ANNUAL ALUMNI ACHIEVEMENT AWARD
CHARLEY J. SMYTH, M.D.
BY
THE ALUMNI ASSOCIATION
JEFFERSON MEDICAL COLLEGE
1985

John G. Farhaty, M.D.  Jerome J. Venzon, M.D.
PRESIDENT  SECRETARY
Reflections on a Golden Year

Members of the class of 1935 gather, many with their wives, to recollect and renew memories of the last 50 years.

Alumni Achievement Award

A nice touch to the celebration was that the recipient, Charley J. Smyth, M.D., was a member of the class of 1935.

Clinic Presentations

Members of the classes every five years from 1930 through 1980 were chosen to speak in their area of expertise; a particularly fine mix of subject matter kept their colleagues’ attention.

Jefferson Scene

The busy week of Senior Portrait Presentation, Class Day, parties and commencement highlight this section of the JAB.

Class Notes

The summer issue contains pictures of the events sparking the first week of June, wherein physicians young and old got a taste of what it’s like to be a Jefferson graduate.

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The Alumni Association of Jefferson Medical College
1020 Locust Street, Philadelphia, Pennsylvania 19107

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celebration

It was an activity filled week that was, Monday, June 3 to Saturday, June 8, 1985. Monday was the Senior Portrait Presentation, at which Warren R. Lang, M.D. '43, joyfully received the honor of having his portrait presented to the College by the senior class.

Tuesday, June 4, heralded the week of reunion activities, wherein the classes ending in five and zero, returned to campus. Many of these alumni gathered in the courtyard of Jefferson Hall that evening, to begin the stories it would take all week to tell.

The Reunion Clinics started at 10:00 a.m., Wednesday, with a presentation by James W. Lockard, Jr., M.D. '80, and ended at 1:00 p.m., with delightfully presented remarks by Howard W. Brettell, M.D. '30. The traditional Dean’s Luncheon followed, at which alumni relationships were honored and emeritus professors recognized. The Jeff Hall dining room was filled to capacity with proud fathers, grandfathers, brothers and uncles, all Jefferson physicians related to 1985 graduates.

That night, the celebrating continued, each class with a party at a different Philadelphia site. The class of 1930 had dinner at Jefferson Alumni Hall; the classes of 1935 and 1970 were both at the Four Seasons Hotel, with 1950 across the street, at the Palace. The 25th reunion class celebrated in black tie at the Franklin Institute, the 30th at Carpenters’ Hall, the 40th at The Philadelphia Club and the 45th at the Union League. The class of 1965 enjoyed a black tie dinner-dance at the College of Physicians.

On the following Saturday night, the class of 1975 held a dinner at the Philadelphia College of Art, and the class of 1980 a cocktail party in Jefferson Hall.

Thursday morning saw the touring of the Fairmount Park mansions. Others participated in the Continuing Medical Education Symposium in Solis-Cohen Auditorium and the Financial Planning Seminar. That evening, the annual Alumni Banquet was held at John Wanamaker’s Crystal Room, with the 1985 graduates and their spouses or friends the guests of the Jefferson Alumni Association. It was their first opportunity to feel a part of this loyal and generous organization.

At 10:00 Friday morning, June 7, 210 men and women became physicians with all the rights and duties thereunto. The Academy of Music was the setting for this 161st commencement, which was shared with the College of Graduate Studies. Afterwards, a luncheon was held in Alumni Hall for graduates and their families.

An activity filled week, indeed.
Reflections on a Golden Year
The Class of 1935
Reunites After Fifty Years of Medicine

by Judy Passmore McNeal

“We are not prophets, and cannot predict what is in store for us, but we know that the class of 1935 will do all in its power to uphold the name and fame of its Alma Mater. She has done much for us and we, in return, shall give the world our service and the best that is in us. knowing that in this manner we shall most nearly approach true happiness and contentment in life.” The 1935 Clinic, affectionately dedicated to “Davy Morgan,” Professor of Pathology, prophetically foretold its members future.

Fifty years to the day, 35 happy and contented members of that class returned to campus for their 50th reunion. They were honored at the Alumni Banquet Thursday night, June 6, in Wanamaker’s Crystal Room, and felt an added pride that one of their own, Class Secretary Charley Smyth, received the Alumni Achievement Award (see p. 7). The night before, they had celebrated at the Four Seasons Hotel on the Parkway in full black tie regalia and met Thursday at the Union League for a class luncheon.

In addition to the Clinic quotation, Historian Charles P. Hammond wrote a mini-diary on the highlights of the four years this class had matriculated at Jefferson. In their freshman year, they attended the formal opening of the Curtis Clinic Building, and watched the unveiling of the J. Parsons Schaeffer portrait, presented by the class of ’32. That year, students were given permission to use the elevators in the College.

In their sophomore year came the first Black and Blue Ball, sponsored by Kappa Beta Phi, “Honorary Social Fraternity.” A portrait of E. Hendricks Funk, M.D. ’08, was presented by the class of ’33, the first student was “passed up,” and the city dog pound was exhausted and completely empty since the opening of the Laboratories of Pharmacology and Physiology.

In their junior year they met Thomas McCrae, M.D., Professor of Medicine, “and learned the full meaning of the word ‘clinical’.” “Pappy” Thornton won their love and admiration. The class of ’34 presented the College with a portrait of J. Torrance Rugh, M.D. ’92, the James Edwards Professor of Orthopaedic Surgery.

The class unanimously decided in its senior year to present the portrait of Thomas C. Stellwagon, M.D., to the
Charles W. Hoffman, M.D. (left) shares an old Jeff story with Dr. and Mrs. Peter A. Theodos. Dr. Theodos is a past President of the Alumni Association.

Dr. and Mrs. Richard A. Kredel, of Corona del Mar, California, join the party.

Phidelphians Dr. and Mrs. Maurice H. Alexander welcome Alexander I. Kernish, M.D., a radiologist from North Miami Beach.

Francis B. Lanahan, M.D. (left) and Kenneth L. Donnelly recall the College 50 years ago.

school; the venerable Professor of Genito-Urinary Surgery had died that year. They graduated on June 7, 1935, exactly 50 years to the day from the class of ’85’s commencement.

A questionnaire was sent from the Alumni Office to the 74 members of the class; 43 responded (60%). To the question “Who was your favorite professor while you were at Jefferson?” by far the greatest number voted for Dr. McCrae. Recording a number of votes, but not nearly as many as Dr. McCrae, were Randle C. Rosenberger, M.D. ’94, Professor of Preventative Medicine and Bacteriology and Dr. Schaeffer, Professor of Anatomy and Director of the Daniel Baugh Institute. Others mentioned were Professors Bland, Shallow, Thornton, Morgan and Thomas.

Members of the class were asked what they enjoyed most in their tenure at Jefferson, and what they liked least. What they looked back on most fondly, by and large, was the “inspirational teaching” and the good friends. “My three roommates, Snyder, Patterson and Lehman,” wrote Dr. Keagy. Most members of the class didn’t like examinations, studying on weekends, the Philadelphia weather and commuting.

There weren’t too many who commuted,—only seven of the responders. Twenty-nine lived in fraternity houses and another nine or ten slept at nearby hotels or inns. Or the Pine Street Dispensary.

As for favorite haunts, ten men listed the Walnut and Forrest Theaters, four said they had little time and no money for haunts, and the other answers ranged from “The seven to 10 mile walks Tom Martin and I took every weekend,” (Joseph L. Finn), the Purple Cat, Curley’s Tavern, Horn and Hardart, the French Grotto, Mrs. Lippincott’s, Pop Kiesal’s... four even mentioned the library!

Present day questions included one about present-day haunts, favorite vacation places, etc. There was no odds-on winner; equal numbers liked the mountains, (the Catskills, Poconos) the beach (New Jersey, Cape Cod, Florida) and Europe. Richard A. Kredel wrote, “Jefferson Medical College Seminars—overseas.”

Hobbies for this class are also widespread: While the greatest number list
golf, there are many for gardening, travel, fishing, bridge and card games and musical pursuits. "Eating breakfast," writes William N. Eames.

Of the 43 responders, 40 have or had hospital appointments and 22 have or had teaching appointments. Twenty-five consider themselves fully retired, seven, "semi-retired," and 11 still working. Twenty-one are board certified and two, board eligible. By far the greatest number practiced family medicine (15); with allergy/internal medicine second with eight; neurology, psychiatry, surgery with five; and obstetrics, pediatrics and radiology each with three.

The 43 classmates have a total of 105 children, eight of whom are physicians, including four Jefferson graduates.

The final question put to the class of 1935 was "What strikes you as similar/different about conditions facing the classes of 1935 and 1985?"

Irvin Berlin: "Class of '35 had more lectures, but less clinical work. Class of '85 had more clinical work assigned to various hospitals on a rotation basis."

Samuel S. Burden: "Nothing similar—all different—I liked it better the way it was."

Merwin R. Chappel: "We were at the height of the depression and money was extremely scarce."

Frederick C. DeTroia: "The high level of education of student body (similar), the presence of women (all so precocious), the large number of married students (very few married in 1931-1935)."

Glenn S. Dickson: "Huge change in buildings, general expansion of acreage new building, hospital structures."

T. Bruce Dickson: "The art of medicine is gone."

William N. Eames: "Competition of foreign students."

Joseph L. Finn: "Similar—Depression then, DRG's, malpractice and practicing problems now. Different—in 1935 there weren't many physicians; now, there is almost a surplus."

Clarke M. Forcey: "In 1931 they told us 40% would flunk out, as no class was perfect; in 1985, I believe most of the class graduates. Computers
and tape recorders make for poor attendance at classes.

Charles W. Hoffman: “Fifty years of progress and teaching devices, new insights into chemistry, immunology, diagnosis . . .’”

Ralph W. Hoerner: “ Entirely different ball game.”

Joseph F. Hughes: “Increasing medicolegal liability.”

R. Marvel Keagy: “We had prohibition during our four years, and rotgut booze. The Great Depression was on when we entered and finished. The big differences are the increased number of married couples and female physicians now.”

Richard A. Kredal: “Basically, the primary mission of the doctor remains the same—the care of the patient. There are differences in delivery of medical care with governmental intervention adding restrictive rules. Today’s medical students must have an insight on the cost of medical care.”

Samuel Sprigg Jacob III: “Patients on the whole will have similar complaints but 1985 graduates will have many more definitive ways to alleviate them. Threat of malpractice suits are vastly greater today. The MD today is not the “God” of 1935; he has to contend with much more government intervention and regulations and many more health organizations are in the field with IMO’s which are given an unfair advantage by the government.”

S. Michael Lesse: “The entire complexion of the practice of medicine is undergoing radical change.”

Alexander I. Kernish: “In 1935 we faced a year of severe depression. In 1985 they face the spectre of socialized medicine.”

J. Edward Lynch: “The seeming indifference regarding exams and grades is different. I guess they are smarter today, but we were always more anxious to do well.”

Harry B. McCluskey: “It is a totally different medical world with very different attitudes toward the profession than those we had.”

Robert A. McClane: “Similar—the need to understand the patient’s needs first and to firm up the ethical founda-
Leroy H. Gehris, M.D., a family practitioner from Reading, Pennsylvania, is a past President of the Pennsylvania Medical Society.

Mrs. Merwin R. Chappel adjusts Dr. Chappel's nametag as they arrive. They traveled from their home in Rancho Palos Verdes, California, for the reunion.

Nathan Sussman, M.D. (right) and Mrs. Sussman (left) with Dr. and Mrs. Kernish. Dr. Sussman is an internist from Camp Hill, Pennsylvania.

Paul M. Riffert: "Basically the endeavor to help one who is sick is similar. The tendency now is greater to treat one segment at a time."

Harold B. Plummer: "Basics are the same. But, I lament the lack of empathy found in so many of today's doctors. This frightens me. Also, I do not understand the materialistic attitudes of so many of today's physicians.

Nathan Sussman: "In 1935, close ties with patients, but less technology and small therapeutic spectrum to work with. In 1985, a tendency of exploitation between public and profession, but high technical advances and more of specifics in therapy; economic stresses plus bureaucracies."

Peter A. Theodos: "The decline of private practice and the regulatory activities of the government, the threat of malpractice and the expanded scope of medical knowledge. Less emphasis on the clinical side of medicine and a lack of teaching in the fundamentals of physical examinations and history taking."

William Winick: "With the tremendous advances, the class of '85 should be better prepared, and more can be done with the patients."

All of the men who responded intimated a fondness for Jefferson; many returned to campus to celebrate in person, and relive some of the memories expressed by pen. One member who could not attend, sent his regrets. George B. Craddock, M.D., '35 was awarded the honorary degree of Doctor of Science by Washington and Lee University, Lexington, Virginia, on June 6. A note from Mrs. Craddock said, "Only this would keep him from attending his long-anticipated 50th reunion at Jefferson." Dr. Craddock wrote on his questionnaire, received just before reunion week, "I am very sorry to miss our 50th reunion. I have been looking forward to it for 50 years!"
Achievement Award Recipient, 1985

By a stroke of coincidence and good fortune, the Alumni Achievement Award recipient this year, Charley J. Smyth, is a member of the Class of 1935, celebrating its 50th reunion.

Introduced at the Alumni Banquet by John J. Gartland, M.D. 'S44, Chairman of the Achievement Award Committee and James Edwards Professor of Orthopaedic Surgery and Chairman of the Department, Dr. Smyth and his many colleagues and friends there that night heard what a very appropriate choice he was for this singular honor.

Past President of both the American Rheumatism Association and the National Society of Clinical Rheumatology, Dr. Smyth is a Master of the American College of Physicians. He is currently President of the Rocky Mountain Chapter of the Arthritis Foundation. In 1971, he was named Colorado Internist of the Year by the Colorado Society of Internal Medicine. In 1976, he received the Commendation for Exceptional Service from then-President Gerald Ford, and in 1979 the Distinguished Physician Award from the American Society of Internal Medicine. In 1981, he received the Arthritis Foundation’s most prestigious award, the Harding Medal. He co-edited five editions of the textbook, Arthritis, edited by his friend Joseph Lee Hollander, M.D., who came to the banquet to share in the celebration.

Dr. Smyth received his AB and MS degrees at the University of Michigan, serving his internship at the hospital there from 1935 to 1937 following his graduation, A.O.A., from Jefferson. Among other roles, he has served as Director of Graduate and Postgraduate Medical Education at the University of Colorado, Editor of Rheumatism Reviews for the American Rheumatism Association, Professor of Internal Medicine at the University of Colorado, and Medical Director of the Joe and Betty Alpert Arthritis Treatment Center at the Rose Medical Center. At the present time he is Clinical Professor of the Division of Rheumatic Diseases at the University of Colorado, part time, and also has a private practice, part time.

In introducing Dr. Smyth, Dr. Gartland mentioned that Dr. Smyth’s father, Thomas F. Smyth, M.D., graduated from Jefferson 90 years ago, in the class of 1895, and his brother, Jack, graduated in 1931. In listing his impressive credentials, he mentioned that Dr. Smyth was one of only two physicians to receive the Arthritis Foundation’s most prestigious award, the Harding Medal, and that the other recipient was Dr. Hollander, from the University of Pennsylvania. Dr. Gartland acknowledged Dr. Hollander and welcomed him back to Jefferson, where he had served on the faculty for a short time after having his internship and medical residency training on the Jeff service at Pennsylvania Hospital. Dr. Hollander has been on the faculty at Penn since 1946; his and Dr. Smyth’s careers have paralleled since medical school.

Dr. Smyth ingratiated himself to the already enthusiastic gathering by saying that “Jefferson is really a part of my blood,” remarking that he had nourished his affection for Jeff over the years. He named Professor Thomas McCrae as the epitome of inspirational professors under whose tutelage he studied, praising his education, and admonishing the graduates with, “Don’t worship false idols.”
Evidence of arthritis on the continent of North America has been found in the fossil remains of animals from the geological Age of Reptiles 183 million years ago, eons before the coming of man. Studies of American palaeopathologists in the late 1800s established arthritis as among the oldest known diseases. Arthritic lesions of tail vertebrae have been found in the skeleton of the dinosaur, *Diplodocus Longus*, dating back to the Cretaceous period, 110,000,000 years ago. Arthritic changes have been found in the fossil remains of a mammoth (*Mammutthus Imperator*) from the plains of Nebraska several million years later in the Pleistocene or Glacial period approximately 800,000 years ago. The lesions are in a segment of five contiguous dorsal vertebrae united into a bony mass with three adjoining vertebrae, and discs are partly destroyed. The changes are characteristic of a septic arthritis of long standing with secondary osteophytic spurs.

Most archeologists believe that the aborigines of North America came from Asia across the Bering Strait approximately 15,000 to 25,000 years ago. During the following millennia these primitive hunters and gatherers multiplied explosively and had spread throughout the continent by 10,000 B.C. These early human inhabitants suffered from various types of arthritis. The skeletal remains of the cliff dwelling Indians of Mesa Verde in the Four-Corners area of the Southwest show both osteoarthritis and ankylosing spondylitis.

On the basis of written documents, Christopher Columbus suffered from a crippling form of arthritis. The great British arthritic historian, Dr. William Copeman wrote, "On his third crossing of the Atlantic in the *Caravel Nina* in June 1498, after they had advanced into the tropics, the change of climate brought on the gout of all of his joints accompanied by a low fever." This authority reported further, "all of his joints became constantly swollen and aching, and he had to be roped to the mast in bad weather that he might not be swept overboard."

At the time that the American colonists rebelled against Great Britain, King George III was ruling with an iron hand and had a stubborn attitude toward the Americans. His prime minister was the popular and brilliant William Pitt who was a staunch friend of the colonists and was a close friend of our ambassador, Philadelphia's Benjamin Franklin. Both of these leading figures in the American Revolution had spells of gouty arthritis. Pitt, at the age of 40, was almost permanently incapacitated by prolonged attacks which kept him from attending Parliament. He had no love for George III but had great influence in public affairs and vigorously attacked the king's policy of taxation in the colonies. It was during one of his prolonged attacks of gout when he was unable to speak against the tax on tea which he considered a foolish measure, that the members of Parliament passed a heavy duty known as the Stamp Act.

This ultimately led to the famous Boston Tea Party of December, 1773. A cartoon of that time showed the king, George III, in a carriage, his horses trampling the Magna Carta and the American Constitution and the gouty Pitt on crutches hobbling behind with his hand raised in protest. The king's carriage was being drawn over an embankment. At that time colchicine was not being used to treat gout, and it is interesting to speculate whether or not the little autumn crocus might have prevented the Boston Tea Party and the Battle of Bunker Hill.

Three signers of the Declaration of Independence had arthritis. Benjamin Franklin had gout, Thomas Jefferson had severe backaches due to rheumatism, and James Madison had rheumatoid arthritis. Dr. Benjamin Rush, another signer of the Declaration of Independence, a practitioner in Philadelphia and a founder of Pennsylvania Hospital, is also famous in the area of rheumatic diseases for introducing the concept of "focal sepsis." He described a cure of a case of arthritis as a result of removing an infected tooth. Dr. Russell Cecil, in an article on the "Evolution of Rheumatology," commented that Rush's concept of removing focal infection was revived, elaborated and formalized in 1913 by Dr. Frank Billings of Chicago for the treatment of chronic infectious arthritis.
This left a deep mark on the medical thinking of that time. Benjamin Rush was also the author of the first book on arthritis written in the United States, published in Philadelphia in 1809, entitled, *Observations on the Nature and Cure of Gout*.

An understanding of the status of arthritis during the first half of the nineteenth century can best be gained by turning to the written record. With few exceptions the publications dealing with the rheumatic diseases were written by authorities in Europe. Gout and acute rheumatism (rheumatic fever) were described as distinct clinical entities; however, chronic forms were poorly understood. The nodes described by Heberden were recognized as being unrelated to gout. Lumbargo was discussed under the heading of chronic rheumatism, and gonorrhea and tuberculosis (scrofula) in peripheral joints was well documented.

During the first few decades of the nineteenth century venesection was the generally accepted treatment for all types of arthritis. By the middle of the century the practice of blood letting continued, but caution was evident in the minds of many. Colchicine was not used during the early decades of the century and Cullen (1807) wrote, "no medicine for curing gout has heretofore been found." Rush made no reference to the use of colchicum. In 1819 a study was reported by Clark of the striking benefit of a secret French formula (Eau Medicinale au Husson). *Colchicum autumnale* was its chief ingredient. In 1844 Chapman, an American, writing about the treatment of gout, observed the peculiar property of colchicum and its great utility. But he stated that, "This medicine is very differently appreciated by practitioners; while by many it is most highly extolled, there are others who condemn it as both useless and pernicious."

During the second half of the nineteenth century rapid changes in terminology and concepts of arthritis occurred. Although A. B. Garrod had coined the term "rheumatoid arthritis" in 1858, Oster and other American authors prior to 1900 had not adopted his terminology. In the first edition of this textbook of medicine (1892) he did not differentiate rheumatoid arthritis from osteoarthritis but used the term "arthritis deformans" of the famous German Rudolph Virchow. It was not until Goldthwait applied the newly discovered x-ray of Roentgen (1895) that the atrophic (rheumatoid) type was clearly distinguished from the hypertrophic (osteoarthritis) type. During the last decades of this century other entities were described: ankylosing spondylitis (Wilson, 1856), systemic lupus erythematosus (Oster, 1895), scleroderma (Arnold, 1889).

The first three decades of the twentieth century saw rheumatology in the United States at its worst. The theory that foci of infection were the cause of arthritis and the practice of extirpating these suspected sources of infection (teeth, gallbladder and prostate) held full sway. This led to the use of vaccines prepared from bacteria grown from these foci. High colonic irrigations also were widely used "to rid the body of toxic wastes." There was little interest in arthritis on the part of either the general public or the medical profession and except for studies on rheumatic fever, there was scant research. The situation in hospitals was deplorable with little interest in chronic disease except for tuberculosis.

In 1928 the Committee for the Study and Control of Rheumatism was established. The inspiration to promote better understanding and dissemination of knowledge in rheumatic disease came from La League Internationale contra Rheumatisme with a Dutch physician, Professor Jan von Breeman, as its founder. Dr. Ralph Pemberton of Philadelphia was Chairman of this American Committee which held its first meeting at the Racquet Club in this city on March 17, 1928. This was the start of organized efforts to combat arthritis in the United States. Dr. Pemberton is considered the father of rheumatology in this country. Beginning in 1932 this Committee held annual scientific meetings until 1938 when the name was changed to the American Rheumatism Association (ARA).

After World War II in 1946, the enthusiastic President of the ARA, Dr. Paul Holbrook of Tucson, challenged the members to "go home, beat the bushes, light the fires, do whatever is needed to organize local and regional rheumatism societies, establish arthritis clinics, get professionals and the lay

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**TABLE I**

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<thead>
<tr>
<th>Year</th>
<th>No. of Awards</th>
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**TABLE II**

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public aroused to lick this monster rheumatism." Two years later a survey was conducted by the National Research Council which strongly supported the need for an organization to act primarily as a fund-raising organization to support the objectives of the ARA. On March 3, 1948, the Arthritis and Rheumatism Foundation (now the Arthritis Foundation) was established, under the ARA, as a national voluntary health agency for arthritis. The primary need at that time was the training of competent investigators. This foundation has grown to 71 chapters nationwide and continues to support fellowships and research centers. The progressive increase in number of awards and dollar support at five-year intervals is shown in Table I.

In 1950 the Congress of the United States created, within the National Institutes of Health in Bethesda, Maryland, an Institute of Arthritis and Metabolic Diseases. During the first year 13 grants with a total of $131,000 were made for arthritis research. The steady rise at five-year intervals is shown in Table II, and in 1984 the total appropriation for research and training was $35 million.

During the first four decades of the twentieth century the contributions made by physicians in six training and research centers mark the beginnings of what may be called the modern period. These units, dates established and their chiefs include: The Mayo Clinic, 1926, Dr. Philip Hench; Harvard University, 1929, Dr. Walter Bauer; Columbia University, 1929, Dr. Ralph Boots; New York University, 1932, Dr. Currier McEwen; University of Michigan, 1937, Dr. Richard Freyberg; University of Pennsylvania, 1937, Dr. Joseph Hollander.

In 1984 the Arthritis Foundation provided $995,000 for support of 32 arthritis centers and $2,745,400 for 148 fellowships. The National Institutes of Health supported arthritis programs in amounts exceeding $50 million.

It is impossible to adequately review the substantial advances that have been made in this country in the past 50 years. Laboratory investigations have expanded knowledge of cell ultrastructure of the connective tissues. Great advances have occurred in biochemical and metabolic studies. Investigations have shown genetic factors to be major cause for the development of rheumatic diseases. And quantum strides forward have been made in the understanding of the underlying mechanisms of joint inflammation. This stepped-up research has paid major clinical dividends.

With appropriate antibiotic therapy the crippling effects of infections in joints can be prevented. Rheumatic fever can be prevented. Gout can be controlled. Great improvements have occurred in the management of rheumatoid arthritis and systemic lupus erythematosus. Gigantic advances have been made in orthopaedic reconstructive surgery with artificial joints replacing destroyed ones.

The golden dozen landmark advances proposed by the late Gerald Rodnan of Pittsburgh in his 1976 Presidential Address to the ARA include: discovery of RA factor; discovery of LE cell; introduction of cortisone; immune complexes in etiology of LE and other C.T. diseases; crystal-induced synovitis; overproduction of uric acid and enzyme regulation of purine biosynthesis; introduction of probenecid; introduction of Allopurinol; HLA-B27 and anklylosing spondylitis and other spondyloarthopathies; etiologic role of streptococcus in RF; chemoprophylaxis of RF and identification of specific enzymes in heritable C.T. disorders.

To this list I would add one more and make it a baker's dozen. The benefits of the combined efforts of medical specialists, orthopaedists and hand surgeons and allied health professionals working as a team have provided greatly improved comprehensive care for the crippled arthritic.

The campaign to conquer this greatest of all crippling diseases was never better coordinated and supported, and we can look forward with confidence to continued progress toward the alleviation of suffering and a cure for arthritis in America.

Requiem for the Heavyweights

by Rachmel Cherner, M.D. '55

While reading the New York Times several weeks ago, I saw an advertisement from Adelphia University stating (in large type), that great teaching is "incandescent, infectious and slightly mysterious."

I decided to title this presentation "Requiem for the Heavyweights" as a tribute to those giants at Jefferson Medical College who taught with a style which was brilliantly incandescent, infectious, and more than slightly mysterious.

Let me take you back to the first day at Jefferson, when sitting in our ranks in the auditorium at Daniel Baugh Institute, we met the Dean and Professor of Anatomy, George Allen Bennett, he of the amazing photographic memory. He had obviously memorized all of our faces, foibles and past follies. Leisurly, he spent an hour surveying the class, pointing with that hand bearing a missing finger. He singled out those of us who had narrowly skipped the draft, those with "pull" from alumni ancestors, those who played the trumpet too loudly, and, indeed, pointed out one poor soul who was to prefer the battlefield of the baseball diamond to that of academia.

Dr. Cherner is a Clinical Associate Professor of Medicine at Jefferson.
Who can forget our fellows hiding behind pillars, shifting their seats, or otherwise attempting to fade into the woodwork.

Later, who can forget the southern drawl piercing the gloom of the dissection room, demanding that some poor soul recite all the branches of the Brachial Plexus. Feared, respected and probably ultimately little-loved, Professor Bennett was a superb teacher. For most students, it was not the passionate love of study, but the fear of some unknown "Bennett" fate, that led us to the cool refreshing waters of knowledge.

Who amongst us can forget the surreal picture of black-coated figures laboring amidst the eye-watering aroma of formaldehyde and the rancid stench of pickled bodies? Who can forget the sudden quizzes, (preceded by the tintinabulation of a metal can being beaten), with a gruff voice suddenly sounding from a corner, "Centrone"—"give me the branches of the Celiac Axis". We can all remember the voice of Nick Michaels, his voice booming out in accompaniment to the crashing of tools. The startled student springing to his feet in an attempt to respond to this verbal assault.

A splendid teacher — that Nicholas Michaels — a terrible prosector, though. By the time he dissected out a buried nerve or some vital blood vessel for you, it was usually in a state of ruin. But, you never forgot the reverence that this man had for the human body.

Nicholas Michaels' scientific work was superb. He was probably best known for his work on the anatomical variations of the vascular supply of the liver, but somewhat more startling is the fact that he was a pioneer in histology and histochemistry and published probably the earliest work on the Mast cell, which we now know to be the progenitor of all sorts of marvelous stuff. He was possessed of a humane tradition, and a simple honesty, tempered by curiosity, all of which will be forever remembered by his grateful "Dunkoff" students.

A strange giant in our lifetime was Kenneth G. Goodner, Ph.D. Dr. Goodner was born somewhere in Kansas. He took a Ph.D. in bacteriology, subsequently worked with Hans Zinsser at Harvard and then worked with Avery at the Rockefeller Institute, where he helped to develop anti-pneumococcal antiserum. He subsequently got himself packed off to Uganda, where he worked to perfect Yellow Fever vaccine. He came to Jefferson as Head of the Department of Microbiology with an interest in the isolation and identification of cholera strains and plague bacillus. Where else in the world (except at Jefferson) would a medical student find that his "unknown" was actually Pasteurella Pesti?

His scientific interest aside, at Jefferson he worked at being "an original". He felt that students were impressed with idiosyncrasies, and that they would remember you and your material if you were "off-beat." He never tried to ingratiate himself with his students, and he apparently never won a Lindback award for teaching. He always maintained that his job was to teach and not to strive for popularity.

K.G. was generous at all times, supporting many of our fellow students with tuition money in a completely anonymous fashion. He never allowed his name to be mentioned in such charitable endeavors. He refused to allow his portrait to be painted, and as a matter of fact, the only painting that is still extant is a posthumous one, presented by the class of 1968.

According to oral history, he became increasingly restive and angry as his retirement approached. He felt
that he still had a lot to offer at age 65, and that he shouldn’t be shuffled off to the back woods, back in Kansas. But as the time of retirement approached, he bought himself a new car, chose a new dog, and built himself the first house he had ever owned — and 69 days postretirement, died of a ruptured abdominal aortic aneurysm.

Although a bachelor, he led the drive for the admission of women students to Jefferson even when his proposal ran against the very grain of the conservatism which we know so well at Jefferson. Every year, without fail, he would propose admitting women to Jefferson and predictably, his motion would be rejected. He did eventually achieve his wish to see Jefferson "integrated."

Who can forget his poignant introduction to his course with an almost poetic statement-origin unknown, "In the spring and in the fall, the wind comes from a new direction and on it there is an air of mystery?"

At the end of the final exam, he would address the class and say, "Gentlemen, this ends the class in microbiology and this brings me up to a total of one thousand, five hundred and forty-three students that I have taught. Good luck to you all." He was an unforgettable character, and a tribute to this superlative teacher is really not how much love he received but how much he gave.

How many of you remember that minor giant in the Pantheon of giants, Dr. Davey Morgan? According to rumors, he had served as a volunteer in the British or French army and had sustained a tremendous head wound with a silver plate replacing an awful lot of cranium. Atop this metallic plate was a most unbelievable pile of sheep hair ever constructed in the form of a toupee. No one can ever forget his multitude of crooks, his carefully prepared and organized humorus lab lectures, illustrating the pathology of body parts from his "Faculty Postmortem Collection."

Can you still visualize the old pit, carefully lined with antiseptic white tiles, well-worn seats- products of the continuous motion of numerous rear-ends down through the decades? Into this shining, almost celestial location, strides a tall, sleekly obese, well-tailored, Sydney Greenstreet-shaped figure, Dr. Thomas A. Shallow. He is accompanied by his second-in-command, Dr. Bosley Mangus and a retinue of docile and sometimes disheveled surgical residents in white. A master technician as well as political tactician, a tough Irishman with dancing blue eyes and a volatile temper, he was never ever to be crossed. Described by some as a domineering bully, petty and vindictive, he was physically tough. It is rumored That he had, at one time, decked an unruly policeman at a sporting event. A master politician, he sat on the Board of City Trusts. It is said, by my informants, that at one time all the Republican politicians of Philadelphia, including the sheriff and party "bigwigs" as well as all the "monkey-mons" of the Police and Fire Department came to Jefferson to be "surgerized" by Tom Shallow, and all the Democrats apparently were relegated to that other "inferior place" across the river. The whole city appeared to be a chess board upon which Shallow and Ravdin were balanced as political and surgical commanders.

But be certain of one thing, Dr. Shallow was a great surgical teacher. Although his senior residents wrote up the careful and perfect case reports, it was Shallow who laid his hands on the patient, and who demonstrated the significant features of the surgical history that brought the entire dramatic presentation to life. You know, Thomas Eakins of Jefferson fame, could have just as well have painted a "Shallow Clinic" rather than a "Gross Clinic" with Dr. Shallow poised, orchestrating the mechanics of his surgery with a superb illustrative lecture.

Another giant was a rambling, stiff-necked figure with fused cervical spine, Dr. Peter Herbut. The mobility and richness of his mind, the simplicity and clarity of his writing was exemplified in his classic textbook of surgical pathology. Who can forget his rapid "machine gun fire," delivery of pathological descriptions? Who can forget his examination with true and false questions and multiple choices that made you think? Do you remember "If A is correct and B is correct or if A is correct and B is incorrect", etc., etc? This was all associated with great mental anguish and the awful agony of waiting for the posting of grades.

Who can forget Bernard J. Alpers pacing out his ten paces to the front, then ten paces to the rear, lecturing to the floor. He was almost like a Scots piper parading his post. Who can forget his wry humor, the precision of his speech, the sparseness of his rhetoric? His textbook was and is a non-nonsense production which remains a valuable reference up to the present time, when the neurologist examiner's expertise is being replaced by the inhuman, robotic CT, PET, and NMR scanners.

It goes without saying that our memories should extend to Karl Pashkis, bent and round-shouldered, smoking a hundred cigarettes a day, with a dry hacking cough which eventually promised his death from lung carcinoma. Who can forget his incomprehensible, guttural, Henry Kissinger-like accent. At all times, he was a brilliant endocrine researcher, teacher and a courtly gentleman. And how about Abraham Cantarow, the dean of clinical biochemists. Who can forget his voice, constantly breaking, momentarily hoarse, sometimes changing as much as a full octave explaining the complexity and niceties of the biochemistry of the 1950s.

And don't forget Leandro Tocantins, John English Deitrick, Theodore R. Fetter, John H. Gibbons, Jr.

As we think back to our student days filled with anxiety, hesitation, and worry, and feelings of inadequacy, we recognize with deep gratitude those teachers who seemed to have been selected by fate to be unique characters with common attributes of generosity, unselﬁness and dedication. We, the class of 1955, are a reflection of their brilliance, infectious enthusiasm and idiosyncracies.
Interdisciplinary Opportunities for Creativity in Medicine

by Robert T. Sataloff, M.D. '75

In the Hippocratic oath, we swear: "I will keep pure and holy both my life and my art." From time to time, it behooves us to reflect upon our lives in medicine and to assess not only whether we have remained true to our original mission, but also whether our profession still provides viable possibilities for altruistic, creative practice.

Conversations at different stages of medical education reveal disturbing trends. Pre-medical students are usually effervescent in their enthusiasm to help mankind not only by aiding one patient at a time, but also by advancing medical science. Physicians who have been in practice for ten years speak much more often of malpractice crises, overhead expenses and the changing politics of medical practice. In the last few years, more and more young, successful doctors have turned their attention toward alternative careers—ways to get out of medicine. This discussion is not intended to analyze the educational and cultural factors that turn so many bright-eyed, idealistic pre-meds into so many jaded, pragmatic doctors. Nearly all of us have our own theories. Certainly, the pressures of our profession make it hard enough for most of us to keep up with the necessities of patient care and running our practices. Stimulating, novel ideas and imaginative, new approaches to medical treatment are often not a part of our daily routine. Yet, many of us expected that they would be. This author believes that it is still possible and preferable to incorporate creative imagination into everyday practice. This can be accomplished with slight adjustments in philosophy and practice tradition and is accompanied by generous gratification. Interdisciplinary teamwork is a particularly satisfactory approach.

For hundreds of years, medical doctors have practiced alone. For some, especially in early times, this was to protect their mystique and camouflage their insecurities. For others, isolation was a consequence of specialization. This is not a new phenomenon. Herodotus (484-424 B.C.) wrote:

The art of medicine in Egypt is thus exercised: one physician is confined to the study and management of one disease; there are of course a great number who practice this art; some attend to the disorders of the eyes, others to those of the head, some take care of the teeth, others are conversant with all diseases of the bowels; whilst many attend to the cure of maladies which are less conspicuous.

The old tradition continues today, even in most university settings and multispecialty groups. Although doctors work together under the same roof and talk together in the same conference rooms, they rarely truly think together and work together as a unit.

However, in the last several years, an encouraging number of new interdisciplinary teams has emerged. They are important not merely for their advances in medical treatment, but moreover for their changes in thinking, cooperation and approach. They have resulted in sweeping new opportunities for creative approaches to medical problems that were not possible from
the parochial posture of isolated specialists.

The team concept in medicine is certainly not entirely new. It has resulted in major advances in medicine in past years. For example, in-depth cooperation among internists and surgeons made cardiac surgery and renal transplantation possible. More recently, cooperation among radiologists and neurosurgeons has resulted in intraoperative ultrasound localization of brain lesions, a major advance in safe treatment. Sports medicine has combined the skills and insights of various specialists to revolutionize the care of professional athletes. Selected spinal cord teams have combined the talents of neurosurgeons and orthopaedic surgeons operating on the same patient at the same time. This results in a dialogue and subtle refinements of ideas that are rare for the physician working alone. Learning to work together, being open to different ideas and approaches and being prepared to make leisure time to talk with a colleague are among the most important requirements of the interdisciplinary team. The physicians must replace egotistical prerogatives with genuine, open curiosity.

This posture allows a fresh approach to old problems, armed with new perspectives and divested of the boundaries of traditional specialties and their limitations.

I am fortunate enough to be involved with two such interdisciplinary teams. They keep medicine exciting and vital. The new frontier in otology is the ear-brain interface. The skull base always has been a problem area. It was an unexplored boundary full of vital structures that represented the end of otolaryngology coming from below and the end of neurosurgery coming from above. Unravelling the mysteries of the no-mans-land of the skull base has only become possible in the last few years because of the interdisciplinary specialty of neurootology. This subspecialty started in Los Angeles in the early 1960's for the treatment of acoustic neuromas and glomus tumors. It has led to the development of the cochlear implant, surgical cures for vertigo and other advances. Most recently, through the efforts of a skull base team that has been active at Thomas Jefferson University Hospital for nearly five years, it also has led to major new developments in the treatment of previously "unresectable" malignancies of the temporal bone.

Our team at Jefferson includes not only a neurotologist (the author) and neurosurgeon (Donald L. Myers, '75), but also an ophthalmologist, internist, general surgeon, anesthesiologist, psychiatrist, nurse, rehabilitation specialist and others attuned to the special problems of these patients and their prolonged surgery. Consequently, we have been able to develop new techniques to resect areas that have not been resected before, to manage anesthesia safely for over 30 hours when necessary, and to return patients to their homes self-sufficient and in reasonably good condition. Moreover, every time we do such a case, we find new ways to do it better the next time, and occasionally we find techniques to do more things we thought were not possible. Such interactions help keep the fun in medical practice.

Not all creative teamwork has to involve 30 hour operations and critically ill patients. Over the next few years, we will see the development of an interdisciplinary specialty of Arts Medicine. There is already an International Arts Medicine Association headquartered in Philadelphia, and there are arts medicine clinics and conferences in several states. This field is exciting for a variety of reasons. First, performers and artists place critical demands on their bodies and do not have the usual tolerance for incomplete cures. An injured finger that returns to 95% normal function may be adequate even for a microsurgeon, but it is not adequate for a premier pianist. That extra two percent separates the famous artist from those who have not quite reached the "top."

I have been involved extensively with the treatment of singers and other professional voice users for several years. Learning how to recognize, define and treat subtleties that are not even mentioned in residencies has been a daily challenge and joy. Much of the fun and many of the ideas have come from close interactions with speech pathologists, singing teachers, voice scientists and other colleagues, all of whom provide insights useful in clinical practice.

Second, arts medicine provides physicians with an opportunity to work closely with professionals in arts, music and humanities. Not all "interdisciplinary opportunities" need to be among medical disciplines.

Arts and medicine are inherently similar in many ways. However, through our educational process, physicians too often lose sight of the importance of arts and humanities in our practices. There is a movement in medical education to correct this problem; and Arts Medicine offers the clinician a chance to work and think with colleagues in related fields, with artists and performers, and to find new solutions to complex problems. It also may afford him inspiration and opportunity to study one of the arts.

As A.M. Harvey wrote in his book The Principles and Practice of Medicine, "The principal complaint which patients make about 'modern scientific medicine' is the failure of physicians to communicate with them adequately." Tolstoy observed that "art is the human activity having for its purpose the transmission to others of the highest and best feelings to which men have risen." In our quest to master the science and art of healing, we can learn from our colleagues in the arts and humanities much that will help our insight, sensitivity, and ability to empathize.

True interdisciplinary study provides endless opportunity to enrich the practice of medicine with creative insights. Whether we work with tertiary care surgeons to resect the unresectable, or with poets to find new ways to hear and talk with our distraught patients, medicine remains a viable option for the imaginative, creative physician who still wants the same exciting challenges and opportunities he wanted as a sophomore in college. We need only refuse to accept anything less.
A Potpourri

by Howard W. Brettell, M.D. '30

A question asked and answered. Would you do these 55 years over? If we start at our square one we must go back to about 1920. We had the same genes then as we have now. What was that something that directed us into medicine? Perhaps it was a physician relative or acquaintance; or a medical experience that was outstanding; or perhaps a desire to help others.

Whatever! We did not know what diseases would be conquered or what new ones would appear; we could not anticipate what new techniques and instruments would be developed; and there is the change in the manner of payment for our services and still many other changes.

The same situation confronts the student today. He/she cannot anticipate the changes that will occur during his career and is probably challenged by the unknown. I recently read of a student who said, "I've had it up to here with the caveats concerning the future of my career." I personally would go along with the student; I would do it over. I have had triumphs and failures, joys and sorrows; but on the whole it has been a happy and contented life for me. Lest you think I am a psychiatric basket case I must admit to several imponderables. How would I pay for my education? What will the solution to professional liability insurance be? This must be solved by legislation. I have just one complaint. Isn't advertising changing our profession into a business? That question probably should be in the past tense.

May I digress from "the question asked" and quote from an article written in 1953 by Dr. Alan Gregg who had been head of the Rockefeller Foundation's Division of Medical Sciences. "If the medical profession seems to need a little larger mixture of persons who enjoy working for others, those charged with recruiting its ranks should give larger attention to candidates coming from homes where contributions to the public welfare have been the example set as well as where interest in the public welfare has been accorded attention, praise, admiration and rewards. At present the admissions committees seem to me to give considerable weight to the candidate's mental abilities. Circumstances at present also favor the candidate whose purse matches his mind. But the general public complains of the scarcity of doctors controlled by compassion and public spirit, qualities nearer the heart than the mind or the purse."

A miracle desired. The latter part of September a lady returned from England on a 747. She complained that she caught a cold on the plane. Other members of her party were not aware of any exposure to respiratory tract infection. Although she had been to London on several previous occasions she appeared to have an overwhelming determination to make this trip. This determination had been noted but was discounted because it was to be made on the QE2. While on short
walking tours her son noted that she fell behind her party after only a few steps. Her cold consisted of unproductive cough and breathlessness; the latter symptom was really not a new one.

She resisted the suggestion for a chest X-Ray since she had had several in the past few years. Her internist who reported her chest clear, did order chest films. The immediate reading of the routine films was thought to show only the chronic inflammatory changes that were formerly present. Shortly after returning home, however, her physician advised a return for obliques.

Thus began a series of diagnostic procedures, each meeting with resistance and requiring much convincing relative to their necessity. You know the procedures: a CAT scan of the chest, a bronchoscopy with washings, thoracotomy and mediastinoscopy and biopsies. You know the diagnosis is oat cell carcinoma and have guessed that the lady is Florence Brettell. It must be admitted that as soon as the second X-Rays were requested she ceased smoking and there has never been a whimper about them being missed. Isn’t it distressing that a person with that much willpower would not accept what to many of us is unequivocal evidence of cause and effect?

As of the middle of April she has had a chemo and radiation series and is presently on her second chemo series. The chemo is devastating. This entire illness is so unnecessary; and what a paradox when we know that our government subsidizes the growth of tobacco while at the same time warnings are printed on cigarette packages by the authority of the Surgeon General. I must tell you that this case presents a paradox within a paradox because her radiation therapist is virtually a chain smoker. I hasten to add that I have the highest regard for his scientific ability.

How can we present more clearly and with more emphasis what we are now trying to do without much success? Each one of us by precept and example must spread the word to our families, our friends and the public generally.

Dr. Lockard with classmate Carol A. Wheeler, M.D.

Indian Health Service:
Another Broken Promise?

by James W. Lockard, Jr., M.D. ’80

James Watt, the former Secretary of the Interior, who is well known for banning the Beach Boys and otherwise shooting himself in the foot, occasionally revealed glimpses of the truth. He once said, “If you want to see the failure of socialism, don’t go to Moscow—go to an American Indian reservation.”

I worked on the Wind River Indian Reservation, the only such facility in Wyoming. It’s also the only Indian reservation in the country that is shared by two different tribes without any geographic boundaries between the two. How this came to be makes an interesting story, one that reveals much about historical attitudes of whites toward Indians.

Chief Washakie was the main leader of the Shoshone tribe for the last 60 years of the 19th century. He found that the best way to overcome his enemies (the Sioux, Cheyenne and Crow tribes) was to ally with the white man. His reward, as decided at the Fort Bridger Treaty of 1863, was to be 44 million acres of Colorado, Utah, Idaho and Wyoming. Despite his continued cooperation and military assistance, his reservation was reduced to only three million acres by the Second Treaty of Fort Bridger in 1868.

Then, in 1878, the Arapahoes

Dr. Lockard is a resident in diagnostic radiology at the Medical Center of Delaware. He served as Clinical Director of the Wind River Service Unit following graduation.
showed up. The Arapahoes, under Chiefs Sharpnose and Black Cole (sic), had been slightly less cooperative than the Shoshones. They were on the Shoshone reservation en route to undesirable lands in Montana when winter struck. When spring came the Army decided to give the Montana reservation to another tribe and left the Arapahoes in Wyoming.

By 1898 the hot springs in Thermopolis Canyon, on the northeast corner of the Wind River Reservation, had become a popular tourist attraction. Washakie agreed to cede this 55,000 acre area to the United States. His friends in Washington sent him a silver saddle to express their gratitude.

A few years later, after Washakie’s death, the federal government finally compensated the Shoshones for the presence of their permanent guests, the Arapahoes. According to present-day Shoshone leaders, the government agreed to pay the tribe two million dollars. When the money finally arrived, however, there was just over one million. There was also an itemized list of everything the federal government had ever given to the Shoshone tribe; for example: 1868, blankets $1400; 1873, medicine $350. Buried in the middle of the list was the entry: 1898, 1 silver saddle $14,000.

The current Wind River Reservation has been whittled down to 2.3 million acres—3,500 square miles, about twice the size of Delaware.

There are approximately 6,000 Indian or mostly Indian residents. Two mostly white towns border the reservation on its western and southern edges. Riverton and Lander are large by Wyoming standards—about 8,000 people in each.

Unemployment on the reservation ranges from 30 to 40% which is better than on some reservations. Oil leases bring the tribes $8 million a year. This money provides for a few tribal programs, but 85% is paid out in per capita payments to enrolled tribal members.

Rules for enrollment are complex and may seem unfair; for instance, children of an Arapahoe father and a white mother are enrolled, but children of an Arapahoe mother and a white father are not. Approximately half of the Indians on the reservation are not enrolled. Since the per capita payment for Shoshones is about $500 per month per family member (the Arapahoes get somewhat less since there are more of them), there is a large disparity between the standard of living of an enrolled family and that of an unenrolled family.

The Indian Health Service (IHS) operates two ambulatory care clinics on the reservation. Anyone who can prove that he is any percentage Native American by blood, or anyone who is married to such a person, is eligible for care at the clinics. No non-Indians are eligible except for true emergencies.

The clinics provide general medical care, dentistry, optometry, lab, X-ray, pharmacy services, public health nursing, mental health care and social work assistance. Regular clinics are provided by the staff physicians for diabetics and well babies. In addition there are regularly scheduled outpatient clinics staffed by Lander and Riverton physicians in ob/gyn, ent, internal medicine, pediatrics, dermatology and orthopaedics. Any services not provided at the two ambulatory health centers come under the heading of contract health care.

The two ambulatory care centers have seven physicians, three dentists, three pharmacists, four laboratory technicians, seven clinical R.N.’s, five public health R.N.’s, two social workers, one Ph.D. psychologist, one optometrist, and myriad other personnel for a total of over 80. What appears to be a gross oversupply must be considered in light of the facts that there are two separate locations 25 miles apart and that during the generous government vacations it is difficult to get temporary help in such remote locations.

Except for most of the professionals, almost all the employees are Native Americans. This is a result of a practice known as Indian preference hiring. If there are Indian and non-Indian applicants for any federal job on the reservation, even if the non-Indian’s qualifications seem to be much better, the job goes to the Indian as long as he meets minimum job requirements.

The administrators of the Wind River Service Unit answer to administrators of the Billings Area Office. This latter office employs some 110 people to serve as middlemen between 10 reservations and the national IHS office in Bethesda.

Indian Health Service began in the late 1940’s in response to outcry regarding the high rate of Indian mortality from tuberculosis. It is set up as a branch of the Public Health Service under the Department of Health and Human Services. This was done deliberately to avoid association with the Bureau of Indian Affairs under the Department of the Interior.

The best that can be said about the early days of the Indian Health Service is that it was better than nothing. Equipment was antiquated and inadequate. Although some of the physicians were competent and dedicated, many were alcoholics or otherwise impaired. Paraprofessional personnel were under- or untrained.

Over the next 30 years things steadily improved. Tribes learned how to use political clout. Many tribes, including the Shoshones and the Arapahoes, successfully lobbied Washington for better clinic facilities. In the case of Wind River, this meant shifting the emphasis onto outpatient care in two new, well-equipped clinics. Inpatient facilities on the reservation were closed and the Indians were to receive care at the private hospitals in Lander and Riverton.

The supply of capable young physicians throughout the Indian Health Service increased, first as a result of the Berry Plan, later as a result of National Health Service Corps scholarships.

More federal funds brought new programs like the CHER’s (community health representatives). The Indian Health Service even assumed responsibility for reservation sanitation; Wind River hired three engineers to supervise community water supplies and sewage disposal.

In the halcyon years of the late 1970’s there were few complaints from the Indians. Unfortunately, there were
abusess of the system. Some administrators hired underutilized personnel and bought underutilized equipment.

What happened next won't be news to anyone except some busy surgical residents—Ronald Reagan was elected. The fundamental philosophy of our government changed and one of the first units to feel the change was the IHS. Annual budgets were frozen, then slashed. Public Health Service hospitals were closed (this had been planned by the Carter Administration), placing a larger burden on contract health care. Through all this the anachronistic Billings Area Office remained open. The bureaucrats that Reagan had sought to eliminate held out fiercely; services were cut.

Contract health care always had paid whatever consulted physicians and local hospitals asked, just as private insurance does. When funds were cut despite increasing fees and a growing Indian population, the innovations needed to make the system work were not forthcoming. Instead of bargaining for a lower purchase price, a la Blue Cross, services were cut. The applicable standard became "death or irreparable harm." Unless failure to refer our patients would result in "death or irreparable harm," we could not provide contract health services. Symptomatic gallbladders stayed in; cataracts became more opaque. Administrators urged us to "save money" by referring all patients who qualified to the Veterans Administration hospital 350 miles away. Even though the money provided for transportation plus the cost to the VA were sometimes more than the cost of local treatment, only the transportation money showed up as IHS debits.

Contract health services weren't the only services cut. One day, without any warning, non-Indian spouses received a letter stating that their eligibility for care at our clinics had terminated at midnight the preceding day. Most of these patients had no health insurance. We physicians were allowed to see each patient one more time—to arrange for transfer of records.

Administrators tried to placate the physicians regarding these moves by saying, "We're not denying people any needed medical care. If you think they need additional treatment, by all means refer them. What we're denying is our obligation to pay for such treatment." I even tried this party line on a few patients, till I didn't have the heart.

When I left the Indian Health Service its finances were still in turmoil. Except for two months at the beginning of each fiscal year, the "death or irreparable harm" standard had been applied for two years. Unless an Indian was a veteran or was employed with private insurance, he was probably going to have his gallbladder forever. The bureaucrats were frantically trying to justify their existence by making complex contracts with local providers. No progress was being made.

There's still a need for an Indian Health Service. Indian infant mortality is over 20 per 1,000 live births, significantly higher than the rate for all races. Tuberculosis is now rare, but diabetes is rampant. Alcoholism and its sad consequences are universal.

Public health nursing, counseling and sanitation assistance can still help the people of Wind River. But in situations like Wind River, where private medical care is easily accessible, the government probably ought to get out of the acute care medicine business. The private sector can provide it much more efficiently.

The government should take heed of history and make its changes gradually. No sudden letters in the mailbox. No abrupt second treaties. The IHS should phase out its services over a several year period, leaving its funds available for the tribes themselves to administer.

The Indian Health Service has been promising comprehensive medical care for almost 40 years. For the last four it hasn't been delivering. There's still a chance to improve the government's record as recalled by an anonymous 19th century Indian. "They made us many promises, more than I can remember; but they never kept but one: they promised to take our land, and they took it."

The Role of the Forensic Scientist in Human Rights Violation

by Luke G. Tedeschi, M.D. '60

Dr. Tedeschi is a Clinical Professor of Pathology at Boston University School of Medicine, Chief of Pathology at Framingham Union Hospital and serves as Medical Examiner for Middlesex County.
military junta. It ruled the country from 1976 until December of 1983 when the newly democratically elected government of President Raúl Alfonsín took office. At the request of Argentina's National Committee for the Disappeared, who hosted the visit, our task was to provide technical advice to the Argentinians gathering evidence against those responsible for the atrocities. The delegation consisted of two forensic pathologists, an odontologist, geneticist and anthropologist. The forensic anthropologist returned to Buenos Aires to testify in the trial of nine generals and admirals. He was accompanied on the trip by another forensic pathologist, Robert H. Kirschner, M.D. class of 1966.

During our two week stay we met with scores of human-rights groups in Buenos Aires and the university cities of La Plata and Córdoba where many of the disappeared lived. We also visited detention centers and cemeteries where victims' remains were buried. El Vesubio, a detention center demolished in 1979 by the military, was described to us by a federal judge as being the place where hundreds of persons were held under the authority of the military. The exclusive purpose of the center was to interrogate detainees under torture. Only a few of the 500 people detained and tortured at El Vesubio survived. They later gave testimony on the center's activities. We spoke to witnesses who were detained and who could hear the cries of others being tortured. I talked to a young mother, a lawyer, whose husband was taken away for alleged leftist activity. She was led on for years from one detention center to another by the military authorities saying her husband was here, was there, never getting the true story. Now eight years later she must reluctantly accept the fact that he was killed. We heard stories of "routine" flights over the ocean where bodies were thrown from airplanes. Some of these washed ashore in neighboring Uruguay. Many remains were mutilated and dumped in shallow graves on rural roads. Others were mixed in mass, so called "paupers," graves to conceal their identity and some cremated at local cemeteries.

Due to the cause and manner in which many of the Disappeared were killed and disposed, it was obvious to us that identification would be a most challenging task. Nevertheless, it was our contention that identification of even a small proportion could provide objective and scientific evidence critical to convict those responsible. We thus recommended to the Argentinian government at the conclusion of our stay, the establishment of a single national center dedicated to the medical and scientific investigation of the remains, under the directorship of a federal judge having broad investigative powers. This center would have a computer system to collect and compare pre- and postmortem evidence for the positive identification of victims. Such a center would be staffed by trained personnel, including forensic pathologists, anthropologists, odontologists and radiologists, who would have sole responsibility for the exhumation and investigation of the human remains. Because Argentina, at the time of our mission, lacked the necessary expert personnel in forensic anthropology and archeology, we further recommended a cessation of exhumations until proper training could be achieved in these areas.

The role of the geneticist was to assist in the problem of the children of the disappeared. When the parents were abducted and killed their infants and toddlers were sold on the black market or simply given away to childless military couples. Now their grandparents want the children back home, to be taken away from the retired military couples and others who claim these youngsters as their own. Due to falsified birth records and by interviewing the mother's fellow prisoners, the grandparents have strong clues in many cases as to which children may actually be the children of the Disappeared; but how to prove it?

Utilizing genetic characteristics found in human cells including blood typing and HLA procedures, up to a 99.9% probability can be achieved. It is hoped that rare and unusual cell markers are found but it is sheer accumulation of data that is important. Once the medical evidence has been procured an Argentinian judge must decide the actual custody issue taking into account the genetic testing as well as, of course, the child's best interest.

It is my contention that forensic scientists already have the technical knowledge to diagnose human rights abuse even years after it occurs. If diplomats and human rights advocates can't stop political torture, perhaps forensic scientists working as medical sleuths can. Our tools are basically the current state of the art methodology now applied to criminal investigation. It isn't too idealistic to believe that when forensic medical techniques are
employed rigorously, the global medical community can end the social disease of torture just as it has eradicated biological diseases. We must show those who engage in torture that they cannot continue to perform their illegal deeds under the shadows of darkness. Their evil work can be detected and it is this knowledge that hopefully will deter those governments from using torture for fear of censure from the international community.

Pragmatically, the forensic scientist starts with the time honored study, the autopsy, stemming from the Greek autos (self) and opsis (view). This should be accompanied by the taking of clear detailed photographs and X-rays. Multiple microscopic sections should be taken not only of traumatic injuries but of all body organs to reveal infections, diseases, malnourishment, vitamin deficiencies and other medical conditions which cast a reflection on the environment the deceased was subjected to at the time of his demise. Timing of the wounds can be achieved with a high degree of accuracy by routine hematoxylin and eosin staining accompanied by special stains.

However, more detailed dating accuracy can be best done utilizing histochemical and tissue biochemical techniques. In the living, serum and urine determinations of myoglobin, creatine phosphokinase and aldolase are elevated with traumatic muscle dysfunction and could be utilized for confirmation of human rights violations if specimens can be smuggled out or after an individual is released. Toxicologic and drug screening assays can be performed on various-body secretions including sperm and sputum. Detection of drugs from human hair has become an established sensitive quantitative procedure. Nutritional status of prisoners could be evaluated by complete blood count (CBC), serum protein, immunoglobulins, lipid studies and vitamin analysis, just to name a few. Additional studies to evaluate an individual’s hemostasis could include endocrine assays such as adrenal, cortical, thyroid, ovarian and testicular studies. From post mortem specimens vitreous humor has been utilized with more accuracy for determining numerous chemical analyses.

In the area of identification of human remains, a variety of protein markers such as blood group antigens, enzymatic markers and immunoglobulins have been utilized to obtain genetic typing. The tooth pulp is the more likely source to escape post-mortem degradation and chromosomes, including sex chromosomes, complexes of protein and nucleic acid DNA may be detected. However, as the body deteriorates protein markers become increasingly unreliable due to contamination from soil microbes. Utilizing genetic engineering techniques human DNA can be distinguished from other organisms and be utilized in the identification of human remains by comparing their specific DNA sequences with those of living relatives.

As an editor of the American Journal of Forensic Medicine and Pathology, I recently published an entire issue devoted to various forensic techniques applicable to human rights violations in the areas of forensic pathology, anthropology, odontology, radiology and genetics. We hope that this issue will open discussion on ways in which physicians can become more active in this most sensitive area. Human rights investigations, to be more successful, must be coupled with a more rigorous enforcement of codes of medical ethics which emphasize that physicians should neither participate in, nor act to cover up the use of torture or ill treatment. Similarly, health professionals who speak out against cruel and abusive treatment place their own lives and safety in jeopardy. Experience has shown that it is often only the strength of a collective international voice that will assure their well being.

With clearer definitions of the forensic scientist’s intended goals, diagnosis of abuse can be within our reach. However, despite the potential scientific goals achievable, as in other areas of medical specialties, prevention of the disease will always be the best cure.
The class of 1950 was unique in that that many of its members had just been released by the armed services. Many held the rank of field grade officer.

This class was taught medicine in the tradition of Osler i.e. “Every medical student was advised to remember that his end is not to be made a chemist or a physiologist or an anatomist but to learn how to recognize and treat a disease and how to become a practical physician.” This was taught by practitioners of medicine, surgery and sub specialities. It included such men as Hobart Reimann, Martin Rehfuss, Bernard Alpers, Thomas Shallow and John Gibbons. Emphasis was placed on the clinical work-up with a few ancillary tests to verify the impressions. There was close supervision requiring clinical documentation. The chairmen of departments were in the private practice of medicine and functioned autonomously. Most research was clinically oriented.

Following graduation, most of the class served a rotating internship and were exposed to all facets of medicine. Good internships were hard to come by, salaries were meager, there was little time off. As interns we were assigned to large wards, with the responsibility of evaluating and treating 30 to 40 patients under the supervision of the resident and attendings. Daily rounds were conducted with the charge nurse and her assistants, at the bedside. There was mutual appreciation and respect between nurses and physicians. Most of the former had extensive clinical experience and contributed much to the patient management. Orders were written on rounds and implemented promptly. These orders had to be justified to residents and attending.

The chief role of the hospital Board of Trustees, was to make up the deficit and raise funds. There was usually one hospital administrator, a Medical Director and a Director of Nursing. The residencies in chosen specialities were obtained with difficulty, and were based on the pyramid system, with those that were “bumped” having to seek residency training elsewhere. At that time, the AMA was highly supportive and protective of the interest and image of the physician.

Following the recovery of the FDA from the thalidomide fiasco, there was a hold-up of many proposed useful drugs with the requirements involving extensive investigation, thus driving up the cost of those drugs that survived. This led to much duplication in drugs by the pharmaceutical houses.

The number of hospital administrators increased to an average of five even in community hospitals, with the dignified titles of President, Vice President, Administrative Assistants. Hospital costs rose rapidly, as Medicare began to pick up the added costs. The Blues, Blue Cross and Blue Shield, a non profit insurance carrier further plummeted the cost of hospital care and patient care with additive premiums and restrictions to follow in a never ending manner. The interreaction between physicians and these organizations and those to follow led to conflict even among one another. Peer review was frequently carried out by nurses with the employment of considerable “nit-picking.” Retrospective chart reviews, long after the patient had left the hospital, led to destructive criticism about management, length of stay and excessive studies. These served only as harassment, with no beneficial function or saving of money already expended. Attempts were made, sometimes with edicts, to impose the reviewers methods and philosophy of medical practice on a concerned physician who made his observations and decisions at the bedside as emergency situations presented.

There were restrictions in the studies ordered, even with documented indications. Individual patterns in the diagnostic and therapeutic considerations were gradually discouraged, until they were thwarted.

The paper war started, at the expense of time spent at the bedside. Justification of length of stay, and studies ordered, superseded patient care. The socioeconomics of medicine did not hold up. The name of the game was money. If medical science does not expand and innovate, the future practice of medicine and the health care provisions, will deteriorate substantially.

The role of nurses also has changed: the RNs who were concerned about patient care at the bedside, and who ran a “tight ship” based on years of nursing care experience, were abruptly replaced by the “degree” nurses who were concerned more about administrative nursing control, than bedside care and close observation and understanding of the needs of the sick patient at the bedside. Patient care moved from the bedside to the nurses station; sometimes in remote locations from the bedside. Effective bedside rounds, if not abandoned, were done over a cardex.

The primary physicians role, in the care of the patient became more difficult. He found himself sifting written opinions, with 10 verbal communication or confrontation with the consultant. There was a lack of camaraderie with fellow staff members. Residents and students would often usurp control of the patient, leaving the primary physician with the dilemma of trying to document their management in order to avoid possible future malpractice considerations and utilization justifications. Despite these restrictions, we as physicians will continue to do what we were trained and dedicated to do, and that is to take care of patients. We are going to do this in spite of the stress on reduced costs of health care, which reduces the quality of care, and the availability of medical care to all that require it. DRG, devised in an effort to cut health costs, assumes that all patients with a given diagnosis would react the same way to all treatment and will recover in the same length of time and be discharged in the same number of days. We all know this was unrealistic.

Discrimination against physicians by

Dr. Steinberg has served as Associate Professor of Pathology at Jefferson and Clinical Associate Professor of Medicine at Temple. Many of his research activities have been in the field of endocrinology.
imposing a "freeze" on medical fees for all Medicare services was evolved in order to force physicians to accept assignment. No other group in the national economical society who receive remuneration from the government for either service or product has been hit by price control. Further discrimination has been imposed between those participating physicians and those that do not. It also discriminates against the patients of both these groups thus hampering the patients' free choice of physicians. Many organizations, governmental and industrial, were constantly concerned with reducing the cost of health care. However, only physicians can look after the health care of the patients and their welfare. As industry, Medicare and such health insurance providers as the Blues cut costs, patients had to contribute more of their personal income for health care. This must lead to their shopping for bargains. However, if we physicians continue to render concerned medical care to these patients, they will feel and recognize our interest and concern in helping them get the best medical care and hopefully the future may not be so bleak.

However, all is not bad, some good has evolved during these past 35 years. Automation in biochemical tests and blood counts have resulted in prompt results. The accuracy and speed of these determinations has afforded more confidence in the physicians interpretation of these results, and their applicability to verification of clinical impressions. Improved techniques in radiology such as arteriography, nuclear scanning, isotope techniques, C.T. scanning, ultrasonography, NMR scanning, endoscopy, echocardiography, Doppler vascular studies and monitoring systems, etc. have all facilitated patient care. The requirement of progressive education via meetings, audio and video transmittal and in journal improvement have all added to the quality of medical care. In our 35 years of medical practice diagnosis has moved from "the seat of the pants technique" to bombardment of the patient with non-invasive and invasive studies, which sometimes exhausted the patient and led to further deterioration. The judicious use of these studies can only depend on conscientious and sound clinical evaluation.

There is a new competition between physicians and hospitals especially in the dispersion of funds for ambulatory care. With the advent of DRG many hospitals must merge, or convert to the skilled nursing care institutions, or close. This will make it more difficult for recent graduates to obtain staff appointments.

Due to the influx of various health care delivery systems, patient visits to the office will continue to decline. The recent freeze on physicians fees will probably lead to further control and to reduced income. This freeze has resulted in a saving of 1.5 billion dollars in physicians services.

Recent graduates, already overwhelmed with the expense of education and the high rate of malpractice insurance will seek employment with corporate set-ups for the delivery of health care, such as HMO. A reduction in the money given for graduate education will put teaching hospitals under increased financial pressures.

Attempts to avoid this threat to the medical profession have been feeble and late. The image of the physician has been allowed to deteriorate. The strongest defense against this take-over by governmental and health organizations has not been utilized i.e. only a physician can admit and treat patients. Discrimination against physicians is unique because we have allowed it. This position is eroding rapidly and may become irreversible. All this is happening despite the tremendous studies accomplished by physicians in the prolongation of life and the rapid and outstanding progress in treatment and technology. The profession is at an all time low because the public has been conditioned to reduced costs rather than the quality of care. We should address ourselves to this key situation.

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**Update on Cataract Surgery**

by Oram R. Kline, M.D. '45

Ophthalmology, as it was practiced when I graduated from Jefferson, has changed tremendously — especially in respect to cataract surgery. Forty years ago, the average post-operative stay of a cataract patient in the hospital was approximately two weeks. Most cataract surgeons in the United States did not, at that time, even suture their incisions.

Adequate instruments and suturing material had not yet been invented.

Dr. Kline is Clinical Professor of Ophthalmology at Jefferson and Chief Attending at Underwood Memorial Hospital in Woodbury, New Jersey.
Some adventurous surgeons at that time were inserting one corneal-scleral suture at the time of surgery. Although this is a rather routine procedure today the instruments, the needles and the suture strength then were horrendous when compared to present day techniques.

Since these cataractous wounds were unsutured or at the very best had one poorly placed suture, it was necessary to keep patients flat on their backs in bed for at least five days. Sandbags were kept on either side of the head. The bandages were not changed for two days. At the end of two days the lids, which had been sutured together, were opened, by cutting the suture. Both eyes were dressed daily thereafter. Binocular occlusion was left off the good eye and the patient was allowed to sit up in a chair. Daily hospital rounds were made and if all went well the patient was discharged from the hospital about two weeks after surgery had been performed. Many precautions were taken then which are not taken now. These patients were not even allowed to brush their teeth during their hospital stay. Many medical problems resulted because of this ultra-conservative treatment. One of the more common problems encountered was mental confusion in the elderly. This confusion would sometimes become so great that they would get out of bed and attempt to get their clothes on often falling. Broken hips as a result of this condition, were not uncommon. Pneumonia from continuous bedrest was not infrequent. In addition, thrombophlebitis of the legs was common. Often the legs were wrapped firmly in an attempt to decrease the possibility of a pulmonary embolus.

Today, with more secure wound closure by multiple interrupted sutures which are only one-quarter the diameter of a human hair, early ambulation is possible. Over the past 30 years, the average stay in the hospital of a post-operative cataract has decreased markedly. At the present time nearly all cataract patients are operated on an out-patient basis. In fact, this past year Medicare has mandated that the only cataract patient that can be operated on an in-patient basis must have extensive documentation stating that over night hospitalization is necessary.

The modern age of cataract surgery was probably heralded in by the operating microscope. The operating microscope, as we all know, is being used more and more commonly by many surgeons in all specialty groups. The operating microscope was initially used by the otolaryngologists. Following them came the ophthalmologist. The next ones, I believe, were the neurosurgeons. The operating microscope opened up many doors in all specialties. It was certainly a great aid in ophthalmology and ushered in a whole new era of cataract surgery.

With the increased life expectancy of our present era, patients are living longer and cataract surgery is becoming more and more common. Cataract surgery has become one of the most common operations performed today.

With the advent of the operating microscope, improved residency programs and better sutures and operating instruments, it was inevitable that the cataract operation as it was performed years ago would undergo marked alterations.

Before the operating microscope became commonly used the most common form of cataract surgery was what we term intracapsular cataract extraction. In other words, the entire lens was removed in one piece.

Initially, this operation was performed by grasping the lens with a minute set of forceps — the trick being to separate the lens from its attached zonules and remove it completely from the eye without breaking the capsule. This is not an especially easy maneuver and it was not uncommon for one to break the capsule when attempting to remove the cataract in one piece. In cases such as these much of the cataractous material still remained in the eye and complications were more frequent than they are today.

In 1955, Dr. Charles Kelman from New York, an ex-resident at the Wills Eye Hospital, invented a freezing device which when touched to the lens formed an ice ball within the cataract itself and one was able to remove the cataract in almost all cases without breaking the capsule. This method of cataract surgery, called cryoextraction, was commonly used for a number of years. This method of removing the cataract greatly increased our visual results. Even though we all noted at the time that we were able to remove cataracts in most cases without breaking the capsule, as we did back in the days when we used the forceps, we still
found that a fair number of these patients did not achieve the vision which we desired.

The next major change to occur in cataract surgery was a procedure known as phaco-emulsification. This procedure, also designed by Dr. Kelman, consisted first of removing the anterior capsule from the lens. Following this, an instrument which vibrated 32,000 times a second was inserted in the anterior chamber. This tip vibrated against the cataractous lens as fluid was being irrigated and aspirated from the eye. Thus, the entire cataractous nucleus was removed from the eye through a 3 mm. incision. Following the removal of the cataractous nucleus an irrigating-aspirating handpiece was used to aspirate the residual soft cortex from the eye. When the operation was completed, the entire anterior capsule of the cataract, the nucleus and all of the residual cortex had been removed. The only thing that remained in the eye was the posterior capsule of the lens, i.e., the posterior capsule of the cataractous lens.

If this capsule was cloudy, a small opening was made with a bent needle. If this was clear, however, as it was in most cases, the capsule was left intact, thus causing fewer retinal complications following cataract surgery. It was thought that liberated prostoglandins which are released during surgery and the healing stages are blocked by the intact capsule on their attempted passageway back to the retina. This decreases late retinal complications especially edema about the macula which can be a very frustrating post-operative complication.

This operation of phaco-emulsification initiated the age of microsurgery into ophthalmology. It is true that microsurgery had been performed prior to phaco-emulsification. Many surgeons, however, resisted the use of the operating microscope. Phaco-emulsification was an operation that could not be performed without the operating microscope. If you were to learn phaco-emulsification you had to learn how to use the operating microscope.

With the operating microscope came the use of finer and finer sutures. When I first went into ophthalmology we used 5-0 silk sutures in our cataracts. Then we went to 6-0 silk sutures. At the present time the most commonly used suture in cataract surgery is 10-0 nylon which is approximately one-quarter the diameter of a human hair. Sutures such as these cannot be used unless the operating microscope is being used. The transition has been a difficult one, but possibly more than 95% of the operating ophthalmologists in the United States are using the operating microscope at this time.

As microsurgery and phaco-emulsification were becoming more popular a new aspect of cataract surgery was developing — namely, the intraocular lens.

Before the birth of the intraocular lens it was necessary for cataractous patients to wear very thick cataract lenses to make up for the loss of focusing power once the cataractous lens had been removed. The only alternative was contact lenses which are quite difficult to handle in the elderly.

About 35 years ago, Harold Ridley, a British surgeon inserted a plastic lens into the eye after he had removed the cataract. Dr. Ridley had noted that during World War II, fighter pilots who had pieces of their canopy blown into their eyes through penetrating injuries such as machine gun fire, were able to tolerate bits of plastic — which did not act as one would expect from a foreign body. The principal substance in these canopies was polymethylmethacrylate. This was the substance that Dr. Ridley used in his first intraocular lens and it is the substance, more purified, that is used today. The intraocular lens, after a rather rocky beginning still presents many complications. So many in fact that national society advised ophthalmologists in the United States not to continue in that venture.

Fortunately, the powers to be were wrong. Two doctors in Europe and one or two doctors in the United States continued trying to produce a better intraocular lens.

This was indeed the Dark Age for this program. The small group of physicians kept the flame alive and about 15 years ago their efforts caused a rebirth of interest in the intraocular lens. Although the interest was opposed on many sides, the debate now appears to be over. Ninety-five percent of the people in the United States who have a cataract removed will have an intraocular lens inserted. This has freed the cataractous patient from the debilitating thick cataractous lenses which severely crippled his lifestyle. Today, a patient may have his cataract removed, have an intraocular lens inserted and wear only average strength glasses post-operatively.

Intraocular lenses initially were put in the eye either after an intracapsular cataract extraction, that is, an extraction where the entire cataract has been removed in one piece or after an extracapsular cataract extraction with the posterior capsule intact.

Extracapsular cataract extraction need not be done with the Phaco-Emulsification apparatus. After the removal of the anterior capsule, the incision can be enlarged and the nucleus expressed. Then the remaining cortex can be removed with the I-A tip, leaving only the posterior capsule of the lens.

There were many debates about this procedure (and the debate continues) but this year the majority of people who have had a cataract removed in the United States will have had an extracapsular cataract extraction and a posterior chamber intraocular lens inserted. The lens is inserted behind the iris and lays on the intact capsule. The lens is not visible to the naked eye, and the patient appears as though he has not had cataract surgery.

It has been noted in a rather large number of patients who have had a posterior chamber lens inserted after an extracapsular cataract extraction that the remaining posterior capsule of the cataract, which is left in the patient's eye at the time of surgery, often becomes cloudy — two, three or four years post-operatively. Before the invention of the intraocular lens, it was relatively easy to insert a knife into the
eye and make a slit-like opening in the opaque posterior capsule. When this operation was performed, however, there was always the possibility of endophthalmitis, a devastating infection which can result in the complete loss of the eye. Once the posterior chamber lens began to be used we had the more difficult procedure of trying to insert a knife into the eye underneath the posterior chamber lens and in front of the posterior capsule, then making a cut in the capsule. It could be done but the procedure was difficult.

Next on the scene of modern cataract surgery came the YAG laser.

The YAG laser (one of many lasers used in ophthalmology) is used to make a hole in these cloudy posterior capsules without penetrating the globe, thus removing the risk of infection from this procedure.

It was noted with the use of the YAG laser that often one would get little pits in the plastic lens as a result of surgery. Most of the time these pits did not disturb the vision but were disconcerting and one wished to avoid them if possible.

These YAG laser pits led to the popularization of the so-called laser ridge. This is a ridge on the back of the implant. This varies from .15 to .35 mm. in thickness and serves, in most cases, to leave a space between the posterior capsule and the intraocular lens so that the YAG laser capsulotomy can be done with minimal pitting of the intraocular lens.

Possibly, the next most important development is UV lenses to filter out harmful infrared and ultraviolet lights which cause retinal damage.

Progress continues and I guess it always will as long as the world continues to spin on its axis. The latest development in cataract surgery is that of a silicone flexible lens which can be folded on itself and inserted through a 3 mm. incision. This is still in a very early stage of development but I imagine that eventually a lens of this type will be quite commonly used. The advantage is that with such a small incision only one suture will be necessary.

Progress has been made. May it be a never ending phenomenon.

La Grippe—Grippe—Grip—Flu are all terms used to describe the viral infection that is considered to be polyneuritis. Clinically in the early 30s and 40s, "Flu" was considered a most severe respiratory infection while La Grippe was thought to be not as severe with more generalized symptoms, such as aches and pains, muscles and joint soreness, mild cough and slight fever.

Tiredness, exhaustion, hot and cold sensations, sweats and chills are the common symptoms of both illnesses. Fatigue, tiredness, exhaustion persist after apparent recovery from the illness. These symptoms vary with the individual and last three weeks to as much as six months.

The cases I will explain today all had the great majority of the symptoms mentioned. During convalescence, patients noted a very gradual diminishing of the effects of their illness. A shortness of breath was one symptom which persisted in all cases.

J.D. a white male, age 57, a post office foreman, acquired a grippe illness in late May. He recovered gradually but in mid-July complained of shortness of breath when leaving the building after an eight hour shift. He was advised to walk slower, take his time and get sufficient rest, since blood pressure, pulse, respirations, and vital signs were normal. Four days later, he reported that he was free of the symptoms following this routine. At work the evening of the fourth day, he didn't feel well. He went to the dispensary where all vital signs and examination were negative. He rested in the dispensary until closing time and since he still did not feel well, he was taken to the nearest hospital emergency room. He was unconscious on arrival. All resuscitation efforts were
useless. Post mortem examinations showed a normal heart with no evidence of M.I. or coronary occlusion with other organs normal.

M.B., a white male, age 51, an assistant pastor at a local church, complained of grippe-like syndrome last November. He blamed continuing exhaustion on his work during December and January. The end of January, he complained of shortness of breath and was advised to rest and curtail all activities. Living on the third floor of the rectory with elevator service he walked only a minimal amount to perform his priestly duties. Ten days later, finding no improvement, he was hospitalized. The Stat EKG, chest X-ray and complete blood studies were all negative. He was first placed in a private room but 30 hours later, due to shortness of breath that evening he was moved to ICC. Thirty six hours later, while on the cardiac monitor he went into ventricular fibrillation and expired in 60 seconds. Post mortem was not permitted.

G.V., a white male, age 32 and a machine shop worker, suffered from gastrointestinal syndrome for 12 years. These attacks occurred with more asthmatic attacks requiring emergency hospital care for his children. In early March he suffered a grippe-like syndrome, was given symptomatic treatment and advised to rest and diet. Two weeks later he had a recurrence of severe gastro-intestinal syndrome. A physician at a hospital emergency room close to work advised to continue the present medical regime with rest at home until feeling better. The following day, feeling no better, he visited the hospital emergency room near his home. Findings were negative so an upper G.I. series was scheduled two days later. That evening about one hour after eating while watching T.V. he asked his wife to get something from the refrigerator. When she returned, he was dead. The Rescue Squad and the hospital E.R. attempted to resuscitate him but to no avail. A post mortem exam was refused.

M.M., a white male, age 58, is employed as a baker at Acme Markets. He was a known alcoholic with an abnormal four hour glucose tolerance of hyperglycemia. Relatively dry for the past eight years, a recent four hour tolerance test was text book normal. He was 5'7", at 189 pounds. When first diagnosed and controlled, his weight went down to 163 lbs. With domestic problems at home, he left his wife and began living with a much younger woman. In mid June, he experienced a grippe-like syndrome and because of the chest pain radiating to the left arm an EKG was obtained showing myocardial ischemia. At this time, his weight had gone up to 179 lbs. and he was advised to pay more attention to his diet and restrict his activities. At the end of July he was examined and found free of any symptoms. Since his weight had not changed, he indicated he would try to curtail activities. In mid August while working on his car, he expired. Resuscitation attempts were made by the rescue squad and E.R. but to no avail. There was no post mortem.

N.M., a white male, age 20, a pole vaulter competing in the Penn Relays had recovered from a grippe like cold six weeks before the event except for a cough with some respiratory difficulty. After six practice vaults, he collapsed in the sand pit. A physician prescribed one half hour of rest. Following three more practice vaults he collapsed again and was advised to go home. Examination showed mild inflammatory spots in the oral pharynx with a heart rate of 32. He was followed monthly with EKG, chest X-ray and blood count which showed leukopenia, with relative lymphocytosis as the only abnormal finding. His activities were limited as he slowly returned to classes. After six months his heart rate returned to 60. Tiredness and exhaustion disappeared and today at age 38, he is married, the father of two with no signs or symptoms.

Clinically, I feel these cases are instances of a viral neuritis in which the branch of the vagus that supplies the heart is infected resulting in sudden fibrillation from hyperactivity-irritation of the nerve. I feel the younger person had the response of a strong heart muscle working on its own without adequate enervation so he survived. He finally recovered after six months because the nerve finally recovered from the illness.
Dr. Echenberg’s Clinic Talk, “Childbirth in America: A Blending of Technology and Psychosocial Changes,” was geared to the changes which have taken place in the field of obstetrics in the past 20 years. He enumerated the ways in which the practice has been improved and enhanced, by returning to the original concept of childbirth as a family affair; for centuries before “modern medicine,” giving birth revolved around cultural, spiritual and social functions. He practices at St. Luke’s Hospital in Bethlehem, Pennsylvania and is on the faculty at Temple University School of Medicine.

In our zeal to eliminate infectious diseases and provide chemically painless births in the 40s and 50s, we had lost virtually all the emotional support functions so necessary to the mother. By 1965 we forgot there was any other way to have a baby. The 70s brought us the feminist, sexual and self-help revolutions and an explosion of “consumer”-oriented information about childbirth with the reminders to us about those forgotten aspects of pregnancy and birth that had been ignored for decades. Consumer pressure, plus individual hospitals re-evaluating their policies, resulted in the beginnings of many of the changes we see today.

I believe it is new possible to have a medically safe and sound childbirth within the framework of a hospital environment and still have the family experience all the joy, sorrow, exhilaration or whatever feelings are appropriate. The rest of the medical community has a great deal to learn from our obstetric experience in combining rapidly expanding technologies with other aspects of humanitarian care. Birth, illness and death have always been integral parts of the human experience.

Let us not abandon the new technologies in the years to come, but let us try to selectively incorporate them into a more holistic approach to overall medical care. By an acceptance of such attitudes in our profession we may overcome the fears many of us have regarding the ever-increasing medico-legal and economic dilemmas we face.
Jefferson Medical College's 161st Commencement Exercises were held at the Academy of Music on Friday, June 7th at 10 a.m. Two hundred and ten graduate physicians received their diplomas from University President Lewis W. Blumle, Jr., and vowed allegiance to the Hippocratic Oath, administered by Warren R. Lang, M.D. '43, whose portrait was presented by the senior class earlier in the week.

The new physicians heard their names called by Bruce E. Jarrell, M.D. '73, and received their diplomas, shaking hands with Dr. Blumle, acknowledging the seated faculty, greeting Dean Gonnella and receiving their Doctor of Medicine hood from James H. Robinson, M.D. or Richard R. Schmidt, Ph.D. With the awarding of the last degree, the new physicians received a prolonged standing ovation from parents, wives, husbands and children. There were several deviations from this routine which pleased the larger than usual audience.

Bonni S. Field, who will serve her residency at the Wilmington Medical Center, was accompanied by her two children, one a babe in arms. The other toddler, walking alongside, carried her diploma. While most graduates nodded to the faculty, Jane W. Maroney blew a kiss. She (serving her residency at Yale-New Haven Hospital) was on the portrait committee which selected Dr. Lang. Jeffrey R. McConnell saluted the faculty military style, and kissed the student marshall, Rebecca A. Zuurbier, on his way back to his seat. Dr. McConnell is now at Geisinger Medical Center.

Susan Bullitt Ward, the great, great, great granddaughter of legendary Jefferson surgeon, Samuel D. Gross, received her hood from her uncle, Orville H. Bullitt, Jr., Ph.D., of the Board of Trustees. Dr. Ward, horsewoman, entrepreneur and ski instructor in her "former life" before medical school, will serve her residency at The Bryn Mawr Hospital.

Two honorary degrees were bestowed upon exemplary physicians in their respective fields. William B. Bean, M.D., received the Doctor of Humane Letters. Former Chairman of the Department of Internal Medicine at the University of Iowa College of Medicine, and Physician-in-Chief at the University Hospitals, Dr. Bean was made Sir William Osler Professor of Medicine in 1970. From 1974 until 1980 he was Director of the Institute for the Medical Humanities and Kempner Professor of the Humanities in Medicine at the University of Texas Medical Branch, Galveston.

The research interests of Dr. Bean have been in nutrition, rare diseases and myocardial infarction. His numerous articles on medical history have especially highlighted the lives of Sir William Osler, Walter Reed and Robley Dunglison, all of whom are directly or indirectly related to Jefferson Medical College. It was particularly appropriate that Dr. Bean be introduced by Frederick B. Wagner, Jr., M.D. the Grace Revere Osler Emeritus Professor of Surgery at JMC.

W. Paul Havens, Jr., M.D., received the Honorary Doctor of Science degree. While serving in the U.S. Army Medical Corps from 1942 to 1946, Dr. Havens gained international recognition for his research on the etiology of viral hepatitis. He was among the first to realize that there were different types of hepatitis, and he directed his efforts toward the isolation and cultivation of these agents.

Having served as the first resident in internal medicine at the Jefferson Medical College Hospital, followed by a fellowship at the Rockefeller Institute for Medical Research in New York, Dr. Havens returned to Jefferson after World War II to continue his research. He distinguished himself as both clinician and teacher, rising to the rank of Professor of Microbiology and Medicine. Joseph F. Rodgers, M.D. '57, Clinical Associate Professor of Medicine, and Associate Dean, presented Dr. Havens.

Also graduating in the morning were the 11 men and women awarded the Ph.D. degree and the nine M.S. degrees in the biological sciences.

At 2:30 p.m. the same day, 320 members of the graduating class of the College of Allied Health Sciences received their baccalaureate degrees in nursing, cytotechnology, dental hygiene, medical technology, occupational therapy, physical therapy and radiologic technology. The honorary degrees were awarded to Commencement Speaker Constance E. Clayton, Superintendent of Philadelphia Public Schools, who received an Honorary Doctor of Science degree; Virginia Henderson, Research Associate Emeritus, Yale University School of Nursing, who received an Honorary Doctor of Letters degree; Eugene Michaels, Associate Executive Director, Research and Education, American Physical Therapy Association, who received an Honorary Doctor of Letters degree; and Wilma West, having spent over 40 years devoted to the advancement of occupational therapy practice, who received an Honorary Doctor of Science degree.
new board members

New developments on the Board of Trustees of Jefferson include the election of Frederick B. Wagner, Jr., M.D. '41 as Alumni Trustee and the addition of Ira Brind and Constance E. Clayton both for three-year terms.

Dr. Wagner, who has been the Grace Revere Osler Emeritus Professor of Surgery since 1982, spent his entire professional career at Jefferson. Now, he serves the institution as University Historian, with an office in the Scott Memorial Library. A prolific writer, he is incorporating his vast knowledge and interest in the Medical College into a book on Jefferson from its earliest days. He is past President of the Alumni Association and member of many distinguished medical organizations. At the present time he is President of the Philadelphia Academy of Surgery. Other memberships include the Meigs Society, the American Osler Society, the Jefferson Society for Clinical Investigation, past President, and the Philadelphia College of Physicians. He and his wife, Jean, live in Penn Valley.

Ira R. Brind is President of McDonnell Douglas Trucking Services, Inc.; Chairman of the Philadelphia College of the Performing Arts; Director, The Philadelphia School; Director of the Philadelphia College of Art; and Director of AAMCO Industries. Mr. Brind, an attorney, has held various positions in the Brind Corporation since 1961, and is a member of the Locust Club. He and his wife, Myrna, and sons Robert and David, live in Philadelphia.

Superintendent of Schools for the School District of Philadelphia, Constance E. Clayton, was speaker for the College of Allied Health Sciences Commencement in June and also the recipient of an Honorary Doctor of Science Degree from Thomas Jefferson University. Dr. Clayton has received honorary degrees from Chestnut Hill College, Drexel University, Haverford College, LaSalle College, Lincoln University, St. Joseph’s University and Widener University. She has spent 30
years with the Philadelphia School District, in many capacities, also serving as Instructor at both Temple and Rutgers Universities and as Regional Director for the Women's Bureau, U.S. Department of Labor. In 1984, Dr. Clayton received the coveted Gimbel Award.

alumni banquet

In a slight change from the usual Bellevue Stratford surroundings, the Alumni Banquet was held Thursday night, June 6, in the Crystal Room of John Wanamaker's. Graduating medical school students, with their spouses or friends, were there as guests of the Alumni Association, and joined with their colleagues and with distinguished physicians from all over the country to celebrate reunion week and commencement.

Alumni President John R. Prehatny '57, presided at the head table, commenting on the Board of Trustee members present, and introducing University President Lewis W. Blumle, Jr. and Dean Joseph S. Gonnella to the 615 Jeffersonians assembled.

Fifty-year lapel buttons and certificates were given to those members of the class of 1935 attending, and the Alumni Achievement Award presented to Charley J. Smyth, M.D. '35, by John J. Gartland, M.D. 'S44, Chairman of the Alumni Achievement Award Committee.

Marlon T. Maus, recently returned from several months abroad working in French Hospitals and traveling, was the student speaker chosen by his classmates. He told the audience not to think of the class of 1985 as part of the apathetic generation, mentioning their particular interest in peace and disarmament. Dr. Maus earlier in the week had served as Chairman of the Senior Portrait Committee honoring Warren R. Lang, M.D. '43. An AOA graduate heading for the Medical Center of Delaware for his residency, he received the Carroll R. Mullen Memorial Prize in Ophthalmology at Class Day. His parting words to the physicians in attendance were, "Thanks, we respect you."

J. Wallace Davis, M.D. '42, Chair-

man of the Alumni Fund Drive, reported that with 50 percent participation overall, a total of $1,200,000 was received this year. Dr. Davis noted that the class of 1935, celebrating its 50th reunion, contributed the most, with $80,175. The classes of 1943 and 1941 were second and third respectively. After the statistics and figures, Dr. Davis had the most enjoyable duty of presenting a gift and an Honorary Alumni Association membership to Mrs. Joan E. Schott, who this year celebrates her 25th anniversary with Jefferson.

class day

It was Class Day, 1985, at 2:00 on Thursday, June 6, and once again Willis C. Maddrey, M.D. Magee Professor of Medicine and Chairman of the Department, was chosen Faculty Speaker by the senior class. They chose classmate Joseph B. Szgalsky as Student Speaker.

Dean Joseph S. Gonnella introduced the physician and physician-to-be, who had their turn at the microphone before numerous awards were given to graduating seniors and the Christian F. and Mary R. Lindback Award recipients designated.

First, Dean Gonnella introduced the class to itself. Of the 210 graduating seniors, 46 are women. They come from 84 colleges and universities in 16 states and the Virgin Islands. Director of Admissions, Benjamin Bacharach, M.D. '56, stated in his article on admissions in the fall issue of JAB that Jefferson is third (out of 127 medical schools) for its diversity in selecting students from a wide variety of educational institutions.

The Alumni Prize, given to the senior with the highest cumulative average, was awarded to Kenneth J. Arnold, who will take his residency at Cincinnati General Hospital. The William Potter Memorial Prize for highest achievement was given to Kenneth L. Cherry, Jr., who will go to Allentown Affiliated Hospitals for his residency. The Philip and Bella Medoff Memorial Prize for a member of the Hobart Hare Medical Society recommended by the Magee Professor of Medicine for excellence in internal medicine was awarded to Tracy A. Glauser, who will be a resident at The Johns Hopkins Hospital next year. He is the agent for the class of 1985.

The Leopold Goldstein Memorial Prize in Obstetrics and Gynecology for the highest average in that discipline, went to Cynthia M. Coughlin, who will go to Women and Infants Hospital in Providence, Rhode Island, next year. The Clinical Surgery Prize was awarded to James J. Baran, who will serve his residency at TJUH. The Orthopaedic Surgery Prize, sponsored by John J. Gartland, M.D. 'S44, was given to Kenneth L. Cherry, Jr.

The Obstetrics and Gynecology Prize was awarded to Jeffrey L. Wainstein, University of Illinois Emergency Medicine Residence next year, and the Henry Keller Mohler Memorial Prize in Therapeutics to Mary E. Rueckel, who will be at the University Health Center in Pittsburgh for her residency. The Arthur Krieger Memorial Prize in Family Medicine was awarded to Gayle A. Hopper, who will serve her residency at the University of Maryland Hospital in Baltimore. The Hyman Menduke Research Prize to the student demonstrating excellence in research went to Larry J. Dashow, who will go to Beth Israel Medical Center in New York next year.

The Lindback Award for Distinguished Teaching went to Charles S. Owen, Ph.D., Associate Professor of Biochemistry, who was chosen for the Basic Sciences, and Robert J. Schwartzman, M.D., Professor of Neuroscience and Chairman of the Department, who was chosen for the Clinical Sciences.

senior portrait

Inaugurating the week of medical school reunion activities was the Senior Portrait Presentation on Monday, June 3, when the portrait of Warren R. Lang, M.D. '43 was presented to the College Chairman of the Portrait Committee, Marlon T. Maus, AOA, lauded Dr. Lang, the Gonzalo E. Aponte Professor of Pathology and Chairman of the Department, as having made an "indelible impression" on the class,
a teacher who "gave a framework on which to hand the facts."

A longtime friend of Dr. Lang’s offered the biographical sketch. Samuel S. Conly, Jr., M.D ‘S44, Honorary Associate Professor of Physiology and Emeritus Associate Dean, noted that his and Dr. Lang’s lives had paralleled over the years, each having grown up in Philadelphia, entering Jefferson at nearly the same time and excelerating their last years because of World War II.

Always at the top of his class, Warren Lang chose Jefferson over both Temple and Hahnemann, after finally deciding on medicine as a profession. Here, too, he excelled, receiving the Anatomy and Physiology Prizes as a sophomore and the "best examination" citation as a junior. But he overwhelmed the awards committee at commencement by winning the awards for obstetrics, gynecology, psychiatry, ophthalomology, otology, urology and medicine, in addition to awards for the best general examination, highest average in the final two years and the Alumni Prize for best average for the entire curriculum.

He became the first resident in a combined obstetrics and gynecology Jefferson residency. Immediately following his postgraduate training at Jefferson he entered the Army and spent most of his two years (1945-1947) in Korea as an Artillery Battalion Surgeon. Dr. Conly said, “In addition to the regular medical care of soldiers he delivered two babies, played volleyball, gave VD talks and shot a howitzer . . . once.”

Returning to Jefferson, he advanced to become Professor of Obstetrics and Gynecology in 1963, when an increasing interest in cytology led to residency training in pathology. Gradually pathology took over as his prime activity, with great encouragement from the Chairman of the Pathology Department, the late Gonzalo E. Aponte. In 1973, he became Professor of Cytotechnology in the College of Allied Health Sciences; ten years after that, at JMC, he became the first Gonzalo E. Aponte Professor of Pathology and Chairman of the Department.

Dr. Lang is the author of 200 medical publications, and spends much of his time on various committees and medical societies. Last year he received the George N. Papanicolaou Award “for meritorious achievement” from the American Society of Cytology; his involvement in cytology led to an award this year from the Metropolitan Washington Association of Cytology in which he was honored for “unfailing assistance” to the Society. He was awarded the Christian R. and Mary F. Lindback Award for Distinguished Teaching in 1977. Dr. Conly said, “He loves to participate in programs on admission to medical school with representatives from other schools so that he can wave the flag and extol the virtues of Jefferson.”

A man of eclectic interests, Dr. Lang loves words, trivia, opera, the Christmas Season, professional wrestling, and is being tutored in Classical Greek. He was a student of Latin all through high school, and has also translated two works on colposcopy from German to English.

The 1982 Clinic had an article commending his teaching. “Dr. Lang’s style is characterized by a paternalistic manner and a fondness of epymons (Study With Enthusiam and Tenacity. SWEAT). His expressions (loose lips sink ships’) and actions (blowing a whistle to get the class’s attention) enlivened many lectures. As he said so often, ‘Trust your Uncle Warren.’ We did.”
Doctors Lang and Conly came to know each other best from their work on the Admissions Committee. "In fact," he said to the seniors in crowded McClellan Hall, "Dr. Lang and I were on the committee which picked you from an applicant pool of 3,760. I think we made excellent selections." Dr. Conly also agreed that the class had made an excellent selection in choosing Dr. Lang as the subject of the portrait by Alden M. Wicks, which pictured the pathologist by his microscope, with a background of medical books.

"I know that you have made a superb selection in choosing, for the administration of the Hippocratic Oath on Friday, and for sitting for your class portrait, Dr. Warren Reichert Lang, scholar; teacher; clinician; quizzer; lover of words; jokes and learning; loyal Jeffersonian and a warm, enthusiastic gentleman."

After enthusiastic applause from fond students and friends, faculty and administrators, Dr. Lang introduced his cousin and best friend, Dorothy Hawkins, and also his Aunt Marie, "who moved heaven and earth to get here today." He said that his professional life has had four highlights: "Being accepted by Jefferson, graduating from Jefferson, becoming the Aponte Professor . . . and today."

Inventor of the year

On April 17th, in a ceremony in the Caucus Room of the Russell Senate Office Building on Capitol Hill, one of Jefferson's most distinguished professors became the recipient of the Inventor of the Year Award. Jewell L. Osterholm, M.D., Professor of Neurosurgery and Chairman of the Department, was rewarded for his invention of Oxygenated Fluorocarbon Nutrient for treatment of stroke, consisting of an oxygen and nutrient-rich artificial spinal fluid which circulates around the cells of the brain in the hours immediately following a stroke. Dr. Osterholm received nine patents for this invention in 1984.

Since 1977, Dr. Osterholm has pursued in his laboratories research that heralds a possible major breakthrough in the treatment of stroke in humans. Cerebrovascular disease ranks as the third leading cause of death in the United States and other industrialized nations. In the United States, stroke accounts for approximately 10% of the total number of deaths.

The basic concept of Dr. Osterholm's invention is to protect the brain with an extravascular circulation of an oxygenated emulsion around the cells of the brain through the natural pathways of the cerebrospinal fluid (CSF). His invention provides a method for treating ischemic neurologic tissue through the CSF pathway; it embodies the use of this pathway as the administration route for the emulsion.

The nutrient emulsion, essentially an artificial spinal fluid, comprises pre-selected electrolytes, glucose, amino acids, at least one oxygen-carrying component, typically a fluorocarbon, and other components which impart to the formulation a pre-selected pH, buffering capability and osmolarity.

Dr. Osterholm's invention also provides a novel method and apparatus for circulating the oxygenated nutrient emulsion through the CSF pathway, wherein treated tissues exhibit a substantially improved ability to resist and/or repair damage which would otherwise result from vascular occlusion.

In summary, the invention means that if a patient suffering from a stroke can be admitted to a hospital, be diagnosed and commence treatment within four hours of the onset of that stroke, his chances for a significant or total recovery is great. The system will allow his brain to live while its own natural circulation is restored, either spontaneously or with medical/surgical correction. Hospitalization is likely to be short and, with proper measures to prevent another stroke, the patient can return to life and work with full intellectual, physical and emotional faculties. No other existing therapy can offer this degree of hope.

The Inventor of the Year Award, presented to Dr. Osterholm by Senator Arlen Specter (R-PA) is given by Intellectual Properties, Inc., an association of people holding patents, trademarks and copyrights, and has been awarded to outstanding inventors since 1973.

Convocation

Four honorary degrees were conferred Friday, April 12, at a convocation ceremony in McClellan Hall, as part of the 25th Anniversary celebration of the Retina Service at Wills Eye Hospital.

In his remarks, TJU President Lewis W. Bluemle, Jr., expressed his delight in having four such outstanding men in the field of ophthalmology gathered upon one stage. He said their contributions had saved the eyesight of thousands of men, women and children. "Our ability to treat retinal problems and vascular disorders of the eye is attributable in large measure to our four honorees," he said.

Charles L. Schepens, M.D. the first recipient, initiated indirect ophthalmology to verify breaks in the retina. His surgical methods eliminated the need to immobilize the head and he raised the success rate for retinal surgery from 25 percent to 90 percent. Dr. Schepens is Director of the Retina Foundation in Boston. He was presented by H. MacKenzie Freeman,
M.D., Associate Clinical Professor of Ophthalmology at Harvard Medical School.

Dr. Gerhard Rudolf Edmund Meyer-Schwickerath invented the Xenon Photocoagulator, the forerunner of laser therapy which revolutionized the treatment of retinal vascular disorders, tumors of the eye and detached retinas. Many diabetics continue to enjoy eyesight because of his pioneering research. For this, Dr. Meyer-Schwickerath received a nomination for the Nobel Prize in Medicine, and remains a candidate still. He was presented by William S. Tasman, M.D., Dean of Medicine.

Arnall Patz, M.D., another pioneer in laser technology, greatly advanced the treatment of diabetic retinopathy, and made it possible to treat sight-threatening retinal problems common among premature infants. Dr. Patz is Director of the Wilmer Institute at The Johns Hopkins University in Baltimore. He was presented by William H. Annesley, M.D., Professor of Ophthalmology at Jefferson.

Edward W.D. Norton, M.D. fostered vitrectomy research at Miami’s Bascom Palmer Eye Institute, where he is Director. Dr. Norton is also noted for his refinement of the use of intravascular gases to repair retina damage. Presented by Lov K. Sarin, M.D., Professor of Ophthalmology at Jefferson, Dr. Norton was the guest speaker for the convocation and introduced the audience, through slides and script, to the founding fathers of ophthalmology from George Bartisch who was the first to remove the eye, to the infamous Antonio Scarpa, whose head was removed and preserved, and may be observed at the University of Pavia. Dr. Bluemle noted that this presented “a new definition of immortality in academic medicine.”

honors, etcetera

Michael J. Bradley, Executive Director of TJUH and the University’s Vice President for Health Services, was elected to serve a two-year term as a member of the Board of Directors of Healthcare Financial Management Association (HFMA), effective June 1.

**Dean Joseph S. Gonnella** has been appointed to three new extramural professional activities. On the American Board of Medical Specialties, he is a member of the Committee on Study of Evaluation Procedures (COSEP), for 1985; as a member of the Association of American Medical Colleges, he is Chairman of the Nominating Committee for 1985-1986; and on the Joint Commission on Accreditation of Hospitals, he is a member of the Academic Health Center Work Group for 1985.

**Ronald P. Jensh, Ph.D.**, Professor of Anatomy and Associate Professor of Radiology, is the third recipient of the Distinguished Alumni Award, given annually by the College of Graduate Studies. A luncheon was held in the Music Lounge of Jefferson Alumni Hall on May 3. Dr. Jensh graduated from Jefferson in 1966, and has been a member of the faculty for 19 years. His research interest is in the area of behavioral teratology. In 1973, he won the Christian R. and Mary F. Lindback Award for Distinguished Teaching.

**Allen R. Ziegler, Ph.D.**, has been promoted from Associate Professor to Professor in the Department of Biochemistry.

**relationships**

Like all families, Jefferson has “relationships.” Many span generations while others exist within classes.


Joseph J. Hickey’s great-grandfather, Stefano J., graduated in 1888, his grandfather, Francis S. in ’24 and his late father, John S., in ’51.

Susan Bullitt Ward’s great-great-grandfather was Samuel D. Gross, Class of 1828.

A set of twins graduated. Mitchel and Scott Kruger join their older brother, Mark S. Kruger, M.D. ’81. Brothers Richard and Michael Patti graduated together.

Graduate relationships to faculty and staff include: Grace P. Goracci and father, Armando, Department of Surgery; Halette R. Lasker and father, Norman, Department of Neurology; DeForrest W. Marchant and father, DeForrest, Department of Ob/Gyn; Jane W. Maroney and father, John, Department of Pediatrics; Jussi J. Sankkonen, Jr. and father, Jussi, Dean of the College of Graduate Studies; and Richard M. Wilk and father, Howard, Department of Surgery.
those Jefferson relationships

John I. Lane, '85 (right) at the otter fountain with his father, John D., '55 and grandfather, Francis P. McCauley, '29.

Dean of the College of Graduate Studies Jussi J. Saukkonen and Mrs. Saukkonen, with Jussi. Jr. '85

Joseph J. Hickey, '85 is a fourth generation graduate. Other Hickeys are his late father, John S., '51; grandfather Francis S. '24 and great-grandfather Stefano J., 1888. Joe's mother, Theodora, regards him proudly.

1985 graduate William J. Albright (left) with his dad, William J. III, '54. The late William J. II, graduated in the class of 1922.

Twins Scott (left) and Mitchel Kruger in the courtyard of Alumni Hall. Older brother, Mark, graduated in 1981. The twins will serve residencies in Washington, D.C. and Hawaii, respectively.

Richard (left) and Michael Patti, while not the same age, both graduated in 1985. Michael came to medical school married; Richard married the day after commencement. The church was Old St. Joseph's in Society Hill; the priest, Father Edward C. Bradley, M.D. '55.
(above) Susan Bullitt Ward, great, great, great-granddaughter of Samuel D. Gross, stands before the Eakins portrait of her famous ancestor. (top right) Paul J. Berlin, '85 and father Irvin L., '35 pause outside of Solis-Cohen Auditorium before the Clinic Talks. (right) Marc S. McMorris, '85 and David L., '54 on the plaza before the Dean's Luncheon on June 5.

Michael J. Patti, '85 and his proud father unfurl the diploma

David M. Fink '85 with parents Dr. and Mrs. Jack W. Fink '54
1918

The Editor extends sincerest apologies to Mrs. Reynold S. Griffith who was identified as Joanna, second wife of the late Dr. Griffith, in his obituary published in the spring issue of the JAB. Mrs. Griffith was his only wife.

1926

Harold L. Stewart, 119 S. Adams St., Rockville, Md., presented the James Earle Ash Lecture at the Armed Forces Medical Museum (Walter Reed Army Medical Center, Washington, D.C.) on May 16, 1985, sponsored by the American Registry of Pathology and the Armed Forces Institute of Pathology. Dr. Stewart is Scientist Emeritus at the National Cancer Institute, National Institutes of Health and received the Alumni Achievement Award in 1966.

1928

Jo Ono, 6-13, Roppongi 6-Chrome, Minato-ku, Tokyo, has completed two books, one on Chevalier Jackson, M.D. Jefferson’s renowned Professor of Bronchoscopy, and another larger, more scientific volume. Colleagues gave him a celebration party in February at the Tokyo American Club to which 150 of his friends came, “in spite of the heaviest snowfall of the year the night before,” writes Dr. Ono’s wife, Kimi.

Joseph M. de los Reyes, 2010 Wilshire Blvd., Los Angeles, has accepted an appointment to the Advisory Board of the National Association of Physical Therapists. Dr. de los Reyes has served as a Board Member on the International Association of Physical Therapists and the Governor’s Committee for the Physically Handicapped. He is a member of the State Board of Medical Examiners and has served as its President. He has been consulting surgeon to numerous hospitals, and was Senior Surgeon at Grand Hills Hospital and California Medical Center.

1930

Paul M. Reigart, 20 Pleasant Acres Rd., York, Pa., writes, “I retired from the practice of medicine as of January 1, 1985.”

1931

John F. Giering, 272 Pierce St., Kingston, Pa., has retired after 53 years in the practice of internal medicine. Friends and family wished him well as he closed his office and handed patients their records. Dr. Giering was Chairman of the Department of Medicine at the Wilkes-Barre General Hospital for 12 years; he was President of the Northeastern Pennsylvania Heart Association, the Pennsylvania Heart Association and the Luzerne County Medical Society.

1932

Nathan S. Schlezinger, 8378 Glen Rd., Elkins Park, Pa., has been named Emeritus Professor in the Department of Neurology.

1935

At the May meetings of the Medical Society of New Jersey, five Jefferson graduates, class of 1935, received recognition. Golden Merit Awards went to: James N. Barroway, pediatrics; Daniel H. Stephenson, psychiatry; Emanuel Sufrin, internist; Bascom S. Waugh, internal medicine; and H. Edward Yaskin, neuropsychiatry. The five physicians, all in the medical profession for 50 years, were also honored at the Camden County Medical Society’s general meeting in March.

Albert J. Blair, 2912 NW 65th Ave., Margate, Fl., was honored for 50 years in the medical field at the Allegheny County Community Awards Dinner in March. He formerly was from Monroeville, Pennsylvania. Dr. Blair specialized in industrial and administrative medicine until his retirement.

Samuel S. Burden, Suite 116 Benson Manor, Jenkintown, Pa., received the Pennsylvania Medical Society’s 50 Years in Medicine Award at the Montgomery County Medical Society’s Annual Dinner Dance in June. Dr. Burden specializes in allergies.

James V. Carr, 1306 Broadway, McKees Rocks, Pa., was recently honored for 50 years in the medical field by the Allegheny County Medical Society. Dr. Carr, a general surgeon, is affiliated with Ohio Valley Hospital.

Arthur N. Ericksen, 1836 Salem Rd., Reading, Pa., was recently honored by the Berks County Medical Society for 50 years in medicine. Dr. Ericksen is retired from the practice of internal medicine, and lives in Wyomissing.

Edgar W. Kline, 600 Columbia Ave., Lansdale, Pa., received the Pennsylvania Medical Society’s 50 Years in Medicine Award at the Montgomery County Medical Society’s Annual Dinner Dance in June. Dr. Kline, who is semi-retired, is a charter member of the American Academy of Family Physicians.

1936

J. Edward Berk, 894-C Ronda Sevilla, Laguna Hills, Ca., was Editor-in-Chief of the recently released fourth Edition of the seven-volume Bockus Gastroenterology. Dr. Berk also delivered the Diamond Jubilee Oration of the Seth G.S. Medical College, Bombay, India, in April. During March and April, he served as Visiting Professor and Lecturer at the University of Hong Kong, the University of Tel Aviv and the Mahidol University School of Medicine, Bangkok, Thailand.

1937

Paul A. Bowers, 255 S. 17th St., Philadelphia, has received an award for unique and outstanding service in the
field of obstetrics and gynecology at the 33rd Annual Meeting of The American College of Obstetricians and Gynecologists (ACOG) in Washington, D.C. on May 15. Dr. Bowers is a former Chairman of the ACOG District which includes the states of Pennsylvania, New Jersey and Delaware. At the first Annual Clinical Meeting in December, 1952, he delivered a paper on breast lesions, and has attended all meetings of the College both at District and national level. Since then Dr. Bowers also was invited by the Chinese Medical Association to make presentations and give symposiums last spring in Kun Ming, Xian, Beijing and Shanghai. He and Mrs. Bowers spent three weeks meeting with medical personnel and visiting facilities. "A wonderfully hospitable people" he reported on his return.

1939

David D. Dunn, 104 East 2nd St., Erie, Pa., has been joined by his son, Geoffrey P. Dunn, M.D. '79 in his continuing practice of general surgery in Erie.

1941

Chang Ha Kim, 3820 Crenshaw Blvd., Los Angeles, and his partner/wife, won first prize in Seoul, Korea, and second prize in Taiwan, for ballroom dancing. Dr. Kim is 72.

Randal A. Nishijima, 1024 Piikoi St., Honolulu, writes that he is semi-retired.

1944

Frank H. Butt, 506 S. State St., N. Warren, Pa., writes that he has "enjoyed retirement for two years. Plenty of things to do, many hobbies, and I'm glad to be in good health. My youngest son is graduating from high school this year. He will be enrolling at Susquehanna University this fall."

William H. Gehron, Jr., 699 Rural Ave., Williamsport, Pa., spent two months in Egypt to fill a temporary need for a urological surgeon at American Mission Hospital in Tanta, Egypt's third largest city. Dr. Gehron's duties included urologic surgery, performing urologic care, walking rounds to visit patients and instructing six surgical residents in diagnosis and management of urologic diseases. He discovered that the two most common urologic diseases in this region, bilharziasis and kidney stones, were prevalent in the time of the Pharaohs. Though he characterized the state of medicine in Egypt as "progressive," Dr. Gehron said hospitals have insufficient money to purchase diagnostic facilities common in the U.S. Trained professionals to run the equipment are also scarce. But health care costs are expensive in Egypt, he said. A 24-hour stay in a third class ward, which provides basic care, meals and bed, is equivalent to 75 cents a day. A private room with the same provisions and a bath costs $12.50. One of the highlights of his visit was an excursion with students from a mission school to the Valley of the Kings near the ancient capital of Thebes. "This was a journey into antiquity," marveled Gehron, who had an interpreter with him at all times.

1945

Stephen F. Balshi, 3354 Green Meadow C.t., Bethlehem, Pa., has been appointed Clinical Assistant Professor of Otorhinolaryngology and Bronchoesophagology at Temple University. Dr. Balshi is Director of the Speech and Hearing Laboratory at St. Luke's Hospital and Chief of the hospital's Otolaryngology Division of Surgery.

John S. Madara, 31 Market St., Salem, N.J., is "still alive and in family practice." Dr. Madara is Medical Director of the Salem County Nursing Home.

Jesse Schulman, 1101 W. Cross St., Lakewood, N.J., was honored with a testimonial dinner-dance in March, the proceeds from which were used to endow a nursing scholarship named for him at Ocean County College. Dr. Schulman, a general surgeon, was recognized for "his distinguished service to Kimball Medical Center and his humanitarian contributions to society." His affiliation with the medical center spans 35 years. He has been a member of the executive committee or an officer of the medical staff continuously for the past 30 years.

1946


Leon L. Berns, M.D. '30, Honorary Clinical Professor of Anatomy, receives a plaque of appreciation and recognition from Department Chairman, E. Marshall Johnson, Ph.D.

George B. Craddock, M.D. '35 received an Honorary Doctorate at his undergraduate Alma Mater, Washington and Lee University in Lexington, Virginia. Only this would have kept him from his 50th reunion at Jefferson, he wrote in a letter accompanying his questionnaire. The Honorary Doctor of Science degree was bestowed at ceremonies marking the School's 200th Anniversary.
Russell W. Schaedler, M.D. '53, has been named the first Doctor V. Watson Pugh and Mrs. Frances Plimpton Pugh Professor of Microbiology. The Pughs, of Raleigh, North Carolina (he is class of 1953) were in Philadelphia to mark the event at a dinner at Deux Cheminees. Among those attending were (photo left from left) President Lewis W. Bluemle, Dr. Schaedler and Mrs. Pugh and (photo right from left) Dr. Pugh, Dean Joseph S. Gonnella and the Pughs' daughter, Holly.

1948

William H. Annesley, Jr., 135 Lankenau Medical Bldg., Lancaster Ave., Philadelphia, was awarded a silver tray at the 37th Clinical Conference by the Staff and Society of Ex-residents of the Wills Eye Hospital on March 22, 1985, "in recognition of the many faithful years of continuing superlative and creative work, as able clinician, skilled surgeon and dedicated teacher."

Joseph V. Conroy, 10800 Crestmont Ave., Philadelphia, writes, "I just had our 11th grandchild."

Alexander Gouard, Jr., 1133 S.E. 14th St., Ocala, FL, writes, "Have retired to fishing, farming, tennis and travel. Busier now than previously."

Edwin L. Webb, 3363 Stratford Ln., Montgomery, AL, writes, "After a very successful coronary by-pass I have retired from a busy allergy practice to really enjoy life and watch our six grandchildren grow up."

1949

William T. Sallee, 2 Aula Ct., Eldorado at Santa Fe, Santa Fe, after 25 years practicing ophthalmology in Detroit, retired and moved to New Mexico, "I am building a house of 'sticks and mud' (adobe). I plan to hike, camp, fish, ski, travel and pursue my hobby of photography. My wife, Bette, is graduating from the University of Michigan."

Richard M. Whittington, 2020 N.W. 46th St., Gainesville, Fl., writes, "Our second grandchild, Sarah Anne, born August 31, 1984, to Richard and June (Richard Whittington, M.D. '76)."

1951

Leonard S. Girsh, Benjamin Fox Pavilion, Jenkintown, Pa., was interviewed for CKO-Radio in Toronto last April regarding allergy and deafness. Dr. Girsh was also recently interviewed regarding allergic disease for WHYY-Radio's local PBS program, "The Health Connection." He is Director of Allergy and Clinical Immunology at the Medical College of Pennsylvania and practices in Jenkintown.

Victor F. Greco, E-Z Acres, R.D., Drums, Pa., Chief of Surgery at St. Joseph Medical Center and past Chief of Surgery at Hazleton State General Hospital, was guest speaker at the Annual Dinner-Dance and Meeting of the Greater Shenandoah Area Chamber of Commerce in April. In addition to his other staff appointments, Dr. Greco is attending physician at the Veterans Administration Hospital and is surgery consultant at the Coaldale State General Hospital, the Berwick Hospital and the White Haven State School and Hospital.

1952

Jerome J. Lebovitz, 320 Ft. Duquesne Blvd., Pittsburgh, was recently married after having been a widower for one year. Dr. and Mrs. Lebovitz spend five or six weeks a year in their apartment in Tarpon Springs, Florida. His youngest son recently graduated from optometry school and is now attending medical school.

Mark A. Lebovitz, M.D. '56, is in a private practice of obstetrics and gynecology, living in Cherry Hill, New Jersey, with his wife and two daughters. "I am looking forward to our next class reunion in the spring of 1987," he writes.

1953

John M. Levinson, 1828 Wawaset St., Wilmington, De., has been named President of the Explorers Club, a multidisciplinary professional society dedicated to the advancement of field research, scientific exploration and the ideal that it is vital to preserve the instinct to explore. Dr. Levinson, a gynecologist in Wilmington, recently celebrated the 20th anniversary of Aid for International Medicine, AIM.

Raymond P. Seckinger, 136-150 S. 4th St., Allentown, Pa., became Chief of the subdivision of Psychiatry at Sacred Heart Hospital in 1982.

1954

Warren W. Brubaker, Director of Corporate Medical Affairs for Hershey Foods Corporation, visited Jefferson in March to discuss occupational medicine, medical care cost management and the role of the medical community in corporate wellness programs.

1955

Herbert E. Cohn, Professor of Surgery at Jefferson, has been named Vice Chairman of the Department and Treasurer, Regent and Chairman of the Board of Regents of the American College of Physicians. Dr. Sweeney is Vice President for the Health Services at Temple University.
began his term as President of the Medical Staff in June. He will continue as Director of Graduate Education in the Department of Surgery.

J. Hubert Conner, 420 Foxchase Ln., Media, Pa., writes "We are anticipating adding the sixth person to our orthopaedic group in Chester, in August. He is another Jefferson-trained resident."

Robert Pathroff, 193 Easton Rd., Horsham, Pa. is "still hanging in there in family practice."

Robert J. Senior, 500 Eastowne Dr., Chapel Hill, N.C., has been appointed Medical Director of Oakleigh Hospital in Durham. Oakleigh is a new facility to open in August, 1985, for the treatment of chemical dependency. This position is in conjunction with Dr. Senior's private practice of adolescent medicine and consultant status to several national industries.

Robert J. Senior, 500 Eastowne Dr., Chapel Hill, N.C., has been appointed Medical Director of Oakleigh Hospital in Durham. Oakleigh is a new facility to open in August, 1985, for the treatment of chemical dependency. This position is in conjunction with Dr. Senior's private practice of adolescent medicine and consultant status to several national industries.

1956

Edwin L. Rothfeld, 201 Lyons Ave., Newark, N.J., has been appointed Director of the Division of Cardiology at Newark Beth Israel Medical Center. Dr. Rothfeld has served as Director of NMIMC's heart station since 1967, and most recently as Associated Director of Cardiology. He is Professor of Medicine at the University of Medicine and Dentistry-New Jersey Medical School, and consultant to the editorial staff of Chest, the Journal of the American College of Chest Physicians, and to The Journal of the Medical Society of New Jersey.

1957

Robert M. Allman, 901 23rd St. N.W., Washington, D.C., has recently been appointed Chairman of the Department of Radiology at the George Washington University Medical Center. Following a one-year internship at Atlantic City Hospital, Dr. Allman embarked on a 26-year career in the U.S. Air Force. He has been Clinical Professor of Radiology at the GWU School of Medicine and Health Sciences since 1979. He also holds appointments as Clinical Associate Professor of Radiology at Georgetown School of Medicine and the University of California, Davis.

1958

John D. Lane, 919 Durham Rd., Penndel, Pa., writes that his son John I. Lane, M.D. '85 graduated from Jefferson in June and plans an internship and radiology residency in Reading, Pennsylvania. John's grandfather, Francis P. McCauley, graduated in the class of 1929.

Donald E. Praiss, 1301 N. Kings Hwy., Cherry Hill, N.J., was elected to serve a second term as Treasurer of the Medical Staff at Cooper Hospital/University Medical Center. Dr. Praiss, Clinical Assistant Professor at the University of Medicine and Dentistry-Rutgers Medical School at Camden, is a specialist in urology.

1959

Leonard F. Greenberg, 5401 Old York Rd., Philadelphia, a cardiologist with Northern Internal Medicine Associates, is "happy to report that my daughter, Caroline, will be entering Jefferson in September."

Jack Lubin, 2760 N. Bay Rd., Miami Beach, writes, "Our newest child, Daniel, was born December 17, 1984."

1962

Louis E. Levinson, 515 Westbank Exp., Gretna, La., Director of the Louisiana Fertility Services there, is in a six man ob/gyn practice. His main interest is in the field of infertility. He writes that his daughter, Tracy, who was married in May to a hospital administrator, is a graduate student at the Manhattan School of Music in vocal performance. He mentioned that Rodney A. Appell, M.D. '73, has a urology practice in New Orleans and that Jose L. Garcia-Oller, M.D. '45 is a neurosurgeon there.

George P. Moses, 6 Church St., Wilkes-Barre, Pa., Chief of Surgery at Mercy Hospital, spoke to students at Wilkes-Barre Township Junior High School on Career Day. Dr. Moses discussed aspects of the medical profession.

Stanley A. Rosenblatt, 16 Village Green Ct., Wilkes-Barre, Pa., has been named sub-section Chief of Medical Education for the Weiss Institute of Neurological Sciences, a division of the Community Health Center. Previously, Dr. Rosenblatt was Assistant Professor of Neurology at Albert Einstein Medical Center and Instructor of Neurology at Temple University School of Medicine; he is certified by the American Board of Psychiatry and Neurology. He and his wife, Nancy, and three children reside in Mountain-top.

Jerome J. Vernick, 111 S. 11th St., Philadelphia, has been promoted to Clinical Professor in the Department of Surgery at Jefferson.

1963

David D. Dulaney, 10192 N. Coggins Dr., Sun City, Az., is Medical Director of the Dulaney Eye Clinic and Cataract Institute. Dr. Dulaney, on the staff at six Arizona hospitals, is one of 15 ophthalmologists in the United States who first implanted the YAG laser, used in the non-surgical treatment of post cataract conditions. He founded the Donald W. Dulaney Foundation for Ophthalmic Research and Education in 1983, named for his father, to fulfill a vision of commitment to a national research and community involvement. Entertainer Bob Hope recently staged a benefit for the Foundation at the Sundome Center for the Performing Arts.

1964

George B. Segel, 8 Farmingham Dr., Penfield, N.Y., is Professor of Pediatrics and Medicine at the University of Rochester School of Medicine.

1965

Nancy S. Czarnecki, 9410 Academy Rd., Philadelphia, served as Reunion Chairman for her 20th reunion this year. She was also Chairperson of the Alumni Placement Committee sponsoring "Career Day," geared to sophomore and junior students. Dr. Czarnecki is in family practice with her husband. They have four children.

Martin H. Lizerbram, 6331 Camino De La Costa, La Jolla, Ca., writes, "Myra and I are proud to announce that our daughter, Franny, will be graduating U.C. Berkeley in June and entering Jefferson next fall. This year, our two sons, Eric and Jeff, are attending U.C.L.A. and La Jolla High School, respectively."

Thomas H. Malin, 5 Mallard Dr., Camp Hill, Pa., is a Delegate to the Pennsylvania Medical Society for the Pennsylvania Orthopaedic Society; Member-at-Large to the Executive Board of Holy Spirit Hospital; Member, Council on Membership of Pennsylvania Medical Society; Member, Ad-Hoc Committee on Public Relations of the Pennsylvania Medical Society. Dr. Malin and his wife Betsy live with Gregory, 12, Carol, 10; and Janet, 6, in Camp Hill, where he has practiced orthopaedic surgery since 1972.
The class of 1960 gathered in black tie at the Franklin Institute for its 25th reunion. Pictured above are those members who attended the strictly gala affair. They dined elegantly and danced to the Jimmy Ray Band (right). But most will remember best the appearance of Dr. and Mrs. Arch F. Meredith, Jr. who traveled from California as guests of class members who appreciate the courageous struggle Dr. Meredith (left) has waged against illness.
Robert V. Miller, 2835 S. Delsea Dr., Vineland, N.J., became a Fellow of the American College of Surgeons during convocation ceremonies held in San Francisco. Dr. Miller is on the staff of Millville and Bridgeton Hospitals, Newcomb Medical Center, TJUH and Wills Eye. He is also on the teaching staff at Jefferson and Wills Eye; he is certified by the American Board of Ophthalmology.

1966

Warren D. Lambright, 1622 Jarretstown Rd., Dresher, Pa., has accepted the position of Chairman, Department of Ambulatory Care, at Abington Memorial Hospital, effective April, 1985.

Harry M. P. Love, 402 Boxford St., North Andover, Ma., has been elected to a one-year term as Vice President of the Lawrence General Hospital medical staff. Dr. Love's specialty is orthopaedic surgery.

John C. Pacanowski, RD #2, Sayre, Pa., Chief of Pediatrics at the Guthrie Clinic and Robert Packer Hospital, has recently published a book, *Childhood Symptoms: Every Parent's Guide to Childhood Illnesses*. Dr. Pacanowski participated in a promotional tour that took him to Boston, Baltimore, Atlanta, Detroit and Los Angeles, involving mostly radio and television talk shows (as many as four a day.) His book, termed one of Harper & Row's "lead trade books" for Spring, 1985, lists and explains more than 500 symptoms and diseases.

Harvey J. Sugarman, Medical College of Virginia, Richmond, Va., has been promoted to Professor of Surgery there. "I hear that all is going well at Jeff, for which I am delighted."

1967

Anthony C. Chirico, 230 Brookstone Dr., Princeton, N.J., is current President of the New Jersey Neurosurgical Society. He is Chief of Neurosurgery at Princeton Medical Center and Mercer Medical Center in Trenton.

Robert M. Friedlander, RR #1, New London, N.H., is still practicing radiology in a four-man group at five hospitals. "The interesting news is about my lovely wife, Sam, the former Moore College of Art student who has gone off on a slightly different tack. After graduating summa from Colby-Sawyer College, she was accepted as a graduate student at Dartmouth where she is currently working on her Ph.D. in molecular genetics."

Louis W. Schwartz, 410 Vernon Rd., Jenkintown, Pa., is continuing his private practice of ophthalmology in Lansdale and teaching and doing research at Wills Eye Hospital.

1968

James B. Turchik, 19 Bradford Dr., Syracuse, N.Y., writes, "I am enjoying the morning report as the new Assistant Chief of Medicine at Crouse Irving Memorial Hospital, where I am still Director of Infectious Disease. I'm getting ready to run in the 10-mile Mountain Goat Road Race in Syracuse. Kirsten, is now 14 years old, James and Rebecca are 12. Evelyn and I celebrated our 16th anniversary in Mexico."

1969

Mark Nissenbaum, 1928 Old Huntington Pike, Huntington Valley, Pa., writes, "Our second child, Daniel, was born on May 10, after brief labor, making it very easy for Dad. Joanna, two and a half, has read all the books about how she should react to a new sibling, and is acting accordingly. Kathie and baby doing well. We have just completed a new office and will be relocating my hand and microsurgical practice to 1841 Huntington Pike."

1970

Richard D. Davenport, 2400 S. 90th St., West Allis, Wi., is in private practice there with one other ophthalmologist and serves as Chief of the Hospital's ophthalmology division. The Davenports have two sons, John 12 and Jeff 7, the former being a cello player. Dr. Davenport writes "wife, Nancy, is active in church and religious education programs and is an unflagging standard bearer of our family."

1971

James E. Barone has been named Director of Surgery at St. Francis Medical Center on Hamilton Avenue in Trenton. He writes that it is a 480 bed facility with its own surgical and medical residencies. The Barones, wife, Mary, and children, Jamie, Victoria and Pamela, are residing in Lawrenceville.

Peter M Caravello, 2815 Steven Dr., Johnson City, Tn., was recently elected Chairman of the Department of Internal Medicine at Johnson City Medical Center for 1985-86. "Enjoying practice in eastern Tennessee."

Joseph W. Kozielski, 15 Candlewyck Way, Cherry Hill, N.J., was elected to serve as President of the Medical Staff of Our Lady of Lourdes Medical Center in Camden for one year. Dr. Kozielski, a member of the Medical Center's Division of Orthopaedic Surgery, will be responsible for assessing needs and presenting physician concerns to the Board of Trustees and the administration. He will also oversee professional and educational...
activities and monitor quality assurance programs within the Medical Center.

John L. Nosher, 108 Crest Dr., Bernardsville, N.J., has been named acting Chairman of the Department of Radiology at Rutgers Medical School of the University of Medicine and Dentistry of New Jersey. Dr. Nosher has been attending radiologist at Middlesex General-University Hospital, primary teaching affiliate of the medical school, and St. Peter’s Medical Center since 1973. In addition to being Clinical Assistant Professor of Radiology, Dr. Nosher holds the same rank in obstetrics and gynecology, which is a major research interest of his.

Edward B. Ruby, 1133 Laurel Ln., Huntingdon Valley, Pa., “is continuing to enjoy his teaching and practice of endocrinology at Jefferson, Mercy Catholic Medical Center and Methodist Hospital.” Dr. Ruby was recently selected Secretary-Treasurer of the newly established Pennsylvania Endocrine Society.

1972

Stuart M. Deglin, 4 Capri Dr., Norwich, Ct., and his wife, Judith, announce the birth of Randy Eli on February 19, 1985. He joins his sister, Samantha, now five and a half. Dr. Deglin is practicing cardiology in Norwich.

Sanford Fitzig, 243 Post Oak, Wichita, Ks., was elected Second Vice President of the Wichita Clinic P.A. Board of Directors at its annual meeting in February. Dr. Fitzig is a urologist.

Irwin j. Hollander, 1519 Fulton Dr., Maple Glen, Pa., has been promoted to Adjunct Clinical Assistant Professor in the Department of Pathology.

Larry H. Klein, 7670 E. Parkside Dr., Youngstown, Oh., was recently named to the Pathology Communication Network, established to define, update and propagate clinical laboratory-medical information. Once compiled, it will be made available to physicians and hospitals throughout the country. Dr. Klein is one of fewer than 200 pathologists nationwide contributing to the project. His specific area will deal with specialized diagnostic hematology testing. He is Associate Pathologist at Youngstown Hospital Association’s (YHA) Department of Pathology and Laboratory Medicine and currently serves as Associate Professor of Pathology at NEOUCOM and Medical Director of YHA's Blood Bank and Laboratory Hematology Departments.

A Diplomate of the National Board of Medical Examiners and the American Board of Pathology, he is program director of YHA’s pathology residency.

Arlen D. Meyers, 1259 S. University Blvd., Denver, has completed his M.B.A. in Finance at the University of Colorado and has been recently appointed Associate Professor of Otolaryngology/Head and Neck Surgery at the University of Colorado Health Sciences Center.

Sandra Slade Mossbrook, 312 South 4th St., Lander, Wy., “joined other late bloomers with the birth of Alexa in March. Steve and I are blissfully sappy about her perfectness!”

Richard H. Niemeyer, 1617 Vista Rd., Lancaster, Pa., who ministered to the Miskito Indians in Nicaragua and Honduras, described firsthand the conditions he has observed in the Central American Countries during a slide and information program at Moravian College in Bethlehem, Pennsylvania. Dr. Niemeyer, his wife, and four children, have nursed a three pound Nicaraguan baby back to health.

1973

Bruce E. Jarrell, Room 610, 1025 Walnut St., Philadelphia, was on the list of the 85 men and women in the Philadelphia area to watch in 1985, published in Philadelphia Magazine. An Associate Professor of Surgery, Dr. Jarrell heads the eight-man liver transplant team at Jefferson.

Louis T. Broad, 2991 Schoolhouse Ln., Philadelphia, has been promoted to Clinical Assistant Professor in the Department of Medicine at JMC.

John Hermanovich, Jr., 1837 Reading Blvd., Wyomissing, Pa., recently joined Cardiology Associates at the Reading Hospital and Medical Center, West Reading. “Jean and I are very happy here. Our children, Mark, eight, Marisa, four and Gregory, two, are a dynamic trio rarely permitting an ‘akinetic’ moment for Mom and Dad.”

Howard G. Hughes, 65 Overlook Dr., Danville, Pa., an Associate in the Emergency Medicine Department at Geisinger Medical Center, has been appointed Assistant to the Medical Director for the Geisinger Clinic. Dr. Hughes’ primary responsibilities are to serve as Medical Director for the Geisinger Health Plan, Geisinger’s Health Maintenance Organization. Currently, he is the Director of the Continuing Education Department in Emergency Medicine at the Center.

Stephen B. Lichtenstein, 919 Latimer St., Philadelphia, has been promoted to Associate Surgeon on the general ophthalmology service at Wills Eye Hospital. Dr. Lichtenstein is an Assistant Professor of Ophthalmology at Jefferson and serves as Director of the Wills Eye Hospital Emergency Room.

Cedric W. McClintion, 2330 E. Shea, Phoenix, was elected and served 18 months as the first Chief of Staff of a brand new hospital: Humana Hospital, Desert Valley, Phoenix. Dr. McClintion and his wife, Karen, have a son, Jefferson, seven, and a daughter, Brittany, two.

Gary L. Shugar, 1508 Bern St., Reading, Pa., recently was accepted into the Berks County Medical Society. Dr. Shugar is Medical Director and a clinical pathologist at MSD Laboratories in Muhlenberg Township.

Arnold J. Willis, 2011 White Oaks Dr., Alexandria, Va., writes, “Arnie, Lilian and Adam Willis are enjoying the Washington area. I am in private practice on Capitol Hill and serve as Associate Clinical Professor of Urology at George Washington University Medical Center. I also serve on the Professional Advisory Board of the National Kidney Foundation, National Capitol Area. My family and I are happy with the more relaxed southern area.”

1975

William A. Bierman, 504 Penllyn Pike, Penllyn, Pa., has been promoted to Clinical Assistant Professor in the Department of Medicine at Jefferson.

Howard E. Goody, 811 Larkspr Ln., Penn Valley, Pa., is practicing dermatology at Jefferson. “Happily married and raising two sons, Michael and David, in suburbia.”

Paul J. Ruschak, 111 Saratoga Dr., McMurray, Pa., is in the practice of dermatology with a hobby of running. Dr. Ruschak and his wife, Joan, have two daughters, Alyssa, seven, and Ellyn, five.

Robert T. Sataloff, 1721 Pine St., Philadelphia, was one of six physician/
musicians who joined together to share their talents with the community. Each physician hosted an evening of music in his or her area of musical involvement, the free concerts available to patients in the hospitals. Dr. Sataloff is an otolaryngologist whose medical specialty is the professional voice. He has a Doctor of Musical Arts and is a professional singer himself. He directs the TJU Choir. His wife, Dahlia Sataloff, M.D., a general surgeon and concert pianist, returned to active performance after completing her residency by participating in the series with her husband. Dr. Sataloff represented his class at the Reunion Clinics June 5. (see p. 13)

1976

John D. Blannett, 864 Penns Way Woodside, West Chester, Pa., has been promoted to Clinical Assistant Professor in the Department of Medicine at Jefferson (Mercy Catholic Medical Center affiliate).

Barry S. Brenner, 1059 Bolton Ct., Bensalem, Pa., has been appointed Chairman of the Department of Family Practice at Rolling Hill Hospital. Dr. Brenner will also coordinate the hospital’s role in the family practice residency program affiliation with Temple University. He recently was elected to the Chapel of the Four Chaplains, and serves as Associate Director for the Uptown Home for the Aged.

Mark A. Clark. Box 346, Anderson, S.C., writes, "I continue to enjoy my private practice in the 'sunbelt.' My wife, Patti, daughter, Shannon, and I are delighted with our newly adopted son, Hunter Jin, from Seoul, Korea."

Vincent F.X. Deeney, 101 Warren St., Needham, Ma., completed a one-year fellowship in pediatric orthopaedic surgery at Massachusetts General Hospital in Boston. "I've been assigned Chief of Pediatric Orthopaedic Services at Lackland AFB, Wilford Hall Medical Center, San Antonio, as of July, 1985. My present rank is Lt. Colonel, USAF."

Kathleen J. Grant, 307 S. Dithridge St., Pittsburgh, was the first woman to complete a thoracic surgery residency at the University of Virginia Medical College in June, 1983, and is the first female thoracic surgeon in Western Pennsylvania. For these and other notable accomplishments, she was presented a National Council Citation from Albright College on Alumni Day, May 4. One of five recipients, Dr. Grant, a member of the Department of Surgery, Division of Cardiovascular and Thoracic Surgery, Mercy Hospital in Pittsburgh, was recognized for her inclusion among approximately 20 female Board-Certified thoracic surgeons in the country.

Robert S. Zibelman, 158 Marc Ln., Huntingdon Valley, Pa., has been promoted from Instructor to Clinical Assistant Professor in the Department of Psychiatry and Human Behavior.

1977

Cynthia B. Altman, 3901 Conshohocken Rd., Philadelphia, has been appointed Adjunct Assistant Professor in the Department of Pharmacology.

Thomas J. Campfield, 32 Birch Rd., Longmeadow, Ma., and his wife, Deborah, announce the birth of their second daughter, Allison Gail, on March 22, 1985. She joins sister, Amy, who is two and a half.

Scott M. Cherry, 176 Peyton Rd., York, Pa., is a new member of the consulting physician staff at Memorial Hospital. Certified by the American Board of Internal Medicine, Dr. Cherry specializes in neurology and neuromuscular specialties.

Margaret M. Dunn, 381 N. Fairfield Rd., Beavercreek, Oh., and her husband, William A. Spohn, M.D., '75, announce the birth of their son, Christopher David, on December 21, 1984. Dr. Dunn is Assistant Professor of Surgery and Dr. Spohn, Assistant Professor of Pediatrics at Wright State University School of Medicine in Dayton.

James C. Folk, 1241 Oakes Dr., Iowa City, Ia., has recently been promoted to Associate Professor at the University of Iowa. Dr. Folk’s specialty is retinal surgery. He and his wife, Kathy, have a six-month-old daughter, Kate.

William B. McNamee, Jr., 1409 Burmont Rd., Drexel Hill, Pa., was appointed Instructor in the Department of Medicine at Jefferson (Mercy Catholic Medical Center affiliate).

John W. Peters, 802 Jefferson Ave., Scranton, Pa., recently made a presentation in Atlanta, at the 32nd annual Scientific Meeting of the American Society of Cytology. Dr. Peters, with his seven associates, presented results of research on "Gastrointestinal Tumor Antigen as a Marker for Malignancy in Effusions." A pulmonary disease and internal medicine specialist, he is Clinical Instructor in Medicine at the University of Pennsylvania and a Clinical Assistant Professor of Medicine, Temple University School of Medicine.

1978

Christine A. Byrnes, Hopkinson House #105, Washington Square West, Philadelphia, has been promoted to Clinical Assistant Professor in the Department of Medicine at Jefferson (Methodist Hospital affiliate).

John F. Camp, 6901 N. Baltsrol Ln., Charlotte, N.C., is proud to announce he has finished his "indentured servitude" to the Air Force. He is entering private practice in Charlotte, with a teaching appointment at the University of North Carolina, Chapel Hill. Dr. Camp adds this special message to Big Bob, Fran, Asher, Nat, Clark and all the Boys from '78: "There’s plenty of cold ones in the fridge, so y'all come on down, y’hear?"

Harold J. Davis, 101 Princeton Ave., Clarks Green, Pa., is a certified Diplomate of the American Board of Obstetrics and Gynecology. Dr. Davis has offices in Clarks Green and Scranton.

Larry A. Feiner, 1753 Hamilton Dr., Valley Forge, Pa., and his wife, Ann Dee, recently had their fifth child.

Marc J. Finder, 2178 Woodcrest Dr., Johnstown, Pa., has been appointed a full time attending physician in the Emergency Department of Windber Hospital.

Jose R. Garcia, 2067 Greenwood Rd., Allentown, Pa., completed his residency in internal medicine at the Allentown Hospital and the Lehigh Valley Hospital Center. Dr. Garcia, in private practice, has been affiliated with the Sacred Heart Hospital for the past two and a half years. In July, 1984, he added a partner to his practice and is currently enjoying some of the free time this affords. He and his wife, Peggy, have a two year old daughter, Lauren. "Hope we'll hear from some of our long lost friends," writes Peggy.

Thomas K. Jones, 28 Glacier Way, Bellevue, Wa., was elected to Fellowship in the American College of Cardiology. Dr. Jones is currently affiliated with Mary Bridge Children’s Hospital in Tacoma.

Alfred E. Levy, 2605 Sherrill Park Ct., Richardson, Tx., writes, "In addition to their three and a half year old..."
daughter, Anna, Al and Patti Levy now have a son, born March 12, 1985.

G. Michael Lynch, 2579 John Milton Dr., Herndon, Va., is in the private practice of family medicine with two partners. Dr. Lynch is also Vice-President and Chairman of Utilization Review Committee for Physicians' Health Plan, an HMO in Northern Virginia, owned wholly by the physicians involved.

Joseph A. Petrozza, 2601 Pines Creek Dr., Statesville, N.C., is now in the private practice of gastroenterology, "enjoying the mild climate, fishing and being Secretary of the county medical society."

Patricia Harper Petrozza passed the anesthesiology boards in September "and am enjoying working at Bowman Gray School of Medicine in Winston-Salem."

Paul E. Pilgram, 2250 Cotton Wood Cove, Salt Lake City, in addition to working at Snowbird Clinic and Holy Cross E.D., is co-founder and Vice President of High Desert Adventures, Inc., of Salt Lake City. High Desert is a full-service travel agency and wholesale tour operation specializing in packaged whitewater and overland adventures on the Colorado, Green, Salmon, Middle Fork, Yampa and San Juan rivers. "I invite all my friends from Jefferson to come share our rivers with us," says Dr. Pilgram, who can be reached at 1-800-345-RAFT.

Fred Teichman, 148 Mountain View Rd., Lewisburg, Pa., has been certified by the American Board of Obstetrics and Gynecology. Dr. Teichman recently returned from a medical conference on infectious and metabolic bone diseases in Ixtapa, Mexico.

1979

Bruno E. Basara, RD 1, Roseboro, N.C., has recently joined the staff as radiologist at Sampson Memorial Hospital. Dr. Basara, who says "radiologists are a doctor to doctors rather than a doctor to patients," puts up radiology displays in the hospital and sends out newsletters to inform doctors of what is available in radiology.

Gaetano J. Capone, 6100 Henry Ave., Philadelphia, has been appointed to the Department of Medicine, Service of Cardiology, of West Park Hospital. Dr. Capone is Board Certified in Internal Medicine.

Anthony V. Coletta, 510 Brookhurst Ave., Narberth, Pa., joined the general surgery staff at Bryn Mawr Hospital in July, 1985. A Baltz Fellow, Dr. Coletta is also Director of Surgical Education. He was appointed Assistant Director of Graduate Medical Education in the Department of Surgery at Jefferson, and is faculty advisor to the Gibbon Surgical Society. His daughter Maria is four years old, son Anthony Jr., one year old.

Mario R. Robb, 400 Bridle Park Rd., Bethlehem, Pa., is among several physicians who recently joined the medical staff at St. Luke's Hospital in Allentown. Dr. Robb was appointed to the staff of the Radiology Department as a Clinical Assistant.

Richard W. Ziegler, 404 Brentwood Rd., Havertown, Pa., has been appointed Instructor in the Department of Orthopaedic Surgery at Jefferson, (Lankenau Hospital affiliate).

1980

Arthur H. Brownstein, PSC 3, Box 15756, APO, San Francisco, is an Air Force Surgeon in the Philippines until May, 1986. In September he climbed Mayon Volcano there, and watched it erupt ten hours later. "It was awesome and beautiful. I've been doing a lot of surfing here in between my Yoga, music, relaxation and stress management. I am program monitor for the CARE Program (Coronary Artery Risk Evaluation) here at Clark AB. I am making my own bamboo flutes and I'm still quite active in music as a form of relaxation and stress management. The Filipino people here are very fine and I'm having a good time."

Regina M. Cudemo, 271 S. 15th St., Philadelphia, was appointed Adjunct Instructor in the Department of Psychiatry and Human Behavior.

Stephen A. Geraci, 7900 Cambridge, Houston, completed his internal medicine residency at Columbia-Presbyterian Medical Center of New York in June, 1983. Dr. Geraci will complete a cardiology fellowship at the University of Texas Health Science Center at Houston in June, 1985, and begins a fellowship in critical care medicine at Presbyterian Hospital of Pittsburgh in July, 1987. He has been performing clinical research in heart failure and experimental inotropic therapy, electrophysiology and VT induction. He has articles in print on post-operative medical management of the open heart surgical patient.

Richard M. Gerber, 595 Buckingham Way, San Francisco, is now practicing internal medicine in partnership with his brother.

Douglas P. Hume, 818 Apache Pass, Anniston, AL, is working as a staff physician in the Department of Emergency Medicine at Northeast Alabama Regional Medical Center.

Barry J. Jacobson, 13 Wiltshire Rd., Greenhill Farms, Pa., announces the birth of his second child, Rachel Hope. Dr. Jacobson practices obstetrics and gynecology in Havertown.

Gerard F. Klinzing, 3007 Darby Rd., June he was assigned as medical officer above local operations. He married Ina M. Gilmore, 23 Beaver Dr., Dubois, Pennsylvania, and his wife, Deborah Maliver, M.D., have both joined the staff at Indiana Hospital. Dr. Maliver is a urologist and will have an office in the Medical Office Building, his wife will be a full-time emergency room physician.

Jere L. Wagner, 2 N. Eighth St., Shamokin, a physician at the William H. Ressler Center, has announced his candidacy for election to the Shamokin School Board.

1981

Dolores Siegel DePersia, 25 Lyman Ave., Woodbury, N.J., finishes her radiology residency this June and will begin practice in New Jersey.

Ina M. Gilmore, 23 Beaver Dr., DuBois, Pa., completed her residency in internal medicine at Robert Packer Hospital in Sayre, in June, 1984, and opened her practice in DuBois in August.

Terence C. Ross, 10023 Spruce Ridge, Converse, Tex., and his wife, Jessica, announce the birth of their first child, Miriam Anne, on November 25, 1984. Dr. Ross soon begins his second year in the cardiology fellowship program at Brooke Army Medical Center, Ft. Sam Houston, in San Antonio.

Edward J. Silverman, 301 S. 7th Ave., West Reading, Pa., writes, "Hello to the Class of '81 from Ed, Maryanne, Meghan (2½ years) and Edward, Jr. (10 months). I've opened a solo internal medicine practice at the Reading Hospital and Medical Center and I'm pleased to have joined the Executive Committee of the Jefferson Alumni Association. My best wishes to all."

1982

Randall T. Bashore, Route 1, Box 77, Fork Union, Va., has finished his residency in internal medicine at Medical College of Virginia in Richmond, and will be starting his NHSC commitment in New Canton. Dr. Bashore and his wife, Gail, announce the birth of their second child, Rachel Hope, born March 17, 1985.

Allan H. Cummings, 1521 Garden Dr., Ocean, N.J., is finishing his first year of radiology training at Monmouth Medical Center, Long Branch, New Jersey. "Would like to hear from any classmates, who can write to me at the above locale."

Mark P. Downey, 592-A Shennecossett Rd., Groton, Ct., was in the Navy's Undersea Medical Officer course which trains submarine and diving medical officers. After graduation in June he was assigned as medical officer to one of the two crews of the U.S.S. Henry M. Jackson, a trident ballistic missile submarine homported in Bremerton, Washington.

John S. Monk, Jr., RD #1, Box 430 Tiela Dr., Dallastown, Pa., has recently moved to this new address.

Jay A. Robinson, finished his residency in June and opened his office at the Glendale Medical Center in Coalport in July.

1983

Peter A. Cognetti, 2126 Main Blvd., Allentown, Pa., was among 20 participants of a $1500 award from the Academy of Family Physicians (AAFP) to help finance his graduate training in family practice. Dr. Cognetti is currently a family practice resident at Sacred Heart Hospital in Allentown.

William E. Shrader, 2406 Northfield Rd., Charlottesville, Va., was among 20 recipients of a $1,500 award from the American Academy of Family Physicians (AAFP) to help finance his graduate training in family practice. Dr. Shrader is currently a resident at the University of Virginia Medical Center in Charlottesville.

George R. Roher, Jr., 678 Seventh Ave., Williamsport, Pa., will be setting up a solo family practice office in Bowman, Georgia, under the auspices of the NHSC.

Edward G. Zurad, 805 S. Madison St., Whiteville, N.C. (as of 7/1) is part of a five-man medical group, Whiteville Health Associates, P.A., who provide medical services to the rural area in eastern Columbus County, North Carolina, formerly served by Waccamaw Medical Clinic, whose facility they are leasing. Dr. Zurad, a family practitioner, and his wife, Patricia, a registered nurse, will spend four days a week at the newly named Lake Waccamaw Medical Center and the fifth in the Whiteville Office.

1984

David L. Clair, 10 Frederick St., Hartford, Ct., has been accepted for a urology residency at Brown University-Rhode Island Hospital, starting in July, 1986.

Nathan B. Duer, 6 Dartmouth Ave., Bridgewater, N.J., married Lori Welborn June 16, 1984. Dr. Duer is presently a first year medical practice resident at Somerset Medical Center, Somerville.

Ronald S. Leopold, 712 Birchwood Ct., North Brunswick, N.J., is completing a one year residency in internal medicine at the University of Medicine and Dentistry of New Jersey. Dr. Leopold will be attending Stanford Graduate School of Business for Health Services Management in the fall.

Vincent I. MacAndrew, Jr., 5970 Drexel Rd., Philadelphia, was married on June 22 to Kathleen Anne Walsh of Salem, Massachusetts. Dr. MacAndrew is completing his first year of surgical residency at TJUH and will begin his orthopaedic surgical residency there in July.

Robert D. Wallace, 2114 Wind River Rd., El Cajon, Ca., will be finishing his internship in June, 1985, after which he will be the general medical officer for COMDESRON-13, a group of eight various naval ships. "We will be deployed in the western Pacific from July until December, 1985. The COMDESRON Squadron is based in San Diego; my wife, Anne, and I bought a home and will be at the above address."
Obituaries

Albert M. Thomas, 1915
Died January 3, 1985 at the age of 91. The retired physician was residing in Cincinnati, Ohio.

LeRoy A. Schall, 1917
Died April 22, 1985 at the age of 92. Dr. Schall was the Walter Augustus LeCompte Professor of Otology and Professor of Laryngology and Head of the Department at Harvard Medical School from 1939 to 1959 becoming Emeritus at that time. He was Chief of Otolaryngology at Massachusetts Eye and Ear Infirmary and Massachusetts General Hospital. Dr. Schall received Jefferson’s Alumni Achievement Award in 1969 and an honorary Sc.D. in 1948 from the Medical College. He also received an honorary degree from Harvard University in 1942. President of the American Academy of Ophthalmology and Otolaryngology, American Laryngological Otological, Rhinological Society, American Broncho-Esophageal Association, American Laryngological Association and the American Board of Otology and Laryngology he was the author of several textbooks. The Professor had been residing in Barnstable, Massachusetts where he had served as Director of the Cape Cod Museum of Natural History. Two daughters survive him.

Thomas E. Clark, 1919
Died January 10, 1985. Dr. Clark was a general practitioner in Salt Lake City, Utah.

Clark H. Hall, 1919
Died December 5, 1984. Dr. Hall, a resident of Oklahoma City, was Professor and Chairman of the Department of Pediatrics at the University of Oklahoma School of Medicine. He was certified by the American Board of Pediatrics and was a Fellow of the American Academy of Pediatrics.

Gerald B. Smith, 1919
Died December 24, 1984 at the age of 91. Dr. Smith practiced obstetrics in Woodburn, Oregon, and was owner of the Woodburn Hospital until its closure in the mid sixties. He served as the health officer for the city and for the MacLaren School. A past President of the Marion-Polk-Yamhill County Medical Society and the Woodburn Area Chamber of Commerce, he is survived by his wife, Myrtle, a daughter and a son.

Samuel A. Thompson, 1920
Died March 8, 1985 at the age of 86. Dr. Thompson was Professor of Clinical Surgery at New York Medical College and Director of the Thoracic Surgical Service at Metropolitan Hospital. He served as Attending Surgeon at numerous New York city hospitals. He was a Fellow of the American College of Surgeons, New York Academy of Medicine, American College of Chest Physicians, American College of Cardiology and the International College of Surgeons. Author of over 50 scientific articles he received an honorary degree from his undergraduate school Wake Forest College in 1960. Dr. Thompson was residing in Buck Hill Falls, Pennsylvania, at the time of his death. Surviving are his wife, Ruth, and two children.

Cataldo Corrado, Sr., 1923
Died February 10, 1985 at the age of 87. Dr. Corrado practiced medicine in Uniontown, Pennsylvania all of his professional career.

Vernon F. Houston, 1924
Died January 20, 1985 at the age of 87. The retired physician was a resident of Salt Lake City.

Angelo S. Scherma, 1924
Died January 24, 1985 at the age of 87. Dr. Scherma practiced family medicine in Greenwich Village, New York, until his retirement ten years ago. He is survived by his wife, a son and a daughter.

Park Berkheimer, 1925
Died February 18, 1985 at the age of 90. The retired physician was residing in Delray Beach, Florida. His wife, Alice, survives him.

Orville C. King, 1927
Died March 26, 1985 at the age of 86. Dr. King was Director of Surgery at Pennsylvania Hospital and a Professor of Clinical Surgery at the University of Pennsylvania School of Medicine. He was a Diplomat of the American Board of Surgeons and a Fellow of the Philadelphia Academy of Surgery. A sister, Sally, survives him.

Dennis R. Gillen, 1931
Died June 7, 1985 at the age of 82. Dr. Gillen, who was residing in Philadelphia at the time of his death, was a pioneer in industrial medicine. He served as President of the New York State Industrial Medicine Society and Medical Director of Schaefer Breweries. Surviving are his wife, Pauline, and a son.

John L. Quinn, 1931
Died December 13, 1984 at the age of 79. Dr. Quinn, an otolaryngologist, was a resident of Steubenville, Ohio.

G. Henry Katz, 1932
Died April 25, 1985 at the age of 91. Dr. Katz, a psychiatrist, was Director of the Devereux Foundation for many years and was affiliated with the University of Pennsylvania Graduate School of Medicine. He was a charter member and first President of the Philadelphia Association for Psychoanalysis and a Fellow of the American Psychoanalytic Association. He is survived by a sister, Etta May.

Eli C. Ridgeway, Jr., 1933
Died September 24, 1984. Dr. Ridgeway was a general practitioner in Cody, Wyoming, until his retire-
ment to Tucson, Arizona, in 1978. Surviving are his second wife, Mary, two sons and a daughter.

Julius Amsterdam, 1936
Died December 16, 1984. Dr. Amsterdam, a psychiatrist in the Washington, D.C., area, was residing in Durham, North Carolina.

Clifford P. Phoebus, 1936
Died December 8, 1984. Dr. Phoebus had served as the Commanding Officer in charge of the School of Aviation Medicine in Pensacola, Florida. He was residing there at the time of his death. His wife survives him.

James B. Goyne, 1937
Died November 18, 1984. Dr. Goyne, a psychiatrist, served as both Medical Director of the Morris County Guidance Center in Morristown, New Jersey, and as Medical Director of the Trenton State Hospital. He also maintained a private practice and served on the faculty of the University of Pennsylvania Medical School. Surviving is his wife, Jean.

Samuel Stein, 1937
Died April 4, 1985 at the age of 73. Dr. Stein, a specialist in pulmonary medicine, was Clinical Professor at the University of Pennsylvania Graduate School of Medicine. He served on the staffs of Graduate Hospital and the Hospital of the University of Pennsylvania Medical School. Surviving is his brother, Louis.

Frederick J. Sullivan, 1939
Died April 8, 1985 at the age of 70. Dr. Sullivan was an internist in Fall River, Massachusetts. He was a past President of the Board of Trustees and the Medical Staff of St. Anne’s Hospital, Bristol South District Medical Society and the Fall River Medical Association. Pope Paul VI installed him as a Knight of St. Gregory in 1968. Surviving are his wife, Mary, a daughter and six sons, one of whom is Thomas E. Sullivan, ’69.

Edward H. Vick, 1941
Died April 18, 1985 at the age of 68. Dr. Vick served as Chief of Pediatrics at Lankenau Hospital, an affiliate of Jefferson, and as Clinical Professor of Pediatrics at Jefferson. A past President of the Philadelphia Pediatrics Society he was a member of the American Academy of Pediatrics. During World War II he was awarded the Bronze Star for rescuing comrades who were under fire from Japanese kamikazes. Dr. Vick initiated the practice of every newborn receiving complete care while still in the nursery and developed expertise in the care of jaundiced children. Surviving are his wife, Margaret, a daughter and two sons, one of whom is James W. Vick ’74.

Robert E. White, 1943
Died February 16, 1985. The retired physician was a resident of Philadelphia.

Robert E. Sumner, Jr., 1944J
Died March 2, 1985 at the age of 66. Dr. Sumner practiced medicine in Rock Hill, South Carolina, until his partial retirement in 1979. He was on the staff of Piedmont Medical Center and was a member of the Rock Hill Board of the South Carolina National Bank. He was a member of the American Society of Internal Medicine. Surviving are his wife, Elizabeth, a son and two daughters.

Herbert J. Bacharach, Jr., 1946
Died February 3, 1985 at the age of 62. Dr. Bacharach was an ophthalmologist from Clearfield, Pennsylvania.

William D. Brandon, 1946
Died February 14, 1985 at the age of 62. Dr. Brandon was an obstetrician/gynecologist in Massapequa, New York. He was associated with the Central General Hospital in Plainview and the Mid-Island Hospital in Bethpage. Surviving are his wife, Mary, a son and three daughters.

Leroy W. Coffroth, 1950
Died May 23, 1985 at the age of 63. Dr. Coffroth had served as Director of the Department of Anesthesiology at Mercy General Hospital in Sacramento, California. He also recently was a staff member at the McClellan Air Force Base in the civilian outpatient clinic. A member of the American Society of Anesthesiology, he has served as Surgeon General of the National Society of Sons of the American Revolution. Surviving are his wife, Jacqueline, two sons and a daughter.

Marion H. Brown, 1955
Died March 30, 1985. Dr. Brown was a general practitioner in Brookhaven, Mississippi.

Donald S. Fiegenberg, 1962
Died April 2, 1985 at the age of 48. Dr. Fiegenberg maintained offices in Yardley, Pennsylvania, where he specialized in rheumatology and arthritis. He served on the staffs of Bucks County, Mercer County Memorial and Presbyterian-University of Pennsylvania Hospitals. Surviving are his parents.

William Potter Wear, Trustee
Died May 29, 1985 at the age of 81. Mr. Wear, in the tradition of his father and grandfather, served on the Jefferson Board of Trustees for many years. The name Potter or Wear has appeared continuously on the Board roster since 1896. Appointed in 1941 he was active through 1985 and received an honorary degree from the University in 1969. A Life Trustee, he served as a member of the Resources Committee and the College Committee among others over the years. Mr. Wear was a publisher, investment banker, civic leader and sportsman. Associated with Drexel & Company and Cassatt and Company he was President of the Crestwold Corporation. Surviving are his wife, Doris, a son and four daughters.
Class of 1985 Appointments

Match Day came in March, as it always does—the day on which the seniors find out where they will spend their next year of training. Of the 210 graduates, 92% participated in the Match, with 78.9% getting one of their first three choices; 55.2% got their first choice. The selection of specialties of the 193 Match participants is: internal medicine, 32.5%; surgery, 17%; family medicine, 13.9%; transitional (was “flexible program”) 6.7%; pediatrics, 8.2%; obstetrics and gynecology, 4.6%; anesthesiology, 1%; psychiatry, 1.5% and pathology, 2.1%. The list of the Class of 1985 with their hospital appointments follows. Alpha Omega Alpha members are noted.

William J. Albright
   Harrisburg Hospital
   Harrisburg, PA

Amy J. Allen
   Thomas Jefferson University Hospital

David S. Altman
   Geisinger Medical Center
   Danville, PA

Thomas J. Amrick (AOA)
   Overlook Hospital
   Summit, NJ

Peter J. Andrews, Jr.
   Hahnemann University Hospital
   Philadelphia

Arthur T. Androkites
   St. Francis Medical Center
   Pittsburgh

Kenneth J. Arnold (AOA)
   Cincinnati General Hospital
   Cincinnati

Robert A. Ball
   Pennsylvania Hospital
   Philadelphia

James J. Baran (AOA)
   Thomas Jefferson University Hospital

Nicholas J. Barna
   Lankenau Hospital
   Philadelphia

Alan S. Baseman
   Montgomery Family Practice Center
   Norristown, PA

Richard D. Baylor
   Sacred Heart Hospital
   Allentown, PA

Joseph M. Belgrade
   Medical Center of Delaware
   Wilmington, DE

Paula R. Bennett
   Abington Memorial Hospital
   Abington, PA

Paul J. Berlin
   Long Island Jewish Hospital
   New Hyde Park, NY

David J. Bertsch
   Geisinger Medical Center
   Danville, PA

Lauren M. Boos (AOA)
   Harrisburg Hospital
   Harrisburg, PA

Teresa A. Borkowski
   Medical Center of Delaware
   Wilmington, DE

Brian F. Boyle
   Shadyside Hospital
   Pittsburgh

Daniel K. Bregman
   University of Maryland Hospital
   Baltimore

Daniel M. Bubenheim
   Latrobe Area Hospital
   Latrobe, PA

Brian R. Buinewicz
   Abington Memorial Hospital
   Abington, PA

Andrew M. Camerota
   Flushing Hospital and Medical Center
   Flushing, NY

Germaine M. Camishion
   Thomas Jefferson University Hospital

Thomas P. Canty
   Thomas Jefferson University Hospital

Mary D. Carney
   Pennsylvania Hospital
   Philadelphia

Richard A. Cautilli, Jr.
   Lankenau Hospital
   Philadelphia

Melanie M. Chaputa (AOA)
   Medical Center of Delaware
   Wilmington, DE

David B. Chernoff (AOA)
   Malcolm Grow Medical Center
   Andrews AFB
   Washington, DC

Kenneth L. Cherry, Jr. (AOA)
   Allentown Affiliated Hospitals
   Allentown, PA

Joseph A. Clemente
   Overlook Hospital
   Summit, NJ

Michael J. Columbus
   Thomas Jefferson University Hospital

Cynthia M. Coughlin
   Women & Infants Hospital
   Providence, RI

Matthew L. Dalton
   The Graduate Hospital
   Philadelphia

Joseph S. Dankoff
   Akron City Hospital
   Akron, OH
Alumni Prize winner Kenneth J. Arnold, who earned the highest cumulative average for four years, receives finishing touches before commencement from classmate and friend Peter J. Andrews, Jr., son of Peter J. Andrews, M.D. '59.
Dr. Bonni Field lets her small son take the diploma from President Bluemle, amid the amused smiles of faculty members and the curiosity of his sibling.
Jeffrey R. McConnell  
Geisinger Medical Center  
Danville, PA  

Thomas F. McCarron, Jr.  
Mercy Catholic Medical Center  
Darby, PA  

Elgie R. McLaughlin  
Albert Einstein Medical Center  
Philadelphia  

Marc S. McMorris  
University of Michigan  
Affiliated Hospitals  
Ann Arbor, MI  

George C. Meikle  
United Health & Hospital Service  
Kingston, PA  

Armando A. Mendez  
Medical Center of Delaware  
Wilmington, DE  

Joel S. Meyers  
Nassau County Medical Center  
East Meadow, NY  

Manual P. Meza  
St. Joseph Mercy Hospital  
Fontiac, MI  

John A. Michalski (AOA)  
Thomas Jefferson University Hospital  

Julia A. Milewski  
Hahnemann University Hospital  
Philadelphia  

Celeste J. Miller  
Chestnut Hill Hospital  
Philadelphia  

John R. Mingey  
Lankenau Hospital  
Philadelphia  

Carol G. Mitchell  
Chestnut Hill Hospital  
Philadelphia  

Robert J. Motley  
Thomas Jefferson University Hospital  

David A. Nardi  
University of Medicine & Dentistry  
Newark, NJ  

Donald T. Nardone (AOA)  
Thomas Jefferson University Hospital  

Schuyler Newman (AOA)  
Walter Reed Army Medical Center  
Washington, DC  

Thomas M. O'Brien  
The Union Memorial Hospital  
Baltimore  

Thomas P. Orndorf  
The Milton S. Hershey  
Medical Center  
Hershey, PA  

Michael J. Patti  
Naval Regional Medical Center  
Bremerton, WA  

Richard B. Patti  
Mercy Hospital  
Pittsburgh  

George Philip (AOA)  
The New York Hospital  
New York  

Edward D. Plotzker  
George Washington  
University Hospital  
Washington, DC  

Daniel T. Pompey, Jr.  
Mercy Catholic Medical Center  
Darby, PA  

Sumanth D. Prabhu (AOA)  
University Health Center  
Pittsburgh  

Robert W. Preim (AOA)  
The Bryn Mawr Hospital  
Bryn Mawr, PA  

George R. Pronesti  
Mercy Catholic Medical Center  
Darby, PA  

Theodore Ramos  
St. Elizabeth Hospital  
Medical Center  
Youngstown, Oh  

Kathryn A. Reihard  
Charlotte Memorial Hospital  
& Medical Center  
Charlotte, NC  

Susan L. Ricciardi  
Mercy Catholic Medical Center  
Darby, PA  

Carol F. Robertson  
Brooke Army Medical Center  
San Antonio  

Frank M. Robertson  
Brooke Army Medical Center  
San Antonio  

Dale J. Rosenberg (AOA)  
Thomas Jefferson University Hospital  

Michael S. Rosner  
University of Maryland Hospital  
Baltimore  

Robert B. Rowland, Jr.  
Geisinger Medical Center  
Danville, PA  

Mary E. Rueckel (AOA)  
University Health Center  
Pittsburgh  

Susan A. Sajer (AOA)  
Medical College of Virginia  
Richmond  

Jussi J. Saukkonen  
University of Michigan  
Affiliated Hospital  
Ann Arbor, MI  

Mark E. Schadt  
Lankenau Hospital  
Philadelphia  

Scott J. Schaeffer (AOA)  
Naval Regional Medical Center  
Camp Pendleton, CA  

Gregory H. Scimeca  
Cooper Hospital -  
University Medical Center  
Camden, NJ  

Richard D. Scott  
Thomas Jefferson University Hospital  

Linda A. Sebastian (AOA)  
Strong Memorial Hospital  
Rochester, NY  

Carol L. Seifert  
St. Francis Medical Center  
Pittsburgh  

David S. Sere  
Beth Israel Medical Center  
New York  

Charles Hux, M.D.,  
Fellow in Maternal-Fetal Medicine at  
Jefferson, captured the spirit of  
graduation on the  
steps of the  
Academy: (from  
left) Cynthia M.  
Coughlin, M.D.;  
Teresa A.  
Borkowski, M.D.;  
Michele S. Maholtz,  
M.D.; and Donna  
M. DiCenzo, M.D.
Robert K. Sigal
Harbor - UCLA Medical Center
Torrance, CA

Sharon A. Skibber
Presbyterian - University of Pennsylvania Medical Center
Philadelphia

Patricia L. Skypala
Thomas Jefferson University Hospital

Grace G. Slimack
Thomas Jefferson University Hospital

Spurgeon S. Smith
Berkshire Medical Center
Pittsfield, MA

Thomas C. Smith
Geisinger Medical Center
Danville, PA

Jeffrey C. Snyder
Allentown Affiliated Hospitals
Allentown, PA

Gregg A. Sonsini
Thomas Jefferson University Hospital

Jay C. Sourbeer (AOA)
Charleston Naval Hospital
Charleston, SC

Richard H. Spiegel
Youngstown Hospital Association
Youngstown, OH

James L. Stefanelli
Thomas Jefferson University Hospital

David E. Stern
Mercy Catholic Medical Center
Darby, PA

Debora L. Stern
Mercy Catholic Medical Center
Darby, PA

Amy C. Stoloff
University of California Hospitals
San Francisco

Charles A. Symes, III
Presbyterian - University of Pennsylvania Medical Center

Joseph B. Szgalsky
Underwood Memorial Hospital
Woodbury, NJ

Louis J. Tedesco
United Health & Hospital Service
Kingston, PA

Michael S. Tran
The Bryn Mawr Hospital
Bryn Mawr, PA

Nho V. Tran
Allentown Affiliated Hospitals
Allentown, PA

Ronald P. Travitz
Geisinger Medical Center
Danville, PA

Kenneth D. Truscott, Jr.
Sacred Heart Hospital
Allentown, PA

Mark R. Versland
University of Connecticut School of Medicine
Farmington, CT

Brent J. Wagner
Roanoke Memorial Hospital
Roanoke, VA

Jeffrey L. Wainstein (AOA)
University of Illinois Emergency Medicine
Chicago

Robert B. Walker
Jacksonville Health Education Program
Jacksonville, FL

Lawrence C. M. Wang
Mercy Catholic Medical Center
Darby, PA

Susan B. Ward
The Bryn Mawr Hospital
Bryn Mawr, PA

Amy L. Weaver
Geisinger Medical Center
Danville, PA

Susan L. Weber
Allegeny General Hospital
Pittsburgh

Barry K. Wein
Riverside Hospital
Newport News, VA

John F. Welkie
Medical College of Ohio
Toledo, OH

Katherine K. Welty
Latrobe Area Hospital
Latrobe, PA

Donald M. Whiting
Geisinger Medical Center
Danville, PA

Richard M. Wilk
New England Medical Center
Hospital
Boston

Jeffrey R. Winkler
Mercy Catholic Medical Center
Darby, PA

Henry G. Yavorek, Jr.
Hamot Medical Center
Erie, PA

Beth A. Zeeman
Boston City Hospital
Boston

Burkhardt H. Zorn
Mercy Catholic Medical Center
Darby, PA

Robert H. Zuch
University of California, Irvine

Miriam S. Zucker
University of Iowa Hospitals & Clinics
Iowa City
Thomas Jefferson University Resolution

Whereas, James E. Clark, M.D., has served Thomas Jefferson University with distinction as an Alumni Trustee since August 1979; and

Whereas, Dr. Clark will complete his term as Alumni Trustee in June 1985; and

Whereas, the Board of Trustees wishes to express its appreciation for his years of service;

Now, therefore, be it remembered that the Board of Trustees of Thomas Jefferson University conveys its gratitude to Dr. Clark for the services he has rendered and for his contributions to the University’s advancement. The Board further expresses its admiration for Dr. Clark’s professional achievements and the example he has set as one of Jefferson Medical College’s most distinguished and accomplished graduates.

James Clark received his M.D. degree from Jefferson in 1952. He served his internship and residency here and became Chief Resident and Assistant in Medicine in 1956. Over the next decade, Dr. Clark advanced rapidly in the world of academic medicine, rising to the rank of Associate Professor of Medicine at Jefferson by 1969. Today he is Chairman of the Department of Medicine at Crozer-Chester Medical Center and Professor of Medicine at Hahnemann Medical College and Hospital. He is also immediate past governor of the Eastern Pennsylvania Region of the American College of Physicians; Director of Health Services, Swarthmore College; Corporate Medical Director of The Franklin Mint; member, Board of Governors, Southeastern Heart Association of Pennsylvania; and former consultant for home dialysis to the Health Care Financing Administration of the U.S. Department of Health and Human Services.

As a committed participant in the work of the Board of Trustees, Dr. Clark served on search committees for the new Dean of Jefferson Medical College, new faculty chairpersons for the Department of Medicine and the Department of Psychiatry and Human Behavior in the Medical College, and a new chairperson for the Department of Medical Technology in the College of Allied Health Sciences. Dr. Clark has also served on the academic affairs, finance, and nominating committees of the Board of Trustees.

Dr. Clark belongs to seventeen professional societies including the American Federation for Clinical Research, the College of Physicians, the National Kidney Foundation, and the Royal Society of Medicine. He has been named a Fellow of the American College of Physicians and Citizen of the Year by the Department of Health, Education, and Welfare and has received awards from the Bernard J. Alpers Silver Stick Society of Neurology, the Katahdin Medical and Philosophical Society, and the J. Aitken Meigs Medical Association.

By this resolution, the Board of Trustees of Thomas Jefferson University expresses its deep appreciation to James E. Clark, M.D., for his numerous contributions as a fellow Trustee and as a dedicated member of the Jefferson Family.

Edward C. Driscoll
Chairman, Board of Trustees

June 3, 1985
Jefferson's Second Million

Last summer the cover of the Jefferson Alumni Bulletin reported to our constituency that one million dollars had been raised for the Medical College. It is indeed a great pleasure to be able to repeat that figure for 1984-1985, noting a 20% increase in donations received. This year Jefferson's concerned and generous alumni gave $1,280,473 to their College for programs in medical education. This represents an increase of $223,262 over last year, a superb performance for the 3,727 alumni who elected to support the 36th Campaign. I might add, that many medical colleges across the country raise only what we increased this past year.

The success of Jefferson's program stems from your response for the increased gift. President's Club membership continues to grow, as does the size of the average gift, this year standing at $344. Three alumni elected to support their College with gifts of $50,000.

The cover and lead story this issue cites the class of 1935. While celebrating its 50th Reunion, the class raised the highest amount ever recorded, with a gift to the College of $80,175. Edmond Housel has served as the class agent for many, many years. Our thanks and congratulations to all members.

Eugene Bonnaci's class of 1956 again took first place for participation with 66.5%. With his 30th Reunion scheduled for next June, I am sure you will see his name again 1986. And my special and heartiest congratulations to Duncan Salmon and his young class of 1978 who took first place for number of gifts. Such fine participation speaks well for the future of our program.

On behalf of Jefferson's administration, faculty and students, please accept our sincerest thanks for your fine support.

J. Wallace Davis
Chairman