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The Last Five Years:
Jefferson's Directions and Management

Lewis W. Bluemle, Jr., M.D.
President, Thomas Jefferson University

There are at least two kinds of progress reports. One totes up accomplishments and presents them largely in quantitative terms. Another gives overall impressions on how the enterprise is faring.

This report is of the latter type. That is, I will not recount significant accomplishments of our faculty, students and alumni, many of which have been reported in the Alumni Bulletin, the University's annual reports and other documents. Rather, I will focus on Jefferson's directions and its management at top levels of administration.

There is a vital relationship between the quality of the University's management and the quality of its educational, clinical and research activities. Without the latter missions, Jefferson would be without purpose. Without good management neither the institution nor its missions would thrive for long.

When I arrived as President in 1977, I agreed with a consultant who regarded Jefferson as "an undervalued blue chip." Our strengths included an attractive campus, financial stability, an inspiring clinical heritage and an extraordinarily supportive alumni.

Yet one could sense an uneasy feeling that Jefferson's reputation had somehow not caught up to its perceived strengths. Its full potential seemed not to have been reached. In fact there was uncertainty as to what "full potential" meant in the context of our relatively new university status.

Did Jefferson's destiny lie in fulfilling my predecessor's dream of becoming a full-fledged university, complete with academic divisions going beyond the health disciplines? Or, if Jefferson were to remain a health-oriented institution, how full should its dimensions be, and, more importantly, how could it become the best academic health center it was capable of being?

These questions quickly assumed specificity on the issue of whether or not we should establish a dental school, for which early preparations had already been made. The answer was equally quick in coming. Two knowledgeable consultants confirmed our suspicion of a rapidly closing gap between supply and demand for dental education and service. Based on their advice and pertinent demographic trends we decided against building a new school. In retrospect, we were wise to have avoided this costly venture.

But other strategic questions remained. What kind of an institution did Jefferson wish to be by the year 1990? To what purposes should the University put its available resources in order to reach its long-range aspirations? These overriding questions could not be addressed by administration alone. They required input from all constituencies who would have to help shoulder whatever implementing burdens the answers posed.

Thus, Frederic L. Ballard, who was elected Chairman of Jefferson's Board of

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Jefferson Scene  
The new academic year heralds a new Dean and Vice President to Jefferson, who is introduced to alumni in this issue. Other news items include the State of the College report by Interim Dean Frank D. Gray, Jr., M.D., and Opening Exercises.

Tracking Sharks  
Armed with surgical instruments, contact lenses and scuba gear, Ophthalmologist Stanley L. Spielman, M.D. '59 deep-water dives looking for sharks. In an article written by the physician, Dr. Spielman explains his fascinating research into the optical behavior of sharks.

A Focus On Eakins  
Thomas Eakins and his tour de force The Gross Clinic commanded the center of attention in three major events. In April, Jefferson opened a new gallery for the masterpiece. A month later, the work traveled to the Philadelphia Museum of Art to take part in an exhibition of Eakins’s work. The Gross Clinic joined with The Agnew Clinic, of the University of Pennsylvania School of Medicine, provided the impetus for a gathering of the two medical school’s alumni in Boston.

Class Notes  

Published four times a year, Fall, Winter, Spring, Summer  
Second Class Postage Paid at Philadelphia, Pa.  ISSN-0021-5821  
The Alumni Association of Jefferson Medical College  
1020 Locust Street, Philadelphia, Pennsylvania 19107
The Jefferson Scene

jmc's new dean

With the long desk piled high with papers, it's the end of another day for Leah M. Lowenstein, M.D., D. Phil., who, as Jefferson's new Dean and Vice President, succeeds Interim Dean Frank D. Gray, Jr., M.D., and the late William F. Kellow, M.D. Her smile is warm and her voice soft as she speaks of what brought her — nephrologist, biochemist, cellist and mother of three — to Jefferson's helm.

Coming from Boston University School of Medicine where she was Professor of Medicine and Biochemistry and Associate Dean, Dr. Lowenstein is familiar with what goes into running a medical school.

"The faculty has three major tasks — teaching medical students, research and patient care," she says. "As Dean, I will coordinate the efforts of the faculty and students in these areas to expand Jefferson's strengths as a great academic health center."

At Jefferson's Opening Exercises September 8, during her investiture, Dr. Lowenstein addressed the freshman class, talking on the cycle of medical education and the role of medical schools. She commented on a recent American Medical Association report that said medical schools have the unique purpose of educating students to become physicians and should not assume responsibilities that would compromise this purpose.

"My feeling is that medical schools have the primary goal of training physicians, but that they also should become the proper home for medical research and clinical scholars," she said. "Together with their affiliated hospitals, they are the only providers for the backbone of publicly solved national as well as individual medical problems."

"Curing and caring are not opposite functions," she continued. "Medical schools can be more involved in a whole continuum of medical training well into graduate medical education and they should assume leadership of all facets of training."

Making the transition to Jefferson has been made more comfortable, Dr. Lowenstein says, by what has preceded her.

"The job of Dean has been made much easier by the fact that I am following Dr. Kellow," she says. "He built up a medical school that attracts and trains excellent clinicians. The school has a fiscally sound basis on which to build outstanding academic research programs, in part due to the enthusiastic alumni support."

"Therefore, it is easier to learn my way about the school without being plunged immediately into some administrative abyss. Dr. Gray's State of the College address (see p. 5) shows that Jefferson is continuing its high level of accomplishments, and I plan to continue this strength and fine tradition."

Dr. Lowenstein hopes to meet with the faculty as often as possible and to allow an environment in which they can do their best research, teaching and clinical work.

The new Dean says she plans to continue her interest in fostering the careers of young faculty members and students — an area which she particularly enjoyed at Boston.

Just 21 years after Jefferson first admitted women, Dr. Lowenstein steps in as the only female medical school dean in the country. A friend and former colleague at Boston says Dr. Lowenstein's sex is inconsequential to her new position. "She is a very feminine person, but a strong one in her field," says James C. Melby, M.D., Professor of Medicine and Physiology and Director of Endocrinology and Metabolism at Boston. "The only time Leah would be sexist is if someone, male or female, was getting a raw deal because of their sex.

"She understands all the problems between groups," he adds, "and is firm when she has to be, but never fractious. She is a leader, while at the same time, can compromise when it is necessary to get things accomplished."

When announcing the Jefferson Search Committee's choice, Lewis W. Bluemle, Jr., M.D., Jefferson's President, said that Dr. Lowenstein was the first choice from among 177 candidates, a decision based upon her "superb qualifications."

Her background attests to such a statement. An advanced student of the cello, Dr. Lowenstein entered the University of Wisconsin on a music scholarship and managed to finish her undergraduate degree in two years, entering the university's medical school the following year — still on the music scholarship.

Her post-graduate training included a Doctor of Philosophy and a research associateship at Oxford University in England. She also completed training at the University of Wisconsin Hospitals, Harvard Medical School and Tufts University School of Medicine. While academic positions at Tufts, Harvard and Boston University settled her in that city for the next two decades, Dr. Lowenstein did spend one year in Philadelphia as a Visiting Scientist at the University of Pennsylvania School of Medicine. While there, she also worked with Stanton Segal, M.D.,
Professor of Pediatrics.

Dr. Lowenstein's research has focused on the study of the metabolic aspects of kidney disease and the mechanism of renal regeneration. "I also work on aging in the kidney, both the normal process of renal alteration with aging, and why kidney disease in the old is more severe than the same disease in the young," she explains.

The new Dean has brought her laboratory to Jefferson and plans to continue her work.

While at Boston, Dr. Lowenstein was Director of Basic and Clinical Sciences in the school's gerontology center and Director of the Research Unit studying the metabolism of kidney disease. She has published extensively and was co-editor of Becoming a Physician: Development of Values and Attitudes in Medicine.

The new Dean belongs to a number of medical organizations, including the American Association for the Advancement of Science, the American Association for the Study of Liver Diseases, the American College of Physicians (Fellow), the American Federation for Clinical Research and the American Physiological Society.

She also is a member of the American Public Health Association, the American Society for Artificial Internal Organs, the American Society of Nephrology, National Vice President of the Council on the Kidney in Cardiovascular Disease of the American Heart Association, the Gerontological Society (Fellow), the International Society of Nephrology, the Massachusetts Medical Society, the National Kidney Foundation and the Royal Society of Medicine (England).

In addition, Dr. Lowenstein traveled regularly to Washington during the Carter administration to serve as a medical consultant to the Assistant Secretary of Health.

Having grown up in Milwaukee—"one of the wholesome cities of America"—Dr. Lowenstein says she knew by the time she was 8 or 9 she wanted to become a doctor. Married to an English biochemist who is a Professor at Brandeis University, Dr. Lowenstein and her husband raised three sons while pursuing their careers. Their eldest son, Charles, is a freshman student at Harvard Medical School. Andrew is a junior at Yale and Marc, a sophomore at Harvard.

Dr. Lowenstein maintains a side career as a semi-professional cellist and performs in a chamber group in Boston.

Juggling career and family takes a special kind of person, according to Daniel Bernstein, M.D., Professor of Medicine and Associate Dean at Boston, and personal friend to Dr. Lowenstein.

"Leah is a lovely human being—one of quiet good humor and extraordinary patience," Dr. Bernstein says. "Her husband is very supportive and together, they are wonderful parents and are two professionals who have managed to work well together. When they give a dinner party, Leah cooks and her husband serves so she can sit down. They really appreciate each other and are fun to be with."

Professionally, Dr. Bernstein says Jefferson's new Dean is an asset to any institution. "She is bright, perceptive, level headed and a first-rate scientist," he says. "She asks pertinent questions and can handle inflammatory issues without losing her temper. She has the ability to see to the bottom of issues and present them in a manner that can be handled. She can also be tough when she has to be."

While Dr. Lowenstein says there was much at Jefferson to attract her, one aspect that most struck her was the extent of the alumni loyalty.

"Never, in all my contacts with other medical schools, have I ever encountered a school with such loyal alumni," she says. "It is very heartening. Being new, I'm not yet certain which of its qualities makes Jefferson so beloved to its graduates, but whatever it is, I certainly hope we will be able to continue those traditions to make future alumni as devoted as the current ones are."

last five years (continued)

Trustees when I assumed the presidency, appointed a Task Force on University Planning. Under Mr. Ballard's leadership this Task Force, consisting of representative trustees, faculty, alumni, students and administrative officers, was asked to formulate the University's goals for the 1980's.

Consensus was not achieved easily. Indeed, it took three years of soul searching, debate and constructive compromise. Traditional values and novel ideas alike had to withstand the test of vigorous challenge to emerge among the 38 recommendations offered.
The first salutory effect of this planning effort was that it brought together segments of the University who seldom before had had an opportunity to get acquainted and share views on important issues. At first no two views were alike, since reference points and even vocabularies differed from one member to another. But learning curves were sharp, new insights were gained at all levels and common understanding was patiently forged in careful language.

The more lasting benefit of this effort was its end product, the University's current strategic plan. It addresses priorities in virtually every area of interest: research and academic affairs, health services, organization and governance, financial management, development, planning, human resources and public relations. In each sphere we now have written guidelines, some explicit and some general, which each senior officer uses in formulating annual goals and objectives for his or her division(s) of responsibility. As President, I must account periodically to the Trustees for progress or lack of progress toward these goals. The net result is a new administrative mind-set which says it is not enough to just solve the day-to-day problems; you must also keep Jefferson moving forward according to plan.

Among the fundamental beliefs put forward in this plan is that Jefferson should remain an academic health center. Health is the business we know best. To continue to conduct this business well offers us sufficient challenge and reward for the future as it has in the past. It is true that the Flexner Report questioned the ability of a free-standing academic medical center to provide the needed scientific underpinnings for quality educational programs. However, that was 72 years ago and in the interval many ways have been found to strengthen scientific standards without becoming part of a larger academic corporation. In fact, I regard Jefferson's independence and manageable size as distinct advantages in the 1980's. We have the ability to make management decisions quickly with a minimum of interference or delay by extraneous controlling bodies or supervening agencies characteristic of some larger "multiversities."

Another fundamental belief is that we must concentrate on quality academic programs and people who are at the forefront of their disciplines. This means in effect that we must attract and retain the best academic leaders we can find whenever we have the opportunity to do so.

Toward this end we have made highly gratifying progress in recent years. Within Jefferson Medical College outstanding department chairmen have been recruited in medicine, surgery, neurology, ophthalmology, otolaryngology and urology. In every case the appointment represented a search committee's first choice from among a number of well-qualified finalists.

In the College of Allied Health Sciences, we have been fortunate in finding new chairpersons for nursing, medical technology, cytotechnology and radiologic technology, along with planning coordinators for developing programs in physical therapy and occupational therapy.

Additional searches which must be accomplished over the next few years relate to pathology, radiation therapy, dermatology and anesthesiology. I have no reason to believe that recent standards or outcomes will be compromised in these future recruiting efforts. Good candidates, of course, demand assurances of adequate support, and Jefferson's resources are not unlimited. We are, however, committed to putting them to best use in this evolutionary process of leadership renewal because we believe this is the primary way by which institutions grow better.

A significant commitment to quality has also been made for the College of Graduate Studies. Since competition for the most promising graduate students is so intense, a decision was reached to establish several attractive scholarships and research assistantships through generous support from the Foerderer Foundation and the W.W. Smith Charitable Trust. Dean Jussi Saukkonen has appointed two new assistant deans to aid in graduate program development and student recruitment. The yield from these investments should be apparent several years hence.

I will not account in this brief report for the last five years of accomplishment at Thomas Jefferson University except to say that our new building, a consistently high level of occupancy, a full contingent of able nurses and generally positive staff morale at all levels are very reassuring signs of good management under the direction of Frank J. Sweeney, Jr., M.D.

Renewal has also occurred in administration. During the past five years 13 new trustees have been appointed to Jefferson's Board. Trustee selection has been based not only on the traditional "three W's" (wisdom, wealth and the willingness to work), but on character and accomplishment as well. Conscious attention is also paid to diversification of background among trustees to achieve an overall balance in Board composition.

Under Mr. Ballard's direction the Board has been restructured over the past five years. Prior to 1977 the Board's organization included separate committees for each of the three Colleges and the Hospital. This pattern tended to limit access of the full Board to important information about all matters of interest, and on occasion it posed risk of factional advocacy.

For more cohesive oversight trustee committees are now structured along functional, rather than divisional lines: finance, development and (trustee) nominations. Self-limiting task forces, some including faculty members, are appointed for special purposes. As a result, I believe our trustees are now better informed, liaison is appropriate to need and governance at top levels is well integrated.

Let's pause for a moment and consider the real value of both a strong board of trustees and a well conceived long-range plan. Does this value go beyond an internal sense of good image and a comfortable feeling of being well organized? I have my own reasons for responding with an emphatic "yes," often several times a day. Interestingly, some of our new Chairman and even some unsuccessful candidates for
important posts have their own reasons for an affirmative answer. They have expressed positive impressions about our trustees' willingness to work on search committees and the penetrating questions they ask. Many have observed that "Jefferson does indeed know where it's going." They openly list these among their reasons for wanting to come to Jefferson.

Quality has also been the watchword for change at the senior officer level. The recent appointment of Leah M. Lowenstein M.D. completes a deanship renewal process encompassing all three Colleges of the University over the last four years. Dean Lowenstein's background and impressions are reported elsewhere in this issue of the Alumni Bulletin, so I will say here only that we are fortunate indeed to have her with us.

Having served in an administrative capacity at four different universities, I regard Jefferson's management, people and systems to be unusually efficient. Each senior officer serves in both a staff and line capacity. All participate with the President (weekly) and the Board (monthly) in discussions of major issues. Decisions are based on consensus and an adequate information base.

Each senior officer is naturally motivated to further the division or function for which she or he has the line responsibility, particularly during the budget cycle. Yet partisan advocacy is always tempered by a deep sense of responsibility for keeping the entirety of Thomas Jefferson University moving forward in a balanced fashion. Theoretically the split line/staff roles pose some risk, but we have found this risk to be minimal among well-qualified individuals whose interrelationships are built on mutual trust.

Senior officer responsibilities for corporate services have been streamlined in recent years. In 1977 we had four Vice Presidents for corporate functions. We now have two. Each present incumbent is highly qualified to oversee a broad range of operations, ranging from budgeting to maintenance of physical plant, all now accounting for $58 million of the University's $220 million operating budget.

Having dwelled at some length on our administrative strengths, let me add that they are about to be tested. Over the next few years tax-based resources for professional education, health services and medical research will fall far short of predictable needs. As government agencies and, indeed, our political system fail to find solutions to complex financing problems, all institutions, including our own will be caught in a competitive struggle the likes of which we may not have seen before.

Some academic health centers may not survive, and even those that do will feel the stresses of internal competition for dwindling resources. Stricter accounting regulations will make it more difficult to quietly subsidize educational programs through health-care revenues or research activities through tuition dollars. Yet as the pie shrinks, conflicting claims to each piece will be expressed more forcefully. The greatest danger, as I see it, will be a weakening of the bonds which hold education, patient care and research together as the basic triad on which American medicine rests.

Jefferson cannot escape these stresses, but if we continue to build on present strengths with intelligent vision, we will be well prepared to meet them. This vision must include a willingness to accept change, perhaps drastic change, in the ways we market our services, yet one which is also mindful of the lasting values of our Jefferson heritage.

The Jefferson Alumni have been the stewards of this heritage for more than a century and a half. More than once have the Alumni kept the University from risking important principles in its search for expedient solutions to difficult problems. We will need this kind of tempering input as much in the future as we have in the past when the going gets tough.

state of the college

During the fall of 1978 the Liaison Committee on Medical Education (LCME) surveyed Jefferson Medical College and gave full accreditation for a seven year period. A Progress Report was requested for the fall of 1981 commenting on issues including the status of the Penn State Accelerated Program; the continued quality of the educational programs in our affiliated hospitals; the continued independence of the admissions procedure; the resolution of the role of the Department of Community Health and Preventive Medicine; the establishment of departmental committees on appointments and promotions; the research programs in pathology, anesthesiology, and dermatology: our faculty/student ratio; and the comparative status of salaries for Jefferson faculty with other similar medical schools.

Substantial progress has been made in resolving these concerns. The concern about our apparently low faculty/student ratio was resolved when we changed our terminology of "full time" faculty to be consistent with other institutions, thereby producing accurate numbers. We now include all salaried faculty without regard for the source of the stipend. Faculty salaries have been adjusted to a level well above the 50th percentile of academic salaries listed in the Annual Report of the Association of American Medical Colleges. In our Progress Report we were able to establish satisfactory responses to all of the recommendations of the LCME as well as the concerns of our own Self-Study Report produced as part of the LCME review.

The Jefferson Medical College Medical Practice Plan has been a model plan among medical schools, but Dean Kellow realized that it was not keeping up with changing times. We were no longer as competitive in attracting new full-time clinical faculty as we had been. Dean Kellow appointed an ad hoc Practice Plan Committee that began work on bringing our Plan up to date. The first phase was aimed at improving the income and benefits aspect of the
Plan, and this has been accomplished with a Plan that provides somewhat greater incentive for practice and also better fringe benefits. The committee is now working on a more fundamental review of the basic structure of the Plan with the purpose of adapting it to current economic reality and enhancing the role of the full-time clinical faculty.

In 1979 a resolution was voted by the Professorial Faculty and approved by the Board of Trustees to enter a three-year trial of a reorganized Professorial Faculty structure. A Professorial Faculty Advisory Committee was established with a Chairman and appropriate officers, and rules formulated for governing the Professorial Faculty activities. The new organization was to be re-evaluated in 1982. This has been done, and the Professorial Faculty recommended that the change become a permanent part of the Bylaws of the College. The recommendation was approved by the Board of Trustees to be effective July 1, 1982. With these Bylaws changes the Professorial Faculty has "grown up" and it is now a significant resource for Medical College governance.

The financial position of Jefferson Medical College remains strong. We have a realistic budget for 1982-83 with only a moderate increase in tuition which is still in the mid-range for comparable medical schools in our region.

This year each division of Thomas Jefferson University completed a financial forecast based on a model that allowed us to examine the long-term consequences of hypothetical changes in those variables which determine our budget. We were reassured to find that we will remain solvent, even assuming the worst case, as long as we maintain our present sound fiscal policies.

As part of the nation's network of medical education and research, the Medical College has felt the impact of continued attrition of governmental financial support. Along with peer institutions, we have suffered particularly in the loss of training support for some of our graduate medical education programs. However, our total sponsored programs budget has continued to increase, and we are adapting to the need to search out alternative methods of support. Our Clinical Pharmacology Unit and the new Toxicology Center with their partial funding from local industries are examples of non-governmental support for scholarly activities, and these programs may become models for future development.

We must continually seek other new ways to overcome the constraints of our present economic environment. In his 1981 State of the College message, Dean Kellow observed that, "It is optimistic to say that dark days are ahead. They are upon us." The question I would ask is, "Can adversity stimulate us to become stronger than we ever before have been?" I believe we have made a start.

**Frank D. Gray, Jr., M.D.**
Interim Dean
November 1981 – June 1982

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This is the fourth in a series of the Young Investigator. Our faculty member for this issue is Catherine E. Calkins, Ph.D., Associate Professor of Microbiology. She is a graduate of the College of Wooster in Ohio, attended graduate school at Purdue University and was a postdoctoral Fellow in medical immunology at Yale Medical School. Prior to her 1977 appointment to the Jefferson faculty she was a Research Associate at the Sloan Kettering Institute in New York. Dr. Calkins is a member of the American Association of Immunologists, Sigma Xi and the New York Academy of Sciences. Following is her summary of her research at Jefferson.

Knowledge in the field of immunology has virtually mushroomed in the past 15-20 years making it an extremely exciting area in which to work. My particular interest in immunology derives from an interest in cell interactions; in identifying communications that exist between cells and understanding how inter-cell signals are perceived and translated into activity. The immune response has an almost unique appeal for such an interest in providing a system in which multiple cell types interact to produce cellular changes which result in synthesis and secretion or suppression of secretion of a measurable product. Furthermore the secretion of at least one of the immune products, antibody, can be detected at the level of the single secreting cell.

My entry into the field as a graduate student in the lab of Dr. Edward Golub at Purdue University was in a study of the role of macrophages in their interaction with lymphocytes in in vitro antibody responses. We developed a parabiotic culture system to allow culture of the two interacting cell types on opposite sides of a membrane which allowed the transfer of soluble factors but not cells. It was clearing this system that macrophages could participate via a soluble factor released into the culture. With the development of more sophisticated cell separation techniques, this parabiotic culture system has been and can be used to detect other interactions mediated by secreted soluble factors rather than direct cell contact.

While a postdoctoral fellow at Yale with Dr. Byron Waksman studying cell surface properties and antigen receptors in B lymphocyte ontogeny, we did some experiments with Dr. Richard Gershon which initiated an investiga-
tion of feedback inhibition in antibody responses which we are still actively pursuing. These experiments involved the co-culture of cells from immune animals with cells from animals not previously exposed to specific antigen and resulted in the suppression of the specific immune responsiveness of both immune and unexposed lymphocyte populations.

These initial observations were followed-up in collaboration with Dr. Osias Stutman while at the Sloan Kettering Institute. We were able to show that the suppression was dependent upon a small subpopulation of unexposed thymus-derived T lymphocytes which was, by all criteria tested, a mature T cell population. Yet these cells require the presence of immune cells for their suppressive function to be activated. Using antisera provided by Drs. Thomas Stanton, Fung-Win Shen and Edward Boyse, we were able to characterize this unexposed T cell subpopulation as one bearing the cell surface mouse antigens Thy 1, Lyt 1 and 2 and Qa-1. The presence of all these surface antigens on this cell population makes it so far a unique subpopulation and facilitates further study of the activation and function of these cells.

Since coming to Jefferson, I have, in collaboration with graduate students and technicians, dissected another aspect of the cell interactions resulting in suppression, specifically the immune cells. The immune cell activity in the suppression is also due to a very small subpopulation of cells but which are bone marrow-derived "B" and not thymus-derived "T" lymphocytes. These cells are separated with the active antibody secreting cell population and do not require further activation to cooperate with the unexposed T cells in suppressing the immune response.

Experiments with the parabiotic culture system indicate that both the immune and the unexposed cell populations can exert their influence via soluble factors. We have now obtained an active cell-free supernatant from the immune cells in which the active molecule is antigen-specific antibody. We are currently working on another supernatant fraction which we hope contains the factor secreted by the immune B cell-activated T cells. Once both (all) of these soluble factors are isolated and characterized, we will have the means to determine how each factor affects its target cell. We will also be able to determine precisely the target of the actual suppressive event, a question we have so far been unable to answer using cellular approaches.

These findings are so far consistent with the hypothesis that the suppression observed is due to the activation of a feedback inhibition by the immune response endproduct, namely antibody. That is, antibody, once the antigen for which it is specific is eliminated, accumulates and shuts down the production of that particular antibody. This concept is certainly not a new one even in immunology. The aspect of this which is unusual is the involvement of an intermediary, a suppressor T cell in the inhibition of the antibody response. The suppressor T cell does not require long term exposure to antigen in order to react with antigen-specific suppression, but seems to depend on the specificity of the immune B cell signal to it. This model of immune suppression is composed of a series of interactions of antigen, cells and secreted factors which seems likely to be useful in working out the mechanisms by which one cell affects the function of another.

So far, most of our work with this system has been at the cellular level. One very important question which we are also currently investigating is: how is this suppression manifested in the immune animal, which has no access to cells from unexposed animals for interacting in feedback inhibition? Preliminary experiments suggest that feedback suppression is active in the immune population but that it may be masked at the times we have tested by overwhelming helper T cell effects. It may be that feedback inhibition has its effect later in an in vivo immune response.

While my interest in the immune response is primarily in a basic biologic system, the immune response in general and suppressor T cells in particular are of current clinical interest in a number of disease states. The identification of human cell surface markers as well as cellular studies on human cells similar to those done in mice have allowed the demonstration of suppressor T cell abnormalities in autoimmune patients, cancer patients and patients with some immunodeficiency diseases. We are currently using a mouse strain which spontaneously develops a systemic lupus erythematosus-like syndrome and mice with progressively growing tumors to study the role of feedback inhibition in the "malfunction" of the immune systems in both types of mice. We have already established that the feedback induced suppression to a nondisease-associated antigen is normal. We are now working out assays for responses to disease-related antigens, namely for an anti-mouse erythrocyte or anti-mouse thymocyte antibody and for an antitumor antibody or cytotoxic cell response. With these assays, we will be able to detect abnormalities in feedback induced suppression in the specifically abnormal immune response in these mice. With further understanding of the underlying normal and abnormal immune mechanisms, one may hopefully be able to better manipulate immune responsiveness to the advantage of the patient.

**arthritis grants**

Two Jefferson faculty members received research grants earlier this year from the Arthritis Foundation, Eastern Pennsylvania Chapter. Barbara B. Domangue, Ph.D., Assistant Professor of Psychiatry, and Ralph Heimer, Ph.D., Professor of Biochemistry, were two of a total of six recipients.

Sergio Jimenez, M.D., Chairman of the Chapter's Grants and Scholarship Committee, said the grants are considered "seed" money which will give researchers the opportunity to initiate projects and determine their promise.

The Eastern Pennsylvania Chapter of the Arthritis Foundation also supports the National Arthritis Foundation's research and educational programs.
opening exercises

The Class of 1986 was welcomed to Jefferson at the 159th Opening Exercises which were held September 8 at the Walnut Street Theatre. The ceremony included the investiture of Jefferson's new Dean and Vice President Leah M. Lowenstein, M.D., D.Phil.

This year's freshman class totals 233, 63 of whom are women. And 36 of the students are sons or daughters of alumni.

Thomas Jefferson University President Lewis W. Bluemle, Jr., M.D., gave the convocation, offering additional greetings to the incoming classes of the College of Graduate Studies and the College of Allied Health Sciences. He also gave special recognition to the Board of Trustees.

Dr. Bluemle conferred the honorary degree of Doctor of Laws on Dumas Malone, in absentia. Dr. Malone is the Thomas Jefferson Memorial Foundation Biographer-in-Residence and Emeritus Professor of History at the University of Virginia in Charlottesville. It was there, at the University founded by Jefferson, that Malone in 1943 began work on his Pulitzer Prize-winning, multi-volume biography Jefferson and His Time. And it was there, in 1981 at the age of 89, that the almost totally blind Malone completed the sixth and final volume of the biography.

Frank J. Sweeney, Jr., M.D. '51, Vice President for Health Services at Jefferson and a graduate of the University of Virginia, accepted the degree for Dr. Malone.

Dr. Bluemle then introduced Dr. Lowenstein, asking the audience to rise to greet her. Giving the address, the new Dean spoke on the 100-year cycle just completed by medical education and the future role of medical schools. She stressed that medical research must be an important part of a medical school's total contribution.

The program ended with the awarding of traditional prizes to students in each of the University's schools. The Obstetrics and Gynecology prize to honor Mario A. Castallo, M.D. '29, Honorary Professor, was won by Howard S. Silverman.

Dr. Goldburgh grew up playing with the tongue depressors and stethoscopes in the office his father had on the first floor of their home. Harold Goldburgh, M.D. '15, a Jefferson Professor of Medicine, spent many nights making house calls or having patients visit just to talk over personal problems. "In addition to being a good physician, he imparted a personal touch," recalls Dr. Goldburgh. "His involvement with his patients as people was one of the things that most influenced me."

As a medical student at Jefferson, Dr. Goldburgh used to make rounds with his father, whom he says was his most severe critic and teacher when reviewing cases. "I grew to have a great deal of appreciation for the sometimes vigorous testing that he put me through..."
during my formative years,” he says. Being a role model, as his father was for him, is the essence of a true teacher, the Professor believes. “Imparting facts is not enough,” he says. “If you can instill in students the feeling that medicine is enjoyable and if you can impress them with the desire to emulate, then you have succeeded.”

Dr. Goldburgh says he looks back on his own education with fondness for several of his teachers whom he revered as caring people and superb clinicians. “When I think of all the teachers who influenced me, I hope in some way that my love for both people and medicine rubs off on students in the same way.”

The physician’s teaching abilities have not gone unnoticed. He is the 1973 recipient of the Lindback Award for Distinguished Teaching awarded by students, and the Distinguished Teaching Award, given by Jefferson’s medical residents, in both 1972 and 1979.

Teaching is something Dr. Goldburgh feels is not always done as well as it might be, especially in medicine. He attributes this to the decreased emphasis on physical diagnosis as well as the physicians’ growing reliance on the laboratory. “The problem is you don’t know what laboratory tests to order unless you first know that there is an abnormality on physical examination,” explains the physician. “If you fail to detect the abnormality and the patient fails to receive the proper test, then grave consequences can unnecessarily result.”

Technological advances in medicine have tended to make the relationship between a patient and his physician less personal, although this need not occur, says Dr. Goldburgh, who made house calls in his early practice. This loss of personal relationships is part of the reason for the declining public image of the physician, he says.

“But interestingly enough,” he adds with a smile, “most people still tend to have a positive opinion of their own doctor.”

To complete the entity of total care, Dr. Goldburgh feels that advances in medicine now demand a large number of physicians in subspecialties and laboratory phases of medicine, in addition to those physicians who provide primary care.

“In my opinion, this requires a large cadre of both full-time and volunteer physicians,” he says.

There were times at Jefferson, Dr. Goldburgh says, when he did not always see a mutual respect between the volunteer and full-time faculty that he would have liked to. “I think we have now arrived full circle where we need and complement each other,” he says. “I think it can work to the benefit of everyone to have both groups active and participating.”

Following graduation from Jefferson, Dr. Goldburgh completed an internship at TJU Hospital and a cardiology fellowship at Philadelphia General Hospital, then returning to TJU Hospital for a residency. Dr. Goldburgh was the hospital’s first fourth-year Chief Medical Resident.

As a Jefferson faculty member, Dr. Goldburgh was Director of the Cardiac Clinic for 10 years. In addition, he spent two years as an Associate in Lankenau Hospital’s Department of Internal Medicine and Division of Cardiology. He still serves as Medical Service Chief at TJU Hospital teaching hospital staff and students, and is past President of the Volunteer Faculty Association.

The physician has served on a number of TJU Hospital committees. At present, he is on the Board of Governors of the Volunteer Faculty Association, a member of the Advisory Committee to the Chairman of the Department of Medicine, a member of the hospital’s Executive Committee and Chairman of the hospital’s Credentials Committee.

Dr. Goldburgh is a Fellow of the American College of Physicians, the American College of Cardiology, the American College of Chest Physicians and the College of Physicians of Philadelphia. He also belongs to the American Society of Internal Medicine, the Pennsylvania Medical Society, the Philadelphia County Medical Society, the Pennsylvania Society of Internal Medicine and has served three years on the Board of Governors of the American Heart Association.

Dr. Goldburgh hopes today’s young physicians will be afforded the same opportunities as he. “I have been given an incredible chance here to do what I enjoy and to express myself in the best way I can,” he says. “I’m not certain that the current social and economic trends will allow for this in the future.”

The advice Dr. Goldburgh has for physicians just entering the field is to consider forming or joining a group practice, allowing more time for a personal life.

“Because my father was so dedicated and so involved, he was not always able to participate and share in what I was doing at the time,” he says.

“When I went into solo practice, I found myself falling into the same patterns with my son. Fortunately, I took two partners and was able to combine my medical and private life in a satisfactory way. I’ve greatly enjoyed our professional association and what it has afforded me. I think the trend towards group practice is a healthy one for both the patient and the physician.”

Joseph F. Rodgers, M.D. ’57, Clinical Associate Professor of Medicine and partner to Dr. Goldburgh, agrees with his colleague. “Dr. Goldburgh is extremely easy and enjoyable to work with,” he says. “He is an astute clinician and has a wonderful way with patients.”

Out of the hospital, Dr. Goldburgh replaces his stethoscope with a fishing rod, traveling with family and friends to their home in Vermont. A memorable fishing trip to the sub-Arctic found him wandering for hours, lost on the unfamiliar tundra, before he found his way back to camp.

The physician also likes to ski, sail and walk in the woods. His wife of 28 years, Joan, is an artist, and their son and only child, Mitchell, works as a biomedical engineer in the research and design of cardiovascular instrumentation.

Dr. Goldburgh says his years with Jefferson have been rewarding and that the institution shares his goals. “The chance to combine teaching and good patient care, both of which I love, has really been the best of two worlds. I couldn’t ask for anything more than that.”
SHARK TRACKING

Ophthalmologist and Biologist combine talents in new underwater research

by Stanley L. Spielman, M.D. '59

Stanley L. Spielman guides a shark through the water to aid respiration following tagging procedure. Dr. Spielman, Clinical Assistant Professor of Ophthalmology at Bascom Palmer Eye Institute in Miami, has a private practice both there and in the Keys. He is a Diplomate of the American Board of Ophthalmology.
As dawn approached on the Bahama Bank, the two weary trackers methodically took three positional bearings with a hand-held compass and roared off in a 19-foot rubber inflatable airboat. In pursuit of the ever-roaming lemon shark, we wore ear protectors to help muffle the loud scream of the 95 H.P. Continental aircraft engine. We didn’t stop to admire the brilliant blue flames shooting six feet behind us, but gave full attention to the new course we must follow. The fading rhythmic beeps, underwater acoustical signals which emanated from a transmitter fixed to the shark’s back, indicated a rapid and new direction of movement. If not pursued immediately, the elusive shark would be out of audible range and the track would be lost.

Throughout the entire night Dr. Samuel Gruber, a long time colleague and Associate Professor of Biology and Living Resources at the Rosenstiel School of Marine and Atmospheric Science at the University of Miami, and I had attentively listened for the 40-kilohertz acoustical signals from our receiver. The weak signals could not be heard after the engine was fired and the chase begun. Therefore we had to establish the exact direction of the signal and estimate its range while the boat rested quietly in the water. Acoustical underwater transmission in the shallow waters of this habitat were extremely deceptive, which in itself created a challenge for us.

A prime function of tracking the shark was to develop a plot on a chart which would enable accurate study of the fish’s position and movements. To accomplish this, we would sight through a hand-bearing compass and record our position relative to the shark and three known landmarks every 15 minutes. During the night we would take fixes on lights such as those found on buoys and radio towers. With the use of a night-vision device which amplifies available light up to 60,000 times, we also could fix on physical features ashore. This device was useful at times in warning us of nearby clandestine drug smuggling activities which, for safety purposes, were best avoided.

The boat skimmed across the top of the water on a straight line heading due east toward the glow of the sunrise. On the morning of July 7, 1980, after 14 tedious hours, the first successful all night track of a lemon shark had been completed.

Gruber and I would soon be relieved by a fresh new team and we would return to the University of Miami’s Oceanographic Research Vessel Calanus, anchored on station five miles away. We were jubilant. Our accomplishment indicated the possibility to proceed successfully with this project previously fraught with so many difficulties. The new airboat which we designed had proven its value in overcoming the obstacles of sandbars which had previously prevented our tracking at night with conventional shallow draft boats. Many years of laboratory work and tedious preparation had led Gruber and me to this exhilarating morning.

We also were excited about the shark’s course toward the sunrise. This new observation of behavior would require future study to determine if it would repeat in a significant pattern. It might have implications relating to our visual investigations as well as behavior patterns.

This particular shark was tracked for three days, lost, recovered and tracked for another five days. It remained in the waters of the Bahama Bank east of Bimini and never ventured into the open waters of the Gulf Stream, contrary to what we had anticipated. We have subsequently found, after eight additional sharks were tracked, that the juveniles up to seven to eight feet in length remain within a circumscribed territory of approximately five square miles in this habitat.

Future work will be required to establish if this also will hold true in the many hundreds of square miles of similar habitats in the Bahama Islands and the Florida Keys. If so, periodic sampling through tagging techniques could help monitor the integrity of the ecosystems of these areas. The survival of other fish populations in the same habitats might be related to the lemon shark’s population dynamics. The lemon shark population would, in effect, become an indicator with which to judge the survival of other living resources. This represents one example of a practical application which can be developed from this type of investigation.

On the eighth and final day of our initial track, Gruber and I made another exciting discovery. On that particular day the winds were still and the seas a glassy calm on the Bahama Bank. This presented a unique opportunity of trying to track the shark while swimming underwater. If we could make visual contact, we could determine if he was traveling alone or within a school of sharks. This information could not be obtained by surface tracking.

The shark had moved into water about 15 feet deep and we noted he was moving slowly and tended to remain within a localized area rather than charging off on long runs. We figured that we might be able to catch up with him if we did not use cumbersome scuba gear. Donning free diving equipment, we prepared for this new adventure.

One of us would swim with a protective “bang stick,” an underwater explosive device which detonates on contact with a shark, and the other would handle the special underwater tracking gear. This consisted of a hand held positional receiver connected to an ear plug speaker. When aimed in the direction of the shark, the beeping signal would be louder than when aimed off target and, of course, the signal also would diminish when the shark swam further away. With this system we could determine our direction of pursuit underwater in the same manner as we could in the boat on the surface.

We entered the water with excitement and trepidation. The support boat could not follow too closely because it might spook the shark. If we encountered a number of large sharks we would have to fend for ourselves. On the surface, Gruber and I conveyed the utmost confidence, hiding our true feelings of hesitation. This had become our routine in these situations. On the other hand we had respect for each others’ capabilities in tricky circumstances,
which comes only after many years of experience together.

Realizing we might have to swim for many hours, we went off in the direction of the shark with strong but measured kicks. When the signal faded, we changed direction or swam more rapidly. After one hour we had come no closer to our shark and were becoming discouraged, so we decided to change equipment. Gruber took the bangstick and I the receiver. Off we swam for another hour, continuously scanning the murky limit of our visual range of about 25 to 30 feet ahead. At some point during the second or third hour fatigue began to take its effect, our enthusiasm was waning and we came to a dead stop in the water. Although we were successful in keeping within about one quarter of a mile audible range, it seemed impossible to close on the shark, almost as if he were purposely avoiding us. After dangling in the water resting and discussing the situation for several minutes, we decided to end our efforts. We signaled for the support boat to approach and pick us up.

Suddenly, two rapidly swimming jack fish swam up to us as all hell broke loose. In an instant many more jacks zoomed around us, followed by several large mackerels and barracudas which joined them by the hundreds. The fish enveloped us, moving at high speed. Never before had we encountered anything like this underwater. There would be no protection if they decided to attack and we obviously had become the center of attention.

The signal from the acoustical beacon on our lemon shark suddenly became loud and omni-directional indicating the shark was now extremely near. Would these smaller fish now be joined by innumerable frenzied sharks accompanying our tagged specimen?

After a few seconds the numbers of smaller fish diminished and three relatively harmless nurse sharks swam directly under us. They lingered several seconds and then swam away. At that moment our shark appeared, paralleling the path of the nurse sharks as he passed us. The brilliant red-orange transmitter appeared like a flag on his back, establishing positive identification. With grace and apparent disregard for our presence, he swam serenely without deviation until he disappeared into the murk. The last of the jacks vanished along with him, leaving us momentarily shaken but amazed at what we had just witnessed. The entire episode lasted about 30 seconds.

We concluded that our swimming had indeed caused the shark to keep a distance from our position. When we stopped in the water, we were investigated. Following this episode we encountered two repeat performances on the same afternoon by stopping and dangling in the water. Apparently the jacks and other fish served as the shark's scouts, greatly expanding his effective range of search for food. Presumably they fan out widely in all directions until a likely prey is encountered. They then converge to investigate their prey. The shark is somehow signaled to join them when dinner is located. The smaller fish possibly would benefit in this unusual relationship by feeding on the small fragments of food which are by-products of the shark's larger bites. Gruber and I were obviously offensive and did not meet their standard of a good meal.

Future investigation was required to understand fully this newly discovered behavior. Use of an ultralight aircraft for aerial observation and survey would be a more reasonable method for this type of study.

Author's Involvement

To understand the general relevance and scientific aspects of shark research and my involvement in it, some background is necessary.

Several years ago the United States Government established a 200 mile conservation zone around our country.
In his underwater operating room, Dr. Spielman sutures the nictitating membrane of a large tiger shark to prevent the eye from closing during examination.

Federal law then mandated fishery management councils to provide plans for the use and management of the living resources within this designated area. Sharks represent a significant biomass for consideration in this program. Therefore, to accomplish this task, information needed to be obtained to understand the relationship of the shark, as an "apex predator," to the marine ecosystem. Surprisingly, little scientific data has been available for this purpose.

Although the shark has not been considered a significant resource in the United States, the Food and Agriculture Organization of the United Nations has estimated that 307,085 metric tons of sharks are consumed world-wide annually. If reversed it would be the equivalent of sharks consuming 4.5 million people during the same period.

Funding for the research has been through the National Science Foundation and the United States Office of Naval Research. Private donations of both equipment and financial assistance also have been received.

My association with Gruber dates back to 1964 when I met him at the Rosensteil School of Marine and Atmospheric Sciences. Since that time I have been involved in his shark research and particularly in work conducted at sea. I have accompanied him on 15 cruises in the primary capacity of a marine biologist and secondarily as a physician. There is normally no official physician or "ship's doctor" in the crew of a research vessel.

The improbable association of an ophthalmologist and a marine biologist, often in activity more frenzied than the sharks, earned us the nicknames "Frick and Frack." To this day we argue as to who is Frick and who is Frack.

When I met Gruber I was intrigued to learn that he had conditioned sharks to blink their nictitating membranes in response to light flashes. He therefore was able to determine light sensitivity and flicker fusion thresholds. He also developed an ingenious maze which used fiberoptic color targets for the investigation of color discrimination.

During these early years Gruber's entire research program was geared to vision research in sharks. As an ophthalmologist with an extensive background in marine related activities, my association with him was natural. I could assist in optical and surgical-related aspects of the research as well as in the design of equipment to be used at sea. I would be able to maintain my practice in South Miami and the Florida Keys while working part-time as a marine biologist.

The two-week cruises have numbered three or four per year. It often has been necessary to fly back at the end of 10 days to resume my practice.
In addition to the time spent at sea, countless hours have been required for
cruise preparations and administrative
difficulties.

My experience with the sea began
when I was in my teens and our family
moved from Philadelphia to Ventnor, New Jersey. My father and I designed
and built two boats next to our house.
While I was in pre-med studies at
Franklin and Marshall College in Lan-
caster I passed the required examina-
tions for obtaining the “United States
Coast Guard License to Operate or
Navigate Motorboats Carrying Pas-
sengers for Hire.” This allowed me to
use my boat for charter fishing during
summer vacations from college and
medical school. I piloted this same boat
Harpoon to Miami for my internship
and again when I moved permanently
to Miami after my residency at Wills
Eye Hospital. These experiences in
seamanship, boat building, marine life,
and repair of cantankerous marine
engines prepared me well for my role.

Refraction of Sharks

About four years ago Gruber sug-
gested I refract several juvenile lemon
sharks which were kept in his labora-
tory. Studies were being conducted to
determine the refractive state of the
lemon shark’s eye. It was Gruber’s
desire that I use the retinoscope to
verify readings taken by others.

This technique is commonly used in
the office to assist in measuring patients
for glasses. When applied to the shark
it should be possible to determine if it
requires a lens or “glasses” to correct
for either myopia or hyperopia. More
involved investigations then could be
pursued into the existence of accom-
modation and the effects of pharma-
cologic agents upon accommodation.

My attempts at refracting juvenile
lemon sharks were unsuccessful
because previously undescribed lens
opacities or cataracts obscured the
tapetal reflex. In my opinion this made
an accurate end point reading impos-
sible. I then suggested we attempt this
procedure on larger sharks with wider
pupils. More light might possibly enter
the eyes of these sharks thus overcom-
ing the problem.

Larger sharks were not available in
the laboratory, so with the cooperation
of the Miami Seaquarium, we used one
of the nine-foot sharks from the cir-
cular “shark channel” exhibit. This
shark was placed in a tapered box con-
taining pumped sea water. The head
and one eye were positioned against a
glass plate at one end of the box
through which I was able to make my
measurements. Although initial read-
ings were not considered completely
reliable, I was able to overcome the
len's opacity problem. These findings
supported further pursuit of this
approach. A practical method would
have to be developed for refracting
many large freshly captured sharks on
research vessels at sea.

Rather than placing the shark in an
aquarium situation, we attempted to
bring the aquarium to the eye. This
was accomplished by designing a special
contact lens which would eliminate
errors which are induced by the cornea-
air interface when sharks are refracted
out of water. Large sharks could then
be refracted on the deck of a ship,
tagged and released unharmed.

By taking molds of four species of
shark’s eyes, the proper radii of curva-
tures were determined and contact
lenses conforming to these measure-
ments were made.

For the purpose of restraining the
shark’s head and orienting the eye
properly, I constructed a metal clamp
which has proven itself successful when
the length of the shark has not exceeded
eight or nine feet. Larger sharks are
able to displace the clamp when they
lunge.

In preparing the shark for examina-
tion I have found it necessary to suture
the nictitating membrane to the lower
orbital rim in an open position. This
insures that the contact lens will not
be displaced and the eye will not be
occluded in a reflex response to the
examining light. The opaque nictitating
membrane is strong in some species
and acts like a protective lower eyelid
which closes upward during the close
encounters of feeding and mating.

Numerous specimens from four dif-
cerent shark species have now been
refracted using the contact lens system.
The preliminary data taken from these
measurements indicates a hyperopic or
far-sighted condition. The bullsharks
(Carcharhinus leucus) and the lemon
sharks (Negaprion brevirostris) mea-
ured in the range of plus 10-12 diop-
ters (greatly out of focus) and the reef
sharks (Carcharhinus springeri) and
tiger sharks (Galeocerdo cuvier) gave
somewhat lower or more in focus read-
ings in the range of three to six diop-
ters. This initial sampling has given the
impression that those sharks with
smaller eyes are more hyperopic or out
of focus than those with larger eyes.
Future studies will be required to help
verify this finding and establish more
information regarding the role of vision
in the behavior of the shark. If the
optical power of the eye can be accu-
trately determined, the potential visual
capability of the shark may be inferred.

In addition to the contact lens
method of examination we have found
it necessary to refract large sharks
underwater. If accurate underwater
refractive measurements could be
obtained they would confirm the accu-
tracy and establish the reliability of the
easier and less dangerous contact lens
method. Also we could obtain data
from sharks which are too large to
handle on the deck of a ship.

During one underwater eye examina-
tion, a portion of which was shown on
the National Geographic Television
Shark Special, a large tiger shark
became agitated, lunged violently and
vomited bird feathers over us. This
occurred during the day when Gruber
tried to darken the environment by
covering the shark’s head with a tar-
paulin in an attempt to dilate the pupils
through dark adaptation. It is obvious
that some sharks are not receptive to
our bedside manner. We therefore plan
future attempts at underwater refrac-
tion during the night when the pupils
will remain dilated.

Upon examination of another 10-foot
tiger shark on the deck of the ship,
I noted bilateral dense corneal opacities
and cataracts. Examination of the
stomach contents of this specimen
revealed lobsters and bird feathers.
It was obvious that this shark had suc-
Top: After a successful “operation,” a contact lens is secured onto a shark’s eye ready for a refraction measurement. Above: Dr. Spielman places a contact lens on a shark’s eye. The metal clamp, designed by the physician, restrains the shark’s head.

cessfully survived by depending on senses other than the visual.

The acute sensitivity of the olfactory system in sharks has long been recognized. Low frequency sound vibrations produced by struggling fish also have been shown to stimulate feeding attacks. Recently Dr. Adrianus J. Kalmijn demonstrated that a shallow water shark, Mustelus canis, can detect voltage gradients as small as five-thousandths of a microvolt (5 billionths of a volt) per centimeter. This is the highest degree of electrical sensitivity in the animal kingdom and is approximately 1000 times more sensitive than an EKG machine! The shark can use this mechanism to detect prey buried beneath the sand or hidden in murky water. Kalmijn has also theorized that navigation by the shark may be assisted by perception of changes in voltage gradients on different compass headings within the earth’s magnetic field.

In underwater refraction it is not necessary to use a contact lens because the cornea is in contact with water, allowing light rays to enter without deviation in the usual physiologic manner. However, suturing of the nictitating membrane still must be done to prevent the eye from closing. Initially, until I became more adept, this was a difficult task for several reasons. The suture material floated free in the water making it difficult to grasp with the needle holder. The head of the shark was in constant motion with each respiration and the angle of the jaw was extremely close to my left hand which held the forceps. My hand was protected by supporting it on the shark’s face, because sudden movement could be perceived by me and my hand could be pushed away, preventing a shark bite. The problem with floating sutures reminded me of the difficulties experienced by astronauts in the weightless environment of space capsules. An additional problem often encountered was when the nictitating membrane would forcibly close and separate the knot before it was secured with a second tie. To solve this problem, I used an alice clamp across the nictitating membrane and lower orbital rim until my knots were completed.
Underwater refractions were made by focusing an ophthalmoscope on the retina and taking the dioptr reading from the scale. I constructed a waterproof plexiglass housing for the ophthalmoscope containing a device which separated the viewing aperture from the light source and extended from the instrument to the inner surface of the viewing port in the housing. This eliminated disturbing reflections which otherwise arose from the inner surface of the housing. The ophthalmoscope was used for underwater measurements because use of the retinoscope, in this situation was not feasible. I have also found the ophthalmoscope to be a more accurate instrument than the retinoscope for refractions through the contact lens with the shark out of water. This is because the tapedal reflex gives a confusing endpoint reading.

One might expect that the vision of pelagic (open water) species would prove superior to the littoral (coastal) varieties which inhabit a generally murkier environment with slower moving prey. The blue sharks, great white sharks, Cuban night sharks, Makos, thresher sharks and other pelagic types which roam the deep waters all have large eyes. The light gathering capability required in feeding at night and at great depth is undoubtedly enhanced by large eyes.

The tapedum lucidum, a layer of reflecting plates in the choroid of elasmobranchs and many other animals which have “eye shine,” probably amplifies the perception of existing light by a factor of two or greater. Pigment granules migrate over these plates during the day in surface species. This does not occur in deeper (benthonic) sharks which must always remain receptive to the minimal light stimuli present at great depths.

Ultralight Aircraft

Of all the various types of equipment and craft we have employed in the project, use of an ultralight aircraft (Wizard model) to survey and census sharks promises to be one of the most effective methods for studying population dynamics. This 150 pound aircraft, a hang glider constructed of aluminum tubes and nylon fabric is powered by a 22-horsepower Go-Kart engine. Although we learned to fly on a model with wheels, our aircraft has floats enabling us to take off and land on the infinite runway—the sea. The low stall speed of approximately 17 miles per hour permits us to fly slowly at a 100 to 200 foot altitudes, adequate for identification of most sharks when water conditions are favorable.

The biggest problem with the “ultralight” was the tedious time-consuming construction necessary every time it was used. The aircraft normally was stored in a package with all components disassembled. Many hours would be required to assemble all the pieces on a beach (much like an erector set toy) and also to disassemble when we concluded each day. To solve this problem I designed a modification which allows us to keep the bottom section intact and join it to the wing and tail sections in separate units. We now can assemble the airplane on the 01-deck of the Oceanographic Research Vessel Cape Florida and place it in the water with a crane. We are then able to take off and land next to the ship, and fly to the worksite several miles away. Use of it now is workable.

The most difficult problem associated with this aircraft has been the insurance and risk-management aspects. While Gruber and I were training in the tomato fields of southern Dade County, the risk-management department was “agonizing” over the unique challenges presented them. The dis-

Dr. Spielman hooks a world-record (over four meters) lemon shark for transport through the water to the research vessel for studies.
torted mental picture, probably enhanced by the movie *Jaws* of a powered hang glider flying over shark-infested waters, created an insurance obstacle. This was overcome only when Dr. Henry King Stanford, the President of the University, interceded on our behalf. He directed the insurance department to develop methods for handling such situations to insure that research would not be obstructed. He fortunately had the imagination to realize the research benefits that would accrue and its minimum risks when compared to other research methods such as scuba diving, etc.

During the past two years we have conducted our work from the new 135-foot coastal zone ORV *Cape Florida*. This vessel is owned by the NSF and administered by the University of Miami. The ship and its crew of nine (the scientific crew numbers 12 in addition to the ship's crew), carries and tends our numerous craft and devices. Almost all tracking, even on the open sea at night, has been carried out with boats no larger than 19 feet. These boats have been able to maneuver sharply thereby avoiding loss of contact with a tricky shark. The previously mentioned airboat has been used exclusively for shallow water work.

We have the equipment and capability necessary for investigating the deep waters of the Gulf Stream and Tongue of the Ocean in the Bahamas as well as the shallows of the flats and the Bahama Bank. Interestingly enough, in some of these remote areas we have encountered species, such as tiger sharks and hammerhead sharks up to 12 feet long, swimming in channels no more than one and a half to two feet in depth coursing between sand bars.

**Capture of Sharks**

Sharks are acquired for investigation by employing various commercial fishing long-line techniques. In this difficult and tedious work we deploy and tend lines sometimes 10 miles long with various floats, buoys, lights, anchors and hooks placed at predetermined intervals and depths.

When a shark is captured for tracking it must be fresh and lively. If it has been on the line too long, the trauma and stress will cause atypical behavior and a spurious tracking pattern will result. Also, many have been eaten by their fellows when allowed to remain too long on the line.

Handling must be performed carefully. The shark must be restrained sufficiently to be workable yet not injured by the process. This requires some degree of practice and experience. In preparation for the eye work-up, we frequently must enter the water and push the shark through the water. This circulates water through the gills and assists in reviving him in a form of underwater CPR.

When revived, we guide him to an underwater operating or examining table which I have welded from one-inch galvanized pipe. The shark is then secured to this table with several nylon straps, allowing us to perform the eye exam in a relatively controlled manner. When the exam is completed, the shark is tagged, released and pushed through the water until he is able to swim away under his own power. If not given the proper impetus through the water, he will usually settle down on the bottom and expire. Occasionally we must anesthetize the shark by pumping tricaine anesthetic into its mouth and through the gills. However, this is usually avoided because of the danger of a lethal overdose.

Although our investigations apply to many species, the lemon shark, *Negaprion brevirostris*, has become our prime shark of study for several rea-
sons. It is an abundant species in the coastal waters of Florida and the Bahamas, and a representative member of a large successful family of sharks, the Carcharhinidae. Most importantly it is able to survive under controlled laboratory conditions in oceanaria and aquaria. It has the ability to pump water actively over its gills making respiration possible in conditions of low-water movement. This may be one important factor responsible for its adaptability to captivity.

Laboratory studies during the past few years have concentrated on the metabolism of the lemon shark and its energy requirements as related to the environment. What are the sources and amounts of energy contributed by the environment? What are the caloric requirements of the shark at various times and conditions? How efficiently is oxygen used and extracted from the water? These subjects as well as food intake, assimilation, digestion, growth and aging are all being studied in the laboratory and related to field studies.

Field Studies

Field studies can be divided into several categories: tagging, tracking using underwater telemetry, environmental monitoring and aerial survey.

Over 1,300 lemon sharks have been measured, catalogued, tagged and released. Recapture of these specimens yields information population size, growth rates, mortality rates and migration.

To study growth rates, for example, tetracycline was injected to mark a ring in the vertebral centrum. When recaptured, this particular ring will fluoresce when examined under ultraviolet light. The number of rings layed down in the interval since the injection are then counted. They may be used as a key to determine the age of other sharks. For example, if it is found that a shark lays down three rings per year, then it could be calculated that any shark with a total of 12 rings would be four years old.

Considerable information has been obtained by tracking. We have found that small lemon sharks tend to refuge in a circumscribed area east of Bimini Bahamas. This finding has been confirmed by our aerial surveys. As their size increases to approximately two meters, they tend to range more widely, leaving the shallow flats for deeper waters of many hundreds of meters. They were equally active during the day and the night, averaging 1.5 kilometers per hour. At dawn and dusk, however, this rate increased to 2.5 kilometers per hour as they made a sustained movement toward the sun. This verified our initial impression from the first track.

Initial tracking of Cuban night sharks in the deep waters of the Gulf Stream has shown a different pattern movement than the lemon shark in response to the position of the sun. These sharks appear to migrate vertically, as do swordfish, approaching the surface waters at night and diving to the darker depths of many hundreds of meters during the day. Additional tracking may verify this behavior in other species of pelagic sharks.

Measurements of environmental factors such as tidal movements, water temperature, salinity, phases of the moon, etc. are integrated with tagging and tracking data. The behavior of the shark in relation to the environment can then be better understood and managed.

Future Projects

In addition to the comprehensive program which has been described, several other projects are under development.

Shark Repellent: A proteinaceous toxic secretion from a Red Sea fish, the Moses sole, has been found to repel sharks. The purified active toxin, pardaxin, which has been isolated from this secretion, is not stable and must be stored in a freeze-dried state. Therefore a search has been underway to synthesize or find a compound with similar qualities which would be more stable and deployable. The surfactant quality of pardaxin (the ability to reduce surface tension of fluids) has led to the theory that industrial detergents may have a similar repelling effect on sharks. Laboratory experiments by Dr. Elihau Zlotkin of Israel, who brought pardaxin to the University of Miami from the Red Sea, and Gruber, indeed have shown several industrial detergents to be considerably more effective than pardaxin. Further testing in the laboratory and at sea will be required before the ultimate repellent is found. The protection of Navy divers and underwater military hardware has the highest priority in the development of such a substance.

Shark Attack — Medical Therapies: In March 1980, Gruber and I made a presentation on the subject of shark attacks to the annual meeting of the Florida Medical Association in Hollywood. We discussed the incidence and circumstances surrounding shark attacks and the medical therapy of the victims. This same approach will be used in a new study of the 10 shark attacks which occurred in Florida waters in 1981. Curiously, this was double the usual incidence for this area.

Great White Shark Investigation: During the past year, we have been planning a trip to the cold waters of Dangerous Reef near Adelaide on the coast of southern Australia. We plan to use all the scientific methods applicable in a unique study of the Great White Shark. Such a complex study of this shark has never been attempted.

The degree of danger which sharks represent must be placed in the proper perspective with other more common accidents and injuries to which we are vulnerable in our daily environment. It could be said that the savage image of the shark, as portrayed and sensationalized in the movie Jaws, has unfairly given the shark “bad press” and he has never been given an opportunity of rebuttal. The emotion of fear, which is appropriate only in rare encounters, should be replaced with a more objective curiosity and fascination of this complex, magnificent creature. It must be realized that the shark is the ultimate survivor having endured approximately 300 million years longer than man. This he has accomplished without coronary bypass operations, lowfat diets, HMO’s and turmoil in the Middle East.

References on file in the Alumni Office
Focus On Eakins

Thomas Eakins and his masterpiece, *The Gross Clinic*, the timeless symbol of Jefferson's purpose and heritage, have been the focal point recently of three major events. The first was the building of a gallery at Jefferson to house the famous painting and other works. The second was the Philadelphia Museum of Art's exhibition *Thomas Eakins: Artist of Philadelphia*. And the third was the coming together in Boston of the alumni from Jefferson and from the University of Pennsylvania School of Medicine, proprietor of Eakins's *The Agnew Clinic*, to celebrate the Philadelphia exhibit's arrival in that city.

The Eakins Gallery was opened and dedicated at Jefferson April 23, with nearly 500 alumni and members of the art community in attendance. Elizabeth Johns, Ph.D., Associate Professor of Art History at the University of Maryland and post-doctoral Fellow at the Smithsonian Institution, was the speaker (see page 21). A nationally recognized authority on Eakins and his work, Dr. Johns spoke on the artist's ambitions and the public's reaction to his paintings.

Located in the former site of the University bookstore on the first floor of Jefferson Alumni Hall, the gallery was completed after many months of planning and research. For years, *The Gross Clinic*, as it was displayed, could barely be seen because of light reflected off its protective shield.

At the dedication ceremony, TJU President Lewis W. Bluemle, Jr., M.D., thanked all who supported the project for their cooperation and financial backing. The contributors include the Connelly Foundation, the William Penn Foundation and the Alumni Association, whose special gift was the handsome entrance gate designed by the Samuel Yellin Metal Works. Plaques mounted in the gallery recognize the benefactors.

The gallery's design was the work of Val Lewton of the Smithsonian Institution. His plans were carried out by Jefferson's own engineers.

Eakins, who had been a part-time anatomy student at Jefferson, completed *The Gross Clinic* in 1875. In the work, Dr. Samuel D. Gross, Jefferson professor for almost 30 years and "the father of modern surgery," demonstrates a surgical procedure for students while the patient's mother sits nearby in anguish. The Alumni Association purchased the painting in 1878 for $200.

Eakins's great work spent only a month in its new gallery before being moved to the Philadelphia Museum of Art. A comprehensive collection of the artist's work, the exhibition filled a number of rooms at the Museum and received considerable attention by the national press as an important and long overdue presentation of the realist. Each major painting was accompanied by the myriad preliminary sketches, ruled drawings and small oils that Eakins painstakingly worked through in order to place exact truths on his final canvases.

In the exhibit's central room, *The Gross Clinic* shared the spotlight with *The Agnew Clinic*. The two were placed on adjacent walls with the artist's studies for each work on the remaining two walls.

*The Gross Clinic* led Victoria Donohoe of *The Philadelphia Inquirer* to say: "The painting gives us an unmistakable impression of the significance of this surgeon's work. Dr. Gross surely looks as august here as Vesalius in search of scientific truth..."

But Avis Berman of the *Saturday Review* perhaps captured Eakins's intent and mastery the best when she wrote: 'Dr. Gross, pausing during the operation to explain the incision he has made to his students observing him from above, is seen as simultaneously a teacher and a surgeon, presiding over life and death. Focusing on this eloquent spot of time gave the painting its tension and urgency, centered in the play-off between Gross's head and hand. The compassion manifest on his face embodies the humanity of science, the fingers wet with blood its routine objectivity.'

Of the two great medical panoramas John Russell of *The New York Times* wrote: "They spell out the alphabet of attention with which grown men address themselves to weighty and often disagreeable tasks. To see them together is a prodigious experience, and one unlikely ever to be repeated."

While the experience may never be repeated, it is being continued in Boston where the exhibit is currently on display. To celebrate this meeting of Eakins's two masterpieces, the alumni of both medical schools met October 2 at the Museum of Fine Arts Boston for a special evening, sharing their common heritage of academic medicine which Eakins captured so vividly.
With a photo of Thomas Eakins behind her, Dr. Johns addresses the Eakins Gallery Dedication audience.
The view of Thomas Eakins focuses primarily on what he tried to achieve, and secondarily on how people reacted to that achievement. For in Eakins’s ambitions we are profoundly instructed.

He shared a great deal with the Jefferson community. Indeed the basic fact of Eakins’s career was his fascination with the human being. He painted during a period when artists across America and throughout Europe devoted their efforts to the landscape. That did not interest Eakins, who painted only one pure landscape in his life. Man, not nature, was the significant part of creation for him. Indeed, with his crisp manner he could well have said what Samuel Johnson made clear in the mid-18th century: “A blade of grass is a blade of grass. My focus of inquiry is the human being.”

Eakins expressed his devotion to the human being with portraits. Portraiture, of course, was not new art form in the late 19th century. Man’s interest in having his physical existence documented dates back millenia. Portraits have always been associated with people of power, though at first the power was political—as in the portraits of emperors on coins in the classical world—and later the power was that of wealth, too—which was the stimulus of many of the portraits of the Renaissance. In the modern world, the portrait came to be associated also with people of intellectual achievement, such as scholars and physicians, and finally, as in the work of Rembrandt, the portrait probed the power of people with unusual spiritual or psychological characteristics. By the 19th century, when Eakins began his career, the portrait could fulfill a wide range of interests that the artist might have: in a handsome face, rich costumes, sumptuous settings, intricate characterization.

The portraits that an artist might paint were distinct from landscapes, still lifes, and scenes of casual activity in a very important way, however: the sitters usually commissioned the paintings. It was not the painter who went to a sitter and said: “I find you to be an important person with an intriguing face. Let me paint you.” No. It was on most occasions, the sitter who proposed—to the best-reputed painter around—“I am an important person. Paint me.” It was a business arrangement. The sitter’s sense of himself placed a limitation on the artist’s vision, one under which the artist chafed.

In Eakins’s period, successful late 19th-century America, portrait-painting was quite an enterprise. Indeed in Europe as well as in America men of power and wealth and various other types of achievement dominated public consciousness, and they commissioned famous portraitists like Sargent, Chase and Bonnat to paint them.

Very few people commissioned Eakins to paint their portraits. However, Eakins had not come home from his European study to wait for commissions. He had decided while he was in Europe that of all the subjects he could paint it was the human being that he would paint. Because of his father’s successful real estate investments, Eakins did not have to paint for an income. Therefore for his portraits, he did the commissioning. He chose the people whose achievements he valued; he chose the men and women who, as his letters and the reminiscences of his widow testify to again and again, “deserved to be remembered.” In contrast to the sitters of other portraitists of his era, Thomas Eakins’s sitters are almost all Philadelphians.

He had written home from Paris in 1868, “I am proud to be a Philadelphian.” And Eakins’s participation in Philadelphia life was astonishingly broad. There was hardly a corner of human endeavor in Philadelphia that Eakins didn’t observe and evaluate. Occasionally people did buy the paintings; sometimes institutions did commission portraits from Eakins. When such happened, Eakins was of course delighted. He wanted a place in his community. But he was also a man who trusted his judgment rather than the judgment of those who thought less deeply and less carefully than he. To earn commissions, to sell paintings, was not his fundamental objective. His life work was to make a record of the best people of his city, from his own
A gift from the Alumni Association, the entrance gate to the Eakins Gallery allows The Gross Clinic to be seen even when the gallery is closed.
The paintings that are at Jefferson represent, then, some of the choices that Eakins made as to who in Philadelphia life was worth remembering. How much more valuable that makes them. How much more significant it is that Dr. John H. Brinton, Dr. Daniel G. Brinton, Dr. William Thomson, Dr. James W. Holland, Dr. B. Howard Rand, Dr. William Smith Forbes, Dr. Jacob M. Da Costa, Dr. Edward J. Nolan, and Dr. Samuel D. Gross—these men and other members of the Jefferson community—were singled out by this powerfully intelligent, independent man as deserving of remembrance.

Let us examine for a moment Eakins's criteria of intellectual power. Eakins learned his criteria in Philadelphia, partly in his education at Central High School, and to a much greater degree in his study at Jefferson Medical College and his association throughout his life with many of the Jefferson community. For these people the admirable person was both "modern" and "heroic." The century was one of amazing progress in all fields, progress which presented challenges that men had never faced before. Eakins and these men, his colleagues, insisted that the modern individual not only gather in the new knowledge, but act with the full advantage of it. The modern individual, they believed, put into action a heroism available to every person, regardless of his birth: a heroism of hard work and self-discipline, of the proper subordination of technical skill to broad human ends, of courtesy of the human spirit, and reverence for the transcendent. These ideals shaped the introductory and valedictory lectures at Jefferson of Dr. Rand, Dr. Gross, the writings of Dr. Brinton, Dr. DaCosta, Dr. Holland: the intellectual ancestors of Jefferson.

Eakins's richest portrait of modernity and heroism, his masterpiece, is The Gross Clinic. We see the painting as a complex scene; the very title for it reveals our approach. Eakins, however, called the painting The Portrait of Professor Gross; in his scheme, while the Jefferson setting and the surgery in progress defined Gross's modernity and his heroism, Gross himself was the subject. Eakins shows us the ideals which guided Gross: that heroic action has an intellectual and a practical dimension, that individual heroism, however strong, flourishes in a supportive community, and that the hero has an obligation to lead that community, by example and by instruction. One of the most significant aspects of the picture involves another ideal of Dr. Gross, perhaps the most significant of all; that is the role of technical virtuosity, or let us say Dr. Gross's subordination of it.

For a reading of Gross's own writings and of the reports of his surgical clinics published in contemporary medical journals reveals that the type of surgery Eakins pictured here (treatment for osteomyelitis by removing the necrosed part of the bone) was a modest undertaking. But while it was not dramatic or life-threatening as were other surgical interventions including amputations, it was evidence of a new attitude toward surgical intervention that had arisen, as Dr. Gross wrote, barely three decades earlier. It was called conservative surgery, in which surgeons forestalled intervention until with the aid of new methods in pathology they had thoroughly assessed the probable course of nature. The conservative treatment of osteomyelitis required a long-term commitment to the care of the patient.
Clinic reports show that Gross saw some youngsters suffering from osteomyelitis over a period of 18 months, while he waited for the dead bone to separate from the shaft so that he could remove it. After the removal, of course, the healthy bone would generate new tissue and the limb regain its function. The subdued nature of the surgery in the painting enforces Gross's dictum about student behavior in the amphitheatre: insisting that surgery was no dramatic spectacle, Gross forbade applause, even talking, in his surgical clinics, and called for an attitude of reverence appropriate to a temple of healing. Despite the relative simplicity of the surgical procedure in this painting—the details of which Eakins made absolutely clear so that his audience would get the point—the drama of such surgery was real and profound: as a treatment for osteomyelitis, the removal of necrosed bone had of course replaced amputation. Because it was a time-consuming course, not every surgeon chose it. But because Dr. Gross did, putting aside the virtuosity of a quick amputation in order to assist the body to heal itself, the young man on Gross's operating table did not have to go through life with a stump. In such a decision, Gross believed, lay the real heroism of his own and of the best of modern surgery.

As The Gross Clinic reminds us, Eakins's paintings occasionally disturbed, even outraged some of his audience. Although Eakins's portraits of people in the context of their work generally attracted the admiration of the initiated—and this was eminently true of The Gross Clinic—many of his portraits in the simple bust format were "panned." They upset sitters, husbands and wives and descendants. That was not because there was anything wrong in Eakins's criteria in his choice of sitters. His was truly a gallery of eminent men and women—more specifically, of eminent Philadelphians. The difficulty was that people associated portraits with flattery. Sitters expected that they would be shown as powerful in some obvious way, as extraordinary, even as just attractive. They did not expect their humanity to be analyzed with clear-headed criteria that Eakins learned at Jefferson.

For fundamentally there are two aspects of every Eakins portrait: the first, is that he chose a sitter who
"deserved to be remembered" for some achievement that he honored. The second aspect of Eakins's portrait was its analytic quality. And by that I mean Eakins's tendency to make apparent the basic principles of being a physical creature. He did not consider these basic principles to exist in an attractive face or rich costume, elegant gesture, or self-confident posture. Man's basic principle of existence as Eakins saw it was that underneath heroic action—whether in athletics or music or surgery—he perseveres, he ages. In studying surgical anatomy at Jefferson, under Dr. Pancoast, Eakins learned his lesson well: "Don't stop at the surface; read back and forth between the surface and the underlying structure—each informs the other." In painting his human achievers Eakins was never able to stop at surfaces: with each brush stroke he implied the relationship between what he saw and what was underneath—hidden, but just as real. Eakins reduced eminent men and women to what they all knew was beneath the public face and the dash—a vulnerable, fragile physical being. That is a terrifying vision; people resisted it emphatically. For us, the vision testifies to the modernity and, more profoundly, to the heroism of the artist himself.

Could there be a vision more appropriate to our own times of progress, more dizzying that Dr. Gross or Eakins could have imagined? Could there be more appropriate custodians of Eakins's paintings than you here who see so clearly beneath the well-tailored costume and self-confident expression to the physical Everyman that is each one of us?

Although museum curators and art historians often doubt that any painting should be kept elsewhere than in a museum, no one can dispute that at Jefferson Eakins's paintings have a continuing life amidst the heritage and aspiration that inspired Eakins to paint them. Museums are full of icons removed from their altars and viewed matter-of-factly by audiences totally unaware of their original function. Here, Dr. Rand and Dr. Forbes and, most profoundly, Dr. Gross, men of discipline, broad in spirit, privy to the darkness in the conditions of life and devoted to bringing light into that darkness, live on in a context of like human aspiration.

A long view of the Eakins Gallery shows The Gross Clinic in the central location and Eakins's portrait of Professor Benjamin Rand on the north wall. The south wall holds Eakins's portrait of Professor Forbes. In its previous location, The Gross Clinic suffered from poor lighting, rendering it almost invisible behind its protective shield. The work now enjoys a setting of proper lighting and atmospheric control.
Eakins, Penn and Jefferson in Boston

The Alumni Associations of Jefferson Medical College and The University of Pennsylvania School of Medicine invite you to a reception and private viewing of an exhibition.

Thomás Eakins
Artist of Philadelphia
Saturday, October 2, 1982
from six to eight o'clock
The Museum of Fine Arts, Boston
West Wing Entrance

On Saturday, October 2, a unique alumni program was held in the handsome new wing of the Boston Museum of Fine Arts as some 200 Jefferson and Penn alumni with guests gathered for a private viewing of the Eakins exhibition. The Deans of both medical schools, (at left) Edward J. Stemmler, M.D., and Leah M. Lowenstein, M.D., D.Phil., were on hand to greet members of their respective constituencies. The red and blue, and black and blue banners of the two schools swung from the second floor balcony where the show was displayed.

Photos by Bradford F. Herzog
F. William Sunderman, M.D., (with the Dean) and his family of Farmington, Connecticut, at the exhibition and reception.

Howard M. Oliver, M.D. ’44, a pathologist from Keene, New Hampshire, enjoyed both the exhibition and the opportunity to meet Jefferson’s new Dean.

Jefferson’s Gross Clinic, proclaimed the star of the show, was hung with Penn’s Agnew Clinic in a room with natural skylights.

Dr. and Mrs. Sidney Koretsky ’46 of Brookline, congratulate the Dean at the champagne reception following the exhibition.

Carol Troyen, (right) curator at the Museum and an authority on Eakins, spoke to guests in the Agnew/Gross room at the exhibition.

Robert J. Mandle, Ph.D., Professor of Microbiology at Jefferson and Chairman of the University’s Committee on Art, chats with his son and daughter-in-law; Dr. and Mrs. Mandle, Jr.
1916
John E. Loftus, Rest Haven, 9209 Ridge Ave., Philadelphia, visited Jefferson in May, when he had lunch in the Faculty Club and tour of Alumni Hall. Dr. Loftus said he greatly enjoyed seeing the new facilities and couldn’t believe the changes on the Jefferson campus.

1932
Reginald A. Allen, 297 Waterman St., Providence, R.I., writes that he is still practicing pediatrics full-time. “It keeps you thinking young!”

1933
John J. Schaub, 159 Mt. Tam Ct., Martinez, Ca., writes that he is enjoying golf and gardening in sunny California, but misses the East as well.

1935
Mario H. Assante, 133 Merion Ave., Narberth, Pa., was honored earlier this year by his patients on the occasion of his retirement. His 350 patients gave the Clementon, New Jersey, physician a dinner at Lucien’s Old Tavern to thank him for his 33 years of patient care. Currently, he is residing with his sister in Narberth.

1937
Robert S. Garber was honored June 4 at ceremonies at the Carrier Foundation in Belle Meade, New Jersey, where he served as Medical Director from 1958 to 1973. Currently he is Senior Consultant and Vice Chairman of the Board of Directors of the Carrier Foundation. During the ceremony, a portrait was unveiled of the physician which will hang in the “Robert S. Garber Medical Arts Building.” A reception and dinner followed. Dr. Garber is a Diplomate of the American Board of Psychiatry and Neurology and a Fellow of the American Psychiatric Association of which he was President in 1970.

1938
Henry S. Price, Rt. 1 SCL B-3, Bushnell, Fl., has been Chief Health Officer of the Sumpter Correctional Institution for the last four years.

1939
William L. White, 3500 Fifth Ave., Pittsburgh, a former Chief of Plastic Surgery, plans to retire the first of the year.

1940
Michael E. Treat, 1530 Chestnut St., Philadelphia, writes that his son, Michael R. ’76 just completed a five-year residency at Columbia Presbyterian Hospital, where for the last year he was Chief Resident in Surgery. Columbia recently awarded the younger Dr. Treat the Blakemore Prize (surgical residents) for best work in surgical research. He plans to remain at Columbia doing research surgery and teaching.

1941
Paul J. Poinsard, 2123 Delancey St., Philadelphia, Pa., was mistakenly identified in the summer issue of JAB. His correct title is Emeritus Professor of Psychiatry and Human Behavior. Apologies to the Professor. Dr. Poinsard has been elected President of the Pfahler Foundation of the Philadelphia County Medical Society. The Foundation is a philanthropic organization dedicated to educating physicians and the public in health-related matters.

1943
Winslow J. Borkowski, 1324 Red Rambler Rd., Jenkintown, Pa., writes that son, Winslow Jr., ’75 is an Assistant Professor of Pediatric Neurology at the University of Nebraska and daughter, Teresa, has begun her sophomore year at Jefferson.

Edwin J. Levy, 465 Wyngate Rd., Wynnewood, Pa., has been promoted to Clinical Professor of Dermatology at the University of Pennsylvania School of Medicine.

1948
Robert L. Gatski, 310 E. Market St., Danville, Pa., has been appointed Chairman of the Danville Area Board of Commonwealth Bank. From 1955 to 1973, Dr. Gatski was Superintendent of the Danville State Hospital. Currently, he is part-time Medical Director of the Montour Community Counseling Service.

C. Jules Rominger, 320 Strathmore Dr., Rosemont, Pa., has received the 1982 National Bronze Medal from the American Cancer Society (Philadelphia Division, Inc.) for his “outstanding contributions to cancer control.” The award was to be presented at the Society’s Annual Volunteer Awards Dinner at the Bellevue Stratford Hotel in Philadelphia.

Raymond E. Silk, 255 S. 17th St., Philadelphia, has been named Co-Director of the Philadelphia Industrial Trauma Center, a medical facility at Episcopal Hospital, specializing in the treatment of patients with serious or multiple injuries resulting from indus-
The Bland Bequest

Jefferson again has become the recipient of a large and important gift from a distinguished and notable alumnus, Pascal Brooke Bland, M.D., class of 1901. Well over one million dollars has been received from his estate for the establishment of research fellowships in the Department of Obstetrics and Gynecology.

James H. Lee, Jr., M.D. '45, Chairman of the Department, said: “This will be a tremendous asset to the Department in that it will provide much needed support for our Fellowship Programs and provide a means for broadening the research programs. We are tremendously excited by the opportunities that this award opens for us.”

Dr. Bland served as Chairman of the Department from 1925 to 1937. During that time, he used his unexcelled executive ability to mold the department into one of the finest in the Medical College. His colleagues esteemed him as teacher, clinician and author. In the latter role, he published Textbook on Gynecology, Medical and Surgical, Third Edition, and Textbook on Obstetrics for Students and Practitioner, Third Edition.

At the time of his death in 1940, Dr. Bland left the bulk of his estate in trust to benefit his heirs, immediately, and Jefferson Medical College, subsequently. The College also received his personal collection of ancient and modern writings, considered to be among the most valuable in the country. The Bland Collection is housed on the third floor of the Scott Memorial Library.

1950

James R. Hodge, 295 Pembroke Rd., Akron, Oh., has been named Professor and Chairman of the Council (Department) of Psychiatry of the Northeastern Ohio Universities College of Medicine. Dr. Hodge will continue as Chairman of the Department of Psychiatry at Akron City Hospital.

1951

Herbert C. Mansmann, Jr., Professor of Pediatrics and Associate Professor of Medicine at Jefferson, has been elected first Vice President of the Association for the Care of Asthma, Inc. Dr. Mansmann is Director of the Division of Allergy and Clinical Immunology as well as the Pediatric Pulmonary Program at Jeff. He is also Director of the Allergy and Pulmonary Disease Program at Children’s Heart Hospital.

1952

Edward P. Chappen, 476 Hamilton Ave., Trenton, N.J., has become board-certified by the American Board of Psychiatry and Neurology and has been named a Diplomate of the Board.

Leo C. Partyka, Berwick Heights, Berwick, Pa., retired as a U.S. Air Force Colonel in 1971. Since then, he has been a surveyor for the Joint Commission on Accreditation of Hospitals, a Surgical Consultant for the State of California, and Chief Medical Officer of the Armed Forces Exam Station.

Dr. Partyka retired for the third time last December, moving from Palm Springs to Pennsylvania. He has moved again to Leesburg, Florida, but is maintaining his Pennsylvania address for the time being.

Alvin H. Smith, 1038 Millroad Ci., Rydal, Pa., has been practicing ophthalmology in Bucks County and Philadelphia, specializing in implant surgery. Dr. Smith has been an attending or chief in five area hospitals and is a general partner and President of Fairway-Smith Development Company. Dr. Smith’s eldest son is a lawyer living in California, his daughter is with the ABC Today Show and his youngest son was planning to enter law school.

1955

Francis J. Curran, Jr., 93 Wamsutta Rd., Attleboro, Ma., Director of Pulmonary Rehabilitation at Lakeville Hospital Rehabilitation Center, has had an article published in “Archives of Physical Medicine and Rehabilitation” dealing with the night ventilation of muscular dystrophy patients in chronic respiratory failure. Dr. Curran also has received a grant from the Muscular Dystrophy Association to continue the work at Lakeville on the development of a portable body respirator.

1956

Thomas G. Davis, Jr., 308 Valley Pl., Radnor, Pa., Vice President and Medical Director of Smith Kline and French Laboratories, was appointed Chairman of the Ursinus Business Economics Council by Ursinus College’s Board of Directors. Dr. Davis is a 1952 graduate of Ursinus.

Paul E. Frank, 331 North York Rd., Hatboro, Pa., has been appointed Chief of Ophthalmology at Abington Memorial Hospital. Dr. Frank has served as past President of the Ophthalmic Club of Philadelphia and of the Inter-County Ophthalmologic Society.
1957
George F. Unger, 1060 Longwood Ave., Elm Grove, Wi., has been elected a Fellow of the American College of Radiology. Dr. Unger is affiliated with the Medical College of Wisconsin and the Milwaukee County Medical Complex.

1958
Michael J. Aronica, 1609 Jefferson Ave., Dunmore, Pa., has been named Vice President for Medical Services at Allied Services for the Handicapped in Scranton, Pennsylvania. Dr. Aronica has served as Medical Director for Allied since 1965.

Farrell R. Crouse, Cedar Ln., R.D. #3, Woodstown, N.J., writes that he is enjoying country living and sends best regards to his classmates. Farrell Jr. starts pre-med at Bucknell University this fall.

Bertram D. Hurowitz, 2990 U.S. Route 1, Lawrenceville, N.J., has been elected Secretary of the Medical Staff of Mercer Medical Center. Dr. Hurowitz is certified by the American Board of Internal Medicine in the subspecialty of rheumatology.

1960
Myron E. Rosenfeld, 7900 Old York Rd., Elkins Park, Pa., writes "my son, Edward, who currently is a senior at Ursinus College, has been accepted into the class of 1987 at Jefferson."

Walter K.W. Young, 1380 Lusitana St., Honolulu, writes that his son graduated from the same high school this year as the daughter of classmate Edward B. Lipp.

1961
Joseph J. Cirotti, 836 Tennis Ave., Ambler, Pa., is practicing pediatrics in Horsham, Pennsylvania, and is on the staff at Abington Memorial Hospital. Dr. Cirotti and his wife, Ethel, have five children.

Ernest J. Montgomery, 1216 Minnesota Ave., Natrona Heights, Pa., a general surgeon, has been elected President of the Surgical Staff of Allegheny Valley Hospital in Natrona Heights.

1962
John P. Capelli, 312 S. Hinchman Ave., Haddonfield, N.J., was appointed to a Special Advisory Committee to Congressman Charles B. Rangel, Chairman, Subcommittee on Oversight, Committee on Ways and Means, for the development of policy recommendations regarding implementation of the federal Medicare end-stage renal disease program under P.L. 97-35. He is Clinical Professor of Medicine and Assistant Professor of Pharmacology at Jefferson.

William V. Harrer, 241 Kings Hwy., Haddonfield, N.J., has been elected to a two-year term as President of the New Jersey Society of Pathologists. He is Director of Laboratories at Our Lady of Lourdes Hospital in Camden and is an Associate Professor of Pathology at Jefferson.

1963
E. Donald Kotchick, Braewood Rd., RD #3, Dalton, Pa., has a family practice with Eugene G. Stec, '54. Dr. Kotchick and his wife had their sixth child and second daughter in December, 1979.

Arthur D. Magilner, 1251 Fairacres Rd., Jenkintown, Pa., has been elected a Fellow of the American College of Radiology. Dr. Magilner is affiliated with the Albert Einstein Medical Center in Philadelphia.

Michael J. Pitt, 3342 Calle de Beso, Tucson, Az., has been selected for Fellowship in the American College of Radiology. Dr. Pitt is affiliated with the University of Arizona Health Sciences Center and the Veterans Administration Medical Center in Tucson.

1965
Bruce W. Weissman, 333 Arthur Godfrey Rd., Miami Beach, has been elected Vice President of the Dade County Medical Association. He is a Fellow of the American College of Surgeons.

1966
Robert C. Timmons, 4010 State St., Erie, Pa., has been elected a Fellow of the American College of Physicians. Dr. Timmons is Chairman of the Department of Medicine at Hamot Medical Center and is also Director of Medical Education there.

1967
D. Leslie Adams, 49 Golfview Rd., Camp Hill, Pa., and his wife, Carol, ran their first marathon this year and look forward to many more.

David H. Miller, 9 Old Windy Bush Rd., New Hope, Pa., has been elected President of the medical staff at Warminster General Hospital. Dr. Miller is an ophthalmologist.

Matthew White, 3903 26th Ave., Ct. N.W., Gig Harbor, Wa., has been living there for one year and is on the staff at Lakewood General Hospital in Tacoma. Dr. White has been in private practice for the last four years.

Melvyn A. Wolf, a Diplomat of the American Board of Ophthalmology, has relocated his office to Gwynedd Plaza 11 in Spring House, Pennsylvania.

1969
Carol B. Hersh, 1346 S. Greenway Dr., Coral Gables, Fl., has recently moved to this address. Dr. Hersh, a pediatrician, and her husband, Robert (Bowman Gray '69), an Associate Professor
of Epidemiology and Pediatrics at the University of Miami Medical Center, work in both major training institutions in Miami.

1970

Richard H. Charney, 3829 Meyer Ln., Hatboro, Pa., was honored by Cinekyd Enterprises, Inc., for his involvement with the non-profit organization in Willow Grove which trains children in the communications arts. A new commons area will be named Charney Court. Dr. Charney is a urologist who is associated with Warminster General Hospital and Albert Einstein Medical Center.

Sarah S. Long, 1200 Rose Glen Rd., Gladwyne, Pa., Chief of the Infectious Diseases Section at St. Christopher’s Hospital for Children, has been given the “Golden Apple Award” by junior and senior students at the Temple University School of Medicine. The annual award is presented in recognition of outstanding teaching ability by a member of the faculty.

J. Michael Shovlin, 55 Laurel St., Carbondale, Pa., has been elected President of the medical staff at St. Joseph’s Hospital there. A psychiatrist, Dr. Shovlin is Medical Director of the Northeast Tri-County Mental Health Mental Retardation Center.

1971

Gertrude B. Brundage, 115 Old Short Hill Rd., West Orange, N.J., has been elected Vice President of the staff at the Hospital Center at Orange. She is an Associate Attending in the Department of Pediatrics.

Robert B. Falk, Jr., 1025 Marietta Ave., Lancaster, Pa., continues to enjoy his anesthesia practice with Anesthesia Associates of Lancaster, which provides care at the Lancaster General Hospital.

1972

Anthony M. Nespoli has opened an office for the practice of general medicine at 16 North Market Street in Sunbury, Pennsylvania.

1973

Arthur W. Colbourn, 2820 Kennedy Rd., Wilmington, De., has been elected Papal Honor

At a colorful ceremony August 8 at the Cathedral of Saints Peter and Paul in Philadelphia John J. Dowling, M.D. ’47 was made a Knight of the Order of Saint Gregory the Great. His Eminence, John Cardinal Krol, conferred the documents and medals at the four o’clock Pontifical Concelebrated Mass.

The secular order of merit is conferred on persons who are distinguished for personal character and have a reputation for notable accomplishments. Dr. Dowling, who is Clinical Professor of Orthopaedic Surgery at Jefferson and Chief of Orthopaedics at Lankenau Hospital, was cited particularly for his 20 years of volunteer medical service to St. Edmonds Home for Crippled Children in Rosemont.

Recommendation for this honor is made by the Cardinal to the Pope.

The Jefferson Connection

On a flight to Philadelphia from his home in Honolulu, Gordon Liu, M.D. ’48, was asked to see a passenger who had become ill. Responding to the hostess’s request, he examined a young man by the name of Brad Carter. Carter had been snorkling prior to his flight and was suffering from the effects of flying too soon afterwards. Upon further discussion, Dr. Liu learned that his patient was headed for Philadelphia and his freshman year at Jefferson. Not only did the alumnus discover a future alumnus, but also found that Brad’s father is Thomas L. Carter, M.D. ’56, a radiologist in San Diego, and that his brother, Tom, Jr., is a junior in the Medical College.

Upon arrival at Jefferson, Dr. Liu visited Samuel S. Conly, M.D. ’44, Director of Admissions, who handed him a letter about to be mailed to Hawaii. The letter read: “It gives me great pleasure to advise you that your son, Jeffrey, has been offered acceptance into the 1983 first-year class.”

Fact or Fiction?

Deep in Robert Ludlum’s latest best seller, The Parsifal Mosaic, is a reference (p. 496) to the theft of a library’s copy of the 1971 JMC Clinic. The theft was carried out by no one less than a Philadelphia-based FBI agent. This dastardly act was perpetrated to locate a picture of one Colin Shippers, M.D. ’71. We wish now to reassure everyone that the theft was as much a piece of fiction as Dr. Shippers. Our copy of the 1971 Clinic shows no such individual as Shippers. But we will have to read the book to find out if he is a hero or a villain. Ludlum didn’t give the name of Scott Memorial Library, but he did specify Jefferson Medical College. One wonders if most national readers will know that Jefferson, at least, is non-fictional.

John A. Timour
University Librarian
For a connoisseur of wine, the ultimate satisfaction must be seeing one's own label on a bottle of wine. Thomas Jefferson reportedly was a wine maker whose bottles sported the personal label, "T.J." So in the spirit of his alma mater's namesake, Thomas S. Mebane III, M.D., '71 of Centre Hall, Pennsylvania, is now looking at his own label on his own bottles of wine.

With wife and co-proprietor, Marina, Dr. Mebane began producing wine in 1980 from his Nittany Valley Winery. Established in a former ice cream plant, the winery is a family project with in-laws, parents and children all lending a hand. Marina's father, Frank R. Johns, a retired engineer, is the vintner.

While Dr. Mebane's enjoyment of wine dates back to his days as a medical student, his interest in wine production is fairly recent. He lives in an old country house and had always thought it would be fun to plant grape vines and to make wine. After talking with people in the business, he knew he wanted his own winery.

The Mebanes' busy first year of wine making included the complete renovation and conversion of the old ice cream plant, which had stood unused for years, into a winery with an attractive shop in front. Located in the heart of the Penn State Lions' country, the winery offers three wines named in honor of the team: Larmes du Lion (tears of the lion), a semi-dry white; Ris du Lion (laugh of the lion), a semi-dry rosé; Coeur du Lion (heart of the lion), a semi-sweet red. The Mebanes also produce two dry whites, Seyval Blanc and Ravat, three dry, oak-aged reds, Baco Noir, Chancellor and De Chaunac, and an Apple Wine.

Seven thousand gallons of wine (35,000 bottles) were produced during that first year. In August of 1981, after the winery had been open to the public just over a month, Dr. Mebane had sold more than 500 gallons and hoped eventually to sell 1,000 gallons of wine each month.

The Mebanes estimate they have an average of 100 visitors a day. This large number, however, is not necessarily reflected in sales, Dr. Mebane warns. "A group of six may purchase only one bottle, or an individual may buy a whole case. It's unpredictable. But for now,
that is fine. We let everyone taste and new people are coming in all the time. Eventually people in the area will come in because they know we are here and they like the wines.’

Dr. Mebane’s active obstetrics and gynecology practice makes it necessary for him to leave much of the winery’s daily management to his wife. Marina, a pretty, petite brunette, has a sincere and friendly manner. Standing behind the bar in her shop, she pours glasses of wine for customers to taste, and answers questions patiently. She enjoys the relaxed conversation with the visitors and welcomes the break from her sometimes hectic role as mother to two toddlers, a year apart.

If satisfied customers returning to purchase second and third cases is indicative of the winery’s success, then the Mebanes’ first year of production was indeed a good one. However, though they gleaned as much as they could prior to making their first wines, the process has been full of learning experiences. “We thought the cold stabilization which occurs in the middle of winter would cause our acid levels to fall into a desirable range,” Dr. Mebane remembers, “but we discovered in the spring that this was not the case, so we then had to take steps to lower the acidity.”

The Mebanes also discovered that filtering was not enough to clarify the wine. It has to be fined, a process which requires adding a precipitating agent to the wine. Particles cling to the agent and then settle to the bottom of the barrel, allowing the clarified wine to be drawn off.

“We did not make any major errors in management,” Dr. Mebane says, “but we plan to schedule things differently from now on. We were feeling our way and didn’t want to make any mistakes. Thus, we did not mind delaying. As we get more experience, we hope to streamline the operation and reduce the amount of labor time.”

The quality of a wine, Dr. Mebane points out, is dependent upon the quality of the grapes used. In Pennsylvania, a 1968 winery act stipulates that wineries selling out of their premises may use only grapes grown in the state. Thus the Mebanes use only Pennsylvania grapes, French-American hybrids, in their wines. “The wine the hybrids produce has European characteristics. The grapes come from Italian, German and largely French parentage,” Dr. Mebane says.

The types of grapes available to Dr. Mebane vary. “Some of our grapes last year were hand-picked,” he says, “others had been mechanically harvested. We even bought some juice.” Dr. Mebane tests the wine at various stages in a small laboratory situated between the wine shop and the winery. “There are a lot of market pressures. For example, a grape grower may be faced with harvesting a vineyard full of grapes that are not very desirable and hence bring a very low price. Through pruning and vineyard management, he can produce a tremendous amount of grapes. But the quality will be diluted. Thus, it is better if a winemaker has control of the vineyard,” he says.

Ultimately, the Mebanes would like to have their own vineyard so that they can control the quality of grapes used in their wines. “We can only go so far by relying on someone else to produce the grapes. If we are going to be serious about our wines and intend to produce products with class and distinction, by sheer necessity we must take control of the vineyard.”

Though they have no experience with grape growing, the Mebanes say they are determined to learn with the help of experienced growers. “It is a matter of caring and having the right controls, but we are quite a long way from reaching that point,” Dr. Mebane says. “I don’t expect to be in a position to have a vineyard for a few more years.” He explains that even after acquiring the vineyard, it takes at least three or four years to determine its potential.

Before venturing into the area of grape growing, Dr. Mebane plans to research locations of the best soil and climatic conditions. “We would be willing to put a vineyard anywhere in the state, where conditions are favorable. The southeastern region would probably be good, but this is something we have yet to discover,” he says.

While the Mebanes would prefer to keep their business on a small scale, producing premium wines, they would eventually like to produce “the best champagne in the East.” Says Dr. Mebane, “There are not that many great champagnes coming out of the East right now, so the market is open. Champagne production would be rewarding for a small winery like ours.”

The wines of the Nittany Valley Winery have been selling for a relatively low price, between $3.00 and $5.50 a bottle. “It would be of no advantage to us sell our wines for $4.50 or $5.00 a bottle, which is commonplace,” Dr. Mebane explains, “because people are not willing to pay that much initially. We have tried to price the wines competitively, on the low side, to encourage people to try it.”

Dr. Mebane predicts his prices will go up next year, “as they will everywhere, because grape prices will be going up.” He notes that white wine is generally more expensive because white grapes are more costly and white wines are the most popular nationally. Over half of the wines consumed in the United States are white, a far higher percentage than the rosés and reds. “But a dry red wine has a great deal of complexity to it. With a certain degree of knowledge, it can be infinitely more rewarding and enjoyable than other wines,” Dr. Mebane asserts.

The Pennsylvania proprietor is confident that in time, the United States will match Europe in wine sales. He cites Riumite’s sale of over nine million cases of wine in 1980. “Riumite is not only doing very well for itself, but is helping the entire industry. People who try it and like it will branch out into other wines. There is a general camaraderie among all wine producers. Of course there is competition, but it would not do any good for us to open a shop and produce a poor wine because it would reflect on the industry as a whole.”

He views the business both as a type of security for his family and as an alternative to medical practice. The winery is not yet a profitable enterprise, but Dr. Mebane and his wife derive a great deal of enjoyment from their efforts.

“In many senses, it’s easier having a whole winery than it would be to make wine on a small scale,” he says. “It’s tough for an amateur in his basement to make wine because he does not have the filtering equipment and the laboratory facilities that we have here. He has very little control, and his winemaking is largely a serendipitous experience.”

Proudly pointing to his very first bottle, which holds a place of honor on the end of the bar, Dr. Mebane remarks, “I’ve gotten a tremendous amount of satisfaction out of it. We have put in many long hours here, but I accept it as a challenge.”

E. R.
to Fellowship in the American College of Physicians. A specialist in cardiology, Dr. Colbourn is on the staff of Wilmington Medical Center and St. Francis Hospital.


Laurence J. Miller, 600 Fourth St. S.W., Rochester, Minn., has been elected a Fellow of the American College of Physicians. A specialist in gastroenterology, he is serving on the staff of the Mayo Clinic in Rochester.

1974

Mitchell M. Greenspan, 27 Sunnybrook Dr., New Britain, Pa., has been named a Fellow of the American College of Physicians. A cardiologist, he is on the staff of Grand View Hospital.

Robert E. Hobbs, 4323 Baintree Rd., University Heights, Ohio, received the 1982 "Distinguished Teacher" award from the Cleveland Clinic Foundation. Dr. Hobbs is a member of the Department of Cardiology at the Cleveland Clinic.

Anna Webers Sasaki, 244 Kells Ave., Newark, Del., has been awarded a Doctor of Philosophy degree from the University of Delaware. The title of her dissertation is "The Kinetics and Morphology of Fluid Endocytosis in Isolated Rat Hepatocytes."

Barry S. Stein, 94 Woodbine Wy., Plymouth Meeting, Pa., has been appointed Director of Oncology in the Department of Urology at Temple University Health Sciences Center. He is an Assistant Professor and Director of the Urology Research Laboratory there. Dr. Stein's research focuses on the field of urologic oncology in the areas of bladder and prostatic cancer.

A Diplomat of the American Board of Urology, he has won the Gilson Colby English Surgical Intern Award and the Eton Award of the Philadelphia Urological Society.

1975

Winslow J. Borkowski, Jr., is an Assistant Professor of Pediatric Neurology at the University of Nebraska. Dr. Borkowski's sister, Teresa, has begun her sophomore year at Jefferson.

Mark M. Dembert, 68 Cold Spring St., New Haven, Conn., is a second-year resident in preventive medicine and an MPH candidate in infectious disease epidemiology at Yale University School of Medicine. Following completion of his work at Yale, he looks forward to a Far East assignment in the navy. He married a Bucknell classmate, Jane LeBars, last June. A Fellow of the American Academy of Family Physicians, he is working on his 21st publication. He writes "training for my first marathon."

John H. Doherty, Jr., 206 Glenburn Rd., Clarks Green, Pa., has been certified by the American Board of Orthopaedic Surgery. He is associated with Mercer, Moses Taylor, Scranton State General and Mid-Valley Hospitals and the Community Medical Center. Dr. Doherty is in practice with Gerald A. Gryczko '63 and Samuel R. Todaro at the General Services Building on Jefferson Avenue.

Barbara Gibson, 56 Webster St., Hartford, Conn., began a two-year residency in laboratory medicine at the University of Connecticut Health Center in July.

Jonathan and Marilyn Kay, 390 Bunker Hill Dr., Brookfield, Wis., write that Jonathan is now Co-Director of the surgical intensive care unit at Froedtert Hospital and Assistant Professor in the Department of Anesthesiology at the Medical College of Wisconsin. Marilyn is a neuro ophthalmologist at the Eye Institute and Chief of Ophthalmology at the VA Center in Wood, Wisconsin, as well as an Assistant Professor in the Department of Ophthalmology at the Medical College of Wisconsin.

William J. Kitei, 65 E. Elizabeth Ave., Bethlehem, Pa., is enjoying practicing ophthalmology with Arnold F. Traupman '73. Dr. Kitei was board-certified last year in ophthalmology. His wife, Susan, graduated from Hahnemann Medical College in June.

James E. McGeary, 115 Pamela Dr., Warren, Pa., his wife, Shelly, and two-year-old Katie announce the arrival of Peter James. Dr. McGeary has a group family practice with classmate Stephen C. Mory.

John M. McGowan, RD #2, Fountain Grove Rd., Glen Gardner, N.J., announces the birth of a son, Christopher Eric, in March. Christopher's brother, Johnny, is 3.

Fred H. Miller, 2000 Shore Rd., Linwood, N.J., and his wife announce the birth of Rose Patrice, who arrived in May. The proud father writes: "Although I may be prejudiced, she's the most beautiful thing you ever laid your eyes on!"

Donald L. Myers, 1500 Locust St., Philadelphia, has been named an Instructor in Radiology at Jefferson.

Paul A. Piccini, 1730 E. Broad St., Hazelton, Pa., has been elected to Fellowship in the American College of Cardiology. He is in private practice in Hazelton.

Bradley D. Wong, 3783 Lurline Dr., Honolulu, Assistant Professor of Surgery at the University of Hawaii School of Medicine, has been appointed Chairman of the Department of Trauma there.

Victor L. Woo, 8946 Cliffridge Ave., La Jolla, Calif., writes that he enjoyed a visit by classmate Douglas H. West.

1976

Raymond L. Baraldi, Jr., has been appointed to the medical staff of the Southern Chester County Medical Center in West Grove, Pennsylvania. Board-certified in both radiology and internal medicine, he is a member of the American College of Radiology, the American College of Nuclear Physicians and the Radiological Society of North America.

Marjorie A. Williamson Bowman, 1623 Kennedy Pl., N.W., Washington, D.C., has been appointed Assistant Dean for Continuing Medical Education and Assistant Professor of Community and Family Medicine at Georgetown University School of Medicine. Prior to her appointment (which began July 1), Dr. Bowman served as Director of the Office of Graduate Medical Education, Health Resources Administration, Department of Health and Human Services.

Halley S. Faust, 2220 S. Huron Pkwy., Ann Arbor, Mich., and an associate have received the Governor's Physical Fitness and Health Award for 1982. This annual award is the Michigan symbol.
to recognize outstanding contributions in health and fitness as part of the overall health promotion and disease prevention efforts in the State of Michigan. The award was presented at the Governor's Conference on Health Promotion in East Lansing.

Stuart F. Kushner, 32 Palmach St., ENT B, Apt. 1, Jerusalem, Israel, married Karen Joy Golding, a speech language pathologist, last May.

Paul R. Long, 116 Haverford Dr., Wilkes-Barre, Pa., has been certified by the American Board of Dermatology. He is associated with Geisinger Medical Group.

James P. McCann, 1867 N. Wabash St., encores hard." Dr. McCann is keeping busy with his family practice and is now the father of a daughter, born in June.

Manuel R. Morman, Rutherford Office Plaza, 17 Sylvan St., Rutherford, N.J., was certified by the American Board of Dermatology in January. He was appointed Instructor in dermatology at Mount Sinai Medical Center in New York City.

Gordon J. Ostrum, Jr., 75 West Ave., Woodstown, N.J., has been named an Instructor in obstetrics and gynecology at Jefferson.

Ted M. Parris, 205 David Dr., Haver- town, Pa., has been named Clinical Assistant Professor of Medicine at Jefferson.

Michael R. Treat, 792 Columbus Ave., New York, has just completed a five-year residency at Columbia Presbyterian Hospital, where for the last year he has been Chief Resident in Surgery. Columbia recently awarded him the Blakemore Prize (surgical residents) for best work in surgical research. Dr. Treat plans to remain at Columbia doing research surgery and teaching.

Johannes D. Weltin, 243 Washington Ave., Kingston, N.Y., and his wife, Bonnie, announce the birth of their daughter, Rebecca Beth, on August 14.

1977

Cynthia B. Altman, 3901 Conshohocken Ave., Philadelphia, was married to Daniel G. Orr '83 in November of '81. Mr. Orr's father is Sidney H. Orr '46. She is with SmithKline Corp.

Robert E. Atkinson, 4 Long Fellow Pl., Boston, is taking a one-year fellowship in hand surgery at Massachusetts General Hospital.

William E. Bodenstab, 7368 Florey Ct., San Diego, recently presented a paper titled "The Effect of the Mucin Layer of the Bladder on Carcinogenesis" at the 1982 annual meeting of the Western Section of the American Urology Association. Dr. Bodenstab was awarded first place in the Miley B. Wesson Residents' Essay Contest. At present, Dr. Bodenstab is Chief Resident in urology at U.C.S.D.

Edward W. Bogner is practicing family medicine at 105 Queen Street in Northumberland, Pennsylvania. A second child, Lyndsey Anne, was born in January.

Robert S. Boova, 13 Berkeleyon Ln., Rosemont, Pa., is a cardiothoracic Fellow at Jefferson following completion of a general surgery residency. A paper prepared with Gerald Marks '49, Professor of Surgery, titled "Sphincter Preservation and Adjunt Radiation Therapy in Carcinoma of the Rectum" was presented several times this year, including at the meeting in San Francisco of the American Society of Colon and Rectal Surgeons.

Ralph A. Carabasi, III, Radwyn Apts., 275 Bryn Mawr Ave., Bryn Mawr, Pa., and his wife, Jane, announce the birth of their son, Erik Anthony, born last December. Dr. Carabasi began a one-year vascular fellowship at Pennsylvania Hospital in July.

William C. Davis has been appointed to the staff of the Department of Emergency Medicine at Community Medical Center in Scranton. Prior to this appointment he was Director of the Emergency Departments at Philipsburg State Hospital and Memorial Hospital in Towanda, Pennsylvania.

Walter G. Graves, 9869 Washington St., Ft. Lewis, Wa., will complete his general surgery residency at Madigan Army Medical Center in Tacoma in June '84. The Graves have two children, Danielle, 4, and Andrew, 1.

William J. Herrmann, 1111 Putnam Blvd., Wallingford, Pa., is in private practice of obstetrics and gynecology with two associates at Crozer Chester Medical Center and Sacred Heart Hospital in Chester. The Herrmanns have two children, David and Christine.

Michael P. Hofmann, 46 S. Factory St., Skowhegan, Me., is in private pediatric practice there and writes "only pediatrician in the county, which stretches 100 miles to the Quebec border. Rural life is great. Betty Anne and sons, Tim and Greg, are thriving."

Robert J. Lawlor, 114 Buckingham Dr., Rosemont, Pa., has joined William W. Clements '58 and James Mackey '55 in a family practice in Devon. The Lawlors have a daughter, Tracy, 4, and a son, Sean, 2.

Bruce D. Lindsay, P.O. Box K., E. Jordan, Mi., will complete a commitment with the National Health Service Corps in 1983, and plans to begin a fellowship at that time in cardiology at Washington University in St. Louis, Missouri.

Warren B. Matthews, 2826 Mt. Carmel Ave., North Hills, Pa., certified by the American Board of Family Practice and a member of the American Academy of Family Physicians, is serving as Vice Chairman of the Executive Council of the Montgomery County Chapter of the American Heart Association. An Instructor at Abington and Montgomery Hospitals, he is in a solo practice in North Hills.
E. Susanna Eisenhower-Turner, 1628 Ridgeway Rd., Havertown, Pa., completed her residency in psychiatry at Jefferson in July and is working part-time as a staff psychiatrist at Sacred Heart Hospital in Chester. She conducts a limited private practice.

Paul R. Weber, 3115 Winlock Rd., Torrance, Ca., is practicing obstetrics and gynecology in Long Beach and is on the staff of Long Beach Memorial Hospital. Family, including two-year-old Matthew, is enjoying California.

Richard A. Wolitz, 1856 Green St., San Francisco, is a staff physician in the Department of Ophthalmology at Kaiser Permanente Medical Group, Inc.

1978

Gregg P. Allen, 3225 Neptune Dr., Las Cruces, N.M., is Medical Director of La Clinica de Familia as part of his NHSC obligation. He married Nora Mahon of Mountaintop, Pennsylvania, in May '81.

John F. Camp, 29 Shallowbrook, O'Fallon, Ill., is currently Assistant Chief of Anesthesiology at Scott Medical Center and is also Director of Critical Care and of the Pain Referral Center there. Dr. Camp is a member of the teaching staff in anesthesiology and critical care medicine at Washington University School of Medicine and Barnes Hospital in St. Louis, Missouri, where his main interests involve cardiovascular anesthesia. In addition, he is a Consultant in anesthesiology for E.I. DuPont, Endo Laboratories, Inc.

James H. Corwin, III, 4218 N.W. 30th Terr., Gainesville, Fl., is Chief Resident in general surgery at the University of Florida. Dr. Corwin and his wife, Cynthia, were expecting their first child in September.

Gregg E. Cregan, 4136 Trevor Ci., Durham, N.C., following two years at the Indian Health Service in Clinton, Oklahoma, is now a second-year orthopaedic resident at Duke University Hospital. The Cregans have a three-year-old son, Alexander, and are expecting a second child in September.

Harold J. Davis, 101 Princeton Ave., Clarks Green, Pa., started an association with Ob-Gyn Consultants of Scranton in July.

Steven B. Eisner, 32 Bull St., Charleston, S.C., is a Fellow in endocrinology at the Medical University of South Carolina.

Arthur D. Heller, 155 Henry St., Brooklyn, N.Y., has begun a fellowship in clinical nutrition at Memorial Sloan-Kettering/Cornell-New York Hospital-Rockefeller University. Dr. Heller writes that he would like to hear from any classmates, particularly those in the metropolitan New York area.

Glenn A. Hyatt, 310 Saw Mill Ln., Horsham, Pa., has begun a private practice of internal medicine at Maple Glen Medical Associates in Ambler. A son, Jordan, was born in January '81.

Clyde H. Ishii, Jr., 966 Rock Creek Rd., Charlottesville, Va., is in his fourth year of a surgical residency at the University of Virginia Hospital. In 1983, he will begin a plastic surgery residency at Emory University.

Thomas K. Jones is a Fellow in pediatric cardiology at the University of Colorado and the Denver Children's Hospital. In July, 1983 he will join the staff of the Children's Orthopaedic Hospital and Medical Center in Seattle, Washington, as a pediatric cardiologist. His wife, Janet, is formerly from Seattle.

Chris A. Kittle, 5 Holt Rd., Newark, De., started an anesthesia practice at the Wilmington Medical Center in September. She recently completed a fellowship at the Hospital of the University of Pennsylvania.

Katherine C. Krause has been appointed an Assistant Professor of Family Medicine at Case Western Reserve University in Cleveland. She recently completed a Kellogg Fellowship at Duke University.

M. David Lauter, I.H.S. Hospital, Red Lake, Mn., is Clinical Director at the Red Lake Indian Hospital and has two more years with I.H.S.

Robert M. Lintz, 80 High St., Dedham, Ma., was board-certified in internal medicine last September.

Richard A. Martin, 18 Hillcrest Dr., Dallas, Pa., has been elected a Diplomate of the American Board of Family Practice. Dr. Martin practices family medicine in the Exeter Township Medical Center.

Warren L. Robinson, 7990 El Paso St., La Mesa, Ca., has competed his internal medicine residency at the Naval Regional Medical Center, San Diego, and has begun a fellowship in hematology oncology there.

Norman G. Rosenblum, Oak Hill Apts., Penn Valley, Pa., began a two-year fellowship in gynecologic oncology at the Hospital of the University of Pennsylvania in July.

Michael P. Russo, 1212 Midland Ave., York, Pa., and his wife, Barbara, are the proud parents of Matthew Harned, born last May.

Ellen K. Smith, 505 French Rd., Rochester, N.Y., has been certified as a Diplomate of the American Board of Internal Medicine. Following a residency at Jefferson, she became a Fellow in cardiology at Strong Memorial Hospital in Rochester.

Linda C. Wilson, 107 Montgomery Dr., Coatxesville, Pa., began an ob/gyn private practice in July.

Douglas B. Yingling, 35 Seminary Hill, West Lebanon, N.H., was married to Barbara Gaignard last August. Dr. Yingling is now Chief Surgery Resident at Dartmouth Medical Center.

Keith R. Young, 97 Lakeside Dr., Guilford, Ct., is a Pulmonary Fellow at Yale-New Haven Hospital where he recently completed a year as Chief Medical Resident. The Youngs have a daughter, Katy, nearly 2.

Vicor A. Zachian, 346 Rosemary Ln., Narberth, Pa., became an Attending at Pennsylvania Hospital in July, following completion of an ob/gyn residency there.

1979

Anthony V. Coletta, 510 Brookhurst Ave., Narberth, Pa., is a fourth-year surgical resident at Jefferson. The Colettas' daughter is nearly 2.

Christine E.S. Dotterer, 504 W. Pine St., Selingsgrove, Pa., has joined Ivor F. Lewis '76 in family practice in nearby Sunbury. A daughter, Katherine Elizabeth, joined the family in December. Two days after her birth, her husband defended his dissertation and received his Ph.D. with highest honors.
Scott D. Farquhar, 410 S. Pitt St., Alexandria, Va., was married in June to Robitoy Rodgers of Antioch, California.

Robert L. Herman, 5801 Golden Oak Ct., Dayton, Ohio, is Chief Medical Resident at USAF Wright Patterson Medical Center.

Creston C. Herold, Jr., 1094 B Huron Dr., Harrisburg, Pa., and classmate Jeffrey N. Potter have opened an office for a family practice partnership at West Shore Family Practice, 1300 Market Street, Lemoyne.

Kathleen T. Jewell, 107 Elmerston Rd., Rochester, N.Y., is a resident in general preventive medicine at the University of Rochester Medical Center. Her husband, John Anagnost ’78, is a resident in internal medicine at the University of Rochester Associated Hospitals. A daughter, Adrian Elizabeth, was born in December ’81.

Barbara P. Leidich currently is serving as Naval Medical Officer on Diego Garcia, a British-owned island in the Indian Ocean. In March 1983 she will begin Flight Surgery School in Pensacola, Florida.

Janet B. Leventhal, 600 N. McClurg Ct., Chicago, is now studying anesthesiology at Northwestern University.

Stanley C. May, 540 Aspen St., Pittsburgh, began an internal medicine practice in July in Pittsburgh. He and his wife announce the birth of a daughter, Rebecca.

Michael J. McGlaughlin, 802 Hills Dr., Gettysburg, Pa., has joined two family practitioners there. Son, Eric, arrived last September.

Gary A. Mohr completed his residency at St. Vincent Health Center in Erie, Pennsylvania, and has moved to Florence, Colorado, to establish a solo practice. When two-year-old Nathan needed surgery at Massachusetts General, Dr. Mohr met three other Jeffersonians, Dan Flynn ’78, Terry Bachow ’79 and Randy Silverstone ’79. The baby is fine.


Kathleen Kennedy Quadro, 9376 Premier Way, Sacramento, Ca., was married to Robert Quadro, a hematology Fellow, in April.

W. Brian Reeves, P.O. Box 20708, Department of Medicine, Houston, is serving as Chief Medical Resident for the 1982-83 year at the University of Texas at Houston.

Lawrence A. Shaffer, 5321 Kennedy Rd., Cheyenne, Wy., welcomed their third child, Jenny Beth, last March. Jenny joins Laura Jane, 6, and Juliana, 3. Dr. Shaffer will be a pediatrician at F.E. Warren A.F.B., Wyoming, having completed his residency training at Wright-Patterson A.F.B. and Children’s Medical Center in Dayton, Ohio.

Michael E. Shoemaker began a pediatrics program at William Beaumont Army Medical Center in July in El Paso, Texas. Dr. Shoemaker was planning to run in the Paris Marathon in mid-May.

Randy J. Silverstone, 310 Saw Mill Ln., Horsham, Pa., has a baby girl, Betsy Kim. Following his internal medicine residency, Dr. Silverstone plans to open a private practice in Sarasota, Florida.

Joseph R. Spiegel, 2586 E. Eisenhower Pkwy., Ann Arbor, Mi., is currently serving a residency in otolaryngology at the University of Michigan.

Michael D. Stulpin, 61 Claremont Blvd., Havertown, Pa., announces the opening of his medical office in Sharon Hill, Pennsylvania, for the practice of family medicine. Dr. Stulpin did his post-graduate work at Chestnut Hill and Bryn Mawr Hospitals and is currently on the medical staffs of Fitzgerald-Mercy, Delaware County Memorial and Taylor Hospitals.

Donald F. Wilson, 107 Montgomery Dr., Coatesville, Pa., has joined his wife in an ob/gyn practice after completing his residency at the Wilmington Medical Center.

Wesley W.H. Young, 179 W. Chestnut Hill Rd., Newark, De., writes: “Wow! After all these years I finally have an honest job.”

1980

Jeffrey B. Cohn, 8200 Henry Ave., Philadelphia, and his wife, Marie, announce the birth of their daughter, Alison, in October of 1981.

Margaret M. Flanagan and Donald P. DeLorenzo, Jr., were married recently in Bensalem, Pennsylvania. Both are residents at Geisinger Medical Center in Danville, she in pathology, he in internal medicine. The couple is residing at 19 Chambers Street, Danville.

Robert C. Hill, 504 Greenwood Ave., Bethlehem, Pa., began a two-year residency for board eligibility in emergency medicine at Wilmington Medical Center this past July.

Jerome L. Korinchak, 600 Bloom St., Danville, Pa., is a family medicine resident at Geisinger Medical Center there. He married Susan D. Swisher in May ’81.

Mark J. Krawitz, 200 Carman Ave., East Meadow, N.Y., and his wife, Marsha, announce the birth of their son, Jason, who arrived in January.

Gary T. Loh, 265-28 74th Ave., Floral Park, N.Y., is currently in a radiology residency program at Long Island Jewish Medical Center in New Hyde Park. He was married last March to Jane Dawn Schmidt, R.N.

Robert J. Maro, Jr., 22 E. Eldridge Ave., Collingswood, N.J., has been named Chief Medical Resident at Cooper Medical Center.

Elizabeth Ann McGuire, 3345 Airport Hwy., Toledo, Oh., is completing an internal medicine residency at the Medical College of Ohio and will begin a fellowship in hematology in July ’83 at Washington University in St. Louis.

James L. Sechler, who currently is at Mercy Hospital in Pittsburgh, will begin a cardiology fellowship next July at Case Western Reserve University in Cleveland.

Robert L. Vanderlin, II, 129 Woodbridge St., South Hadley, Ma., began his third year of an ob/gyn residency at Baystate Medical Center in Springfield, Massachusetts. In March, Dr. Vanderlin’s wife, Susan, gave birth to their second daughter, Kyle Margaret.

Randy R. Westgate, 113 Morewood Rd., Glenshaw, Pa., was among 20 recipients of a $1,500 award from the American Academy of Family Phy-
sicians to help finance his graduate training as a family physician. Dr. Westgate is currently a family practice resident at St. Margaret Memorial Hospital in Pittsburgh.

1981

Frederick H. Bartlett, III, a resident at St. Barnabas Medical Center in Livingston, New Jersey, was married last spring to Melanie Winner Roden, a member of the publications' department at the Museum of Modern Art.

Arnold I. Cramer, 811 Hilton Ln., Elkins Park, Philadelphia, was married to Michelle E. Zalewski of Sayreville, New Jersey, in February. Dr. Cramer is a resident in internal medicine at Abington Hospital.

Daniel L. Diehl, 128 E. Clay St., Lancaster, Pa., is a resident in family medicine at Lancaster General Hospital. He was married last February to Janice E. van der Lip, an operating room nurse there. She received her bachelor of science degree from TJU.

Mary J. Guardiani, 950 Walnut St., Philadelphia, and her husband, John, had a daughter, Elizabeth Anne, in June.

Kevin A. Mansmann was married in April to Danise Ann McCorry in Luzerne, Switzerland. He had taken post-graduate training at the Institute for Experimental Surgery in Davos last year. Next year he will complete his orthopaedic surgery residency at Harvard University in Boston. Classmate Frederick T. Sutter served as best man.


John P. Welch, 122 Hillymede Rd., Harrisburg, Pa., announces the birth of Mary Elizabeth, who arrived in August of 1981. She joins brother, John, and sisters, Abbey and Kate.

Elizabeth T. Young began a residency in anesthesiology at Massachusetts General Hospital in August. She writes that she has learned how to scuba and has made 40 open dives from Cancun to the Bahamas. "I've also taken up long-distance bicycle touring and look forward to my first 100-mile ride."

Class Agents® and Reunion Chairmen®

Dates: June 8, 9 and 11, 1983

1933 50th

James S. F. Wong, M.D.®
Matthew J. Zakreski, M.D.®

1938 45th

John J. DeTuerk, M.D.®
Constantine R. Roscoe, M.D.®

1943 40th

Leonard S. Davitch, M.D.®
John N. Lindquist, M.D.®
Gerald E. Callery, M.D.®

1948 35th

Norman J. Quinn, Jr., M.D.®
Rudolph T. DePersia, M.D.®
Thomas McBride, M.D.®
Norman J. Quinn, Jr., M.D.®
Ernest G. Shander, M.D.®

1953 30th

Robert Poole, III, M.D.®
Joseph J. Armao, M.D.®
Franz Goldstein, M.D.®
James M. Hunter, M.D.®

1958 25th

Peter Amadio, Jr., M.D.®
Herbert G. Hopwood, Jr., M.D.®
John T. Antolik, M.D.®
Richard A. Cautilli, M.D.®
Austin P. Murray, M.D.®
John A. Ruffini, M.D.®

1963 20th

Frederick L. Dankmyer, M.D.®
John Major Fenlin, Jr., M.D.®
Marvin R. Hyett, M.D.®

1968 15th

Harold A. Yocum, M.D.®
Lawrence V. Hofmann, M.D.®
Marcia A. Fitzpatrick, M.D.®
James A. Meadowcroft, M.D.®

1973 10th

Paul Smey, M.D.®
Lynne E. Porter, M.D.®
Michael A. Feinstein, M.D.®

1978 5th

Duncan Salmon, M.D.®
L. Christine Grad, M.D.®

Alumni Calendar

October 26
Reception during the meetings of the American College of Surgeons
The Drake Hotel, Chicago

October 27
Dinner in conjunction with CME "A Day in Cardiology"
Sheraton Inn
Greensburg, Pennsylvania

November 1
Reception during the meetings of the American Academy of Ophthalmology
Stanford Court, San Francisco

November 4
Reception during the meetings of the American Academy of Physical Medicine to honor its President John J. Ditunno, Jr., M.D.
Hyatt Regency, Houston

November 28
Reception during the meetings of the Radiological Society of North America
The Drake Hotel, Chicago

January 28
Dinner, Delaware alumni and faculty
Wilmington Country Club

February 9, 10, 11
Dinners for California Alumni
California Club, Los Angeles area (9th)
Hotel del Coranado, San Diego area (10th)
World Trade Club, San Francisco area (11th)

February 11 to 21
Post Graduate Seminar
Hawaii

February 20
Chinese dinner hosted by Hawaiian alumni for seminar visitors.

February 24
The Annual Business Meeting
Alumni Association
Jefferson Medical College

March 13
Reception during the meetings of the American Academy of Orthopaedic Surgeons
Disneyworld, Anaheim, California
Obituaries

Raymond J. Frodey, 1909
Died June 25, 1982. The retired physician was residing at the Vencenton Home in Pittsburgh, Pennsylvania, at the time of his death.

Tom Kirkwood, 1912
Died July 12, 1982 at the age of 94. Dr. Kirkwood was a resident of Lawrenceville, Illinois.

Joseph W. Crawford, 1914
Died April 28, 1982 at the age of 90. Dr. Crawford, an ophthalmologist in San Francisco for 48 years, was an Associate Professor at the University of California School of Medicine until his retirement. He was a member of the American Ophthalmological Society and the Frederick Condes Eye Society. An avid outdoorsman, he also belonged to the Sierra and the Bohemian Clubs. Surviving are his wife, Ora, three sons, one of whom continues his San Francisco practice, and a daughter.

James S. McLaughlin, 1920
Died June 5, 1982. Dr. McLaughlin, an allergist in Philadelphia, was on the staffs of Pennsylvania and Germantown Hospitals. He also was a member of the College of Physicians and the American Academy of Allergy. Surviving is his wife, Veronica.

John O. Rankin, 1922
Died August 16, 1982. Dr. Rankin was a general surgeon at the Wheeling Clinic in Wheeling, West Virginia.

Joseph T. Cadden, 1925
Died August 27, 1982. Dr. Cadden had practiced internal medicine in Philadelphia during his career.

Dean A. Harvey, 1925
Died October 1, 1981 at the age of 81. Dr. Harvey was an ophthalmologist who resided in East Brunswick, New Jersey.

David R. Meranze, 1927
Died May 31, 1982 at the age of 82. Dr. Meranze was Director of Laboratories and Deputy Director of Research at Albert Einstein Medical Center, Northern Division, in Philadelphia. Following his retirement there, he served in a similar post at the Philadelphia Geriatric Center and as Consultant to Fels Research at Temple Medical School. Dr. Meranze was a Fellow of the American College of Pathology and a member of the American Society of Clinical Pathologists, the College of Physicians of Philadelphia and the New York Academy of Sciences. He wrote extensively in his field. His wife, Yetta, and two sons survive him.

Virgil B. DeWitt, 1928
Died July 3, 1982. Dr. DeWitt, following his retirement from general practice, became Director of Student Health Services at the State University College in New Paltz, New York. He also served as President of the Ulster County Board of Health. Surviving is his wife, Erma.

Edgar G. Givhan, 1928
Died November 24, 1981 at the age of 76. Dr. Givhan, certified by the American Board of Internal Medicine, was a resident of Birmingham, Alabama.

Ignatius S. Hneleski, 1928
Died August 31, 1982 at the age of 79. Dr. Hneleski, an internist and cardiologist in the Philadelphia area, was Chief of cardiology at Mercy Catholic Medical Center and President of the medical staff at St. Mary’s Hospital. Surviving are his wife, Adelaide, two daughters and two sons, one of whom is Ignatius S. Hneleski, Jr., ’64.

John J. Moretti, 1928
Died December 2, 1981 at the age of 82. Dr. Moretti was a general practitioner who resided in Cedar Grove, New Jersey.

John N. Borbonus, 1931
Died June 6, 1981. Dr. Borbonus, who was residing in Jamesburg, New Jersey, at the time of his death, served for 20 years as an obstetrician/gynecologist at Standard Oil Company’s Hospital in Aruba, West Indies. Fascinated by woods, Dr. Borbonus taught himself to carve and later in his career was introduced as a sculptor at the Newman Art Gallery in Philadelphia.

Joseph Markel, 1931
Died July 22, 1981 at the age of 75. Dr. Markel, a dermatologist, resided in Miami Beach.

T. Scott Moore, 1932
Died May 16, 1982. Dr. Moore was an ophthalmologist who resided in Muncie, Indiana.

Irvin W. McConnell, 1934
Died June 4, 1982 at the age of 73. Dr. McConnell was a neurosurgical anesthesiologist in Toledo, Ohio, until his retirement in 1975. He also served as an Assistant County Coroner. Dr. McConnell was a member of the American Society of Anesthesiologists and the Toledo Academy of Medicine which honored him for his many services in 1976. Surviving are his wife, Mary, two daughters and four sons, one of whom is David C. McConnell ’69.

Richard J. Kraemer, 1935
Died December 3, 1981. Dr. Kraemer was a general practitioner who resided in Warwick, Rhode Island.

Richard H. Parks, 1937
Died June 16, 1982. Dr. Parks, a psychiatrist, resided in Hialeah, Florida.

James M. Georgetson, 1938
Died April 9, 1982 at the age of 69. Dr. Georgetson was a general practitioner in Galeton, Pennsylvania.

Albert J. Kaplan, 1938
Died July 29, 1982 at the age of 71. Dr. Kaplan, a psychiatrist, was residing in Fair Winds Cove, Jensen Beach, Florida, at the time of his death. He was an Assistant Clinical Professor at Hahnemann Medical College and was associated with the Philadelphia Institute of Psychoanalysis for much of his professional career. Dr. Kaplan was a member of the International Psychoanalytic Association. His interest in music led to the founding of the Violin Society of America. Surviving are his wife, May, and a daughter.

Peter J. Mihalick, 1941
Died June 4, 1982 at the age of 66. Dr. Mihalick practiced in Johnstown, Pennsylvania, for 40 years. Surviving are his wife, Bernice, and five children, one of whom is a physician daughter.
Charles A. Knowles, 1946
Died April 25, 1982 at the age of 60.
Dr. Knowles was a general practitioner who served on the staffs of Lower Bucks County and Nazareth Hospitals in Philadelphia. Surviving are his wife, Margaret, six sons and six daughters.

Andrew A. Sullivan, 1950
Died June 12, 1982 at the age of 56.
Dr. Sullivan, an obstetrician gynecologist, had been living in Jacksonville, Alabama, for the past three years. Previously he was in practice in Media, Pennsylvania, with staff appointments at Mercy Catholic Medical Center and Riddle Memorial Hospital. He was a member of the American College of Obstetricians and Gynecologists, and the Obstetrical Society of Philadelphia. Surviving are his wife, Joan, three daughters and two sons.

Edward D. Lehman, 1951
Died September 2, 1982. Dr. Lehman was an Assistant Director of Clinical Research and Services at McNeil Laboratories. Prior to that appointment in 1972 he practiced obstetrics and gynecology in Philadelphia.

James W. Webster, 1961
Died August 13 at the age of 49 in an automobile accident. Dr. Webster, a thoracic surgeon in Salt Lake City, had just been elected President of the Utah Heart Association. A member of the staffs of LDS and Cottonwood Hospitals, he was Chief of Staff of the former in 1980-1981. Dr. Webster served on the faculty at the University of Utah Medical Center. A lieutenant colonel in the 19th Special Forces Airborne Unit of the army, he was commander of the Thoracic Detachment, a medical reserve unit. Dr. Webster also served as Vice President of Utah for Jefferson’s Alumni Association. Surviving are his wife, Gwen, and six children.

John J. Wojnarowski, 1981
Died June 27, 1982 at the age of 27 in an automobile accident near Media, Pennsylvania. Dr. Wojnarowski was a second-year medical resident at Fitzgerald Mercy Hospital in Darby. Surviving are his parents, Dr. and Mrs. John A. Wojnarowski, of Reading, a brother and a sister.

Benjamin F. Haskell, M.D.
1901-1982
Honorary Clinical Professor of Surgery (Proctology)

Jefferson lost one of its most beloved physicians with the passing of Benjamin F. Haskell, M.D. '23, October 4 after a chronic illness. Born in Norfolk, Virginia, he completed his undergraduate studies at Temple University prior to completing his medical education, internship and residency at Jefferson. Dr. Haskell spent his entire professional career at Jefferson, rising through the ranks and subsequently serving as Chief of the Proctology Service for 12 years. He was also attending Proctologist from 1946 to 1956 at Mount Sinai Hospital and was affiliated with Northwestern and Methodist Hospitals. He maintained a private practice in Philadelphia for 56 years.

Certified by the American Board of Surgery, Dr Haskell served as President of the Pennsylvania Proctologic Society in 1956. He was a Fellow of the American College of Surgeons, American Proctologic Society, the Philadelphia Proctologic Society, the Philadelphia County Medical Society and the College of Physicians of Philadelphia. He also served as President of the Society of Clinical Investigation at Jefferson in 1940.

A devoted alumnus, Dr. Haskell served as President of the Alumni Association and was instrumental in establishing the successful Parents’ Day program for sophomore students. He also was a force behind the establishment of the Alumni Achievement Award, with which he was honored in 1978. A superb clinician and dedicated teacher, Dr. Haskell’s portrait was presented to the University in 1975 by the Volunteer Faculty Association of which he was President in 1972. The Haskell Lectureship was instituted in his honor in 1981.

Dr. Haskell’s concern for his patients and the welfare of Jefferson was constant, and his skills and opinions were widely sought. Jefferson will greatly miss this much loved and revered colleague, and extends heartfelt sympathy to his wife Gertrude, sons John and David, M.D. '60, and daughter Jean.

Frederick B. Wagner, M.D. '41
Symposium and Lectures

Symposium on Pancreatic Cancer
Tuesday, October 19, 1982 at 1:00 P.M.
Department of Surgery, Jefferson Medical College

"The Management of Acute Myocardial Ischemia"
Mortimer J. Buckley, M.D.
Professor of Surgery, Harvard Medical School
Chief of the Cardiac Unit, Massachusetts General Hospital
Friday, November 5, 1982 at 4:00 P.M.
sponsored by the Division of Cardiothoracic Surgery

The Edmund L. Housel Lecture in Hypertension
Edward D. Freis, M.D.
Senior Medical Investigator
Veterans Administration Hospital
Professor of Medicine,
Georgetown University Medical Center
Washington, D.C.
Wednesday, December 1, 1982 at 4:00 P.M.