplement in noisy environments or when speech must be maintained for long periods of time.

As Dr. Lowry explains, some patients are able to use their esophagi to produce sound. But it can take some of them as long as seven months to learn how to do this effectively, and it is difficult to predict who can learn the technique. For example, an older person quite often has great difficulty learning to speak using his esophagus. “If the person cannot learn, the self-contained, intraoral artificial larynx may provide the next best alternative,” Dr. Lowry said.

Weighing approximately one-third of an ounce and about the size of a half-dollar, the self-contained, intraoral artificial larynx can be activated by tongue-operated controls. One function is an on-off switch, permitting the user to shut off the continuous sound that emanates from the device during extended periods when speech is not required. The other control permits the person to instantly mute the continuous sound between phrases so that the speech sounds more natural.

A tribute to the field of microelectronics, this artificial larynx consists of miniature batteries, electronic control circuits, function switches, and a speaker and amplifier that all fit onto a denture or palatal shim. Design of all electronic circuitry and complete fabrication of the device was performed in the departments of biomedical instrumentation and dentistry at Jefferson. The batteries last approximately 100 hours of continuous speech and are easily replaceable.

The need for development of such an artificial larynx stems from the difficulties associated with the use of currently available external, hand-held artificial larynxes. Frequently used by people who have had laryngectomies, these devices produce a sound that enters the oral cavity via an opening created in the neck, a tube entering the mouth or by vibrating directly a large section of the neck itself. Because these devices are visually conspicuous and manually operated, they can pose physical and psychological problems for the user. “The object was to make a larynx that nobody could see so that the social stigma of having to talk by use of a visible device would not be present,” said Dr. Lowry. “We expect training to be easier than with present devices since the intraoral larynx allows the user to employ the tongue and lips in a manner similar to normal speech.”

**university choir**

“Conducting,” for Robert T. Sataloff, M.D. '75, “is like singing with a hundred voices as one.”

Dr. Sataloff, conductor of the T.J.U. Choir and Chamber Singers, describes the Choir as “a true University activity.” Membership in the Chorus is open to everyone in the Jefferson family, students, faculty, nurses, technicians, employees and spouses.

“Conducting is really just a more complex form of singing. The conductor manipulates the direction and flow of music based on what he hears in his head. He attempts to teach the choir and orchestra to hear and reproduce this internal sound,” explains Dr. Sataloff.

The T.J.U. Choir gives two main concerts every year, in the spring and during the Christmas season. Dr. Sataloff, who plans programs far in advance to allow the Choir thorough rehearsal time, attempts to maintain a balance of selections for concerts.

At the concert last May, the Choir performed a varied repertoire. The program opened with The Choir and orchestra performing excerpts from the opera Idomineo by Mozart, “Rejoice in Freedom,” “Oh Gods, Stop This Bloodshed” and “God of
United States. The Last Words of David,” by Three contemporary classics, “The Road Not Taken,” “Alleluia” and “The Last Words of David,” by composer R. Thompson were next on the program, followed by “The Geographical Fugue” by E. Toch, a polyphonic composition based on the names of countries, states and cities, using spoken voices rather than melody.

The Choir sang three lively spirituals after the intermission, “Ride the Chariot” by W.H. Smith highlighted by soprano and tenor solos, “Go Down, Moses” by N. Cain featuring soprano, alto and bass solos and “Dry Bones” by L. Gearhart.

The Chamber Singers, specializing in madrigals and small ensemble singing, performed “April is in My Mistress’ Face” by T. Morley and “In These Delightful Pleasant Groves” by H. Purcell. “Bourree” and “Fugue in D Major” by J.S. Bach and W. Swingle preceded “The Ballad for Americans” by E. Robinson, which concluded the program. The “Ballad” which recounts major events in American history opened with three choruses and orchestra accompaniment. Dr. Sataloff relinquished his role of conductor to Associate Conductor Donald L. Myers, M.D. 75, Instructor of Neurosurgery at Jefferson, for the “Ballad” and joined his Choir, performing a baritone solo.

Dr. Sataloff stresses that sound which pleases the ear is what constitutes exceptional music. “Most good music is written for the pleasure of the composer,” he states. Having studied composition, voice and music theory at Haverford College, Dr. Sataloff is himself both a composer and a singer. Assistant Professor of Otolaryngology at Jefferson, specializing in otology and neurotology, Dr. Sataloff has a true insight into sound and its effect on the human ear.

Next to his practice of medicine, Dr. Sataloff considers singing his prime profession, followed by composing and conducting. However, all his endeavors are closely related. He treats professional singers, and at a recent meeting of the National Academy of Otolaryngology he spoke on the care of the professional voice, a subject on which he has also published. Dr. Sataloff is also a member of the voice faculty of the Academy of Vocal Arts.

The conductor sees an immediate correlation between medicine and the arts, as both attract people with a sensitivity toward humanity. He believes that participation in the arts encourages looking at people, life and nature from a deeper perspective which further enhances physicians’ sensitivity in their work.

“Music is an outlet for people who have a passion to keep in touch with their sensitivity,” he notes. He quotes an article by Richard A. Lippin, M.D., founder of the American Physicians’ Poetry Association in Philadelphia, which appeared in The Journal of Art Psychotherapy. “Serious artists have always recognized that there is really no difference between human growth and healing and the creative process. Each is mutually dependent upon and grows from the other.”

Music has always been an important part of the academic community. Music, in addition to geometry, grammar, rhetoric, astronomy, logic and arithmetic, was one of the subjects which made up the basic medieval university, according to Dr. Sataloff.

There are 60 to 80 singers in the Choir, and over half are female. The tenor section, of six to eight members, is the smallest. “Like many choirs, we can always use more male voices,” says Dr. Sataloff.

Choir rehearsals are held once a week on Wednesday evenings in McClellan Hall from 7:00 to 8:30. The first rehearsal of the 1981-82 academic year was on September 16. “We always have refreshments after the first rehearsal,” remarks Dr. Sataloff, emphasizing that everyone at Jefferson who loves to sing is welcome to join the practices.

The orchestra, which Dr. Sataloff also conducts, is made up of as many Jefferson players as he can recruit plus hired professionals from the Philadelphia area. The Chamber Singers are a select choir of 20 members who must audition to join the group.

Dr. Sataloff served as conductor from its founding in 1970 until 1975. Following graduation from Jefferson, he relocated to Ann Arbor, Michigan. In the five years he was away from Jefferson, there were three other conductors before he resumed conducting in 1980.

In addition to the spring and winter concerts, the Choir also performs for Hospital and University functions such as the Employee Recognition Banquet, the College of Allied Health Sciences commencement ceremony and the Hospital Christmas dinner. Last May the Chamber singers appeared at the Walnut Street Theatre as the chorus for the Academy of Vocal Arts’ production of Idomeneo. At holiday time, the Choir gets together for an old fashioned night of carolling.

The winter concert is scheduled for December 18 and the Spring concert for May 14. Both will start at 8:00 pm and will be held in McClellan Hall. The Christmas Concert will include a variety of works, The Concerto in D-Major for trumpet and orchestra, Fasch, Vivaldi’s Gloria and the “Alleluia Chorus” from the Messiah.

library service

The Scott Library now offers a service to investigators seeking information on sources of fellowships and federal and private grants. Librarian Lillian Brazin has organized individual research interest profiles and compiled lists of potential grant sources from books, journals and online data bases for the new Research Resources Information Service.

The library has an extensive col-
Kenneth W. Moore has been appointed Director of Development. He comes to Jefferson with ten years experience at the University of Pennsylvania where he served most recently as Director of Capitol Programs.

James Radcliffe, M.D., has been appointed Clinical Professor of Psychiatry and Human Behavior.

James H. Robinson, M.D., Clinical Professor of Surgery, has been named Associate Dean and Director of Student Affairs.

Digamber Shankararao, M.D., has been appointed Research Professor of Pediatrics.

Yen Wang, M.D., has been appointed Professor of Radiology at Jefferson.

honors, etcetera

Lewis W. Bluemle, Jr., M.D. as President of the College of Physicians of Philadelphia, attended ceremonies in Edinburgh, Scotland, marking the 300th anniversary of the Royal College of Physicians.

John F. Ditunno, Jr., M.D., Professor and Chairman of the Department of Rehabilitation Medicine at Jefferson, was installed as President of the American Academy of Physical Medicine and Rehabilitation at the 1981 meeting in San Diego. Dr. Ditunno has been an active member of the Academy since 1968 and has been deeply involved in the organization’s continuing medical education program for its members. He has been on the Academy’s Board of Governors since 1976.

Thomas D. Duane, M.D., has relinquished his duties as Chairman of the Department of Ophthalmology at Jefferson and as Ophthalmologist in-Chief at Wills Eye Hospital as of October 5. However, he will retain his duties as full Professor. Robert D. Reinecke, M.D., replaces Dr. Duane. (see page 5)

John T. Fazekas, M.D., has been promoted to Professor of Radiation Therapy and Nuclear Medicine.

Albert B. Kurtz, M.D., Associate Professor of Radiology, has received a grant for $35,000 from the Whitaker Foundation to continue his research in ultrasound.

Robert C. Mackowiak, '64, M.D., has been named Associate Dean, Director of Continuing Education and Director of Affiliated Programs. He previously served as Director of Student Affairs.

Robert C. Mackowiak, '64, M.D., has been named Associate Dean, Director of Continuing Education and Director of Affiliated Programs. He previously served as Director of Student Affairs.

"Philadelphians have very deep roots," says researcher Raphael J. DeHoratius, M.D. '68, citing one of the reasons he returned to the city where he was born on September 16, 1942.

Dr. DeHoratius attended St. Joseph's College where he graduated with a bachelor of science degree in biology in 1964. He married Kathleen Marie Carson, a native of West Philadelphia. They have two children, Nicole, 13, and Danielle, seven.

As a medical student, Dr. DeHoratius first became involved in research between his freshman and sophomore years when he worked with Anthony J. Triolo, Ph.D., Professor of Pharmacology. Later, as a senior medical student and intern in medicine at the T.J.U. Hospital, he was involved in various research activities in the Division of Rheumatology which subsequently led to publications.

Following his internship, Dr. DeHoratius served a residency at the University of New Mexico Affiliated Hospitals where he worked closely with R.C. Williams, Jr., M.D., a distinguished researcher in the field of rheumatology and immunology.

From 1970 to 1972 Dr. DeHoratius served as a major in the USAF stationed at Wichita, Kansas. "During the two years I was in the service, there was a transition in the field of immunology. Prior to 1970 immunology was primarily involved with humoral immunity, but when I was discharged in 1972 it had changed to emphasize cellular immunity."

Returning to the University of New Mexico Affiliated Hospitals as a Fellow in immunobiology Dr. DeHoratius worked again with Drs. William and Ronald Wessner. "As a Fellow I became deeply involved in the research of systematic lupus erythematosus as well as acute and chronic liver diseases," he remarks.
Completing his fellowship in 1974, Dr. DeHoratius remained in New Mexico as Assistant Professor of Medicine at the University of New Mexico School of Medicine in Albuquerque. He returned to Philadelphia in 1976 as Assistant Professor of Medicine at Jefferson and was made Associate Professor in 1978.

Though lupus has been called by different names, examining the signs and symptoms reported in old case histories reveals that the disease has been around for a long time. It is believed that the composer Mozart died of lupus. The disease was named lupus by a German physician in the early 1920's. Lupus in Latin means wolf. There are two stories, according to Dr. DeHoratius, of how the disease received its name. One story relates that people at the time believed the disease was caused by a wolf bite. The second story attributes the name to the fact that the rash lupus patients develop allegedly looks like the bite of a wolf.

In 1948 a laboratory test, the lupus erythematosus preparation, was discovered to diagnose the disease. From that point on, more and more cases which had in the past been labeled as rheumatoid arthritis, rheumatism, kidney disease or other disorders were sub-catagorized as systemic lupus.

"There is controversy as to whether or not the survival rate of the disease has changed. In the past, nine out of ten lupus patients died in the first several years. Some think survival has gotten better. Others claim that survival only seems to have changed because physicians are now recognizing patients with milder forms of the disease. In other words, whereas before we were only seeing the tip of the iceberg, now we have uncovered a large part of it," Dr. DeHoratius reveals.

He continues, "Patients with primarily skin involvement live for many years. From diagnostic blood tests, they appear to have the same disease as those with multi-system involvement. However, lupus may not be one disease. It may prove to be many diseases with certain characteristics and constellations of signs and symptoms in common."

Dr. DeHoratius examines patients at Jefferson's Lupus Study Center, established through a grant awarded by the Lupus Foundation of Northeast Philadelphia and the Commonwealth of Pennsylvania. The Center, located on the eighth floor of the New Hospital, functions as a principal coordinator in the City for research and referrals pertaining to systematic lupus erythematosus.

The lupus patient is the focal point of Dr. DeHoratius' research, but patients' families are also examined. "Lupus is a variable disease, varying greatly from person to person. Clearly there is a genetic link in the animal model of lupus, but they are for the most part inbred mice. Humans are outbred, so each individual is different," he says.

Dr. DeHoratius has two technicians working in his laboratory and usually a college or medical student during the summers. Jefferson's Lupus Center interacts with other research centers such as those at Hahnemann Medical Center, the University of Pennsylvania and the Wistar Institute. In addition, Dr. DeHoratius remains in close contact with his former associates, Drs. Williams and Wessner and often exchanges laboratory samples back and forth.

"There are places which have more expertise in certain research areas than Jefferson. We frequently collaborate with them. Our goal is to obtain the most information possible per patient in our lupus study center. We can't see all lupus patients, but if we thoroughly examine the group of patients we have, we may develop answers to certain questions, which is the purpose of a medical college and research center," states Dr. DeHoratius.

Though he does not foresee a cure in the immediate future, Dr. DeHoratius notes, "Some fascinating developments have come to light. One is the fact that lupus patients, both men and women, metabolize estrogen differently than normal. This may somehow influence their immune system."

Dr. DeHoratius is active in numerous societies including the American Federation for Clinical Research, the American Rheumatism Association, and the American Association of Immunologists. He is a Diplomate of the American Board of Internal Medicine and subspecialty of Rheumatology. He is also a Fellow of the American College of Physicians.

Locally, he is a member of the Pennsylvania Medical Society, the Philadelphia County Medical Society, and is active in the Philadelphia Rheumatism Society and the T.J.U. Chapter of Sigma Xi. In addition, he is involved in a number of committee and civic activities, among them the Lupus Foundation of the Delaware Valley for which he is Chairman of the Patient Education Subcommittee and a member of the Medical Advisory Committee.

Feeling comfortable and working with people he knows well are two of several reasons Dr. DeHoratius notes for his decision to return to Jefferson after seven years. He expounds, "It was my impression that Jefferson had made a real commitment to research."

Dr. DeHoratius is concerned about the long term effects of budget cuts on research. "It's very difficult now to recruit people who are interested in research. Many young professionals who might otherwise have entered research, are opting for practice. Eventually, there may be a severe shortage of investigators. We need physicians in practice seeing patients, but there have to be investigators examining the mechanisms of disease and seeking answers," he stresses.

Strongly committed to research in a patient care setting, Dr. DeHoratius enjoys the challenge of his work and his interactions with the house staff and medical students. "A medical school's purpose is three pronged; research, patient care and education at the graduate and post-graduate level. I thoroughly enjoy students. Their questions are incisive. They add a whole new dimension because they are not intimately absorbed in the work and problems. Facing situations every day, a physician becomes very close to them and may over-look things that are very obvious to students looking in from the outside."

Dr. DeHoratius is in contact with
students both in the classroom and on the floor. He lectures sophomore students during their Introduction to Clinical Medicine course and supervises individual students during their rheumatology rotation. "Because we are a small division, we only have two students in the department per rotation, so we aren't exposed to a large number of students. However, more and more graduates have elected rheumatology or immunology as a subspecialty over the last four years. I would like to credit that to the fascinating group of patients as well as the research in the division.

Despite the intense nature of his work, Dr. DeHoratius appears extremely unagitated and well organized. His philosophy? "I do what has to be done. Whether it is seeing patients, doing research or preparing lectures."

While in New Mexico, Dr. DeHoratius became an avid participant in outdoor activities such as skiing and hiking. He is also extremely interested in photography. "Getting out and taking photographs was very easy in New Mexico as I was only five minutes away from the wilderness. I found that type of photography fun. I haven't been as involved in taking pictures here in Philadelphia, but I would like to get back into it. Here, I have developed an interest in gardening since its relatively easy in Pennsylvania as opposed to New Mexico where you are limited to cacti.

Dr. DeHoratius has adjusted his lifestyle somewhat since moving back East. "In New Mexico I lived very close to the hospital, so I could go home for dinner and then return to the hospital later in the evening. But since I now live in the suburbs, I normally stay at the hospital until the work is done. Either I go home very late and miss seeing my family or come to work earlier. I'm not really a morning person, but I've become one!"

He begins rounds at seven in the morning and afterwards works on the problems his patients have developed, and on his papers and grants.

The competition for grant money in area of lupus research is keen. Most major immunology laboratories are interested in lupus because it provides the prototype of the autoimmune diseases.

Jefferson's Center through the efforts of Dr. DeHoratius and others has made considerable progress with its research. Dr. DeHoratius has published over 35 papers and given many presentations on his research findings.

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

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Dr. DeHoratius: deeply involved in the research of systemic lupus erythematosus

Systemic lupus erythematosus is the prototype autoimmune disease which has fascinated many investigators for the past 30 years. My interest in this disease first began as an immunology Fellow in the laboratory of Doctors Ralph C. Williams, Jr. and Ron Messner at the University of New Mexico School of Medicine. Those times were exciting and stimulating since there was a core of investigators with overlapping interests who worked together in a friendly and cooperative way.

Systemic lupus erythematosus is known to have certain abnormalities of the immune system. Immunologic regulation is somehow altered and autoantibodies are produced. Immune complexes can then develop and expose various organs to immunologic attack. The exact trigger for this altered immunologic regulation is unknown. It is thought to be a combination of environmental factors (e.g. viruses) and genetic factors (e.g. HLA and IA system). Using as a basis the work of Larsen and others, in which they examined the presence of autoantibodies in family members of patients with systemic lupus, we examined the prevalence of lymphocytotoxic antibody in patients with lupus and their asymptomatic family members.

We chose this antibody for several reasons. Lymphocytotoxic antibody was found to correlate with the leukopenia, more specifically, the lymphopenia seen in patients with lupus and it appeared to be able to modulate immune function as studied in normal subjects. Lymphocytotoxic antibody was also found to be quite prevalent in known viral infections such as measles, rubella, mumps, varicella and adenovirus infections as well as being present in over 80 percent of lupus patients. We found that 57 percent of the relatives of patients with systemic lupus has lymphocytotoxic activity in their sera. This was present in first degree relatives to a greater extent than second degree relatives.

In collaboration with Doctor Norman Talal at the University of California at San Francisco, we found that the lymphocytotoxic antibodies correlated in these same family members to antibodies to double stranded RNA. Double stranded RNA is found in greater amounts in
tissues infected with RNA viruses, especially during the reproductive phase of the virus. The data that antibodies to double standard RNA were found in asymptomatic relatives of patients with systemic lupus supported the theory that viruses may somehow be important in the pathogenesis of lupus. Further studies done in collaboration with Doctor Alarcon-Segovia in Mexico City confirmed the presence of lymphocytotoxic antibody in the family members. However, the incidence was significantly higher in the families of patients with active disease as compared to those patients with inactive disease.

Environmental factors were again thought to be important in that relatives appeared to have the antibody only when the patient had active disease. Theoretically, the patient could be shedding a virus during the active phase of their lupus thus exposing the close family members who develop lymphocytotoxic antibodies. However, to date, no virus has been isolated from either patients with systemic lupus or their tissue, although a great many laboratories, expert in viral technology, have searched for these viruses.

Further evidence of altered immunologic regulation was described by our finding that patients with lupus had antibodies to DNA and RNA which were primarily of the IgG class while the asymptomatic family members had a partial regulatory abnormality resulting in the limited production of primarily IgM antibodies. The lupus patients appeared to have a more complete failure of regulation permitting the additional synthesis of IgG antibodies. Once again genetics appeared to take on added importance in the pathogenesis of systemic lupus. Studies of the standard HLA-A, B, C system were uniformly unrewarding in patients with systemic lupus; however, when the HLA-D system was examined in these patients there was a marked increase in HLA DR 2 and 3 in the lupus patients. A possible genetic link was now found in patients with lupus. Once again we returned to lymphocytotoxic antibodies and examined their role on HLA expression. In collaboration with Doctor Soldano Ferrone at the Scripps Clinic in La Jolla, California, we found that lymphocytotoxic activity was directed against the HLA antigens molecular complex on the surface of lymphocytes. More specifically it was directed primarily against the B microglobulin portion.

This observation was important since HLA antigens are involved in cell-to-cell interactions required to generate immune responses. Lymphocytotoxic antibodies could then have a modulating effect on the immune system not only in patients with lupus but also in patients with the other diseases in which these antibodies are found.

More recently subsets of T lymphocytes in humans were described. Initially the T-lymphocyte with a receptor for the Fc portion of IgG was found to be decreased in patients with lupus. Our work, in collaboration with Doctor Ken Tung at the University of New Mexico, suggested that these T lymphocytes were decreased because of circulating immune complexes and lymphocytotoxic antibodies. Once again a modulating effect of lymphocytotoxic antibodies was demonstrated. Lymphocytotoxic antibodies could reduce T cells with receptors for the Fc portion of IgG and this deficit in Tγ cells may perpetuate an immunologic imbalance in which the continued presence of lymphocytotoxic antibodies leads to a vicious cycle with loss of suppressor cell function resulting in continued production of autoantibodies with further reduction of Tγ cells. The reduction in suppressor function could then be explained as being secondary to lymphocytotoxic antibody. This however does not explain why lymphocytotoxic antibody was present in the first place.

To examine the above question we, in collaboration with Doctor Arnold Levinson at the University of Pennsylvania, examined spontaneous immunoglobulin secreting cells in patients with systemic lupus erythematosus. These cells can be measured in peripheral blood samples taken from patients and appear to be independent of T regulatory influences. A certain population of patients with systemic lupus were found to have increased numbers of circulating immunoglobulin secreting cells. Again this was an important observation since this abnormality is the first immunologic abnormality noted in the murine models for systemic lupus. This abnormality is found prior to any detectable loss of suppressor function suggesting that a primary abnormality of B cells may be important in the pathogenesis of systemic lupus. Since there was no way of studying lupus patients prior to the onset of disease, we again came back to families of patients with lupus.

We are now examining spontaneous immunoglobulin secretion in the asymptomatic family of patients with lupus and in collaboration with Doctor Chester Zmijewski at the University of Pennsylvania we are simultaneously tissue typing the members of these families.

To date approximately one-third of the asymptomatic family members have increased immunoglobulin secreting cells. This appears to correlate with increased immunoglobulin and autoantibody production in these family members. Interestingly only the patients with elevated immunoglobulin secreting cells have family members with these elevations. Perhaps a link of specific immune function abnormalities and certain HLA or Ia antigens will be found.

This work is able to prosper because of the continued support and encouragement of the Commonwealth of Pennsylvania as well as the Lupus Foundations of Northeast Philadelphia, Delaware Valley and Pennsylvania who have contributed to a lupus center where all aspects of the pathophysiology of lupus can be studied by many investigators in order to obtain as much insight as possible into this most fascinating autoimmune disease.
"Not many people leave the hospital with a bundle in their arms and a smile on their face!" says Burton L. Wellenbach, M.D. '44 attempting to verbalize the satisfaction derived from his role as a Jefferson obstetrician.

In the lyric poem "My Heart Leaps Up When I Behold," William Wordsworth introduced an enlightened riddle on the nature of the spirit: "The child is father of the man." As a child, Dr. Wellenbach remembers being intrigued by universal questions: "What makes the moon stay in the sky? Why do the earth and moon rotate? Why does it rain and hail?" Burton Wellenbach, the man, though now father to five adults, has retained a sense of the wonder and newness of things which stimulated him as a child.

Concurrently, Dr. Wellenbach conveys an understanding of the phenomenon, "Heaven lies about us in our infancy," which Wordsworth wrote about in his "Ode, Intimations of Immortality from Recollections of Early Childhood." It is, thus, appropriate Dr. Wellenbach entered the profession of medicine, where there is always a new question, an area bringing him in constant contact with the inception of human life.

"In medicine, one can never become smug or blase because that is just when something happens to disrupt complacency," he remarks. Asked to express his thoughts when viewing a newborn infant for the first time, he states emphatically, "I get a high! I really do even after delivering thousands of babies."

Dr. Wellenbach reveals that he often ponders during a delivery what the newborn's thoughts are "as it is being brought into this ugly, beautiful, interesting, crazy world of ours." An avid reader, he notes presently he is 40 or 50 pages into a science fiction novel, recently reviewed in the New York Times, titled The Unborn. The book discusses how the unborn child relates to and influences its mother through chemical changes while in the womb.

He speculates that in the future physicians might actually be able to interpret infants' brain waves, gaining insight into their thoughts. "Wouldn't that be exciting?" he asks.

Dr. Wellenbach's initial interest in medicine was sparked by his uncle, Jacob Walker, M.D., an obstetrician and Jefferson graduate, class of 1913. After his internship, he was not sure whether to specialize in medicine or obstetrics and gynecology. Therefore, he served residencies in both areas. First he served a medical residency at Jewish Hospital. Then he served a residency in obstetrics at Beth Israel Hospital in New York City, followed by an obstetrics and gynecology residency at Jefferson.

Obstetrics and gynecology has all the aspects of a specialized discipline while at the same time offers Dr. Wellenbach many facets of medicine. "In obstetrics, I am a primary care physician in the sense that I treat infectious and metabolic diseases, endocrine and hematologic problems
among many other entities.”

The specialty has proved continuously rewarding and challenging. “Of all the challenges,” he says, “including high risk pregnancies, I think the greatest advance in obstetrics has been the humanistic aspect. We have always had a humanistic approach at Jefferson, encouraging natural childbirth and breast feeding. Husbands are welcome to participate, even prenatally. They may attend deliveries, including Cesarean sections. I think when people share responsibilities, whether good or bad, it has formid-
able effects on their lives.”

Though he is no longer involved in classroom teaching, the Associate Professor of Obstetrics and Gynecology works with junior students in the operating and delivery rooms during rotations. “I try to convey to my students an interest in the discipline of obstetrics and gynecology. I stress they learn the basic approach. It is more important for students to learn how to examine a patient than to see something more unusual such as a hysterectomy.”

Even after 37 years in the profession, Dr. Wellenbach admits to learning something new every day. He cites as an example the finding of numerous variation in the uterus, an incredibly diverse organ, depending on the individual and the menstrual cycle.

Interested in alternative viewpoints, in September 1980, Dr. Wellenbach participated in a seminar in Vienna, Austria, at one of the nation’s prominent gynecological clinics. Though he did not detect enormous differences between U.S. and Austrian practices, he felt both countries gained from the discussions. His wife, Shirley, Assistant Dean of General Studies at the University of Pennsylvania, accompanied him to Austria, and they visited many interesting museums and landmarks.

Both Wellenbachs enjoy travel and have done so extensively. Last year they toured Italy and spent time in Eleuthera, an island near Nassau. This October they plan a trip to Portugal and Morocco. With a wistful smile, Dr. Wellenbach remarks, “I would like to go to China before it inevitably changes and becomes Westernized.”

A family man, Dr. Wellenbach values time with his wife and children, Scott, Andrew, Jill, Patricia and John, ranging in age from 23 to 30. “Every summer we get together for a family vacation. Two years ago we rented a home in Bermuda. We had a great time,” he discloses.

The physician had a setback in 1968 when he suffered a heart attack while playing tennis. Only 48 at the time, he was bothered that he was so young but was primarily concerned for his children, all still in elementary school. “I was in good shape then and was playing good tennis. Now, twelve years later, I’m in even better shape although my tennis isn’t,” he grins.

Another interest grew from a surprise sixtieth birthday present from his five children. Returning from that family vacation in Bermuda he discovered a wine cellar installed in the basement. He continues to enlarge the stock, primarily with California wines. Everytime he leaves the “Commonwealth.”

Having maintained a hectic pace of practice and academic responsibilities, he realized he had to alter his style and establish priorities. Reflectively, he notes, “Medicine can be a physician’s best mistress. He can be with her 26 hours a day and find it highly rewarding. However, when a physician is caught up in the so called rat race, working all day, delivering all night and then operating, it has to pay its toll.”

One reason for the demanding pace, according to the Doctor, is physicians have trouble saying “no.” He elaborates, “I don’t know how to reject a patient who calls with pain or bleeding. I can’t say ‘I’ll see you tomorrow’ or ‘take an aspirin.’ Whether she has severe bleeding or not, the mental quotient is as important as the physical, so

I feel compelled to relieve even anxiety and apprehension.”

Dr. Wellenbach feels a viable solution to the stress of medical practice is the current trend toward associations, which allow physicians a break every other night and every other weekend. For the past 19 years he has been associated with Leon A. Peris, M.D. ’55, a most beneficial and professionally enjoyable relationship. In addition to Dr. Peris he is now also associated with Benjamin Kendall, M.D., David M. Goodner, M.D., and the newest addition to the office staff, Sandra M. Wolf, M.D. ’77.

Marriage counseling and sexual education has been one of Dr. Wellenbach’s profession interest for years, and he has written and lectured on the topic extensively. His involvement grew out of questions from patients concerning sexual problems. Unable to provide all the answers, he wrote to various professionals in the field and took steps to initiate a course in sexual education at Jefferson, one of the first in the United States. Martin Weisberg, M.D., ’72, Assistant Professor of Obstetrics and Gynecology and Assistant Professor of Psychiatry and Human Behavior, currently heads the program on sexual education at Jefferson.

There are many Jeffersonians Dr. Wellenbach looks to with considerable respect, who had a major impact on his professional life, including Drs. T. L. ’20, J.B. Montgomery ’26 and Lewis C. Schefley, M.D., ’20. However, the late Abraham E. Rakoff, M.D., ’20, the late Abraham E. Rakoff, M.D., Professor of Obstetrics and Gynecology and Honorary Professor of Medicine (Endocrinology), was Dr. Wellenbach’s mentor when he started out in medicine. Dr. Wellenbach feels the Department was fortunate to have a number of bright, giving, caring men, dedicated to the profession.

Commenting on the future of medicine, he says, “I think it’s exciting that more women are entering medicine. I also think it is very healthy that students and residents are challenging and questioning their professors. The giants of medicine yesterday knew a great deal, but perhaps because their names and prestige made them unapproachable, they were not challenged as much by their students.”

It is fitting that Dr. Wellenbach should express this view for he is a man motivated by the learning process, an explorer and a discover, who enjoys above all challenging himself.
On September 17, Andrew J. Ramsay, Ph.D., was named the first Daniel Baugh Professor of Anatomy at ceremonies in McClellan Hall. Dr. Ramsay, who became Emeritus in 1972, and Joe Henry Coley, M.D., '34, have been instrumental in recognizing the tremendous contributions of Baugh to Jefferson at the turn of the century. The new Baugh Professor writes of these in the following article.

At the same ceremony, which included members of the Baugh family, the refurbished portrait of Baugh was rehung in the entrance way outside the auditorium where the Gross Clinic previously was displayed. Speakers at the program included Dr. Ramsay and Robert Mandle, Ph.D., Chairman of the University's Art Committee. Daniel Baugh Brewster, the great grandson of the late trustee and former United States Senator from Maryland, represented the family. Daniel Baugh, III of Largo, Florida, the child on the left in the portrait, was unable to attend due to ill health. E. Marshall Johnson, Ph.D., current Chairman of the Department of Anatomy at Jefferson, presided.

Following the ceremony at a reception in the Eakins Lounge of Jefferson Alumni Hall, Dr. Coley presented to the Alumni Association of Jefferson his painting of the old Daniel Baugh Institute on Clinton Street. The painting commissioned by Dr. Coley, was executed in 1978 by Hobart Reimann, M.D., Professor of Medicine. (JAB cover, summer, 1979).
Top: The stage party at the Baugh ceremony acknowledges the unveiling. From left Dr. Johnson, Dr. Mandle, President Bluemle, Mr. Brewster and Dr. Ramsay. The painting by Lozor Raditz hung in the amphitheatre of the old Institute on Clinton Street. Center: Members of the Baugh family have a private viewing of the portrait following a luncheon in the Board room given by President Bluemle. Bottom from left Dr. Coley, Dr. Benjamin Bacharach, President of the Alumni Association, Dr. Reimann and Dr. Bluemle with the painting of DBI given to the Association by Dr. Coley.
Daniel Baugh: Benefactor

by Andrew J. Ramsay, Ph.D.

All alumni who studied anatomy from 1911 to 1968 recall old D.B.I. However, alumni and other members of the Jefferson Family are unaware that the Institute was only one of a series of significant contributions by Daniel Baugh. His many contributions played a major role in elevating the status and enhancing the stature Jefferson has since had in American medical education. A search of available records discloses surprising evidence of his munificence and devotion to our institution.

Daniel Baugh died on February 27, 1921. He had devoted 25 years to Jefferson as a member of the Board of Trustees. In a gracious memorial tribute, Mr. Baugh was referred to as “our greatest benefactor.” Board President William Potter considered Mr. Baugh “the most valuable man ever connected with the Board of Trustees of Jefferson Medical College,” according to biographer J.W. Jordan (1915).

Jefferson was originally a “proprietary school” as were most medical schools of the early period. Then in 1895 through the wisdom and insistence of the Honorable William Potter, at the time a newly elected trustee, its status changed to a “non-profit sharing corporation.” Mr. Baugh joined the Board the following year in 1896. Mr. Baugh immediately recognized the need and began efforts to improve the financial base of the institution.

The Board found it necessary in 1898 to reduce the annual salaries of the “non-practicing” department chairmen from $5,000 to $3,700 because of limited funds from fees and tuition. There was an added stipulation that salaries would be reduced still further if College income could not justify that figure. Slight improvement in income the next year increased salaries to $4,000 but with the same proviso. The reduced salaries were a matter of deepening concern to Mr. Baugh as he was aware of the desirability of attracting and holding able professors.

In 1912 Mr. Baugh finally induced the Board to return to the original $5,000 salary by guaranteeing, from his personal funds, any amounts required to maintain that figure. His guarantee was not only for that year, but extended into the future. This included the “non-practicing” Chairman of Anatomy and all the basic science departments. An informed Trustee, Mr. Baugh realized the tremendous importance of endowment, especially general institutional endowment, to Jefferson’s continued progress. Unrestricted monies could be utilized as the Trustees saw fit to benefit any area of the College. Therefore, in June 1915, Mr. Baugh wrote Board President William Potter pledging $100,000 for the establishment of a general endowment fund. The pledge was contingent upon the raising of an equal sum within one year for the same purpose. Mr. Baugh’s magnanimous gesture stimulated other trustees, faculty, alumni and friends to pledge $115,000 by June 1916. Together with $100,000 transferred from the College’s contingency fund the total general endowment equalled $315,000.

The famous Flexner Report on medical education had stressed the desirability of medical schools being part of parent universities. Overtures were made to Jefferson as the outstanding, independent medical school in the country. The University of Pennsylvania’s Board of Trustees realized Jefferson’s preeminence, increasing endowment and unmatched attraction for highly qualified students. In 1916 the Penn trustees proposed to Jefferson’s Board that the two medical schools “consolidate”.

Both Boards formed committees and meetings were held. Jefferson department chairmen were consulted and initially appeared to view the prospect with favor. The department chairmen voted approval of the plan, though not unanimously. Stationary was printed bearing the names of both institutions.

However, as additional specifics set forth by the University of Pennsylvania were examined and clarified, Jefferson’s trustees and alumni became concerned. Edward Louis Bauer, M.D., author of Doctors Made in America, reported an interesting incident related by Jefferson Dean Ross V. Patterson: at a critical meeting of the two Boards which was lead to final “consolidation” steps, Mr. Baugh overheard a revealing remark made by a member of the Pennsylvania Board. Hastily, he passed a note to Mr. Potter urging that no commitment be made and pledging his entire fortune to keep Jefferson independent.

Discussions were terminated without action, and Jefferson withdrew from further negotiations. By the terms of the agreement, had consolidation come to
fruition, medical degrees would have actually been conferred by the University of Pennsylvania. Jefferson would have certainly suffered absorption and eventually loss of individual identity. Thus, we owe Mr. Baugh a great deal of gratitude for the continuation of our independent existence. Although in later years several affiliation possibilities arose with other universities, Jefferson's Board ruled in 1922 against any affiliation or merger "unless alumni and friends would so indicate".

Mr. Baugh paid the salary of the Anatomy Chairman and Director from 1911 until his death in 1921, at which time a fund of $150,000 in trust was established as designated by his Will. The income from the fund was for the salary of the Anatomy Chairman and Director of the Daniel Baugh Institute of Anatomy in perpetuity. In effect, this endowed the chair in Anatomy though it did not bear his name until the September 1981 ceremony.

The original endowment amounted to two and a half times that of each of Jefferson's two most famous chairs, surgery and medicine. At present, the Daniel Baugh fund exceeds the amount required to endow a chair or professorship even in our inflated economy.

Jefferson was not only the institution to which Mr. Baugh gave freely of his time, means and intelligence. He served a variety of business, civic and cultural interests with inexhaustible energy and rare ability.

He served as Director of Girard National Bank, the Delaware Insurance Company and the Philadelphia Bourse and was on the Boards of Trustees of Howard and Rush hospitals. In addition he was President of both the School of Design for Women (now the Moore College of Art) and the Sanitarium Association and was a member of the Permanent Relief Committee of Philadelphia.

In 1887 he helped to form the Art Club of Philadelphia and served as President until 1901. Further, he was chiefly responsible for establishing the Art Federation. As the first President of the Federation, he was instrumental in "securing a magnificent boulevard to run diagonally through the city, from City Hall to Fairmont Park." This boulevard is now known as the Benjamin Franklin Parkway. The Art Federation, joined by other groups, formed the Parkway Association which completed the project.

Mr. Baugh was interested in archeology and paleontology, and he helped to form the Archeological Association. With the stimulus of Dr. William Pepper II, President of the University of Pennsylvania, the Association established a museum of archeology and paleontology. As President of the Association and Chairman of its Building Funds Committee, Mr. Baugh was deeply involved in this project. He gave the address when the building was presented to the University of Pennsylvania as its Free Museum of Science and Art and department of archeology and paleontology, today known as the University Museum.

In 1898, perhaps inspired by his involvement with Jefferson Medical College, Mr. Baugh joined with Dr. Pepper to publish the Philadelphia Medical Journal, a highly regarded publication. Mr. Baugh was President of the publication until its merger with the New York Medical Journal in 1904.

The Baugh family business enterprises started with a series of tanneries near Philadelphia, but shifted in 1855 to the manufacture of newly devised agricultural chemicals, chiefly raw bone super-phosphated fertilizers and related chemicals. The family had plants in Downingtown, Philadelphia, Norfolk, Chicago and Baltimore. Baugh and Sons Company consisted of Daniel Baugh, his father, John Pugh Baugh, and his brother, Edwin.

The Philadelphia plant, the Delaware River Chemical Works, was the largest in the world for its purpose. The Chemical Works and its grounds extended 3000 feet from the river to Otsego Street. The plant had its own wharf, Pier 70 South Delaware Avenue, to accommodate ships bringing raw materials, largely from South America and our Western States.

The firm was instrumental in publishing the Journal of the Farm, as a service to customers in the farming community. Daniel Baugh edited the Journal until it ceased publication in 1875. (A logical successor to the Journal of the Farm which began publication in 1877, though not under sponsorship of the Baugh enterprise.)

As a young man Mr. Baugh's business career was temporarily interrupted due to the Civil War. Wishing to serve his country, he enlisted in the Gray Reserves of Philadelphia and saw action in Maryland and Pennsylvania during the period of the Antietam and South Mountain battles.

The Baugh family, originally spelled Bach, emigrated from Germany prior to the Revolutionary War. They settled in Chester County, Pennsylvania, near Philadelphia, where Daniel Baugh was born to John Pugh and Hannah Krauser Baugh on October 22, 1836. He was educated and prepared for college in private academies, but relinquished college studies do to demands of the rapidly expanding family business.

However, being without a college education was of no consequence during his life, since his intellect could be trusted to direct its own development. On his own initiative, he succeeded in gaining a wealth of information and knowledge, which is attested by his election in 1899 to the prestigious American Philosophical Society as Chemist, Philanthropist.

The history of the Institute named for Daniel Baugh is almost as intriguing as the man. "What became of old D.B.I.?" is a question frequently asked by Jefferson Alumni, perhaps relating more to the buildings and faculty of their student days than to modern structures and new faces.

The building at Eleventh and Clinton Streets was occupied for years by the Pennsylvania College of Dentistry, but was finally closed after failing to receive expected financial support. Then later in 1910 the property was purchased by Jefferson. The old building was completely renovated and re-fitted before it was first occupied by Jefferson in 1911. For the following 57 years, its contributions to Jefferson and American medical education were unique and unmatched by any comparable
facility in the nation.

Prior to the opening of D.B.I., the medical hall, laboratory building and new hospital were all located between Sansom and Walnut Streets on Tenth. Although anatomy occupied the fifth and sixth floors, the frequent appearance of the undertaker's hearse so near the hospital to deliver cadavera did not contribute to patients' faith in hospitalization at Jefferson! The Anatomy Department obviously needed a different location and more satisfactory facilities.

When the Board arranged to purchase the land and building at Eleventh and Clinton Streets, Mr. Baugh was quick to envision this spacious property as an advantageous location for the department. He immediately reimbursed the Board $50,000 for the purchase and provided an additional $45,000 for the initial renovation and refitting of the building as an anatomy department and research center.

Thus, in 1910 the Trustees named the building and its concept "The Daniel Baugh Institute of Anatomy of Jefferson Medical College of Philadelphia." Commemorative tablets were placed both outside and inside the building attesting to Mr. Baugh's munificence.

An impressive ceremony opened the Institute on September 26, 1911. Speakers came from other medical schools, near and far. The facilities were characterized as the most modern and realistic for anatomic teaching and research in America. A large guest book started that day has been in continual use for the past 70 years.

The Trustees recognized the added responsibilities of the Professor of Anatomy in administrating the new Institute and its facilities. Therefore, in 1911 "Director of the Daniel Baugh Institute of Anatomy" was added to the title of Anatomy Chairman. Dr. Anthony Spitzka, a well known anthropologist and neuroanatomist from Columbia University, College of Physicians and Surgeons, was the first to receive the title. Dr. Spitzka had succeeded the famous Dr. William S. Forbes in 1906.

However, Dr. Spitzka soon developed severe health problems, necessitating his resignation in 1914. He was succeeded by J. Parsons Schaeffer, M.D., Ph.D., the eminent anatomist from Yale. Dr. Schaeffer's tenure as Chairman and Director continued for 34 years until his retirement in 1948.

Desiring to stimulate original research, Dr. Schaeffer expressed the need for more faculty office and research space. He suggested the purchase of the adjoining 1023 residence on Clinton Street to Mr. Baugh. This purchase was eventually made, and the residence became the Institute's "Annex."

Jefferson received the coveted A+ rating from the A.M.A. and the A.A.M.C. in 1914. Minutes of Board meetings reveal that this honor, although long overdue, was largely the result of the functions and potential of the separate Baugh Institute. The Institute resulted in enlarged academic functions in anatomy, and by vacating two floors in the Tenth Street building, permitted sorely needed expansion in other basic science departments.

For the following 57 years its contributions to Jefferson tradition and to American medical education were truly unique and unmatched by any comparable facility in the nation. In fact more physicians now providing medical care to the American people once sat in its amphitheaters. Dissected cadavera, discovered the delicate structure and development of human cells, tissues and organ systems, learned to tie surgical knots and practiced common surgical procedures.

The anatomy courses were demanding. There was no air conditioning to moderate Philadelphia's heat and humidity. The stools in the histology-neuroanatomy laboratory seemed uncommonly uncomfortable, and students joked that the seats in the amphitheatres were designed to keep them awake.

During the last few years of occupancy, all facilities in the Institute were terribly overcrowded due to sharply increasing enrollment. In spite of difficulties, Mr. Baugh's Institute fulfilled its functions remarkably. Through the years the esprit de corps of students and faculty, was truly unique. The mutalism between students and faculty, which was almost symbolic, was largely lost by the move to the "big house" and the demise of old D.B.I.

When Jefferson Alumni Hall opened in 1968, the Daniel Baugh Institute moved to its fifth floor. In these quarters the tradition of excellence in anatomical instruction and relevant contemporary research continues as in the past. The large marble slab acknowledging Mr. Baugh's gift of the Institute to Jefferson was transferred from Eleventh and Clinton to the fifth floor and mounted on the wall at the head of the escalator to identify and ensure continuation of Mr. Baugh's concept. The plaque states in large brown letters:


After laying idle for several years, the Institute property was sold to the Philadelphia Redevelopment Authority. The Authority's officers initially felt it could be converted into an office building for their use. However, they later abandoned the prospect. An imaginative real estate developer recognized the potential of the building and its location. He acquired the building and had it converted into luxury apartments. Nevertheless, the marble slab over the Eleventh Street entrance still reads "The Daniel Baugh Institute of Anatomy" as it has for the past 70 years.

Though the building was unoccupied for several years, the marble columns flanking the Clinton Street entrance were never the target of Philadelphia's graffiti vandals, and the caduceus symbol above the door still bears testimony to Mr. Baugh's historic contributions to Jefferson.
and medical education.

Mr. Baugh's total contributions to Jefferson will never be known since many are not recorded. With characteristic modesty and an abiding penchant to act and help when needed, he proceeded directly and effectively. Whether he supplied funds or purchased needed materials himself, he did so without expected recognition or accounting.

Intimately aware of needs as Chairman of the Hospital Committee of the Board of Trustees, he supplied electric and gasoline powered ambulances, an enlarged and thoroughly modern X-ray department and other items of considerable significance. He provided continuous support to the Institute and its library, according to Dr. Schaeffer. The huge, four-hundred year old classic tomes, which were parchment bound with hand-colored, woodcut plates, were valued in excess of ten thousand dollars 70 years ago. Today they are priceless.

In 1914 Jefferson instituted courses in the sciences to counter previously inadequate premedical preparation. The biology courses were given in the Institute, and Mr. Baugh provided appropriate apparatus and facilities. The facilities included one of the most complete series of mounted vertebrate skeletons, especially of primates, in existence at the time. The series was matched by only a few of the large museums. During the few years biology was taught, the Trustees added "and Biology" to the Institute's name and to the title of the Chairman and Director.

Mr. Baugh's contributions to the Institute of Anatomy alone greatly exceeded $200,000 at the time of his death.

During the ten year period when he paid the salary of the Anatomy Chairman, he expended more than $50,000. The amount he supplied to maintain the salaries of other non-practicing” chairmen at $5,000 each is not evident in available records.

His monetary support of building fund drives was continuous. Further, his skill in solicitation of funds and in the administration thereof was unique. He raised the majority of funds for the new hospital between 1904 and 1907, and together with Board President Johnson, Mr. Baugh oversaw the actual erection of the building. This resulted in saving $300,000 of the original $1,250,000 dedicated for the project.

Driven by an indomitable force of character and concentration of purpose, Mr. Baugh succeeded to a remarkable degree in both his business and civic enterprises. Biographers and friends characterize Mr. Baugh with phrases such as "man of large affairs and rare talents, public spirited civic leader, philanthropist, one with in-exhaustible energy, one whose public usefulness was of well-nigh unlimited scope, a man of rare and inspiring manner which attracted all who fell within its influence, one whose crowning quality was that his ambition was not for himself."

The high esteem in which Daniel Baugh was held by perhaps the most important segment of our Jefferson family, the students, was exemplified by the class of 1914. In tribute and appreciation of Mr. Baugh, the class named their yearbook The Benefactor and dedicated it to him.
Revolution in Educational Communications

by Theresa M. Powers

Each individual unit of the Audio-Visual Department . . . the audiovisual equipment, photography, television and medical illustration sections . . . functions in close coordination to serve the diverse audiovisual needs of the academic departments of the Medical College.

The Audio-Visual Service Concept was established in 1958 when Dr. Andrew J. Ramsay, then Chairman of the Department of Anatomy, needed a research specialist to handle the innovative audio-visual media which he envisioned as necessary to medical education in the present era. Dr. Ramsay foresaw the need for closed circuit TV, photography, projection equipment and medical art work. Thus, the service evolved with a wide range of skills in producing media software.

When Dr. Ramsay retired in 1972, Dean William F. Kellow decided to put the department's capabilities to use for the benefit of the entire Medical College. Serving the Medical College has remained the department's highest priority though requests for assistance are University wide in scope and range far beyond audiovisual functions.

The Importance of Audio-Visuals in Education

There has been a revolution in educational communications. Today's students are the product of a world of sophisticated communication experiences. The use of audio-visual materials for instructional purposes is rapidly becoming an integral part of many curriculum strategies and course development activities. Slides, filmstrips, transparencies, diagrams, photographs, audio tapes and, of course, television are being used extensively at all levels of instruction.

Effective learning begins with firsthand or concrete experiences and proceeds toward more abstract experiences. Thus, students who have the advantage of reacting to well-selected and wisely used audio-visual media learn more effectively than do those who are provided with mostly verbal material.

Since the function — and therefore the focus — of teaching is learning, it is clear that a variety of educational materials must be at the fingertips of teachers, not only to use them effectively in their own teaching efforts, but also to initiate proper pupil utilization of these materials. In a real sense, the determining factor in the relative effectiveness of a teacher is the degree and diversity of skill he has in communicating with learners.

The AV department offers the ways and means of helping students learn by preparing a wide range of materials and providing equipment that involves looking and listening. Each medium has unique characteristics which should be employed to achieve specific learning objectives. Films may be used when motion is required to convey manipulative tasks or processes. Still pictures may be effective in place of films where the film goes too fast, or shifts scenes too quickly to stress important points. Slides and film strips enable the instructor to increase the time students may view the illustrations, to answer their questions and to make comments. Television, as a predomina ntly visual medium, permits instructors to incorporate a variety of visual materials, such as films, demonstration slides, transparencies, models, charts and drawings, into their instructional presentations in varying degrees of realistic detail. The video tape, with its instant replay and freeze frame feature, adds a whole new dimension. And now, the computerized electronic devices permit student participation in pre-recorded programs.

Through the last few years, several refinements have been realized in our understanding of various media. For example, educational television is proving more and more to be the result of teamwork in planning, producing and classroom use. There is increasing evidence that its effective use begins with the teacher as a member of the planning group and ends
with sound classroom utilization procedures.

Every professor has his own plans for organizing instructions. We attempt to anticipate the lecturer's desire to improve his instruction through accessible, feasible and economic means.

Guidelines are offered to lecturers for use when selecting visual materials for group interaction. A visual stimulant is provided to the novice as well as to the experienced speaker when he is looking for the right aid or combination of aids.

We understand the characteristics, advantages, limitations and uses of the most commonly encountered instructional media. The technological advances in the last 25 to 30 years have provided improved instructional materials for bringing the best, the most relevant and the widest range of information to lecturers.

It has been shown repeatedly that correct use of various media can improve learning and reduce instructional time. There is growing evidence that audio-visual materials are proving to be more than merely training aids. They have been essential to effective communication in group instruction, and in many independent-learning systems are the only means of communication with the student.

**Working With The Media Specialist**

As early as 1972, in collaboration with Robert T. Lentz, of the Scott Memorial Library, we had begun the formation of a Media Center and planned a systematized development of audio-visual reference material. The emphasis on our part, was on producing, collecting and cataloging non-print material for both teaching and self-instructional use.

Today, we continue to offer assistance not only to Mr. Lentz, who is now Jefferson's Archivist, but also to our present day Librarian, Mr. John A. Timour by coordinating efforts to standardize software according to guidelines approved by associations such as the Media Education Resource Center and the Mid-Eastern Regional Medical Library Service. The most valuable formats, from an array used with more than 50 different types of hardware, were determined to be 35mm slides arranged in sequence for use with an audio cassette tape recorder having slide-sync capabilities and the U-Matic Video cassette recording units.

The Scott Memorial Library now has a highly developed and much used audio-visual learning center in full operation, well equipped with several color video tape decks for small group viewing and self-instructional sessions.

Association with the Library is stronger than ever before. Using our own video equipment, we have produced videotape of doctor/patient interviews, of speech therapy sessions and of rehabilitation and occupational therapy techniques and lectures. The Library receives copies of these and other AV productions on request and is the central repository of the Audio-visual Department's finished products.

**Television**

Growing interest in our materials and capabilities throughout the University and the gradual acquisition of color television equipment has resulted in a rapid increase in the number and variety of requests for our assistance. We tape segments to be used in training sessions, in orientation routines and in sensitive medical education programs with faculty/student participation.

There is supportive interaction of various Medical Departments and Offices throughout the University in sharing equipment, programs and resource personnel. Their cooperation has resulted in flexible, useful and economical production in laboratories, lecture halls and conference rooms.

The introduction of color TV equipment has greatly expanded the interest and usefulness of the special guest lectures, standard instructional sessions, panel discussions, demonstration of technical procedures and "role playing" with patient/doctor routines enacted by faculty/student actors.

Televisioning Jefferson programs in amphitheaters to overflow crowds in nearby lecture halls is now routine. Black and white equipment will be replaced with color units as funds permit.
Our aim is to establish routine procedures for the use of closed circuit equipment installed in operating rooms, in laboratories during instruction periods, in amphitheaters during special guest lectures and during panel discussions in lecture halls, conference rooms and small study areas.

An exciting innovation in educational television is the introduction of the Video Responder System, which functions as interactive video equipment, a merger of video systems and microcomputer circuits. As explained by a recent developer: "No longer is the video user a passive viewer. Instead he or she interacts with the program, and that interaction modifies subsequent programming. Testing can become an integral part of learning since what is learned is subject to instant evaluation."

The Video Responder System provides for selective recall of segments previously recorded on video cassette or video disc. It was designed for ease of programming and use. The system asks its users questions, makes notes of their responses and automatically reviews material when incorrect answers are given. It can also record and grade answers. An optional printer provides proof of performance and identifies problem areas.

If all goes as planned, the Video Responder System will be the next major purchase. It will add an important dimension to the audio-visual capabilities.

**Photography**

Although most of the work in the Photo Lab is the routine production of slides for lectures and prints for research publications, field assignments and special studies frequently break that routine and bring us into a variety of situations far from the confines of the dark room. For example, motion picture segments were made that follow a patient through a rehabilitation program and films recording tumor research results in laboratory animals. Operating room sequences are shot in a crowded atmosphere of anticipation, while a photomicrographic series takes us on a solitary exploration in a silent world of mitochondria and villi. For in-service training programs, we move all over the campus to photograph colleagues at work and help put together visual reports that focus on the problems within their specialties. Poster displays and demonstration prints are prepared. Service is offered to such diverse areas as Public Relations, the Safety Director and even Security. There is always the need for a good print that says "Jefferson" in a new way for a cover, an illustration in a journal article, newsletters or a yearbook.

Frequent consultation and instruction sessions on cameras, filters, lenses, films and battery packs keep us up to date on new products.

With all of this on a very tight schedule, it is almost a relief to get back to the routine of slide duplicating and print reconditioning. Over 25,000 of them are produced each year!

**Audio-Visual Equipment**

The Audio-Visual Service Section some time ago established the policy of permanently locating standard projection equipment in classrooms wherever possible and keeping a tally of their daily usage. In addition to providing this permanent equipment, other requests are filled for special equipment for more than 50 additional locations throughout the University. Requests for assistance originate in many different areas: the Departments of the Medical College, the Divisions of the Hospital, the Departments of the College of Allied Health Sciences, the College of Graduate Studies, the Department of Auxiliary Services, many sections of the University Administration and various societies which meet regularly on campus. Equipment may be used in routine teaching and research studies or for the development and production of audio-visual programs and resource materials. The increasing number of requests received and their varied nature and complexity reflect the rapid growth of the many programs being developed throughout the University.

The Audio-Visual Services Section is also involved with other University functions. Opening Exercises and other Academic programs are televised throughout the year. We have covered energy conservation seminars, Business Office presentations, the United Way Campaign, Employee Recognition Dinners, Alumni Luncheons and Clinics, the Old Market Fair, Portrait Presentations, Student and Employee Orientations, Parents' Day, Class Day and Graduation.

We have been asked to assist in the design of audio-visual stations in newly renovated classrooms and conference rooms throughout the University. Routinely faulty equipment is repaired and replaced, storage areas are reorganized and new distribution procedures and accounting systems are established.

**Medical Illustration**

In recent years there have been increasing requests for Departmental assistance in the preparation of graphs, charts, diagrams, posters and simple lettering. During the same time frame, Jefferson has spent increasing amounts of money for freelance art work. It has become evident that it would be both economical and efficient to add medical and graphic illustrators to the Department. At the present time, we have had to limit our services in the area of medical illustration to the relatively basic graphics that require the expenditure of minimum time and labor. We have been forced to refer all requests that require extensive time or specialized skills to freelance artists or local commercial concerns.

Although the Audio-visual Office receives financial support from the Office of the Dean of the Medical College for its administrative expenses, we are required to recover all production costs for labor and materials. All staff salaries, new equip-
ment, repairs and maintenance of existing equipment and the actual film and other materials used in our work must be paid for through a charge system that requires Departments or individuals utilizing our services to pay for them, generally at a price that is between 20% and 40% below market costs.

Our cost recovery rate has been very good and has improved with each passing year, so that we are in effect self-supporting in the service area.

Inflation in general and the silver panic last year in particular have driven up the price of film, chemicals and other audio-visual supplies. It has taxed the ingenuity of the photographic staff to make judicious purchases, in bulk where possible, that enabled us to maintain our charge rate at the same level for three years.

Looking to the Future
Most major medical schools, clinics and universities throughout the country have already expanded their audio-visual aid units far beyond the original concept of preparing illustrations and providing projectors for lectures. Many audio-visual departments now include bio-medical communications, para-medical information services, medical illustration centers and other supportive services of medical education and research, as well as the required laboratories, studios, workshops, equipment and personnel. Jefferson's Audio-Visual Department has been working toward attaining this comprehensive status. And the experience we have had in working with our counterparts at other universities and medical colleges, often in an advisory capacity, has been to our mutual benefit.

Top: Herbert Connor (left) and Kenneth Fugh video tape a therapy session for the Department of Psychiatry's teaching program. At left: Julius Robinson records patient examination in Family Medicine with TV camera as technician Robert Brown assists.
1923

John P. Priorelli, 428 Clenmore Blvd., New Castle, Pa., has been named Medical Director of the hospice program at St. Francis Hospital. At 84 Dr. Priorelli has been called "the driving force" behind the hospice movement in Lawrence county.

1932

C. Earl Albrecht, 211 Golfview Dr., Advance, N.C., is President of the newly organized American Society for Circumpolar Health, which is concerned with aspects of Health Prevention and Delivery in the Northern Latitudes. Dr. Albrecht delivered two papers on infectious and related disease problems of the North at the Fifth International Symposium on Circumpolar Health in Copenhagen, Denmark. He continues professional activities in Alaska particularly as they relate to Public Health.

Charles W. Bair, 57 Hess St., Quarryville, Pa., represented Jefferson at the inauguration of Joseph Caputo as President of Millersville State College at ceremonies in October.

1934

Gordon H. Pumphrey, 204 Wisteria, San Antonio, Tx., represented Jefferson at the inauguration of Herbert Hal Reynolds on Friday, September 18, at Baylor University in Waco.

1938

Kenneth S. Brickley, 35 W. Main St., Lock Haven, Pa., was honored by his colleagues of the Clinton County Medical Society at a Dinner dance in June on the occasion of his retirement from medicine. Dr. Brickley, who has practiced in the community since 1946, was Chief of medical services at Lock Haven State College and served on the staff of the Lock Haven Hospital. Dr. David W. Thomas '48, President of the CCMS, served as master of ceremonies.

William W. L. Glenn, 333 Cedar St., New Haven, Ct., the Charles W. Oshe Professor of Surgery at Yale Medical School, was given the George Rosen Memorial Award by the Beaumont Medical Club. He also received an honorary degree from the University of Cadiz in Spain this spring. Dr. Glenn received the Alumni Achievement Award at Jefferson in 1973.

1939

Nicholas E. Patrick, Longview Terrace, Waverly, Pa., is on the staff of the Emergency Department at Scranton State General Hospital.

Henry H. Stroud, 708 Ashford Rd., Wilmington, De., writes that he is "partially retired."

1940

Albert E. Welsh, 4717 Leiper St., Philadelphia was doubly honored recently when friends, patients and colleagues in the Frankford area of the city gathered at a testimonial dinner to pay tribute to the physician who has become a legend in his 40 years of practice. And the state Senate passed a unanimous resolution stating that he has served "with distinction in the Philadelphia area for many years" and that "his dedication, energy and accomplishments have earned the respect and admiration of his colleagues." There also was a feature article in one of the local newspapers.

1941

Charles N. Burns, 445 Wyoming Ave., Kingston, Pa., has been joined in his urology practice by his son. Dr. Burns' uncle started the practice in 1911, and it has been continued by the family at the same location for 70 years.

1942

Willis E. Manges, 431 Barclay Rd., Rosemont, Pa., is now retired.

1944J

A. Monroe Bertsch, 20 Lake Ave., Montrose, Pa., a surgeon at the Montrose General Hospital, has been named District Seven Scientific Director of the American Cancer Society.

It was a complete surprise to Frank Clark of Abington, Pennsylvania, when he was selected Physician of the Year by the Abington Memorial Hospital Ex-Residents' Association at the 49th Annual Hospital Outing last June 19.

The ex-residents noted in their dedication that Dr. Clark's "entire professional life has revolved around the hospital, and he has brought to it his many talents during the past 35 years."

After serving an internship at the Harrisburg Polyclinic Hospital, Dr. Clark served a medical residency at the Abington Memorial Hospital from 1945 to 1946.

He then entered family practice in Hatboro. Drafted into the U.S. Army in 1953, he served in the medical corps in Germany until 1956. He resumed his practice after the service and was one of a handful of physicians instrumental in creating a Family Practice Department at the Hospital. In 1972 Dr. Clark left his solo practice to devote full time to his role as the Hospital's Emergency Room Physician.

Dr. Clark and his wife, Betty, have three children, Timothy, Pamela and Meredith. The Clarks recreational life revolves around their home in the Poconos.
1944

Robert G. Salasin, 100 4th St., Rio Grande, N.J., has retired from active practice although his son Robert I. Salasin ’70 is carrying on his surgery practice in the Wildwood area.

1946

Michael J. McAndrew, Jr., 1811 Westwood Dr., Topeka, Ks., represented Jefferson at the inauguration of Gene A. Budig as Chancellor of the University of Kansas last August. Dr. McAndrew serves as Vice President of Kansas for the Alumni Association.

Harold Meyer, 218A Greene St., Chapel Hill, N.C., is Associate Executive Secretary of the American Board of Pediatrics. Dr. Meyer is also Clinical Professor of Pediatrics at the University of North Carolina School of Medicine.

Frank E. Schramm, Jr., 313 Carver Dr., Bethlehem, Pa., was honored with a citation from Pennsylvania State Senator Henry C. Messinger, D-16th District, for his work and research in female sterilization. Dr. Schramm was cited for his work on tubal occlusion, a new technique being tested at St. Luke’s Hospital.

Leonard B. Simoncelli, 1066 Wright Dr., Huntingdon Valley, Pa., was cited by his brother-in-law, columnist Joseph X. Flannery in a column in the Scranton’s Sunday Times. Mr. Flannery writes of Dr. Simoncelli’s medical career beginning with a practice in suburban Philadelphia, then moving onto a residency in internal medicine at the Lahey Clinic in Boston and finally to his present post as staff internist at All Saints Hospital in Chestnut Hill. “Leo is the total doctor,” Mr. Flannery writes, “forever brushing up on his skills by reading medical journals and going to seminars, but he always has time for a blood pressure or heart check.”

David G. Simons, 16822 Morse Ct., Huntington Beach, Ca., has co-authored a book with Dr. Janet Travell of Washington, D.C., on pain of muscular origin entitled “Myofascial Pain and Dysfunction: The Trigger Point Manual.” The authors turned volume I of their book over to publisher Williams and Wilkins Company of Baltimore last May.

1948

Norman J. Quinn, Jr., Red Rowen Rd., Plymouth Meeting, Pa., President-elect of Jefferson’s Alumni Association, represented Jefferson at the inauguration
Clarence E. Dore, M.D., reciter of poetry, talented fisherman and sportsman, vegetable gardener and above all, healer of the injured and ill, has retired as college physician of Colby College.

During his 35-year association, Dr. Dore had approximately 87,500 sick-call contacts with students, seeing an average of 50 a day during early morning rounds in the health center, while pacing up and down the sidelines at more than 200 football games, or while behind the bench at over 400 hockey and the same number of basketball games.

His sometimes gruff manner and economy of speech belies gentleness, humanity, warmth and generosity.

A 1939 graduate of Colby, he was on call to his college 24 hours a day, all weekend and weekends. This was in addition to his thriving private practice and duty as staff member of the Mid-Maine Medical Center, where one of his colleagues is Richard H. Hornberger, M.D., thoracic surgeon.

Dr. Dore was the model for the character Dr. Doggy Moore in the book, "MASH Goes to Maine," which Dr. Hornberger wrote under the nom de plume Richard Hooker.

Dr. Dore became known as "Doggie" while he played football at Coburn Classical Institute because of dogged determination on the playing field.

One of his schoolmates, Lionel "Shady" Breard, recalls that the doctor was taped up "like a mummy" before a game and played with the ferocity of a bulldog.

Dr. Dore with a beard resembles the late Ernest Hemingway. Certainly, he shares with the novelist a love for the outdoors, hunting and fishing the woods and waters of Maine, Alaska and Florida.

In the region of Lake Chesuncook where Dr. Dore has a camp, he is known as "Doctor Fish," because he always manages to catch a mess where others fail, no matter what part of the lake. When the going is a little slow, he passes the time by reciting the poems of Robert Browning or the prose of William Osler, M.D., a Canadian physician who wrote on medical ethics.

At the lake, he can identify every bird and locate the nesting site of every bald eagle and osprey. His skill at cooking popovers, fish, game, and spaghetti with just an old gas stove and a frying pan is legendary.

The other portion of the little spare time he does have is devoted to cultivating zucchini to asparagus in his quarter-acre garden.

Dedication to his profession, to students, to Colby was paramount.

Carl E. Nelson, director of health services and head athletic trainer, recalls his first meeting with Dr. Dore some 22 years ago: "Dr. Dore made it clear to me that if at any time I met resistance to my decisions preventing an athlete from playing or practicing because of injury, I should 'put that player immediately in a plaster cast.' His attitude and his concern for the health of Colby's students is typified by that sort of drastic advice."

Among his colleagues, Dr. Dore was known for having a knack for choosing the correct tests to confirm diagnosis. Says Nelson: "Frequently, I have heard his associates in medicine suggest that 'Doggie,' as he is affectionately known, is hard to challenge. He dislikes being told he is right, but he is seldom wrong."

It was Dr. Dore, recalls Nelson, who insisted that a young boy remain for 10 days of hospital observation for a kidney injury, though colleagues were sure the critical phase had passed. Ten days later hemorrhaging in fact recurred, making necessary a life-saving operation.

Hockey players appreciate the care he took with cuts. He was not above redoing his work, sometimes to the consternation of the patient, if there was the slightest chance of permanent scarring or if the laceration lines...
were not perfectly matched.

The hard, crusty exterior of this physician is only a mask,” reminds Nelson, “for a gentle, empathetic and sincere human being he really is, a person who knowingly would never inflict any pain and who manages his daily life totally dedicated to the practice of medicine. He has only one speed, deliberate. That’s because he must pace himself for living to the fullest 24 hours each day.”

It was Dr. Dore who held for the entire trip the critical weight pan for a cervical fracture on a patient who was being transported by ambulance from Waterville to Boston, a four-hour journey. Dr. Dore’s arm took four days to regain sensation.

Ever the realist, Dr. Dore reflects: “I tell you one interesting thing, being college physician has kept my ego down. Every year we get a whole new group of students and they think I know nothing; this goes on year after year. But in four years, I have got them convinced that I do know a little about medicine. In four years, I get calls from all over the country and the world from graduates with questions about their families. This has been one of the great things to me about this job.”

When he received a Doctor of Science degree from Colby at commencement exercises in 1974, graduating students, parents, faculty and staff spontaneously extended a standing ovation, a rare occurrence for an honorary degree recipient.

Born in Guilford, Dr. Dore prepared for college at Coburn Classical Institute. Graduation from Colby was followed by an M.D. degree from Jefferson Medical College in Philadelphia. His internship was at the Cooper and Henry Ford hospitals in New Jersey. Unlike the characters in “MASH,” Dr. Dore served in World War II as captain in the U.S. Medical Corps in the European Theatre.

He was appointed to the Colby staff in 1946 as assistant to the late Theodore Hardy Jr., M.D., ’28. In 1949 he was made college physician to his alma mater, which honored him with a Colby Brick in 1965.

Dr. Dore and Marjorie, his wife of 34 years, have six children: Marjorie, Peter, Sarah, Judith, Clare, and Betsy. He graduated from JMC in ’43.

Robert K. Finley, 31 Wyoming St., Dayton, Oh., is serving as President of the Ohio Chapter of the American College of Surgeons. His son, Robert III, graduated from Jefferson in June and presently is doing his post graduate training at Geisinger Medical Center.

Ernest G. Shander, 1107 Richmond Dr., Scranton, Pa., has a daughter, Kathy Maria, who is a sophomore at Jefferson. Kathy married Mr. David Guiniemi, a medical student at the University of Pennsylvania, on October 31, 1980.

Sanford M. Goodman, 1228 Easton Rd., Roslyn, Pa., is Physician-in-Chief of the Family Practice Division at Abington Memorial Hospital. His son, David, is a junior at Jefferson.

Gerald Marks, 111 S. 11th St., Philadelphia, was moderator of a symposium entitled “Radiation Therapy for Rectal Cancer” at the annual meetings of the American Society of Colon and Rectal Surgeons in June. At the same meeting he presented the paper “Clinical Implications of a Com-parative Study of Rigid vs. Flexible Sigmoidoscopy in 2827 Patients.”

Edward A. Schauer, 53 Main St., Farmingdale, N.J., has been elected Chief of Staff at Jersey Shore Memorial Hospital.

Robert E.T. Stark, 3008 North Third St., Suite 305, Phoenix, Az., received the Arizona Medical Association’s “Special Award of Appreciation” for his 10 years of service as Chairman of the Medical Education Committee.

Jack R. Woodside, 9125 Christopher St., Fairfax, Va., is President of the Virginia State Society of Anesthesiologists.

James B. Hodge, 295 Pembroke Rd., Akron, Oh., was named a Fellow in the American College of Psychiatrists at the annual meeting in Tucson. Dr. Hodge was awarded a Master of Arts degree in Psychology by the University of Akron in May 1981. He is Chairman of the Department of Psychiatry at Akron City Hospital, Professor of Psychiatry at Northeastern Ohio Universities College of Medicine and Fellow of the American Psychiatric Association.

1951

John C. Cwik, 1024 Susquehanna St., Johnstown, Pa., Director of the Division of Anesthesiology at Conemaugh Valley Memorial Hospital, has been honored for his service to residents and students at the West Virginia School of Medicine.

Victor F. Greco, E-Z Acres, Drums, Pa., Chief of Surgery at St. Joseph Hospital in Hazleton, has had a scholarship named in his honor at Penn State University to recognize his position as District Governor of the local Rotary Club. Also the Lackawanna Community College has established the Victor F. Greco Humanitarian of the Year Award. He writes “Jean and I are proud of Richard who is doing great things at Jefferson.”

Bernard W. Mayer, 134 Old Gulph Rd., Gladwyne, Pa., has been appointed Professor of Anesthesiology at the Medical College of Pennsylvania. Formerly he was Director of anesthesia at St. Christopher’s Hospital for Children in Philadelphia. He is the author of a new textbook, A Clinical Guide to Pediatric Anesthesia.

Harold E. Peters, 390 State St., New Holland, Pa., has been named to a new full time post at Sperry New Holland. He will serve as Medical Director. Dr. Peters left his 28-year practice of general medicine to accept the position.

Harry H. Steinmeyer, 219 Sugartown Rd., Wayne, Pa., has been selected for Fellowship in the American College of Radiology in honor of his special contributions to the medical profession. Dr. Steinmeyer, a Clinical Associate Professor at Jefferson is affiliated with Bryn Mawr Hospital. He received his award during the College’s national meetings in Las Vegas in September.

1952

George C. Godfrey, 112 Clenside Ave., Linwood, N.J., is Vice President and Director of Casino Medicine, a company that runs medical programs for four of
Active and involved are two adjectives which depict the life of this year's President of the Pennsylvania Medical Society, (PMS) Raymond C. Grandon, M.D., '45.

Dr. Grandon has been involved in organized medicine on the local, state and national levels throughout his career, serving as a member of the Dauphin County Medical Society, PMS, the Pennsylvania Society of Internal Medicine, the American Society of Internal Medicine and the AMA. In addition, he has served the Commonwealth of Pennsylvania as a member and Consultant on the State Board of Medical Education and Licensure; a member of the Governor's Commission on Alcoholism; and a Clinician in the Alcohol Counseling Center of the Pennsylvania Department of Health.

Following graduation from Jefferson, Dr. Grandon served as an officer in the U.S. Army from 1946 to 1948. Upon accepting a residency in internal medicine at Harrisburg Hospital, he discovered that the program was not approved. Dr. Grandon was determined to have the program approved. As a result of his efforts, not only was the internal medicine residency approved, but nine other residencies were approved as well. Having planned medical education programs while in the service, he initiated a similar teaching program for house staff at Harrisburg Hospital.

Because of this work at Harrisburg Hospital, physicians active in the county and State Society recognized his potential as a future member of PMS. They encouraged his participation in the Society even before he was a member! Dr. Grandon recalls, "In those days, residents usually were not members of organized medicine but I was made Chairman of a subcommittee on medical education. It was 1949, and the idea was to establish programs to bring service men up to date on the latest techniques. I traveled the state promoting these education programs. The courses were set up in hospitals under the "Post Graduate Hospital Training Program."

Later, after joining PMS, Dr. Grandon became Vice Chairman of the Council on Scientific Advancement. Within two years, he was Chairman of the Council and continued in that post for 11 years.

Dr. Grandon believes PMS has significant impact nationally as a component of the AMA. He notes that several Pennsylvanians have become presidents of the AMA. As Vice Chairman of the Pennsylvania Delegation, Dr. Grandon observes, "Being one of the larger state societies, we play an active role in the AMA. We have a good track record, and we are reckoned with!"

To illustrate some of the activities of PMS, Dr. Grandon cites the medical malpractice insurance crisis of the mid-seventies. "PMS took a position and was effective in lobbying to get a measure of relief. We succeeded in having the Legislature pass a bill which created a Joint Underwriting Association (JUA). This took the crunch off private companies providing insurance in Pennsylvania. The same bill which created the JUA also authorized the Catastrophe Loss Fund. Then, taking advantage of the improved insurance climate, PMS created the Pennsylvania Medical Society Liability Insurance Company (PMSLIC), the only physician-owned professional liability insurance company available to doctors in the State."

Dr. Grandon is concerned with the priorities of the State Society and emphasizes that they are changing. Last year he served as Chairman of the Planning Committee, which devoted

Dr. Grandon was inaugurated November 7 during the state meetings in Pittsburgh. The following day the Alumni Association of JMC honored the new President with a brunch at the Pittsburgh Hilton.
much time to restating the mission and priorities of PMS. He notes that while the Society has always been concerned with quality of care, its priorities have moved over the years away from medical education to socioeconomic and political issues.

The most important concern at the moment, according to Dr. Grandon, is representation of the profession in the decision-making process of government and third party payors. Dr. Grandon believes government influence must be kept in balance and not be permitted to become obstructive.

One area of state government where the Society would like to see improvement is the agency which licenses physicians. "PMS is very anxious to help back up the Board of Medical Education and Licensure because any bad apples reflect on the profession as a whole," he says.

Commenting on the alleged physician shortage in rural and urban areas, Dr. Grandon sees it more as a problem of distribution. "The ratio of physicians to population in the State is actually fairly good. PMS has been working on the distribution problem through a placement service which provides information to resident physicians each year," he said.

One of the requirements of membership in PMS is 50 hours of continuing medical education per year. Dr. Grandon notes that the Society attempts to ensure the quality of CME programs by sending site teams to the various institutions which offer courses. The PMS accrediting teams review faculty, facilities, goals, presentations and programs. PMS has endeavored to save time for physicians by accrediting institutions in local areas. Dr. Grandon stresses that a certificate of membership in the Society is a signal to the public that the physician is taking steps to keep current in his profession.

Living near the Three Mile Island Nuclear Plant has made the Doctor very sensitive to the issue of environmental accidents. But the new President believes it is the role of government, not of medical organizations, to plan for such emergencies. "PMS has prodded the Department of Environmental Resources and the Health Department to become better organized, and the Society's efforts have been relatively successful," he says.

Reflecting on the future of the profession, Dr. Grandon says, "My biggest concern is the high cost of medical education." He feels that high tuition may prevent medical schools from attracting students of varied backgrounds.

Dr. Grandon believes that, as more attention centers around cost containment, physicians will become increasingly involved with allied health professionals. Remarking that he employs a physician assistant, he says, "If allied health individuals are utilized as was originally intended, to be physician extenders, the quality of care will improve because there will be more time for physicians to exercise their unique skills. However, if allied health professionals act as substitutes for physicians, it will have a negative effect on quality of care, for they are not trained as primary care specialists."

On the national scene, he comments, "As a result of President Reagan and his pro-competition health care concept, we may see hospitals entering the practice of medicine. The physician will be at a disadvantage as an individual competing with hospitals. This is of great concern to me, and I am going to focus my attention and the resources of PMS on ensuring that an agreeable working relationship is maintained."

Asked for his view on the possibility of socialized medicine in the United States, Dr. Grandon says, "I don't envision socialized medicine taking place here, certainly not in the near future. I must admit, I have had my anxieties about it over the years, but I cannot seriously acknowledge it as a possibility now. There would have to be widespread dissatisfaction with medical care across the nation, and a breakdown of the present insurance mechanism. Also, it would involve revenues from the federal budget, which would be a threat to taxpayers. I don't forsee any of those things occurring soon."

Dr. Grandon has two things in common with his predecessor, Leroy A. Gehris, M.D. '35. Both are Jeffersonians and married to women who have served as President of the Pennsylvania Medical Society Auxiliary. "I think it is also noteworthy that two of my classmates have served in the role of President of a state medical society."

Richard Bauer, M.D. whose father was Professor Bauer in Pediatrics at Jefferson, served as President of the Medical Society in Maryland a number of years ago. Another classmate, Jack Madara, M.D., served as President of the New Jersey State Society just recently.

"It is a great honor to hold this position," he reflects. "I hope it will be a credit to Jefferson. I like to think that Jefferson selected me because of something they saw. I have always felt Jefferson's acceptance of individuals was rather broad. They looked for characteristics and activities beyond grades."

The new President, noting the active involvement of Jefferson's Dean William F. Kellow in the Society, says he would like to encourage non-active Jeffersonians and more Philadelphia area physicians to participate in organized medicine.

Dr. Grandon's energy level seems boundless. He has been an active leader of Central Pennsylvania Jeffersonians for years, serving as President. He is also on the Executive Committee of the Alumni Association. Among his numerous other activities, he is a Clinical Assistant Professor of Medicine at the Milton S. Hershey Medical Center of Pennsylvania State University, active in the American Heart Association, as a member of the Council of Clinical Cardiology, and the Corporation of Pennsylvania Blue Shield, as a member of the Medical Review Committee.

Why does this successful physician feel so compelled to become involved? "Basically, I like people. Maybe I gravitated into what is now a primary care specialty, internal medicine, because it is people oriented. I like helping people and enjoy challenges, medical or otherwise. I used to spend 30 or 40 hours a week on organized medicine when I was younger. It doesn't take quite so much time now, but it is still demanding. Nevertheless, when I give of myself in this direction, I really get a charge out of it!"

Summarizing his motivation as President of PMS, Dr. Grandon remarks, "I am interested in accessibility and quality of care." With books on the best seller lists such as Looking Out For Number One, it is tempting to categorize American society as self-centered. But this is not the case. And it won't be, as long as there are men committed like Dr. Ray Grandon.
the Atlantic City casinos. His son is a junior at the Hill School in Pottstown, Pennsylvania and his daughter is a senior at the Grier School in Tyrone.

Richard V. Kubiak, 8407 Bustleton Ave., Philadelphia, an orthopaedic surgeon with a practice there, has been cited by the American Board of Orthopaedic Surgeons for his continued and significant contributions to the organization’s aims and goals, particularly in the area of airborne tours, both at home and abroad.

1953

Eugene A. Jaeger, 674 Timber Ln., Devon, Pa., has been elected President of the Chester County Neuropsychiatric Society of Pennsylvania. He and his wife, Penny, have two sons and a daughter. They will become grandparents in January.

John M. Levinson, 1411 North Van Buren St., Wilmingtorn, De., announces the association of Robert E. Winneki 77 in his obstetric and gynecology practice there. He writes, “Carie is well and is a museum guide at Winterthur part time. We spend a good bit of time on the eastern shore of Maryland eating crabs, boating, collecting duck decoys and having one hell of a good time.” Their daughter, a graduate of Vassar with a master’s from Stanford, is married and living in California; son John with an MBA from Carnegie is a computer analyst in New York and son Mark with an MBA from Emory is doing well.

William J. McLaughlin, 6410 Fannin St., Houston, has left his solo practice on the island of Kauai after 13 years and has joined the faculty at the University of Texas in Houston as an Assistant Professor of Family Practice.

Carl B. Myers, 328 Oaklawn Dr., Pittsburgh, has been named Medical Director of PPG Industries Inc., there. Prior to his new appointment he was Medical Director at Ethyl Corporation in Baton Rouge, Louisiana.

John J. Sampsel, 103 S. Strevell St., Miles City, Mt., has left his private practice and has joined the surgical staff at the local VA Hospital.

1954

Warren W. Brubaker, 415 Elm Ave., Hershey, Pa., Corporate Medical Director of Hershey Foods Corporation, was elected to the Board of Directors of the American Occupational Medical Association. In addition, he was appointed to the Scientific Affairs Committee of the Association.

1955

Robert Pathroff, 193 Easton Rd., Horsham, Pa., a family practitioner there, writes that his son and daughter-in-law are seniors at Tufts Medical School, his daughter, a graduate of Fairfield University in Connecticut, is working for Dunn and Bradstreet, and his younger son is studying at Mt. St. Mary’s College in Emmitsburg, Maryland.

1956

William N. Alexander, 3720 Augusta, Butte, Mt., writes, “We certainly would have chosen to attend the 25th Reunion, but our two sons were graduating from high school which took precedence. I hope ’56 went over the top in all three categories!”

Frank E. Mele, 545 Chandler Ln., Villanova, Pa., is Chairman of the Department of Surgery at St. Agnes Medical Center and Clinical Professor of Surgery at Hahnemann Medical College. In 1980 Dr. Mele served as President of the Medical Staff and Chairman of the Ball at St. Agnes.

Joseph F. Smith, 206 Wiltshire Dr., Kennett Square, Pa., has joined the Southern Chester County Medical Center in Jenkintown, where he will supervise the Department of Radiology and Nuclear Medicine and Ultrasound. He is a Diplomat of the American College of Radiology and the Radiological Society of North America.

1957

Robert M. Allman, 16 Falls Chapel Ct., Potomac, Md., has been selected for Fellowship in the American College of Radiology in honor of his special contributions to the medical profession. Dr. Allman, who is affiliated with Walter Reed Army Medical Center, Malcolm Grow USAF Medical Center and the National Naval Medical Center, received his award at the national meetings of the ACR in Las Vegas in September.

Stephen J. Herceg, 674 St. Johns Dr., Camp Hill, Pa., has been elected President of the Robert H. Ivy Society of Plastic and Reconstructive Surgeons (Pennsylvania Regional Society.) He is Chief of plastic surgery at Harrisburg Hospital and Polyclinic Medical Center and is Clinical Associate Professor at the Pennsylvania State University College of Medicine at the Hershey Medical Center.

1958

Richard E. Eshbach, Box 3186, APO, N.Y., retired from the navy, is practicing psychiatry and teaching at the U.S. Air Force Base in Athens, Greece. “Our home in the Corinth area is a real heaven. When in Greece contact us. 228-4346.”

James M. Labraico, 17 Argyle Rd., Upper Montclair, N.J., writes, “It has been two years since I traded my little bag for an attaché case. There has been no looking back. I am enjoying both my new work and personal lifestyle.”

1959

John J. Callan, 54 Victoria Ave., Reading, Ma., represented Jefferson on October 2 at the inauguration of William R. Dill as President of Babson College in Weslesley.

1960

Charles W. Balaiicus, 11173 Griffiths Blvd., North Miami Beach, is the founder of the Christian Mental Health Society. Seeking to blanket the world with God’s love the psychiatrist broadcasts over Trans World Radio a program titled “Exploring Your Mind”, daily question and answer counseling sessions.

Gavin C. Barr, Whiteacre Dr., Bethlehem, Pa., has been named the new Chief of Medicine at the Muhlenberg Medical Center.

Gordon R. Cohen, 780 Northampton Dr., Palo Alto, Ca., has a private practice of psychiatry in San Jose and is Clinical Associate Professor of Child Psychiatry at the Stanford Medical School. He is also a consultant to the Family Service Association of Santa Clara.

Charles R. Druffner, 701 Glenburn Rd., Clark’s Summit, Pa., has been recertified by the American Board of Internal Medicine. Dr. Druffner, who is associated with Mercy Hospital and the Community Medical Center, is a past President of the Lackawanna County Medical Society and the Lackawanna Heart Association.

Terence L. O’Rourke, 209 W. Market St., Danville, Pa., has been named Director of the Department of Diagnostic Radiology in the Department of Radiological Services at Geisinger Medical Center.

Philip D. Volk, 776 Comababi Dr., Tucson, Az., writes that all three of his
children study at the University of Arizona. His elder son graduated in May, his second son is a senior there and his daughter is a sophomore.

1961

Charles L. Deardorff, Jr., 42 N. Lime St. Lancaster, Pa., has been appointed Chairman of the Department of Surgery at St. Joseph Hospital and Health Care Center, there.

Eugene Shuster, 324 Waring Rd., Elkins Park, Pa., received the 1981 Annual Award for Excellence in Teaching from the Department of Obstetrics and Gynecology at Hahnemann Medical College where he is a Clinical Associate Professor. He was chosen by the department’s residents. Dr. Shuster is Deputy Director of the Department of OB-GYN at Episcopal Hospital.

1962

Stephen Gosin, 803 Lagoon Dr., Margate, N.J., was President of the medical staff at Shore Memorial Hospital last year.

Joseph Honigman, 625 Watts Branch Pkwy, Potomac, Md., writes that he is the new Director of the Navy Medical Corps. His daughter, Andye, graduated from Emory College and is going to graduate school there.

1963

Arthur F. Fost, 197 Bloomfield Ave., Verona, N.J., has been installed as President of the congregation of Temple Sholom of West Essex.

Henry S. Smith, 126 S. Mountain Blvd., Mountaintop, Pa., has been elected President of the Mercy Hospital Medical Staff.

1964

Arthur Leonard, 810 Coconut St., Bel Air, Md., has been appointed Chairman of the Department of internal medicine at Franklin Square Hospital.

1965

Garry H. Wachtel, 7100 SW 7th St., Plantation, Fl., was elected to the Board of Directors of Broward-Collier PSRO Florida.

Bruce W. Weissman, 1160 Kane Concourse, Bay Harbor Island, Miami Beach, a Fellow of the American College of Surgeons, has been promoted to Clinical Associate Professor of Otolaryngology at the University of Miami School of Medicine. In addition, he presently is Chief of head and neck surgery at St. Francis Hospital there and Consultant to the Veterans Administration and United States Public Health.

1966

Paul J. Maher, 116 Buxton Hill Rd., Williamstown, Ma., has opened an office in the Medical Office Building in Bennington, Vermont, on a part time basis. Dr. Maher is a Diplomate of the American Board of Otolaryngology and a Fellow of both the American Academy of Otolaryngology and the American College of Surgeons.

Roger D. Raymond, 6 Bittersweet Ct., Barrington R. I., has been elected to Fellowship in the American College of Cardiology. He is associated with Rhode Island Hospital.

Carl L. Reams, Danville, Pa., and his wife announce the birth of their son, Robert Carl, on January 26, 1960.

John E. Stambaugh, Jr., 341 Station Ave., Haddonfield, N.J., has opened an office for the diagnosis and treatment of cancer in the Hoffman Professional Building in nearby Elmer.

Mark H. Zeitlin, 506 W. Arlington Rd., Erie, Pa., is in the Department of Anesthesiology at St. Vincent’s Health Center there.

1967

D. Leslie Adams, 49 Golfview Rd., Camp Hill, Pa., has opened an office in Camp Hill with an associate for the practice of obstetrics and gynecology. “I continue to run 25 miles a week as does my wife Carol.”

William H. Anderson, P.O. Box 33, M.I.T. Branch, Cambridge, Ma., has been named Director of the Department of Psychiatry at St. Elizabeth’s Hospital in Boston. Dr. Anderson, who holds a masters degree in public health from Harvard, is an Assistant Professor there and Associate Psychiatrist at Massachusetts General Hospital.

Barry C. Dorn, 41 Summit Rd., Lexington, Ma., who is associated with the Woburn Orthopaedic Associates, is Director of Sports Medicine at the Regional Health Center in Wilmington. Committed to physical fitness programs he can be seen jogging eight miles each morning with a regular group.

Carl L. Stanitski, 224 Virginia Ave., Pittsburgh, and his twin brother, Conrad L., were the speakers at the Shamokin High School commencement exercises in June. Dr. Stanitski is an orthopaedic surgeon and his brother, a Ph.D., is Professor of Chemistry and Department Chairman at Randolph Macon College in Ashland, Virginia.

Scott C. Stein, 501 N. Riverside Dr., Pompano Beach, Fl., has been elected Chief of the Department of Anesthesiology at North Broward Hospital. “Hope to see everyone at the 15th reunion in June.”

1968

Ronald D. Serota, 523 Owen Rd., Wyncote, Pa., has been appointed an Instructor in psychiatry and human behavior at Jefferson.

1969

David J. Katz, 3722 Gold Ridge Rd., Eau Claire, Wi., writes that they had a second child, Rebecca Ann, born March 16, 1981.

Linda and Paul Weinberg, 30 Lakeview Hollow, Cherry Hill, N.J. announce the birth of their second child, Sarah Judith, sister of Joshua Martin age 7. He is Associate Cardiologist and Director of the Cardiac Registry at the Children’s Hospital of Philadelphia and she is Director of Child Development Services at Our Lady of Lourdes Hospital in Camden.

1970

Ronald I. Blum, 5 Gardner St., Patton, Me., and his wife, Mary Lou Evitts ’71 announce the birth of Jedediah Seth on June 4. He is practicing pediatrics and family medicine in a rural medical center. “Am looking for another associate — would welcome a family practitioner.”

Louis A. Freeman, 1616 W. Shaw Ave., Fresno, Ca., is in a private practice of anesthesiology at Saint Agnes Medical Center there. He trained at Hartford Hospital in Connecticut and then served in the navy for two years in Groton. He and his wife, Marge, have four children.

James M. Gerson, 337 Candlewyck Ln., Hershey, Pa., has been elected Director at Large to the Pennsylvania Division of the American Cancer Society. An Assistant Professor of Pediatrics and Director of Pediatric Hematology at the Milton S. Hershey Medical Center Dr. Gerson will serve on the Division Professional Education and Service and Rehabilitation Committees.

Ronald A. Leff, 45 W. 60th St., New York, is a Clinical Assistant Professor of Anesthesiology at New York Hospital, Cornell Medical Center. He had been in private practice for five years in Mobile, Alabama.

Seth A. Malin, 2245 Garrett Rd., Drexel Hill, Pa., has been appointed Clinical Assistant Professor of Surgery at Jefferson.

William M. Murray, 145 Bryce Rd., Camp Hill, Pa., has been elected to the Board of Directors of WHP, Inc., Radio and Television.
Most people know him as James W. Webster, M.D., '61, mild-mannered thoracic surgeon and President of the medical staff at LDS Hospital in Salt Lake City.

But when he changes from surgical greens to army fatigues the surgeon becomes Commander of the 181st Thoracic Detachment of the army medical reserve unit. Following successful completion of a grueling two week army paratrooper's school in Missoula, Montana, recently Dr. Webster, who is a lieutenant colonel, was presented with a bronze medal at graduation as one of the "best three students" in his group.

Dr. Webster is not in his twenties as are virtually all of the other men enrolled in the demanding school. He is 48 years old. He made history by becoming the oldest person to successfully complete an Army Special Forces paratrooping program.

To be admitted to the course you must run two miles in combat boots in 15:58 or less, do 45 sit-ups and 45 push-ups within two minutes and pass a tough physical.

And once you're there, your chances of finishing are not all that great. Only 50 percent of those starting the tortuous two weeks stick it out to the end.

So why is an accomplished surgeon jumping out of airplanes with 25-year-old men?

"A colonel from another detachment approached me about going through paratrooper school," Dr. Webster says. "I thought 'why not'? It had been a dream of mine to parachute since childhood, and I justified it as fitting in with some military-related medical research I was doing."

So for two weeks in May the doctor was subjected to "the most intense mental and physical ordeal I've ever experienced."

Awaking at 3:30 each morning, the group of 130 men exercised for two hours, frequently in rain or snow. Then came two to four miles of running in combat boots. For the rest of the day and well into the evening, the class was taught jumping from mock-up airplanes and training towers. The day's ordeal ended at 10 p.m.

"At first the other students thought my being there was a joke," Dr. Webster says. "The overall feeling was 'who does this old guy think he is?'"

But respect came quickly. Not only could this "old guy" keep pace with the others, but he made several evening "house calls" to a number of fellow students suffering from medical problems.

By the second week the actual parachuting from airplanes began. Rigid discipline was also the rule during jumps. "The jump master gave nine commands over a span of 20 minutes before we jumped. You devoted your entire attention to him," he says. Dr. Webster had the "privilege" of jumping first, being the oldest in the class. "I thought I was going to collapse," he says. "I just jumped as far as I could into air." The trip from plane to ground takes eight seconds without a parachute. The main chute is supposed to open in four seconds. If it doesn't the jumper has less than two seconds to pull the reserve cord and avoid a plunge to his death.

"After the chute opens there's no noise at all," says Dr. Webster. "You're just suspended in space. It's a beautiful sight and a feeling you have to experience to appreciate."

Dr. Webster hopes paratrooper school won't be the last of his training. He will apply for a two-month Ranger survival school based in North Carolina, the toughest the Army has to offer.

"I want to become as well-trained in my Army position as I can," he says. "My country has given me everything, and this is my chance to return something."
1971

Daniel J. Callahan, 2030 Coffee Pot Blvd., St. Petersburg, FL, and his wife, Barbara, announce the birth of their first child, Daniel, Jr., on July 1. Dr. Callahan, a former Assistant Professor of Plastic and Reconstructive Surgery at St. Louis University Medical School, is now in private practice there. His wife is host of the Tampa-St. Petersburg TV edition of PM magazine.

Robert E. Chandelle, 2722 Lansdowne Ln., Atlanta, has been elected Secretary/Treasurer of the Atlanta Radiological Society for 1980-1981.

Richard I. Clemmer, 108 Alapocas Dr., Wilmington, De., has been promoted to Clinical Assistant Professor of Orthopaedic Surgery at Jefferson.

Brian Donnelly, 14 Atlas Rd., Basking Ridge, N.J., and his wife announce the birth of their first daughter and third child, Kathleen Alexandra.

Stephen S. Frost, 1516 Locust St., Philadelphia, has been elected a Fellow of the American College of Gastroenterology. Dr. Frost trained at the Allentown General Hospital where he was the Bockus Research Fellow.

Barbara L. Tenney, 56-45 Main St., Flushing, N.Y., is Director of Pediatrics at Booth Memorial Medical Center there and Clinical Associate Professor of Pediatrics at New York University.

1972

Michael B. Baron, 7800 River Road., North Bergen, N.J., has been practicing urology there for almost four years. He passed his Board's in 1979 and became a Fellow of the American College of Surgeons this year. He writes "remarried, three kids mine, three stepchildren — all toll, eight is enough."

William L. Bressler, Valley View Rd., Huntington, Pa., has joined the staff of Big Valley Area Medical Center. Dr. Bressler is an internist.

Harry S. Cooper, 511 E. Willow Grove Ave., Wyndmoor, Pa., has been promoted to Associate Professor of Pathology at Jefferson.

Barbara F. Danoff, 21 Meredith Rd., Philadelphia, an Associate Professor of Radiation Therapy and Nuclear Medicine at Jefferson, with Dr. Gordon Schwartz, Professor of Surgery served on a panel, "Diagnosis and Treatment of Early Breast Cancer," at the Second International Congress of Senology in Barcelona, Spain.

Alan S. Friedman, One Baycrest Ct., Margate, N.J., is finishing his third year at the Atlantic City Medical Center. "Please give us a call if you're coming to town."

Bruce L. Gewertz, 5812 S. Harper, Chicago, writes, "Joanne and I are expecting the birth of our first and second offspring this fall!" Dr. Gewertz has accepted a position as Associate Professor of Cardiovascular Surgery and Director of Resident Education at the University of Chicago. Dr. Gewertz was recently named Teaching Scholar of the American Heart Association for 1980 through 1983.

Irwin J. Hollander, 1519 Fulton Dr., Maple Glen, Pa., has been appointed Director of Laboratories at Grand View Hospital in Sellersville.

William H. McCoy, III, has joined the staff of the Sewickley Valley Hospital in Sewickley, Pennsylvania. Dr. McCoy, a plastic surgeon, has his office in South Hills Village.

Richard R. P. McCurdy, 219 Country Club Ln., Wallingford, Pa., has been elected to Fellowship in the American College of Cardiology. Dr. McCurdy is associated with Riddle Memorial and Methodist Hospitals.

Christopher S. Riley, Eldorado Lake Rd., Eustis, Fla., is practicing general surgery there.

Edward R. Russell, 5 Orchard Ln., Wallingford, Pa., and Marie Oliver Russell '70, announce the birth of their fourth child, Julie, born June 1.

Lawrence R. Schiller, 13231 Carthage Ln., Dallas, is Assistant Professor in the Gastroenterology Section of the Department of Internal Medicine at the University of Texas Southwestern Medical School.

1973

Gary Gerstein, 21 Bennington Rd., Convent, N.J., has been named a co-medical Director of the Riverside Hospice in Boonton Township. He serves on the Board of Managers of the American Cancer Society, Morris County Chapter.

Barry Gordon, 31 E. 31st St., Baltimore, has been awarded a Doctor of Philosophy degree from John Hopkins University.

Harry R. Katz, 315 Evergreen Road, Jenkintown, Pa., and his wife, Rona, are happy to announce the birth of their second son, Adam, in February, 1981. Jonathan is now 3. Dr. Katz, an Assistant Professor of Radiation Therapy at the University of Pennsylvania School of Medicine and Associate Radiotherapist at the Fox Chase Cancer Center, is the co-author of a chapter entitled "Cutaneous Melanoma" in a new textbook of cancer management - Cancer: Principles and Practice of Oncology edited by Dr. Vincent T. DeVita, Director of the National Cancer Institute. Dr. Katz is also a contributing author of a chapter on radiation physics and radio biology of brain tumors in the "Oncology of the Nervous System" volume of the "Cancer Treatment and Research" series edited by Dr. Michael D. Walker of the National Institutes of Health.

Kathleen W. McNicholas is presently associated with the Deborah Heart and Lung Center in Browns Mills, New Jersey.

Mark S. Pascal, 1349 Mercedes St., Teaneck, N.J., has been appointed to the Adjunct Attending Staff at Sloan-Kettering Cancer Center. Dr. Pascal is in a full time practice of medical oncology in Bergen County.

Cyril M. Puhalla, who is in charge of consultation and liaison psychiatric services for the Department of Pediatrics at Cooper Medical Center in Camden, New Jersey, was speaker at Commencement exercises at Dunmore High School in June.

Alan L. Stern, 34 Paper Chase Dr., Farmington Ct., has opened a second office for the practice of ophthalmology at 132 South Main Street in Plantsville. He is a member of the American Board of Ophthalmology.

1974

Burton E. Danoff, 67 Hickory Rd., Hollywood, Fl., is enjoying his private practice of obstetrics and gynecology in Fort Lauderdale and is serving as a Clinical Instructor at the University of Miami and Jackson Memorial Hospital. The Danoffs were expecting another child in September.

Victoria A. Gillis, Kittanning, Pa., has been appointed Director of emergency medical services at Armstrong County Memorial Hospital. She is a Diplomate of the American Board of Internal Medicine.

Barry S. Stein, 94 Woodbine, WY., Plymouth Meeting, Pa., has been awarded a faculty clinical fellowship by the American Cancer Society to continue his research on bladder cancer. Dr. Stein is an Assistant Professor of Urology and Director of the Urology Research Laboratory at Temple University Health Sciences Center.

Donald R. Weidner, 207 Burton St., Bath, N.Y., has been recertified by the American Academy of Family Physicians. He is President of the Medical Staff at Ira Davenport Memorial Hospital, a member of the hospital's Board of Directors, and Director of the emergency room.

Stephan H. Whittemack, 814 Downs Rd., Erdenheim, Pa. Attending Surgeon in charge of thoracic surgery at Chestnut Hill Hospi-
tal, has been appointed Assistant Professor of Surgery at Jefferson.

**1975**

**Jerry M. Belsh, 18 Edgemount Rd., Edison, N.J.,** has been appointed Assistant Professor of Neurology at CMDNJ, Rutgers Medical School.

**Paul E. Goldberg, 200 Elm Ave., Morrisville, Pa.,** has been promoted to the assistant staff, Department of Medicine at Mercer Medical Center. His office is at 3100 Princeton Pike in Lawrence.

**Eugene P. Hughes, Jr., 201 E. Meade St., Philadelphia,** writes, "Pat, Amy, Mary Beth, Patrick and I spent a great year in Boston while I completed my surgical training at the Lahey Center. We're glad to be back in Philadelphia, and I hope I never see another Celtic fan!"

**William J. Kitei, 65 E. Elizabeth Ave., Bethlehem, Pa.,** has joined **Arnold F. Traupman 73** in the practice of ophthalmology at the above address. His wife, Susan Comer Kitei, is a senior at Hahnemann Medical College.

**Alexander R. Pedicino, 9816 Bridle Rd., Philadelphia,** and his wife have a new son, Matthew. They have two older children, Nicole, four, and Michael, two. Dr. Pedicino has a solo family practice in Meadowbrook, Pennsylvania, at the Holy Redeemer Hospital.

**John P. Rogers, 15 Spruce Ave., Plains, Pa.,** Fellow of the American Academy of Pediatrics, is on the medical staffs of Wilkes Barre General and Mercy Hospitals and is a Consultant at Nesbitt Memorial Hospital and NPW Health Center.

**Robert T. Sataloff, 1721 Pine St., Philadelphia,** has been promoted to Assistant Professor of Otolaryngology at Jefferson.

**Jere F. Seelaus, 310 Saw Mill Ln., Horsham, Pa.,** is a member of the staff of the Department of Radiology at Abington Hospital. The Seelaus family had a daughter, Christina, on January 14, 1981.

**Harry G. Zegel, 721 Woodfield Rd., Villanova, Pa.,** has been appointed to the staff of the Department of Radiology at St. Agnes Medical Center in Philadelphia.

**1976**

**Christopher M. Frauenhoffer, 940 Walnut St., Philadelphia,** has been appointed an Instructor in pathology at Jefferson.

**Steven J. Glass, 1717 Pine St., Philadelphia,** is Director of Psychiatric Education at Einstein Medical Center, Daroff Division, and is an Instructor at Jefferson. He also has a center city private practice.

**Richard A. Jacoby** has begun a two year residency in dermatology at Temple University Hospital in Philadelphia.

**Manuel R. Morman, 198 Smull Ave., West Caldwell, N.J.** has opened an office for the practice of dermatology at the Rutherford Office Plaza in Rutherford. During 1979-1980 he was a Fellow in surgery and chemosurgery at the Cleveland Clinic Foundation.

**Ted M. Parris** has joined the Bryn Mawr Medical Specialist Associates at Bryn Mawr Hospital for the practice of rheumatology and internal medicine.

**Robert D. Peterson, 1215 E. Michigan Ave., Lansing, Mi.,** is practicing hematology and oncology at a new office at the McPherson Medical Arts Building on Byron road in Howell.

**Paul B. Sobelman** is practicing family medicine and obstetrics at 208 W. Main Street, in Ephrata, Pennsylvania. He and his wife, Stephanie, have four children.

**Michael R. Treat, 20 W. 71st St., New York,** is Chief Surgical Resident at Columbia Presbyterian Hospital there.

**Nadine P. Wenner, 30 Academy Dr., Longmeadow, Ma.,** has joined the staff at Mercy Hospital. Her office for the practice of dermatology is located at 300 Stafford Street.

**1977**

**Wynn and Jeffery Adam, 954 Havendale Dr., Columbus, Oh.,** are remaining there for one more year. Wynn has finished a residency in diagnostic radiology at Ohio State University and is now training in ultrasound. Jeffery has one more year of residency in otorhinolaryngology.

**Alanna and William Bodenstab, 7368 Florey Ct., San Diego,** announce the birth of their daughter, Alison Elizabeth, on May 13, 1981. "Bill is presently a urology resident at the University of California, San Diego, and I am a Student Health Physician."

**Kent V. Carey, 323 Neilson St., Carson, Ca.,** who is practicing internal and emergency medicine, writes of the birth of his first son, Flynn Patrick, in July 1980.

**Curtis E. Cummings, 145 W. 79th St., New York,** board certified in internal medicine, also is board eligible in preventive medicine.

**Timothy A. DeBiase, 1113 Harvard Rd., Monroeville, Pa.,** is Assistant Director of Pediatrics at East Suburban Health Center. Dr. DeBiase and his wife, Patti, announce the birth of their first child, Trisha Lynn, in May.

**Joseph J. Evans, 6122 Hazelwood Dr., Indianapolis, In.,** is a Fellow in cardiology at Indiana University.

**Michael P. Hofmann** has left Pound, Wisconsin, and the National Health Service and entered private pediatric practice in Skowhegan, Maine.

**Eric C. Jaxheimer, Stone Hill Rd., West Lebanon, N.H.,** recently presented a paper entitled "Hand Injuries from the Hydraulic Woodsplitter" at the national meetings of the American Association for Hand Surgery and the American Society of Plastic and Reconstructive Surgery held in New Orleans. Dr. Jaxheimer is Chief Surgical Resident at the Dartmouth-Hitchcock Medical Center.

**Eugene A. Lechmanick, 8135 Perry Hwy. Pittsburgh,** was married May 30 to Pamela K. Steranka. Dr. Lechmanick is a family practitioner in the North Hills section of the city.

**Kenneth Levin** has joined the faculty at George Washington University in the Department of Clinical Engineering. Prior to his appointment he was the recipient of a NIH training grant at the University of Illinois, where he received a masters of computer science degree. His current area of interest is computer applications in medicine.

**Scott P. Liggett, 501 Main St., Marble Falls, Tx.,** married DeAnn Heinrichs in August 1979. Their daughter, Carey, was born May 4, 1980 and their son, Patrick, was born March 25, 1981. Dr. Liggett has a solo practice in Marble Falls.

**David R. McDonald, 5600 Munhall Rd., Pittsburgh,** has joined the staff of Geisinger Medical Center as an associate in the Department of Gynecology and Obstetrics. He served his residency in obstetrics and gynecology at Magee Women's Hospital of the University Health Center of Pittsburgh.

**Brad S. Rogers, 6504 SW 114 Place, Miami,** and his wife, Ellen, are happy to announce the birth of their second child, Matthew Scott, on August 26, 1980. Their daughter, Meridith Lynne, is now four years old.

**Donald J. Savage** has begun a Fellowship in retina-vitreous in Washington, D.C.

**Robert C. Savage** is a resident in plastic surgery at Rhode Island Hospital. He will begin a Fellowship at Massachusetts General Hospital in 1982. His training is limited to micro and hand surgery.

**Thomas G. Sharkey** is practicing ophthalmology eye surgery at the New Bridge Center, 450 Pierce Street, Kingston, Pennsylvania.
Paul L. Urban, 400 S. Camac St., Philadelphia is a second year Fellow in cardiology at Jefferson.

Paul R. Weber completed his residency in obstetrics and gynecology at Harbor-UCLA Medical Center. He writes, "We have decided to remain Southern Californians so I am joining a private practice group at Memorial Hospital of Long Beach. Barbara and I had a son last August named Matthew Paul."

Gary J. Williams, 175 Turner’s Falls Rd., Montague, Mass., is on the staff of Farren Memorial Hospital. He is practicing family medicine and is associated with the Mohawk Valley Medical Center in Charlemont.

Robert E. Wisniewski has joined John M. Levinson ’53 in his practice of obstetrics and gynecology at 1411 North Van Buren Street, Wilmington, Delaware. Dr. Wisniewski has just completed his residency at the Wilmington Medical Center.

Sandra M. Wolf, 1039 Lombard St., Philadelphia, has been appointed an Instructor in obstetrics and gynecology at Jefferson.

Robert J. Woodhouse, 15 Broadview Dr., San Rafael, Calif., has completed his residency at the University of California in San Francisco. A daughter, Kimberly, was born in December 1979.

1978

The class of 1978 had a mini reunion in New York last July when the following met by chance when taking the Boards of the American Academy of Family Physicians; Gregg Allen, Dick Buza, Harry Frankel, Tony Colangelo, Ray Halbach, Ken Koyalisky, David Lauter and Carol Love.

Frank B. Armao, 7726 North Park Dr., Winslow, Ariz., is Clinical Director of the Winslow Indian Health Center.

Thomas J. Danyliw, 16 Longview Dr., Brookfield, Conn., was one of 12 recipients of an award from the American Academy of Family Physicians to help finance his interest in teaching. He began a private practice of family medicine last July. The Danyliws have three children.

Steven B. Edson, 8400 Edinger Ave., Huntington Beach, Calif., has begun a residency in diagnostic radiology at the University of California, Irvine, Medical Center in Orange.

Allen S. Josephs completed his residency in internal medicine at Temple University and has moved with his wife, Marlene, and daughters, Heather and Allison, to New York City to serve a second residency at Mount Sinai Hospital in neurology.

Joyce R. King and Joseph A. Lombardo were married May 16, 1981. They are living at 3626 Gaviota Avenue, Long Beach, California.

Chris A. Kittle, 839 University Ave., Palo Alto, Calif., has completed his residency in anesthesia at Stanford Medical Center. The Kittles announce the birth of their first child, Julia Ruth, on October 20, 1980.

Howard S. Klein is Chief Medical Resident in the Department of Medicine at Graduated Hospital in Philadelphia.

Katherine C. Krause, 1123 Woodhaven Rd., Durham, N.C., is a Kellogg Fellow in Family Medicine at Duke University School of Medicine.

Brent R. Noyes, 1134½ Lombard St., Philadelphia, is entering his fourth year as an orthopaedic resident at Thomas Jefferson University Hospital.

Robert H. Peters, III, 503 Fort Barry, Sausalito, Calif., is serving a gastroenterology fellowship at the Letterman Army Medical Center in San Francisco.

Jean G. Riley, 1000 Walnut St., Philadelphia, has completed her pediatric residency at Jefferson, is working for a year at our Lady of Lourdes Hospital in Camden. Next year she plans to study anesthesiology.

Kenneth C. Rosenberg received the 1981 AO A Outstanding House Office Award at Jefferson. He is a resident in the Department of Medicine.

Michael P. Russo, 1212 Midland Ave., York, Pa., is in the OB-GYN training program at York Hospital.

David H. Trump, 223 Carolina Pines Blvd., New Bern, N.C., and his wife, Judy, announce the birth of Allison on March 7. Dr. Trump completed a residency in family practice at Polyclinic Medical Center in Harrisburg in June. He has been assigned to the Department of Family Practice at the Naval Hospital in Cherry Point, North Carolina.

Howard H. Weitz, Hopkinson House, Philadelphia, has been appointed an Instructor in medicine (Chief Resident) at Jefferson.

Erie J. Werner, 111 Lafayette Rd., Syracuse, N.Y., is a Fellow in pediatric hematology/oncology at Upstate Medical Center.

Douglas B. Yingling, Meadow Brook Village, West Lebanon, N.H., is a third year general surgery resident at Dartmouth-Hitchcock Medical Center.

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**Double Vision**

When Robert J. Mandle, Ph.D., Professor of Microbiology, was a Fulbright Lecturer at Catholic University in Quito, Ecuador, he enlisted the weaving talents of a Salasaca Indian woman (left) to produce a hanging as a gift for the University. Working from a reproduction of the logo, done to scale on graph paper, the artist began the project, but weaving from the reverse. The Mandles returned two weeks later to find the T and the J and the Jefferson head backwards. A second weaving was commissioned (right) and presently hangs in the lobby of the Scott Library. The reversed "tapi AZ" is the treasured souvenir of the Mandles stay in Ecuador.
1979
Michael J. Kibelbek, 1027 Hastie Rd., Pittsburgh, and his wife, Melanie, are happy to announce the birth of their son, Nathan Michael, on May 20, 1980.

Robert M. Rose, 3340 S. W. Carolina, Portland, Or., is a urology resident at the University of Oregon Medical Center.


Joseph R. Spiegel, 1808 Winsted Blvd., Ann Arbor, Mi., began a residency in otolaryngology at the University of Michigan last July.

1980
Frank L. Conly has moved to Summerson Mountain in Clinton County Pennsylvania where he will be associated with the Rural Health Association on Huron Avenue in Renoovo. He recently completed a year of post graduate work at Bryn Mawr Hospital.

Joseph M. Devlin, 143 W. Butler St., York, Pa., writes "Anita delivered a healthy eight pound, four ounces girl in December. They make internship more bearable."

Thurman Gillespy III, 2118 Washington St., Wilmington, De., plans to marry classmate, Marjorie P. Lynch in September. Dr. Gillespy is serving a residency in radiology at St. Francis Hospital in Pittsburgh.

Douglas P. Hume, 418 Central Ave., Lancaster, N.Y., married Deborah Pregenzer on June 6, 1980. He is serving as a flexible intern at New Orleans PHS Hospital.

Christine M. Kuhnle has joined the Walter L. Aument Family Health Center in Quarryville, Pennsylvania. The Center is run by the Lancaster General Family Practice Residency Program.

Marjorie P. Lynch is serving a three year residency in family medicine at the Latrobe Area Hospital, Latrobe, Pennsylvania.

Shahab S. Minassian, 7414 Caster Ave., Philadelphia, became engaged to Joanne Chamberlain in March. Dr. Minassian is serving a residency in obstetrics and gynecology at Abington Hospital.

1981
Guy A. Giordano married Dorothy G. Fox, a graduate student in voice at Boston Conservatory of Music, on June 13.

Robert R. Kester, 500 Hudson St., Hartford, Ct., changed his internship and has begun surgical training at Hartford Hospital.

Obituaries
David H. B. Ulmer, 1909
Died June 20, 1981 at the age of 95. The retired physician was a resident of the Lutheran Home in Moorestown, New Jersey, at the time of his death. Surviving are his wife, Ethel, two daughters and two sons.

R. Grant Barry, 1912
Died December 3, 1980. The retired psychiatrist was a resident of Morrisville, Pennsylvania.

Wayne Bronaugh, 1923
Died September 27, 1980 at the age of 80. The retired surgeon was residing in Laguna Hills, California at the time of his death.

Harold P. Belknap, 1926
Died August 10, 1981. Dr. Belknap was a general practitioner who resided in York, Pennsylvania.

Charles W. Lighthizer, 1928
Died July 2, 1980. Dr. Lighthizer, a general surgeon, was a resident of Stuiedenville, Ohio, at the time of his death.

Sylvester E. Lentz, 1930
Died August 17, 1981 at the age of 77. Dr. Lentz served as physician for 30 years in the Lehighton, Pennsylvania school district and maintained a general practice there. In 1975 he was honored as Outstanding Citizen of the Year by the Chamber of Commerce and as the Lehighton Elk of the Year. Surviving are his wife, Esther, two sons, Conrad L. Lentz '60 and Ronald J. Lentz '61, and four brothers one of whom is Edmund T. Lentz, '26.

Claude H. Butler, 1931
Died June 29, 1918. The retired psychiatrist was residing in Green Valley, Arizona, at the time of his death. A member of the American Psychiatric Association, he was Assistant Superintendent at Norristown State Hospital. His wife, Helen, survives him.

Floyd I. Hudson, 1932
Died February 12, 1981. Dr. Hudson, a resident of Rehoboth Beach, Delaware, practiced general preventive medicine. His wife survives him.
Victor B. Ellin, 1933
Died Wednesday, September 9, 1981 at the age of 74. Dr. Ellin served as physician for over 30 years to the Pennsbury High School in Fairless Hills, Pennsylvania. A resident of Yardley, he was associated with the Lower Bucks, St. Mary and Trenton General Hospitals. Surviving are his wife Sherry.

John P. Shovlin, 1934
Died July 27, 1981. Dr. Shovlin served as Superintendent of the Fairview State Hospital in Waymart, Pennsylvania, for 25 years. A certified member of the American Board of Psychiatry, he was a Life Fellow of the American Psychiatric Association. Dr. Shovlin was a past President of the Wayne County Medical Society and the Liberty Discount and Savings Bank in Carbondale, of which he was Chairman of the Board at the time of his death. He is survived by his wife, Ruth Eileen, a daughter and two sons, one of whom is John M. Shovlin '70.

Joseph M. Clough, 1936
Died July 22, 1981 at the age of 72. Dr. Clough, Senior Consulting Surgeon at Massachusetts Eye and Ear Infirmary and Associate Surgeon at Massachusetts General Hospital, served on the faculty at Harvard Medical School. A member of the American Academy of Ophthalmology and Otolaryngology, he was certified by the American Board of Ophthalmology. Surviving is his wife, Rhoda.

M. Wilson Snyder, 1937
Died July 5, 1981 at the age of 68. Dr. Snyder, a resident of Sharon, Pennsylvania, was a member of the American Academy of Ophthalmology and a Fellow of the International College of Surgeons. He was Chief of the Department at Sharon Hospital. Surviving are his wife, Gertrude, two daughters, a son, a brother, Charles P. Snyder, Jr. '35 and a nephew, Charles W. Snyder '68. Dr. Snyder's father also was a Jefferson graduate, Charles P. Snyder, '09.

Allison J. Price, 1938
Died June 30, 1981. Dr. Price, who was Associate Professor of Medicine at Jefferson, was residing in Tuckahoe, New Jersey, at the time of his death. At Jefferson he was a member of AOA and a Ross V. Patterson Fellow in Medicine.

John D. High, 1940
Died June 16, 1981 at the age of 66. Dr. High was a general practitioner with an office in the West End section of Williamsport, Pennsylvania. He served on the staffs of the Williamsport and Divine Providence Hospitals and was the Medical Examiner for the Reading Railroad from 1942 until its merger with Conrail. His wife, Bernadine, and four sons survive him.

William A. Halbeisen, 1941
Died July 16, 1981, at the age of 65. Dr. Halbeisen was Chief of Cardiology at Our Lady of Lourdes Hospital in Camden, New Jersey, and a staff specialist at Burdette Tomlin Memorial Hospital and a consultant internist and cardiologist for the Coast Guard. He was a past President of the Camden County Medical Society. Survivors include his wife Jane, three daughters and four sons.

Harry W. Reed, 1942
Died July 2, at the age of 64. Dr. Reed had maintained a general medical practice in Fredericksburg, Pennsylvania since 1947 and served on the staff of Good Samaritan Hospital. He was a past President of the Lebanon County Medical Society and was former Deputy Coroner. Dr. Reed served on the School Board there for ten years and in 1974 the library was named for him. He is survived by his wife, Rose Marie, and five children.

Cyril C. Stapinski, 1942
Died July 1, 1981 unexpectedly while on vacation. Dr. Stapinski served as Chairman of the Department of Urology at St. Joseph Hospital in Lancaster, Pennsylvania, prior to his retirement in February. He was past President of the Philadelphia Urological Society. Surviving is his wife, Eleanor.

Melvin I. Glick, 1944J
Died March 19, 1981. Dr. Glick was a general practitioner who resided in Eureka, Illinois. His wife, Esther survives him.

Gerard M. Shannon, 1949
Died July 29, 1981 suddenly at the age of 57 while on a fishing trip in Iceland. Dr. Shannon was Attending Surgeon and Director of the Oculoplastic Service at Wills Eye Hospital, President of the staff at Nazareth Hospital and a Consultant at Holy Redeemer Hospital. He was a member of the American Academy of Ophthalmology and the American Society of Ophthalmic Plastic and Reconstructive Surgery and was a Fellow of the American College of Surgeons. Surviving are his wife, Helen, three daughters and two sons.

Samuel J. Silberg, 1949
Died August 4, 1981 at the age of 56. Dr. Silberg served as Chief of Urology at both Allentown and Sacred Heart Hospitals in Allentown, Pennsylvania. He was Co-chairman of the Medical Division of the 1981 United Way Campaign and was a Director of the American Cancer Society, Lehigh County Unit. Surviving are his widow, Serita, two daughters and a son.

R. Cranford Hutchinson, faculty
Died July 21, 1981 at the age of 77. Dr. Hutchinson served on the faculty at Jefferson for 26 years and was Professor of Anatomy at the time of his retirement. He trained as an experimental embryologist at Yale University and was associated with Wistar Institute prior to his Jefferson appointment. He was residing in Sewanee, Tennessee, with his wife, Dorothy, at the time of his death.

John B. Reddy, Faculty
Died September 8, 1981. Dr. Reddy, a graduate of New York Medical College, was appointed to the full time Jefferson faculty in 1959. In 1965 he was promoted to full Professor. Dr. Reddy was Chief of the otolaryngology program at Philadelphia General Hospital. His wife, Beatrice, and two daughters survive him.
The Alumni Association of Jefferson Medical College now makes available to our membership a clock of solid butcher block construction. The deep gold coloring of its roman numerals and central silk screened seal of the Medical College stands out against a dark grained walnut finish. The 11" x 11" x 1½" clock weighs three pounds and runs on a size C battery.

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

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Another view of 1025's stonework.