Alumni Calendar

February 5 to 15
Post Graduate Seminar
Mexico City and Puerto Vallarto

February 25
Annual Business Meeting of the Alumni Association of Jefferson Medical College
Historical Society of Pennsylvania

March 19
Parents Day for Sophomore Students
Jefferson Medical College

April 20
Reception during the meetings of the American College of Physicians
Jefferson Alumni Hall

April 23
Dedication of Eakins Gallery
Jefferson Alumni Hall

April 26
Reception during the meetings of the American College of Obstetricians and Gynecologists
The Fairmont Hotel
Dallas

May 12
Dinner, Scranton area alumni
Scranton Country Club

May 13
Dinner, Wilkes Barre area alumni
Newberry Estates

May 17
Luncheon to honor David A. Culp, M.D., '44, President of the American Urological Association, during the national meetings.
The Mulenbach Hotel
Kansas City, Missouri

May 17
Reception during the meetings of the American Psychiatric Association
Toronto, Canada

Reunions, 1982

Clinics, Dean's Luncheon June 9
Alumni Banquet, Franklin Plaza Hotel June 10

Class Parties
1927
Luncheon
Union League of Philadelphia June 10

1932
Dinner
Jefferson Alumni Hall June 9

1937
Dinner Dance
Barclay Hotel June 9

1942
Dinner
Cosmopolitan Club June 9

1947
Dinner
Penn Mutual Towers Tyson Suite June 9

1952
Dinner
Penn Mutual Towers Society Hill Room June 9

1957
Dinner Dance
Union League of Philadelphia Lincoln Hall June 9

1962
Dinner Dance
Jefferson Alumni Hall June 9

1967
Dinner Dance
Jefferson Alumni Hall June 12

1972
Dinner Dance
Jefferson Alumni Hall June 12

1977
Dinner Dance
Jefferson Alumni Hall June 12
The Kellow Years
The Kellow Years was prepared to cover the Dean's 15 years at Jefferson on the occasion of his November retirement. The feature, sadly, also serves as a fitting memorial to his accomplishments at the Medical College. The Dean died December 4.

Jefferson Scene
Review of the Home Care Program in the Department of Family Medicine leads a variety of news items at Jefferson.

Sexual Medicine
Martin Weisberg, M.D., '72, writes on the introduction of sexual medicine as a new and important area of training in the Jefferson curriculum.

Jefferson Legacies
Jo Ono, M.D., '28, writes on the influence of famous Jeffersonians on Japanese medicine from 1860 to the present.

Class Notes
Lynn G. Cramer, M.D., '66, is spotlighted for running in the Hawaiian Triathlon.

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On the cover: A winter snow covers the Jefferson campus looking from the playground of the Orlowitz Residence Hall, right, across Walnut Street to the Curtis Clinic. Design by Louis de V. Day.

Appointment: Ms. Tursi began duties as Assistant Editor of the JAB in September. She is a magna cum laude graduate of Syracuse University School of Communications.
Late on Thursday, December 4, the Jefferson Community became aware that illness had taken the life of Dean William F. Kellow. A feeling of deep sadness, sympathy for the family and reverence for a great and dedicated leader was evident everywhere. The Jefferson Medical College Alumni Association, through the Alumni Bulletin in this winter issue, honors the late Dean by recounting his remarkable achievements in nearly 15 years in office. Shortly before his untimely death, Dean Kellow as an Honorary Alumnus of Jefferson Medical College, graciously accepted the Alumni Association’s highest distinction, the Alumni Achievement Award.

Franz Goldstein, M.D.,
Publication Chairman

The scene was a gathering of medical school deans and representatives called together by the mayor to determine the fate of Philadelphia General Hospital. As the issues boiled down to more support for a better quality operation, the personalities boiled down to a power play. Amidst that group, however, was one individual who rose above that, whose sole objective was to make a better municipal hospital, whose intelligence, direction and dedication allowed the committee to have a meaningful impact. The man was William F. Kellow, and the influence he had that day characterized the positive force he carried to everything in his life. Upon his retirement last November after 15 years as Dean and Vice President of Jefferson Medical College, Dr. Kellow left a medical school that, as a result of his guidance, will continue as one of the finest institutions of its kind.

Well known as “a dean’s dean,” Dr. Kellow was one of only two men in the country who has held a deanship as long as he did. Dr. Kellow was Dean at Hahnemann Medical College for five years before his tenure at Jefferson. His colleagues in medical education agree that Jefferson enjoys a fiscal, managerial and high-level educational stability because of Dean Kellow and his efforts.

“Dean Kellow was the most responsible dean I ever met,” says Lewis W. Bluemle Jr., M.D., TJU’s President who was also on the mayor’s committee that day. “By responsible, I mean somebody who, simply by accounting well to himself, accounts well to everybody. He never made a management decision because he thought he would be well regarded by his boss. He made decisions because he thought they were right and that they would work.”

When the new Dean came to Jefferson from Hahnemann in 1967, it was a time for change for both the world and the Medical College. Society was in turmoil, seemingly turned upside down by the Vietnam War and an angry generation. Health care was of particular concern and social consciousness blamed the medical schools for what they saw as a failure to meet
the people's needs. Dr. Kellow, a man of vision, listened carefully to those accusations, but did not respond in haste.

The public's growing impatience with medicine and their distrust of its accomplishments concerned the Dean. The public felt the results of medical research weren't reaching them. As research grants were being reduced, the Dean saw that fundamental changes in medical schools were needed to prevent a crisis. He saw that these surface problems were more deeply rooted in the cost and delivery of health care, a new responsibility medical schools would have to take on.

But these changes would take time. "It is difficult to plan changes which have a reasonable chance of success when so much stress is being given to making changes quickly," Dr. Kellow said in 1971. "Through unplanned and precipitous action, we risk the loss of what is good without much chance of providing anything better."

Other metropolitan medical schools fell into the trap of meeting society's demands too fast. As the momentary issues died, those institutions suffered. "One of Dean Kellow's greatest accomplishments is what he did not do," Dr. Bluemle says. "He did not become distracted from his major aims. He never went for the tinsel and glitter, but rather, kept his focus on lasting causes."

Dr. Kellow's lasting cause was to provide students with the best medical education possible so as to become practicing physicians, and to support research, which he considered vital to medical progress. He wanted to accomplish these continuous goals while both moving Jefferson forward and respecting the institution's fine traditions.

From the start, the Dean steered the Medical College through a physical and metaphorical reconstruction. The entire campus underwent a facelift in those early years, providing needed facilities for teaching, clinical practice, research and housing. These buildings became symbols of the vast building of medical philosophy and education flowing from the Dean's office.

Before Dr. Kellow could implement his ideas, however, he needed a staff that could carry them out smoothly. He established a "democratic approach" to management, creating a General Faculty and Professory Faculty whereby every faculty member could be heard. Senior faculty members sit on a small executive body to determine academic policy for the College, allowing for an efficient operation.

To assure that these new bodies were balanced between faculty input and executive authority, the Dean revised the Bylaws in 1969. Academic programs were to be developed by faculty committees, while administrative decisions were to be made by the officers, with faculty review.

"Dean Kellow was one of the few deans who were strong administrators," says Joseph S. Connella, M.D., Associate Dean, Director of Academic Programs and long-time friend of Dr. Kellow. "He enjoyed managing, and was successful at it. He knew how to delegate and monitor, while always being fair."

Dr. Kellow's ability to organize his staff was key to the success of his ideas. "He had the unique ability to mold together a team that works well together," says James H. Robinson, M.D., Associate Dean and Director of Student Affairs. "He was one of a rare breed who had the combination of warmth and responsibility that was truly inspirational. Very few people have the chance to work with such a man."

The Dean's staff, while never feeling dominated by Dr. Kellow, did share his sense of what was urgent or important at that moment. They always knew where he stood, and what was expected of them. Well prepared and presented, the Dean's meetings were run with a characteristic efficiency.

"He had a way of getting right to the heart of the matter," says Samuel S. Conly Jr., M.D., '54, Associate Dean and Director of Admissions. "A perceptive man and hard worker, Dr. Kellow had always done his homework well."

When the Dean made a decision, he could be counted on to stand firm with it. In the same manner, once a responsibility was delegated, he expected the person to come through. Dr. Bluemle says the Dean's sensitivity and kindness helped make things work, "but if he felt he had to get tough, he could do so to the queen's taste." And every member of his staff could count on Dr. Kellow to back him up.

"He wanted things done well and he made demands," says Paul C. Brucker, M.D., Chairman of the Department of Family Medicine and Alumni Professor, "but no more than he demanded of himself."

With a successful system of governing the medical school in place, Dr. Kellow set about tackling the problems before him with the same systematic approach he brought to his meetings. "Bit by bit, he chipped away at the weak spots," Dr. Bluemle says.

One of the weak spots Dr. Kellow worked on was the public complaint that medical care was not properly reaching them. The Dean saw the problem from a deeper angle, realizing it was partly caused by a shortage of physicians. So, Dr. Kellow increased the already high enrollment at Jefferson even more—20 percent in five years—to the point where it was the equivalent of opening an entire new medical school. But he accomplished this feat with a fraction of the cost such an increase normally incurs. And a testament to the Dean's administrative ability during this expansion was his commitment to maintaining the quality of both the students and their medical instructions.

To meet the growing number of students, a larger faculty was needed and higher salaries for it. Along with this, Dr. Kellow recognized the need for a medical practice plan which would allow faculty to balance private practice with academic responsibilities, without compromising either. He took care of all these needs.

One particular plan, an accelerated program with Penn State organized before Dean Kellow's tenure and which he supported, enabled students to finish their education more quickly. The plan allowed students to go through both their undergraduate and medical school training in five years, and the plan has been on-going.

Simply graduating more students,
however, was not the complete answer to the public health problem, as the Dean well knew. The curriculum, as it was when Dr. Kellow arrived at Jefferson, was inadequate for society's emerging health expectations. From past experience, he knew a means whereby information and an evaluation of students and graduates could be monitored continuously to determine just what curriculum changes were necessary. As an Associate Dean at the University of Illinois College of Medicine, Dr. Kellow was instrumental in establishing the first Office of Medical Education in the country. He started a similar office at Jefferson in 1968, which has been crucial to the new curriculum's constant development over the years.

As more than half the clinical education of Jefferson students was supervised by faculty members in affiliated hospitals, Dean Kellow worked to conclude formal agreements with each affiliate. Jefferson still enjoys successful programs with Wills Eye Hospital, Wilmington Medical Center, Lankenau Hospital, Mercy Catholic Medical Center, Methodist Hospital, Our Lady of Lourdes Hospital, Bryn Mawr Hospital, Magee Rehabilitation Hospital, Coatesville V.A. Hospital, Wilmington V.A. Hospital, Chestnut Hill Hospital, Einstein Medical Center Daroff Division, Latrobe Area Hospital, Franklin Hospital and Underwood Medical Center.

An unusual affiliate began during Dr. Kellow's deanship with the Delaware Institute of Medical Education and Research. Jefferson now serves as Delaware's medical school, in cooperation with the University of Delaware and the Wilmington Medical Center. As part of its yearly enrollment, Jefferson now chooses up to 20 Delaware residents to participate in the four-year program.

Dr. Kellow saw yet another chance to provide better health care through a new curriculum. In order to help the maldistribution of physicians in the state of Pennsylvania, he began the Physician Shortage Program, designed to meet the needs of underserved areas. Students selected into the program are those most likely to return to the areas, which are mostly rural.

Of great benefit to both the public and the students was Dr. Kellow's establishment of the Department of Family Medicine, an accomplishment he considered to be his finest. As physicians were becoming more and more specialized, Dr. Kellow feared that primary care was falling to neglect. In 1974, he spoke of the need to recapture the art of medicine.

"I speak of the recapture of the art of medicine because I think it is evident that we have failed to give adequate stress to the total needs of sick people," he said. "The young physicians who have graduated from America's medical schools in recent years have been prepared well in the areas of medical diagnosis and treatment, but often they seem to overlook the impact of an illness on a patient's family, his business and even his community."

The Dean wanted a heterogeneous student body at Jefferson, according to Dr. Conly. "He wanted a graduate to be a well-trained physician," he says, "prepared to go in any one of many directions."

Through the new Department, the Dean achieved this. Third-year students now experience family medicine as part of their required training and may elect family medicine in the fourth year. With an emphasis on preventive medicine, the program aims to introduce physicians to be generalists and to care for all the members of a family.

"The Dean paved the way for the program," says Dr. Brucker, the department's first chairman, brought in by Dr. Kellow. "Much of what the students learn in medical school revolves around in-house patients. In family medicine, the students evaluate the entire patient and frequently treat him in the context of his family environment."

With Dr. Kellow's guidance, family medicine was able to expand its programs, including a Home Visit Program (see page 5), a residency program and continuing education programs.

While Dr. Kellow aimed to benefit as many people as possible, he always worked with the students foremost in his mind. According to Registrar Arthur R. Owens, the Dean supported the idea of a much needed student handbook, as well as the expansion of the catalogue to contain more pertinent information. He also updated the system of reporting grades.

"Some of the professors were just handing in grades on a piece of paper," Mr. Owens says. "The Dean was strongly supportive of any ideas to create more systematic operating procedures and the standardization of routine functions."

Of extreme importance to Dr. Kellow was how Jefferson was meeting the needs of minority students. This concern led him to open an Office of Minority Affairs, now the Office of Student Affairs, which had the additional benefit of more counseling programs for students and a lower attrition rate. In the last five years, JMC doubled its matriculation of students from groups underrepresented in medicine.

"Dean Kellow was very concerned with those underrepresented long before others thought about it," Dr. Robinson says. "And he didn't just think about it, he did something about it. He made every decision with the students in mind. Everything had to be the best for them."

It was this same concern that guided the Dean through his recommendations for the yearly budget, keeping tuition costs comparatively lower than other medical schools.

"Dean Kellow maintained that students pay only the costs of their medical education and not the costs of other activities of the institution," says Jerold A. Glick, Director of Business Administration.

Dr. Kellow's expert handling of finances accounts for the vast accomplishments during his deanship and the stability of the medical school. He oversaw an efficient budget, which operated many years without a deficit. He also started the concept of the Annual Report, opening an assessment of the medical school to the University.

"He ran a frugal ship," says Robert C. Mackowiak, M.D., '64, Associate Dean and Director of Affiliated Programs and Continuing Education. "He was supportive of new programs, but always looked to the budget to see if the fiscal stability could still be maintained."
A desirable result to Dr. Kellow's monetary conservatism was the support he was able to then give to research. With society's new doubts about the medical field, the government was not issuing grants as freely during Dr. Kellow's early years at Jefferson as it had done in the past. The situation worried Dr. Kellow, and he fought hard to keep resources open for research, an area he deemed crucial to the future of medicine.

At the end of his deanship, Dr. Kellow had much to feel satisfied with, much to sit back and look over. But that was not his way. The finish of one goal simply meant it was time to start working on the next.

During one point in his career at Jefferson, after a number of achievements, Dr. Kellow made himself quite clear on how he felt about the matter. "Some may feel that now we should have a period of rest and a chance for reassessment," he said. "Jefferson, however, can look forward to no such pleasant interlude."

This drive naturally left the Dean some things he was unable to complete before his retirement. He worked for the renovation of the Curtis Clinic and the College Building at 1025 during his entire tenure. One area he was able to see completed was on the second floor of the College Building. The old lecture halls are now conference and class rooms (JAB Fall '79) and will be known as the William F. Kellow Conference Center in his honor.

A trend that worried Dr. Kellow and about which he wrote in his last Annual Report, was the number of students graduating from foreign medical schools who are being licensed in America. He was concerned that the foreign schools are not accredited, and that these students are pushing out those students who were trained in this country. He warned that "dark days" were upon the medical field.

While the Dean put an endless effort into Jefferson, he had an equal dedication to his family. A deeply private man, Dr. Kellow preferred to spend time with his wife and five daughters to anything else.

Originally from Geneva, New York, the Dean graduated from Notre Dame in 1943 and from Georgetown School of Medicine in 1946. Board-certified in internal medicine and pulmonary diseases, Dr. Kellow became Assistant Professor of Medicine at the University of Illinois College of Medicine in 1953. He was promoted to Assistant Dean, Associate Professor of Medicine and then to Associate Dean in 1959. Dr. Kellow joined Hahnemann in 1961 as a full Professor and became Dean at age 38. He was named Dean and Vice-President at Jefferson in 1967.

His awards and activities were many, and he was recognized nationally as a respected authority on medical education. He received Notre Dame's Centennial of Science Award in 1965, and in 1981, received JMC's Annual Alumni Achievement Award. In the same year, he was presented with the first Winged Ox Award for outstanding achievement and contribution to Jefferson. Dr. Kellow was named a master of the American College of Physicians in 1977.

The Dean served on the Board of Regents of the ACP and on the Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges. He also held the distinguished position of Chairman of the AMA's Advisory Committee on Undergraduate Medical Education of the Council on Medical Education.

"Dr. Kellow is one of the most intelligent men, but he never wanted to display it," says Dr. Brucker. "But it showed more dramatically because he tried to hide it. He was always so gracious, and his honesty and humility were overwhelming."

"He was able to teach the science as well as the art of medicine," says Dr. Gonnella, who interned under the Dean while they both were at Illinois. "He portrayed a model of a physician as a scientist as well as a humanitarian."

And his loyalty to Jefferson was unparalleled. After Dr. Bluemle came to Jefferson and first began working with Dr. Kellow, a few sparks flew between the two strongly willed men. "It seemed to me that as soon as he realized my interest was in helping to strengthen the medical school," Dr. Bluemle says, "the sparking disappeared. His devotion and sense of responsibility towards the school were tremendous. If he felt a harmful force against the medical college, he would fight it."

This fierce dedication ruled Dr. Kellow through 15 years at Jefferson, through a job which at times must certainly have been thankless. But he brought this institution to a peak reached by few others. It is the essence of an extraordinary individual like Dean Kellow, as seen through his words, that carries the power to move worlds ahead.

"Our responsibilities are broad and heavy, but the destiny of this old and distinguished College has come to us—to all of us. We are charged by all who have preceded us here to move this College forward. Whatever interests we may have as individuals, let them stand aside for our combined objective."
The Jefferson Scene

home care program

Preventive medicine is the idea behind a new program begun in July in Jefferson's Department of Family Medicine. As part of a research project, the Home Visit Program has two purposes, providing both an educational experience for medical students and nurses, and a service to patients.

The program aims, in part, to help patients stay out of the hospital or to prevent them from being admitted unnecessarily. In turn, the medical students and nurses, through visiting these patients at home, become aware that a person's health care involves more than the office visit or hospital stay.

The idea for the program evolved as physicians started to realize that many patients were ending up in the hospital who, with better care at home, would never have needed to be there in the first place. One physician to take action against this problem was James D. Plumb, M.D., '74, Assistant Professor of Family Medicine, who wrote a proposal for a home care program as part of his residency at Thomas Jefferson University Hospital. That proposal was instrumental in the creation of the Home Visit Program.

"We were seeing people here who would end up in the hospital and then two months later, they would be back with the same problem," Dr. Plumb said. "If they had better support systems at home, their hospital stay could have been avoided."

Other facets of the problem emerged, presenting physicians with a two-ended situation. Many patients were not keeping appointments or not taking prescribed medicines. But much of the physician's inability to help these patients was due to his own lack of understanding of how these patients lived.

"Very little of a person's health care is spent in the hospital," Dr. Plumb said. "But the majority of a physician's training takes place in the office and the hospital. Their perspective is one-sided."

The start of the Home Visit Program offered them this needed new perspective. The program is funded through a federal grant given JMC to support new programs aimed at improving the practice of family medicine and education for students preparing to be physicians. The patients' medical insurance makes up the difference.

As a research project, the Home Visit Program is divided into two groups: the traditional office-based patients and those who receive care at home. Each of the faculty and residents in the Department of Family Medicine was asked to submit a list of practice patients they considered good candidates for the study. These 600 individuals, with their consent, were randomized into the two equal groups. If the need arises, a patient is seen acutely regardless of the group in which he or she had been placed.

The medical team consists of a faculty member devoted full-time to the project, a full-time nurse coordinator, a driver and a leased van. Medical students and nursing students join the team on a rotational basis. Each of the residents in the Department of Family Medicine is formally scheduled to make home visits and to participate in the home care project 10 half-days per year.

"We want to have a team approach," said Steve Perkel, M.D., Staff Physician in family medicine at TJU Hospital. "The physician is part of a team working together and not just on his own."

As physicians and students entered the homes, the answers to many patient problems became apparent. The missed office appointment was often caused by a patient's inability to come to the office physically. The medicine bottle remained unopened because the patient couldn't remove the cap or understand the dosage.

"By just setting an egg carton out for them with a day's dose in each compartment could save a trip to the hospital for some," Dr. Plumb explained.

An important aspect of the home visits is the biographical information collected, called a data base. This information includes social background, environment, finances, medical history and outside contacts. By having this information on file, when a patient does need to be in the hospital it can often shorten the stay considerably.

"Now when someone from the program comes to the hospital, we know what's wrong with them," Dr. Plumb said. "It saves days of testing."

The students also learn to change their preconceived ideas about a certain type of patient, according to Paul C. Brucker, M.D., Chairman of the Department of Family Medicine and Alumni Professor.

"The physicians and residents have been impressed that underserved areas are better then they think," he said.

"The program has also made them appreciate the social side to medicine. The loneliness of the elderly can be a far bigger problem than taking digitalis. The physician doesn't learn about that in the hospital."

In turn, the patient response has been enthusiastic. One woman, whose father was ill, had no way to transport him to the doctor's office without calling an ambulance, which would have meant a hospital stay. "When she learned that the home visit team would come to her
home to see her father, she began to cry over the phone she was so happy,” said Joanna McGrath, Nurse Coordinator of the program.

Part of the positive response to the home visits is that the white coats remain in the office. When Ms. McGrath and Dr. Perkel make a visit, they dress for the weather and not for a medical office. Instead of the black leather bag, Ms. McGrath slings a knapsack filled with supplies over her shoulder.

Ms. McGrath, who has a background in social service, finds her role as nurse more expanded on home visits than it is in the hospital.”

"Many patients think that I’m the doctor because they see me the most,” she explained. “I can assess and do procedural things, but the physical exam is still done by the doctor. However, since I have the most contact with the patients, I can recommend what the physician should look for or let him know what I think about his approach. It goes along with the whole idea of working as a team.”

Some patients have problems that aren’t always medical, as evidenced by one woman Dr. Perkel and Ms. McGrath visited in December. The woman complained of having difficulty breathing and pain in her limbs. After talking with her and examining her for some time, Dr. Perkel thought her problems were caused more from anxious depression than a physical disability. The woman had recently lost both her husband and her mother to death.

“I know that her pain is real, but the cause goes beyond that,” Dr. Perkel said. He would recommend she receive psychiatric help.

But for the patients who do need medical help, the home care team can make a world of difference. Elinor, a North Philadelphia woman in her eighties, walked down her steps to greet Ms. McGrath with a big hug and smile. A month before, she couldn’t leave her bed.

“She just really needed to take her medication,” Ms. McGrath said. “I don’t wait for her to call me. She would have ended up in the hospital.”

The program undergoes a constant evaluation, but it is still too soon to make a final judgment on its future.

“We aren’t setting any efficiency records,” Dr. Plumb said. “We can only see about three people in an afternoon. But I do know that if we hadn’t seen some of these people, they would have ended up in the hospital.”

The coordinators of the Home Visit Program will look at the progress in depth after one year, and then again after two years. Dr. Perkel said that after that length of time, they would know if indeed the program has made a difference.

There are areas, however, where a difference can already be seen. The costs saved by the patients are an immediate advantage, according to Dr. Brucker. For the critically ill, he said, it has even more advantages.

“The home care team can help the patient and his family through the death,” he said. “The family can feel like they are doing more to help the patient than they could in a hospital. It feels better to make chicken soup than visit them in the hospital.”

And the difference for people in terms of better health is probably immeasurable, says Ms. McGrath.

“Some people don’t realize it is easier to take care of someone when they are well than when they are sick.”

trauma lecture

Joseph M. Giordano, M.D., ’67 visited his alma mater in November to address Jefferson Medical College’s student surgical group, the Gibbon Society, on the treatment of trauma victims. A medical staff member at George Washington University Hospital in Washington, D.C., Dr. Giordano is nationally known for having headed the trauma unit that treated President Reagan last March after the attempt on his life.

To place the need for trauma centers in perspective, Dr. Giordano presented his audience with some disturbing figures. Trauma is the third most common cause of death in the United States and is the leading cause for persons under 40. While fatal accidents totaled 104,000 in 1977, motor vehicle-related accidents in that same year numbered almost 50,000, a statistic he compared to the 50,000 deaths in eight years of the Vietnam War.

Four elements influenced the general acceptance of trauma centers, Dr. Giordano said. In 1966, the National Resource Council published a paper showing that the needs of trauma victims were not being adequately met.

The experiences of Vietnam War surgeons stationed in Mobile Army Surgical Hospitals were also instrumental, "These doctors returned home," Dr. Giordano said "and found hospitals unable to handle the type of emergencies they had dealt with regularly during the war.”

A third influence was the Emergency Medical Service Act of 1973, enabling ambulances to bypass a hospital, even if it was closer, for one with a trauma unit. The final stimulus was a model program set up in Illinois and Maryland, which placed hospitals and emergencies on a system of priorities.

Dr. Giordano cited a two-county study in California as further evidence of the importance of trauma centers. In 31 receiving hospitals, the death of two-thirds of the non-central nervous system victims was unnecessary. By comparison, the death of only one in 92 of the victims brought to trauma centers was unnecessary.

“The first hour is the golden period,” Dr. Giordano said. “You can save or lose a life in that critical time.”

With the 1973 act, hospitals became categorized into three different levels with each level meeting a degree of emergency. This regionalization system is already in effect in Washington, D.C., he said, and Philadelphia has plans for implementing one in the next year.

“The benefit of regionalization,” Dr. Giordano said, “is that trauma centers are able to handle a larger number of patients. This results eventually in better training for the doctors.”

Describing the trauma team at George Washington, Dr. Giordano said the room where patients are received is completely equipped for any form of trauma. When the call comes in that a victim is on the way, the trauma team
assembles in the resuscitation area. Dr. Giordano does not allow anyone in the room unless they are part of the procedure. "Everyone in the room is gowned, gloved and ready to go," he said.

Dr. Giordano's team consists of surgical residents, anesthesiologists, nurses and respiratory therapists. "Everyone has a role to play," he said.

Once the victim arrives, the surgical resident does an initial evaluation of the ventilation, external hemorrhage, level of shock and neurological status. "Trauma of the spleen is the most common injury and one of the most serious," Dr. Giordano said, "with the liver being next."

After outlining specific steps to take in trauma surgery, Dr. Giordano answered questions from the audience, most of which concerned his work on the President.

"The procedure went very smoothly that day," he said. "I saw the President ten minutes after he arrived. He had lost a large amount of blood and I think that if there had been any more delay in getting him to the trauma center, the situation would have been extremely critical."

While operating on the President, one of Dr. Giordano's assisting surgeons located a bullet very close to the heart. "We generally don't bother getting the bullets out, as they aren't the most serious considerations at the moment," Dr. Giordano said. "But we were so close to it that we just decided to go ahead and remove it. It was a lucky thing, because the bullet was an exploding kind, designed to go off when a certain heat level is reached. Even the FBI hadn't heard of that kind before!"

alumni president

Getting things done is nothing new to the Alumni Association's next President, Norman J. Quinn, Jr., M.D., Chief and Director of the Department of Pediatrics of Montgomery Hospital, Norristown, Pennsylvania. Dr. Quinn is in the private practice of medicine, and functions as part of a team of pediatricians and nurse practitioners in providing primary care in suburban Philadelphia. He graduated from Jefferson in the Class of 1948, and completed a two year rotating internship at Jefferson. His pediatric residency was completed at the Children's Hospital of Philadelphia after two years with the U.S. Navy as a squadron medical officer in the North Atlantic. He has been actively enrolled in the Executive Committee of Jefferson's Alumni Association ever since serving as Treasurer, Vice-president, and Secretary for a number of years.

In 1970 the 100th Anniversary of the Alumni Association of Jefferson Medical College was celebrated and Dr. Quinn was Chairman of the event. A major objective of the Centennial Committee was to bring the A. Stirling Calder statue of Samuel D. Gross to the Jefferson campus. Dr. Quinn, together with John J. McKeown, M.D., '47, Frank J. Sweeney, M.D., '51, and Harold L. Stewart, M.D., '26, spent many months of negotiations with the National Park Service and the Department of the Army and finally obtained the signature of the Surgeon General, clearing the statue for transfer to Jefferson. It now proudly stands behind the Scott Building on Thomas Jefferson University Campus.

As agent for the class of 1948, Dr. Quinn and his classmates, have one of the most active and successful classes in Jefferson history. They have won three first places in annual giving. The class is also unique in that they have held annual reunions since 1956. The 20th Reunion was celebrated in Bermuda with Professor John Y. Templeton '41 and the 25th Reunion in Vienna and Rome with Professor Paul A. Bowers '37 when each special guest was made an honorary member of the class of '48. Dr. Quinn feels much of the success of the class has been founded on the fellowship and renewed friendships that developed on these occasions.

Dr. Quinn holds staff appointments at the Sacred Heart Hospital and Montgomery Hospital in Norristown, as well as the Children's Hospital of Philadelphia. He belongs to Montgomery County Medical Society, Pennsylvania State Medical Society, the AMA, the Philadelphia Pediatric Society and is a Fellow of the American Academy of Pediatrics. He has written on a variety of subjects for medical publications. An article published in Clinical Pediatrics, discussing a special program at Montgomery Hospital in bonding of adopted newborn infants, has been referred to in several national magazines, and was presented by Dr. Quinn to the Irish American Pediatric Society in Dublin in 1979.

Dr. Quinn is not a member of Jefferson's faculty or the medical staff of the TJU hospital, as most previous
presidents of the Association. He hopes this will not prove a liability during his term in office. “On the other hand, being in private practice, and not at the University, makes me representative of the majority of our alumni. I would like to see some additional pro­gramming for their families. Traditionally, he said, it has tended to focus on what the alumni could do for the institution. “We need to think more of the alumni and their needs,” he said.

The new President feels the role of the Association should create a two-way street between Jefferson and her alumni. Traditionally, he said, it has focused on what the alumni share the knowledge of a particular health problem. Or they might be just like me who, prior to a recent surgical procedure at Jefferson, sheepishly admitted to the resident that my last physical examination was when I was discharged from the Navy in 1955.”

When Dr. Quinn is not in his office with his young patients and parents, some second generation, (“a mixed blessing” he added,) he is on THE KIPPPYWHO, a sailing sloop on the Chesapeake with his wife Carol. “Carol is a pediatric nurse practitioner, so when the schedule permits, we really enjoy our free time together — even though occasionally, I do have to cut the grass.” The new President has managed to keep a golf club in his hand sporadically over the past 20 years. “No matter how much or how little I play, I always play the same. Ask my friends — privately.”

Dr. Quinn said that he is greatly honored to have been chosen President of the Alumni Association, a position he will assume at the annual business meeting February 25 at the Historical Society of Pennsylvania.

With his determination and record of success in other endeavors, he will accomplish his goals for the Association.
gartland portrait

When the velvet drape came off, there stood the painted likeness of John J. Gartland, M.D., '44. But an equally fine likeness of the Chairman of the Department was drawn by his colleagues during their November 18th presentation of his portrait. With warmth and sincerity, Dr. Gartland's associates gave a rousing introduction of the physician both verbally, and in the work of artist Alden M. Wicks, visually.

Jefferson's James Edwards Professor of Orthopaedic Surgery, Dr. Gartland is internationally recognized in his field as a scholar, researcher, educator and clinician. His book, *Fundamentals of Orthopaedics*, now in its third edition, is the basic textbook used not only in this country's medical schools, but in medical schools all over the world.

"Perhaps in all the 150-old years of history at Jefferson, few more deserving individuals have received this recognition," began Jerome M. Cotler, M.D., '52, Professor of Orthopaedic Surgery who presided at the ceremony. Dr. Cotler introduced Dr. Gartland's wife, Madeline and their children.

The praise continued with an entertaining biography in slides narrated by Gerald E. Callery, M.D., '43, Associate Professor of Orthopaedic Surgery, and John J. Dowling, M.D., '47, Professor of Orthopaedic Surgery. The delighted audience was treated to a picture of the future orthopaedic authority at age two.

Dr. Gartland learned about orthopaedics early in life after developing a foot problem which required multiple operations and leg braces until his 8th-grade graduation. "A measure of Dr. Gartland's determination and grit is the manner in which he handled this handicap," Dr. Dowling said.

Despite having missed two full years of school, Dr. Gartland managed to catch up, graduating from the Haverford School in 1937 and cum laude in chemistry from Princeton University in 1941. His interest in his future field was already active, as evidenced by the topic of his senior thesis, "The Polymerization of Methyl Methacrylate," the substance now used to cement in total joint replacements.

Dr. Gartland graduated from Jefferson in 1944, managing to squeeze in an internship at his alma mater before entering the U.S. Army in 1945.

After the war, Dr. Gartland completed his residency training and joined the Jefferson faculty as an instructor in 1952. He rose through the ranks and was appointed to his present position in 1970. President of the JMC Alumni Association in 1974 and 1975, Dr. Gartland is on the staff or is a consultant to a number of area hospitals, and has been a Visiting Professor at universities all over the world.

While Dr. Gartland is active in many medical organizations, his biographers stressed his involvement in the prestigious American Academy of Orthopaedic Surgeons as a Fellow, several Vice-Presidencies and eventually, as President in 1979. He now acts as Chairman of the AAOS's Advisory Panel for Government Affairs.

An avid tennis player, Dr. Gartland was given credit at the presentation for publishing a second book, which until then was unknown. The cover of *All I Know About Tennis* was shown on the screen, as were its inside pages, all of which were blank. "Dr. Gartland brings the same determination to the court," Dr. Dowling said, "as he brings to his profession."

Frank D. Gray Jr., M.D., Interim Dean, accepted the portrait for the faculty and Lewis W. Bluemle, M.D., President, accepted it on behalf of the Board of Trustees. In his remarks, Dr. Bluemle said Jefferson has a great deal to be proud of, with Dr. Gartland as an exemplary representative of his profession.

"I realize now," he said, "that the determined look on John's face, faithfully recorded in the portrait and on his face now, goes back at least to age two."

William C. Hamilton, M.D., '71, Assistant Professor of Orthopaedic Surgery, introduced the portrait's subject, speaking of the positive influence Dr. Gartland had been on his life and career. "He taught me the important distinction between technique and reason," he said, "which is an important difference in all branches of medicine, but especially so in orthopaedic surgery, where we have so much technology at our disposal."

Borrowing from Sir Isaac Newton, Dr. Hamilton said, "Those of us who know Dr. Gartland perhaps can see a little further because we have had the opportunity to stand on the shoulders of a giant." Dr. Hamilton then gave Dr. Gartland a rousing introduction by playing a tape of the Tonight Show's "Heeere's Johnny!" Amidst a roar of applause, the guest of honor took the podium.

"I would be less than accurate if I did not admit that I am touched and honored by this occasion," Dr. Gartland said. "Like Charlie Brown, I am glad to be here, but at the same time, somewhat bewildered by what is going on around me."

He had a number of people to thank, including those who found "a portrait painter with courage." Dr. Gartland also thanked his secretary of 25 years, Louise Lang, "who arranged this affair, as she does all my affairs, with caring and with enthusiasm."

Dr. Gartland recalled a conversation he had in his home in 1968 with Dr. Dowling, and Clinical Associate Professors of Orthopaedic Surgery, Phillip J. Marone, M.D., '57, and Hal E. Snedden, M.D., '50.

"Like people all over the world who are not in charge of things," he said, "we decided among ourselves how much better we could run the orthopaedic program at Jefferson, if someone would just give us the chance. Well, through luck or faith, they did give us the chance, and as a parameter of your success, 11 percent of the senior class at this medical school has applied to our program for orthopaedic education."

"It has been said about me that I am dedicated," he continued, "which I would like to comment on. Like you, we are in business. We are in the business of making tomorrow — tomorrow's science, tomorrow's preventive medical care and tomorrow's doctors. That is what I hope our dedication is all about."

A reception in Alumni Hall followed the ceremony, lasting into the early hours of the next morning.
Looking back on the presentation a few weeks later, Dr. Gartland seemed pleased. "It was lighthearted and not such an ordeal," he said, seated in his office beneath a plaque inscribed with "I ARE THE BOSS." "I usually don't get charged up about these things."

The artist did not have Dr. Gartland pose, but rather, chose to paint from photographs. "I think he had me hold the pipe while he was taking pictures so my hand wouldn't shake," Dr. Gartland said, with the hint of a smile. "He was a pro and knew what he was doing."

Other than his tie being too wide, Dr. Gartland likes the painting. "I told him to get rid of those three double chins," he said, "but he told me no one would recognize me without them."

The intense, direct gaze on his face in the portrait expresses no particular sentiment, Dr. Gartland said. "I just look at people, but some say I have piercing eyes. When the faculty look at the portrait, maybe it will keep them in line," he said jokingly.

Dr. Gartland regards his work in orthopaedics and in the department at Jefferson as his greatest accomplishments. His textbook and involvement in the AAOS speak for themselves, he believes. As Chairman of the AAOS's Advisory Panel, Dr. Gartland has been advising congressmen in the nation's capital. "It's on a good level;" he said. "Not lobbying, but simply an exchange of information. I'm having fun with it and think I have a knack for it."

While enjoying the Washington experience, becoming President of the country is not one of his future goals. That's a job for someone else, he contends.

"I like what I'm doing," he said, "and will continue to do it until they tell me to stop."

new appointments

Frank D. Gray, Jr., M.D. has been appointed Interim Dean.

Digamber S. Borgaonkar, Ph.D., has been appointed Research Professor of Pediatrics at the Wilmington Medical Center, a Jefferson affiliate. He occupies the Margaret I. Handy Chair of Human Genetics.

Carlos F. Gonzalez, M.D., has been appointed Professor of Radiology with a secondary appointment as Professor of Neurosurgery.

Francis X. Lobo, Ph.D., has been appointed a Visiting Professor of Microbiology.

Jerry A. Shields, M.D., has been promoted to Professor of Ophthalmology.

John E. Stambaugh, M.D., '66 has been promoted to Professor of Pharmacology at Jefferson.

the annual rehfuss

The 18th annual Martin E. Rehfuss Lecture was given December 3 by Robert A. Good, M.D., Ph.D., President and Director of the Sloan-Kettering Institute for Cancer Research from 1973 to 1980. Internationally known for his work in the cancer, immunology and pediatrics fields, Dr. Good spoke on "Advances in Cellular Engineering."

Dr. Good delivered a detailed account of his work in the field of cellular engineering. He specifically focused on his discoveries in the immunological processes and how these findings have opened new doors to fighting disease through the genetic systems.

"We have made great progress in understanding the immunological system," Dr. Good said, "This progress is translated into approaches to cellular engineering that will be progressively simplified and that will give us the license to achieve cellular engineering in diseases that are not so fatal as those diseases we have been currently treating, such as sickle cell anemia."

Dr. Good, while still a member of
the Sloan-Kettering Institute, is a Professor of Medicine and Pediatrics at Cornell University Medical Center in addition to holding positions in many New York City area hospitals. A recipient of eight honorary degrees and a number of major awards, including the Albert Lasker Clinical Medical Research Award, Dr. Good is a charter member of the Institute of Medicine of the National Academy of Sciences and has authored a plethora of scientific articles.

The Rehfuss Lecture of Internal Medicine was created and endowed by the Percival E. and Ethel Brown Foerderer Foundation in honor of the late Martin E. Rehfuss, M.D., Professor of Clinical Medicine at Jefferson Medical College.

presidencies

Two Professors at Jefferson are now serving as Presidents of national organizations.

Franz Goldstein, M.D., '53, has assumed the Presidency of the American College of Gastroenterology. Dr. Goldstein, Professor of Medicine at Jefferson and Chief of the Department of Gastroenterology at Lankenau Hospital, began his term in October 1981 and will conclude with the College's 50th Anniversary convention in New York City in October of 1982.

Dr. Goldstein was a member of the Board of Trustees of the ACG for four years, and was a member of the Executive Committee and Vice-President from 1977 to 1978.

The American College of Gastroenterology, one of two such organizations in the United States, consists of approximately 1700 members including internists, surgeons and other interested physicians. The College always has emphasized continuing education by sponsoring post graduate courses, symposia and the annual convention. A reorganization of the College now is underway. Dr. Goldstein states "I hope to play a vital part in the expanding roles of various committees dealing with training, education, clinical practice, government relations and other related matters. It will be an exciting year for me and a challenge."

A Fellow of the American College of Physicians, Dr. Goldstein is a member of the American Gastroenterological Association and the American Society for Gastrointestinal Endoscopy and serves as Secretary-General of the Bockus International Society of Gastroenterology. He received the College's Rorer Awards in 1974, 1975 and 1981.

Dr. Goldstein has been active in the National Foundation for Ileitis and Colitis serving as a member of the Board and as Chairman of the Patient Education Committee. He was named Physician of the Year by the Philadelphia Chapter of NFIC in 1975.

Dr. Goldstein, who has published widely, is an active member of Jefferson's Alumni Association. He has been a member of the Executive Committee since 1967 and has been Chairman of the Publications Committee since 1979.

When Dr. Goldstein was installed as the ACG's new President, he received first prize for the best paper published in the past year in the American Journal of Gastroenterology along with three other physicians, including Frank T. Kucer, M.D., '74.

John F. Ditunno Jr., M.D., is the new President of the American Academy of Physical Medicine and Rehabilitation. Dr. Ditunno, Professor of Rehabilitation Medicine at Jefferson Medical College, has taken on the added responsibility of the Chairmanship of the American Board of Physical Medicine and Rehabilitation.

As President, Dr. Ditunno hopes to increase the research capacity in his specialty and to promote the relationship between his specialty and other organizations related to his field.

"My schedule will be demanding," Dr. Ditunno says, "but I have an excellent staff to support and help me in all my responsibilities."

The Academy sees its purpose to be to promote the art and science of medicine, and the improvement of health through an understanding and use of physical medicine and rehabilitation.

The primary aim of the American Board of Physical Medicine and Rehabilitation is to establish the training requirements and certification of physicians specializing in physical medicine and rehabilitation, and to give
public assurance of the competence of those it certifies.

Dr. Ditunno is Chairman of the Department of Rehabilitation Medicine at TJU Hospital and is Project Director of the TJU Model Spinal Cord Injury Center of Delaware Valley, (JAB Winter, 1981) A 1958 graduate of Hahnemann Medical College, Dr. Ditunno holds teaching positions at a variety of Philadelphia medical centers and staff positions at a number of area hospitals.

Dr. Ditunno has served as President of the Philadelphia Society of Physical Medicine and Rehabilitation, the Pennsylvania Academy of Physical Medicine and Rehabilitation, the Eastern Section of the American Congress of Rehabilitation Medicine and the Association of Academic Physiatrists. He was Program Chairman for two years of the American Congress of Rehabilitation Medicine and served on the Board of Governors of the American Heart Association of Southeastern Pennsylvania. Dr. Ditunno is the author of numerous articles in his specialty.

hypertension lecture

The first annual Housel Lectureship on Hypertension was launched at Jefferson Medical College November 11 with a talk by Dr. Irvine H. Page, Director Emeritus of the Cleveland Clinic Foundation’s Research Division and an elder statesman in the field of hypertension.

Dr. Edmund L. Housel ’35, on the JMC faculty since 1941, established the lectureship through the Housel Hypertension Fund with the aim of keeping students and faculty abreast of progress in the field. At JMC and on a national level, Dr. Housel is well known for his expertise in hypertension and for opening the first Hypertension Clinic and directing it for 29 years.

Introducing Dr. Page as “a legend” in the cardiology field, Dr. Albert Brest, Director of the Division of Cardiology, only had time to highlight the speaker’s vast accomplishments. A graduate of Cornell University and Cornell Medical College, Dr. Page has authored a dozen books, is the recipient of 20 honorary degrees, numerous prestigious awards and is President of or a member of almost 40 medical organizations.

Before his talk, Dr. Page, 80, offered a quiet self introduction. “I’m at the age where anything that works, hurts, and if it doesn’t hurt, it doesn’t work.” His wit, however, worked so well during his speech that he must have been in great pain as he successfully drew laughter from his audience. But Dr. Page balanced his tone of light humor with a serious look at the study of hypertension, carrying his listeners through his 60 fascinating years in the field.

Today’s medical students, Dr. Page asserted, often look for a single cause of a disease. Hypertension doesn’t result from simply one malfunction. Rather, he said, it is a complex problem of regulation. Contributing to this misunderstanding, Dr. Page said, is that there is a great deal of observation going on, but not much discovery. As a result, a vast number of medical publications circulate, making it almost impossible to keep up with the overall picture of the field.

Dr. Page suggests this problem arose from the way medicine has organized itself through the years. An aggregate forms around a certain medical area and then people specialize within that area. This spawns a growth of new printed material, much of which Dr. Page believes is unnecessary. “It’s like the man who picks up a cream pie on the way to mailing an important letter and drops the cream pie into the mailbox instead of the letter. With many of these publications, it would be just as well,” he said dryly.

When he started in medical school in the ’20s, this problem didn’t exist. The well-known diseases, such as typhoid fever, were the core of his early medical training. The more complicated area of congenital heart disease wasn’t regarded as worth looking into. “No one cared about it because nothing could be done about it,” Dr. Page said. “It just happened when you got old.”

In a very short time, Dr. Page witnessed the impact of a number of medical breakthroughs. A sudden interest in long-term chronic disease emerged and the old diseases of typhoid and rheumatic fever disappeared. “It was a time of watershed,” he said. “A totally new field emerged which involved coronary heart disease, stroke and hypertension.”

In what he terms “the old school,” Dr. Page received some early impressions of hypertension that were to affect his later work in the field. Doctors used to think high blood pressure was necessary to keep blood moving through the thickened artery walls of older people. “But that theory was just a good ploy,” he said, “because we just didn’t know how to lower blood pressure.”

When physicians discovered that colloidal sulphur and colloidal silver caused blood pressure to fall, a new door in medicine was opened. “These simple observations are long forgotten now,” Dr. Page said, “but they caused results of great clinical importance.”

A third influence on Dr. Page was his assistance in a “new” operation, an anterior root section. “It was a disaster,” he said. “We didn’t know where anything was, but two things impressed me at the time. I realized that hypertension was reversible and that blood pressure could be lowered without lowering blood perfusion.”

One last event directed the outcome of the hypertension field. “I had initially studied chemistry of the brain,” Dr. Page said with a smile, “but when I started looking for a job, no one needed a brain chemist. So I went into the field of cardiovascular study.”

As the public began to recognize hypertension as a serious disease and the government expressed concern over finding a cure, the commercial side to hypertension emerged and chemists produced a wealth of new drugs. “But these chemists outsmarted the doctors by providing the drugs before we knew what to do with them,” Dr. Page said.

The doctors, however, were determined to reduce blood pressure “no matter what,” Dr. Page said. As a result of administering these unfamiliar drugs, side effects occurred such as Lupus and Parkinsonism. But Dr. Page credits the chemists as the ones responsible for the ability of doctors to lower blood pressure effectively today.

Thirty years ago, Dr. Page proposed a theory of hypertension which he called...
the Mosaic Theory and to which he still holds today. "In the body there is an interlocking equilibrium, a constant pressure, so that when something happens in one part of the body, something else will occur to equalize it, keeping the body in a perfect balance."

Thus hypertension, Dr. Page explained, isn't the result of a single agent, but rather of a connective disturbance in the body's regulation of fluids. "So when dealing with hypertension, you must look at all functions of the body," he said.

Dr. Page outlined how each function relates to hypertension, going over the neuro, anatomical and humoral systems. In looking at the genetic predisposition factor of hypertension, Dr. Page emphasized the importance of a careful interpretation of research. Conclusions drawn from studies of rats cannot be applied necessarily to humans. Rats, he said, form a homogenous group in this study, but humans do not. "But just because humans aren't homogenous, it doesn't mean there is no genetic predisposition for hypertension," he said.

Environment is another area that must be considered when studying the disease, he said. If a doctor is examining stress, he must look at the type and amount of stress involved. In addition, the adaptive mechanism is an important factor in the cause of hypertension. "For instance, take the mouse and the giraffe," Dr. Page said, his examples causing smiles in the audience. "The mouse needs very little pressure, but the giraffe needs high pressure to get blood up to his head."

Dr. Page reminded his audience that the physicians who are now studying hypertension are amidst a revolution, just as the genetic researchers were with the fruit flies. "We're doing the same thing, but just don't know it yet," he said. "Much of what I've been telling you is for the future of medicine. It will take years to get at the basis of the disease."

Echoing his earlier point, Dr. Page offered some final words of advice. "Keep making observations, try to make discoveries," he said. "God did better than we can do and if we keep on, He'll eventually tell us how to do it."

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**Sexual Medicine at Jefferson**

**by Martin Weisberg, M.D., '72**

My first day in gynecology clinic was a dark, rainy, Monday afternoon in January. The weather was so vicious that you would think no one but the sickest of people would dare to bundle up the children, leave the warm house, and stand outside in the bitterness, waiting for the trolley to carry them to see the doctor. But as I got off the elevator at third floor, Curtis, and passed the old brass sign which said Gynecology—Diseases of Women, I found a packed house. Fifty or 60 women were sitting on the long wooden benches, their umbrellas still dripping from the cold rain.

After my six months of internal medicine I was ready to start training in my future career of obstetrics and gynecology. The pockets of my short white coat were filled with all of the appropriate things. Left pocket—Washington Manuals (medical and surgical)—very tight fit. Right pocket—stethoscope—one of those 40 pounders with three heads, the changeable ear pieces and a hospital bracelet entwined around the Y piece as only a senior medical student can entwine it. Breast pocket—percussion hammer, ophthalmoscope, otoscope, tuning fork, EKG calipers, kelfex ruler, flash light, obstetrical wheel and two Cross pens. I was prepared for anything, but at the same time, scared.

My first patient was fortyish, gravida 9, para 10, (one set of twins) with the twins and two others with her today. While the baby slept in a stroller, the twins dueled with pap spatulas and another one made balloons out of gloves. I asked how I could help. "I lost my nature," she replied. "Your nature?", I repeated, my mind running through possibilities. Bowel movements? Loss of mind? Loss of hair? "Yeah, you know, my nature, my drive, my mood." Maybe libido? I remember libido from psychiatry. You lose it when you're depressed. Id, ego, super ego, Freud, libido, sex. That must be it. She lost her sex drive. "You mean your sex drive, you lost your sex drive?" I asked. "Yes," she responded. "I don't get turned on anymore."

There, I thought, I've diagnosed my first patient. This is easier than I thought it would be. But wait, I didn't diagnose anything. She presented me with a chief complaint and all I did was label it. What do I do now? I examined her, treated her for a yeast infection, which she may or may not have had, and referred her to a psychiatrist. I subsequently learned, he talked to her for 35 minutes and put her on an antidepressant which constipated her, so she stopped taking it.

Dr. Weisberg is Assistant Professor of Obstetrics and Gynecology with a secondary appointment of the same rank in psychiatry and human behavior.
The Penn Program included studies in sexual anatomy and physiology as well as courses in crisis intervention, psychodynamics and group process, things that could make every physician more effective.

But I was the one who needed the anti-depressant. I didn’t know what to do. None of my pockets held the answer and medical school education had let me down.

The weeks went on and I learned to treat itches and bleeding and pain and cysts, but it still bothered me that I couldn’t help my first patient. I then heard about a program at the University of Pennsylvania’s Marriage Council, a program that taught marital and sexual therapy. But it was a full-time curriculum. As Dr. Harold Leif, Director of the Center explained to me, you can’t learn this material from books, nor can you learn it two evenings a week. It requires intense study and continuous supervision. There are sex therapists who take a two-week course and open up shop, but really what can anyone learn in two weeks?

With six months of elective and three months of vacation (over my entire residency), I could still take night call. I signed up. Dr. Roy Holly, the Department Chairman at the time, thought it was a great idea. Although it would put six months of vacation (over my entire was a great idea. Although it would put

much of my learning at Penn would soon become a model for Jefferson’s teaching program. First we learned not to be afraid of sex. We learned that sex is a natural function. It is God-given, adaptive, universal, clean behavior that exists whether we are too embarrassed to talk about it or not. And we also learned that sexual problems are there whether we choose to recognize them or not.

The program included studies in sexual anatomy and physiology, as well as courses in crisis intervention, psychodynamics, and group process, things that could make every physician more effective. Actual counseling techniques were taught one-on-one with supervisors through hundreds of taxing, yet essential hours of study.

After completing the course I returned to Jefferson to complete my residency. I was excited, exhilarated, and anxious to bring sex education to Jefferson.

The people most interested in hearing what I had learned were the social workers and nurses. A committee of medical students also requested a course in sex education and as none existed, and apparently no curriculum time left to include one, we started a free university evening course, meeting wherever we could find the space. The class sometimes had 75 students, often lasting until 1:00 in the morning. Obviously medical students had a real hunger to learn about sexuality and their interest was not prurient. They just wanted to be better doctors.

Eventually, Dr. James H. Lee, Jr., ’45 assumed the Chairmanship of the Department of Obstetrics and Gynecology. We both realized the need to include sex education in the medical school curriculum and decided to schedule it during the junior OB-GYN block. Every Friday afternoon students on our rotation would be excused from the clinical duties to return to Jefferson for “sex class.”

At first I did all the classes myself, but eventually had some help. Nursing services hired Barbara Whitney, a bright young nurse whose job was to help other nurses deal with sexual issues and problems they might encounter on the job. When a man has an MI or a woman loses a breast, or a patient goes home with a colostomy, there are sexual issues to deal with. Unfortunately, the physicians weren’t dealing with that aspect very well, not because they didn’t want to, but because they didn’t know how and were never taught to think about it.

At about this time the Chairmanship of the Department of Psychiatry was filled by Dr. Paul J. Fink, a lucky move for me as it brought me closer to my goal of providing Jefferson with the best sex education program in the country. Dr. Fink had come from Eastern Virginia Medical College and before that from Hahnemann. In both places he had set up excellent sex education and therapy programs. When we first met and spoke, I knew immediately that Jefferson had made a good choice. Dr. Fink has an obvious passion for teaching and great expertise in the area of human sexuality. His analytical orientation and my behavior theory background would complement each other to assure coverage of all areas.

With Paul Fink’s enthusiasm and experience, and with the foundation laid by Dr. Alvin Goldfarb and Dr. Irving Olshin, sex was finally included in the freshman curriculum. Our philosophy was to teach sex as a part of medicine, not as an afterthought. In
When a man has an MI or a woman loses a breast or a patient goes home with a colostomy there are sexual issues to deal with. Unfortunately, the physicians weren’t dealing with that aspect very well.

the past few years we have managed to include five or six two-hour lectures followed by an hour-and-a-half of small group discussions. We have didactically presented topics such as normal sexual anatomy and physiology, sex history taking, sexual dysfunctions and therapy, sex and disease and sexual values and mores. We discuss things like masturbation, homosexuality and sexual variations, which five years ago we called deviations and ten years ago, perversions.

We show sexually explicit films which serve as a stimulus for discussion in the small group sessions. Researchers know that these films are the most sensitive to their patients’ sexual concerns and problems and accept sex as a part of medicine. We feel that it is not only important, but essential that physicians accept sex as part of medicine.

The excuses from doctors have always been that there is no time to discuss such things, that sex is personal or private, or that they aren’t trained to deal with sexual problems. To these objections, our answers are simple. If there is no time, then make time! A screening sexual history takes only seconds. Male patients should be asked if they have any difficulty with erection or orgasm and if sex is satisfactory for them. Women should be asked if they have any difficulty lubricating or having orgasms, whether they have any pain with intercourse, and whether sex is satisfactory for them. These are just screening questions which fit nicely into the review of systems and take only seconds to ask. It is true that they touch upon personal parts of patients’ lives, but no more personal than asking about bowel movements or flatulence.

If someone responds positively to a screening question and the physician doesn’t know where to go from there, he or she should do the same as with any other unfamiliar symptom — refer. I doubt that anyone reading this article is more than two hours away from a trained sex therapist. The American Association of Sex Educators, Counselors and Therapists publishes a directory of certified therapists and therapists, an eclectic group, rely heavily on the theories of Masters and Johnson who wrote the classic works in the field. Basically, the theory suggests that people with sexual problems worry about their performance. Performance anxiety interferes with ability to perform, thus increasing anxiety. The cycle is obvious. By using structured exercises, the anxiety can be reduced.

A typical approach would be to tell a couple to stop having intercourse for a few weeks, maybe even stop all attempts at orgasm and all genital touching. But at the same time, the therapist would assign some easy tasks such as touching each other in a non-genital form, thus increasing anxiety. The anxiety interferes with ability to perform, thus increasing anxiety. The exercises gradually become more sexual until the desired performance is reached. But this time, without the anxiety.

The exercises gradually become more sexual until the desired performance is reached. But this time, without the anxiety.

Sex therapy is generally successful in well-chosen cases. It does not take the place of traditional psychotherapy.
The Juniors are learning... they are not afraid of talking about sex with their patients nor with their attendings. They are sensitive to their patients’ sexual concerns and problems and accept sex as a part of medicine.

in cases of intrapsychic pathology, nor does it replace marriage counseling when the relationship is in trouble. But when it works, it works quickly and permanently.

We have learned that much sexual dysfunction is a result of poor learning, misinformation and the fear of expressing one’s self and one’s feelings. These are the things easiest to correct.

In addition to setting up a comprehensive therapy program another of Paul Fink’s accomplishments is the initiation of sex research at Jefferson. There are two major projects underway now, with many more in the wings. The Departments of Psychiatry, Obstetrics and Gynecology, Internal Medicine, and Urology are all participating in a large federal grant to study sexual function in diabetic males and females.

This project, under the direction of Dr. Miguel Ficher, a research endocrinologist, is examining sexual function using many parameters, including endocrinological studies, psychological and psychiatric evaluations, and sleep lab data. Jefferson has the best equipped sleep laboratory in the area. This study will evaluate the effects of sex therapy on dysfunctional diabetics. In the past it was difficult to determine whether a sexual problem was organic or functional.

Today, in the sleep lab, we can measure and record sexual arousal. The principal is this. We know that during dream states rapid eye movements (REM) occur. We also know that during REM sleep, physiological sexual arousal occurs. This has been documented in many studies of normals. Vasocongestion is the principle of the early stages of sexual arousal. Men’s penises become erect and women experience vaginal lubrication. A simple elastic transducer placed around the penis can measure erection. Vaginal lubrication must be measured indirectly. Masters and Johnson have taught us that vaginal lubrication is a transudate which results from vasocongestion in the submucousal tissues. The amount of vasocongestion correlates with the amount of lubrication, and a photosensitive plathysmograph placed in the vagina can measure the amount of blood flow.

If a person’s sleep data indicates that physiological sexual arousal does indeed occur, we can assume that the nerves, muscles and blood vessels are intact and that the sexual dysfunction is probably of functional etiology. If, on the other hand, there is little or no evidence of arousal during REM sleep, we must assume that an organic problem exists. In the course of our comprehensive evaluations of sexual dysfunction we have discovered endocrinological, vascular and neurological cases. For example, more than a few pituitary tumors have been picked up in patients presenting arousal dysfunctions and who turn out to have elevated serum prolactin levels.

We hope to be able to show that sex therapy can help dysfunctional patients whether the cause be organic or physiological. Even if we can’t bring back an erection we can help a man learn to relate sexually without one. Another option is a visit to one of Jefferson’s urologists who are experienced with the science of penile prosthetics.

Another research project already underway is investigating the possibility of female ejaculation in some women. For years there have been women who complained to their doctors that they wet the bed during orgasm, and for years we have been telling them that it was urinary stress incontinence.

Some of us have advised voiding prior to intercourse. Some of us have tried medications. Some of us have even performed operations to try to solve this embarrassing problem.

In 1950, Ernest Grafenberg wrote of this phenomenon and stated that the fluid was clearly not of urinary character. That was about the last we heard of it until a few years ago when Whipple and Perry tested the fluid from such a woman and found that it differed greatly from urine obtained just before the orgasm. It had very little urea and lots of acid phosphatase. The acid phosphatase was different than that normally found in vaginal secretion and indeed, the fluid was noted to come out of the urethra. We don’t know the incidence of female ejaculation, but our evidence indicates that it occurs in more than a few women.

Jefferson is now trying to discover what this fluid is, where it comes from, and how the ejaculation is triggered. If we can show that this is physiological rather than pathological, it will allow women to respond sexually without being embarrassed, it will help us all better understand sexual response, and it may just save some women unnecessary surgery.

The sexuality program at Jefferson continues the tradition of providing the best care available and of constantly researching ways of making it better.

Therapy is generally successful in well chosen cases...

We have learned that much sexual dysfunction is a result of poor learning, misinformation and the fear of expressing one’s feelings. These are the things easiest to correct.
The first Westerners to reach the shores of Japan were Portuguese who arrived towards the middle of the 16th century. They were followed by the Spaniards, the Dutch and the English. The Portuguese and the Spaniards were mainly interested in the promotion of Christianity, although trade motives were also a factor, whereas the Dutch and the English came solely for trade.

Following the arrival in 1549 of St. Francis Xavier, the Jesuit missionary, Christianity made remarkable progress and by the end of the century, Christians in Japan reached some 300,000 in number. For various reasons, however, the missionaries were subjected to severe persecution in the later part of the century. During the time from 1622 to 1661, when Iemitsu Tokugawa was Shogun (that is, the military ruler), all Westerners except a stipulated few were expelled and the doors of Japan closed to foreigners. Thus, the Tokugawa clan established over the country an iron rule of self-imposed seclusion-exclusion from foreign countries which endured until their overthrow and the restoration of Emperor Meiji in 1868. During this relatively long period of more than 240 years, Japan was ruled under a dual system of government. The actual power rested in the hands of Tokugawa, a military government with its capital in Edo, now known as Tokyo. The nominal power, however, rested in the hands of the Emperor residing in the ancient capital of Kyoto, who in effect remained only as the symbol of divine authority.

During the Tokugawa period, Japan was a hermit nation committed to a policy of isolation from the rest of the world. The only foreigners admitted in Japan were a limited number of Dutch and Chinese who were authorized to carry on restricted commercial operations from prescribed bases in the Nagasaki area. The Dutch, however, exercised a function of significant value to the Tokugawa, namely that of a "window" so to speak, through which information came concerning the outside world.

As for the American contacts with Japan, an American ship may have entered Japanese water as early as 1790. However, the first fully recorded accounts were Commodore M.C. Perry’s so-called “United States-Japan Expedition” and its related history.

Japan Opens to the World

In need of a steppingstone to her trade with China, the United States wanted Japan to open her country to foreign intercourse. In 1853, the American government called upon Commodore Perry to command the Far Eastern squadron in order to make a proposal to Japan.

In the following year the Japanese government acceded to the American demand and the historic treaty of Kanagawa was signed. The treaty was a simple one, stipulating that there would be established between the two countries "a perfect, permanent, universal peace and sincere and cordial amity." The treaty was a historic milestone, since it definitely ended the long period of Japanese seclusion. Other Western nations shortly after followed suit and concluded similar treaties.

In accordance with the provisions of the Treaty of Kanagawa, the US government commissioned Townsend Harris as the first American consul-general to reside in Shimoda. Harris was successful in 1859 in concluding the first treaty of commerce by Japan since the beginning of the 17th century, which served as a model for treaties subsequently negotiated by the other powers such as the Netherlands, Russia, England and France. The Harris treaty provided for the exchange of ratifications in Washington.

To accomplish this purpose of exchanging ratification, the Japanese mission, consisting of 77 persons headed by two principal ambassadors was dispatched. It was the first embassy ever sent by Japan to a world power under mutual agreement. They left Yokohama on February 13, 1860, on board the US frigate “Powhatan” which was sent by the US government. After having touched at Hawaii and San Francisco and passing through the isthmus of Panama, they reached Washington DC, where they stayed 24 days.

After their audience with President James Buchanan and the exchange of ratifications of the treaty, they were...
The meeting Dr. Berry received with a royal welcome at the White House. On their way home they were also warmly welcomed in Philadelphia and New York where they were given one of the most brilliant receptions in the history of the then young United States. The magnificent welcome inspired Walt Whitman to write *A Broadway Pageant*. It begins:

*Over the western sea hither from Niphon come, Courteous, swart-cheeked, two-sworded envoys, Leaning back in their open barouches, bare-headed, impassive Ride today through Manhattan.*

**Japanese Physicians in Philadelphia**

While in Philadelphia, the three physicians attached to the embassy, Dr. Ritsugen Miyazaki, Hakugen Murayama and Domin Kawasaki, together with Governor Naruse and the interpreter, attended a bladder stone operation performed by the distinguished Dr. Samuel D. Gross at the patient’s residence. The anesthetic was administered by no less a personage than the famous William Morton, the discoverer of sulphuric ether for this use. The whole performance was a revelation to the Japanese. They poured ether on their hands and smelled it, astonished at the coldness resulting from its evaporation. After the operation they carefully examined the instruments and showed so much interest in the whole subject that they were invited to visit the Jefferson Medical College where Dr. Gross was a Professor of Surgery.

Among the gifts which members of the embassy received were medical instruments, artificial dentures on a gold plate and books on surgery. It can easily be assumed that the Japanese doctors received from Jefferson Medical College Dr. Gross’s first edition of *The System of Surgery* which was published only the year before in 1859.

Forty-six years later, in 1906, just after the Russo-Japanese War, Admiral Baron Takagi, Surgeon General of the Imperial Japanese Navy, visited Jefferson Medical College and gave an address to the students. He said, "Japanese surgery is founded on the teaching of Dr. Samuel D. Gross who for so many years was a surgeon in this splendid Medical College in which we are gathered. Dr. Gross's *The System of Surgery*, translated into German, was taken by my countrymen and retranslated in Japanese and upon that has been built Japanese surgery as practiced today." The Baron said that the Japanese nation was indebted to the medical profession of the United States and added, "The United States has been our teacher. We have tried our best to prove our faith in your teachings and doctrines by effective application of your principles in safeguarding the health of our people."

Incidentally, in Gross’s *The System of Surgery* there is included a chapter on otology. This chapter was rendered into Dutch and then retranslated into Japanese in 1877 as *Principles of Otology* which became the very first book of realm of otolaryngology published in Japan. About 40 years ago a copy of the Japanese edition of this book was donated to the Jefferson Medical College Library by me.

In retrospect, the days of Japanese doctors’ visits to the Gross Clinic in 1860 were stirring times. At the presidential election a politically strong candidate, William Henry Seward, was defeated by the unknown Abraham Lincoln. Those were the days of Browning, Tennyson, Hawthorne and Oliver Wendell Holmes. Those also were the days of Darwin who wrote *The Origin of Species* and Virchow who wrote *Cellular Pathology*. Broca discovered the speech center in the brain; Pasteur demonstrated the presence of bacteria in the air. Those were highly exciting days, not only because of the advances in medicine but, because of the progress in all branches of human endeavor. Japan was fortunate, thanks to the thoughtful consideration of the United States, in arousing herself from the lethargy of centuries of secluded life.

**Berry’s Mission to Japan**

Another Jefferson graduate who contributed greatly to Japanese medicine was John C. Berry M.D. A little more than 100 years ago, in 1872 to be exact, a young man of 25 and his even younger bride left a comfortable home in a small New England town to travel to the other side of the
world, the unknown and remote country of Japan. The two young people were John C. Berry, a Jefferson alumnus and his wife who had set out from Bath, Maine, in order for Dr. Berry to become a physician to the Japan Mission of the American Board of Boston.

It was while Berry was rooming with a friend who was serving an apprenticeship with a physician in Brunswick, that he began to think seriously about his career. At the advice of a local physician he entered Jefferson Medical College, “rated the best school for study.” In 1871 Berry, at the age 24, was graduated with honors. During his studies at Jefferson, he came under the instruction of such professors as W.W. Keen, S. Wier Mitchell, well-known novelist and physician, and other world-renowned men of medicine at Jefferson. Incidentally, our class of 1928, perhaps, was the last to hear Dr. Keen lecture.

Dr. Berry was one of the first medicine missionaries to arrive in the Far East at a crucial and opportune period in the history of Japan. It was only 18 years earlier that Commodore Perry had to come to Japan and succeed in opening the doors to the world. The year 1872 is considered to be a year of progress: the railway service between Tokyo and Yokohama was started and also in that year the calendar of the western world was adopted and the post office organized. Another important and significant change which took place the following year was the imperial proclamation withdrawing the public notice against Christianity which for more than 200 years had been posted in every town. This meant that now it was permissible to openly teach Christianity.

Despite language difficulties and differences in customs and concepts, Dr. Berry found that as far as his activities were concerned, it was fertile ground in which to work. Medical science in Japan was far behind compared to Western standards; the Chinese school of medicine introduced in the sixth century still flourished.

Aside from the American doctor’s responsibility for the health of the mission members and the care of the Japanese patients who came to him, for a year he gave medical service at the International Hospital in Kobe. His concern and interest were not limited to medicine alone. They were surprisingly diverse. In 1873, he founded a Sunday school which was the first for the Japanese in the country. The following year he was the first to compile a Japanese hymnbook.

A year after his arrival, Dr. Berry was called into the city prison because of an epidemic of beri-beri among the inmates, thereby unexpectedly throwing him into another phase of humanitarian reform. He drew up a detailed outline of reforms, including better hygiene requirements, disinfection, proper care of the sick, introduction of manual labor and industrial employment and appointment of a prison chaplin. He even drew plans for the new prison building.

His interest in prisons was to result in another “first” for him. He asked the governor for permission to use unclaimed bodies of executed criminals for postmortem examinations and dissection to aid in teaching the study of anatomy to the hospital staff and student physicians. Permission was granted by the central government in Tokyo, a drawing plan of a dissecting room was given to the governor and the facility was duly built. Thus, this energetic young American started in central Japan the first classroom in the study of human anatomy by dissection. During his second furlough Dr. Berry took a refresher course in his specialty of otolaryngology in London and Vienna. Upon his return to Japan, he took his family to Kyoto, where he spent the last, eventful nine years of his residence in Japan. Here it was that his dream of building a hospital and nurses’ training school attached to Doshisha University was realized. In November 1887, a formal opening of the Hospital Nurses’ Training School took place, the culmination of the doctor’s dream and a great day, indeed, for him.

Modern Exchanges

For all practical purposes bronchoesophagology was nonexistent in Japan until 1934 when I returned to Japan following my training under Chevalier Jackson, M.D. 1886, and Louis H. Clerf, M.D. ’12. Returning from the United States at the invitation of Rudolf Teusler, Director of St. Luke’s International Hospital in Tokyo, I was to be the bronchoscopist at this hospital. However, because bronchoesophagology was unknown and not listed as a legally recognized specialty, I had to be known as an internist or otolaryngologist. After more than 19 years of effort on my part as well as some of my colleagues, it was possible to have my specialty receive an official sanction from the Japanese government in April of 1953.

A little more than a 100 years after Dr. and Mrs. Berry arrived, a group of Jeffersonians visited Japan, this time a group of 104 doctors and accompanying members. This was the “Orient Paradise Tours” of April, 1975 from Jefferson.

During their week’s stay in Japan there were a number of scientific sessions which involved faculty from both Jefferson and local Japanese institutions. Also included were tours of Medical Centers of interest. The participating physicians exchanged not only scientific knowledge and enjoyed scenic and cultural beauties, but they contributed toward the promotion of good will and understanding through a meeting of minds between the two countries.

References upon request to the Alumni Office.
1912

Ivor D. Fenton, 520 E. Centre St., Mahanoy City, Pa., was honored with a party on his 92nd birthday by his family, friends, patients, peers and constituents. The gala included messages from President Ronald Reagan, former President Gerald Ford, Governor Dick Thornburgh of Pennsylvania, Drew Lewis, Secretary of Transportation, senators, congressmen and judges.

1920

Louis F. Burkley, Jr., 452 N. Berwick St., Easton Pa., is "enjoying retirement in this upside down world."

1926

John B. Montgomery, 271 Forrest Rd., Merion Station, Pa. reports that 23 of the members of the class of 1926 and their wives attended the 55th reunion luncheon at the Union League last June.

1928

Lundie C. Ogburn, 3221 Merion Ct., Winston-Salem, NC., "Still kicking (and working) but not raising as much dust as I used to."

1931

Oscar R. Deutel, 265 Newark Ave., Bloomfield, N.J., was the subject of a feature article in the Newark Star Ledger on August 23, 1981. The article described his devotion to his patients and his "old fashioned" family doctor methods.

Philip T. Henstell, 101 Center St., Forest City, Pa., was honored recently by the residents and members of the medical staff of St. Joseph's Hospital on the 50th anniversary of his graduation from Jefferson Medical College. He was presented with a booklet commemorating his many years of practice, and received a gold watch as well.

1932

Herman Finkelstein, 6010 Falls Circle, S., Lauderdale, Fl., hopes to be in Philadelphia for his 50th.

August J. Podboy, 912 S. George St., York, Pa., is still maintaining his office for the practice of ophthalmology. "My old patients are some of my best friends."

William T. Rice, 262 Connecticut Ave., Rochester, Pa., in a private practice of radiology, will be in Philadelphia this June for his 50th.

1933

C. Perry Cleaver, 250 Main St., Catawissa, Pa., "I intend to retire at the end of the year as Quality Assurance Director of the Bloomsburg Hospital. This will be my fourth retirement and this time I expect it to stick."

Walter J. Reedy, 3850 Galt Ocean Dr., #404, Ft. Lauderdale, Fl., retired now for two years, enjoys ocean bathing and golf. He is a member of a retired doctor's association in Brownard County.

1934

E. Raymond Place, 111 Park St., Lebanon, Pa., who retired in 1976, has accepted the post of volunteer medical advisor to the Senior Centers of Lebanon Valley for the health screening education and immunization programs. He practiced family medicine in Montgomery County, Pennsylvania, for 30 years and was staff physician to the state correctional institution at Graterford. He is also the employee physician at Good Samaritan Hospital in Lebanon.

1935

Charles W. Hoffman, 216 Bordentown Ave., South Amboy, N.J., was honored upon his retirement with a testimonial dinner-dance in Edison by a group of friends. He is proud to note that he attended classes sponsored by the Medical Society of New York every Wednesday for 40 years.

S. Sprigg Jacob, III, 421 Curtis Rd., East Lansing, Mi., has been appointed Clinical Professor of Pediatrics in the Department of Human Development at the College of Human Medicine, Michigan State University.

R. Marvel Keagy, 3510 Baker Blvd., Altoona, Pa., is enjoying working part-time in a four-man group which he started many years ago. Three of the four are Jeff graduates, all in pediatrics.

1936

J. Edward Berk, 894-C Ronda Sevilla, Laguna Hills, Ca., was the recipient of the State of Israel Heritage Award in recognition of his humanitarian service and dedication to the precepts of Judaism and the State of Israel.

1938

G. Vernon Judson, 438 Euclid Ave., Haddonfield, N.J., was honored at a testimonial dinner given by the Historical Society of Barrington, to recognize 42 years of medical practice and service to the community.

George A. Silver, Professor of Public Health at Yale University School of Medicine, has been elected a senior member of the Institute of Medicine.
1940
Roger B. Thomas, 8 Vining Ln., Wilmington, Del., has retired from private practice and is working for the Federal Government in the Social Security system.

1941
Charles N. Burns, 445 Wyoming Ave., Kingston, Pa., Chief of Urology at Mercy, Nanticoke and Nesbitt Hospitals, gave the address on September 12 at the 50th anniversary celebration of the Angelene Elizabeth Kirby Memorial Health Center in Wilkes Barre. His address was titled "Control of Infectious Disease: Role of Kirby Health Center in the Community."

Charles Schucker, Bryant Heights, Huntingdon, Pa., recently retired as Chief of obstetrics and gynecology, J.C. Blair Memorial Hospital. He estimates that he has delivered 17,000 babies in his years of practice.

John Y. Templeton, III, 111 S. 11th St., Philadelphia, has been elected Vice President of the Pennsylvania Medical Society. This means he will assume the office of President at the state meetings in 1983.


1942
Thomas E. Bowman, Jr., 2820 Arcona Rd., Mechanicsburg, Pa., is presently working for the Veterans Administration in the Harrisburg Clinic, after closing his office.

John E. McKeigue, 221 Mt. Auburn St., Cambridge, Ma., writes that he is looking forward to his 40th reunion in June.

1944
John H. Bland, Upper Valley Rd., Cambridge, Vt., has been recertified by the American Board of Internal Medicine and is a Fellow of the American College of Sports Medicine. Dr. Bland's interest in running has led him to participate in eight marathons.

Samuel D. Kron, 2108 Spruce St., Philadelphia, served as head of the planning team that developed a three-year program for Project Hope in Jamaica.

Paul J. Lenahan, Box 159, Penn Lake, White Haven, Pa., has opened an office for the practice of general medicine in White Haven. He had been attending physician at White Haven Center and was affiliated with the State General Hospital in Hazleton.

Alexander Storer, Jr., 563 Haddon Ave., Collingswood, N.J., writes "My daughter, Joan N. Storer, '77, has recently opened her practice of ophthalmology in my office.

1945
John M. Bear, 9 Franklin Ave., Hamburg, Pa., who has retired from private practice, is working full time as Assistant Superintendent for Health Services at the Hamburg Center. He will be responsible for the Center's staff of physicians, physical therapy, X-ray, laboratory, dental department and pharmacy.

William T. Lineberry, Jr., 1890 Edgewood Dr., Fullerton, Ca., is Director of the Industrial Medical Clinic of Gallatin Medical Clinic in Downey. He joined the group after retiring from the Navy in 1976. His oldest daughter, Libby, is about to enter nursing school in Oregon and the youngest, Laura, is a freelance photographer.

Russell R. Tyson, R.D., 375 Line Rd., Malvern, Pa., was elected Director-at-Large to the Pennsylvania Division, American Cancer Society Board of Directors. Doctor Tyson, representing the Chester County unit, will serve on the division professional education committee for his three-year term. He was President of the county unit.

1946
Harold Meyer, 218 A Greene St., Chapel Hill, N.C., has assumed the new position of Associate Executive Secretary of the American Board of Pediatrics.

1947
John A. Surmonte, P.O. Box 72, Penns Grove, N.J., was honored at a testimonial dinner for 25 years of service to the Salem County Memorial Hospital. He has accepted a position as Chief of Surgical Services at the Veterans Administration Medical Center at Clarksburg, West Virginia. The Center is affiliated with the University of West Virginia, where he will also serve as Assistant Professor of Surgery.

1949
Richard A. Ellis, 109 Clwyd Road, Bala Cynwyd, Pa., has been promoted to

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The Dermatology Foundation Presents To
Herbert A. Luscombe, M.D.
The Clark W. Finnerud Award 1981

In recognition of his long and outstanding contributions as a clinician and teacher of dermatology; for recruiting, developing and leading innumerable young doctors to become excellent practitioners, academicians and researchers in dermatology; and for his astute clinical skills, and kind, caring and ethical approach to health care that are imparted with the wisdom of deep experience and act as a personal inspiration to students and colleagues alike, by whom he is respected and emulated.

The award was presented to Dr. Luscombe '40 at ceremonies in San Francisco in December. He has served as Professor and Chairman of the Department at Jefferson since 1959.
Attending Surgeon at Wills Eye Hospital in Philadelphia.

Harry J. Hurley, 39 Copley Rd., Upper Darby, Pa., was the recipient of the Shaffrey Award in 1980. The Award is presented annually by the medical alumni of St. Joseph’s University. In recent years, Jefferson alumni and faculty have been so honored 11 times.

H. Phelps Potter, 208 Ivy Ln., Havertford, Pa., was re-elected Chairman of the Department of Medicine at Paoli Memorial Hospital recently.

1950

George W. O’Brien, 1227 26th St., Sacramento, Ca., attended the Alumni dinner recently in San Francisco during the American College of Surgeons meeting. He writes that it was the first such alumni event that he has attended and enjoyed the evening tremendously.

Frans J. Vossenberg, 1117 Lafayette Rd., Wayne, Pa., has been installed as President of the Pennsylvania Society of Internal Medicine. He is a past President of the staff at Sacred Heart Hospital and currently serves on its Board of Trustees and as Chairman of the Utilization Review Committee. Dr. Vossenberg also serves on the Board of Directors of the Montgomery/Bucks Professional Services Review Organization. His son, Frans, is a senior at Jefferson.

1951

Ernest F. Doherty, 21 Trotter Way, Cape May, N.J. just completed a month tour of duty as Medical Officer on board USCG cutter CHASE and was involved in Haitian Migrant Interdiction Operation in Windward Passage, off the coast of Haiti.

Peter M. Guillard, R.D. 1, Box 584-A, Osecola Mills, Pa., along with 10 other physicians who make up the Moshannon Valley Medical Group, including Susan M. Stevenson, ’74, has been accepted as a member of the Geisinger Clinic, the group medical practice of the Geisinger system.

Morton Schwinimer, 76 E. 94th St., New York, as Vice President for the state for the Alumni Association, represented Jefferson at the inauguration of John Brademas as 13th President of New York University last October.

Harry H. Steinmeyer, Jr., 219 Sugar­town Rd., M-201, Wayne, Pa., has been selected for Fellowship in the American College of Radiology (ACR)

A Million in Bequests

Two bequests received by Jefferson in recent months total over one million dollars. From Marie E. Joyce, widow of William M. Joyce, class of 1917, a specialist in ear, nose and throat, the Medical College received $661,000. Dr. Joyce died in 1958 at the age of 65. The second bequest came from the estate of Dale W. Garber, class of 1924. From this gift The Ellen M. and Dale W. Garber Professorship in Family Medicine will be established. Dr. Garber, who died last spring, was a general practitioner in suburban Philadelphia.

in honor of his special contributions to the medical profession.

1952

Robert V. Finnesey announces the removal of his offices from Sea Girt, New Jersey, to the Finnesey Professional Building, 1586 Highway 38, Wall, New Jersey.

1953

Jerome Abrams, 190 Greenwood Rd., North Plainfield, N.J., Clinical Associate Professor of Obstetrics and Gynecology at the Rutgers Medical School, was the moderator of a round table discussion on the topic “Clinical Correlation of Cytology with Colposcopy” at the 29th Annual Scientific meeting of the American Society of Cytology last November in St. Louis, Missouri.

Harold Y. Allen, 731 Cumberland Ave., Chambersburg, Pa., represented Moravian College in Bethlehem at the inauguration of Mary Linda Merriam as President of Wilson College in Chambersburg on October 3. His son, Gregg, ’78, is a family practitioner with the Public Health Service in Las Cruces, New Mexico.

Lansing H. Bennett, U.S. Embassy, Box 1, APO, San Francisco, writes “still Regional Medical Officer for Southeast Asia. Was looking over a new hospital in Bangkok for potential use by the American Community and my host mentioned that classmate John Levinson helped design our outpatient department.”

Henry A. Kane, 1142 Morris Rd., Wynnewood, Pa., has been elected to Fellowship in The American College of Cardiology.

1954

Warren W. Brubaker, 415 Elm Ave., Hershey, Pa., was elected to the Board of Directors of the American Occupational Medical Association and also serves on its Council of Scientific Affairs.

Theodore A. Garcia, 385 South Gulph Rd., King of Prussia, Pa., has been elected Regional Vice President of the Pennsylvania State Coroner’s Association. Dr. Garcia was elected Coroner of Montgomery County in 1979. He maintains a private practice of ophthalmology.

John W. Goldschmidt, The Rehabilitation Institute of Chicago, 345 Superior St., Chicago, represented Jefferson at the inauguration of the Reverend John T. Richardson as ninth President of DePaul University on October 31. Prior to this Dr. and Mrs. Goldschmidt spent two weeks in Paris at the invitation of the Ministry of Health to participate in a technical exchange into rehabilitation medicine procedures.

John R. Patterson, 16 N. Concord Ave., Havertown, Pa., has recently been elected President of the Voluntary Faculty Association, Thomas Jefferson University Hospital. Dr. Patterson is a member of the American Rheumatism Association and a past President of the Philadelphia Rheumatism Society.

1955

Edwin D. Arsh, 3909 State Rd., Drexel Hill, Pa., has recently joined Havertford Community Hospital’s Medical Staff. Dr. Arsh is a Diplomate of the American Board of Family Practice.

Joseph R. John, 2210 McCutchen Pl., Pensacola, Fl., is full time in interventional radiology in a group of nine radiologists and a specialist partnership of 90. He has been in the area for 17 years and “loves it.”

William A. Milhong, 4493 Old 3C Hwy., Westerville, Oh., has been elected Vice President of the American College of Gastroenterology.

H. William Porterfield, 1100 Morse Rd., Columbus, Oh., was inaugurated as President of the American Society of Plastic and Reconstructive Surgeons at the annual meetings in New York last
October. Dr. Porterfield is Associate Clinical Professor of Surgery at Ohio State University School of Medicine.

John W. Schelpert, III, 172 Midland Ave., Bronxville, N.Y., has been re-elected Treasurer of District II (New York State) of the American College of Obstetricians and Gynecologists for a three-year term. Dr. Schelpert is a private practitioner in New Rochelle, and an attending ob/gyn physician at the New Rochelle Hospital Medical Center.

F. William Sunderman, Jr., 13 Mountain Rd., Farmington, Ct., is Professor of Laboratory Medicine and Pharmacology at the University of Connecticut School of Medicine. He has been elected President of the Clinical Chemistry Division of the International Union of Pure and Applied Chemistry (IUPAC).

1956

Ronald M. Melmed, 3616 Sagewood Ln., Modesto, Ca., enjoys both West Coast living and his position as Medical Director of the Stanislaus County Department of Mental Health, outpatient unit. “Very, very sorry I could not make our 25th.”

Blackwell Sawyer Jr., 3822 River Rd., Point Pleasant, N.J., has been elected President of the Ocean County Medical Society.

1957

Henry C. Banks has joined the staff of Soldiers and Sailors Memorial Hospital in Wellsboro as an Associate in emergency medicine for Geisinger Medical Center, Danville, Pennsylvania. Geisinger manages the Soldiers and Sailors emergency department.

1958

Frederick W. Floyd, 1212 Lake Point Dr., Lakeland, Fl., has started his practice of allergy/immunology in his new Florida home. Daughter, Mary, is a sophomore at Jefferson.

1959

J. Joseph Danyo, Upland Rd., York, Pa., has become Medical Director for the newly opened York County Cerebral Palsy Home, Inc. there. Dr. Danyo, who is Chief of orthopaedics at York Hospital, served as the first President of the American Association for Hand Surgery.

Burritt L. Haag, 759 Chestnut St., Springfield, Ma., Chief of Endocrine Metabolic Service at Baystate Medical Center there, has been installed as President of the Massachusetts Affiliate of the American Diabetes Association.

1960

Joseph T. Pintimalli, 3101 Cottman Ave., Philadelphia, continues his private practice. He has two children, ages 3 and 11.

Seymour Shlomchik, 1013 Walsh Ln., Narberth, Pa., reports that his son, Mark, is a freshman at the University of Pennsylvania Medical School and was a magna cum laude Harvard graduate this past June. Another son, Warren, is a sophomore at Harvard.

1961

John V. Bennett, Medical Director of the Bacterial Disease Division, Bureau of Epidemiology Division Centers for Diseases Control, received the Gold Medal Award, the highest honor bestowed on a member of the Department at ceremonies in Washington. The award was presented for “superb direction of the largest division in the Bureau of Epidemiology, using enlightened concepts of disease surveillance and epidemic investigations directed toward eventual prevention of bacterial diseases.” A Fellow of the American College of Physicians, he has been associated with the Center for Disease control in Atlanta since 1964.


Eugene Shuster, 324 Waring Rd., Elkins Park, Pa., received the annual award for excellence in teaching from the Department of Obstetrics and Gynecology at Hahnemann Medical College, where he is a Clinical Associate Professor.

David K. Subin, 770 Washington St., San Diego, is currently serving as President of the medical staff at Mercy Hospital. Recently he hosted a Jefferson senior who was interviewing for post graduate training at his hospital.

James L. Wilson, 24 Walnut St., Wellsboro, Pa., has been appointed an Instructor in family medicine at Jefferson.

1962

Charles J. Bannon, 11 Starlight Dr., Clarks Summit, Pa., has been re-elected Vice President of the Mercy Hospital medical staff. A Fellow of the American College of Surgeons, he served as President of the Lackawanna County Medical Society in 1978.

Louis G. Levinson, 515 Westbank Expressway, Gretna, La., writes, “I have opened a center for the treatment of infertility, to include sperm banking and semen fractionation. It is the only one in Louisiana and is called Louisiana Fertility Services.”

James P. Marvel, Jr., 400 Savannah Rd., Lewes, De., has been practicing orthopaedic surgery at the Beebe Hospital there since June 1980. The hospital was founded by his grandfather and his brother, James Beebe ’06 and Richard C. Beebe ’13.

Robert C. Nuss, 3493 Westover Rd., Orange Park, Fl., has been recognized as the first recipient of the Outstanding Teaching Award given by the Alumni Association of Jacksonville Hospital Educational Program. “Have added another gynecologic oncologist to the Division which I head.”

David E. Rosenthal, 1726 Clinton Dr., Ambler, Pa., has been promoted to Clinical Assistant Professor of Medicine at Temple University Medical School and has been recertified by the American Board of Internal Medicine.

1963

Matthew N. Boulis, 741 Riverton Rd., Mooresown, N.J., has been appointed to the State Committee for Auto Safety Restraints of the State Chapter of the American Academy of Pediatrics. He also taught a course in CPR for infants, children and adolescents at Rancocas Valley Hospital.

E. Donald Kotchick, Braewood Dr., RD #3, Dalton, Pa., has been elected to the Board of Trustees at Scranton Preparatory School. He will serve a three-year term.

William H. Leschey, Jr., 180 Park Ave., Portland, Me., writes, “In the fall, my son started at Holderness School and my daughter entered Harvard. In the spring, I broke three hours in the Boston Marathon and my wife broke four hours in the Nike-Maine Coast Marathon.”
James Price, 3303 58th St., Lubbock, TX, is Chairman of the Department of Ophthalmology at Texas Tech Medical School, a position he has held for seven years: "Children are entering college years."

Stanley Ushinski, Sutton Rd., Route #5, Shavertown, Pa., received an award from the State Allergy Association for the progress and outstanding services rendered during his five-year term as President.

1964 Lawrence Green, 315 Maple Ave., Swarthmore, Pa., is the current President of the Alpers Society for Clinical Neurology which is a society of neurologists devoted to humanism in medicine and neurology. The society was established in the 60s to honor the late Professor of Neurology, Bernard J. Alpers, M.D.

1965 Harvey J. Bellin, Landmark I-1609, Cherry Hill, N.J., Chairman of the Department of Pathology and Director of Laboratories, Metropolitan Hospital, Springfield Division, Springfield, Pennsylvania, has been elected to Fellowship in the College of American Pathologists.

Edwin E. Cohen, 125 Grampian Blvd., Williamsport, Pa., was recertified in October, 1980 by the American Board of Surgery.

Carroll P. Osgood, 501 Howard Ave., Altoona, Pa., has joined the active consulting staff in the specialty of neurological surgery at Memorial Hospital in Bedford County, Pennsylvania.

Samuel Salen, 136 Emerson St., Upland, Ca. and his wife, Ferrel, have three children, Abe, 12, Beth, 10 and Jeanne, 5. Dr. Salen has started a mobile CAT Scanning Company called "MMI." He is part owner of a Cessna 210 and holds a private pilot's license.

1966 I. Paul Chudnow, 7400 S.W. 6th St., Plantation, Fl, who is practicing gynecology at the Bennett Community Hospital in Plantation, was elected Moderator of the Board of Trustees.

Franklyn R. Cook, 4100 American River Dr., Sacramento, Ca., has been appointed Associate Clinical Instructor, Department of Obstetrics & Gynecology, University of California, Davis.

He writes "Really enjoyed the 15th class reunion in June and look forward to number 20."

Francis J. Viozzi, Box 54, Riverside, Pa., Director of Rheumatology at the Geisinger Medical Center, has been named Assistant Medical Director of the Center, while retaining his original position.

1967 George E. Cimochowski has joined the staff of Centinela Hospital Medical Center in Los Angeles. A thoracic and cardiovascular surgeon, he has particular interest in esophageal and pulmonary problems. Dr. Cimochowski is certified by the American Board of Surgery and the American Board of Thoracic Surgery.

Franklin J. Rothermel, 407 Locust Ln., Danville, Pa., enjoys his practice of radiology at the Geisinger Medical Center where he has been the past two-and-a-half years.

1968 Joel M. Barish, 2545 Hidden Valley Pl., La Jolla, Ca., a gastroenterologist in private practice, is on the clinical faculty of University of California at San Diego. His wife is with the pediatrics department at UCSD. The Barish's have two sons, ages 5 and 8, and will be visiting Philadelphia in May.

Joel A. Kaplan, 1175 Gunnison Ct., Clarkston, Ga., is President-Elect of the Society of Cardiovascular Anesthesiologists and is busy on two new textbooks, Thoracic Anesthesia and Cardiac Anesthesia, Vol. II.

Carl J. Pergam, 8565 Cedar St., Omaha, N.B., ran in his first marathon in Omaha last November.

Virginia Campbell Poirier, 217 Hathaway Ct., Sacramento, Ca., is Director of Diagnostic Radiology at Mercy Hospital there. "Have one daughter, Brett, 8."

James B. Turchik, 19 Bradford Dr., Dewitt, N.Y., writes "saw Fred Luft on a Rhine boat in September while attending an infectious disease conference in Dusseldorf. The wine and the Rhine are fondly remembered."

Harold A. Yocum, 11245 Huron St., Westminster, Co., has resigned from the army and has joined the Colorado Permanente Medical Group in Denver. Working with five surgeons he is doing most of the hand surgery. "Still active in Boy Scout work and masonic activities."

"Quite simply I was overwhelmed," said Nancy S. Groseclose, Executive Director of Jefferson's Alumni Association at her surprise party September 27. Her Sunday bash brought alumni and friends to Jefferson for an afternoon that was all fun. A thousand balloons and three-inch buttons claimed We ♥ Nancy. In recognition of 15 years of service, she was made an honorary member of the Association and received a plaque which expressed appreciation and affection. "I love your school," she said with a grin, and a bit tearfully thanked all those present. The planning committee for the party was (from left) Burton L. Wellenbach, '44, John J. Dowling, '47, Benjamin Bacharach, '56, and Elmer H. Funk, '47, (Frederick B. Wagner, '41, was the fifth member of the committee) Joan E. Schott, a staff member in the Alumni Office, was the "administrative assistant."
At age 36, Lynn G. Cranmer, M.D. '66 had never run a mile in his life. He says, "I weighed approximately 215 pounds, and looking down at my waistline, I decided it was getting immense." So the California dermatologist started jogging to get in shape.

Dr. Cranmer began running a quarter of a mile and progressed to a mile a day. Eventually, he was running 10 kilometer races. Then he decided to train for a marathon. "I really enjoyed my first marathon, and all of a sudden I was doing a marathon a month!" Dr. Cranmer explains, now a trim 180 pounds, tall and tan.

In Philadelphia last June for his fifteenth reunion, Dr. Cranmer and his wife, Lynn, also a distance runner, described how one race led to another. With 20 marathons behind him, Dr. Cranmer decided to tackle the "Iron Man Contest," the Hawaiian Triathlon.

As its name implies, the Triathlon involves three events, a 2.4 mile rough water swim, a 112 mile bicycle race and a 26.2 mile marathon. The Triathlon evolved as a result of the barroom boasting of a few local Hawaiians, who decided to devise a contest determining the most fit person on the Islands. Several rough water swims, the Honolulu Marathon and a bicycle race around the Island were already in existence, and the Hawaiians felt that completing all three events would be a sure test of fitness.

There were some 15 participants in the original Triathlon and 12 finished. The next year 25 entered the race and about 20 completed it. During the third competition, there were over a hundred athletes taking part. When Dr. Cranmer entered the fourth contest in February 1981, there were 396 participants.

The idea of participating in the gruelling competition first occurred to Dr. Cranmer when he read an article on the second annual Triathlon in Sports Illustrated. He mulled over in his mind for a time the thought of entering and came to a decision after viewing a "Wide World of Sports" television program on the Triathlon last year. He commenced training in May 1980 and trained for nearly nine months.

"I had never done anything competitively as far as swimming or bicycling," he reveals. "But I met a fellow who was an Olympic swimmer and he volunteered to help with my training. Then I met a group of people in a bicycle club who offered to give me some bicycling hints."

Dr. Cranmer's training included swimming a couple of miles in the morning three times a week, riding his bike back and forth to work every day and running as much as possible. "I slept really well at night!" he remarks. He trained with two other men from his town, Oxnard, California, who were also preparing for the Triathlon. "We would go on some long bicycle rides, 100 miles, 120 miles. Then we would get off our bikes and run for 15 or 16 miles, trying to simulate the Triathlon experience."

The first three Triathalons were held on the Island of Oahu, but it was moved for the fourth contest to the big Island of Hawaii on the Kona Coast, which is less populated, because of the large number of entrants.

The day of the race was terribly hot. According to Dr. Cranmer the temperature was 90 degrees and continued to rise as the day progressed. "They had weigh stations at points along the way. If participants lost more than five percent of their body weight, they were encouraged to stop and drink water. Contestants who lost more than 10 percent of their body weight were taken out of the race," he notes.

"But Lynn gained weight during the contest!" Mrs. Cranmer reveals. "I had gained weight before the contest to help get through it," he explains. "And at the halfway point in the bicycle race I had gained an additional two pounds because I was drinking, drinking, drinking!"

Following the 2.4 mile saltwater swim, the participants took showers and then mounted their bikes for the 112 mile ride, "There were aid stations every five miles along the bike route where plastic bottles of water were given out which the bikers could just grab as they went by. All racers drank a great deal because they were very aware of the possibility of heat stroke," comments Dr. Cranmer.
Out of the 396 entrants, about 300 completed the Triathlon. Dr. Cranmer
completed the swim in an hour and 20 minutes, the bicycle race in seven
hours and the marathon in four hours and 56 minutes.

Noting that Hawaii is much more humid than California, he says, “If I
had lived and trained all summer in humid Philadelphia, I probably would
have done better because the humidity affected me more than anything else. I
did well until after about 20 miles in the marathon when I fell off my pace
somewhat. I had to stop and walk quite a bit in the marathon. I did a walk run
combination. I had figured I could complete the marathon in four hours
and it took me closer to five.”

He continues, “I have finished a marathon in close to three hours, but
that was of course without first doing a bicycle race and a swim.”

Dr. Cranmer spent a week in Hawaii. His sister and cousin went with him.
“They were my pit crew,” he recounts. “They took photographs during the
various events.”

Interjects Mrs. Cranmer, “I stayed home, but I was praying for him!”

Remembers Dr. Cranmer, “Before I
left, Lynn insisted that I call her as soon
as the race was over. So I called and
announced, ‘Well, I did it!’ She asked
how I felt, and I told her I really did not
feel bad at all. I had assumed I would
be totally ‘wiped out’ afterwards, but I
wasn’t. In fact, I felt much worse after
other marathons.”

“He was pretty well trained for it,”
states Mrs. Cranmer. “Also, the Tri-
athlon requires that the athlete use
different muscles for the three events.
Shortly after the Triathlon, we both
ran in a marathon. I thought Lynn
would be in terrific shape for it, but at
20 miles, he felt horrible. He said he
felt worse than at any point during the
Triathlon. The Triathlon is a real
mental thing, and adequate training is
vital.”

“That’s it!” exclaims Dr. Cranmer.
“Anyone can complete the Triathlon
with proper training. However, getting
an injury or even a cold just before the
race was one thing I feared, and when
it happened to others I felt really sorry

Dr. Cranmer pushes on during the Triathlon.

Dr. and Mrs. Cranmer literally ran into each other at a running event; they
met at a marathon! Like her husband, Mrs. Cranmer was a late starter out of
the blocks. She first began running at age 29. “I got involved in running gradu-
ally,” she notes. “I had trouble with
my foot when I first started running,
and I remember my podiatrist asking
when I was going to run a marathon.
I said to him, ‘Are you crazy? I’m never
going to run more than five or six miles,
and that is far enough.’ Six months
later I had finished my first marathon
and couldn’t wait for the next one.
Distance running is sometimes painful,
but it lifts me up so much that I want to
keep going back. I forget about the
pain.”

Dr. Cranmer adds, “The mind is
amazing. It lets people forget the
painful part of running so quickly. The
challenge is immensely appealing, and
running creates a euphoric ‘natural
high.’ For weeks after the Triathlon, I
was on Cloud Nine. I was extremely
happy.”

Endorphins are released from the
brain during physical exercise. Run-
ning has been used in treating psy-
chiatric patients for certain types of
depression. “They have found run-
ning therapy is fantastic treatment,”
says Dr. Cranmer.

In addition to running, Dr. Cranmer
enjoys cross country skiing. Asked if
he has plans to attempt any feats
comparable to the Triathlon, Dr.
Cranmer responds in the affirmative.
He hopes to eventually compete in a
California event called the Western
States 100. “I thought I could manage
it this year, but I just could not get
psyched for another major onslaught.
However, I should be ready next year.”

The Western States 100 is a 100
mile foot race through the Sierra
Mountains from Squaw Valley to
Auburn, California. The difficult
aspects of this race are the extreme
altitude changes and the distance.
Racers must go up to 14,000 feet, then
down to sea level, and then back up to
10,000 feet. The object is to try to com-
plete the race under 24 hours. “If I
complete the race in under 24 hours,
I receive a belt buckle called a Herms
Buckle,” Dr. Cranmer remarks.

He plans to train for the 100 in the
mountains near his home, which rise
between 5,000 and 6,000 feet. Com-
menting on her husband’s plans, Mrs.
Cranmer says, “A person has to have
strong thighs and muscles trained to
work a long time. Racers are allowed
to walk, but even so, it is a long time to
be on your feet.”

The combination of distance and
altitude should prove to be a taxing test
even for a conqueror of the Iron Man
Contest. “Last April,” Dr. Cranmer
reveals, “I participated in the longest
distance race I have ever attempted.
It was 50 miles and incredibly
strenuous. I finished in about nine and
a half hours. I did that on my fortieth
birthday. Yes, that’s what I did!”
1969

Frederick J. Dudenhoefer, 140 W. 2nd St., Erie, Pa., has been given the Recipient of the Year Award by the Northwestern Pennsylvania Chapter of the National Association of Social Workers.

William J. Snape, Jr., has been appointed Professor of Medicine and Director of the GI Section at Harbor-UCLA Medical Center in Torrance, California. His appointment was effective January 1.

1970

Allan P. Freedman, 7821 Park Ave., Elkins Park, Pa., has been promoted to Associate Professor of Medicine at Hahnemann Medical College in Philadelphia, and is engaged in research and clinical medicine.

Ronald A. Leff, 45 W. 60th St., New York, is currently an Assistant Professor of Anesthesiology at the New York Hospital-Cornell Medical Center.

Lawrence S. Miller, 145 S. Burlingame Ave., Los Angeles, is completing a two-year term as President of the California Society of Physical Medicine and Rehabilitation. He presented six papers at the American Academy of Physical Medicine and Rehabilitation meeting in San Diego in November.

David J. Randell, board certified in ophthalmology, is practicing at 43-955 Kam Highway, Kaneohe, Hawaii.

Charles R. Schleifer, 67 Overhill Rd., Bala Cynwyd, Pa., is a nephrologist at Lankenau Hospital in Philadelphia. His wife, Martha, is a Professor of Music at Widener College, in nearby Chester. They have two sons, Marc, 8 and David, 5.

Judith Parker Schwartz, 7017 Falling Springs Rd., Fort Worth, Tex., has received an appointment in the Child Development Program at Fort Worth's Child Study Center, where she is participating in a follow-up program for high risk infants. She writes, "My husband (Burton W. Schwartz, '67) and I are 'naturalized' Texans now and are enjoying the Fort Worth area with four children.''

Michael Steinberg, 2601 Goodwood Rd., Baltimore, is serving as Medical Director of the North Central Baltimore Health Corporation. In October, Dr. Steinberg gave one of the keynote addresses, "Community Health Planning," at the AMSA meeting at Jefferson.

1971

Christopher K. Balkany, 348 Valley Brook Dr., Lancaster, Pa., is practicing internal medicine in the area. His wife will receive her B.S. in nursing this year.

Peter M. Caravello, 106 E. Wataga Ave., Johnson City, N.Y., has joined classmate Thomas R. Borthwick in the practice of internal medicine there.

Cora L. Christian, P.O. Box 1338, La Grange Plot, Frederiksted, St. Croix, V.I., the Assistant Commissioner of Health and Medical Director of the Virgin Islands Medical Institute, was at Jefferson September 15. She gave a seminar to the Office of Medical Education on "Health Care Systems in the United States Virgin Islands."

David R. Cooper, 333 Stanley Dr., Kingston, Pa., announces the opening of new offices in Wilkes Barre for the practice of orthopaedic surgery, specializing in sports medicine.

Lawrence J. Guzzardi, 338 S. Hill-N-Dr., York, Pa., is the Director of the emergency department at York Hospital.

James G. McBride, 18½ Meade St., Wellsboro, Pa., closed his private office to accept a fellowship to study specialized surgical techniques related to eye disorders.

Jeffrey S. Rakoff, Scripps Clinic and Research Foundation, 10666 Torey Pines Rd., La Jolla, Ca., is living in Del Mar with his family including David, 5, and Anne, 2. For the last two years, Dr. Rakoff has been Director of the Fertility Center of Scripps.

Frank R. Reale, University of Massachusetts Medical Center, 55 Lake Ave. North, Department of Pathology, Worcester, Mass., an Associate Professor of Pathology and Obstetrics and Gynecology, and Director of Anatomic Pathology, at the University of Massachusetts Medical Center, has been elected to Fellowship in the College of American Pathologists.

J. Stanley Smith, Jr., 2645 N. Third St., Harrisburg, is President-elect of the Dauphin County Medical Society. He is practicing general surgery and traumatology.

Floyd F. Spechler, 137 Cooper Ave., Cherry Hill, N.J., is engaged in the practice of ophthalmology in Cherry Hill with a second office in Camden.

Michael E. Starrels, Franklin & Wood St., Doylestown, Pa., has been promoted to Senior Assistant Surgeon at Wills Eye Hospital. He has also been appointed Clinical Assistant Professor of Ophthalmology at Jefferson Medical College.

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

1972

Louis C. Blaum, Jr., 33 Wilcox Dr., Wilkes Barre, Pa., a cardiovascular and thoracic surgeon, was a featured speaker at the first meeting of the Future Physicians Club organized by the Luzerne County Medical Society Auxiliary. The Future Physicians Club has been organized as a public educational service and is available to area high school students who are interested in the practice of medicine as a possible future profession.

Stuart M. Deglin, 4 Capri Dr., Norwich, Ct., has been appointed Assistant Clinical Professor of Medicine in the Cardiology Division at Yale University School of Medicine in New Haven.

James E. Fitiscar, 7040 Lake Joanne Dr., Pensacola, Fl., was recently promoted to Commander during a ceremony at the Naval Aerospace Regional Medical Center there.

Irwin J. Hollander, 700 Lawn Ave., Sellersville, Pa., has been appointed Chief of Grand View Hospital's pathology department.

William J. Hyde, 7300 4th St., Suite 250, Scottsdale, Az., has recently opened an office in general surgery in Scottsdale and "welcomes visitors from the East any time." Dr. Hyde and his family relocated to Arizona this summer.

Charles E. Rhodes, Norwalk, Ct., has joined the practices of Dr. Neil Auerbach as a specialist in endocrinology, diabetes and internal medicine. He is residing at 245 Middlesex Rd. in Darien.

Carol A. T. Rivera, Huntingdon Valley, Pa., has joined the staff at Warminster General Hospital as house physician.

1973

Leonard M. DelVecchio, 315 Cottage Pl., Lewistown, Pa., has joined the
medical staff at the Lewistown Hospital for the practice of radiology.

Joseph S. Ferroni, 522 Conshohocken State Rd., Gladwyne, Pa., practices ob-gyn at Lankenau Hospital in Philadelphia and has three children, ages 8, 5, and 3.

Bruce E. Jarrell and Leslie S. Robinson, 8101 St. Martins Ln., Philadelphia, announce the birth of their third child and first daughter, Gwynne Leslie, age 8, 5, and 3.

Charles L. Liggett, Jr., completed his Fellowship in peripheral vascular surgery at Rutgers Medical School Affiliated Hospitals and is in the private practice of vascular and general surgery at 2503 South Avenue, Yuma, Arizona. He holds membership in the Peripheral Vascular Surgery Club. Dr. Liggett married Dolores Zagari in September 1980.

Mark S. Pascal, 1349 Mercedes St., Teaneck, N.J., was recently named Director of the Oncology Unit at Hackensack Medical Center. A third child, Robert Aaron, was born on September 6, 1981.

1974

Albert L. Blumberg, 37 Stonechange Ct., Pikesville, Md., is practicing radiation oncology with the Greater Baltimore Medical Center in Towson and is an Associate at Johns Hopkins Medical School. He was married to Beth Pete in May of 1981.

Edward F. Drass, 1022 S.E. 20th St., Cape Coral, Fl., has opened an office for the practice of family medicine.

William J. Gibbons, 421 Dogwood Dr., Southampton, Pa., and his wife have an 18 month old daughter and are expecting a second child in March.

John Hermanovich, Jr., 310 Lamp Post Ln., Hershey, Pa., has been appointed Assistant Professor of Medicine at the Milton S. Hershey Medical Center. A former Fellow in cardiology at the University of California at Davis, his clinical interest is cardiac catheterization.

John P. Lubicky, 4816 Candy Ln., Manlius, N.Y., is Assistant Professor of Orthopaedic Surgery at State University of New York, Upstate Medical Center in Syracuse. The Lubickys announce the birth of their son, John Jason, on August 19.

Edward J. Share, 1464 South Roxbury Dr., Los Angeles, has joined a gastro-enterology group at Cedars Sinai Medical Center in Los Angeles. He and his wife, Mollee, are expecting their first child in February.

Susan M. Stevenson, 805 Gatlen Dr., State College, Pa., along with 10 other physicians who make up the Moshannon Valley Medical Group, including Peter M. Guillard, ‘51, has been accepted as a member of the Geisinger Clinic, the group medical practice of the Geisinger system.

James F. Suchman, 1 Northfield, West Hartford, Ct., has become associated with two doctors in Bloomfield and Windsor, Connecticut, in the practice of radiology and diagnostic ultrasound.

Steven B. Wirts, 7950 Ardmore Ave., Wyndmoor, Pa., is practicing ob-gyn at St. Mary’s and St. Joseph’s Hospitals in Philadelphia. The Wirts have three children, Jennifer, 7, Chris, 5 and Julia, 1.

1975

Christopher H. Anthony has been appointed to the pathology department staff at Lancaster General Hospital, Lancaster, Pennsylvania. He will supervise the chemistry service. He was Chief Fellow in surgical pathology at Memorial Sloan-Kettering Cancer Center in New York City.

Geoffrey N. Barger, 6 Locksley Ave., San Francisco, Ca., recently became board certified in neurology.

John E. Hocutt, 1243 Lakewood Dr., Wilmington, De., reports the birth of his daughter, Beth Lyn on August 10, 1981. He has authored “Emergency Medicine – A Quick Reference for Primary Care” (with 20 contributors) to be published in January, 1982. He has also been appointed Instructor of family medicine at Jefferson, Wilmington Medical Center affiliate.

Lawrence M. Hurvitz, 1950 Arlington St., Suite 308-310, Sarasota, Fl., is enjoying Florida living.

Karen F. Kuhns has been named Medical Director of U.S. Steel Corporation’s Clairton Works in Pittsburgh.

Mary Louise Kundrat, 3650 California Ave., Pittsburgh, was married in June to Donald L. Wickerham in Pittsburgh. Dr. Kundrat-Wickerham is currently a staff general internist at Allegheny General Hospital in Pittsburgh.

Herbert E. Mandell, 431 Crescent Rd., Wyncote, Pa., has been appointed Clinical Director of children’s services at Abington Memorial Hospital’s Mental Health Center.

S. Scott Paist III, 748 Barr Blvd., Lancaster, Pa., has been named an Associate Director of family and community medicine at Lancaster General Hospital.

Paul J. Ruschak recently opened an office in Charleroi, Pennsylvania, for the practice of dermatology. He is a Clinical Assistant Professor of dermatology at the University of Pittsburgh.

Arthur Stelman, 2545 Cleinview, Cincinnati, has been Associate Pathologist at St. Elizabeth Medical Center in Covington, Kentucky, since July 1980. He teaches in the School of Medical Technology and the family medicine residents. His sub-specialty interests are surgical pathology, hematopathology and blood banking.

Michael P. Stewart has joined Gino Mori, ’58 in Scranton, Pa., in the practice of general thoracic and cardiovascular surgery. After his residency in general surgery at Jefferson, he completed a one-year fellowship in cardiovascular surgery under Dr. Michael DeBakey at the Baylor College of Medicine in Houston.

Edward S. Williams, 1328 Grenox Rd., Wynnewood, Pa., practices internal medicine at Misericordia Hospital in Philadelphia, and has a part-time practice in Wynnewood, with admitting privileges to Bryn Mawr Hospital. Daughter, Riad, is now 12.

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

1976

James K. Beebe, Professional Bldg., Fourth St. and Savannah Rd., Lewes, De., has opened an office for the practice of family medicine.

John D. Blannett, 1 Longview Dr., Thornton, Pa., has been appointed an Instructor in medicine at Jefferson.

Scott W. Bowman, Allergy Immunology Associates Ltd., 2445 Marietta Ave., Lancaster, Pa., was recently named to the St. Joseph Hospital’s active staff in Lancaster.

William S. Carter III, Maine Medical Center, 22 Bramhall St., Portland, Me., married Melinda Jeanne McKenzie of South Portland in August.

29
Edward C. Denny has joined the staff of the Allentown Hospital in Allentown, Pennsylvania, after completing his pediatric residency at Children’s National Medical Center in Washington, D.C.

Robert C. Garrett has been appointed Director of pulmonary medicine at Burke Rehabilitation Center in White Plains, New York. He has completed residencies in medicine at New York Hospital and Montefiore Hospital, and has been a pulmonary Fellow at Columbia-Presbyterian Medical Center.

Robert A. Kloss has joined Associated Internists of Danbury, Connecticut, after completing his post-graduate fellowship training in internal medicine at Columbia-Presbyterian Medical Center in New York.

Frederic B. Kremer, 516 Conshohocken-State Rd., Bala Cynwyd, Pa., has been appointed to the newly created position of Director of Refractive Eye Surgery at The Graduate Hospital.

Robert J. Lenox recently joined the staff of Guthrie Clinic in Sayre, Pennsylvania, as an associate in pulmonary medicine.

Andrew J. Levin, 733 Kings Croft, Cherry Hill, N.J., has been appointed an Instructor in ophthalmology at Jefferson.

Norman P. Levin, 700 Ardmore Ave., Ardmore, Pa., was certified in anatomic and clinical pathology by the American Board of Pathology in May, 1981. Dr. Levin is an Associate Pathologist at Episcopal Hospital in Philadelphia.

Michael H. Levy, 1124 Heartwood Dr., Cherry Hill, N.J., has joined the staff of the Department of Medicine at the Fox Chase Cancer Center. He will be in charge of the lung cancer service and also will develop a new palliative care service at the Center.

Robert J. McCunney, 336 Commonwealth Ave., Boston, has been named Medical Director of Occupational Health Services at Sturdy Memorial Hospital in Attleboro, Massachusetts. The new facilities will provide a balanced program of diagnosis, medical surveillance, environmental consultation, health hazard assessment and industrial hygiene analyses. Dr. McCunney, who earned a M.P.H. at Harvard School of Public Health is also a graduate chemical engineer.

Manuel R. Morman, 198 Smull Ave., W. Caldwell, N.J., has announced the opening of his office for the practice of dermatology at the Rutherford Office Plaza, 17 Sylvan Street, Rutherford, New Jersey.

Monica Morrow, 56 Faith St., Burlington, Vt., completed her surgical residency as Chief Resident at the University of Vermont Medical Center.

Philip Nimoityn has opened an office for the practice of cardiology at Thomas Jefferson University Hospital, Suite 6193.

Steven Elliot Ross, 2524 W. 51st Ter., Westwood, Ks., married Carolyn Gross last June. Dr. Ross is pursuing a Fellowship in trauma surgery and critical care at the University of Kansas Medical Center.

Mark A. Smith, 1358 Farrington Rd., Philadelphia, has begun a cardiothoracic surgery residency at the Hospital of the University of Pennsylvania. Dr. Smith and his wife Kathy welcomed their first baby last March.

Dean Solomon, 57 Langdon Ave., Watertown, Ma., has been chosen to be the staff psychiatrist for Family Service Association of Greater Boston’s new Center for Counseling, a licensed mental health clinic.

L. Martha Ann Thomas has opened an office for the practice of obstetrics and gynecology at 908 George St., York, Pennsylvania.

1977

Randy V. Campo and his wife, Cathy, announce the birth of their first child, Jessica Lisa, on June 21. He did his residency at Bascom Palmer Eye Institute in Miami, and is completing a Fellowship in retina-vitreous in Milwaukee.

Mark W. Cooper, 7827 Spring Ave., Elkins Park, Pa., has been appointed an Instructor in radiology at Jefferson.

Stephen H. Fehnel, 2211 Gring Dr., Wyomissing, Pa., has opened an office for the practice of obstetrics and gynecology in West Reading, Pennsylvania.

John A. Ferriss III, a lieutenant commander in the medical corps in the Navy, married Mary E. Maloney, M.D., in June.

Michael E. Fischer, 515 S. 9th St., Philadelphia, has been appointed an Instructor in radiology at Jefferson.

Sister Ann Margaret McCloskey, 76 University Blvd. East, Silver Spring, Md., has been designated as a Diplomate of the American Board of Pathology.

David R. McDonald, Danville, Pa., has joined the staff of Geisinger Medical Center as an associate in the Department of Obstetrics-Gynecology.

Jeffrey F. Minteer, Washington Hospital, 155 Wilson Ave., Washington, Pa., has joined his brother, Wesley Minteer Jr., in the practice of family medicine in Worthington, Pa.

Donald E. Playfoot, 112 Coach Ln., Apt. N-16, Norristown, Pa., has joined the Family Practice Center at Montgomery Hospital as part of the Family Practice Residency Program.

Edward J. Read, Jr., Box 7745, NRMC Guam, FPO San Francisco, is presently a staff family physician at the Naval Regional Medical Center on Guam. The September, 1981, issue of “Obstetrics and Gynecology” published an article that he co-authored entitled: “Placental Metastasis from Maternal Carcinoma of the Lung.”

Joseph J. Ruzbarsky, 412 Noble Rd., RD #4, Clarks Summit, Pa., has been named to the position of attending anesthesiologist at Mercy Hospital in Clarks Summit.

Thomas G. Sharkey, 34 Holiday Dr., Kingston, Pa., has been appointed to the Associate Medical Staff for ophthalmology and surgery at Mercy Hospital, Wilkes-Barre.

1978

Gregg P. Allen is a family practitioner with the Public Health Service at Las Cruces, New Mexico. In May he was married to Leora Mahon of Mountain-top, Pennsylvania.

Harry L. Chaikin has returned to his native Brickantine, New Jersey, to join his father’s practice. Dr. Chaikin Sr., was the first full-time doctor on the island when he opened his practice there 30 years ago. The younger Dr. Chaikin is living with his wife, Sarah, on Ocean Drive West.

Thomas J. Danyliw, 16 Longview Dr., Brookfield, Ct., has set up a family medicine practice in Brookfield with Dr. Kenneth J. Pellegrino. He recently won a $1,400 award from the American Academy of Family Medicine to support his teaching programs.

Marc J. Finder, 2178 Woodcrest Dr., Johnstown, Pa., has joined the staff of Lee Hospital’s Department of Emergency Medicine in Johnstown.
Richard A. Martin, 18 Hillcrest Dr.,
Dallas, has joined the practice of
Dr. Wilson A. Foust in New Holland,
after completing a family practice resi­
dency at Grant Hospital in Columbus,
Ohio.

Richard J. Lazar, 605 Main St., Duryea,
Pa., has announced the opening last July
of his office for family practice in
Duryea. Dr. Lazar recently completed
a three-year residency in family
practice at Sacred Heart Hospital in
Allentown.

Richard A. Martin, 18 Hillcrest Dr.,
Dallas, Pa., has joined the staff of
Wilkes-Barre General Hospital in the
Department of Family Practice.

Robert H. Peters, 957 Lincoln Blvd.,
San Francisco, and his wife, Paulette,
announce the birth of twin daughters,
Allyson and Kimberly on August 31.
The Peters also have two older
dughters and a son.

Scott D. Shumaker, 532 E. Wapsononok,
Altoona, Pa., joined the Altoona
Hospital medical staff in July.

David W. Stepansky, 1960 Hemlock Rd.,
Norristown, Pa., has joined his father,
Dr. William Stepansky '52, in his prac­
tice of internal and family medicine. In
addition to an office in Oaks, Pennsyl­
vania, Dr. Stepansky has opened offices
with his father in Trappe, Pennsylvania.

1979

Steven L. Mendelson, 60 Sutton Place
S., N.Y., and his wife, Susan Zwanger
Mendelson, a 1980 graduate of North­
western Medical School, announce the
birth of Eva Beth on November 12.
"She has big brown eyes and a full head
of long dark hair."

Joseph P. Vilogi, Scranton, Pennsyl­
vania, has become the first full-time
emergency room physician for Wayne
County Memorial Hospital in
Honesdale. Dr. Vilogi married Donna
M. Dougherty in October.

1980

Kevin M. Boyle, 122 Drummonds Way,
Hampton, Va., having completed the
Air Force medical service officers' orien­
tation course, has been assigned to
the Air Force Hospital at Langley Air
Force Base in Virginia.

James T. Hopkins, 409 W. Lancaster
Pike, Havertford, Pa., was married
October 24 to Kathleen Anne Lawlor.

Obituaries

Edwin C. Boyer, 1911
Died May 23, 1981 at the age of
95. Dr. Boyer, a resident of Johns­
town, Pennsylvania, was former
Chief of the obstetrical service at
Memorial Hospital there.

George P. Horton, 1915
Died May 7, 1981. The retired
physician was a resident of Bridge­
port, Connecticut.

Charles A. Pryor, 1915
Died October 1, 1981 at the age of
90. Dr. Pryor, who was residing in
Panama City, Florida, at the time of
his death, was an ear, nose and
throat specialist in the Philadelphia
area for nearly 60 years. He served
on the staffs of Pennsylvania and
Bryn Mawr Hospitals. Surviving is
his son.

Joseph Watson, 1915
Died October 22, 1981, at the age
of 92. Dr. Watson, who was residing
in Prescott, Arizona, at the time
of his death, had practiced medi­
cine in Jeannette, Pennsylvania,
prior to his retirement. A daughter
survives him.

Emery D. Wise, 1925
Died February 19, 1981. Dr. Wise
was a general practitioner who resided
in Fairmont, West Virginia.

Emmett L. Jones, 1926
Died December 3, 1981. The retired
physician was residing in Crofton,
Maryland, at the time of his death. He
practiced ENT until 1952 when he
concentrated on ophthalmology. Dr.
Jones was Chief of Staff at Memorial
Hospital in Cumberland. His wife,
Virginia, and two sons survive him.

Bernard B. Stein, 1927
Died December 29, 1981 at the age
of 79. Dr. Stein, a specialist in
infectious diseases, maintained offices
in Philadelphia until his retirement
18 months ago. He served on the
staffs of Jefferson, Misericordia and
Lankenau Hospitals. Surviving are his
widow, Frances, two sons one of whom
is Elliott M. Stein '64 and a daughter.

George D. Zehner, 1927
Died July 31, 1981. Dr. Zehner was a
general practitioner from Tannersville,
Pennsylvania.

William M. Cason, 1928
Died January 23, 1981 at the age
of 82. Dr. Cason, an ophthalmolo­
gist, was a resident of Atlanta,
Georgia.

A. Paul Shaub, 1928
Died September 6, 1981 at the age
of 85. Dr. Shaub was a family phy­
sician with a practice in Lancaster,
Pennsylvania. He was a Life
Member of the President's Club
at Jefferson.

Harold L. Strause, 1928
Died September 11, 1981 at the age
of 77. Dr. Strause, an ophthalmolo­
gist, served as head of the eye
department at Community General
Hospital in Reading, Pennsylvania.
He also served as President of the
John M. Adams, 1929
Died February 4, 1981 at the age of 79. Dr. Adams was certified by the American Board of Radiology. He was residing in Royersford, Pennsylvania, for 45 years. A past President of the Montgomery County Medical Society, he was made a Certified Fellow of the International College of Surgeons in 1950. Surviving are his wife, Gladys, and a son.

Karl Habel, 1933
Died November 20, 1981 at the age of 73. Dr. Habel was Chief of the Laboratory of Infectious Diseases and the Biology of Viruses at the National Institutes of Health. He retired in 1967 from NIH and the Public Health Service and joined the staff of the Scripps Clinic and Research Foundation in La Jolla, California, and taught at the University of California Medical School in San Diego. Dr. Habel received the Public Health Services Distinguished Service Medal and the R. E. Dyer Lectureship at NIH. Surviving are a daughter and a son.

John J. Latzo, 1931
Died May 6, 1981. Dr. Latzo, an ear, nose and throat specialist, maintained a practice and resided in Wilmington, Delaware. He is survived by his two sons.

Howard H. Karr, 1932
Died February 4, 1981. Dr. Karr, a neurosurgeon, was a resident of New Orleans. His widow survives him.

Rudolph K. Clocker, 1933
Died September 29, 1981. Dr. Clocker was a general surgeon who practiced in Royersford, Pennsylvania, for 45 years. A past President of the Montgomery County Medical Society, he was made a Certified Fellow of the International College of Surgeons in 1950. Surviving are his wife, Emma, two sons, one of whom is Harold L. Strause, Jr., '49, and a daughter.

Joseph T. Hair, 1930
Died August 3, 1980. Dr. Hair had served with the Aiken County (South Carolina) Health Department for over 40 years. He is survived by his wife, Ruth.

John F. Streker, 1930
Died November 6, 1981 at the age of 78. Dr. Streker served as both President of the staff and Chief of Urology at St. Joseph's Hospital in Providence, Rhode Island. He also was on the staff of Our Lady of Fatima Hospital there. A member of the American College of Surgeons and the American Urological Association he is survived by his wife, Winifred, a physician son, a daughter and a brother, Edward T. Streker, '24.

John J. Yankevitch, 1944
Died September 17, 1981 at the age of 65. Dr. Yankevitch was a family practitioner who resided in Freeland, Pennsylvania. He was a past President of both the Clearfield County Medical Society and the Clearfield Hospital medical staff.

Harry J. Repman, 1941
Died December 21, 1981 at the age of 66. Dr. Repman, a resident of Greenville, Delaware, was a former Chief of Urology at the Memorial Division of Wilmington Medical Center. A past President of the Delaware Academy of Medicine he was a member of the American Society of Arms Collectors. A memorial fund has been established at Jefferson through Alumni Annual Giving. Surviving are his wife, Dorothy, a son, four daughters, a stepson and two stepdaughters.

Roger L. Hughes, 1942
Died October 17, 1981 at the age of 65. Dr. Hughes, a general practitioner, resided in Clearfield, Pennsylvania. He was a past President of both the Clearfield County Medical Society and the Clearfield Hospital medical staff.

Sidney S. Lerner, 1947
Died October 8, 1981 at the age of 64. Dr. Lerner, an otolaryngologist,
served on the faculty at Jefferson until 1971. He was a Fellow of the International College of Surgeons and the American Academy of Ophthalmology and Otalaryngology. Dr. Lerner served on the Executive Committee of the Jefferson Alumni Association. He is survived by his wife, Marion, two sons and two daughters, one of whom is Helen Lerner '81.

William E. Peterson, 1948
Died October 1, 1981. Dr. Peterson was a radiologist who practiced in the Timonium, Maryland area. His widow survives him.

David J. Keck, 1949
Died suddenly October 1, 1981 at the age of 56. Dr. Keck, a general practitioner in Fairview, Pennsylvania, was Chairman of the Pennsylvania Medical Society Board of Trustees at the time of his death. President of the Erie County Medical Society in 1971, he was elected PMS Chairman in 1978. He served as a delegate to the AMA House of Delegates. Team physician for the Fairview High School, he helped establish the Alcoholism Program and Detoxification Center at St. Vincent Health Center 24 years ago. He also was associated with St. Vincent Hospital in Erie. Surviving are his wife, Agnes, a son and two daughters.

Simon Markind, 1949
Died January 1, 1982 at the age of 58. Dr. Markind was Chief of Physical Medicine and Rehabilitation at Bryn Mawr Rehabilitation Center which is affiliated with Bryn Mawr Hospital. He was in general practice in Levittown, Pennsylvania until 1964. Surviving are his wife, Arlene, two sons and a daughter.

Henry K. Shoemaker, 1949
Died November 30, 1981 at the age of 56. Dr. Shoemaker, a neurosurgeon, was associated with Peninsula General Hospital in Salisbury, Maryland. Surviving are his widow, Beatrice, and five daughters.

Charles W. Folker, 1953
Died July 5, 1981 at the age of 52. Dr. Folker was certified by the American Board of Orthopaedic Surgery and maintained offices in Santa Barbara, California.

Thomas G. O'Brien, 1956
Died September 17, 1981 at the age of 50. Dr. O'Brien, a resident of Santa Barbara, California, was a thoracic surgeon there. Prior to his move to California Dr. O'Brien was a Teaching Fellow at Harvard Medical School and was the recipient of a Fulbright Fellowship for studies in Birmingham, England. He was a Fellow of the American College of Surgeons. Surviving are his wife, Gail, three sons and a daughter.

Curtis T. Todd, 1964
Died August 29, 1981. Dr. Todd, who had served on the faculties of the Medical Schools at the University of Kansas and Nebraska, was in the private practice of obstetrics and gynecology in Omaha at the time of his death. A Fellow of the American College of Obstetricians and Gynecologists he served as a member on the National Medical Advisory Board of Planned Parenthood. His major interests were tubal reconstruction and infertility. Surviving are his wife, Carol, and two children.

Jean Atwater, Faculty
Died November 15, 1981. Ms. Atwater, Research Associate Professor of Medicine, helped establish and was the first Director of the Clinical Laboratory at the Cardeza Foundation. Active in hematologic research at Jefferson since 1955 she authored or co-authored over 50 publications on the cause and treatment of blood diseases. Ms. Atwater served as Secretary/Treasurer of the Philadelphia Hematology Societies.

Bernard J. Alpers, M.D.
1900-1981
Emeritus Professor of Neurology
Bernard J. Alpers, M.D., Emeritus Professor of Neurology and Chairman of the Department, died November 2, 1981 at the age of 81. Doctor Alpers, a graduate of Harvard Medical School and the Graduate School of the University of Pennsylvania, was appointed to the Jefferson faculty in 1938 and served until his retirement in 1966. An exemplary teacher and physician, he was known at Jefferson by generations of students for his stimulating grand rounds and by his residents for his perception of clinical problems, his devotion to neurology, his sense of humor and enduring friendships. The class of 1959 presented his portrait to the College.

Doctor Alpers was a past President of the American Neurological Association, the American Board of Psychiatry and Neurology and the American Association of Neuropathologists. He was a Consultant at seven major medical facilities and was recognized for his research in the field, particularly for rehabilitation of stroke patients. A major contributor to professional journals, he was the author of Clinical Neurology and of Vertigo and Dizziness, two major texts in the field.

Among Doctor Alpers' many honors were the naming of the Alpers Neurology Laboratory at Hebrew University in Israel and Alpers Disease, a rare malady affecting the brain matter of children under 12 which he described for the first time. He was awarded an honorary degree of Doctor of Law at Jefferson in 1968.

Doctor Alpers was married to the late Doctor Lilian Sher Alpers, a Clinical Professor of Medicine at Woman's Medical College. Surviving are three sons, Paul J., Edward A., and David H.
John A. Timour
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