Spring 1984

Jefferson Alumni Bulletin – Volume XXXIII, Number 3, Spring 1984

Let us know how access to this document benefits you
Follow this and additional works at: https://jdc.jefferson.edu/alumni_bulletin

🔗 Part of the History of Science, Technology, and Medicine Commons, and the Medical Education Commons

Recommended Citation
https://jdc.jefferson.edu/alumni_bulletin/188
Rite of Spring

Twelve classes will be on Jefferson’s handsome campus this June to celebrate graduations from 1929 to 1979. A series of events will mark the College’s annual rite of spring. Visiting alumni are first invited to a welcoming cocktail party on Tuesday evening, June 5 to greet, informally, classmates and colleagues. On Wednesday the Clinic Program will get under way in Solis-Cohen Auditorium at 10 a.m. with the Dean entertaining at a luncheon to follow. That evening ('74 and '79 will meet on Saturday the 9th) the reunion classes will meet at facilities throughout the city for their individual parties. Thursday morning a CME symposium, a financial planning seminar and a tour to Longwood Gardens will provide all with an opportunity to choose an event of their choice. And, finally, that evening at the Bellevue Stratford Hotel the traditional Alumni Banquet is scheduled. The general mailing giving news of these events will be sent to all alumni on May 2.
Jefferson Medical College Alumni Bulletin

Volume XXXIII, Number 3

Keeping the Curriculum Current 2
Paul C. Brucker, M.D., says that any medical school's curriculum is a "blueprint for learning that guides both the students and the faculty."

Scott Library: Rearrangement Not Renovation 9
Librarian John A. Timour authors an article on the library, one of the finest in the country.

Reaching the Peaks 16
Walter L. McConnell, M.D. '59 has trekked and climbed his way around the world, sometimes stopping to be physician for research projects along the way.

Jefferson Scene 20
A new, young Chairman for the Department of Anesthesiology, Joseph L. Seltzer, M.D. '71 and a look at Parents' Day 1984 head the list of items.

Class Notes 28
...highlighted by an article on a new breed of physician—who specializes in the needs of the adolescent, Robert J. Senior, M.D. '55.

Editor
Nancy S. Groseclose

Assistant Editor
Judy Passmore McNeal

Publication Committee
Franz Goldstein, M.D.
Chairman
Cynthia B. Altman, M.D.
William V. Harrer, M.D.
Warren R. Lang, M.D.
Fred D. Lublin, M.D.
Gerald Marks, M.D.
Philip Nimoityn, M.D.
Leon A. Peris, M.D.
J. Woodrow Savacool, M.D.
Stanton S. Smullens, M.D.

Cover design by Bo Brown and Louis DeV. Day: curriculum, library and parents day photos by Bob Narod.

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

The Alumni Association of Jefferson Medical College
1020 Locust Street, Philadelphia, Pennsylvania 19107
POSTMASTER: Send address changes to the above address.
In June, 1982, when I became Chairman of the Curriculum Committee, I had many members of the faculty make comments to me about curricula in general, and about Jefferson's curricula in particular. These varied greatly. For example, it was stated that, "Changing the curriculum is similar to attempting to move a cemetery" and "Why do Curriculum Committees continuously attempt to 'fix something that is not broken'?"

Fortunately, I had spent a great deal of time as a member of the Curriculum Committee and had served under two previous chairmen, Dr. Thomas D. Duane and Dr. Jussi J. Saukkonen. This experience, along with exposure to national committees' deliberations concerned with medical school curricula, and association with Dr. Joseph S. Gonella, the former Dean of Academic Affairs, taught me a great deal about the opportunities, challenges and responsibility that a curriculum committee must face.

It also emphasized the fact that the curriculum for any medical school is an acceptable blueprint for learning, which guides both the students and the faculty. It has to pay attention to societal and national concerns, teaching resources and strengths and weaknesses of the institution and time constraints.

Likewise, the curriculum does reflect a particular heritage or tradition of the Institution. The Curriculum Committee members must act as a board of trustees and be concerned with the overall educational program, rather than just the educational programs of their respective departments. The members' charge includes the development of the curriculum, the evaluation of the teaching process, and, finally, the evaluation of the outcome.

In 1979, Dr. Saukkonen wrote an article for the JAB which described Jefferson's evolving educational program and the results of its evaluation. Since that time, there have been significant, but not radical, changes. Over the past five years, the Curriculum Committee, after much deliberation, has presented proposals for curricular change to the professorial faculty for their approval. Before describing the present curriculum and the significant changes that have taken place, it is probably appropriate that the philosophical climate in which these changes occurred be described.

In June, 1982, the House of Delegates of the American Medical Association adapted a Report of the Council on Medical Education. This was entitled, "The Future Directions for Medical Education." This Report was written with the intent of pointing out that as times change, it is important that medical education be "in step." The major theme of this Report was to establish a balance between generalism and specialization. It pointed out that undergraduate medical education is only part of the professional, educational life-cycle; and that its purpose should be to educate physicians who have a "broad perspective of society, extensive knowledge of biomedical sciences, and experiences in the several defined areas of clinical medicine."

A concern was voiced that many undergraduate medical school curricula force the student to make a premature commitment to a particular specialty discipline, frequently at the expense of not being able to view the entire patient and not being able to synthesize and correlate a great deal of general medical information. Furthermore, it was expressed that an experience, similar to the now abandoned rotating internship, might prove very helpful in the students' transition from undergraduate to graduate residency training.

It is interesting to note that Acting Dean Gonella and the Curriculum Committee felt that Jefferson had been and will continue to be in step with the "Future Direction for Medical Education." This particular Report just confirmed and reinforced the fact that Jefferson was headed in the right direction. The goals of the curriculum at Jefferson Medical College remain unchanged. They are: 1) to provide

---

Dr. Brucker, the Alumni Professor of Family Medicine and Chairman of the Department, was appointed to this position in March of 1973.
each student with an identical core curriculum which contains the *sine qua non* which should pertain to all physicians; 2) to provide each student with advanced curriculum opportunities in order to prepare himself in depth in one of the areas of basic or clinical medical sciences; and 3) to help develop a humanistic, as well as a scientific, approach toward the care and treatment of people with medical problems.

Additional goals of the curriculum are: 1) to have students understand the tentative nature of scientific conclusions; 2) to encourage students to assume responsibility for their own education and to diminish their dependence on the teacher as a sole source of information; 3) to encourage students to think critically and independently within the framework of social responsibility; and 4) to encourage students to develop a logical approach to the analysis and management of clinical problems.

In order to achieve these goals, Jefferson's curriculum is divided principally into two main parts. The first one is concerned primarily with teaching the basic sciences during the first one and two-thirds years along with a required basic science rotation during the last two years. The preclinical, or basic science phase, is a very strenuous, primarily didactic educational one in the biomedical sciences. A real concern is the heavy course load during the preclinical phase. Each of the basic science disciplines feels pressured to teach a great deal of material in a limited amount of time. The return of the basic sciences during the third and fourth undergraduate years has helped to alleviate some of this pressure.

At Jefferson, those students who have had special training in any of the basic sciences disciplines prior to entry to medical school are eligible to take an examination in order to determine if they can be exempt from taking an unnecessary course. It certainly is not emphasized, however, that students should elect premedical courses similar to those taught in medical school, for this would just further detract from opportunities to be a better rounded individual on admission to medical school.

The basic sciences are organized primarily by discipline at Jefferson, and are principally the responsibility of each of the six basic science departments. The main method of instruction is the lecture but, in addition to anatomy, which extensively uses laboratory exercises, the Department of Microbiology has always offered a laboratory experience, and now the Department of Pharmacology provides an elective laboratory experience.

Many of the medical school basic science departments across the country lament the fact that the laboratory experience is no longer mandatory for all of the basic science disciplines. This has occurred for many reasons, some of which include: 1) time constraints and the increasing academic overload as knowledge continues to grow by leaps and bounds; 2) limited space and faculty resources; 3) heretofore, generous opportunities for students in summer fellowship research activities; and 4) the relatively large class size. The faculty and students have regretted that they have not had more opportunity to get to know each other better, as they did when laboratory experiences were mandatory.

In the first year of the curriculum, the student starts school with the course, "Cell and Tissue Biology." The student learns about the morphological and biochemical aspects of cells and tissue. The main contribution of this course comes from the Departments of Anatomy (histology) and Biochemistry, although faculty from other departments contribute. This course is well
received, and thought to make for relatively smooth transition from the premedical experience. Considerable discussion has and continues to take place as to whether or not gross anatomy should be the first course in the curriculum. Some of the arguments in favor of this are: 1) it would lead to early professionalism of the student; 2) it would equip the student with an overall perspective of the human body and familiarize him with the necessary new vocabulary required for subsequent subjects; and 3) it might, in a few cases, allow certain students to realize very early in their medical school career that medicine might not be the correct vocational decision for them.

The arguments against including gross anatomy as the inaugural course are: 1) it is too stressful for the entering student, and it is better that the student become more acclimated to the medical setting and routine before studying gross anatomy; 2) it is better to start at the molecular level; and 3) it would require a massive rearrangement of the current basic science curriculum, which would be difficult to accomplish. The Curriculum Committee continues to study this particular issue.

Anatomy (gross and embryology) and physiology are taught next. Anatomy pays attention to organs, whereas physiology focuses on systems. Where possible, correlation takes place.

The neuroscience course is a cooperative effort, with anatomy responsible for the major part of the course, but cooperating with physiology, neurology, pharmacology, ophthalmology and neurosurgery. This integrated course provides the opportunity for a large amount of clinical correlation.

The course, "Basic Mechanisms of Disease," is intended to serve as a transition from the study of the normal or healthy body to the abnormal or diseased one. It is the last course in the freshman year and is intended to prepare the student for those courses in the sophomore year.

Starting in 1982, and continuing into 1983, there have been significant changes in the sophomore curriculum. The exclusive block system for teaching microbiology and pathology has been changed. Now, both courses are taught simultaneously, and a concerted effort has been made to ensure correlation between the two subjects where appropriate. For example, when the students are taught about lobar pneumonia in pathology, there is a correlation in microbiology when the students learn about the Streptococcus pneumoniae. Pedagogically, the Curriculum Committee felt that this simultaneous teaching of two major courses would be an improvement, for it would force the students to correlate two subjects, much like they have to do when they study clinical subjects; and it was also felt that they may not become confused or bored because of a single subject “overload”—but rather, that they would have the advantage of diversity in their learning. This particular change has been received with enthusiasm by both the faculty and the students.

Another significant change in the sophomore curriculum is the fact that there is now an 18-hour, interdepartmental, interdisciplinary course in immunology. The Departments of Biochemistry and Microbiology have been responsible for the development of the curriculum. Many of the clinical faculty have also contributed to this course. This particular course has tied together all the previous “loose ends” that existed when immunology was taught in a relatively uncoordinated fashion in a great number of the basic science courses. Its uniqueness in the curriculum just reflects the importance that the faculty feel this subject should occupy in any current medical school curriculum. It is a significant change to “keep in step” with changing times.

The faculty and the students feel that it is a definite improvement.

Similar to microbiology and pathology’s correlation, there is now a correlation for a brief period of time between the Introduction to Clinical Medicine and pharmacology courses (in the midpart of the sophomore year).

One of Jefferson’s curricular strengths is felt to be the introduction of clinical
medicine during the very first year of the curriculum. For this reason, it is not fair to call the first two years of Jefferson’s curriculum “The Preclinical Phase.” There is a large amount of clinical material that is also covered during the first two years. One-fifth of the total teaching time is devoted to clinical topics.

An interdepartmental course, “Introduction to Clinical Medicine (ICM),” meets throughout the first two years every week for one half a day, except for the last 17 weeks of the sophomore year when the course runs simultaneously with pharmacology for 13 weeks, and then consists of a four-week mini clerkship wherein the student is taught history taking and physical diagnosis. In the freshman ICM course, the students are taught the fundamentals of first aid and emergency medicine, including cardiovascular resuscitation.

During anatomy and physiology there are clinical correlations, which are coordinated and implemented by an interdisciplinary teaching committee, made up of representatives from anatomy and physiology, plus pediatrics and family medicine. Clinical faculty from all of the departments contribute to this course. A successful attempt has been made to make sure that appropriate correlation does take place at a level which a freshman student can understand. One half a day each week during the first half of the ICM course in the sophomore year, the students learn about psychopathology.

A companion course to the “Introduction to Clinical Medicine” is an interdepartmental course entitled “Medicine and Society.” This course requires one half a day a week for both freshman and sophomore years. It addresses issues primarily of social importance to medicine. Some of the topics that are taught in block fashion by the Departments of Family Medicine, Pediatrics, Psychiatry and Rehabilitation Medicine include: Growth and Development Throughout the Entire Life Cycle, Human Sexuality, Preventative Medicine, Epidemiology, Medical Ethics, Legal Medicine and the Impact of Health Care Legislation and Health Care Delivery.

The Small Group Program, instituted in 1976 and under the aegis of the Department of Psychiatry, represents an attempt to allow for further professionalism of the students. Each week, approximately 15 students are assigned to three faculty members in order to further discuss what has occurred in the classroom or relative subjects of the group’s own choosing. Over the past three years, more senior faculty and those from disciplines other than psychiatry have been recruited. This program, like all programs, is constantly being reviewed. It requires an enormous amount of faculty effort, and there is some concern that the students’ experiences vary considerably. Part of this difficulty stems from the fact that there are 15 groups, 45 faculty, and 223 students.

At the end of the sophomore year, each student is required to pass Part I of the National Boards (comprehensive examination) before progressing into the clinical phase of the curriculum. Traditionally, Jefferson students have done very well on this examination. The College is proud, for this has occurred because of the curriculum, the quality of the student and the quality of teaching. There has not been a concerted effort to “teach National Boards.”

A real problem in the first two years of Jefferson’s curriculum, which is not unique to the Institution, is the academic overload. Compared to premedical school, the majority of the students are required to practically double the number of class hours they should attend and to simultaneously be required to learn a much larger amount of material. Because of this, the students—and the faculty—are continuously trying to find a better way in which to make this more acceptable. The students rely heavily on the note-taking service, and thus frequently do not attend classes—particularly before examinations. The faculty rely principally on the lecture mode of teaching, but would like to have the
time and resources to develop alternative methods of teaching—such as seminar groups, laboratories and small group sessions. There are no easy answers, but Acting Dean Gonnella and the Chairman of the Curriculum Committee have met on a regular basis with representatives of the student body and the faculty in order to attempt to lessen some of the academic pressures and to simultaneously improve the teaching program.

A strong feature of the first two years is felt to be the fact that Jefferson students do enjoy a significant exposure to clinical material. The first two years of medical school are not just an extended two years of their premedical school curriculum.

**Changing Clinical Curriculum**

Starting July 1, 1984, there will be significant changes in the curriculum for the Class of 1986. The third and fourth years of the medical school curriculum will be viewed as a continuum, and the previously described and adapted track system will be abandoned. Why did this all come about?

It has been felt that the track system may no longer be consonant with the goals of the College—or the nation—as far as undergraduate medical education is concerned, for it has encouraged early specialization. Logistically, it has been difficult to carry out because of constant course changes. Some departments representing important disciplines and not represented in the track system now have sufficient resources to carry out an excellent teaching program. Such departments include Ophthalmology, Rehabilitation Medicine, Radiation Therapy, Neurology, and Neurosurgery.

For those students who wish to do some meaningful research activity, there has not been sufficient time. In many instances, students who wish to take elective clerkships at other institutions have not been able to do so, for the clerkships have not been synchronized with the Jefferson calendar. This has been particularly true for those students sponsored by military scholarships, who have not had an opportunity to be visible in an outside clerkship prior to the military match which occurs in the Fall of their junior year. Other problems associated with the current clinical curriculum include the fact that there has been a concern that the medical students require more preparation in order to become a general house officer, that they should have more exposure to ambulatory medicine (particularly in an era where this will be emphasized), and that there should be more flexibility for vacation time in order to allow the students time to review residency programs. Many of the faculty, particularly in internal medicine, would also like to have the students have a larger “Jefferson exposure” —i.e., spend an increased amount of time at Jefferson, in order that the students and the faculty will get to know each other much better.

As a result of these identified concerns, a successful attempt has been made to design a changed, but not radically new, curriculum for the last two years of medical school. This is viewed as a clinical continuum, but bears many similarities to the previous clinical curriculum. It should satisfy many of the concerns of both the students and the faculty, and at the same time be consistent with curricular goals.

The principal features of the changed or evolving clinical curriculum are as follows:

The Clinical Program will begin approximately three weeks after Part I of the National Boards (on or about June 15). The Program is 100 weeks long, of which 84 weeks are required and two weeks of vacation are mandatory during each of the two Christmas periods and for two weeks prior to graduation (for a total of six weeks of mandatory vacation). The other ten weeks of vacation are optional and can be scheduled to fit the individual needs of the students. This option should allow them great flexibility in designing their individual curriculum. For those who wish to have a significant block of time in which to do research, it should allow them to do so. It should also allow the students ample, convenient travel time in order to review residency programs.

The basic unit of the academic calendar is a six-week module, but the students may take an approved course for: 1) a four-week module and use the remaining two weeks for vacation; or 2) three consecutive four-week modules; or 3) two four-week modules and four weeks of vacation.

The required clerkship programs that must be taken in the first 60 weeks of the curriculum include:

1. Family Medicine 6 weeks
2. General Surgery 6 weeks
3. Internal Medicine 12 weeks
4. Obstetrics/Gynecology 6 weeks
5. Pediatrics 6 weeks
6. Psychiatry and Human Behavior 6 weeks

Including the mandatory two-week vacation period at Christmas time, this new schedule means that the students now have 16 weeks of time in which they can elect any additional part of the curriculum. The mandatory remaining part of the Clinical Program includes:

1. Subspecialty Surgical Clerkship
   a) anesthesiology 6 weeks
   b) orthopaedics
   c) urology
2. Neuroscience Clerkship 6 weeks
   a) neurology/neurosurgery

![Roy D. Clouse, M.D., Clinical Associate Professor of Psychiatry and Human Behavior.](image-url)
b) ophthalmology

c) otolaryngology

3. Oncology/Radiation 4 weeks
   a) rehabilitation medicine

4. Advanced Basic Sciences 4 weeks

5. In-patient "subinternship" in either internal 4 weeks
   medicine or general surgery

6. An Outpatient Clerkship 6 weeks in either
   a) family medicine
   b) internal medicine
   c) pediatrics
   d) psychiatry and human behavior

As far as electives are concerned, the time sequence may consist of two six-week modules or three four-week modules. The courses may be departmental-sponsored or inter-departmental-sponsored.

In order to implement the new curriculum, three subcommittees have been active in three different areas—curricular design, evaluation and counseling.

Each of the courses has been described. The registrar's office has developed a relatively easy to understand selection process which is computerized and should allow the students the opportunity to select the various programs at many different sites. The student-run lottery will be abolished. A counseling program is being developed in order to help the students with the design of their curriculum, and to also assist them in preparation for residency selection. The Curriculum Committee and the Committee for Student Promotions are developing the necessary measuring instruments and evaluative policies for each of the courses.

The College's faculty and the students are excited about the changed curriculum, for it should satisfy some of the concerns that have been discussed. It is also consistent with the recommendations that have been made as the result of national studies about how best to educate medical students. It is believed that this curriculum will best provide a general professional education for future specialized practitioners, that it will equip the students with the incentive and know-how to learn continually throughout their professional careers, and that it will teach students how important not only the biomedical knowledge is in the cure of disease, but also how important the psychosocial aspects and human needs are. Jefferson has a unique asset for its clinical education through its large affiliate network which provides both the necessary patient population and clinical supervision. Students have the opportunity to see both the complex and unusual cases plus the more typical kind of case encountered in a community-type hospital setting.

Evaluation

Jefferson's educational program continues to attract a large number of very able students. Their performance on National Board examinations is still far above the national average. There is a continued improvement in the types of residency programs with which the students match. For example in 1984, 51.1 percent received their first choice of programs and 78.5 percent received one of their first three choices. Out of 186 students in the Match Program only 18 were initially unmatched, only to be matched in short order with very good or better programs which had not filled their quota. In recent years approximately 95 percent of our students entered university or university affiliated programs. The longitudinal evaluation of the graduated students by the Center for Research in Medical Education and Health Care, continues to show that they are exceptionally competent house officers. (see figure 1)

In 1978, the medical school accrediting agency, the Liaison Committee on Medical Education of the American Medical Association and the Association of Medical Colleges, declared that, "the curriculum data support the non-traditional curriculum experiment begun in 1967 as an acceptable alternative method of undergraduate education in

---

Mr. Veloski with Carla E. Goepp, M.D., Clinical Associate Professor of Medicine.

Andrew Glick confers with Dr. Baker.
medical schools." They were pleased to discover that students were members of the Curriculum Committee and in general were pleased with the overall curriculum.

The accrediting team was happy to see that the senior students had to elect an advanced basic science course and that it was usually conducted in a graduate seminar manner rather than the customary lecture mode.

As the new curriculum is being implemented, the Curriculum Committee will monitor it and the rest of the curriculum very carefully. The Committee will continue to be involved with attempts to improve both the teaching and the evaluation of all courses, and the Committee will attempt to ensure that there is a reasonable consistency of the clinical programs, many of which are not conducted at Jefferson. The outcome product, the graduate student, will continue to be monitored in order to ensure that the educational program adequately prepares them for graduate training.

Jefferson's changing curriculum is not a radical departure from traditional curricula or from the one that has worked so well over the past decades. Rather it is an attempt to improve things and to keep the College consonant with the changing times in medicine. Perhaps, five years from now, the curriculum will again have to change and include management courses in order to help the new physician be a better manager of health resources. Already there are discussions along this line. The important thing is that the faculty and the students are willing to accept change when they are convinced that it will improve the overall educational program. Furthermore, the students and faculty now look at medical school education as just one step in a lifelong process of professional education. It is no longer viewed as an end event.

As Chairman of the Curriculum Committee I appreciate the curriculum heritage that Dr. Duane and Dr. Saukonnen have passed on. I am extremely grateful for the cooperation of all of the departments, the members of the Curriculum Committee, and for the assistance that Dr. Gonnella has rendered over the past four years. The discussions about the curriculum have been frank, considerate, and usually not representing just an individual constituency, but rather the College as a whole. I honestly believe that the changes in the curriculum will enhance Jefferson's overall educational program.

![Figure 1. Numbers of Jefferson Medical College graduates with specified mean ratings in four areas of clinical competence. Mean ratings range from one for the lowest quartile of all graduates supervised by the rater to four for the highest quartile.](image)
Scott Library:
Rearrangement Not Renovation

by John A. Timour

For the benefit of those alumni who are unable to visit the campus regularly, I may save them some reading time with an assurance that the Library is substantially unchanged. Of course, there have been some changes since 1971 when the Library was last featured in this publication, but most concern rearrangement rather than renovation.

Some of the changes were forced on us. Just before Robert Lentz “retired” in June 1975, he had successfully petitioned the State Library of Pennsylvania into giving Jefferson a special computer terminal to access the national bibliographic utility OCLC, Inc. This parting gift enabled us to gradually replace some librarians with library technicians. It has also led to our dropping the Dewey Decimal System in favor of the more widespread and appropriate Library of Congress—National Library of Medicine system.

By the end of calendar 1985, the last remnants of the Dewey collection should be either in the incinerator or reclassified.

Where the second floor collection was a hybrid of bound journals and current books, it has now become exclusively the domain of bound and unbound current journals. All books are on the fourth floor except for our...
recreational reading collection which moved from the third to the second floor. The former Browsing Room on the third floor is now the Audiovisual Room and houses an expanding collection of video tapes, slides and audio tapes. The videotapes of gross anatomy dissections are especially popular with the freshmen for preview and review of their own laboratory efforts. A Browsing Room area has been created in the northeast alcove on the second floor. Daily deliveries of the New York Times, Wall Street Journal and the Philadelphia Inquirer keep readers on edge about current events. The same area now houses some 70 popular magazines including Apartment Life, Time, Yachting and the ubiquitous National Geographic. Current bestsellers from the major reviewing media are now rented by the Library on a one to three month cycle for free circulation to Jeffersonians. The rented books arrive completely processed which frees up staff time and budgeted funds for our primary obligation to the health sciences literature.

The first floor Basic Reading Room has seen the addition of a coin-operated photocopier and will soon house a microcomputer if all goes according to schedule. Our plan is to emulate the "paperchase" described in the October 15, 1981 New England Journal of Medicine. This involves having a self-contained data base of citations to the 51 English language clinical journals shelved in the Basic Reading Room. Since the BRR is accessible 24 hours a day, 365 days per year, any Jeffersonian can use the computer to produce a minilibriography of his choosing; and can then use the computer printout of citations to pull, read or copy the appropriate articles. The current and five years bound issues' citations will be updated by the Library staff, but everything else will be the individual's own effort.

While the second floor houses the bulk of the Library's staff and service functions, the third floor has undergone some changes also. As mentioned earlier, the Audiovisual Room has taken over the area formerly devoted to recreational reading. The five group study rooms on that floor are now equipped with video and audio tape players, slide projectors, screens and shaded windows. Rejoining the Library after having combined several scattered loci into one collection is University Archivist and Emeritus Librarian Robert T. Lentz. Jefferson awarded him an honorary Doctor of Science at Opening Exercises in September 1980. Dr. Lentz is now re-occupying his third floor offices which have been converted into the Archives.

The administrative offices and the reference staff are now located on the mezzanine. This is the first, but we expect not the last effort to recapture space formerly occupied by non-Library functions. The Personnel Office, now yclept the Department of Human Resources, moved from the west side of the first floor and the mezzanine into suites in the Martin Building. The Internal Audit Department moved from the fifth floor to the first floor and the Library won the mezzanine. We still have a way to go.

In most organizations, space is the internal currency, the medium of power and prestige rather than of exchange.

The University Library Committee was reorganized by Dr. Peter Herbut when Dr. Lentz retired. Under the leadership of the current Chairman, Dr. George Kalf, the Committee was instrumental in convincing the University administration that the Library needed the mezzanine area and in late 1981 we moved in.

Discounting partitioned office and study room areas, the original 1970 Library space consisted of 43,000 square feet. Between 1975 and 1982, Library space had dwindled to 34,875. The basement rooms for audiovisuals, archives, classroom and storage were reduced to the 861 square feet for Library storage alone as the University's mainframe computers and associated personnel expanded. With the addition of the mezzanine area, the Library now occupies 39,550 square feet of the Scott Building. Unlike the general university library with millions of volumes on its shelves, the typical medical school library remains oriented to contemporary information needs. There have been several years when this Library discarded as many volumes as it acquired, and the philosophy enunciated by Dr. Lentz years ago remains applicable today: "relevance rather than size."

The physical plant and the collection are to a library as the bones and muscles are to the body. What differentiates one library from another is the service it provides and the manner of the service; in short, the human side of the Library.

Although we have had no permanent positions since 1980, we were able to sneak some additional staff on to the payroll between 1975 and 1980. All of the new staff positions have been in the public service areas, while the technical "backroom" staff has had to shift to machines and computer terminals.

Adding an audiovisual librarian resulted in an increase in use of a larger collection of non-print media. The heterogeneous mix of one-purpose machines gave way to a two-format program. If it moves, it is on videotape, otherwise it is on 35 mm slides with or without audiotape support. The filmstrips, super 8 mm film projectors and some one-program special (make that read "bizarre") equipment has all been discarded. Use of our slides and videotapes by faculty and students, especially from larger classes in baccalaureate nursing has increased annually with no sign of saturation as yet.

Four new reference librarians joined the one that Dr. Lentz "...stole from the College of Physicians" in 1971. A severe outbreak of motherhood put two of these on a part-time basis, but we have had a temporary, experienced former hospital librarian filling in while this epidemic rages.

A few years ago we established a satellite information center in the New Hospital. Located just across from the third floor radiology-out-patient x-ray rooms, its function is to offer limited information assistance to physicians, house staff, nurses and other health professionals as an alternative to the time-consuming journey to the Scott
Jefferson Medical College has one of the best libraries in the country, owing its fine reputation to traditions and philosophies set by Robert T. Lentz, Librarian here for 40 years, and kept and expanded by John A. Timour, who has been University Librarian since 1975. One of the philosophies he has kept is Lentz's attitude of, "If you can't find it here, we'll get if for you," rather than, "If you can't find it here, it's not worth finding."

Scott Memorial Library was one of 11 medical school libraries in the country funded in part by the Medical Library Assistance Act of 1965. On scales of evaluation it ranks second in most categories.

Thirteen librarians and students work 100 hours a week to circulate, catalog and shelve books and journals. The Basic Reading Room on the first floor is open 24 hours a day, 365 days a year. On the second floor, at the head of the circular staircase, is the Browsing Room, one of the expansions of Timour's tenure. More accessible now, the area provides students and staff with best-sellers, popular fiction, newspapers and magazines. The best-sellers are rented on a 90-day basis, and then purchased if they prove to be particular favorites.

Automating the library is a task Timour sets his sights on; he sees it as a logical progression from the traditional card catalog and referencing techniques, but realizes the enormity of the investment in time, funds and education needed to implement his ideas.

John Timour's background in medical libraries dates back to 1966 when he worked for the National Library of Medicine, one of the institutions of the National Institute of Health (NIH). Before that, he taught integrated classes for servicemen in the south, when state laws called for segregation. Between 1969 and 1973, he recruited librarians for hospitals in Connecticut, his home state, and spent the next four years at the College of Physicians of Philadelphia as Director of Mid-Eastern Regional Medical Library Service, before coming to Jefferson.

He is presently treasurer of the American Medical Writers Association, and will publish a paper in April for the Bulletin of the Medical Library Association entitled, "Academic Health Sciences Libraries, Then and Now."
turn, provide the depth which was once the province of the federally funded resource library. Soon, we anticipate that we will be borrowing material from the affiliates as a matter of course, rather than as a rarity.

By the same token we are gradually being drawn in as partners in the direct education of students. For a number of years the Department of Microbiology under the Chairmanship of Russell W. Schaedler, M.D. '53, had us offer a ten hour course in use of the library for his clinical masters and graduate students.

This past year the College of Graduate Studies adopted the course as a interdisciplinary program for all matriculants.

A shorter version of this program has also become part of the curriculum for the College of Allied Health's Department of Medical Technology undergraduates. Tentative moves have been made to offer some type of library use instruction to the medical students.

At the June 1983 afternoon Commencement of the College of Allied Health Sciences, Dr. Vartan Gregorian, former Provost of the University of Pennsylvania and current CEO of the New York Public Library (a not unbiased individual) said, “You never graduate from a library...” We have accepted this as our challenge, not only for the undergraduate medical student, but as it pertains to each of you in your commitment to life-long learning: the mark of the professional over the wage earner.

Back in 1971, Robert Lentz alluded to this when he expressed the belief that the library’s role would grow in importance with the emphasis on

All books are on the fourth floor except for our recreational reading collection which moved from the third to the second floor.
"Cubby holes" along the outside wall afford students some privacy and the opportunity to study in a quiet environment.

self-education in medicine. Indeed, the first professional librarian at Jefferson, Charles Frankenburger, in an article in the 1914 JAMA raised the alarm. He called attention to the insidious long-term effect of student reliance on lecture notes rather than becoming familiar with the literature and how to use it effectively. His article could have been written today.

Currently, there is a debate raging in library circles about the challenge of personal computers. One faction is convinced that these increasingly ubiquitous devices signal the end of the library. As evidence they cite the advent of electronic publishing and the impending "paperless society." On the opposite side are those who view the future of the library with more equanimity. There is no question but that personal computers will play a major role in the continuing education of professionals in all fields and especially medicine. The American Medical Association now offers access to patient pertinent data by direct telephone communication between it and one's personal computer.

The "paperchase" article noted earlier is another example which can also be tried by the physician in his office through several data base programs such as BRS-After Dark or BRS/Colleague, and the Philadelphia computer conglomerate, the Institute of Scientific Information's SCI-MATE. More are advertised daily.

Rather than dismay, librarians should rejoice.

The oral tradition in medicine is of long duration, and will not be lightly
Large tables behind the stacks allow the students to "spread out."

Periodicals and journals abound on the second floor.

The circulation desk...an answer to every question.

superseded. No one on this Library’s staff is naive enough to think that health practitioners will substitute library research for peer consultation and advice. Library use will always complement face-to-face discussion; and, Mark Twain to the contrary, there is a great deal of difference between someone who can read and doesn’t and someone who can’t read at all.

The ability of the physician, or of someone on his immediate office staff, to access directly a much greater bibliographic storehouse than that provided by personal journal subscriptions will multiply library use, not reduce it. The means are now at hand for a significantly greater appreciation of the health sciences literature than ever before.

When Dr. John Shaw Billings in 1879 produced the first edition of Index Medicus and the Index Catalogue he was lauded by his physician peers. But as the literature with time increased, the sheer mass of information available has become a barrier for the busy practitioner. This multi-million citation data base has spawned others even more exotic and complex in their use. Only the high priest, the trained and experienced health sciences librarian, was able to burrow into the mountain and extract a digestible portion appropriate to the need.

The personal computer will again free the individual practitioner. At the same time, it will broaden his horizons by reaching the richness of the article in an out-of-the-way journal. The library will still need to provide access to the article or book itself, and offer the expertise to cull more gems, if so desired.

The application of relevant, but obscurely stored information from the world’s wealth of painstakingly proven therapies can only result in better education, patient care and research. The final decision as to what, if any, library service one can have or one will get remains exclusively with the individual health professional. Everyone gets the library service he deserves. We think that Jeffersonians, matriculants or graduates, deserve the best we can offer.
Reaching the Peaks

Alumnus Treks and Climbs Around the World

by Judy Passmore McNeal

Dr. McConnell (right), displays the Nepalese flag on an ice pick at the summit of Tent Peak (18,500 feet).
Walter L. McConnell, M.D. '59, loves mountains and the risks and challenges that go with them. His first sight of snow-covered peaks came in the summer between his sophomore and junior years in college, when he vacationed out west. "I didn't climb them," he says; "I just looked at them and said, 'wow.'" He's still saying, "wow," and now he's climbing them, at great heights, several times a year.

He's climbed in South America, Mexico and Nepal. All three trips to Nepal, a small country situated between China and India, created new experiences, he said in his office at Dover General Hospital in New Jersey, where he is Chairman of the Department of Emergency Medicine. That's why he always goes back? At the question, he sweeps his hand around his small office, greatly overpowered by the two-by-three-foot enlargements he's brought from home. "Just look at those pictures," he says, and it's very evident why he returns.

Indeed, they are not only beautiful pictures, taken by a Hasselblad camera he bought from someone at the hospital; they are breathtaking scenes — snow-covered mountains, pointsettas in the foreground; steep terraces of rice the color of spring moss; the bluest skies, the sharpest peaks, the most vivid contrasts.

And the most intriguing people, photographs of whom show brown-skinned, high-cheekboned faces, always smiling. They're called Sherpas, and they are Buddhists from a famous inbred tribe near Everest. A short-statured people, reckoned for their incredible strength, adaptability to heights, and astonishing sense of balance, they are another major reason why Dr. McConnell keeps going back.

He tells the story of one of the Sherpas, a boy of 18 years, who accompanied his group on his first climb in Nepal. A 200-pound member of the team became ill with altitude sickness and this young man carried him three miles down an icy path in a raging blizzard, with only a flashlight to guide him. Ironically, on his most recent trip to Nepal, this same guide, now a man of 25 years, was the leader of the climb. Once again, he had to carry a man "off the mountain," this time because of frostbite.

He was aided by other Sherpas who, according to the doctor, are helpful by nature. Although they are paid for their assistance to the climbers, "they seem to have an inborn sense of pride in what they do," he says.

"They're always cheerful, whether putting up tents, cooking, carrying those incredible loads...even in the coldest weather, even in the most adverse circumstances. They are the most giving people I've ever met. I'm sure they would give their life for you."

The scenery is beautiful and the people are marvelous, but the climbing itself, while exhilarating, "isn't all that pleasant," he says with a grim. "You're fighting altitude, cold weather — or trying to beat a storm." But he likes the competition of it, not the way he loves running in a race, to beat someone else, however. This is self-competition ... "Can I get there...here are the risks and conditions...I'm here, I'm going to do something. There's a certain amount of tension and apprehension in that," he says. And of course a letdown if the summit is not reached.

This has only happened to him two times, the most frustrating of which was also his highest climb, Mount Chimborazo in Equador, where they had to turn back at 21,400 feet...just 400 feet from the summit. This happened because some of the climbers were inexperienced, making every step of the way slower. They didn't have time to reach the summit before bad weather descended on them, but he says you pay the guides for their experience and advice, and if they say it's time to start down, that's what you do.

On the next climb, however, you choose fellow climbers who are at least as experienced as you are, or whom you know to be seasoned. A climber has to be in good condition, with good wind, stamina and determination. "But, says Dr. McConnell, "altitude knows no physical conditions. Anyone is vulnerable to altitude sickness and frostbite."

Good climbers have to know how to read a route so that the least amount of energy is expended. And they must have good equipment and know how to use it properly.

The necessary equipment includes Crampons, which are a set of 12 spikes that fit over your hard-soled boots. A seat harness that you step into holds the rope that is threaded between climbers on a team; the rope is 150 feet long and especially made to withstand friction and tension. Climbing ropes have built-in tension that gradually absorb the energy of a fall. Friction from the rope also absorbs the energy of a fall. Without these features the rope would break! The leader threads another rope through the protective spikes he's driven into the ice. It's designed so that no one can fall more than the distance above and below the protection.

The ice ax, which is used both as a cane on flatter terrain, and as a climbing tool, plus protective gear including spike and ice screw, round out the 40 some pounds of equipment each climber must carry. (The hardy Sherpas carry between 60 and 80 pounds each.)

The lead climber carries the heaviest pack, because he is the one who sets the protection into the mountain. The middle climber, if there are three, has the least to do and to carry, and the one bringing up the rear disengages the spikes and returns them to the leader at an appropriate time. "It's really a matter of luck," he says, referring to the possibility of someone injuring themselves or becoming ill on the climb.

While some of the villages have radios to call for a helicopter in such instances, it may still take three days to get to where one can land; at one point in his journey, the team was five days away from a place where they could even call a helicopter. And it's a question of politics, he says, whether once you'd summoned a plane you could actually get on it. "There could be a fight right at the airstrip," he laughs, in a way that showed it was true, not particularly funny.

Dr. McConnell has climbed 16 peaks, and each has increased his reservoir of experience. When he isn't climbing, he's trekking; when he isn't
doing either, he may be involved in a research project. His last trip to Nepal lasted eight weeks, and included some of all three.

A research project, for which he was physician, was conducted on this trip, under the auspices of the University of Maryland and the Department of Agriculture. At the request of the Nepalese government, they were to study the nutritional intake of lactating mothers in the Katmandu Valley. They wanted to see what trace elements were present in the diets of the mothers. He has been invited back to test the mothers at a different time of year (Spring, 1985), when different grains are growing, to see if the nutritional intake varies with the seasons.

One of the government’s chief concerns is the high infant mortality rate after they are weaned, as high as 70 percent in some places. Water, everywhere in the countryside, is polluted. They can’t immunize effectively because of the distances, and because the villages don’t come to the doctor, the doctor has to go to them. The educational process—explaining medical terms to tribal people—is not easy. There are suspicions, problems with dialect and communications in general.

They fertilize their fields with human excreta and animal excreta, and graze their yak as high as 15,000 feet, so there is literally no unpolluted area. People die of gastroenteritis, hepatitis, parasitic diseases, cholera and dysentery, and all because of the water.

The research on lactating women was an offshoot of a project whose time is yet to come—an “equal opportunity” high-altitude project with male and female physicians only, no “pro-climbers” invited. They’ve had problems with funding, however, and also with some participants being more interested in research than others—and with recalcitrant Chinese officials. He is still hopeful that there will be such a climb, and went so far as to send letters to female physicians who were interested in climbing several years ago.

Being in emergency medicine enables him to have the flexibility of schedules to allow for these trips. Like the profile of physicians who go into this field, as described by Joseph A. Zeccardi, M.D., Director of the Emergency Medicine Department at Jefferson, in the Fall JAB issue, Dr. McConnell is a risk taker. He is also someone who practices medicine and works very hard when he works, and feels a commitment to himself and to his family for a life outside the practice. “I like medicine and I like to practice medicine,” says McConnell, “but I like this, too.” Again, he refers to the photographs.

He wasn’t always an emergency room physician. He graduated from Bucknell in 1953 and went into the Navy for two years before attending Jefferson and graduating with the class of 1959. He and his wife, Isabel, already had two children by that time. He interned for a year at Washington Hospital in Washington, Pennsylvania, and started right into family practice where he worked 80-90 hours a week, smoked a lot, and “ballooned” up to 210 pounds. He didn’t like what was happening to this body.

He had been a runner in high school
and college and had derived great pleasure from it, but the pressure of medical school and raising a family, which now included four children, plus starting a career, had put an end to the regimen. It took about six years, until he was 34 years of age, for him to “see the light,” in his own words. He started running again, and lost 60 pounds.

“Running was the avenue that made me more physically fit than most people my age,” he says. He went from family practice to emergency medicine and developed a keen interest in competitive running after the age of 40. He and Isabel spent three weeks in Mainland China and Hong Kong in September and October, 1982, with the Master’s Track and Field Team.

Running turned to climbing, and climbing fascinates him. His first venture was an ice climbing course he took years ago with his youngest son, Jeff, who also graduated from Bucknell and who is in his third year at Jefferson. The McConnell family has enjoyed vacations all over the world, one of the most enjoyable of which was to Australia and New Zealand before the four children started to college.

“I borrowed the money,” he says now. “I didn’t have it, I borrowed it. It took me three years to pay it back.”

Now that the children are grown, Isabel accompanies him on most of his trips, although she doesn’t climb herself. On the last trip, she and the rest of her party left the base camp before the climb had begun, it was so cold. On a previous trip, a climber had become seriously ill; if he had died, there would have been the question of whether to risk losing another life trying to carry him down the mountain in a blizzard. A 70-year-old member of a 1978 trek had said that if he died on a trek, they should just cover him over with snow and leave him there. Many climbers feel this way.

“It all depends on the circumstances,” Dr. McConnell says, “but I feel that way, too. I’ve told Izzy that when I die, I want to be cremated and my ashes scattered partly over Nepal and partly other places. She says to be sure I leave enough money for her to get to all those places,” he laughs.

On the subject of his impending 25th reunion, he says, “I can’t believe I’ve been in medicine for 25 years. I felt very proud of Jefferson when I left because they talked about making good family doctors and they prepared me well for that.”

So far, Dr. McConnell has missed only his 15th reunion, but regrets that he might miss the 25th at the Academy of Music Ballroom on June 6th; there happens to be a three-week Bolivian Highlands trek on his calendar at that time.

He has designed and built a house outside of Dover facing out on a pond, not a mountain. “I thought of moving to where the mountains are,” he says reflectively, “but my roots are here. So we brought the mountains to the house—a 25-foot wall with a climbing rock route installed for practice.”

Still, when the urge to climb the real thing hits him, he will work around his schedule and make the necessary arrangements to leave the hills and valleys of northern New Jersey. “I know a person with a permit to climb Dhaulagiri in 1985,” he says with a gleam in his eye. “I’m going.”
what freshmen think

As part of its Longitudinal Study of Jefferson students, the Center for Research in Medical Education and Health Care asked freshman students to complete questionnaires dealing with their beliefs about the medical profession and the health care system, their reasons for wishing to become physicians, and their career preferences. According to the Center, the students’ responses provide useful information on the professional attitudes of students at their entry into Jefferson.

Selected data from the questionnaire administered to the entering class of 1983 are presented here, by courtesy of the Center; 217 students (97%) completed questionnaires.

The major reasons given for deciding to become a physician were: to be of service to others (82%), to be professionally independent (63%), and to advance their own knowledge of medicine (60%). Only 12% indicated that participating in medical research was of major importance. The small number interested in medical research was also shown in responses to a question on planned professional activities after graduation. Only 1% indicated they wished to spend most of their time in medical research of a laboratory nature and 10% on research of a clinical nature.

The great majority of students (89%) expected to spend most of their time in direct patient care. Most (94%) preferred an informal group practice setting.

In a section of the questionnaire dealing with medical education, 87% of the freshmen agreed that students can evaluate their progress in medical school by taking frequent tests, and 83% felt that one of the most serious things than can happen to a medical student is to fall behind in his or her studies. Eighty-seven percent thought that physicians should learn about the costs of medical care in medical school. Almost all of the students (99%) disagreed with the statement that achieving behavioral changes in patients is beyond the competence of a physician, and 74% indicated that there has been a tendency to underestimate the role of social factors in illness. Ninety-five percent agreed that it is not too late to teach ‘ethics’ in medical school.

In response to statements dealing with the physician’s role, more than 90% of the freshman agreed that physicians need to be effective educators of their patients, that one of their main responsibilities is to insure that the patient’s health problems are identified and responded to early, and that physicians should seek information when they are uncertain. More than 90% also agreed that a physician needs a good understanding of the scientific basis of medicine and that patients are entitled to reasons for the mode of treatment prescribed.

According to the freshman students, major problems in the U.S. health care system are: inadequate availability of medical care to some populations (73%), increasing costs of medical education (68%), increased medical malpractice liability (63%), and depersonalization of medical care (63%). Only 15% of the respondents saw excessive numbers of physicians entering the profession as a major problem.

A large proportion of the students believed in the need for external monitoring of the quality of care. They agreed that the concept of Professional Standard Review Organizations should be supported (92%), that physicians should be formally reevaluated periodically by appointed members of the profession in order to have their medical licenses renewed (85%), and that the physician’s conscience is not sufficient (64%).

new chairman

Joseph L. Seltzer, M.D. ’71, has been appointed Professor and Chairman of the Department of Anesthesiology, effective July 1, 1984. The Board of Trustees approved his nomination on February 6; Dr. Seltzer, one of the youngest Chairmen in Jefferson’s history, has been Associate Professor here since 1980.

He graduated from St. Joseph’s College, and then from JMC in 1971, taking a surgical internship at the Albert B. Chandler Medical Center at the University of Kentucky in Lexington followed by a year of surgical residency at Geisinger Medical Center in Danville. He returned to Thomas Jefferson University Hospital in 1973 and completed his residency in anesthesiology in 1975.

Dr. Seltzer began his academic career during service in the USAF Medical Corps at Wright-Patterson AFB in Ohio. He was appointed Assistant Clinical Professor of Anesthesiology at Wright State University School of Medicine. In 1977, he became Assistant Professor of Anesthesi-
sion at SUNY Upstate Medical center in Syracuse. During this period he was active in the New York State Society of Anesthesiologists and on the editorial board of the Society.

He returned to Philadelphia in 1980, as Associate Professor of Anesthesiology. Among his clinical interests are the problems encountered in surgery by patients with cardiovascular difficulties. He has collaborated with our Center for Research in Medical Education and Health Care in publishing articles on medical education and its relationship to the anesthesiologist, and has published numerous articles on his own.

His ultimate goal is for this department to be one of national prominence. In order to achieve this, as a first step, he plans to recruit more faculty, increasing the staff from 17 to 24 members with 30 residents. He feels that Jefferson provides an atmosphere where high quality academic anesthesiologists can prosper. With these aims accomplished, Jefferson as a whole will benefit.

The instruction of medical students is an integral function of any academic department. Dr. Seltzer plans that during the two week core course in the junior year emphasis will be placed on those aspects of anesthesiology that all physicians should be aware. This would include proper preparation of a patient for anesthesia including drug interactions, rationale for choice of anesthesia and recognition of treatment of anesthesia related problems in the post operative period.

In the senior year an elective course of four to six weeks gives students the experience and techniques of using anesthetic drugs, interoperative fluid and blood management and the use of non invasive and invasive cardiovascular and respiratory monitors.

"An anesthesiologist daily sees a variety of medical problems in patients coming to the operating room. He or she acts as the internist in the operating room and therefore must be familiar with all medical diseases and know how to deal with them in addition to the consequences of surgery," he states.

According to the Office of Medical Education the number of students choosing anesthesiology as a specialty has risen sharply since 1978. Dr. Seltzer feels that one of the main reasons is that anesthesiology has become much more visual. The medical students can see the physiological consequences of giving fluids or drugs during the surgical procedures due to the increased use of monitoring devices during the last decade. "It is applied basic science," he says, "a high-tech specialty for a high-tech generation."

The new Chairman is board certified in anesthesiology and is a Fellow of the American College of Anesthesiologists. Among his many activities he lists membership in the American Society of Anesthesiologists, the national Anesthesia Research Society, the Association of Anaesthesiologists of Great Britain and Ireland, and the Society of Cardiovascular Anesthesiologists.

He and his wife, Suzanne, live in Rosemont with their four children, ages five, eight, ten and 11, who all attend the Rosemont School of the Holy Child. Summer activities revolve around their camp in Cazenovia, New York, where they sail and windsurf.

Joseph L. Seltzer, M.D. '71.

m.d./ph.d program

The way to have the best of both educational worlds is to enroll in the M.D./Ph.D. program at Jefferson, offered through the Medical College and the College of Graduate Studies. According to Jussi J. Saukkonen, M.D., Dean of the graduate school, financial aid is available through the CGS for qualified students for the years devoted to graduate study, and the medical school has recently committed two stipends each year for students who have finished their graduate work and are returning to medical school for the last two years.

Some of the students who have graduated with this dual degree, are highlighted.

Robert G. Lahita, M.D./Ph.D. '73, is Associate Professor at Rockefeller University in New York City, working with immunology and the rheumatic diseases. "The mix of the two disciplines is remarkable," he says of the program. "You have the license to look for new treatments and to develop them. It's less frustrating to treat patients when you can try something new." After six years at Rockefeller, he's "hooked" on the way of life that involves him in both bench research and patient care.

"You can't lose," he says. "You're a doctor once, you're a doctor twice. You're at the forefront of technology with the tools to understand difficult processes and make discoveries that might help millions."

Director of the Palliative Care Service at Fox Chase Medical Center in Philadelphia, Michael H. Levy, M.D./Ph.D. '76, is also Chief of the lung cancer section of the Department of Medicine. "I have exposure and access to research and am interested in collaborative studies with researchers," he says. "I've stretched rather than cut the cord to academic medicine."

Selecting an area of concentration for a Ph.D. does not automatically mean that the student will follow that specialty after graduation; Dr. Levy chose to work in microbiology. As he
completed his studies, he developed a parallel interest in the concept of hospice and the philosophy of terminal care. This formed the basis of his current position at Fox Chase, where he is involved in cancer research but with the emphasis on patient care.

Kim D. Lamon, M.D./Ph.D. '81, is Assistant Director of Research at William H. Rorer, Inc., involved in both laboratory and clinical research on new drugs for the treatment of hypertension, gastroenterological motility problems and depression.

"I can bridge the application of basic research to clinical medicine," he says, "a transition that someone with just one degree or the other could not." He plans to stay with the pharmaceutical industry. "In research, you study for its own end," he says. "I would not be happy without being able to see some logical extension of research to medicine."

Gary C. Ingenito, M.D./Ph.D. '83, is in neurosurgical residency at Jackson Memorial Hospital in Florida. He says, "Medicine is needed to understand how the therapy affects the patients, and you need to design a carefully controlled experiment so that the results are meaningful. I wanted to learn how to design a good experiment, to analyze the results, and to direct effective therapy based on those results."

Known as the "only ears, nose and throat man in the Adirondacks," William I. Forbes III, M.D./Ph.D. '68, has an otolaryngology/head and neck surgery practice in Saranac Lake, New York. He was one of several medical specialists "on call" at the 1980 Winter Olympics nearby.

An aeronautical engineer for three years before entering the program at Jefferson, he flies a Cessna 152 to the nearest large hospitals in Albany and Syracuse, and in Burlington, Vermont. He says that his Ph.D. has helped him with the pathophysiology and mechanisms of disease, and that when his two sons are older, he plans to put his teaching and/or research skills to work in one of these cities.

At the present time, Deborah T. Amsterdam, Director of Admissions and Records in the College of Graduate Studies, says there is one student enrolled in this dual program at Jefferson. Robert Crochelt, a graduate of Columbia College of Columbia University with a Bachelor of Arts degree in Biochemistry, has finished his two years in basic sciences and is now involved in his two years of graduate study. His advisors are Steven R. Peikin, M.D. '74, Associate Professor of Medicine, and C. Paul Bianchi, Ph.D., Professor and Chairman of the Department of Pharmacology.

Crochelt and Peikin study mechanisms regulating the contraction of gallbladder smooth muscle in the guinea pig. His first research project, under Dr. Thomas Katz' tutelage at Columbia College, was the synthesis and characterization of vinylsilanes. At S.U.N.Y. Downstate Medical Center, his research was in pancreatic polypeptide and other gastrointestinal hormones with Dr. Irvin Modlin.

"If you're really interested in research," Crochelt remarked in his lab on the ninth floor of College Hall, "I think this program is the perfect way to get it. It takes a couple of years, but it's perfect because you don't have any clinical responsibilities—just your research. If you go off and become a fellow in somebody's laboratory after you've become a doctor, and especially after you've done your residency, you're almost certainly going to have to see patients, and that's a distraction."

Both research and surgery interest him as prospects for the future; that decision will be made later. What he knows for sure is that Jefferson was "the right place at the right time," and that he wants to work in a teaching hospital after receiving his blue hood at graduation some four years hence.

honorary alumni

At the Annual Dinner and Meeting of the Alumni Association of Jefferson Medical College on Thursday, February 23, at the Academy of Natural Sciences, three members of the faculty were elected to honorary membership of the Association. They are Robert P. Gilbert, M.D., Laird C. Jackson, M.D., and Benjamin Kendall, M.D.

Dr. Gilbert came to Jefferson in 1965 as Associate Dean, a position he held until 1973. Presently he is Director of the Student and Employee Health Service and is Associate Professor of Medicine. Dr. Gilbert served as Clinical Director of Family Health Group from 1973 to 1981. He is a graduate of Haverford College and Northwestern University Medical School. Until he arrived at Jefferson, Dr. Gilbert served in various capacities at hospitals in the Chicago area including Director of the Northwestern teaching program at Cook County Hospital. He is a Fellow of the American College of Physicians, the American Federation for Clinical Research, AOA and Sigma Xi.

financial aid council

A student financial aid council has been established at Thomas Jefferson University to cope with the problem of reduced government funds, hoping to benefit students at all three of the institution's schools.

In an effort to better manage available loan programs and to create new ones, the council is investigating the development of a bond issue, using tax exempt status, together with an Authority, to sell bonds to the public at favorable rates. The proceeds will be far lower than a bank could give the students.

The council has revamped the loans it controls to apply more uniform repayment terms and interest rates. It has also realized the long-term benefit of structuring newly-available funds as loans so that the money can be "recycled", and used by more students.

Council membership consists of the following; officers of JMC, College of Graduate Studies and College of Allied Health Sciences; the University Treasurer; Director of Development; Director of Planning and a representative of the Controller's office. There is also a representative of the student governing body.
Dr. Jackson came to Jefferson in 1959 as a medical resident following his graduation from the University of Cincinnati Medical College and presently holds the rank of Professor of Pediatrics, Medicine and Obstetrics and Gynecology. His special area of interest is genetics and he serves as Director of the Division of Medical Genetics at Jefferson. He was a Leukemia Society Scholar and Fellow and was a NIH Postdoctoral Fellow in Medical Oncology. Dr. Jackson is a Fellow of the American College of Physicians and is a member of the American Federation for Clinical Research, the American Society for Human Genetics, the American Association for Cancer Research and the American Society for Social Biology.

Dr. Kendall began his residency in obstetrics and gynecology at Jefferson in 1958 following his graduation from Temple University Medical School. While at Temple he was President of the Junior class, and a member of the Babcock Surgical Society and AOA. At Jefferson, presently, he is Clinical Associate Professor. A Diplomate of the American Board of Obstetrics and Gynecology, he has served as President of the Obstetrical Society of Philadelphia and currently is President of the Foundation of the same Society. In addition, he is a member of the American College of Obstetricians and Gynecologists and Sigma Xi. Among his research interests are fetal electrocardiography, fetal heart rate during caesarean section and biomedical electronics. He is the author of 15 papers.

Officers elected the same evening for the 1984-1985 year include John J. Dowling, M.D., ’47, President; (JAB Winter, ’84); John Prehatn, M.D., ’57, President-Elect; David R. Brewer, Jr., M.D., ’54, Leopold S. Loewenberg, M.D., ’56, Robert Poole, III, M.D., ’53, and John F. Wilson, M.D., ’37, Vice Presidents; Leon A. Peris, M.D., ’55, Treasurer; Jerome J. Vernick, M.D., ’62, Secretary.

New state Vice Presidents are Luther F. Corley, M.D., ’47, for Alabama; Leonard H. Erdman, M.D., ’50, for Florida and Roy Korson, M.D., ’47, for Vermont.

appointments & honors

Joseph C. Flanagan, M.D. ’63, Director of Oculoplastics Service of Wills Eye Hospital, has been named President of the American Society of Ophthalmic Plastic and Reconstructive Surgery, Inc. After graduating from Jefferson, he pursued studies in ophthalmology at the University of Pennsylvania, after which he entered the Wills Eye Hospital Ophthalmology Program. He was awarded a Heed Fellowship in oculosurgical surgery at the Manhattan Eye, Ear, and Throat Hospital. He has published over 30 articles in his specialized field and has made over 160 scientific presentations. In addition to his position at Wills, he is an Associate in the Department of Ophthalmology and Director of the Eye Clinic at Lankenau Hospital, Professor of Ophthalmology at Jefferson, and a Consulting Physician with the Department of Ophthalmology at Mercy Catholic Medical Center.

Salvatore P. Girardo, M.D. ’69, has been named Chairman of the Department of Medicine at Methodist Hospital, a teaching affiliate of Jefferson.

Joseph S. Gonnella, M.D., Acting Dean of JMC, has been reappointed to the Advisory Panel of the Foreign Faculty Fellowship Program in the Basic Sciences.

George J. Haupt, M.D. ’48, has had a change of title from Clinical Professor of Surgery to Professor of Surgery.

Horace MacVaugh III, M.D., has been appointed Professor in the Department of Surgery.

Edward H. McGehee, M.D. ’45, has been named the Ellen M. and Dale W. Garber Professor of Family Medicine. Dr. Garber ’24 practiced family medicine for 53 years in Delaware County.

In making the announcement, Paul C. Brucker, M.D., Alumni Professor and Chairman of the Department, said, “Dr. McGehee exemplifies the physician that Dr. Garber would have liked to occupy his professorship. Because of his great love for what he was doing in the community, Dr. McGehee came to Jefferson only after long deliberation. He does not just see hospital patients; he sees all members of the family and at all hours of the day and night. Because he is this kind of clinician, he serves as an excellent role model for our students.”

Temple University President Peter J. Liacouras announced in February that Francis J. Sweeney, Jr., M.D. ’51, Vice-president for Health Services and Hospital Director at Jefferson for 14 years, would become Vice-President for the Temple University Health Sciences Center on April 1.

Dr. Sweeney’s title at Jefferson had recently been changed to Vice-president for Health Systems and Strategies.

At Temple, Dr. Sweeney will be responsible for overseeing the operation of the Hospital and the School of Medicine’s Physicians’ Practice Plan, and for coordinating all units of the Health Service Center, which includes the Schools of Medicine, Dentistry and Pharmacy, the College of Allied Health Professions and the Woodhaven Center.

“At Jefferson, Dr. Sweeney provided outstanding leadership in the administration of the University Health Services, including its Hospital. He is known as a strong, fair and compassionate administrator. We are delighted to have a person of his stature and leadership at Temple,” stated Liacouras.

Jefferson University President Lewis W. Bluemle, Jr. M.D. issued a statement saying, “While we will all miss Dr. Sweeney, whose contributions to Jefferson have been truly extraordinary, I’m sure you share my pride that Temple has selected a Jeffersonian for this important position of leadership.”

Dr. Sweeney says he is looking forward to the new challenges and new levels of responsibilities at Temple, and regrets “leaving a lot of old friends at Jefferson.”

Michael J. Bradley, C.P.A., Vice-President for Finance of TJU, has assumed responsibility of Acting-Director of TJUH.

Jerome J. Vernick, M.D. ’62, has been promoted to Clinical Professor in the Department of Surgery.
Frederick B. Wagner, Jr., M.D. '41, has been appointed University Historian. Dr. Wagner, who is also The Grace Osler Emeritus Professor of Surgery, has had a lifelong interest in Jefferson's rich history. In his new capacity, Dr. Wagner will conduct a scholarly search to document the significant phases of Jefferson's development particularly during the 20th Century.

Three generations of Wests attended the 1983 Annual Meeting of the Pennsylvania Medical Society last fall in Pittsburgh. William B. West, M.D. '32, of Huntington, is an ex-officio member of the House of Delegates, having served as Society president in 1965. William J. West, Sr., M.D. '60, of Carlisle, serves as Cumberland County delegate, and William J. Jr., a sophomore at Jefferson, is a delegate to the Medical Student Section. All three of their wives are active in the Auxiliary.

Italian symposia

A group of Philadelphia physicians traveled to Italy in April for the purpose of presenting papers, building bonds between medical schools, and, in the case of Jefferson's Acting Dean Joseph S. Connella, M.D., receiving an honorary doctorate degree at the University of Cheeti.

The Division of International Surgical Education and Practice of the Center for Research in Medical Education and Health Care at Jefferson, visited the Universities of Cheeti, Cantania and Palermo in addition to the University of Rome. There they presented a scientific program—perhaps the first step in the development of a sister relationship, according to Gerald Marks, M.D. '49, group spokesman.

Acting Dean Connella, Professor of Medicine at Jefferson and Director of the Center for Research in Medical Education and Health Care, spoke on "The Evaluation of a Medical Education."

Dominic A. DeLaurentis, M.D., Professor of Surgery at the University of Pennsylvania School of Medicine; Chairman of the Department of Surgery at The Pennsylvania Hospital; and President of the National Association of Program Directors in Surgery, spoke on "The Surgery of Extracranial Occlusive Vascular Disease."

Dr. Marks, Professor of Surgery at Jefferson and Director of this International Division; Chief of the Division of Colorectal Surgery and Gastrointestinal Endoscopy at both Jefferson and The Pennsylvania Hospital; and founding and immediate past-President of the Society of American Gastrointestinal Endoscopic Surgeons, spoke on "Preoperative Radiation Therapy and Sphincter Preservation for Rectal Cancer."

Joseph Rodgers, M.D. '57, Clinical Associate Professor of Medicine in the Division of Infectious Diseases at Jefferson, spoke on "Newer Antibodies in the Management of Surgical Infections."

Francis E. Rosato, M.D., The Samuel D. Gross Professor of Surgery and Chairman of the Department of Surgery at Jefferson; immediate past-President of the Philadelphia County Medical Society; and Vice-President of the Philadelphia Academy of Surgery, spoke on "Current Combined Management of Pancreatic Cancer."

A replica of the "Gross Clinic" was presented to signal the bonding of an academic relationship between Jefferson and the University of Rome.

A replica of the original heart-lung machine near the second floor Browsing Room in Scott Memorial Library is on loan from the College of Physicians of Philadelphia until October. Commissioned by the Mutter Museum Committee of the College, the display recognizes the accomplishments of John H. Gibbon, Jr., M.D. '27, who performed the first successful open-heart surgery at Jefferson on May 5, 1953.
Parents' Day 1984, a day set aside for sophomore students to bring their parents to Jefferson to introduce them to facilities and educational programs, was held on Friday, March 23, at Jefferson Alumni Hall. Sponsored by the Alumni Association, it was initiated as Father’s Day by the late Benjamin Haskell, M.D., ’23, in 1964.

Students and parents were first greeted by Warren P. Goldburgh, M.D., ’52, Clinical Professor of Medicine and President of the Medical Staff, who introduced them to operating procedures in the new hospital. Afterward, they attended short classes, both preclinical and clinical.

Divided into four groups and proceeding to different rooms and laboratories throughout Jefferson Alumni Hall, parents heard a variety of presentations. Student guides were on hand to see that things moved smoothly.

In his histology lab on the fifth floor, Ronald P. Jensh, Ph.D., Professor of Anatomy and Associate Professor of Radiology, spoke on the study of tissue and cells, and how that relates to medicine.

The newly appointed Gonzalo E. Aponte Professor of Pathology and Chairman of the Department, and Professor of Obstetrics and Gynecology, Warren R. Lang, M.D., ’43, spoke on the pathology of the placenta, including the structure, function and abnormalities, as well as diseases.

Wolfgang H. Vogel, Ph.D., Professor of Pharmacology and Psychiatry and Human Behavior, investigated brain functions and the effects of drugs on the brain.

Assistant Professor of Physiology Leonard M. Rosenfeld, Ph.D., was another presenter for the preclinical gatherings. His topic was “Physiology Laboratory: A Valued Learning Experience.”

One workshop for the clinical years was held in the Faculty Club with Joseph W. Sokolowski, M.D., ’62, Clinical Professor of Medicine representing this Department. He is Chairman of the Parents’ Day Committee.

March 23 marked the 20th anniversary of the Parents’ Day program

In the first floor Music Lounge, Gary G. Carpenter, M.D., ’60, Associate Professor of Pediatrics, gave four topics relating to children: syndrome recognition, short-stature, diabetes mellitus and calcium and phosphorus in children with diseases.

Herbert E. Cohn, M.D., ’55, Professor of Surgery, spoke on organ transplantation, a subject he says has always been very well received.

The fourth session was in Solis-Cohen Auditorium with John R. Dalton, M.D., Clinical Associate Professor of Urology, discussing common urological problems that may occur in the general age group of the parents of medical school students.

The luncheon, attended by second year students and their guests, Alumni Association officers, Dean’s Staff, Senior Officers and Executive and sophomore faculty, followed. Joseph W. Sokolowski, Jr., M.D., ’62, Chairman of the Parents’ Day Committee, served as Master of Ceremonies and introduced University President Lewis W. Bluemle, Jr., Acting Dean Joseph S. Connelly, and newly-elected Alumni Association President, John J. Dowling, ’47.

Jeffrey K. Kanefield was the choice of the sophomores to speak for his classmates. “Traditions and History of Jefferson Medical College” by Frederick B. Wagner, Jr., M.D., ’41, The Grace Revere Osler Emeritus Professor of Surgery, and University Historian, concluded the day’s program in the afternoon session.

Remarks on behalf of the faculty were given by student’s choice, Salman Akhtar, M.D., Associate Professor of Psychiatry and Human Behavior. His text follows.
The Chutes and Ladders of the Medical Profession

It is conventional for the faculty member, elected by the Sophomore Class to be the Parents' Day Speaker, to begin with stating how honored he feels and how grateful he is to the students for this opportunity. Therefore if I say these things there is a risk of them being equated with sterile traditionalism or mere politeness. Believe me, my sense of being thus honored and my thankfulness to your children for asking me to address you is above and beyond customary good manners. I am simply thrilled. I am also humbled. And above all, I am shaking with anxiety!

Let me add that I also feel indebted to this very special medical school and to this great country of ours. It is only here that someone like me—one who has three strikes against him (being an immigrant, being a psychiatrist, and being convinced of the reality of the oedipus complex!)—can be offered such an opportunity. It shows me once again that good and hard work are respected and rewarded in this country and at this school.

Talking of good and hard work brings me to your children. They are, as I am sure you know, involved in much good and hard work. And please note that I say "good" and I say "hard," for what they are doing is both. Sometime, however, there is a tendency to view the two qualities as being apart. For instance, one hears students saying that the preclinical years of medical school are "hard" and the clinical years are "good." Or, that anatomy is "good" and pharmacology is "hard." I consider such distinctions to be artificial; "good" and "hard" always co-exist.

The two words not only describe what your children are doing these days but also the overall climate in which they have entered this most marvelous of the professions. Things are "good" and "hard" for medicine these days. On the good side are the enormous and awesome advances being made in the science and art of medicine: the striking sophistication of contemporary cellular biology and immunology, computerized scanning techniques in radiology, renal dialysis, organ transplantation, modern psychopharmacology and intrauterine surgical techniques to repair fetal defects, to name just a few. On the other hand, things are hard for the medical profession these days. Increasing bureaucratic control of hospital practices, public cynicism towards medical personnel (an unconscious displacement, in my opinion, of the societal bitterness toward corrupt and counterfeit politicians), constant threat of lawsuits, dwindling federal dollars for medical education and medical research and the increasing "graying of America" pose newer challenges for tomorrow's physicians.

The situation is reminiscent of the game of Chutes and Ladders. This game, according to novelist Salman Rushdie in his 1983 Midnight's Children...
"...captures, as no other activity can hope to do, the eternal truth that for every ladder you climb, a (chute) is waiting just around the corner; and for every (chute), a ladder will compensate."

The journey that the young men and women here have undertaken is no different in its trials and its joys. As students of medicine, and later as practicing physicians, they will not be able to avoid anxious moments. These will, perhaps, come from having to memorize a huge number of facts, reading miles and miles of classroom notes, national board examinations, puzzling clinical situations and encounters with human suffering, pain, dying and death. Yes, there will be anxious moments but there will also be deep and lasting gratifications: the delight in intellectual mastery of difficult subjects, the pride in acquisition of fine diagnostic skills and above all the refined pleasure in the ability to relieve the suffering of a fellow human being—a child with a laceration, a woman with threatened miscarriage, an elderly citizen with a fracture, a young college student trapped in the frightening clutches of an acute psychosis. One could go on and on. The ability to help such persons and others like them will fill the hearts of your children with pride and joy.

We, the faculty, are here to help them progress on this path. But, more than education will be needed to refine their physicianly attitude. They will have to learn to exercise authority without arrogance, compassion without over-involvement, and altruism without self-surrender. And above all, they will need presence of mind and sense of humor.

This reminds me of an anecdote that I read a few months ago in the New England Journal of Medicine. This happened in a small village in Scotland. The elderly physician, the only one practicing in the community, died. A young doctor arrived and set up his practice. One day, soon after his arrival in the village, an 80 year old woman came to his clinic. She welcomed him to the community but quickly explained that she had no intention of becoming a patient of his. She did need a regular physician though, and would like to know who the doctor consulted when he was unwell himself; that person will be her future physician. The young doctor was impressed by this woman's way of finding a reliable physician and gave her the name of his internist. However, he was not exactly thrilled by the loss of a potential patient from his practice. Suddenly something occurred to him and he reminded the woman, who was about to leave, that she had forgotten to ask a very important question. The old woman, surprised, asked what was that question. The doctor calmly stated: "You forgot to ask me who does my internist consult when he is sick?" "Who?" the woman asked. With a smile the young doctor replied, "Me!". Needless to add, the old woman decided to use him as her regular physician.

Now, here is a striking example of how tact, sense of humor and presence of mind become integral aspects of the physicianly attitude. It is with these and with an optimal mixture of altruism and self interest that this young doctor was able to find a big ladder after a small chute. I am sure the young men and women here will similarly succeed and find the world of medicine intellectually, emotionally and spiritually gratifying.

Students and parents register

The morning meeting place

Over 500 guests participated
1917
William H. Hauck, 644 Stuyvesant Ave., Irvington, N.J., is still seeing patients at 94 years of age, and "still painting for fun."

1926
Philip B. Davis, 1125 Gatehouse Rd., High Point, N.C., sends his best wishes to the class. He and Mrs. Davis (Betsey) live at 1225 S. Ocean Blvd., Delray Beach, in the winter.

1927
Donald P. Ross, 325 Beach Rd., Tequesta, Fl., sent a contribution in memory of his brother-classmate Thomas Wallace Ross. Dr. Ross has retired from the practice of surgery, living half the year in Florida and the other half in Niagara Falls and Canada. "Success for the 36th," he writes.

1930
Charles C. Hubbard, 2917 S. Ocean Blvd., Highland Beach, Fl., says he's doing well in Florida, except for the December cold spell. Charles W. Letcher, 1525 Lincoln Blvd., Miami, Ok., was honored by the Miami Hospital with a "Dr. Letcher Day" and reception attended by many in the four-state area. A portrait of him was hung in the main building following his retirement after 52 years of practice. He left active duty in the Navy as Rear Admiral.

Sydney Weinstein, 167 142nd Place N.E., Bellevue, Wa., is now retired.

1931
Edward Gipstein, 175 Parkway North, New London, Ct., writes that he and his wife "just travel—China, Egypt, Indonesia, Vienna, London, Belgium, Switzerland, Italy, Germany, etc., etc., etc."

Jack M. Lesnow, 211 Lincoln Ave., Rockville Centre, N.Y., says he's been retired for about two and a half years and is enjoying it. "Traveling, farming, golfing, lots of reading, and some work as a member of the Board of Trustees at our local hospital keeps me occupied."

Harry F. Suter, 49 W. Main St., Penns Grove, N.J., is "still doing office work two days a week and holding — ."

1932
A new scholarship to aid pre-medical students at Juniata College, Huntingdon, Pennsylvania, will serve as a memorial to the late Clarence R. Pentz. Given by his widow, Dorothy Saylor Pentz, the Pre-Medical Scholarship will be awarded annually to a Juniata student who has given evidence of a humanitarian attitude, scholarship and character that will contribute to success in the medical profession. Dr. Pentz was a Fellow of the American College of Obstetricians and Gynecologists.

1933
T. Ewing Thompson, Jr., 4 The Knob Rd., Pittsburgh, received the Frederick M. Jacob Award presented by the Allegheny County Medical Society at its annual reception on January 16. He has practiced medicine for more than 50 years, and is a former member of the ACMS Board of Directors, Public Relations and Necrology committees. The award is for service and devotion to ACMS and its North Hills Branch. He is currently Medical Director at Dixmont State Hospital.

Nicholas F. Vincent, 605 Raintree Rd., Lexington, Ky., writes that he "enjoyed the 50th reunion, seeing old friends, the college and attending the class reunion scientific program.

1934
Paul T. Strong, 9180 Keegan Tr., Missoula, Mt., writes that after spending many years practicing medicine in Tulsa, Oklahoma, he is now living in the "far west" with his second wife, Raye. They share a love for fishing, and "enjoy the beauty of these mountains and plains." He knows he will survive this, their first winter there, "as we have stacks of firewood, a snug and warm house, and lots of food stored away. We plan to read a lot of books and play a lot of Scrabble, and enjoy the snow—from inside our house." The morning he wrote, November 30, the temperature there was three degrees below zero. Bud's daughter, Susie, lives in Dallas and his son, Bill, is in New York City, so "we could hardly be more widely separated."

1935
Samuel S. Burden, Benson Manor 115, Jenkintown, Pa., is looking forward to his 50th reunion.

1936
George L. Erdman, 2127 Lagoon Dr., Dunedin, Fl., writes that he tries to keep up with medicine by attending the weekly medical staff luncheons at the Morton Plant Hospital in Clearwater. "The lunches are attended by a number of other Jeffersonians, 'dean' among them is Bill Palchans, class of 1916, still active and alert."

June U. Gunter, 1411 N. Mangum St., Durham, N.C., a retired pathologist, was the recipient of the 1983 Amateur Achievement Award of the Astronomical Society of the Pacific, at its annual meeting in Hawaii, for his outstanding contributions to astronomy.

John A.C. Leland, 3904 S. Pendale Dr., Lafayette, Ca., hopes to be here for his 50th in June 1986.

Antonio Ramos-Oller, Fdez. Juncos Sta., Santurce, P.R., retired as of March 1983 from pediatric surgery. He has four sons—one a graduate of JMC, one a graduate of a medical school in Spain—and 14 grandchildren.
1937
Maurice Abramson, 7500 Manchester Rd., Melrose Park, Pa., is still in practice, but limited. “Looking forward to our 50th class reunion,” he writes.

Norbert Bromberg, Gunpowder Ln., Tarrytown, N.Y., is the senior author of a study called Hitler’s Psychopathology to be published in 1984.

Daniel Wilner, Mainland Medical Center, Northfield, N.J., has published a four-volume textbook titled: Radiology of Bone Tumors and Allied Disorders. One reviewer describes it as representing “the work of a lifetime, and fills a distinct need in radiologic literature.”

1939

Henry H. Stroud, 708 Ashford Rd., Wilmington, De., “will be back for the 45th reunion.”

1941
Norris M. Beasley, 2380 Kingfish Rd., Naples, Fl., is retired and living with his older daughter.

Willard M. Drake, Jr., 6250 Ivanhoe Ln., Beaumont ’Tx., is still working for the Texas Department of Health.

Arthur F. Hoffman, 3619 Harris Rd., Ft. Wayne, In., received the Indiana State Medical Association 1983 Physician Community Award, for his numerous contributions. He is an anesthesiologist who has given at least 500 hours a year to scouting for the last 25 years. He and his wife, Mary, have six sons, three daughters and ten grandchildren. All six sons attained the rank of Eagle Scout. Four of their children have made medicine their vocation — a physician, a dentist and two physical therapists.

Frederick B. Wagner, Jr., 800 Chauncey Rd., Narberth, Pa., has been appointed University Historian. (see p. 23)

1942
Richard D. Bausch, 2505 W. Union St., Allentown, Pa., married Emma Richards in January, 1980. He is in his 18th year of group family medicine at Oakwood Medical Clinic, where, with associates, he opened “Immediate Medical Care,” a free standing emergency facility, in October, 1983.

Rinaldo J. Cavalieri, 454 Highland St., Wethersfield, Ct., is Chief of Medicine at Veterans Hospital in Rocky Hill. He plans to retire this year.

Carvin G. Goble, Box 546, Fortuna, Ca., retired on July 1, 1983, after 37 years of family practice in his home town. He plans to play golf and travel.

Edward F. Murray, Bernardsville, N.J., has retired as Chief Medical Examiner of Essex County and will retire this year as Lab Director at St. Mary’s Hospital in Orange, N.J.

1944
Bernard L. Braveman, 17900 Gulf Blvd., Redington Shores, Fl., retired in January and is enjoying golf, tennis, swimming and traveling. Last summer he drove 16,500 miles through the National Parks and Canadian Northwest. “Best regards, and I hope to see you all in June.”

Harry A. Davis, Jr., 28 Riley St., Sumter, S.C., “Retired! as of 1-1-84.”

John A. Martin, 914 Oakwood Dr., S.W., Roanoke, Va., is serving this year as President of the Eastern Radiology Society.

1944S
Robert M. Packer, Jr., 845 Kentland Dr., Waycross, Ga., is looking forward to seeing everyone at the 40th reunion.

1945
William C. Gaventa, Box 6767, Richmond, Va., writes that after “a long career in missionary medicine in Nigeria, I have just been appointed Director of Medical Services for the Foreign Mission Board of the Southern Baptist Convention.”

Benson Krieger, The Philadelphia, 2410 Pennsylvania Ave., Philadelphia, sold his home and moved into a condominium; he says it’s quite a change for them, but they enjoy the relaxed environment.

Edward H. McGehee, 527 Gravers Ln., Philadelphia, has been designated by the Board of Trustees at Jefferson as the Ellen M. and Dale W. Garber Professor of Family Medicine. The new Professorship was established by the late Dr. Garber, class of 1924. Dr. McGehee has been at Jefferson since January, 1974, when he was appointed Professor in the newly created Department of Family Medicine in the Medical College. (see p. 23)

1946
William Curry, Jr., 101 W. Market St., Danville, Pa., retired from the practice of general medicine on February 1, 1984, “primarily because of health reasons, not because I really felt ready for it.” After his internship at Geisinger Medical Center, and service time, he opened an office in Ringtown, Pennsylvania until 1952. He moved to Danville and has been practicing medicine there ever since. “I have had a very busy and interesting career treating generations of families, so this was not an easy decision to make . . . just a necessary one.”

David G. Simons, 16832 Morse Ci., Huntington Beach, Ca., has recently co-authored a book entitled Myofascial Pain and Dysfunction: the Trigger Point Manual. It is the first volume of a projected set, highly touted by the reviewers in the New England Journal of Medicine. His co-author is Janet G. Travell, M.D. Dr. Simons has been promoted to Clinical Professor of Physical Medicine and Rehabilitation at the University of California, Irvine.

1947
Elmer H. Funk, Jr., 1718 Gallagher Rd., Norristown, Pa., is Secretary-Treasurer of the American Society for Clinical Pharmacology and Therapeutics.

John M. Koval, 4017 San Amaro Dr., Coral Gables, Fl., writes, “All is well with the Koval family — John, Thomas, Monica and wife, Maureen. It’s 28 years now since moving here to practice internal medicine and cardiology in Coral Gables. My son, John, is Head of the Department of Radiation Therapy at the University Community Hospital in Tampa, after finishing his tour of duty. He received a Navy Scholarship at the University of Miami Medical School.”

Prichard T.C. Lam, 450 N. 13th St., San Jose, Ca., retired from private surgical practice in December. His son is a dentist and is doing his residency at Case Western Reserve University Hospital in maxillo-facial surgery, and is thinking of getting his MD when he finishes.

Donald H. McGe, 533 Country Club Dr., Wilmington, De., writes that
he "saw Bob McCurdy at the Pediatric Annual Meeting in San Francisco in October. Our daughter, Ann, is student council representative and President of her class at University of Virginia Law School." His daughter, Beth, who just graduated from U.Va., is hoping to go to graduate school in ecology.

Charles J. Rodgers, 1434 Keller Ave., Williamsport, Pa., writes, "Our eighth child, son John, is in pre-med and finishing his third year at Bucknell University."

1948

R. William Alexander, 544 Elm St., Reading, Pa., was named Vice-President of the Pennsylvania Medical Society in October, 1983. He is also Chairman of the Pennsylvania Radiologists Society's Legislative Affairs Committee.

Edward Scull, Dasents Estate, Nevis, West Indies, has "retired to paradise and has become a farmer, raising tropical fruit. Would welcome old friends."

1949

Gerald Marks, 111 S. 11th St., Philadelphia, has been named Head of the section on colorectal surgery newly formed within the Department of Surgery at Pennsylvania Hospital. He is Director of the Division of International Surgical Education and Practice at Jefferson.

1951

Peter Chodoff, 716 Hickory Lot Rd., Towson, Md., has become a member of the Berks County Medical Society. He is Medical Director of St. Joseph's Hospital in Reading, Pennsylvania.

Philip J. Escoll, 431 Hidden River Rd., Narberth, Pa., says that his son, Andrew, will be among the 1984 Jefferson graduates.

1952

Robert L. Evans, 1676 Wyntre Brooke Dr. N., York, Pa., has just completed his new home at above address. He is commuting between York and Baltimore—"new Jag makes the trip easier, and FUN," he writes.

Leo C. Partnya, Box 462, Berwick, Pa., says that after 30 years in the U.S. Air Force, ten years as Surgical Consultant for the state of California, several years with the Joint Commission on Accreditation of Hospitals and ending with examining recruits for the Armed Forces, "I have finally retired."

1953

Willard S. Krabill, 120 Carter Rd., Goshen, In., is on sabbatical this year from his position as College Physician and Associate Professor of Health Education at Goshen College. He's working in the area of bioethics as a scholar-in-residence at the Institute for Religion and Wholeness at Claremont, California.

Joseph W. Simpson, 2391 Hickory Rd., Plymouth Meeting, Pa., says that he's "COPING!"

Earl M. Stockdale, 2150 29th St., Rock Island, Ill., is President of the Rock Island County Medical Society for 1984.

1954

Joseph L. Abbott, 101 Chrislena Ln., West Chester, Pa., is Chairman of the Department of OB/GYN at Chester County Hospital. He is a grandfather twice over.

Jerome Dersh, 606 Court St., Reading, Pa., writes that he's looking forward to the reunion in June, 1984.
Jack W. Fink, 126 Holly Dr., Lansdale, Pa., writes that his son, David, is enjoying his third year rotations at Jefferson. "We are looking forward to seeing old friends in Madeira and at our 30th reunion in June."

Charles H. Greenbaum, 1420 Lewis Rd., Rydal, Pa., writes that his son, Steven, is an intern at Abington Memorial Hospital, and daughter, Lynne, is at the University of Pennsylvania for a Master's Degree in Education. Son, Robert, is a second year law student at Emory Law School.

Robert A. Hinrichs, 2007 Galatea Ter., Corono del Mar, Ca., writes that his youngest son, Brad, entered Stanford this fall as a freshman. "Marianne and I are remodeling our home this spring; we plan to be at the 30th this June."

Warren W. Nichols, Kay Dr., Cherry Hill, N.J., has accepted the position of Senior Director, Genetic and Cellular Toxicology, in the Department of Safety Assessment at Merck Sharp & Dohme Research Laboratories. From 1959 to 1979, he was Professor of Pediatrics at the University of Pennsylvania School of Medicine; in 1973, he was also appointed Professor of Human Genetics. Since 1981 he has been Vice President for Research and Scientific Affairs, Institute for Medical Research, in Camden, N.J., and has served on expert panels which have helped to draft the regulatory guidelines used today in evaluating the genotoxicity potential of chemicals and therapeutic agencies. He received the Alumni Achievement Award at Jefferson in 1980.

Edward A. Renquest, 618 North Shore Rd., Marmora, N.J., is in partnership in family medicine with Vorrin B. Macom, '62.

1956

Joseph P. Bering, 12 Stoneleigh Dr., Lebanon, Pa., writes that his son, Thomas G. Bering, is associated with Lancaster Anesthesia Associates at Lancaster General Hospital. His daughter, Sue (an industrial engineer), is with Johnson and Johnson in research and development, Fiberoptics Engineering.

Hyman R. Kahn, 1149 Westbury Rd., Jenkintown, Pa., writes that his son, Mark, '83, is in his first year of surgery residency at the University of Pittsburgh, and his son, Joel, is a freshman at Jefferson.

Patrick S. Pasquarrello, 124 David Rd., Bala Cynwyd, Pa., Senior Physician at Children's Hospital, was honored for his 20 years of service there.

1957

William J. Galligan, 2909 Garrett Rd., Drexel Hill, Pa., immediate past President of the medical staff, has been elected to membership on the Board of Directors of Riddle Memorial Hospital in Media. A Fellow of the College of Physicians of Philadelphia, he is also a member of the medical staff of Delaware County Memorial Hospital and Mercy Catholic Medical Center. He lives in Marlboro Township with his wife, Judith, three sons and three daughters.

Stephen J. Herceg, Riverside Office Center, 2102 N. Front St., Harrisburg, met up with Otto Au at the annual meeting of the American Society of Plastic and Reconstructive Surgeons in Dallas last November. He says they are the only two plastic surgeons from the class of '57. Otto's son, Victor, '79, is currently a Senior Surgical Resident at Polyclinic Medical Center in Harrisburg and will enter plastic surgery residency at Hershey Medical Center in July. "Otto is in private practice in Hong Kong and I am in private practice in Harrisburg. I am Clinical Associate Professor of Surgery and Chief of Plastic Surgery, Penn State University, and Chief of Plastic Surgery of Harrisburg Hospital and Polyclinic Medical Center, which is the major affiliate of Hershey Medical Center."

Nicholas Spock, 300 N. Shamokin St., Shamokin, Pa., has been re-certified as Diplomate AAFP and continues in family practice, "supporting two sons, Nick, Jr., and Thomas, in college. Louise, 16, is in high school."

1958

John H. Bowman, 1655 Crooked Oak Dr., Lancaster, Pa., represented Jefferson at the March 3 inauguration of Dr. James L. Powell as 12th President of Franklin and Marshall College. "It was a new, rewarding and enlightening experience as the program was worthwhile and timely as given by various educators."

Frederick W. Floyd, 1212 Lake Point Dr., Lakeland, Fl., writes, "My daughter, Mary Floyd Stoner, and my son-in-law, Rick Stoner, will be graduating with their M.D.'s from Jeff this spring!"

Marvin Z. Rotman, 59 E. 80th St., New York, is President of the New York Cancer Society and continues as Professor and Chairman of the Department of Radiation Oncology at S.U.N.Y. Downstate Medical Center.

1959

Vincent P. Blue, 18 Beechwood Ln., Yardley, Pa., is "looking forward to the reunion and am grateful for all that Jefferson has given to me."

Benjamin M. Brosius, 24 N. 6th St., Shamokin, Pa., writes that his son, Michael, has been accepted into the freshman class at Jefferson, beginning fall of '84.

Marvin C. Daley, 2426 Butter Rd., Lancaster, Pa., is serving as President of the Urological Association of Pennsylvania.

Murray Feingold, Georgetown Rd., Boxford, Ma., received the 1983 Distinguished Citizen Award from the Massachusetts Association for Retarded Citizens. His award was presented at the State House awards ceremony in conjunction with the Governor's declaration of December as Mental Retardation Month. He is Professor of Pediatrics at Tufts University School of Medicine and Director of the Center for Genetic Counseling and Birth Defects Evaluation at the New England Medical Center.

Arnold J. Halpern, 223 Monument Rd., West Long Branch, N.J., is in private OB/GYN practice. "My daughter, Cynthia, was married in June, and also graduated from Drexel University. My son, Bart, will graduate from Hartford University next June. Also, a new infant is on the way, I'm starting over again, all well and happy; my practice is going well."
Caring Counseling Confidentiality

By Judy Passmore McNeal

So reads a sign in the office of Jefferson alumnus, Dr. Robert Senior, President of the Class of 1955 and its class agent. Dr. Senior left the pediatric practice in which he was senior partner three years ago to become one of the four private-practicing physicians in the country to specialize in adolescent medicine. According to an article in JAMA, the mandate is clear for such a field. “There is increasing evidence of major health deficits among the 40 million Americans between the ages of 10 and 21 years of age.”

After 23 years it was a difficult decision to make that switch, but he had seen it coming for a while. “Maybe it was the right time in history,” he says. “If I’d asked anyone in Washington about starting a new small business, they would have said it wasn’t a good time. But I had noticed in myself, during the late sixties and early seventies, a growing interest in this age group—the times I made house calls to communities because nobody else would…the special needs this group had that posed a challenge for me.”

“I couldn’t stay where I was,” he insists, and had some problems making the reasons clear to his associates. But it was very important to change the location, and “not have the kids have to walk around babies in the waiting room and see me with spit-up on my sleeves. They had to know I was available to them, and could talk without crying babies in the waiting room.”

He has had to market himself. Positioned as he is, two miles from two high schools, he is conveniently located. Still, he has a card ready to hand out if he meets up with the parent of a former patient in the hardware store who asks what he’s doing now. Most of his referrals have been from contented patients. It may have been a risk to enter this new phase of medicine, but he’s used to that—he took a risk just settling in Chapel Hill, North Carolina over 26 years ago as the only physician specialist.

People who don’t know much about adolescent medicine think he’s primarily “into sex and drugs.” Actually, he says, the primary reason for them to make appointments is respiratory infections. Once they’re there, however, the “third ear” he has developed can sense when there’s something else bothering them.

The previous week, he recalled, a young man had made his own appointment. “I have a cold; I have to see the doctor,” he told the receptionist. When he came in, Dr. Senior remembers he had a difficult time diagnosing a cold. “Is there something else that you and I should pay attention to today?” he asked the youth. It turned out that the boy had venereal warts, and had worried for three weeks before making the appointment.

Confidentiality is crucial, according to Senior. “If they thought for one minute that I was sharing their conversations with ANYONE else,” he says, “it would blow this practice. I tell them that I don’t know what’s happened in their lives but I know things aren’t right—‘now lay it on me.’”

The only time he would go back on his promise of confidentiality would be if a suicide threat were made in his office, at which time he would tell them that there would be no way he could go to his bed that night knowing this. He asks which of the parents the child felt the most comfortable with and then meets with parent and child, acting as moderator.

According to Senior, girls make more suicide gestures—like taking a handful of aspirin in the school cafeteria—often to manipulate interpersonal relationships, but that boys are more successful. Suicide ranks second in teenage deaths, right after automobile accidents. “And,” he contends, “some of those are attempts at taking their own lives.” He adds that truck drivers are concerned about it.

By concentrating on just this age group, he is used to the maladies prevalent to it, among those being eating disorders (anorexia and bulimia); skin disorders; situations regarding their physiology (dysmenorrhea, contraception, premenstrual syndrome); and emotional disorders such as trying to work out the impact of parental divorce, and the prospects of running away, etc. So he relates to the commentary in JAMA, Who Speaks for the Adolescent? Which says that a new breed of physician has been spawned—part psychiatrist, part gynecologist, part internist, part dermatologist, part
pediatrician and part family practitioner. The challenge is what he likes: “No day is like the other,” he says.

Because all doctors, including pediatricians, are not comfortable with this age group, Dr. Senior offers a symposium each spring which he designs, organizes and presents himself with the assistance and encouragement of the University of North Carolina Office of Continuing Medical Education. He feels that adolescent medicine will become a subspecialty under pediatrics just as neonatology.

A citation framed and hung on his examination room wall tells what the triangle area thought about him in 1970, when they made him Citizen of the Year, long before he changed his specialty. It contends that Robert Senior M.D. was to be commended for his “selfless and inspiring service through the years to underprivileged children of the community, as leader of the community’s effort to rescue young people from drug dependence, for his role as a friend, counselor and physician to the sick, the despairing, the disadvantaged and the lost.”

Instead of making him feel omnipotent, he says his work is very humbling, especially when watching a young person sort out his or her problems. He has seen role-reversals in his office, with a 13-year-old girl shaking a finger at her father, cowering at the other end of the couch, about the prospect of his leaving the family. He has calls from other cities — one from New Orleans during the interview — where a runaway teenager said, “I’m here and I’m safe. Tell my parents I’m OK.”

For one young man who was not OK, Senior was asked to give the memorial tribute because the family had no church affiliation. He has taken the witness stand in rape cases, and in custody cases. His phone rings several times during the interview, usually from parents:

“You don’t think she took too many aspirins, do you?”

“I’m concerned about the inappropriateness of his saying that it was all right for his father to do it.”

Tell him that if he won’t go, you’ll have to call the rescue squad.”

“One more chance...I want him to try.”

He wants each child to be responsible for his own health affairs. He says he wants to, and is usually good at, involving the young person in his or her problem. He will say, “Here is my card, here are the numbers...feel free to call.” He knows that he doesn’t always have time to get to their whole problem in one visit, although he is more flexible than as a pediatrician with 12 and a half minutes for an ear ache. “I can always ask them to come back that evening or the next day,” he says, once the problem is out.

Dr. Senior’s way of talking, southern in softness but not accent, makes him easy to listen to and, one can imagine, to talk to. The warmth of him and his office, furnished in plants and love seat with family and patient pictures on every surface and a beautiful wooded view out of the picture window, adds to that feeling.

Does he think today’s teenagers are part of the “me” generation? “No,” he says firmly. “I see this as a generation of much more world-concerned people. There will always be “hippy” or “punk” — a certain group that needs to express itself in hair and clothes — but I see a trend toward junior proms, carnation corsages and saddle shoes.”

He says that his training at Jefferson prepared him well, and that he looks back very nostalgically and still has vivid and fond memories of the professors and fellow students. He remembers particularly the graduation at the Academy of Music, where the guest speaker was Norman Vincent Peale. They repeated the Hippocratic Oath which was so indelibly imprinted on his consciousness that he repeats it by memory — "Whatsoever in my practice or not in my practice I shall see or hear amid the lives of men which ought not to be noised about, as to this I will keep silence, holding such things unfitted to be spoken.” He says, “There is no way I could make a success of this practice if I depart from it.”

Caring, counseling and confidentiality — these are what make up the formula for his success. For those who point a finger at the generation he’s dedicating his life to, he has this to say: “If we accept that this is the age for experimentation, then we’ve got to expect some high-risk behavior. The thing we must remember is that eight out of ten adolescents are doing great. Can we say the same for our own generation?”

Robert J. Senior, M.D. ‘55
Gary P. Romisher, 511 Gatewood Rd., Cherry Hill, N.J., is spending his 20th year at Zurburgg Memorial Hospital in South Jersey, practicing radiology with classmate Joseph G. Hernberg. His wife and three children are all in college or postgraduate school. “Regards to all.”

1960
William R. Fair, The Kingsley, 400 E. 70th St., New York, who has been Professor and Chief of Urology at Washington University Medical School in St. Louis, is now Professor and Chief of Urology at Memorial Sloan-Kettering and Professor of Surgery at Cornell.

1961
Jerome K. Jlinman, 215 E. 61st St., New York, has collaborated with Cynthia, his wife of 25 years, on a book about psychotherapy called The Art of Shrinking. It is a humorous account of what really goes on in a therapist’s office. A board certified psychiatrist, he wrote the poems, and Cynthia, a certified psychologist and psychoanalyst, drew the “zany” illustrations.

Eugene Shuster, 324 Waring Rd., Elkins Park, Pa., reports that he has been re-certified by the American Board of Obstetrics and Gynecology; that he is a Fellow of the American Fertility Society; and that he has been appointed Chairman of the Department of Obstetrics and Gynecology at Nazareth Hospital.

James Vorosmarti, 16 Orchard Way S., Rockville, Md., is Assistant to the Undersecretary of Defense for Research and Engineering, running the Medical Research programs for all services. “Frustrating, but not boring! Spending most of my time fighting off animal rights groups who are making a strong effort to stop the use of animals in medical research.”

James A. Walsh, 5115 Falcon Ridge Rd. S.W., Roanoke, Va., has two daughters in college and “only one left in the nest.” He is stepping down this year after four years on the clinic and hospital boards. He says, “Radiology and nuclear medicine has become a high-technology wonderland; I’m beginning to miss those clinic patients we had at Jeff.”

1962
Irwin Becker, 1115 Morris Ave., Bryn Mawr, Pa., has been elected President of the Medical Staff of the Germantown Hospital and Medical Center. He is Chairman of the Department of Family Medicine.

Francis B. Boland, Jr., Burnt House Hill Rd., Doylestown, Pa., is President of the Medical Staff of Doylestown Hospital.

Edward A. D’Orazio, 529 Applewood Dr., Fort Washington, Pa., announces that his son, Stephen, was accepted into the class of ’88 at Jefferson and will begin this September.

Alan R. Freedman, 57 Levering Ct., Bala Cynwyd, Pa., writes that he and his wife, Arlene, have been married 21 years, and have three children, ages 19, 17 and 10 years of age. “Arlene, a 1962 graduate of Temple University’s Department of Education, will once again wear a cap and gown as a 1984 graduate from Thomas Jefferson’s School of Nursing with both her B.S. and R.N.” Dr. Freedman is a pediatrician at both Pennsylvania Hospital and Children’s Hospital.

David E. Rosenthal, 1726 Clinton Dr., Ambler, Pa., writes that he has “a busy internal medicine practice in Elkins Park. Son, Rob, graduating in May 1984 from Ithaca College in Business; son, Rick, freshman at Tufts University; son, Steve, a freshman at Upper Dublin High; wife, Sandy, doing substitute teaching in Philadelphia. Recent trips to Puerto Rico, Bermuda and Ixtapa, Mexico.”

1963
George H. Cohen, 1350 Brandt Rd., Hillsborough, Ca., is Chief of Staff at Peninsula Hospital and Medical Center in Burlingame. His wife, Elaine, is a college professor; daughter, Sheryl, is a student at Penn; and twin sons, Jeffrey and Jonathan, are sophomores in high school.

Joseph C. Flanagan, 1627 Lafayette Rd., Gladwyne, Pa., is President of the Oculoplastics Service at Wills Eye Hospital. (see p. 23)

Melvin Yudis, 1738 York Rd., Abington, Pa., is Physician-in-Chief of the Nephrology Division at Abington Memorial Hospital and Chairman of the Medical Review Board — End Stage Renal Disease Network #24.

1964
Lawrence Green, 315 Maple Ave., Swarthmore, Pa., is making plans for the annual Alpers Society meeting for the Clinical Neurology Seminar in Spring 1984 at Jefferson. He was President of the Society from 1979-1982.

Gilles A. Marchand, 3 Jonathan Law Ct., Waterford, Ct., writes that his son, Chip, is a sophomore at Ursinus College and daughter, Denise, is graduating from Eastern Connecticut State University in June.

Elfi O. Meltzer, 6632 Sanders Ct., San Diego, is “happily married and living a hectic life with four teenagers.” “He’s in private practice in allergy with 80 percent of his time in patient care, and 20 percent in clinical research on new pharmaceuticals for allergy and asthma treatment. He is Associate Clinical Professor in Pediatrics at the University of California, San Diego, and co-chairman of the Allergy Division at Children’s Hospital.

Milton J. Sands, 15 Paper Chase Dr., Farmington, Ct., has been promoted to Professor of Medicine at the University of Connecticut School of Medicine. He is currently Director of Cardiology at the New Britain General Hospital and Associate Clinical Professor of Medicine at Yale School of Medicine. “The Sands have a family of three young men, 14, 12 and five, and a DAUGHTER who is now two and loves her Dad!” They look forward to seeing old friends at their 20th reunion in June.

Robert M. Steiner, 129 Gypsy Ln., Wynnewood, Pa., spent six months on sabbatical at the University of Leiden in the Netherlands working in the area of nuclear magnetic resonance.

Charles D. Thompson, 6438 Elmhurst Ave., Alta Loma, Ca., is Eastern Division Medical Director of Southern California Edison Company, doing occupational and family medicine plus administration.

Marion K. Yoder, 20544 Ci., 138 Goshen, In., writes that his wife, Meredith, and he will be leading a group tour to Algeria in July, 1984.

1965
Edward R. Corcoran, Jr., 700 Starkey Rd., Largo, Fl., writes that he “had a pleasant reunion with our anatomy table group, Jim Conrad, Jim Copeland, and Ralph Crawford, in Altoona, in October 1983. I’m back working as Associate Medical Examiner.”

David F. Fitchett, P.O. Box 827, Albany, Or., is Vice-chief of the Albany
General Hospital Medical Staff. He is an orthopaedic surgeon who has been on the staff for more than ten years; he will maintain this office for two years.

John A. Hildreth, 2142 Carib Cie., Lake Park, Fl., is serving as Chief of the Division of Cardiology at Palm Beach Gardens Hospital.

Bruce D. Hopper, 688 Conestoga Rd., Berwyn, Pa., is practicing OB/GYN in group practice in Bryn Mawr. He was recently certified in OB/GYN; "hopefully the last exam I have to take."

Raphael K. Levine, 171 E. Linden Ave., Englewood, N.J., is proud to announce the recent arrival of his second son and fourth child, Yehoshua. "Zalman, 17, Shoshana, 14, and Chavie, 10, make full the last exam I have to take."

John K. Messersmith, Rocky Reach Farm, N. Marshfield, Ma., married Debra Ann Willis in October, 1983. He is Chief of the Department of Surgery at Cardinal Cushing General Hospital in Brockton.

Michael C. Snyder, 2001 Wiggins Ave., Springfield, Ill., is in the private practice of radiology at St. John's Hospital, Clinical Associate Professor of Radiology at SIU School of Medicine, and President of the County Medical Society. His hobby is flying.

1967

Charles H. Klieman, 3737 Century Blvd., Lynwood, Ca., spent his birthday trekking to the first base camp of Mt. Everest in Nepal (18,300 feet). "A truly spectacular experience."

Michael B. Kodroff, 3428 Riverview Dr., Richmond, Va., is back at Jefferson doing a year's fellowship in CT and Ultrasound, with leave from the Medical College of Virginia.

Stanton I. Moldovan, 9026 Wickford Dr., Houston, says that he and his wife, Cheryl, are expecting their third child in April, and are planning to move into a new home shortly afterward.

Leonard H. Seitz, 1400 Philadelphia Pk., Wilmington, De., writes that "Judy and I are pleased to have Tony Dash, P.A., join our family allergy practice. Now a physician assistant, as well as a nurse practitioner, is helping bring Jefferson training (Dr. Herbert Mansmann) to many people in Delaware."

Carl L. Stanitski, 224 Virginia Ave., Pittsburgh, just completed his term as President of the Pennsylvania Orthopaedic Society. He writes that he enjoyed seeing his Jeff friends at the Templeton reception in November.

1968

Mark R. Glasberg, 19660 Riverside Dr., Birmingham, Mi., is Director of the Division of Neuromuscular Diseases at Henry Ford Hospital in Detroit. "I am enjoying the challenge of starting a new unit and combining clinical practice, muscle and nerve pathology, teaching and research. In our spare time, my wife, two children and dog enjoy accompanying me to our retreat in Northern Michigan."

Herbert J. Ruscombe, 70 Canal Run W, Washington Crossing, Pa., has opened a new office at 919 Durham Road in Pennsdel, continuing his practice of family medicine.

James B. Turchik, 19 Bradford Dr., Syracuse, N.Y., writes, "Evelyn and I visited Tom Kravis and his wife, Mauvoirs, in San Diego in October, 1983. Tom, a super chef, cooked us an excellent meal. I am still running, but no marathons, and am still Director of Infectious Diseases at Crouse Irving Memorial Hospital in Syracuse."

1969

Robert Abel, Jr., 1100 Grant Ave., Wilmington, De., has been promoted from Clinical Assistant Professor in the Department of Ophthalmology to Clinical Associate Professor.

Walter J. Finnegan, 141 S.W. 96th Terr., Plantation, Fl., has taken a leave of absence from orthopaedic surgery and has finished his first semester of law school at Nova University. His daughter Kathy, now 20, is at the University of Delaware; "Robert graduates high school this year and Tracy starts high school. Sara, age two and a half, is in day care school and Peggy's doing anesthesia."

Salvatore P. Girardo, 2517 Colorado St., Philadelphia, was appointed Chairman of the Department of Medicine at Methodist Hospital, a major teaching affiliate of Jefferson.

Sander J. Levinson, 746 Jefferson Ave., Scranton, Pa., is happy to announce that his brother, Nat E. Levinson, '58, is joining his group practice of pulmonary diseases in Scranton and Carbondale.

Thomas A. Okulski, 341 East Lake Dr., Land O'Lakes, Fl., is still in private radiology practice in Tampa and has finished his first semester of law school at Nova University, Medical School '77, is a practicing pathologist. Their children, Alex, 6, and Juliana, 4½, are doing well. "We all enjoy Florida."

Benjamin P. Seltzer, 31 Page Rd., Bedford, Ma., is Associate Professor of Neurology and Psychiatry at Boston University School of Medicine, and Lecturer on Neurology at Harvard Medical School.

Barry S. Smith, 702 Lexington Pl., Louisville, Ky., is Medical Director of Frazier Institute, formerly the Institute of P.M. & R.
Jesse H. Wright. III, Norton Hospital, Louisville, Ky., has been appointed Medical Director of the Norton Psychiatric Clinic and Chief of Psychiatry of the Norton Hospital medical staff. He is widely known for his research in cognitive therapy treating depression. In early 1983 he lectured on cognitive therapy at the World Congress of Psychiatry in Vienna, Austria. He is Associate Professor of the Department of Psychiatry and Behavioral Sciences at the University of Louisville School of Medicine.

1970

Edward J. Barylak, 3132 Branch River Rd., Branch, Wi., has three children: Toma, Andrea and Tanya.

William D. Bloomer, 1212 Fifth Ave., New York, has been appointed Professor and Chairman of the Department of Radiotherapy at Mount Sinai School of Medicine of the City University of New York, and Radiotherapist-in-Chief at the Mount Sinai Hospital.

Steven A. Klein, 33 Shepherd Ln., Roslyn Heights, N.Y., is in his fifth year as Director of Maternal/Fetal Medicine at Nassau Hospital on Long Island. He will begin a fellowship in July. "Daniela and Barak (8), Alexa (5), Zordana (1) are doing well."

Lawrence S. Miller, 145 S. Burlingame Ave., Los Angeles, writes that he and his wife, Anita, and their five children hosted a Jeff Alumni Dinner at their home for the Jefferson Rehabilitation Department during the L.A. meeting of the American Academy of Physical Medicine and Rehabilitation in November, 1983. He presented seven papers and directed three seminars at the meetings.

Marie O. Russell, 5 Orchard La., Wallingford, Pa., is in private practice at Riddle Memorial Hospital in Media, and is operating an oncology satellite for Children's Hospital of Philadelphia.

Calvin L. Weisberger, 538 11th St., Santa Monica, Ca., spoke on cardiac rehabilitation at the 1983 National Meeting of the American Congress of Rehabilitative Medicine.

1971

Robert E. Chandlee, 205 Sloan St., Roswell, Ga., married Donna S. Millians on October 29, 1983.

Harry R. Cramer, Jr., 7 Sheridan Ave. S., Minneapolis, writes that his wife, Gayle, graduated cum laude from the University of Minnesota Law School in June, 1983, and became a member of the Minnesota Bar in the summer. They are expecting their second child in March, 1984.

James R. Dooley, 45 E. 9th St., New York, writes that he and his wife, Gayle, are expecting their first child in early summer.

Edwin P. Ewing, Jr., 2027 Deborah Dr., Atlanta, had publications on AIDS in 1983 in the New England Journal of Medicine, Journal of the American Medical Association and Lancet. He spoke on the subject at meetings of the International Academy of Pathology, American Society of Clinical Pathologists, College of American Pathologists, American Public Health Association and Medical Association of Georgia.

Gerald M. Klein, 6 Sunan Rd., Broomall, Pa., announces the birth of his first child, Jessica Lynne, in December, 1982.

John F. Motley, 2081 Trumbauer Rd., Lansdale, Pa., is engaged in the practice of office-based family practice in a multi-specialty corporation with 26 other physicians in Lansdale. His "most recent additions are in cardiology and dermatology."

Jeffrey S. Rakoff, 13715 Condesa Dr., Del Mar, Ca., has been Director of the Fertility Center, Scripps Clinic and Research Foundation, during the past four years. He lives in Del Mar with his wife, Jan, and children, David, age 7, and Anne, age 4.

Paul J. Silbert, 10 Woodside Dr., Rumson, N.J., lives with wife, Steffi, and children, Adam and Allie. He practices neurology and teaches at Rutgers Medical School (voluntary). Steffi is completing her last year of law school. They write, "Hello to the Starrels."

Michael E. Starrels, Franklin and Wood Sts., Doylestown, Pa., lives and works in Bucks County, where he is in the private practice of ophthalmology. He also teaches weekly in the Glaucoma Service at Will Eye Hospital.

1972

Martin J. Fliegelman, 5340 S. Kenton Ct., Englewood, Co., tells his class-mates to "Give us a call as you pass through Denver on your way to the ski slopes."

Stanley J. Goldberg, 1110 W. Orange-wood Ave., Phoenix, became a Fellow of the American College of Surgeons in October, 1983. He was elected Vice-Chief of Surgery at a hospital in the Phoenix area.

Charles A. Gordon, 1210 S. Cedarcrest Blvd., Allentown, Pa., writes that he and his wife are expecting their third child.

James T. Hay, 14202 Recuerdo Dr., Del Mar, Ca., is Chief of Staff-elect at Scripps Memorial Hospital in Encinitas. He says, "Family practice is going well, and Tricia, Bev and Todd are doing great."

Philip C. Hoffman, 1450 E. 56th St., Chicago, married Halina Bruckner, M.D., a medical resident at the University of Chicago, in November, 1983. He is in the hematology/oncology section there.

Gail Tenikat Jacoby, 2017 Bishop Rd., Belmont, Ca., writes, "Our children, Nikki, 8, and Alex, 5, have introduced us to the world of figure skating; however, David and I seem to be relatively slow learners! It's more fun than jazzercise, but the ice is HARD."


Barton L. Schneyer, 9 Skyview Ln., Stonybrook, N.Y., writes that he and Elin attended the wedding of classmate Philip Hoffman and saw the Richard Schwartzes, the Joel Baskoffs, Joan Shapiro and Larry Schiller. "It was a lovely wedding and Phil married a charming medical resident named Halina. It was great to see everyone!"

John R. Tyler, Main St., Blue Hill, Me., reports new family additions, Ellen and Emily, born in August, 1983.
Kathleen W. McNicholas, Deborah Heart and Lung Center, Browns Mills, N.J., is Director of Pediatric Cardiac Surgery.

Joseph P. Mullen III, 829 Meadowview Dr., Kennett Square, Pa., married Patricia King in August, 1982. He was appointed Chief of Emergency Services at South Chester County Medical Center, West Grove, in June, 1983. A daughter, Maureen Jeanette, was born July 6, 1983, and the Mullens moved to their present address in August, "and are really enjoying country life."

1974

Bruce C. Berger, 1210 Imperial Rd., Rydal, Pa., has joined Graduate Cardiology Consultants and has been appointed Assistant Professor of Medicine at the University of Pennsylvania. "Come to the reunion June 9."

John V. Cattie, 106 E. Phifer St., Monroe, N.C., has been board certified in general surgery since 1980. He is practicing general and vascular surgery at Union Memorial Hospital.

Howard G. Hughes, 65 Overlook Dr., Danville, Pa., is President of the Pennsylvania Chapter of the American College of Emergency Physicians.

John P. Lubicky, 8494 Woodbox Rd., Manlius, N.Y., is Assistant Professor of Orthopaedic Surgery and Pediatrics at S.U.N.Y. Upstate Medical Center in Syracuse. He and his wife, Vicki, and three sons, John, Jason and Michael Robert, moved into their new home just in time to celebrate Thanksgiving, 1983.

Bruce P. Meinhard, 2 Gramercy Pk. W, New York, was appointed Chief of Orthopaedic Trauma at Nassau County Medical Center, and Assistant Professor of Orthopaedics at S.U.N.Y. at Stonybrook.

Raymond W. Merrell, 306 S. 12th St., Yakima, Wa., and his wife, Eileen, are the parents of a first child, Jonathan Riley, born on August 28, 1983, and weighing 8½ pounds.

Steven M. Wenner, 30 Academy Dr., Longmeadow, Ma., is practicing orthopaedic and hand surgery in Springfield. His wife, Nadine P. Wenner, 76, is practicing dermatology.

1975

Angelo S. Agro, 107 Wilshire Ave., Deptford, N.J., was initiated as a Fellow of the American College of Surgeons in October, 1983.

Robert B. Baker, 615 Banning Ave., Northfield, N.J., has established a new solo practice in pediatrics. "Carol is pitching in and we're having a great time."

Richard H. Bennett, 632 Loves Ln., Wynnewood, Pa., was Treasurer of the Philadelphia Neurological Society for 1983.

Robert H. Hall, Box 119A, Hockessin, De., is practicing family medicine at 1207 Delaware Avenue, Wilmington. His special interest is in homeopathic medicine and acupuncture.

John E. Hocutt, Jr., 1243 Lakewood Dr., Wilmington, recently traveled to Yugoslavia with the U.S. National Luge Team (as physician) for the World Cup Championships. He has two daughters, Beth Lynn, 2½, and Jill, 1.

Gladi V. Porsche, Hood House, University of New Hampshire, Durham, N.H., and husband, Al, are proud to announce the birth of their son, Michael Victor, on April 24, 1983, four days before daughter Hilary's third birthday. Her family recently moved from Pittsburgh to Durham where she has accepted a position as an internist with Student Health Services at University of New Hampshire.

Robert T. Sataloff, 1721 Pine St., Philadelphia, has been promoted from Assistant Professor of Otolaryngology to Associate Professor.

1976

John R. Cohn, 345 Woodley Rd., Merion, Pa., has a third child, Joshua, who joins Joanne and Benjamin. He is in practice at TJUH in pulmonary medicine and allergy and immunology, and was recently elected a Fellow of the American College of Chest Physicians and the American College of Allergists.

Robert R. Farquharson, 141 Cabell Way, Charlotte, N.C., is in the private practice of emergency medicine at Cabarrus Memorial Hospital in Concord. He was named a Fellow of the American College of Emergency Physicians in October, 1983.

Steven J. Glass, 1717 Pine St., Philadelphia, is Director of Outpatient Services at Philadelphia Psychiatric Center, and Clinical Assistant Professor of Psychiatry at Temple University and TJUH.

Richard C. Kernish, 6500 San Vicente, Coral Gables, Fl., practices radiology at Mercy Hospital in Miami. He and his wife, Helene, have two sons: Michael, 7, and Eric, 5.

Thomas S. Kilcheski, 9841 Rimpark Way, San Diego, writes that from June, 1980, to present, he has been a staff member of the Department of Radiology at the Naval Hospital in San Diego. Currently, he is Chief of the Diagnostic Ultrasound, co-Director of the Section of Body Computed Tomography and Director of the Ultrasound/Body Computed Tomography Fellowship at the Naval Hospital. He is also a Clinical Professor of Radiology at the University of California.

Johannes D. Weltin, 70 O'Neil St., Kingston, N.Y., writes: "We are very busy in our new office and are actively recruiting another family physician. Bonnie and our two children are well. We would be pleased to see any friends traveling in our area."

1977

Cynthia B. Altman, 1205 Weymouth Rd., Philadelphia, was elected a Delegate from the Philadelphia County Medical Society House of Delegates in Pittsburgh in October, 1983.

James P. Bagian, Johnson Space Center, Houston, has been assigned as Mission Specialist to Space Lab 4 in January, 1986. Those who were up at 7:00 EST to see the first landing of the space shuttle in Florida, might have seen Dr. Bagian on television explaining the touch down. (JAB, Winter, 1984)

Timothy A. DeBiasse, 3950 William Penn Hwy., Murrysville, Pa., announces that he and Patti have built a new home and that they have a second daughter, Kimberly Michelle, born November 15, 1983. A Fellow of the American Academy of Pediatrics, he recently attended the AAP's annual meeting in San Francisco, where he was honored as the individual Fellow who collected the most signatures on a pledge form promoting the use of passenger restraints for children and adults. The auto safety awareness was called, "Make it Click."

Ronald A. Fronduti, 650 Sheffield Dr., Springfield, Pa., and his wife, Nancy, announce the birth of Michelle, their first child, on April 27, 1983.

Dale N. Goode, 2006 Makefield Rd., Yardley, Pa., is Emergency Room Director at Hamilton Hospital in Trenton, having passed his emergency medicine boards last spring. He and Rosemary have a two-year-old daughter, Stephanie.

Alan M. Sugar, 27 Springfield St., Watertown, Ma., is on the faculty of Boston University Medical Center in the Section of Infectious Diseases as Assistant Professor of Medicine, having finished a three-year infectious disease fellowship at Stanford University. His wife, Margaret S.M. Flinn, 78, starts a fellowship in rheumatology at the medical center in July.

Virginia Chalfont Wood, 5760 Wilcke Way, Dayton, Oh., completed a fellowship in critical care medicine at the University of Pittsburgh in June, 1981, married William R. Wood on September 10, 1983, and is currently Medical Director of the Intensive Care Unit at Miami Valley Hospital in Dayton.

1978

Charles B. Austin, Jr., 227 Wyngate, Coraopolis, Pa., announces the birth of his first child, Daniel Caldwell, on April 12, 1983.

Larry A. Feiner, 1753 Hamilton Dr., Valley Forge, Pa., has begun the practice of otolaryngology/head and neck surgery in Phoenixville. His residencies in general surgery and otolaryngology were completed at Baylor College of Medicine in Houston. He lives with his wife, Ann Dee, and four children in Valley Forge.

Joyce R. King and Joseph A. Lombardo, 4340 Olive Ave., Long Beach, Ca., announce the birth of a daughter, Sarah, in June of '83.

Janice Lupu, 124 Keeney St., Evanston, Ill., and her husband, Larry Kohn, announce the birth of their daughter, Lisa Michelle, on April 26, 1983.

Francis A. Marro, 15 N. Turnberry Dr., Dover, De., recently started practicing nephrology. He and wife, Marion, are expecting their first child in 1984.

Jeffrey B. Robin, 410 Raymondal St., South Pasadena, Ca., is completing his second year of a corneal and external disease fellowship at Estelle Doheny Eye Foundation at the University of Southern California.

Duncan Salmon and his wife, Beverly, announce the birth of their second son, Dylan Travers, in November. He has been appointed Chief of Cardiology at the Wyman Park Health Systems in Baltimore. In May they moved into their new home at 4122 Westview Road in Baltimore.

1979

David G. Baer, RD#4, Indiana, Pa., has joined the Department of Emergency Services staff at Indiana Hospital. Prior to joining the staff, he completed a family practice internship at St. Margaret Memorial Hospital in Pittsburgh, followed by a family practice residency and fellowship, also at St. Margaret.

Theodore J. Burdumy, 1012 Fair Oaks Ave., S. Pasadena, Ca., is a member of the Anesthesia Subsection of Huntington Memorial Hospital in Pasadena. He has recently been elected to membership in the Society of Cardiovascular Anesthesiologists.

Steven B. Cherry, 208 Pat St., Tahlequah, Ok., is currently working for WW Hastings Indian Hospital. His wife, Dawn, gave birth to a son, Jason Tru Kellyan Cherry, on June 3, 1983. "Hope to see everyone in June, 1984," he writes.

Anthony V. Coletta, 510 Brookhurst Ave., Narberth, Pa., is completing his surgical residency at Jefferson this year, and will begin research in immunobiology and organ transplantation at Jefferson in July, 1984.

John M. Colombo, Jr., 39 E. Lancaster Ave., Shillington, Pa., is Board Certified in Internal Medicine, and is in private practice in Shillington. He is Assistant Director of the Department of Medicine at Reading Hospital and Medical Center.

Gail Davidson, 14 W. 17th St., New York, is doing a rheumatology fellowship at King's County Hospital in Brooklyn.

Thomas W. Gardner, 199 Ocean Lane Dr., Key Biscayne, Fl., married Maureen Grace in March, 1983, and is now a retina-vitreous Fellow at the Bascom Palmer Eye Institute in Miami.

Catherine Z. and R. Bradley Hayward, 77, 120 Laurel Ln., Broomall, Pa., write that "Cathy is now Chief Surgical Resident at Jefferson, Brad was just appointed Instructor of Surgery at the Jefferson-Bryn Mawr affiliate, and daughter, Lindsay, turned one in August."

Douglas R. Hough, 401 Penwood Rd., Silver Spring, Md., and his wife, Jean, announce the birth of their second child, Laura Leigh, on July 26, 1983.

Larry J. Kachik, Box 351, Indiana, Pa., completed his family medicine residency at Latrobe Hospital in June, 1982, and was appointed Director of the Department of Emergency Services at Indiana Hospital in September. He is currently pursuing "a life-long dream as a hobby in harness racing with 'Genuine Gap'; 'Trudy Cross', and 'J.J.'s Strike Force' all racing near Pittsburgh. Still single and happy."

Carol Tavani-Petrone, Department of Psychiatry, P.O. Box 1668, Wilmington, De., was appointed Chief of Consultation-Liaison Psychiatry at the Wilmington Medical Center on July 1, 1983. She also holds an appointment there in the Department of Emergency Medicine.


1980

Lawrence P. Bressler, 2991 Schoolhouse Ln., Philadelphia, recently completed his residency in internal medicine at Medical College of Pennsylvania, and will be doing a nephrology fellowship at Temple.

Jeffrey B. Cohn, 1634 Ponce de Leon Ave., Atlanta, is in his first year of hematology/oncology fellowship at Emory University.

Matthew V. DeCaro, Jr., 825 Greenwich St., Philadelphia, will be Chief Resident in medicine in June of '84, and expects his fourth child in February.

Bruce R. Dooley, P.O. Box 1940, Park City, Ut., Director of the Park City Emergency Center writes, "Am going with my emergency center and have married a beauty!"

John A. Friedline, 6-3 Bayard Rd., Pittsburgh, is practicing emergency medicine at Shadyside Hospital full time, and has been appointed part time to the faculty of the Family Medicine Residency Program at Shadyside.

Barbara G. Frieman, 1816 Manor Rd., Havertown, Pa., is a resident in orthopaedic surgery at Jefferson.

Harry F. Gebert, Route 1, Cherokee, Al., has a second daughter, Grace Elisabeth, born December 20, 1983. "I plan to begin a surgical residency, God willing, in July, 1984, after finishing my Public Health Service commitment."
1981

Jeffrey A. Amer, 214 W. 92nd St., New York, writes that he was married last summer, and that at the completion of his residency in July he'll be joining a private pediatric practice in Sposset, Long Island.

Robert K. Finley III, RD#5, Danville, Pa., married Cathy Jo Carter on October 16, 1982. He is now a third year resident at Geisinger Medical Center. "Though the schedule is busy, I still find time for whitewater canoeing and cross-country skiing."

Diane R. Gillum and Stephen P. Gadomski, 248 Crosshill Rd., Penn Wynne, Pa., were married in May, 1983. Diane is in her third year of surgical residency and Steve is in otolaryngology at Jefferson.

David G. Hershberger, 384 Leonard Ave., Washington, Pa., says that he's serving as Chief Resident of a Family Practice Program. "We've had another addition to the family," he writes. "A daughter, Jennifer, was born on August 25, 1983."

Marshall C. Jordan, 51 Earl St., Springfield, Ma., and his wife, Nancy, announce the arrival of their first child, M. Cash Jordan, Jr., on June 14, 1983.

Eli R. Saleeby, 8120 E. Jefferson Ave., Detroit, is a dermatology resident at Henry Ford Hospital in Detroit with classmate Mark C. Rubin, M.D. "Pub nite whenever possible."

Gregory D. Slick, 331 Theatre Dr., Johnstown, Pa., will be starting a cardiology fellowship in Pittsburgh in July.

J. Patrick Welch, 122 Hillymede Rd., Harrisburg, is Chief Resident in the Department of Family Practice at Hershey Medical Center and President of the Pennsylvania Association of Family Practice Residents.

1982

Allan H. Cummings, 600 W. 246 St., Riverdale, N.Y., will be working in diagnostic radiology starting July '84 at Monmouth Medical Center, Long Branch, New Jersey.

Fernand N. Parent III, 401 Morris Ave., Providence, R.I., married Kathleen S. Kline, daughter of Orman R. Kline, '45, in June, 1983. He is now a resident in general surgery at Rhode Island Hospital (Brown University) in Providence.

Obituaries

John Brinkman, 1919
Died December 18, 1983 at the age of 87. Dr. Brinkman practiced general surgery in Brooklyn, New York, until his retirement to Deland, Florida, in the early 1960s. He was a Fellow of the American College of Surgeons. While in Deland he worked for the Department of Health and Rehabilitative Services for the state of Florida.

Hilton S. Read, 1923
Died January 6, 1984, at the age of 84. Dr. Read, who was a resident of Thomasville, Georgia, at the time of his death, practiced internal medicine in Ventnor, New Jersey. In 1951 Dr. and Mrs. Read founded the Ventnor Foundation which promoted peace through brotherhood and international understanding. For this work he was awarded Die Phillips Plaketa, Das Crosse Verdienstkreuz and an honorary degree from the University of Cologne in Germany. In addition he received similar degrees from Rutgers University and Swarthmore College. Dr. Read served in the House of Delegates of the American Medical Association.

Norman H. Gemmill, 1926
Died March 9, 1984 at the age of 83. Dr. Gemmill had practiced family medicine in Stewartstown, Pennsylvania, until his retirement to York. He was a past President of the York County Medical Society. He was the husband of Ruth Keesey and the father of Reginal B. Gemmill '55 and two daughters.

Charles A. Rankin, 1926
Died January 18, 1984, at the age of 83. He served as Senior Assistant in Surgery at Wills Eye Hospital from 1937 to 1960, and was Chief of the Department of Ophthalmology at Delaware County Memorial Hospital from 1948 to 1978. He was a Clinical Associate Professor of Ophthalmology.
at JMC, a Fellow in the International College of Surgeons, a Diplomate of the American Board of Ophthalmologists, and a member of the American Academy of Ophthalmology. He is survived by his wife, Lucille, a daughter and three sons, one of whom is Charles A. Rankin, Jr., ’54.

Joseph C. Hudson, 1929
Died January 23, 1984. Dr. Hudson first practiced in Chambersburg, Pennsylvania, and later became Chief of Surgery at the Veterans Hospital in Prescott, Arizona, then retiring to Sun City. Landing in Normandy the second day of the invasion, he commanded a field hospital there. Surviving are his wife, Ean, two daughters and a son. Dr. St. Thomas, a psychiatrist and social worker. Surviving is his wife, Sarah.

Jean G. N. Cushing, 1935
Died February 10, 1984. Dr. Cushing was Chief of Psychiatry and Social Services at the SHAPE (Supreme Headquarters Allied Powers of Europe) Medical Center in Belgium at the time of his death. Prior to his 1975 overseas assignment Dr. Cushing was in practice with his wife, the late Mary McKinniss Cushing in Baltimore and held a faculty appointment at Johns Hopkins University.

Chalmers R. Carr, 1936
Died January 31, 1984, at the age of 76. Dr. Carr, an orthopaedic surgeon in Charlotte, North Carolina, served as Chief at Charlotte Memorial Hospital. While in the navy he was also Chief of Orthopaedics at the Naval Hospital in Oakland and the Naval Medical Center in Bethesda. He served as President of the Mecklenburg County Medical Society. Dr. Carr was a member of the American College of Surgeons, the American Orthopaedic Association and the American Academy of Orthopaedic Surgeons among others. Surviving are his wife, Willie Pearl, two sons and a daughter.

Joseph A. Norris, 1936

Leonard L. Potter, 1937
Died February 12, 1984, at the age of 72. Dr. Potter, a resident of Littlestown, Pennsylvania, was a charter Fellow of the American Academy of Family Physicians and a past President of the medical staff at Gettysburg Hospital. He also served as President of the Adams County Medical Society. In 1966 he received the Outstanding Citizen Award from the Littlestown Chamber of Commerce. Surviving are his wife, Krujetta, and a son.

Lloyd F. Smith, 1937
Died December 2, 1983. Dr. Smith retired from his office practice in 1980, and moved to Palm Desert, California. He is survived by his wife, Vivian, two sons and a daughter, and two stepsons and a stepdaughter.

Charles M. Bancroft, 1938
Died January 29, 1984, at the age of 72. Dr. Bancroft, a resident in retirement of Falmouth, Massachusetts, was an allergist who practiced for 37 years in Wilmington, Delaware. He was instrumental in organizing the department of pastoral care at Wilmington Medical Center. He is survived by his wife, Helen.

Henry Fish, 1938
Died May 19, 1983. Dr. Fish was a practicing internist in Scranton for 45 years, after serving as a Captain in the Army Medical Corps in Africa and Italy during World War II. He was a past President and a member of the Executive Committee of Mercy Hospital. He is survived by his wife, Estella, a physician son and a daughter.

Joel A. Bernhard, 1940
Died February 27, 1984 at the age of 78. Dr. Bernhard was Chief of Anesthesiology at Orange Memorial Hospital in Orange, New Jersey. He is survived by his wife, Beatrice, three daughters and a son.

Philip J. Byrne, 1940
Died November 7, 1983, at the age of 69. A resident of Elkins Park, Dr. Byrne specialized in geriatric medicine.

Otto T. Boysen, 1944J
Died February 18, 1984 at the age of 64. Dr. Boysen was Chief of Orthopedic Surgery at Elmer Community Hospital in New Jersey, and was on the staff at Cooper Hospital in Camden. Surviving are his wife, Anne, a son and three daughters.

George H. Jones, 1944J
Died November 15, 1983. Dr. Jones practiced urology at the Geisinger
Memorial Hospital in Danville, Pennsylvania, prior to his retirement in 1968 to Scottsdale, Arizona. Surviving are his wife, Grace, a son and a daughter.

Melvin J. Meals, 1944
Died December 1, 1983. A physician in Pittsburgh for many years, he was buried in Riverside, California.

Stephen R. Wetmore, 1944
Died December 26, 1983 at the age of 67. Dr. Wetmore was a family practitioner in Easton, Pennsylvania, and served as physician and Director of health service at Lafayette College. At one time he was school doctor for the Easton Area School District. Surviving are two sons and two daughters.

Joseph P. Gadomski, 1946
Died February 22, 1984 at the age of 62. Dr. Gadomski, who practiced family medicine in Linden, New Jersey, until 1975, then became a physiatrist. He was associated with Graduate Hospital, Philadelphia General Hospital and Albert Einstein Medical Center. Dr. Gadomski served on the Board of the American College of Physical Medicine and Rehabilitation and was a member of the American Congress of Rehabilitation Medicine and the American Academy of Physical Medicine and Rehabilitation.

William J. Cassidy, 1948
Died January 14, 1984, at the age of 59. Dr. Cassidy practiced internal medicine in Reading, Pennsylvania, for 28 years. His sub-specialty was gastroenterology. Surviving are his wife, Joan, two sons and five daughters.

John S. Hickey, 1951
Died January 15, 1984. Dr. Hickey had been the Director of the Department of General Practice at Nazareth Hospital in Philadelphia. He is survived by his wife, Dorothea, and nine children, one of whom, Joseph, is a junior at Jefferson.

Patrick J. McGowan, 1954
Died February 20, 1983. Dr. McGowan specialized in physical medicine and rehabilitation in the Scranton area and was Director of the Department at Mercy Hospital there.

Vincent A. Ligato, 1977
Died January 10, 1984, at the age of 32. A lieutenant commander in the naval reserve, Dr. Ligato was returning to his home in Havelock, North Carolina, after visiting relatives in Trenton, when involved in an automobile accident. His wife and two children also were killed; a three year old son survives. Dr. Ligato was a board certified general practitioner in the Trenton area prior to his naval service.

Leah Miriam Lowenstein, B.S. M.D. D.Phil.
Twenty-first Dean of Jefferson Medical College
Professor of Medicine
Professor of Biochemistry

Leah Lowenstein became the first woman Dean of a co-educational medical school in the United States when she was appointed Dean and Vice President of Jefferson Medical College in 1982. She resigned her position as Dean in September, 1983, because of illness, but retained her faculty appointments. She died March 6, 1984 at the age of 53. To the last she remained active in research and writing.

Dr. Lowenstein came to Jefferson with a distinguished career as teacher, government consultant, clinician and research investigator in the field of renal and metabolic diseases and aging. She left the position of Assistant Dean and Professor of Medicine and Biochemistry at Boston University School of Medicine to take her position at Jefferson.

Born in Milwaukee, Dr. Lowenstein received her M.D. degree from the University of Wisconsin in 1954 and served an internship at the University of Wisconsin Hospital. She spent three years as Research Associate in the Department of Anatomy (biophysics) at Oxford University in England, where she received her D. Phil. through Somerville College of Harvard University Medical School and a fellowship in renal and metabolic diseases at the Veterans Administration Hospital, Tufts University School of Medicine.

She held key appointments on the faculty of Tufts and Thorndike Memorial Laboratories as well as Boston University School of Medicine. She had hospital appointments at the University Hospital of Boston School of Medicine and Boston City Hospital. She served as Medical Director of the Alcohol Research Unit of Metabolic Nephrology at Harvard Medical School and Boston City Hospital and Director of Basic and Clinical Science of the Gerontology Center, and was Director of the Unit of Metabolic Nephrology at Boston University School of Medicine.

She was a member of numerous societies and professional organizations, among them the Institute of Medicine of the National Academy of Sciences, Phi Beta Kappa, Alpha Omega Alpha. She was Secretary of the Section of Medicine of the AAAS and Vice President of the Council on the Kidney in Cardiovascular Diseases of the American Heart Association.

She had over 60 publications on kidney and metabolic diseases, was co-editor and editor of journals and books, and co-authored Mammalian Models for Research and Aging. Recently she had received the Medical Alumni Citation from the University of Wisconsin Medical School and the Certificate of Honor from the American Medical Woman's Association. She had just been featured as one of the 100 most important women in the United States.

She was a fine cellist of professional caliber. With all she was a devoted wife and mother of three sons.
Alumni Calendar

May 6
Reception during the meetings of the
American College of Obstetricians and
Gynecologists
Stanford Court
San Francisco

May 7
Reception during the meetings of the
American Urological Association
Royal Orleans
New Orleans

May 8
Reception during the meetings of the
American Psychiatric Association
The Biltmore Hotel
Los Angeles

May 16 to 18
“Update in Internal Medicine”
The Hershey Hotel
Philadelphia

May 16
Dinner for Scranton area alumni
Scranton Country Club

May 17
Dinner for Wilkes Barre area alumni
Westmoreland Club

May 18
John Y. Templeton Lectureship by E. Stanley
Crawford, M.D. Professor of Surgery,
Baylor College of Medicine
Jefferson Alumni Hall

June 5, 6, 7, 9
All Reunion Activities
(see inside front cover)

June 17 to 23
Eastern Shore Medical Symposium
Henlopen Hotel
Rehoboth Beach, Delaware