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Alumni Calendar

October 21
Reception during the meetings of the American College of Surgeons
The Royal Orleans
New Orleans

November 5
The Sixth Housel Lectureship
"Hypertension, Anti-hypertension Drugs and Atherogenesis"
Aram V. Chobanian, M.D.
Jefferson Alumni Hall

November 7
The President's Club Dinner
Garden State Raceway
Cherry Hill, New Jersey

November 11
Reception during the meetings of the American Academy of Ophthalmology to honor Thomas D. Duane, M.D.
The Royal Orleans
New Orleans

November 14 & 15
Combined Otolaryngology and Allergy Conference
Jefferson Medical College
Information through the office of Continuing Medical Education
215-928-6992

December 2
Reception during the meetings of the Radiological Society of North America
The Hyatt Regency
Chicago

December 3, 4 and 5
Dinners for California Alumni
Los Angeles, 3rd, California Club
La Jolla, 4th, LaValencia Hotel
San Francisco, 5th, Stanford Court

December 8
Reception during the meetings of the American Academy of Dermatology
The Hilton Hotel
New Orleans

January 23
Reception during the meetings of the Academy of Orthopaedic Surgeons
Stanford Court
San Francisco

April 20 to May 12
Postgraduate Seminar to the great cities of ancient and modern China

Reunion Chairmen
for the Weekend Special
Dates: June 5, 6, 7, 1987

1927 60th
James E. Bowman, M.D.

1932 55th
Nathan S. Schlezinger, M.D.

1937 50th
Paul A. Bowers, M.D.
Everett J. Gordon, M.D.
Joseph P. Seltzer, M.D.
John F. Wilson, M.D.

1942 45th
J. Wallace Davis, M.D.

1947 40th
John J. Dowling, M.D.

1952 35th
Jerome M. Cotler, M.D.

1957 30th
John R. Prehatny, M.D.
Joseph F. Rodgers, M.D.
Robert H. Schwab, M.D.

1962 25th
William V. Harrer, M.D.
Melvin L. Moses, M.D.
Joseph W. Sokolowski, Jr., M.D.
Jerome J. Vernick, M.D.

1967 20th
Anthony M. Padula, M.D.

1972 15th
Edward R. Russell, M.D.

1977 10th
Cynthia Altman Weinstein, M.D.

1982 5th
Walter W. Dearolf, M.D.
Diagnostic Ultrasound: An Expanded Division
The Director writes of a nine year dream realized for the Division of Diagnostic Ultrasound at Jefferson.

Campus Expansion
The Medical Office Building at 1100 Walnut Street is the newest addition to the Jefferson campus which has undergone a handsome revival in the past 20 years. Paul A. Bowers '37 and Leopold Loewenberg '56 speak to the now and then (at left).

Pine Street and the Jefferson Spirit
Medical education and patient care at the Old Pine Street facility generated the Jefferson spirit among students and patients.

Jefferson Scene
The Dean’s State of the College Report highlights the Fall Scene. In addition alumni and faculty appointments to chairmanships bring prestige to the College.

Class Notes
Three classnotes specials on various alumni pursuits round out the Fall issue of the JAB.
The opening of the new Diagnostic Ultrasound facility marks the fulfillment of a dream which began when I first joined the Jefferson staff over nine years ago. During discussions with the Chairman of the Department of Radiology and the Director of the Hospital, it became apparent that it might be possible to unify ultrasound at Jefferson into a single centralized facility. Centralization of ultrasound could provide opportunity for the new Division to grow into a unique facility that would incorporate research and education as well as clinical care. Others began to share my dream of a strong centralized facility and agreement on its structure was quickly established.

Some temporary space was allocated for ultrasound on the fifth floor of the Curtis building and we started to provide patient care services with three scanners and a staff of seven, including myself. The new Division of Diagnostic Ultrasound experienced phenomenal growth in the demand for its services. Case load increased at a rapid rate and this growth in demand for patient care was equaled, or even surpassed, by the growth in our research and teaching responsibilities.

This article was written in conjunction with Larry Waldroup, Chief Technologist in the Division of Diagnostic Ultrasound. Dr. Goldberg, Professor of Radiology and Director of the Division, joined the Jefferson faculty in January of 1977. Mr. Waldroup has been a member of the staff since May, 1979.
We soon outgrew our small temporary space and overflowed into portions of the second floor of the Curtis building and, eventually, into portions of the second and fourth floors of the Main building. Throughout this period, we were working with Hospital Administration to develop plans for a more suitable permanent space. However, rapid growth carries with it certain penalties. The needs of the Division had far exceeded even the most liberal projections of the early years. As a result, the space which the Hospital had anticipated providing for permanent quarters soon became insufficient for current demands. Therefore, what was to be a temporary facility had to be reorganized to become a more permanent one until a larger space could be allocated. The wait for permanent facilities turned out to be nearly nine years!

Four years ago we began the process which would ultimately lead to the relocation of the Division into new space. The initial steps involved development of justifications and other documentation of our needs. Working with my Chief Technologist, Larry Waldroup, as well as with many others within the Division, the Department and the Hospital, we began parallel efforts to develop the necessary documentation as well as to develop the design and layout of the proposed new facility.

It quickly became apparent that the most efficient approach to design of the new facility would require the services of an architectural firm with substantial experience in health-care facilities design. The architectural firm of Mirick-Pearson-Batchelor was engaged and we were soon adding extra hours to already long workdays to accommodate consultation with the architects. This was an especially exciting period in the development of the new facility. Ideas and concepts formed over the preceding five years were finally taking shape in the form of floor plans and specifications that would ultimately become the new Division of Diagnostic Ultrasound.

Of course, seemingly endless delays occurred. But, with final HSA approval in hand and a construction budget of 2.9 million dollars, we were finally ready to "break ground" for the new facility. Actually, I should say "break walls" because the new facility was to be located in renovated space in the old Main and Thompson buildings. The existing interior construction of the designated floors could not easily be brought up to current code standards so a decision was made to completely remove existing interiors and rebuild within the gutted shell. The end result is the beautiful new facility which exists today on the 7th floor of the Thompson building and the 7th and 8th floors of the Main building.

The new facilities were substantially complete by June 11, 1986 and transfer of activities of the Division was accomplished during the four working days between June 12 and 17. Transfer of patient-care activities occurred on a single day, June 16th. Every hour, one or two rooms of ultrasound equipment was moved with the help of the sonographer staff as well as professional movers. Upon arrival in the new facility, equipment was checked out by service engineers provided by the equipment manufacturers and then put into service. By mid-day, the majority of our patients were being examined in the new facility. By 3:00 pm, the entire clinical facility, with its sophisticated electronic equipment, had been relocated without failure of a single instrument.

In the two days preceding the clinical facility relocation, all of the furniture in the administrative, research and support areas had been moved. On the day following the clinical facilities relocation, the education facilities were moved, completing transfer of the Division into its new space.

The new facility is divided into areas designed around specific functions. The main clinical areas are located on the 7th floor of the Thompson Building. As with any renovation in an older building, one must make do with the fundamental structure of the building. An example would be the existing elevators and supporting walls. Within these limitations, great emphasis was placed on a design which optimized the comfort and privacy of the patient. The space is divided so that the outpatients are located on one side of the floor and the inpatients on the other.

The inpatient waiting area is designed and equipped in a manner similar to a small nursing station. This permits optimal maintenance of nursing care while patients are within the Division. Inpatient registration is also handled in this area, preserving the separation between outpatient and inpatient facilities.

The outpatient waiting area is spacious and includes a public telephone, a restroom, a private counseling room, a television and a magazine rack. Outpatient registration is accomplished in a central location near the waiting area. Separate dressing areas are provided for men and women.

The inner examination areas are separated from the reception and waiting areas. This permits us to avoid having gowned patients move through public hallways as was the case in our old facility. Once gowned, a patient is escorted to one of the 11 examination rooms in the clinical core facility. Eight of these rooms are designed for general clinical ultrasound procedures. These rooms are used for the majority of our obstetrical and abdominal examinations. The remaining four examination rooms are designed for specific functions such as aspiration/biopsy procedures or endoscopy and transvaginal, transurethral and transrectal examinations. One room is specially decorated and equipped for pediatric patients.

The physician reading room is centrally located with efficient access to all of the clinical core examination rooms. Within the reading room are ceiling-mounted television monitors which permit the reading physicians to view the sonographic images being produced in any of the examination rooms. All studies are interpreted as soon as they are completed and a report of the findings is provided to the referring physician immediately. For hospitalized patients, a report is placed on the chart and returned with the patient. One of the major advantages of ultrasound diagnosis is its immediate availability and we believe strongly that this...
availability should be carried through by providing immediate results of the examination. Formal typed reports of findings are promptly dictated and are usually mailed out within a day or two.

In addition to the extensive array of general clinical procedures which the Division provides, we also provide several specialty oriented services in cooperation with other units of the University and Hospital. We have recently developed an antenatal evaluation center in association with the Division of Perinatology of the Department of Obstetrics & Gynecology. In this center, "high risk" antenatal evaluation and fetal monitoring is conducted utilizing various ultrasound techniques.

Included in the functions of the Center is a genetic counseling service under the direction of Ronald J. Wapner, M.D. '72.

Another cooperative specialty oriented service which the Division provides is the echocardiography service. Heart ultrasound procedures are performed in both the new facility as well as in facilities on the fifth floor of the New Hospital. Within the Division's new facilities, echocardiograms are performed in two scanning rooms with an adjacent reading room located on the seventh floor of the Main building, convenient to the support facilities of the general clinical core on seven Thompson. Organized in cooperation with the Division of Cardiology of the Department of Medicine and co-directed by Joel S. Raichlen, M.D., this unit provides all types of echocardiography procedures including 2-D, M-mode and doppler evaluation of the heart.

Supporting the clinical facilities on seven Thompson and seven Main is a film file room with an adjacent area for referring physicians to review ultrasound images or reports.

Across the hall from the file room and occupying the west wing of seven Main are the offices of the staff physicians of the Division. These board-certified radiologists are recognized world-wide for their contributions to the rapidly developing area of diagnostic imaging.

The physician staff of the Division includes: Alfred B. Kurtz, M.D., Professor of Radiology and of Obstetrics & Gynecology and Associate Director of the Division; Matthew D. Rifkin, M.D., Professor of Radiology and of Urology; Matthew E. Pasto, M.D., Associate Professor of Radiology; Laurence Needleman, M.D., Assistant Professor of Radiology; Oksana Baltarowich, M.D., Instructor of Radiology; Rebecca Pencell, M.D. and Donald G. Mitchell, M.D., Assistant Professors of Radiology; and Maria Vilaro, M.D., Instructor of Radiology.

In addition to the staff physicians, there are seven fellows, each of whom spends a minimum of one year learning ultrasound and the other sectional imaging areas of the body CT and Magnetic Resonance Imaging. The technical staff of the Division consists of 12 sonographers, two vascular technologists and four echocardiographers. As is the case with the physician staff of the Division, the technical staff have achieved widespread recognition for their skills. Members of the technical staff regularly contribute to publications, participate in research activities and play an important role in the education programs of the Division.

The patient-care activities of the Division are supported by administrative, secretarial and clerical services housed in the middle wing of seven Main, including the word processing center, the business offices and employee locker facilities. The remainder of the seventh floor of the Main building is
occupied by the education facility.

Early in my career, I discovered that I enjoyed teaching. But more importantly, I also discovered that teaching required me to organize my own knowledge and experience in a structured, logical fashion which then proved to be of enormous benefit in my clinical work. The inquisitiveness and enthusiasm of students can provide a vital stimulus to an educator/clinician. For these reasons, I believed that education would be a critical part of the Ultrasound unit which I dreamed of building.

Two events made my dream possible. The first was the award of a $750,000 grant from the National Science Foundation and Veterans Administration for development of a comprehensive training program in ultrasound. The second event was an invitation from the Department of Radiology at Jefferson to join the staff and establish a comprehensive ultrasound laboratory. I knew that Jefferson had a strong reputation for excellence in patient care, research and in education as well, so the match seemed perfect. My goal was to integrate a totally self-supporting education program with a strong research unit and a top quality patient-care unit. The NSF/VA grant provided the financial support required to establish the physical facilities for the education program and Jefferson provided an environment where the other two goals could be achieved.

Today, the education program of the Division of Diagnostic Ultrasound is the largest and most comprehensive program of its kind. The program provides training for virtually every level of the medical community. Within Jefferson, training is provided to medical students, interns, residents and staff. A comprehensive program of continuing medical education courses is provided to practicing clinicians who come to the Division for one-week or longer programs offered throughout the year. Twelve or 18-month post graduate programs are provided for Fellows and variable length self-paced programs are provided for Preceptors. The Division also provides technical education through the College of Allied Health Sciences, Department of Radiologic Imaging, which sponsors a Baccalaureate Program for sonographers. In any one year period, the Division provides educational services to more than 1,000 physicians and sonographers from over 40 countries around the world.

The new facilities for these programs are located in the easternmost wing of the seventh floor of the Main building. Here are the library, several conference rooms, the audio-visual and photography labs and the videotape/slide-viewing rooms. Virtually all presentations in the education programs are videotaped and placed on file for future reference or study. This constantly updated video library now consists of over 2,500 hours of tapes which cover the entire spectrum of applications of ultrasound in diagnosis. Also available are a film teaching file and a large collection of 35mm slide based training materials.

To continue our tour of the new facilities, we must go up one flight of stairs to the eighth floor of the Main building. The middle wing of the eighth floor, adjacent to nuclear medicine, houses the Non-invasive Vascular Laboratory. This unit provides extensive services including imaging and Doppler assessment of the cerebrovascular and peripheral vascular systems. The Non-invasive Vascular Laboratory is a joint program manned by Division staff and operated in cooperation with the Department of Surgery with R. Anthony Carabashi, M.D., '77, Associate
Professor of Surgery, as Co-Director.

Adjacent to the Non-invasive Vascular Laboratory is the Breast Ultrasound (Sonomammography) facility. This facility is entirely self-contained in order to provide a maximum of comfort and privacy to our patients. Advanced ultrasound equipment specifically designed for sonomammography allows us to provide diagnostic information which frequently supplements that provided by the more traditional X-ray mammography.

The remainder of the space in the easternmost wing of eight Main is devoted to research and equipment storage. Much of our current research activity is clinical in orientation and is conducted in conjunction with Drexel University which provides specialized expertise in bioengineering as well as basic science. Through this cooperative effort, several major grants have been obtained. One of the more exciting research projects which we are now conducting involves the development of a new type of combined imaging and Doppler scanner specifically designed to image the breast. It is hoped that the combination of Doppler and high-resolution imaging will advance our ability to detect small lesions within the breast.

This completes our tour of the new Division of Diagnostic Ultrasound facilities. With our move into these new facilities, we are confident that we can continue to maintain a leadership role in the expanding field of Ultrasound diagnosis. Our staff, our facilities and our programs are here to serve the needs of patients as well as the medical community. Ultrasound diagnosis has grown in both scope and capability with astonishing rapidity over the past decade. This new facility is just one more tangible indication of the commitment of Thomas Jefferson University, Jefferson Medical College, its Hospital and its Department of Radiology to maintain their leadership role in the next decade and beyond.

As Director of the Division of Diagnostic Ultrasound of the Department of Radiology, I would be very pleased if you could visit our new facilities. If your schedule permits, call my office at (215) 928-8534 to establish a time when I can provide a tour of the spacious areas in Thompson and Old Main. Come visit us and share our pride in the facilities and in the institution which has made this dream a reality.

Above: Assistant Chief Technologist, Kenneth Sawyer, points out aspects of an obstetrical ultrasound scan to a patient. It demonstrates cross sectional view of the fetal abdomen.

Joseph J. Darby, (second from right) Program Director of the Sonography Bachelor of Science Degree Program, trains staff members in the use of the new Quantum color-flow Doppler scanner.

Education Program Coordinator, Judy Superior, inventories some of the tapes in the video library.
If a student at JMC today could travel in time back to the early fifties, he might well be surprised at how different campus looked. Heading north from Clinton Street, he would hit no Jefferson buildings until he arrived at the College Building at 1025 Walnut Street. He would soon discover that the entire campus contained only a handful of buildings: in addition to the Medical College at 1025, there were only Curtis and the hospital facilities.

If the student sought out his favorite haunts on the 1950's campus, he would be disappointed. Doc Watson's didn't exist, nor did the Commons. The student might find his 1950's counterpart heading for Chassey's Bar on 11th Street between Clinton and Spruce.

If the time-traveling student wanted to grab a bite for lunch, he would find no place as chic as the New Hospital Atrium nor as convenient as the Jeff Hall Cafeteria. He would soon learn that JMC students tended to "brown bag it" during the fifties. (Leopold S. Loewenberg '56 recalls eating many a sandwich in D.B.I. as he breathed formaldehyde from the anatomy lab.)

When it was time to turn in at the end of the day, the student wouldn't find his fellows heading for Orlowitz and Barringer. Instead, he might overtake JMC students walking toward the various rooming houses on Spruce, Clinton and Pine Streets. The Gladstone Hotel was especially popular with the JMC students during the fifties.

Over the past few decades, the complexion of the Jefferson Campus has undergone dramatic changes. Small merchants, factory buildings, and local dives have gradually given way to an architecturally integrated complex of university buildings. During the late sixties, the entire block defined by 10th and 11th Streets and by Locust and Walnut Streets was razed, with the exception of the Martin Residence for Nurses. Gone in the wake of neighborhood redevelopment are the Stephano Brothers Cigarette Factory, the Horn & Hardart Commissary, the Blakiston Publishing Company, the Western Savings Fund Society, along with several local stores. During the past two decades alone, the university community has witnessed the construction of the Stein Research Center followed by the Orlowitz Residence Hall, Jefferson Alumni Hall, the Scott Library and Administration Building, the Barringer Residence Hall, the new parking garage, and the New Hospital.

And as of this past July, the new Medical Office Building on the southwest corner of 11th and Walnut has opened its doors. The new building harmonizes with the architecture of other buildings on the Jefferson campus. It is constructed of the same kind of brick used for the Scott Building, the two new residence halls, and the new garage. The large banks of windows echo the design of both the windows in the Foerderer Pavilion as well as those in the new hospital. And like many of the other new buildings on campus, the Medical Office Building feels light and airy inside, and shuts out a bare minimum of light from the surrounding outdoor area. According to architect Clarke Van Sant, the height and stair-step design of the new building were influenced by Philadelphia's "Sunshine Ordinance," which restricts the height of new buildings on Chestnut and Walnut Streets "in order to ensure continued penetration of sunlight" to the sidewalk.

But in addition to blending into the unified architectural plan of the Jefferson Campus, the Medical Office Building has a personality all its own. The capitals and bases of the pillars surrounding the building are constructed of tiered layers of brick. On a small scale, the design of the pillars playfully capitulates the overall stairstep design of the building.

Geometric motifs prevail in the front lobby as well. Here, the architects have worked with the clear-cut angles and clean, bold lines reminiscent of Art Deco style. But if the design of the lobby is bold, its colors are soft: beige, taupe and grayish blue prevail. The sense of warmth provided by the bricks forming the exterior of the building is picked up in the brick tiles on the lobby floor. The tall corn plants flanking the front hallway are anything but typical of an institutional building. Nor is the polished blond oak trim.

The same effort to create an atmosphere that is warm and inviting, rather than cold and stereotypically institutional is apparent throughout the building. The third-floor suite occupied by ob/gyn's Paul A. Bowers '37, Professor Mrs. Field, who joined the Bulletin staff on August 1, is an honors graduate of the University of Michigan and received a master's degree from Columbia University.
Emeritus and Alumni Trustee, Marvin R. Hyett ’63, Leopold S. Loewenberg ’56, and Daniel Small is no exception. Here, patients are greeted by a mauve and gray, plushly upholstered waiting room. If they don’t care to leaf through the waiting room magazines, patients can watch tapes on the overhead VCR. The tapes provide patients with walking tours of the Louvre and the Prado, Audubon Society films, and lessons in make-up application and cooking. On a typical day, the husky voice of Julia Child teaching viewers how to stuff a chicken can be heard floating above the heads of waiting patients. “Several of my patients have copied down recipes while waiting to see me,” notes Dr. Hyett. He chooses tapes that can be watched in snippets and that are not medical in nature.

More important than the modern appointments typical of the new building, says Dr. Hyett, is the esprit de corps characteristic of the people who work there. He believes that their sense of comaraderie can be attributed to the fact that the building is entirely new rather than renovated; metaphorically speaking, doctors, administrators, and maintenance people alike have come into the building “on the ground floor.”

Located on South 17th Street for ten years, Dr. Hyett and his partners are happy finally to be convenient to Jefferson’s physical plant. Their new suite in the Medical Office Building is diagonally across the street from the Foerderer Pavilion and only one flight up from Jefferson’s new ambulatory Surgical Center. Because they are so close to the Surgical Center, remarks senior partner, Paul Bowers, “my colleagues have been known to perform procedures on the second floor, then run up to the third floor in surgical scrubs to do paperwork.”

The logistical advantages that the new building offers physicians are not Dr. Bowers’ only concern. He is also acutely sensitive to the psychological benefits that the new building offers to patients entering for ambulatory surgery. Traditionally, notes Dr. Bowers, an ambulatory patient who enters a hospital for a minor one-day procedure is likely to mingle on elevators with
seriously ill patients on stretchers. He may find such an experience disconcerting. And even today, observes Dr. Bowers, a patient may perceive of a hospital as a place where people go to die.

But the reactions of a patient entering the new Jefferson Surgical Center are entirely different. The entrance to the building is apt to remind the patient of a hotel lobby. As soon as he comes into the new building, the patient is offered a free valet parking service. He is then shown to the “surgi center” which occupies the entire second floor. According to Rebecca O’Shea, Administrator of the Center, a patient rarely needs to wait more than an hour before he is taken into the Pre-Operative Holding Area. Here, the patient reclines in a lounge chair and his IV is started. The staff refers affectionately to the five Pre-Op holding rooms as “mini hotel suites,” quips Barbara Harmer, R.N. It is only when the patient is taken into the operating room that his family must leave. Family members are given a tone beeper. They may opt to be contacted as soon as the surgery has been completed, or as soon as their relative is ready to be discharged. After surgery, the patient is taken into the Acute Recovery Room where he is still on a stretcher and attached to an IV. As soon as he is alert, he goes to the Recovery Lounge where he dresses in his street clothes, reclines on a lounge chair, listens to soft radio music and is offered juice. At this point, a nurse lets the parking valet know that the patient is ready to leave.

The staff is especially aware of the needs of pediatric patients. They attempt to reunite infants and children with their parents as quickly as possible: Five minutes after a one-month-old baby underwent a minor procedure, he returned to his mother in the recovery lounge where he breastfed contentedly. “Jefferson was one of the pioneers in the concept of family-centered medicine,” observes Dr. Bowers.

“Patients can’t believe how humanistic our approach to patient care is,” states Ms. Harmer. “After surgery we call every patient at home to see how he is doing and to make sure he understands our post-operative instructions. Many patients are astounded to hear from us.”

It is not only individual patients who benefit from this humanistic approach to medicine. Jefferson’s reputation as a medical institution is enhanced as well. “Jefferson has always enjoyed an excellent reputation,” Dr. Hyett emphasizes, “but since the advent of advertising, we have been making a deliberate drive to keep patients coming to Jefferson. The new ambulatory Surgical Center adds a modern touch.”

Indeed, ambulatory surgery seems to be the wave of the future. It is estimated by 1990, approximately 50 percent of all surgery will be ambulatory in nature. Already, according to Bart T. Murtaugh, Surgical Care Program Manager, at least 38 percent of Jefferson’s surgical caseload consists of ambulatory cases.” And he expects to see a steady increase over the next few years. But will the increase in ambulatory surgery exacerbate the empty bed syndrome? “Historically, Jefferson’s hospitals have enjoyed an extremely high occupancy rate,” responds Dr. Bowers. “Our problem is, therefore, more apt to be too high an occupancy rate.”

And from the viewpoint of hospital administrators, the increase in ambulatory surgery helps hospitals contain their costs. The previous two issues of JAB have included discussions of the conflict between the DRG system and the quality of medical care. Happily, observes Dr. Ryett, the increase in ambulatory surgery pleases providers of third-party payments without jeopardizing the quality of medical care at our institution.

Jefferson’s ambulatory Surgery Center is not the only facility of note within the new Medical Office Building. A variety of medical departments will open offices throughout the remainder of 1986. Included will be a Breast Imaging Center, a Center for Facial Plastic Surgery, a Pediatric Pulmonary Office and the Division of Medical Genetics. This Division will include Jefferson’s Repeated Pregnancy Loss Program, one of the few such programs in the nation (see p. 21).
Area view of Jefferson's 1986 campus. Jefferson Alumni Hall is located on Locust Street on the bottom right of photo. Moving north are the Scott Memorial Library and Administration Building, the Medical College at 1025 Walnut Street, the Foerdener Pavilion and Thompson Annex and the New Hospital on Chestnut Street. The Wills Eye Hospital is located on Ninth Street east of the campus.
Martin J. Sokoloff '20, served as Acting Medical Director and Physician-in-Charge during the War years.

Burgess L. Gordon '19, succeeded Elmer H. Funk '08 as Physician-in-Charge in 1927.

George J. Willauer '23, the thoracic surgeon at Pine Street.

J. Woodrow Savacool '38, author of this article, in a 40s photo.
For more than a generation of Jefferson medical students, the designation amounted to a good deal more than one of the east-west streets of Center City, Philadelphia. "Pine Street" was the reference name for the Department for Diseases of the Chest of Jefferson Medical College Hospital, at 236-238 Pine Street from 1913 to 1946.

Many Jefferson alumni remember experiences as "Pine Street" students with nostalgia and gratification. Baldwin L. Keyes, M.D. '17, recalls the excellence of medical teaching in that department. Medical students of the pre-World War II and wartime periods perceived the physical diagnosis taught there to be superior to that experienced in any other division of the hospital. Medical students were exposed to a close relationship between staff and patients which came to include the students as well. The excellent esprit de corps observed by students at Pine Street is worth recalling, especially in view of the depersonalized process of learning and teaching which is often noted in modern day perceptions of the medical scene. The fact that most patients required prolonged hospital stays also contributed to a sense of familiarity no longer possible.

John J. DeTuerk, M.D. '38, describes his experiences as a six-month live-in student at Pine Street as the most pleasant ones of his senior year. Later, as an intern, he assisted at the first operation and first thoracoplasty performed there. Herbert A. Luscombe, M.D. '40, remembers the family-type relationships among staff and patients with warmth and satisfaction. Warren R. Lang, M.D. '43, refers to the homelike atmosphere which prevailed in spite of the serious problems presented by many of the patients. Chang Ha Kim, M.D. '41, also worked there for a full year as a medical student and earned the affectionate appreciation of patients and staff at the facility.

Following the turn of the 20th century, tuberculosis was still the leading cause of death and constituted the major concern with respect to diseases of the chest. John C. Wilson, M.D. 1869, during his tenure as Magee Professor, addressed this matter, actively supporting an organized approach to the new attack on tuberculosis which
was just achieving popular attention thanks in large part to the efforts of another Jefferson alumnus, Lawrence F. Flick, M.D. 1879.

In 1911, Dr. Wilson organized a clinic in the Department of Medicine to improve the teaching of medical students concerning the existing tuberculosis problems and to provide a program of care for those afflicted. In 1912, Thomas McCrae, M.D., succeeded Dr. Wilson as Magee Professor and enthusiastically supported a new teaching and patient-care approach. At the same time the buildings just vacated by the Phipps Institute were proposed by Dr. Flick for a Jefferson facility and the Trustees promptly approved a plan to develop a separate department for diseases of the chest.

Dr. McCrae appointed Elmer H. Funk, M.D. '08, as Medical Director and Physician-in-Charge. Dr. Flick, who may be looked upon as the major moving spirit in Philadelphia's efforts to develop tuberculosis treatment facilities for the previous two decades, also offered his services. Although he never held an academic appointment he was closely associated with Jefferson physicians and was for many years President and Medical Director of the White Haven Sanatorium, which he had organized in 1901. He also was organizer and the first Medical Director, in 1903, of the Henry Phipps Institute for the Study and Treatment of Tuberculosis. It was his suggestion to the Trustees that the Free Hospital for Poor Consumptives share the costs with Jefferson of care for the first Pine Street patients; Pine Street thus began operations for seriously ill hospital patients and less urgently ill outpatients in March, 1914.

The early years of Pine Street were characterized by enthusiasm on the part of nurses and physicians who was hardly warranted by the results of treatment. At the time there was no specific medication and the more aggressive collapse measures and surgical procedures had not yet been developed. Rest, fresh air, forced feedings with high caloric diet (milk, eggs) and isolation of persons infectious to others, constituted the basic and accepted principles for care of tuberculosis. What was lacking in specific treatment was in part compensated for by a sense of mission and devotion to patient care.

Nurses and social services were soon perceived to play a large role in the process and the new department developed skills in these areas. Medical and nursing students rotated through the facility which became a popular part of the teaching programs.

Dr. Funk, although just graduated from Jefferson in 1908, had already become experienced in administration as Acting Medical Director of Jefferson Hospital (1913). He prepared a plan of administration prior to the opening of Pine Street which set a tone for operations and for the teaching program. No other Philadelphia medical school had a comparable facility. Dr. Funk rapidly established himself as an effective lecturer and a clinical bedside teacher whom the students greatly admired. Other physicians joined the staff enhancing the teaching of physical diagnosis at a time when roentgenology, although employed, was still not regarded as superior to physical examination for the evaluation of the nature and extent of tuberculosis lesions.

Dr. Funk became one of Dr. McCrae's closest associates. In addition to his interest in chest diseases, he developed skills in heart disease, general therapeutics and clinical investigation although little laboratory research was done at Jefferson early in the 20th century. However, the ferment begun by Chevalier Jackson, M.D. 1886, and his bronchoscopic ventures, reflected in the work of one of his early pupils, Robert M. Lukens, M.D. '12. Dr. Lukens joined the Pine Street staff in 1917 and adapted bronchoscopy to tuberculosis and the developing field of suppurrative bronchopulmonary diseases. This added an important innovative flair to the relatively pedantic tuberculous treatment programs which were then in vogue.

Dr. Lukens continued his association with the Chest Department until his retirement and was one of the true pio-
neers in this work. During the same period, artificial pneumothorax became more popular and its indications and limitations were better understood. In 1929, Dr. Funk summarized his program in a paper “The Selection of Cases of Chronic Pulmonary Tuberculosis Suitable for Collapse Therapy.” His caution against positive pressure “compression” at that early date indicated a good understanding of the physiologic principles involved and of the nature of the tuberculosis involvement of the pleura. He and John B. Flick, M.D. ’13 (son of Lawrence), also promoted phrenic nerve paralysis as a lung-resting adjunct as well as thoracoplasty, which was just coming into general use.

During these years the already established techniques for identification of tubercule bacilli were fully employed at Pine Street. Some of the more sophisticated studies including animal inoculations were done at the College or Hospital, where Professor Randle C. Rosenberger, associated with tuberculosis bacteriology and pathology since 1904, continued to work. Medical students were assigned to Pine Street for several two-hour sessions in the third year, but some of the students applied for and received live-in appointments to perform routine laboratory services in exchange for room and board.

Opportunities to share in the treatment of inpatients added to the rewards of this association and permitted even closer ties to the medical staff which was gradually augmented by such able physicians as Drs. Martin J. Sokoloff ’20, Burgess Gordon ’19, Arthur R. Vaughn, Sr. ’18, Samuel Jaffe, Christian Nissler, ’19, and Charles E. Aitken. Many students of this period expressed gratification for the teaching of physical examination at Pine Street.

Reflecting the changes occurring in collapse therapy and the extension of surgical treatment to patients formerly regarded as too ill for this procedure, Pine Street gradually recognized its need for facility modernization. Dr. Gordon, having succeeded Dr. Funk as Physician-in-Charge in 1927, initiated efforts in that direction. In 1928 an annex to the 238 building was constructed to house improved x-ray and laboratory facilities, and a small operating suite was included. Major surgery was still performed at the Main Hospital until 1938, when a grant from Joseph V. Horn funded a surgical facility at Pine Street. This facility increased the number of patients who could be accommodated and led to rotation of patients between Pine Street and long-term care institutions.

The treatment conferences became more cosmopolitan; staff persons from other institutions augmented the attendance and broadened the discussions. The give-and-take at those conferences was stimulating and at times heated, but never personal or recriminating. Decisions made there were consensus ones based upon solid collective judgment. As time went on, students were included in these conferences and benefited greatly.

The decade of the 1930s may be looked upon as a time of change in the campaign against tuberculosis, both generally and locally. Advances in surgery and radiology were impressive but even more important was the gathering evidence that mortality and morbidity were declining. Tuberculosis among nurses and medical students was also diminishing and earlier diagnosis prevented many of the disasters to careers previously experienced. Pine Street added a number of progressive and well-trained physicians; Drs. Jacob J. Kirshner, ’33, Robert Charr, ’31 and Peter A. Theodos, ’35, were appointed to medicine, Drs. Howard H. Bradshaw, ’27 and George J. Willauer, ’23, to surgery. While John T. Farrell, 1886, represented radiology, Dr. Lukens continued to ply his skills in bronchoscopy. The nursing service was also undergoing changes; Miss Mary Cushen resigned as Supervisor in 1940. Her successor was Miss Thelma Showers, from the Department of Pediatrics, who brought a bright and progressive atmosphere to the facility.

Perhaps the most significant period in the career of Pine Street as a medical
facility was just preceding and during World War II. By this time treatment procedures had become relatively well-established and it was clear that progress was being made against a major killer. Pneumothorax treatment was given with refills once or twice weekly and later less frequently. The presence of adhesions between lung and chest wall often required that a supplementary surgical procedure be carried out, known as pneumolysis, performed transthoracically with a thoracoscope and an electrocautery. When successful, this procedure enabled patients to transfer to longer-term institutions or to be discharged, receiving air refills as outpatients. Those with chronic tuberculosis for whom no pneumothorax treatment was possible were often candidates for thoracoplasty, which required two or three surgical stages followed by relatively long periods of convalescence. The latter were appropriately carried out in a sanatorium.

Relationships between medical and surgical staffs, nurses, social workers and patients were remarkably effective and cordial at this time. The patients were very familiar with their own diseases and were often able to direct the medical students to the types of abnormal physical signs which could be elicited in their chests. Many a medical student heard bronchophony, whispering pectoriloquy and various types of rales for the first time in the examination of such cooperative patients who assumed an actual teaching role. With the onset of World War II and the severe limitation of staff personnel, relationships became even more intimate as a spirit of cooperation developed, born largely of necessity. Dr. Sokoloff, having been appointed Acting Medical Director and Physician-in-Charge when Dr. Gordon left for military service early in 1942, was able to hold together all of the programs in a remarkably able manner until the end of the war. Demands upon all personnel increased greatly, and it was not at all unusual to observe staff and student nurses doing all types of work in their overtime periods including maintenance and clean-up chores. The high quality of leadership evoked admiring responses from medical students, including an article in the 1944 J. Clinic. The article opened with the comment, "The old adage, 'Good things come in small packages,' must have been coined for the Pine Street Department for Diseases of the Chest. It is so small and unpretentious that it would not be observed if one were not looking for it. It is unquestionably 'good,' being one of the finest of its kind in the East."

In company with other institutions for the care of persons chronically ill with tuberculosis, Pine Street made serious and effective efforts to maintain morale and improve the outlook for patients, many of whom would be ill for weeks and months and many others who would never get well. The atmosphere of hope and optimism generated at Pine Street, however, was something special. Patients were encouraged not only to participate in morale-building efforts but actually to initiate them. Within the limitations of being confined to bed most of the time, this included handwork for women and a variety of modes of occupational therapy for men.

It was found that if men were permitted to develop their own entertaining and productive media they accepted them more readily than if imposed by occupational therapists. On one occasion at Pine Street a patient from another institution brought along little wooden objects which he was carving from cedar and making into decorative pins which could be sold. This caught on and very soon virtually all of the men who were physically able to do so were making wooden pins.

Other examples included artwork, especially needlepoint, sketching and oil painting. Dr. Gordon, in the late 1930s, developed a program for rotation of paintings from the Art Alliance and later art lessons for those interested. Mr. Abbott from the Moore Institute conducted these lessons for a time, with considerable response from the patients.

Efforts to beautify the surroundings were ongoing in spite of severe limitations of funds. One of many projects was bright and colorful redecoration, a plan in which artist Walter Emerson Baum (1884-1956) became involved in the early 1930s. Frequent visits to the facility persuaded him of the therapeutic effect of cheerful surroundings and he loaned several paintings which were later purchased by the Women's Committee. These paintings now hang in the College.

The solarium, located on the roof at the rear of the building, was easily reached by elevator. Patients could spend pleasant hours there when weather was favorable. It was an important social center, and often doctors and nurses made rounds there in addition to visits on the wards. During the same period, the patients developed a newspaper called "Quest," which was edited and published for patients and staff. Dr. Gordon organized a Graduates Club, awarding "diplomas" to persons recently recovered from serious illness with tuberculosis, in an effort to provide hope for those presently hospitalized.

Holiday time was marked by parties set up by one of the floors where patients could be assembled in beds or wheelchairs if they were not ambulatory. Often there was brief entertainment, sometimes by professional people and other times by staff and volunteers. On one occasion an intern, Frederick B. Wagner, Jr., '41, now the Grace Revere Osler Professor Emeritus of Surgery and University Historian, rode a unicycle, to the delight of the patients who knew him better in his usual role. At such festive times, the dietitian remarked that the patients would eat with gusto those foods they rejected at routine meals.

Students who observed the interactions between doctors, patients and staff carried to other institutions their experiences at Pine Street. The era ended in 1946 with the expansion of the chest department into its new and larger building at Broad and Fitzwater Streets. It may be hoped that the "Spirit of Jefferson" so amply manifested during this earlier period will remain alive as once more physicians and nurses place major emphasis on the care of the patient.
The Jefferson Scene

dean's report

A major event of the 1985-86 academic year was the visit by the Liaison Committee on Medical Education from March 23 to 27, 1985. In preparation for that visit Jefferson Medical College undertook a complex and intensive self-study in which many participated. Committees were formed which generated detailed reports on various aspects of the Medical College. Indeed, one of the most valuable features of the LCME accreditation involves this self-study activity which brings together individuals from the clinical and basic sciences to look at what the Medical School is doing and to contemplate what it might be doing. The internal review process is in many ways, therefore, far more important to the institution than the few days of external review.

In the self-study report submitted to the LCME, areas of strength and of weakness identified by the committees were spelled out. While most of these are well known to individuals familiar with Jefferson Medical College, they are worth mentioning at this time:

- Appropriate and realistic objectives exist which serve the needs of our students, residents, faculty and patients. The educational, research and patient-care activities undertaken are consistent with the mission of an academic health center.
- The College has a highly qualified body of students who matriculate with excellent academic credentials, continue to demonstrate competence during medical school, do well on external examinations, are accepted by postgraduate programs in well-known and respected hospitals; and most importantly, are judged to perform very well during their postgraduate training.
- The College continues to work with the Pennsylvania State University in conducting an accelerated program in medical education for students with high academic standards who make early commitments to medicine.
- Jefferson continues to serve as the medical school for the state of Delaware.
- Jefferson remains actively involved in a program that provides training for medical students who commit themselves to serve as physicians in underserved areas.
- Jefferson’s curriculum combines both traditional and experimental features. Emphasis continues to be placed on the basic sciences as a foundation for later clinical activities. Attention is given also to contemporary issues in society and how they affect the practice of medicine. An important feature of the curriculum is the idea that specialization should be acquired by additional training rather than narrower studies. Changes in the curriculum are introduced on the basis of identified need and the impact of changes is monitored by the Longitudinal Study which was begun in 1969. Among the dimensions monitored are student satisfaction, the performance of students during medical school and during the first year following graduation.
- The clinical faculty at Jefferson demonstrates dedication to both patient care and education.
- There has been a growing commitment to research in both the clinical and basic science departments. The recruitment of outstanding scientists emphasizes the importance of research in medical education and in patient care.
- A large number of physicians both at Thomas Jefferson University Hospital and at the affiliated hospitals devote time and effort to teaching medical students on a non-salaried basis. The quality of their teaching is as high as that of salaried teachers.
- The Medical College and University have a strong financial basis, are soundly administered, and receive the support of trustees, friends and alumni. Millions of dollars are received from these sources annually.
- Internal communications within the institution are judged to be meaningful and effective. Regular meetings supplemented by written reports occur at many levels.
- Jefferson’s physical plant is attractive, spacious and well-maintained and provides an environment where multiple medical procedures and research activities can occur simultaneously.
- Jefferson’s Medical Practice Plan meets the needs of clinicians and provides funds to the institution.

Some of the problem areas identified in the self-study report to the LCME are the following:

- The large class size is recognized as a problem in several ways, principally in insuring adequate student/faculty interaction. The Small Group Sessions have helped to overcome this to some extent during the past ten years. In addition, the laboratory courses in the first two years promote give-and-take that benefits both students and faculty.
- A continuing problem which affects Jefferson and other medical schools is the recruitment of minority and disadvantaged students. Since 1978 the
number of such individuals who have matriculated at Jefferson has varied between six and 17 annually. The problem has not been the College's failure to accept these students, but many who are offered acceptance have elected not to enroll at Jefferson. In 1985, of the 38 students in these categories who were accepted, 27 chose to enter other medical schools.

- The availability of financial aid is a major concern for all institutions of higher education. Jefferson Medical College has been successful in helping students obtain financial assistance, but the impact of student indebtedness upon such matters as career choice remains a concern.
- There is a need for additional teaching space on each floor of Thomas Jefferson University Hospital.
- The decreased length of stay in the hospital mandated by the DRG's has prompted curricular changes to ensure that students receive adequate exposure to ambulatory patient care in several areas.
- Faculty professional development is recognized as an area where greater commitment is required. Significant financial commitment has been made by the institution to recruit faculty in several departments. New departmental chairs are bringing scientists of national and international reputation to improve the situation of the medical school in this regard.

Looking to the future, increased attention to medical research may create space problems and will require the construction of new facilities on campus.

The report prepared by the LCME site visitors confirmed the college's strengths and problems. The College received full accreditation for a period of seven years. Some of the LCME team findings were:

- The team was much impressed by the faculty which they perceived as immensely strengthened since the previous site visit.
- The medical student body was judged to be well-prepared and educated and drawn from an undiminishing applicant pool of high quality.
- The long-range plan for Jefferson to become a great center for biomedical research was felt to be coherent and meaningful.
- The physical plant at Jefferson was described as superb, both in terms of its buildings and its location in Center City Philadelphia.
- The network of affiliated hospitals in the tri-state area of Delaware, Pennsylvania and New Jersey adjudged to be excellent teaching centers committed to their educational mission.

The following were major concerns:

- The physical plant at Jefferson was described as superb, both in terms of its buildings and its location in Center City Philadelphia.
- The network of affiliated hospitals in the tri-state area of Delaware, Pennsylvania and New Jersey adjudged to be excellent teaching centers committed to their educational mission.
- The support of the alumni was noted as instrumental in providing funds for many institutional purposes.
- The relation between Jefferson and the state of Delaware was described as effective and mutually beneficial.

During the 1985-86 academic year the Faculty submitted 339 requests for external research support and, for the first time, research awards exceeded $20 million. The Faculty is to be congratulated for their activity. The future should be even brighter with the expected growth in the departments of medical research.

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The following were major concerns:

- The class size was believed to stretch the physical plant capabilities and basic science faculty resources.
- The student advisory system was deemed uneven and inadequate to meet counselling needs.
- Career counselling in particular was judged to be provided irregularly and to depend upon student rather than faculty initiative.
- The educational goals and teaching structure for some of the required courses needed more systematic statement.
greater visibility of the Medical College in the scientific world.

The upbeat statement on which the 1984-1985 annual report ended may be judged appropriate, based upon the experience of the 1985-1986 academic year. The excitement and potential rewards pointed to a year ago are as real this year as they were then.

opening exercises

The 163rd Opening Exercises at Thomas Jefferson University began with a dramatic flourish, as Acting Grand Marshal, Joseph F. Rodgers '57, held the University Mace at the head of the academic procession. The four-foot long, 14-pound mace features a miniature of Henry Mitchell's sculpture, The Winged Ox, that stands beside the Scott Building on Walnut Street. The winged ox symbolizes St. Luke, guardian patron of physicians. From the opening invocation presented by Reverend Edward C. Bradley, S.J., '55, to the conferring of honorary degrees at the close of the exercises, the ceremony's dominant theme was the role of the physician as healer and humanitarian.

In his opening convocation, President Bluemle greeted the members of "The Jefferson family": faculty, administrators and continuing students, then welcomed new members to the Jefferson family. President Bluemle's remarks were followed by those of Jussi J. Saukkonen, Dean of the College of Graduate Studies. Dean Saukkonen was pleased to announce the establishment "of a new M.D./Ph.D. program with an innovative curriculum which complements the existing M.D./Ph.D. program." Dean Saukkonen cited these two programs as representing the close cooperation between colleges that is typical of Thomas Jefferson University.

Joseph S. Gonnella was next introduced as Dean and Vice President "of the most venerable college within the university, the Medical College."

"Jefferson Medical College traditions are strong," remarked Dean Gonnella.

"Many of our alumni are famous. We at Jefferson are proud of our past, pleased with our present, and confident about our future." Acknowledging the highly competitive nature of admission to Jefferson Medical College, Dean Gonnella remarked that the 223 men and women entering the class of 1990 had been chosen from among 4840 applicants. "All of you have done exceptionally well thus far, and we are confident that you will continue to perform at a high level. Eighty-six universities and colleges, 15 states, and four foreign countries are represented by

Dr. Gonnella presents J. Wallace Davis '42, Chairman of Alumni Annual Giving, the Dean's Medal for exemplary service to the College. Dean Jussi Saukkonen (left) and President Lewis W. Bluemle applaud the honoree.
the class of 1990." In calling attention to the humanitarian role of the physician, Dean Gonnella sounded the dominant note of the ceremonies. "Jefferson will introduce you to the excitement and rewards of extending life to many who, without the talent of our eminent staff, would be doomed to chronic and debilitating disease, or worse, premature death.... We are committed to graduating clinically competent physicians and compassionate human beings."

Among the awards Dean Gonnella presented was the Dean’s Medal given in appreciation for loyal service to Jefferson Medical College. This year J. Wallace Davis ’42 was so honored. As teacher, physician and alumnus, Dr. Davis has served Jefferson for over 40 years. He has served as Chairman of the Annual Giving Program for 22 years and has seen it grow to over $1,300,000. During his tenure the College has realized $11,600,000. J. Wallace, known to his familiairs as "Wally," holds the rank of Clinical Associate Professor of Surgery (Plastic). His father, Warren Davis, was also a plastic surgeon, and graduated in the Jefferson class of ‘10.

Introduced as the university’s "largest dean," Lawrence Abrams, Dean of the College of Allied Health Sciences, followed Dean Gonnella. Over six feet tall, Dr. Abrams cut an impressive figure on the podium. He was pleased to draw attention to two new programs in the College of Allied Health Sciences: a new Master of Science and Nursing Program in the field of Rehabilitation Nursing, and a professional training program in Cytogenetics Technology. Dr. Abrams was also proud to draw attention to Jefferson’s "new world-class ultra-sound facility."

Next to speak was Michael J. Bradley, Vice President for Health Services and Executive Director of the Hospital. "The nature of doctoring is in the midst of tumultuous change," Mr. Bradley claimed. "A dual revolution must be acknowledged arising out of the explosion of health-care costs and the shifting dynamics of control over our systems of health care delivery as the power of the parer gains increasing ascendancy. We cannot deny the impact of these new economics any more than we can ignore the new biology." But Mr. Bradley was as idealistic as he was pragmatic; not only did he enjoy his audience to pay attention to the "new economics," but he also called their attention to "the exquisite privilege of closeness, trust and responsibility" belonging to health-care professionals.

Jefferson’s concern with the role of physician as humanitarian was indicated by the choice of people upon whom she conferred honorary degrees. First to be so honored was veteran journalist, Claude Lewis. Mr. Lewis’ series, "Drug Addiction: The Deadly Trap," has been credited with bringing about the legalization of Pennsylvania’s first methadone treatment center. Mr. Lewis also deserves credit for the establishment of a suicide prevention center. Edward C. Driscoll, Chairman of the Board of Trustees was proud to present Mr. Lewis with a Doctor of Humane Letters.

Deep and sustained social awareness has also characterized the work of Robert Imrie Smith, the second recipient of an honorary degree during Opening Exercises. Constance E. Clayton, a member of the University’s Board of Trustees, presented Mr. Smith with an honorary Doctor of Laws degree. During Mr. Smith’s tenure as President of The Glenmede Trust Company, The Pew Charitable Trusts have been a dominant force in Philadelphia philanthropy. Mr. Smith’s devotion to the quality of life in Philadelphia and in the nation at large has been demonstrated by his tireless participation in civic affairs. In 1982, Mr. Smith received a Philadelphia Human Rights Commission Award.

dermatology head

Jouni Uitto, M.D., has been appointed Chairman of the Department of Dermatology, effective November 1, 1986. A citizen of Finland and a permanent resident of the United States, Dr. Uitto received his Bachelor of Medicine from the University of Helsinki in 1965. In 1970, the University of Helsinki awarded him both an M.D. and a Ph.D. in Biochemistry. Entitled "Collagen Biosynthesis in Human Skin in Vitro," his doctoral thesis involved a study of patients with connective tissue disorders and the effect of D-Penicillamine. Dr. Uitto was certified by the American Board of Dermatology in 1978.

Prior to his appointment at Jefferson, Dr. Uitto served as Professor of Medicine/Dermatology in the Department of Medicine at the University of California, Los Angeles. During 1979 and 1980, Dr. Uitto held an Assistant Professorship in Biochemistry at the Washington University School of Medicine in St. Louis. From 1978 through 1980, he was an Assistant Professorship in the Division of Dermatology in the Department of Medicine, also at Washington University. From 1972 through 1975, Dr. Uitto held several academic appointments at Rutgers Medical School.

His clinical appointments also include a postdoctoral fellowship in the Department of Medicine and Dermatology at the Hospital of the University of Pennsylvania. Dr. Uitto has served as Acting Physician-in-Chief of the Clinical Laboratory at the Children’s Hospital at the University of Helsinki and as Acting Assistant Director of the General Clinical Research Center at Philadelphia General Hospital. More
recently, Dr. Uitto has served as Associate Chief and Director of Research in the Division of Dermatology in the Department of Medicine at the Harbor-UCLA Medical Center.

Among Dr. Uitto's research interests are connective tissue biochemistry, metabolism of collagen and elastin, and connective tissue aberrations in disease. Dr. Uitto has published widely in both Europe and the United States. A prolific writer, he has over 123 articles to his credit, as well as a variety of abstracts and chapters in books.

The United States Public Health Service has honored Dr. Uitto with a Research Career Award. Dr. Uitto has also received a Distinguished Service Award from the Dystrophic Epidermolysis Bullosa Research Association.

Among the professional societies to which Dr. Uitto belongs are the Society for Investigative Dermatology, the American Chemical Society, The American Federation for Clinical Research, the American Academy of Dermatology, The American Society for Biological Chemists, the American Society for Clinical Investigation, the American Association for the Advancement of Science, and the New York Academy of Sciences. Dr. Uitto has served as Vice President and President Elect of the Western Region of the Society for Investigative Dermatology, and as a Member of the Medical and Scientific Committee of the Dermatology Foundation.

reunion weekend

It's time for a change. So the members of the Executive Committee, the Governing Board of the Alumni Association, decided at a special July session on campus. For over a hundred years, the reunion activities for the celebrating classes have been scheduled for midweek programs. This entailed a Wednesday evening class dinner with the Alumni Banquet on Thursday and Commencement on Friday.

Increasingly, returning alumni have been asking why?

With these thoughts in mind a Committee of past Presidents gathered in session to discuss the ramifications of changing to a weekend. Following a thorough discussion of the pros and cons these alumni decided in favor of such a change.

President Samuel S. Conly, Jr., next called a special meeting of the Executive Committee on July 17 to share with the Governing Board the thinking of this Committee. Again there was good discussion with a motion being made, seconded and unanimously passed to move Jefferson's reunion activities to a June weekend.

Consequently for members of those classes ending with a two or seven please note that your activities for 1987 will begin with a dinner, on Friday evening, June 5, the Clinic Program and class parties on Saturday and a brunch closing the festivities on Sunday. Your reunion chairman will be in touch soon.

pregnancy loss

"The first baby born to our program arrived on March 18," says Susan Zengerle Cowchock '68, Associate Professor of Medicine/Obstetrics and Gynecology, and Director of Jefferson's Reproductive Loss Center and the Neural Tube Research Laboratory. "Since then five more patients have been delivered." The Reproductive Loss Center is part of the Division of Medical Genetics which recently moved to the new Medical Office Building on 1100 Walnut Street.

Clearly, Dr. Cowchock is pleased with the move. "We now have far more room and the various programs comprised by the Division of Medical Genetics are, at last, together as a unit." Formerly, these programs were housed in various Jefferson buildings including Curtis and Old Main.

The Reproductive Loss Center offers an immunological treatment for couples who have had three or more miscarriages. Jefferson is one of only a few institutions in the United States to offer this treatment. Dr. Cowchock learned the technique from Professor Mowbray and his group at St. Mary's Hospital in London.

The treatment is appropriate for women whose blood lacks the antibodies that protect early pregnancy tissue. This lack may result from one of two factors: "When husbands' and wives' tissues types are too much alike, early pregnancy doesn't adequately stimulate the immune system to make protective antibodies," states Dr. Cowchock.

"Without them, the mother's immune system can reject the new tissue and cause miscarriage." Or sometimes, notes Dr. Cowchock, even if parental tissue types are sufficiently different, the mother's immune system may not be normally responsive to her husband's tissue.

In order to determine whether a woman is a good candidate for immunological treatment, Dr. Cowchock performs tests in collaboration with Dr. J. Bruce Smith, Professor of Medicine in the Division of Rheumatology. When a woman comes in for treatment, she receives two teaspoonsful of her husband's white blood cells, half by injection into a vein and half by injection into the skin. "Six weeks later, we retest the wife to see whether she has developed protective antibodies. We suggest the couple undertake a pregnancy as soon as they are immunized. If the antibody test is negative at six weeks and she is not pregnant, a booster dose is given in the next pregnancy. If positive, the protective effect is good for at least a year." To date, Jefferson's Reproductive Loss Center has achieved a 75-percent success rate using the immunological method of treatment. And, so far, studies have shown no increased risk for birth defects using this treatment. Dr. Cowchock is quick to point out that this technique is only one of several methods of treatment for miscarriage used at Jefferson's Reproductive Loss Center.

alumni chairmen

Three prominent alumni have received appointments in prestigious institutions across the country. Fred A. Mettler, Jr., '70 has been named Chairman of the Department of Radiology at the University of New Mexico Medical Center in Albuquerque; Paul Rodenhausen '63 is serving as Chairman of the Department of Psychiatry at Wright State
Fred A Mettler, Jr. '70, Chairman of the Department of Radiology at the University of New Mexico Medical Center.

University School of Medicine in Dayton, Ohio; and Robert G. Somers '58 has been appointed Chairman of the Department of Surgery at Albert Einstein Medical Center in Philadelphia.

Dr. Mettler did his training in radiology at the University of Chicago Hospitals and Clinics and received an M.P.H. in industrial health from Harvard School of Public Health in 1975. From 1974 through 1976, he served as NIH Clinical Fellow at Massachusetts General Hospital in Boston. In 1976, he was certified by the American Board of Radiology and by the American Board of Nuclear Medicine. He was honored as Outstanding Teacher of the Year in the Radiology Department at the University of New Mexico's School of Medicine for 1978-1979. In 1984, he was awarded a Fellowship by the American College of Radiology.

Dr. Mettler began his association with the University of New Mexico in 1977, serving as Acting Chief in the Division of Nuclear Medicine. He moved rapidly through the academic ranks at the university, attaining the rank of Professor in the Department of Radiology in 1983, as well as becoming Vice Chairman of the Department. The following year, he became Director of the university's Radiology Residency Program. In 1985 he served as Professor and Interim Chairman in the Department of Radiation, assuming the title of Chairman of the Department this year.

In 1984, Dr. Mettler joined the Editorial Advisory Board of Radiology, becoming an Associate Editor in 1985. He is also Series Editor for Contemporary Issues in Nuclear Imaging.

He is a member of the American College of Nuclear Physicians, the American College of Radiology, and the American Nuclear Society. From 1981 through 1983, Dr. Mettler served as President of the New Mexico Radiological Society. He has also served as President and Trustee of the New Mexico Ultrasound Society. Since 1982, he has been a member of the Program Committee for the Radiological Society of North America, and since 1985, he has been a member of the Executive Committee of the Association of University Radiologists. He has also served on numerous committees of the American College of Radiology.

From 1977 through 1982, Dr. Mettler was a member of the U.S. Delegation to the United Nations Scientific Committee on the Effects of Atomic Radiation. From 1983 through 1987, he is serving as a consultant and a member of the U.N. Secretariat. He was an Alternate Delegate to the American College of Nuclear Physicians from 1979 through 1983. He has also served as Consultant on Nuclear Medicine to the United States Army. He has held Visiting Professorships at various institutions including Yale University, the University of Colorado in Denver, and the Mayo Clinic.

Dr. Mettler is a prolific writer. In addition to 109 articles and monographs, he has added numerous books, and chapters in books, to the scientific literature.

Dr. Rodenhausen was appointed Chairman of the Department of Psychiatry at Wright State in 1986. Among the academic appointments Dr. Rodenhausen has held are Clinical Instructor in Psychiatry at Johns Hopkins University School of Medicine in Baltimore during 1969 and 1970, and Assistant Clinical Professor in Psychiatry at Georgetown University in Washington, D.C. during the 1980-1981 academic year.

Following his associations with Johns Hopkins and with the Brook Lane Psychiatric Center in Hagerstown, Maryland, Dr. Rodenhausen became Director of Psychiatry in the Residency Training Program and Chairman of the Residency Training Committee at Wright State, assuming the Chairmanship of the Department of Psychiatry.
this academic year.

Dr. Rodenhauer has served as Consultant and Advisor for numerous governmental institutions and medical associations. Most recently he is serving as Facilitator at the American Psychiatric Association’s Conference on Psychiatric Education in the 90’s scheduled for Raleigh, North Carolina and as Consultant to the APA Task Force on Treatment Disorders.

Dr. Rodenhauer was certified by the American Board of Psychiatry and Neurology in 1980. The following year, he was certified by the American Psychiatric Association in Administrative Psychiatry. He has received numerous awards and honors including the Department of Psychiatry Chairman’s Recognition Award, the Psychiatry Residency Outstanding Faculty Award, the Ohio Psychiatric Association President’s Award, and the Ohio Psychiatric Association Founder’s Day Award.

Among the committees on which he has served are the Student Affairs Committee at Wright State University’s School of Medicine and an ad hoc Committee on Medical Student Impairment of which he was Chairman. Dr. Rodenhauer belongs to several honorary and professional societies. He was elected to Jefferson’s Alpha Omega Alpha Society in 1962. He also belongs to the American Psychiatric Association, the American Association of Directors of Psychiatric Residency Training, the Association for Academic Psychiatry and the American Academy of Psychiatry and Law. Dr. Rodenhauer has published widely and given numerous presentations in his field.

Dr. Somers, Chairman of the Department of Surgery at Albert Einstein in Medical Center’s Northern Division has been Attending Physician there since 1966. Dr. Somers heads up the nationally recognized Breast Cancer Program at Einstein and is Associate Professor of Surgery at Temple University School of Medicine.

While earning his medical degree, Dr. Somers was elected to membership in Jefferson’s Alpha Omega Alpha Honors Society. His postgraduate training included a Surgical Fellowship in Oncology at the Memorial Sloan-Kettering Cancer Center in New York. Dr. Somers is a Diplomate of the American Board of Surgery and a Fellow in the American College of Surgeons.

Currently, Dr. Somers serves as Senior Attending Physician in the Department of Surgery at Einstein. From 1984 until 1986, he served as Acting Chairman of the Department, assuming the Chairmanship this year.

Dr. Somers is also Residency Program Director in the Department of Surgery, Cancer Control Officer, Director of the Breast Cancer Program, and Section Head of Surgical Oncology. He serves as Field Liaison Fellow in the American Cancer Society. Among other professional societies to which Dr. Somers belongs are the International College of Surgeons, the National Society of Transplant Surgeons, and the Association of Program Directors in Surgery.

Dr. Somers is currently investigating needle localization in breast biopsy, and conducting a prospective evaluation of fine needle aspiration breast biopsy in the management of “suspicious” breast lesions.

endowment growth

Thomas Jefferson University’s endowment fund outperformed 98 percent of all other similarly invested balanced fund portfolios, ranking in the second percentile for the 10-year period 1976-1985, according to Samuel H. Ballam III, Associate Vice President for Finance and Treasurer. These results were reported following a recent survey by SEI Funds Evaluation Services, the largest such service in the United States.

“While our investment policy tends to be conservative, nevertheless the fund achieved a 15.6 percent annual rate of return over the period as contrasted to the median of 12.1 percent,” said Mr. Ballam. “Jefferson’s annual 15.6 percent rate of return also outpaced the average annual inflation rate of 7.1 percent by more than 100 percent.”

The University’s rate of return for calendar year 1985 on its endowment fund investments was 30.2 percent as contrasted to the 25.4 percent median for all other endowment funds. The market value of Jefferson’s endowment portfolio was $135 million as of March 31, 1986, compared with $120 million on December 31, 1985, and $90 million on December 31, 1984. The fund generates approximately $7.4 million in annual income, which helps to fund educational, patient-care and research projects undertaken by the institution.

honors etcetera

William E. Benson, M.D., has been promoted to Professor in the Department of Ophthalmology, effective July, 1986.

Robert E. Booth, M.D., has been appointed Clinical Professor in the Department of Orthopaedic Surgery, effective July ’86.

Jerome M. Cotler, M.D., ’52, acted as Coordinator and Presiding Officer at the Orthopaedic Surgery Motion Picture Session presented at the Convention of the American College of Surgeons held in New Orleans during the week of October 20.

Richard A. Ellis, M.D., ’49, served as course director at a seminar entitled “Ophthalmology Update for the Family Medical/General Practice Physician.” The seminar took place at the Wills Eye Hospital on October 15.

Marlys Gee, M.D., Professor of Physiology, has been given a secondary appointment as Professor in the Department of Medicine, effective July, 1986.

Joseph S. Gonnella, M.D., Dean and Vice President, has been appointed Chairman of the Medical Advisory Panel for the Civilian Peer Review of the Military Medical Care Program, Commission on Professional and Hospital Activities in Rockville, Maryland.

Simon Kramer, M.D., Distinguished Professor of Radiation Therapy, received the Gold Medal of the American College of Radiology at the College's September convocation in Baltimore. The medal recognizes his
"distinguished and extraordinary service to the College."

Willis C. Maddrey, M.D., Magee Professor of Medicine and Chairman of the Department, has been elected a Regent of the American College of Physicians. He will serve a three-year term on the Board, the policy-making body of the College.

Ernest L. McKenna, M.D. '55, has been promoted to Clinical Professor in the Department of Otolaryngology, effective July 1st.

S. Grant Mulholland, M.D., the Nathan Lewis Hatfield Professor of Urology, recently gave the Katherine Hepburn Honorary Lecture at the Hartford Hospital in Connecticut. His subject was "Urinary Bladder Defense Mechanism."

Leon A. Peris, M.D., '55, has been promoted to Clinical Professor in the Department of Obstetrics and Gynecology, effective July 1st.

Edward M. Scolnick, M.D., has been appointed Adjunct Professor of Medicine, effective July, 1986.

Lance L. Simpson, Ph.D., Professor of Medicine and Pharmacology and Director of the Division of Environmental Medicine Toxicology at Jefferson, recently received a $4.3 million grant from the U.S. Army. The grant makes it possible for Jefferson to construct a new research center for Dr. Simpson's study, to be used by the Department of Medicine in collaboration with microbiology, pharmacology, physiology and neurology.

Dr. Simpson has also received a Javits Neuroscience Award. Named after New York Senator Jacob Javits, the award resulted from the collaboration of Congress and The National Institute of Health. The award provides more than seven years of research support to researchers who achieve significant advances in the frontiers of neuroscience.

Keith L. Wapner, M.D., has been appointed Assistant Professor of Orthopaedic Surgery and Director of the Foot and Ankle Service, the first of its kind in the Delaware Valley.

Teaching facilities at the College have been at a premium in recent years even with the addition of the Kellow Conference Center. With a grant from the Pew Memorial Trust, extensive renovations have taken place on the second floor of the College and Curtis Building adding seven class and seminar rooms. Space from McClellan Hall permitted a Walnut Street walkway to be constructed connecting the two facilities (above). This additional space will not only add needed facilities for the medical students and other component groups in the University but will provide excellent accommodations for Continuing Medical Education seminars. McClellan Hall will provide the large lecture room with the conference rooms for small group discussion.
1923
John P. Prioletti, 428 Glenmoor Blvd., New Castle, Pa., was featured in a three-column story of the New Castle News recently. The 90-year-old physician serves as Medical Director of the Hospice of St. Francis which he founded in 1981. The Hospice was the realization of a goal dating from 1949 when his 23-year-old son, John, died of leukemia.

1924
Lawrence Shinabery has moved from his lake home in Leesburg, Indiana, to a retirement village in Muncie. “We still get away from the cold during the winter months by going to Florida. My health is good for a soon to be 87 year old.” Their address in Muncie is 5601 Bethel Pike.

1930
During the spring meetings of the American Psychiatric Association in Washington, D. C. there were ceremonies at the headquarters building to name the Francis J. Braceland Modern Founders Room. Dr. Braceland, who died in February of 1985, was a former President of the APA, Psychiatrist in Chief at the Institute of Living in Hartford, Connecticut, and recipient of Jefferson’s Alumni Achievement Award.

1933
T. Ewing Thompson, 4 Knob Rd., Pittsburgh, represented Jefferson at the Bicentennial Convocation in Commemoration of the Two Hundredth Anniversary of the founding in 1787 of the University of Pittsburgh. The ceremony took place on Tuesday, October 21 in the Syria Mosque in Pittsburgh.

1940
Joseph R. Bigley, 2105 E. Huntingdon St., Philadelphia, writes that his wife, Margarette T. Bigley, completed her Doctorate in Education in November, 1985, at Temple University, officially receiving her diploma on graduation day, May 29, 1986.

1943
Gerald E. Callery, Farm Meadow Brook Farm, Malvern, Pa., closed his Upper Darby orthopaedic surgery office on June 1. Shortly after he was in an accident with his motorcycle and fractured his right shoulder, landing in Fitzgerald Mercy Hospital for five days. “I’m doing fine,” he reports.

1944J
Robert A. McLemore, 1815 Crescent Dr., Springfield, Oh., has retired from his 35 year surgical career. “I’m not going off to Florida to retire. Springfield is my home, and I still plan to be a part of its growth and to enjoy its great people.” In addition to having served as the Clark Medical Society President in 1976, the Mercy Medical Center Chief of staff for three years, and the Director of the Department of Surgery for 15 years, Dr. McLemore has been involved in the Mercy Building program. “I am pleased that our new surgical and educational facilities will continue to support surgical progress and to encourage educational program development for medical professionals and the public. I am pleased to be part of this legacy.”

1944S
Robert J. Derham, 6340 Sherwood Rd., Philadelphia, has retired from active practice.

1946
Forrest E. Lumpkin, 3843 Maplewood, Dallas, Texas, is “still in practice doing general and peripheral vascular surgery with no plans to retire. I have one son who received a Master’s Degree from Stanford University in June, and twin daughters who are sophomores at Baylor University.”

James V. Mackell, 5392 Oxford Ave., Philadelphia, was honored at a surprise testimonial dinner last spring at the Huntingdon Valley Country Club by the medical and nursing staffs of Holy Redeemer Hospital. Dr. Mackell has served as Chairman of the Department of Pediatrics for the past 26 years. In addition to this position he also was President of the Medical Staff there. A Fellow of the American Academy of Pediatrics and a Diplomate of the American Board of Pediatrics he most recently has been involved with the development of neonatal and pediatric intensive care units at Holy Redeemer. Included on the program that evening were colleagues and fellow alumni Joseph L. Finn ’35, Constantine R. Roscoe ’38, John J. Hagarty ’34, John P. McCafferty ’43 and John J. Meehan ’47.

David C. Simons, 324 12th St., Huntington Beach, Ca., is proud to note that the book Myofacial Pain and Dysfunction: The Trigger Point Manual, which he coauthored with Dr. Janet Travell, is becoming a “medical best-seller.” In order to complete the second volume of the book (Volume I covers only the lower half of the body), Dr. Simons has retired from the Veterans Administration and opened a private practice at the University of California Irvine Medical Center. In April, he and his new bride, Lois Statham, moved to the address listed here.
Pain is as common as the ordinary cold; and chronic pain — pain that lasts more than six months in spite of treatment — disables nearly 60 million persons in the United States each year. Uncommon methods are required to combat it.

Pierre L. LeRoy, M.D., '56 sees the existence of such pain as a challenge. He has spent much of his professional life sparring with it. The shelves of his comfortably-decorated office are filled with professional books, magazines and pamphlets about hurting, with titles like Pain; The Proceedings of the First World Congress on Pain; “The Clinical Journal of Pain”; “Pain Update,” and “Pain Newsletter.”

A clinician, teacher, researcher and inventor, Dr. LeRoy is Medical Director of the Delaware Pain Clinic in Newark, Delaware, which he founded in 1972. There, the methods employed in diagnosing and treating aches, spasms, and throbs literally span the centuries from Hippocrates to NASA. In addition to directing his clinic, Dr. LeRoy is Senior Attending Neurosurgeon at Wilmington Medical Center, Chief Neurosurgeon at St. Francis Hospital, Wilmington, and is a consultant to four other hospital staffs and 10 manufacturers of medical instruments.

One of Dr. LeRoy's greatest current interests is thermography, in which a "heat map" is made of the body's varying surface temperatures. He is one of the small but growing number of experts in the medical field using thermography today. The method was practiced crudely over 2,000 years ago by Hippocrates, who plastered his patients with mud and observed which parts of their bodies dried first. Today, sophisticated thermographic cameras can record the temperatures of 64,000 separate thermic points on the body simultaneously. The body’s normal heat pattern is symmetrical. Abnormally warmer or cooler spots indicate disease or inflammation.

The technique is used at the Delaware Pain Clinic, and Dr. LeRoy said, is useful in diagnosing a number of conditions not previously visible through X-rays or other means. Thermography has produced many medical breakthroughs, one of the most important being that it enables physicians to "see" pathophysiologic conditions associated with pain they once were only able to know about through the verbal reports of patients. He has assisted in setting up many thermography labs at institutions both here and abroad.

Thermographs can be used as evidence in court when pain and suffering are at issue, and also help to weed out fakers. Dr. LeRoy helped revise the chapter on thermography in the legal text, Proving Medical Diagnosis and Prognosis. He also is frequently called upon as an expert witness in trials.

Medical thermography derives its technology from NASA's satellite photography, which also has applications in reconnaissance, law enforcement and marine biology. Dr. LeRoy works with the University of Delaware's College of Marine Studies on remote sensing projects which tie in with his clinical work.

He has invented or helped to invent 18 devices used in neurosurgery and pain abatement. Several of these are special clips and ratchet clamps used in delicate brain surgery, which were not available when he started out in the field. When faced with a lack of surgical equipment, he would think, "Here's a problem. Let's fix it," he said. He invented the first implantable cerebral reservoir catheter, which measures both cranial pressure and permits administration of drugs directly to the brain.

He has pioneered in the development of many applications for pain treatment, for example, an implantable electronic "pain pacemaker," an electronic disk electrode which "scrambles" messages of pain as they travel up the spine, so that the patient feels a different, not unpleasant, sensation. The patient controls the signals sent by radiotelemetry to the implanted disk.
receiver with a small, portable radio transmitter. The disk is used in cases where no other method relieves the patient's constant pain.

In the past, the only remedies for victims of extreme intractable pain were morphine and nerve cutting, Dr. LeRoy stated. Sometimes even severing the nerves did not work; the pain eventually got through anyway. And with these two "solutions" sometimes came the terrible side effects of drug addiction and paralysis.

Now, not only can pain be modified electronically, but there are also new pain-specific drugs which affect only the exact locations in the brain receiving the pain signals from the body, Dr. LeRoy noted.

Dr. LeRoy started out to be a family practitioner, but soon became fascinated by the nervous system. He returned to postdoctoral study, serving residencies in neurological surgery at the Hospital of the University of Pennsylvania, Children's Hospital, and the University of Pennsylvania Graduate Hospital, where he was chief neurosurgical resident and fellow. In 1963 he became a postdoctoral Rockefeller Foundation Scholar at the prestigious New York University School of Medicine to study advanced neuroanatomy and physiology. Today he is a Fellow of the American College of Surgeons, section of neurosurgery, and a certified clinical engineer.

The nervous system, he said, "is a magnificent electro-chemical network that's the most sophisticated in the world." The modern medical monitors are so sophisticated that "you literally not only have to keep up in continuing education daily, but you also now must get into biomedical engineering. We are the designers of the machines, the monitors of the machines, and we must know when they're drifting, when they're not working, and how to correct that. We never must allow ourselves to become slaves to these systems through ignorance or lack of research."

Dr. LeRoy's continuing education takes several forms: He reads and writes technical and medical literature from 5:00 to 7:00 a.m. daily ("I call that my eighth day.") He is a member of the University of Delaware Research Foundation, Inc. He attends and lectures at numerous postdoctoral seminars accredited by the American Medical and other Associations. He helps to organize and sponsor national symposia on such topics as thermography and pain management. And he serves on academic and other educational committees. He is a national and international lecturer and has spoken at the University of Edinburgh, Scotland, and the Pasteur University in France. He has published numerous articles in medical journals, works with 33 medical and scientific societies, and serves a number of boards and committees of educational and medical institutions. He has contributed numerous chapters on thermography to medical textbooks.

Born in Calais, France, Dr. LeRoy moved to the Philadelphia area with his brother Andre and his parents as a child. He joined the French Navy at the age of 17 when World War II broke out. After the war, he returned to the Delaware Valley, determined to become a doctor. He enrolled in Ursinus and put himself through both his undergraduate college and Jefferson. Dr. LeRoy firmly believes that students who intend to go into medicine today must read widely and work as hard as possible in order to succeed.

"They will not be going into conventional medicine," he cautioned. Still, he added, "in order to understand what's up front in science, you must read the classics; you must know what's already been written. Otherwise, how will you know what's new? There is a huge volume of literature for students to read." In addition, the high cost of medical school may discourage potential medical students, "but if you want to be a doctor badly enough, you can do it if you've got the grades and the motivation," he said.

There are other problems. Dr. LeRoy believes the double threats of product liability and malpractice suits are holding back medical progress in the United States today. He has testified before state legislative committees on the subject. "The product liability laws have to be reformed so that we can't be sued 20 years from now because of something that was thought to be wrong after the fact," he said, "because this trend is killing needed creativity and progress."

In spite of technological progress, and the evolution of health care, Dr. LeRoy feels doctors need to keep their traditional purposes firmly in mind. "The most important thing is that one-on-one relationship between the physician and patient," he asserted. □

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1947

David B. Heller, 3874 Ridgeway Rd., Dayton, Oh., represented Jefferson at the inauguration of Alan E. Guskin as President of Antioch College on the Yellow Springs campus on October 19. Dr. Heller, who has retired, and Mrs. Heller are building a home in Williamsburg, Virginia, and will spend the winter at their condo in South Carolina awaiting its completion.

1950

John R. Evans, 1504 E. Chapman Ave., Orange, Ca., writes "Just a reminder that my son, Richard, graduated in the Class of 1954. Unfortunately, the Clinic that year listed his father as another Dr. Evans."

1951

Morton Schwimmer, 70 E. 96th St., New York, represented Jefferson at the Centennial Convocation of Yeshiva University on September 18 at the 185th Street campus. Dr. Schwimmer serves as Vice President for the Association for New York state.

1952

Jerome M. Cotler, Professor of Orthopaedic Surgery at Jefferson, was coordinator and presiding officer of the Orthopaedic Surgery Motion Picture Session during the College of Surgeons annual meetings in New Orleans.

1955

Eugene A. Curtin, 422 Glenburn Rd., Clarks Green, Pa., was honored by the University of Scranton with the awarding of a Presidential Scholarship in his name. Dr. Curtin, a partner in Northeastern OB-GYN Associates, has served on the University’s Board of Trustees since 1980 and currently is Vice Chairman.

Ernest L. McKenna, 418 E. Lancaster Ave., Wayne, Pa., has been promoted to Clinical Professor of Otolaryngology, effective July 1st.

Leon A. Peris, 5 Willings Alley Mews, Philadelphia, has been promoted to Clinical Professor in the Department of Obstetrics and Gynecology, effective July 1st.
1957

**Clifford T. Rotz**, 112 West Springs Rd., Columbia, S.C., was named as one of 85 Fellows by the American College of Radiology’s Board of Chancellors at meetings in Baltimore in September.

1958

**Robert G. Somers**, 5401 Old York Rd., Philadelphia, has been appointed Chairman of the Department of Surgery at the Northern Division of Albert Einstein Medical Center. Dr. Somers who heads up the nationally recognized Breast Cancer Program at Einstein has been an attending physician in the Department of Surgery since 1966. He is also Professor of Surgery at Temple University of Medicine. (See p. 22)

1959

**Leonard C. Baldauf, Jr.**, 5667 E. Conant Rd., Tucson, Az., is doing family practice in Tucson as he has for 25 years. “My brother Jim (’59) is doing cardiology in Anchorage, Alaska. My number three son, John, just completed his second year at Jefferson.”

**Ronald E. Cohn**, Helene Fuld Medical Center, 750 Brunswick Ave., Trenton, N.J., is pleased to announce his appointment as Medical Director of the Helene Fuld Medical Center, effective June 3.

1960

**Herbert D. Kleber**, 800 Mt. Carmel Ave., North Haven, Ct., is currently in London on a six-month sabbatical from Yale, “doing some lecturing and writing but a lot of just enjoying London and the rest of England. Sabbaticals are splendid institutions for renewing and refreshing. Even shaved my beard off after 17 years.”

**Joel R. Temple**, 519 N. Pennsylvania Ave., Dover, De., is in the private practice of pulmonary disease and allergy. “Mary Jane and I are the parents of eight children and 21 grandchildren. We are busy!”

1961

**Warren A. Katz**, 408 Richard Knoll, Haverford, Pa., has been named Chief of the Rheumatology section of Presbyterian-University of Pennsylvania Medical Center. Dr. Katz is known locally and nationally for his study of the causes and treatment of arthritis, lupus and other rheumatic diseases. He is the author of the medical textbook, *Diagnosis and Management of Rheumatic Diseases* and of dozens of articles for professional journals. Dr. Katz is Clinical Professor of Medicine at the University of Pennsylvania School of Medicine and a member of the faculty at Temple University. He is also Chief of Rheumatology at the Medical College of Pennsylvania and President of Arthritis Professional Services, a consulting firm that develops new products and services related to arthritis and related diseases.

David K. Subin, 770 Washington, San Diego, is Chairman of the Board of the Mercy Physician’s Medical Group, a 250 physician complex in San Diego.

1962

**Paschal J. LaRuffa**, 2300 Yardley Rd., Yardley, Pa., continues as Medical Director at George School in Newtown. Dr. LaRuffa was elected to Fellow status in the Society for Adolescent Medicine (SAM) and Fellowship in the Philadelphia College of Physicians. He has received awards for a three-year tenure on the Executive Council of SAM and four years as President of the Delaware Valley Regional Chapter.

1963

**Robert C. Gallo**, Director of the Laboratory of Tumor Cell Biology, National Cancer Institute, Bethesda, Maryland, was awarded an Honorary Doctor of Science degree at Temple University Hospital’s dedication in March. Dr. Gallo is associated with isolating the AIDS virus.

**Paul Rodenhausner**, 1211 Far Hills Ave., Dayton, Oh., has been appointed Chairman of the Department of Psychiatry at Wright State University School of Medicine, effective immediately. Dr. Rodenhausner’s recent awards include the Department of Psychiatry Chairman’s Recognition Award, the Psychiatry Residency Outstanding Faculty Award and the Ohio Psychiatric Association President’s Award. (see p. 22)

1964


**Richard D. Shapiro**, 6177 Sodom-Hutchings Rd., Girard, Oh., has been elected Chief of Ophthalmology at Trumbull Memorial Hospital in Warren. Also a member of the Board of Directors of St. Joseph Riverside Hospital he is Chief of Ophthalmology and Surgical Subspecialties and a member of the Executive Committee there.

1965

**Mark D. Brown**, P.O. Box 016960, Miami, was appointed Chairman of the Department of Orthopaedics and Rehabilitation at the University of Miami School of Medicine in June. Dr. Brown received a Ph.D. from Jefferson in 1969. Married to M. Patricia Sankey Brown, son, Christopher, graduated in June from Dartmouth College. Son M. Anthony is a student at Amherst; son Daniel a freshman at Stanford this fall and daughter S. Micole a junior high school student. In addition to his duties in the Department of Orthopaedics and Rehabilitation, Dr. Brown is co-Director of the University of Miami Tissue Bank.

**Lottie A. Varano**, P.O. Box 396, Hilltop Hershey, Pa., is Professor of Radiology at the Hershey Medical Center and Director of the residency program. The oldest of the three children is 17 and thinking of college.

1969

**M. Dean Kinsey**, 501 New Albany Rd., Moorestown, N.J., has been appointed Director of Medical Affairs at Memorial Hospital of Burlington County. In his new capacity, Dr. Kinsey serves as primary liaison between the Hospital and its 425-member medical staff. His principal functions include assisting with physician recruitment and continuing medical education, assuring appropriate quality assurance activities are in effect, and helping in accreditation processes administered by both state and federal agencies.

**Jay S. Skyler**, 1111 Crandon Blvd., Key Biscayne, Fl. Professor of Medicine & Pediatrics, and Director, Diabetes/Metabolic Unit, University of Miami School of Medicine, was honored during July 1986 as the first "Leon Mow Visiting Professor" at the Lions International Diabetes Institute and Monash University, both in Melbourne, Victoria, Australia. He was also a guest speaker for the Diabetes Association of New South Wales and the Diabetic Youth Foundation in Sydney, Australia.
Drs. Paul and Linda Weinberg and daughter, Sarah, 30 Lakeview Hollow, Cherry Hill, N.J., wish to express their appreciation to Jeff alumni who sent cards, letters and donations on the recent loss of their beloved 12-year-old son and brother, Joshua.

1970

Neil O. Thompson has returned to the States for furlough following his assignment with the Christian Hospital in Manornon, Chantaburi, Thailand. He is staying with his brother at 22 East Madison Avenue, Collingswood, New Jersey. Prior to his return he was invited to join a delegation of American surgeons to the People’s Republic of China under the auspices of People to People International and the Chinese Medical Association.

Jacquelyn M. Zavodnick, 543 Rock Glen Dr., Wynnewood, Pa., Clinical Associate Professor of Psychiatry at Jefferson, is serving as Secretary of the Regional Council of Child Psychiatry.

1971

Steven W. Klinman, 209 Cedar Rd., Elkins Park, Pa., and his wife, Gloria, celebrated their first wedding anniversary on July 5 and now "joyfully announce the birth of their first child, Alison Gail, born on August 24." Dr. Klinman continues his solo practice of internal medicine and geriatrics in northeast Philadelphia.

John Nosher, Crest Dr., Bernardsville, N.J., and his wife, Marjorie, are proud to announce the birth of their daughter, Brittany Paige, on January 7. The Noshers also have two sons Christopher, 15, and Todd, 11.

1972

Ernest C. Wynne III, 825 S. 8th St., Minneapolis, Minn., has been appointed to the Department of Obstetrics and Gynecology at the Hennepin County Medical Center in Minneapolis.

1973

Gary M. Brownstein, 1909 Rolling Ln., Cherry Hill, N.J., has "relocated back to the area after spending six years in Cleveland at Case Western Reserve University. My wife, Sydney, and our children, Heather, Nori and Lee are happy to be back. My office is located at 1210 Brace Road, Cherry Hill."

Benjamin Gerson, 200 Temple St., Newton, Ma., has been promoted to Associate Professor of Pathology at Harvard Medical School. He has also just finished his second year coaching little league baseball.

1974

William H. Meyer, 9345 Glen Birnie Ln., Memphis, Tn., has been promoted to Associate Member of St. Jude Children’s Research Hospital in Memphis and to Associate Professor of Pediatrics at the University of Tennessee, Memphis. He and his wife, Irma, have three children, Eric 5; Meghan 3; and Rachel 22 months.

1975

Susan M. Luscombe, 1967 NEZ 119th Rd., N. Miami, writes, "We enjoyed our 10th reunion. Donald and I have moved to a new home and Mark, now 18 months old, enjoys having a large area 'to run around.' Florida agrees with our family."

Geno J. Merli, 636 Pomona Ave., Had­ donfield, N.J., has been promoted to Clinical Associate Professor in the Department of Medicine. His appointment was effective July 1st.

William M. Mirenda, Jr., 1832 Green­ wood Rd., Roanoke, Va., is "enjoying life in Roanoke with my wife, Mary­ eve and children, Daniel (3) and Johanna (1)."

1976

Gary B. Bernet, 420 College Ave., Haverford, Pa., and his wife, Bonnie, are proud to announce the birth of their second son, Jason Louis, on April 17, 1986. Dr. Bernet practices internal medicine in Drexel Hill.

Marjorie A. Bowman, 300 S. Hawthorne Rd., Winston Salem, N.C., has been appointed Professor of Family and Community Medicine and Chairman of the Department at Bowman Gray School of Medicine. The appointment was effective September 15.

John R. Donahue, 1603 E. High St., Pottstown, Pa., an orthopaedic surgeon with Orthopaedic Specialists of Pott­ stown, Ltd., has been elected to active membership in the Arthroscopy Association of North America. Dr. Donahue is Board Certified as a Diplomate in the American Board of Orthopaedic Surgery. He is also a member of The Pennsylvania Orthopaedic Society, The Philadelphia Orthopaedic Society and the Jefferson Orthopaedic Society.

John S. Liggett, Jr., 1346 Carriage Hill Ln., Freeport, Ill., is practicing general pediatrics and pediatric pulmonology. "This is my third practice location since finishing training, and hopefully we are here to stay for a while. Please look me up when you get out our way. I am grateful," he wrote to his classmates celebrating their 10th reunion, "as I am sure you all are, for the excellent medical education that I received at Jefferson and will always cherish the memory of at least MOST of my time spent there."

Nancy S. Roberts, 518 Putnam Rd., Merion, Pa., has been appointed Assistant Professor of Obstetrics and Gynecology at Lankenau, a Jefferson affiliate. Her appointment was effective July 1st.

1977

Robert S. Boova, Barley Cone Ln., Rosemont, Pa., has joined Eldred Mundth, M.D. in a practice of cardiovascular surgery at Bryn Mawr Hospital. His children are Brian 6; Chrissy, 4 and Meghan 2. The Boovas are planning a move in late October.

Thomas G. Sharkey, 105 Orchard East, Dallas, Pa., and his wife, the former Anne Kathleen Murphy, announce the birth of their first child, Laura, on May 10, 1986, in Wilkes-Barre.

1978

Francis B. Armoo, 7728 North Park Dr., Winslow, Az., is still Clinical Director at the Winslow Indian Health Center, "Married Fena Lewis in 1985; we have a son, Jeremy Paul."

Robert L. Benz, 301 S. Woodbine Ave., Penn Valley, Pa., has been promoted to Clinical Assistant Professor of Medicine at Lankenau Hospital, a Jefferson affiliate. His appointment was effective July 1st.

Robert B. Berger, 16 Copper Vail Ct., Princeton, N.J., is "enjoying life and the practice of diagnostic imaging here in Princeton. Linda and I have two (gor­geous) daughters, Melissa (5) and Carly (8 mos.)."

David H. Trump, 4208 Woodport Cir., Virginia Beach, reports that he has completed his M.P.H. and general preventive medicine residency at Johns Hopkins. Currently, he is serving as a Navy epidemiologist in Norfolk.
ECRI: A Nobel Enterprise

by Mary Blitzer Field

Frequently, Joel J. Nobel '63 wears green surgical scrubs in his office simply because they are comfortable. "I detest neckties," he states emphatically, his dark eyes sparkling above his beard. By all appearances, Dr. Nobel deserves to be called an iconoclast. But he objects, "I don't set out to break icons. What I do is get intrigued with problems. In attempting to find solutions, my mind — frequently my subconscious mind — leads me down unforeseen paths. Sometimes I end up breaking with convention. Sometimes I find that the conventional solution is, in fact, the best one."

Dr. Nobel is founder and President of ECRI (Emergency Care Research Institute), a nonprofit biomedical engineering organization that gathers and disseminates information about health-care technology. The Institute is, in effect, a Consumers' Union for medical technology buyers. About 20 miles outside of central Philadelphia in Plymouth Meeting, Pennsylvania, ECRI headquarters lie in that nebulous region somewhere between country and suburbia. The main plant, a sleek one-story concrete building, sits on 12 immaculately groomed acres. The surrounding landscape is punctuated by Victorian farmhouses and a few suburban ranch houses. The road that leads to the Institute cuts through cornfields; in the late summer, it's bordered by goldenrod.

In such a setting, ECRI's labs seem strikingly modern. On a typical day, a visitor might find two dozen home blood pressure machines sitting on a lab bench waiting to be tested, a few intensive-care monitors running side-by-side for purposes of comparison, as well as several brands of hospital beds and incubators being tested for safety. The controls on one incubator ECRI has tested look especially complex and sophisticated. "We tend to joke about this machine," says one member of the staff. "Just put in a newborn, turn all the dials, and out emerges a college-educated adult."

ECRI's lab findings have a strong impact upon the marketplace. "Hospitals won't buy equipment we see as dangerous," says Jeffrey Lerner, Vice President for Strategic Planning. As a result of the sway they hold over the medical-technology industry, ECRI is careful to maintain their independence. Strict conflict-of-interest rules prohibit ECRI and its employees from having financial interests in the sale of any medical devices, and from accepting royalties, gifts or commissions from people or firms involved in the industry.

"No one else does what we do," claims an ECRI staff member. Certainly no other organization is involved in the same range of activities. A few of the services provided by Dr. Nobel's organization are duplicated by the FDA. Like ECRI, the FDA receives reports from hospitals concerning malfunctioning equipment and provides this information to appropriate parties, and like ECRI, the government agency is involved in some laboratory testing of medical equipment. But in addition...
But it is not malfunctioning equipment alone that accounts for hospital accidents, Dr. Nobel is quick to point out. He sees an urgent need for medical personnel to be better educated in the use of medical technology. While in medical school, notes Dr. Nobel, physicians acquire little or no general training in the use of medical equipment. It is not until their residencies that they acquire any such knowledge, and this knowledge tends to be highly specialized.

Dr. Nobel began his own residency in neurosurgery at the Hospital of the University of Pennsylvania. He was then called into the Navy where he eventually served in submarine medical research laboratories. Following naval service, Dr. Nobel set up ECRI's basic programs in biomedical engineering and research.

But the initial impetus to establish ECRI came a few years earlier in his career. As an intern, Dr. Nobel witnessed the death of a four-year-old boy. The child had an epileptic seizure, vomited and aspirated. Had the defibrillator in the emergency room where Dr. Nobel was working functioned properly, the child probably would have survived. Dr. Nobel cites this experience as one of the seminal events that lead him to conceive of ECRI.

Since its establishment, ECRI has investigated mishaps similar to the one Dr. Nobel witnessed as an intern. Seven years ago, ECRI engineers looked into the death of a child on an operating table in Stuttgart, Germany. They discovered that the anesthesia vaporizer in the operating room had not been properly calibrated. When the engineers questioned the manufacturer, they learned that the manufacturer's quality-control experts had checked out the equipment and determined that the vaporizer had indeed been properly calibrated. It was only upon further investigation that the ECRI engineers discovered the source of the problem: When the vaporizer was being transported on a turbo prop aircraft, the vibrations of the plane had loosened certain parts of the equipment, causing the calibration to become inaccurate. As a result, the vaporizer delivered the wrong gas mix.

Dr. Nobel has no regrets about giving up his contact with patients in order to found ECRI. In fact, he believes he may have been destined to create such an organization. He thinks the editors of his high school yearbook had him accurately pegged: "Ambition: physician. Destiny: efficiency expert."

Dr. Nobel's destiny is manifest at home as well as at work. A paradigm of efficiency, his earth-sheltered house is built into the side of a hill in Gladwyne, with windows along the outer surface. "Our house looks like a small French chateau that got wiped out in an avalanche," jests Dr. Nobel. "I took off six months from work and served as general contractor. We started in June and moved in on New Year's Eve." The house features a two-story tower and a rooftop garden. In the summer, a pump sends heat from the house into the swimming pool.

Stored in a barn near the house is a collection of old military vehicles that Dr. Nobel likes to rebuild with his son, Josh. Already they've finished a jeep, two armored cars, and a half-track, a vehicle similar to a tank. Concerning this last vehicle, Dr. Nobel has one incident in particular that he likes to recount. "Just imagine what the people behind the take-out window at McDonald's thought when we pulled up in our half-track," he remarks, clearly relishing the consternation he and his son caused. In addition to 19-year-old Joshua, Dr. Nobel has two other children, Erika, 22, a graduate student in Soviet Affairs and Russian language and Adam, born just this past August. He also has two stepdaughters, Ruth and Rebecca.

Every bit as energetic and imaginative as Dr. Nobel is his wife, Loretta Schwartz-Nobel. An award-winning journalist, Mrs. Schwartz-Nobel has earned national recognition for her book Starving in the Face of Plenty, a study of hunger in America. She has just completed the manuscript for Engaged to Murder, a true crime story to be published by Viking. The book analyzes the complex web of people and events leading to the murder of an Upper Merion high school English teacher and to the disappearance of four other people.

According to Dr. Nobel, his wife has never considered writing about the medical technology industry. "She's not technically oriented," Dr. Nobel describes his wife as "instinctive, empathetic and sensitive," whereas he sees himself as "deliberative and quantitative."
Johnson G. Coyle, 7510 Dartmouth Ave., N., St. Petersburg, Fl., is "spending the summer in Gainesville, watching two kids, cleaning house, driving 150 miles to work while wife, Jane, takes pre-veterinary medical courses at the University of South Florida summer school in hopes of gaining admission to vet school. (Return of working-through-husband's-medical-school-favor.)"

Steven B. Edson, 202 Cleveland Ct., Mill Valley, Ca., is involved with clinical work and research in magnetic resonance imaging at the University of California in San Francisco. "Please look me up when you come to town."

Daniel F. Flynn, Department of Radiation Medicine, Massachusetts General Hospital, Boson, has accepted a staff position at Massachusetts General Hospital in the Department of Radiation Medicine where he is specializing in radioactive implants. He has been appointed Coordinator of Medical Student Education in Radiation Therapy at Harvard Medical School and has just completed his term as faculty adviser for the Association of Residents in Radiation Oncology of which he is the founder.

Sally L. Herpst, 502 Denbigh Ln., Exton, Pa., writes, "After completing my emergency medicine residency at Georgetown University, and spending a hectic year working in the heart of D.C.'s trauma district, I am pleased to return to my home state and a pleasantly busy practice of emergency medicine at Paoli Memorial Hospital. I look forward to hearing from those whose whereabouts I have lost track of through the years."

E. Paul Howanitz, 304 Old Spring Ct., Dublin, Oh., has accepted a position as Clinical Associate Professor of Surgery in the Division of Cardiothoracic Surgery at Ohio State University Hospital. "Paul, Pat and Paul III reside in Dublin."

Lawrence M. Kuklinski, 3928 Sassafras St., Erie, Pa., writes, "Kathy and I had our first baby, Paul, on January 1, 1986."

Carol A. Lowe, 419 Sprague Rd., Narberth, Pa., has been appointed Assistant Clinical Professor of Family Medicine at the Medical College of Pennsylvania (MCP). "Medical students are taking clerkships in our office. Jeanie Riley '78 has begun a fellowship in neonatology at Albert Einstein Medical Center - Northern Division."

Joyce R. King and Joseph A. Lombardo, 4340 Olive Ave., Long Beach, Ca., write "the newest Lombardo, Alexander Joseph, arrived June 25 and weighted in at nine pounds five ounces. Sarah is three going on 23, a real little chatterbox. Joe is happy with his multispecialty group in nearby Artesia. Joyce is working three days a week doing surgical pathology at Long Beach Memorial Hospital. Just went through the agony and ecstasy of remodeling. Visitors welcome."

Barry E. Packman, 211 Wynne Ln., Penn Valley, Pa., is in the private practice of internal medicine in Northeast Philadelphia. "My wife, Nanci, and I have a beautiful 16 month-old daughter, Bettina." (as of May, 1986)

Frank J. Yohe, 497 Gilmore St., Meadville, Pa., writes, "We have finally settled down for good. Marcia tells me that after three years as a family practice resident, two years in private practice, and now having just spend three more years doing my psychiatry resident, it's time I tried 'working' for a living. Our whole family is pleased with our move to Meadville where I will be on staff at the Meadville Medical Center."

1979

Harry A. Hamburger, 2025 Brickell Ave., Miami, has opened on office for the practice of ophthalmology, neuro-ophthalmology and surgery at the Kendall Eye Institute. "Love to hear from alumni in the area."

Thomas J. Marshall, Jr., 829 Waterview Pl., Virginia Beach, has just returned from an extended deployment off the Libyan coast aboard the USS Coral Sea (CV-43) where he is presently assigned as Ship's Surgeon. He is awaiting transfer to the Camp Pendleton Naval Hospital in California.

Kenneth J. Smith is serving as Medical Coordinator of Indigent Inpatients at Mercy Hospital in Pittsburgh.

1980

James D. Balshi, 126 Edinboro St., Newton, Ma., was Chief Resident in general surgery at the Hospital of the University of Pennsylvania. He completed his residency in June and began a Fellowship in peripheral vascular surgery at Boston University in July. "My wife, Jill, and I expect our second child in November; our son, Christopher is two years old."

Martin J. Carney, 1037 First Colonial Rd., Virginia Beach, has completed his residency in Boston and has joined two senior plastic surgeons in what he describes as a "growing area of the country."

Jeffrey B. Cohn, 1301 VanBuren Walk, Ambler, Pa., is entering a group practice at Einstein Medical Center, Northern Division, following his hematology/oncology fellowship at Emory and Johns Hopkins. "My family, Marcie, Alison, 49, Josh, 2, and I are now living in Ambler."

William F. Dunn, 3036 - 14th Ave., N.W., Rochester, Mn., has begun a residency training program in thoracic disease at the Mayo Graduate School of Medicine.

Michael S. Kornhauser, 7528 Brentwood St., Philadelphia, has been appointed an Instructor in the Department of Pediatrics at Jefferson.

Leo J. Maguire III, Mayo Foundation, Rochester, Mn. has been appointed to the staff of the Department of Ophthalmology at the Mayo Clinic. Dr. Maguire is son of Leo J. Maguire, Jr. '52.

Frederick E. Millard, 8201 Henry Ave., writes, "Marie and I were blessed with the birth of a son, Michael Tyler Millard, on May 8, 1986. The three of us will be spending the summer in Seattle where I'll be working at the Fred Hutchinson Cancer Center."

Marianne T. Ritchie and Stuart L. Gordon '81 announce the birth of a son, Andrew Everett Gordon on May 7. They have moved into a new home in Haverford at 619 College Avenue. She has joined Franz Goldstein '53 in a gastroenterology practice at Lankenau Hospital and he is a Fellow in hip surgery at Jefferson.

Patrick Sokes, 3240 Mary St., Coconut Gr., Fl., reports that, having finally finished his psychiatric residency at Sheppard Pratt Hospital, near Baltimore, he decamped for Miami and a writer's position at South Florida Medical Review. He hopes to be able to fit in a part-time clinical practice when the Florida Board of Medical Examiners sees fit to give him a license. Jeff grads in South Florida are encouraged to pass along story tips or criticism.

1981

John D. Angstadt, 728 South St., Philadelphia, has been appointed Instructor in the Department of Surgery at Jefferson.
Stephen P. Gadomski. 248 Crosshill Rd., Penn Wynne, Pa., has been appointed an Instructor in Otolaryngology at Jefferson.

Stephen Marcum. 1408 Piney Woods Dr., Friendswood, Tx., reports that he has completed a fellowship in gastrointestinal endoscopy at Johns Hopkins University, and that he has joined a multispecialty internal medicine group in Houston.


John W. Smith II. 8452 Hunt Valley Dr., Vienna, Va., finished his medical oncology fellowship at Georgetown’s Lombardi Cancer Center, and became a Senior Staff Fellow of the NCI-Biological Response Modifiers Program, Clinical Research Branch, in July.

Thomas R. Westphal. 1747 W. Chester Pk., Havertown, Pa., was married on June 14 to Sonia Katherine Morris. Dr. Westphal is senior orthopaedic resident at Jefferson.

1982

Cora Collette and Daniel Scott. 2222 29th St., San Diego, write, "Daniel is finishing his third year of internal medicine residency and will be on staff at Balboa Naval Hospital in San Diego." Cora will be Chief Resident in pediatrics there.

Michael E. Goldberg. 1429 Atterbury Wy., Bensalem, Pa., was appointed Assistant Professor of Anesthesiology at Jefferson, effective June, 1986.

Claudia I. Groves. 111 N. 49th St., Philadelphia, has been appointed to the medical staff of The Institute of Pennsylvania Hospital where she completed her psychiatric residency. Dr. Groves was recently awarded a Fellowship in child psychiatry at Hahnemann University, and was among the second place Glencarn prize winners for her original research paper entitled "Cannus The Stranger: A Deconstructionist Approach with Psychological Implications."

David K. Moore. Route 1, Sautee, Ga., has completed his first year of family practice in nearby Helen. He and his wife, Anne became the parents of Adam, in October of last year.


Joseph H. Stella. 829 Powder Mill Ln., Philadelphia, has been appointed to the medical staff of The Institute of Pennsylvania Hospital after having completed his psychiatric residency there. At graduation he was awarded a Certificate of Achievement in recognition of the outstanding skill he has demonstrated in his work with adolescents. He was also among the second place winners of the Glencarn Prize for his original research paper, "The Psychosocial Dimension of AIDS."

1983

Debra Boyer. 135 Eberly Terr., Hampton, Va., writes, "I’m now a family practitioner in a small group practice, and plan to be married to H. Guy Sager — my accountant! Everything is going beautifully!"

Barry S. Clemson. 954 Innsbruck Dr., Hummelstown, Pa., and his wife, Lisa, are expecting their first child in November. Dr. Clemson is a third year medical resident at Hershey Medical Center, and started a three-year cardiology fellowship in July.

Glenn A. Mackin. 420 13th Ave., E. Seattle, Wa., has completed his medicine residency at Evanston Hospital in Illinois and starts a second residency in neurology at the University of Washington. "I will be taking Boards in medicine this year and in neurology in three years."

Suzanne Holdcraft Sherrard. 96 Hollow Rd., Skillman, N.J., completed her family practice residency at the Somerset Medical Center in Somerville. In July she joined a group practice in Hopewell, outside of Princeton. "I will be joining two others, one of whom is Ron Grossman, 71. My husband, Sandy, and I, can be found in Skillman at the above address after September 1. All are welcome."


1984

Francis X. DeCandis. 333 W. Market St., Danville, Pa., is proud to announce that he and his wife adopted three-and-a-half month-old, Michael Francis on March 13, 1986.

David A. Smith. 20 Jamison Way, York, Pa., announces the birth of Erin Elizabeth on June 15. He is in his last year of a family medicine residency at York Hospital.

Sara Hultsch-Smith. 8452 Hunt Valley Dr., Vienna, Va., will begin her third year of internal medicine residency at Washington Hospital Center in July.

Mary F. and Richard S. Stoner. 5626 Timberhurst Dr., San Antonio, Tx., had a baby boy, Mark Frederick, on March 24, 1986. "Only 4 lbs. 1 oz. at birth but now doing lots of growing — ready to play for JMC rugby team," Dr. Rich starts his emergency medicine residency at Fort Hood Army Hospital in Kileen, Texas, and Dr. Mary will be continuing her training in dermatology at Wilford Hall Medical Center at Lackland Air Force Base.

Robert D. Wallace. 2114 Wind River Rd., El Cajun, Ca., is currently serving as the Medical Officer for Destroyer Squadron Thirteen which deployed with the USS Kitty Hawk Battle Group from July to December, 1985. "During this time the battle group made port calls to the Philippines, Mombasa, Kenya; Victoria; Seychelles and Pearl Harbor, where I met Anne for a long-needed vacation. In September I will be starting my residency in ENT at the Naval Hospital in San Diego."

1985

Robyn K. Gansner. 250 Beverly Blvd., Upper Darby, Pa., has begun a residency in physical medicine and rehabilitation in the joint program sponsored by Moss Rehabilitation Hospital, Temple University Hospital and Albert Einstein Medical Center.

Angus T. Gillis. 105 Mulberry Ln., Newtown Square, Pa., and his wife, Joanne, announce the birth of a daughter, Margaret Cochrane, on August 3. She joins Eleanor, 4, and John, 2. Dr. Angus is in his first year of an anesthesiology residency at TJUH.
Medical Care in the Penal System

Lawrence Guzzardi’s training manual for correctional health care was a first

In the United States today, there are 568 state prisons, 3493 county and municipal jails and 993 public juvenile detention and correctional facilities; on any given day, these 5054 institutions house some 588,666 inmates. Over the course of the year, seven million people will pass through these facilities—some of them have been arrested and are waiting to be charged with a crime; some are convicted and awaiting sentence; some are serving their sentences. Often, these inmates are without adequate diet and medical care and without access to proper health care.

Lawrence J. Guzzardi, M.D. ’71, now Director of the Department of Emergency Medicine at York Hospital, York, Pennsylvania, was in his residency in emergency medicine at the University of Kentucky when circumstances introduced him to health care in prisons. His wife, Linda, was serving an internship for her degree in Criminal Justice at Armstrong College in Georgia.

Dr. Guzzardi’s postinternship years had been spent in rural South Carolina providing care to that medically underserved area. He and his wife met when Dr. Guzzardi had a problem with medical records and complained to the transcriber who made the error (his future wife). When their plans to enroll in the Peace Corps in Chile became entangled in red tape he turned to a residency in emergency medicine.

It was while living in Lexington that Dr. Guzzardi learned the difference between jails and prisons, many jails being short-term facilities, “usually nice, generally friendly, with a large blue-collar population. In Kentucky, there were ‘Mom and Pop’ jails”, he said, “where the sheriff’s wife cooked all the meals and the offenders came in and out sometimes at will, like the old Mayberry jail years ago on television.” Jails differ from the longer-term prisons in more than just size and seriousness of crime. Often, people in jails simply cannot raise bail and so legally are innocent of any crime.

But in both cases, an inadequate health-care system was often prevalent. While at the University of Kentucky, between working in the Emergency Department, taking business courses and earning a Master’s Degree in toxicology, Dr. Guzzardi wrote a training manual which led to prominence in the field of correctional health care.

“It is necessary for every jail to have a suitable First Aid plan and suitable facilities available for treatment of emergency situations. It is also necessary that all jails have an adequate space that can be used as a First Aid station and examination room,” begins the text. The 107-page manual, blue-covered and bound with a long clasp, reveals pertinent information to the laymen who are often utilized to dispense health care in correctional institutions. Topics which Dr. Guzzardi delves into in some detail are found in...
chapters entitled Depressive Neurosis, Drug Withdrawal, Venereal Disease, Skin Disorders, Suicide Attempts, Psychiatric Services, Infection Control and Medical Records. As basic as it seems, this manual was the first of its kind, and it came at just the right time.

The American Medical Association was setting up a pilot project in jails and prisons. Because of Guzzardi's involvement, he was chosen to sit on a committee to look at problems and accredit facilities. "There were very few physicians interested in this field at this time," he says, "so I was a logical choice." The AMA took the lead in improving the health needs of a large "invisible" part of society but has received little credit for this activity, according to Guzzardi.

Litigation that has occurred everywhere else occurred much earlier in prisons," he says, referring to one of the myriad problems in the penal system. "Thirty-eight of 51 states (including District of Columbia) are under Federal Court Order because of abuses of the 8th Amendment which states that when you are incarcerated, you are entitled to freedom from cruel and unusual punishment."

This implies that reasonable health care must be provided. Eighth Amendment abuses include either no medical care at all, or medical care provided by inmates. Severe overcrowding is an abuse. "Prisons that allow inmates to perform appendectomies are probably not going to serve adequately nutritious meals," he said.

Dr. Guzzardi spent a substantial amount of time lecturing and taking surveys for the Justice Department. He was asked to go as an impartial expert to investigate and write reports. The biggest complaint: inaccessibility to medical care. The biggest problem: verification.

"Every prison has some mechanism for providing medical care," he said. "The reason why emergency physicians are particularly interested in this is because in some jails the health-care program consists of taking the prisoner to the nearest Emergency Department. They are taken in shackles to the local hospital, where the emergency physician either admits the prisoner or sends him back to prison. "Emergency medicine probably provides 30% of all the health care for prisons," continued Guzzardi. "Larger facilities usually have someone on staff — maybe full time. Some penal systems with a population of 32,000 people have 30 physicians to care for their medical needs."

Guzzardi's committee makes specific suggestions, i.e. providing sick call, providing preventative exams every three years and screening for communicable diseases. Prisoners must be examined briefly upon entering (within 30 days of admission). "There are tremendous medical problems in prisons," he said, naming alcoholism and tuberculosis as major contributors. "Now, most major institutions have a detoxicant observation with emphasis upon recognition of the signs of alcoholic withdrawal. But improvements cost money. No state I know of willingly spends money on its penal system. When you have a choice of building roads for your electorate or spending money on criminals who 'should not be coddled,' it is easy to see where the state's priorities may be. But you either pay now or you pay later. Almost everyone in prison leaves eventually and it's easier and less expensive to treat the problems early. Besides," he said, "the government may sue you if you don't. And when the Federal Government comes in, it doesn't leave easily. It's like being audited every year for the rest of your life."

Dr. Guzzardi resigned as Chairman of the AMA Committee when his father became ill in 1985. He had grown up in a business atmosphere, with real estate the topic of conversation at most times, including meals. His father, an engineer, surveyed buildings for energy efficiency and became interested in real estate. "He always believed in Center City, especially the area around 13th and Spruce Streets," said the middle son. Guzzardi still handles the finances for Chancellor Associates, a partnership of four including his older brother, a landlord-tenant attorney, his younger brother, who runs the business, and his mother, "who makes the tough decisions." He remembers his father, who died this past November, as an "old-time workaholic," who had his home, "over the company store."

A math major at Boston College before entering Jefferson, Guzzardi takes care of the accounting administration of the firm, driving to Philadelphia from York one day a week to oversee the accounts and financial operations of the partnership's 500 apartments and real estate holdings. In addition to real estate in Philadelphia, Guzzardi carries an academic appointment at the University of Pennsylvania, where he is Clinical Assistant Professor in the Department of Medicine and supervises rotations in the York Hospital Emergency Department. He also lectures on toxicology at the Milton S. Hershey Medical School of Pennsylvania State University. (He is one of only 100 physician/toxicologists in the country.)

While real estate might not seem an exciting sideline for some peoples' perception of emergency physicians, Guzzardi says it's just right for him. "You can have stress in your professional life or stress in your personal life, but you can't have both. Emergency medicine is enough of a strain without having turmoil when I'm off duty." He knows there are emergency physicians in other hospitals who work hard and then leave for an action-filled vacation for more excitement. "We don't do that here," he says emphatically. "We think that's crazy."

"In emergency medicine, you have absolutely no idea what's coming in next," he said. "You can never relax. I don't want to panic; I want to feel that I can handle whatever comes in. That's what education does — it builds your confidence." He and other physicians in York's Emergency Department work 40-42 hour weeks, "not counting the meetings, not counting the reading." As Director, he admits to having "all the disadvantages of other specialties," but he and his wife like their quiet life in York with their small son and daughter. They've never taken a vacation away from their children, and neither sees any reason to. "York is Denver," says the exuberant Guzzardi; "York is San Francisco." J.P.M. □
Obituaries

Victor A. Williams, 1914
Died June 30, 1986 at the age of 99.
D. Williams, one of the Association’s oldest living alumni, was a resident of Houston, Texas, at the time of his death. A specialist in otorhinolaryngology, he practiced in Pittsburgh for 65 years. He served on the staffs of the Children’s and the old Pittsburgh Hospitals. Surviving are his two physician sons and a daughter.

Frederick C. Hubbard, 1918
Died July 9, 1986. Dr. Hubbard, a retired general surgeon, resided in Wilkesboro, North Carolina.

Martin W. Brossman, 1920
Died February 26, 1986 at the age of 92. Dr. Brossman, a general practitioner, was a resident of Allentown, Pennsylvania.

William S. Dininger, 1924
Died August 7, 1986 at the age of 90. Dr. Dininger had practiced general medicine in Winchester, Indiana for 54 years. Surviving are a brother and two sisters.

John J. Donoghue, 1925
Died June 8, 1986. Dr. Donoghue, a general practitioner, was a resident of Ft. Lauderdale, Florida, at the time of his death. His son survives him.

Edmond T. Lentz, 1926
Died July 21, 1986. Dr. Lentz, who retired as a Captain from the Navy, next served as Chief Examiner at Norfolk Navy Shipyard. In 1974 he was employed by the Virginia Plasma Corporation of Norfolk. His sister survives him.

John R. Kuhn, Jr., 1930
Died April 24, 1986. Dr. Kuhn was a general practitioner from Joplin, Missouri. He served as Vice President for the Association for his state and was a Fellow of the President’s Club.

Alvin W. Peede, 1930
Died March 9, 1986 at the age of 80. Dr. Peede was a general practitioner in Lillington, North Carolina. He served as a board member of the Baptist Hospital and was a past President of the Harnett County Medical Society. Active in his community he served on the Board of Directors of the North Carolina National Bank and the First Federal Savings. Surviving are his wife, Ann, a daughter, three stepdaughters and a stepson.

Herman W. Wright, 1930
Died February 18, 1986 at the age of 83. Dr. Wright, a general practitioner, was a resident of Raleigh, North Carolina. He is survived by a son and his brother, John E. Wright, ’37.

Herman Finkelstein, 1932
Died May 10, 1986 at the age of 78. Dr. Finkelstein, an internist and cardiologist, was retired and living in Lauderdale, Florida. He had served as Chief of Medicine and Cardiology and President of the staffs of Williamport and Divine Providence Hospitals in Pennsylvania. Board certified by the American Board of Internal Medicine he was a member of the American College of Chest Physicians, the American College of Physicians and the American College of Cardiology. Dr. Finkelstein was a past President of the Lycoming County Medical Society and served on the Boards of the Williamport Chamber of Commerce and the Lycoming United Way. Surviving are his wife, Bess, and three daughters.

Arnold Goldberger, 1933
Died July 31, 1986. Dr. Goldberger was an Honorary Assistant Professor of Obstetrics and Gynecology at Jefferson. He was a member of the President’s Club.

Myron D. Lecklitzer, 1934
Died June 7, 1986. Dr. Lecklitzer was a resident of Houston, Texas. Surviving are his wife, Margaret, two sons and a daughter.

Samuel R. Brownstein, 1935
Died November 11, 1985. Dr. Brownstein was a psychiatrist who resided in Santa Monica, California.

Robert M. Jacobson, 1936
Died August 3, 1986. Dr. Jacobson, a radiologist, was a resident of Miami Beach. In honor of his 50th reunion last June he had become a member of the President’s Club. His wife, Louise, survives him.

Howard J. Suenaga, 1936
Date of death unknown. Dr. Suenaga was a general practitioner and resided in Camarillo, California.

Martin A. Zions, 1937
Died January 19, 1986 at the age of 74. Dr. Zions, an internist, was certified by the American Board of Internal Medicine. He was a resident of Houston, Texas.

Lester G. Joseph, 1939
Died August 5, 1986 at the age of 72. Dr. Joseph who retired in June, was a resident of New Haven, Connecticut. He practiced both internal medicine and cardiology there. A member of the American College of Cardiology he is survived by his wife, Josephine, two daughters and a stepdaughter.

John M. Lawlor, 1939
Died August 31, 1986 at the age of 74. Dr. Lawlor had served as Chief Police and Fire Surgeon for the city of Philadelphia since 1971. In addition he maintained offices for the practice of general medicine and obstetrics in the city. He was a member of the staffs of St. Joseph’s, Chestnut Hill and Holy Redeemer Hospitals and Mercy Catholic Medical Center. Surviving are his wife, Sabina, four daughters and four sons.

George W. Miller, III, 1939
Died April 8, 1986. Dr. Miller was a Havertown, Pennsylvania, physician. His wife, Marion survives him.

James A. Collins, 1941
Died September 9, 1986 at the age of 70. Dr. Collins, a Director of the Department of Internal Medicine at Geisinger Medical Center in Danville, Pennsylvania, was serving as Senior Consultant at the time of his death. He has served as President of the American Society of Internal Medicine, Pennsylvania Society of Internal Medicine, the Pennsylvania Medical Continuing Edu-
cation Institute, the Montour County Medical Society and Danville's Board of Health, among others. He was Vice Chairman of Pennsylvania Blue Shield. Active in the work of the Pennsylvania Medical Society he was senior Vice President of Geisinger's Institute of Medical Education and Research. In 1979 Dr. Collins' residents established a biennial James A. Collins Lecture Series which will continue in his memory. Surviving are his wife, Virginia and a son.

Robert C. Dietel, 1946
Died in January of 1986. Dr. Dietel was a family practitioner in South Hadley Falls, Massachusetts. His wife survives him.

Henry Lesse, 1950
Died July 11, 1986. Dr. Lesse, a resident of Los Angeles, was a Professor of Psychiatry at the University of California Medical Center Los Angeles. Surviving are his wife, Barbara, and a son, Steven.

Harold W. Hadlock, 1958
Died June 21, 1986. Dr. Hadlock who was retired and living in Phoenix, Arizona, was a general practitioner who had practiced in Washington, Pennsylvania. His wife, Sylvia, and 8 children survive him.

Scott M. Kastner, 1976
Died August 23, 1986 at the age of 36. Dr. Kastner, his wife, Rebecca, and their two year old son, Ben, were killed in an airplane crash at takeoff in Washington state. The single engine Glass Air plane, which he was piloting, stalled at takeoff at a meet of private plane enthusiasts near Puget Sound. Dr. Kastner and his family were residing in Chico, California, where he was on the staff at Enlo Memorial Hospital as a trauma and emergency room physician. Surviving are his parents, Mr. & Mrs. Richard Kastner, of Elkins Park, Pennsylvania, and a sister.

Alfred M. Bongiovani, Faculty
Died August 19, 1986 at the age of 65. Dr. Bongiovani, Adjunct Professor of Pediatrics at Jefferson since 1980, served on the research team at the Stein Center with Robert L. Brent, M.D. He was Professor of Pediatrics at the University of Pennsylvania School of Medicine where he received his Medical Degree.

Nominations For Jefferson's Alumni Achievement Award

Members are invited to submit to the Achievement Award Committee candidates for the Annual Award.

Please mail with a copy of the curriculum vitae to:

JOHN J. GARTLAND, M.D.
Chairman
Room 130, 1025 Walnut Street
Philadelphia, PA 19107