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The First Weekend Reunion
June 5, 6, & 7, 1987
The First Weekend Reunion

As the Spring Cover illustrates, Reunions '87 have been changed to a weekend format. Although all alumni have received the formal notification of activities for June 5, 6, & 7, a review of the program hopefully will spur additional members of the Association to join their classmates and colleagues for this very special session on and off campus.

The opening event will be the Alumni Banquet scheduled this year for seven o'clock at the Franklin Institute at 20th and the Parkway. Very special programs will get things underway that evening. On Saturday, the Clinic Program with speakers from each celebrating class will begin at 10:00 a.m. at Jefferson Alumni Hall with the Dean entertaining at a luncheon to follow. Special tours of the new Bodine Center for Cancer Treatment are set for 2:30 p.m. That evening the classes of two and seven will attend parties throughout the city. These classes have received special mailings from their reunion chairmen. The final event of the '87 program will be a farewell brunch on Sunday at 11:00 a.m.

Come celebrate Jefferson!
A Call for Reform
The freshman-sophomore curriculum at Jefferson Medical College meets the challenges of a changing health-care environment.

An Alumni Potpourri
JAB calls attention to several alumni who have distinguished themselves in a variety of ways. Included are a satirist-physician, a husband-wife team of surgeons and the most patient of nonagenarians.

Jefferson Scene
Among a variety of news items, Peter D. Pizzuttillo '70, is appointed Director of the Division of Pediatric Orthopaedics, and this year’s Parents' Day receives top reviews.

Class Notes
University historian, Frederick B. Wagner, Jr. '41, provides an historical essay on the university organ to round out this section of JAB.
A Call For Reform

Educators hold that there is more to medicine than hard science

by Mary Blitzer Field

Medical students aren’t leaving school prepared to practice in corporate networks, to observe DRG limitations, to stand up against litigation or to face patients who don’t automatically trust in their judgment. Nor are they prepared to treat certain life-style problems such as overeating and drug abuse. Few medical students are trained in geriatric medicine. And having devoted four years of their lives to mastering a fixed body of knowledge, many medical students are not prepared to practice in a world that is constantly changing and confusing.

As a result of these shortcomings, educators are calling for changes in the medical-school curricula. At the most recent meeting of the Association of American Medical Colleges, the Association’s President, Robert G. Petersdorf, claimed, “Medical schools have earned no better than a ‘C’ in their efforts to meet the challenges of a changing health-care environment.” Others at the meeting criticized medical schools for not preparing physicians to provide ambulatory care and for neglecting to address issues such as cost containment, certain socioeconomic factors of illness, and medical care for the elderly.

Present at the AAMC convention was Clifton R. Wharton, Jr., Chancellor of the State University of New York, who urged medical schools to incorporate social as well as biomedical concerns into their curricula. Specifically, he urged medical schools to study what he called “the new social diseases” of homelessness, drug abuse, child abuse and neglect, and anorexia and obesity. “In their complex and in some cases nonphysical etiologies, [these ‘social diseases’] may offer greater resistance to research and understanding than conventional infectious disease, but the suffering that attends them is no less real.”

Also participating at the convention was former Senator Thomas F. Eagleton, Democrat of Missouri, who pointed out that over the next 45 years the proportion of the U.S. population aged 65 and above will jump from 11 percent to 21 percent. “An older society is upon us, whether we’re ready or not, and all indicators say we’re not. Academic medicine’s track record on rising to meet this critical challenge gives little reason for optimism,” lamented Senator Eagleton, noting that fewer than three percent of U.S. medical schools offer training in geriatric medicine.

The Association of American Medical Colleges Convention has not been the only forum in which the need for
changes in the medical-school curricula has been discussed recently. In fact, during the past few months alone, there has been an outpouring of reports and articles on the subject. The findings of a recent report commissioned by the Southern Regional Educational Board, for instance, are similar to the recommendations made at the AAMC convention. The authors of the report suggest that medical schools change their curricula in order to emphasize "lifestyle problems (overeating, smoking, and drinking) rather than infectious diseases and purely biological conditions as in the past." And like the speakers at the AAMC convention, the authors of the report advise medical schools to "review their curricula to insure that gerontology receives proper attention."

In a recent report entitled "Physicians for the Twenty-First Century" compiled by the AAMC, the authors take a different tack. Rather than focusing on specific topics that should be taken up in the medical-school curricula, the authors recommend that students be encouraged to adopt certain thinking processes. "Perhaps the most important concept emerging from this study is that medical students must be prepared to learn throughout their professional lives," the report concludes. Rather than instilling a fixed body of knowledge in students, medical schools should teach students to think critically and analytically, the report recommends. "This learning must be self-directed, active and independent."

Professional educators have not been the only ones to address the subject of changes in the medical-school curricula. The popular press has seized upon the topic, too. In a recent article in the New York Times Magazine, author Amy Wallace points out that 112 of the country's 126 four-year medical schools now require courses in interpersonal communication skills and in cultural, social and ethical issues. Ms. Wallace focuses upon the new movement toward "medical humanism." She pays special attention to Harvard's New Pathway, an experimental program emphasizing the importance of the doctor-patient relationship. The medical humanism movement "rests upon two premises," asserts Ms. Wallace: the first is "that the expansion of scientific knowledge has left little time for compassion, intuition and ingenuity — what the physician and essayist, Richard Selzer calls 'the trinity of doctorhood' — in the practice of medicine;" the second is "that it is the medical schools' responsibility to revive these qualities."

Ms. Wallace states, "the new approach to medical education holds that there is more to doctoring than hard science." Clearly educators, university administrators and government officials think her assessment is accurate. But does a single rationale underlie the apparently diverse recommendations these professionals are making? What does a call to stress such issues as ambulatory care, lifestyle diseases and geriatric medicine have to do with the desire to train students to think critically and analytically? And where does the "new medical humanism" fit in?

Answers to these questions can be found by looking at the history of American medical education over the past 70 years. In 1910, Abraham Flexner, an educator on the staff of the Carnegie Foundation for the Advancement of Teaching, published a critique of North American medical schools. This critique resulted in a new system of medical education that stressed lectures, memorization and laboratory work. The Flexner model divided medical education into two distinct halves, the first of which was devoted to the basic sciences and the second of which was given over to clinical training. Over the past seven decades, medical-school curricula have departed very little from this model.

But while the medical-school curricula have remained virtually unchanged, the social and economic environment in which medicine is being practiced has changed radically, particularly during the past two decades. It has been a concern over this growing divide that has brought about all the recent appeals for changes in the curricula. "As formally and traditionally taught, medicine does not have the answers to questions it is now facing," says David Rothman, Director of the Center for the Advancement of Teaching, published a critique of North American medical schools. This critique resulted in a new system of medical education that stressed lectures, memorization and laboratory work. The Flexner model divided medical education into two distinct halves, the first of which was devoted to the basic sciences and the second of which was given over to clinical training. Over the past seven decades, medical-school curricula have departed very little from this model.

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The sophomore seminars are a valuable adjunct to our education because they allow us to address topics that don't readily lend themselves to the lecture format. For example, in one seminar I took, we discussed psychosocial issues in medical patients. We had patients actually come into the classroom where we could ask them questions and receive immediate feedback. Such interaction allowed us to practice important interviewing skills. This type of course naturally works better in small seminar format than it would in traditional lecture format.
I think the main purpose of these courses is to keep us excited about medicine. We have to trudge through all the basic sciences, and, without these courses, we might never encounter anything clinical during the first two years. These courses remind us what it will be like actually to practice medicine.

For the Study of Society and Medicine at Columbia University’s College of Physicians and Surgeons. Dr. Rothman believes that programs such as Columbia’s represent “a self-conscious effort to alert students to the universe in which they’re going to practice.” It is this effort that lies behind the seemingly diverse recommendations for changes in the medical-school curricula. Educators hope that the new curricula will alert students to certain social and economic aspects of the current health-care environment, as well as fostering a healthy skepticism and creative, independent thought.

Jefferson Meets the Challenge

If Dr. Petersdorf’s claim that “medical schools have earned no better than a ‘C’ in their efforts to meet the challenges of a changing health-care environment” is fair, then what grade does Jefferson Medical College deserve in meeting these challenges?

Paul C. Brucker, Chairman of the Curriculum Committee at Jefferson, believes that Jefferson Medical College deserves a high grade. Sounding the same note as Dr. Rothman at Columbia, Dr. Brucker comments, “I think we in medical education have an obligation to make students aware of the environment in which they’ll be practicing medicine.” He is surprised by all the recent attention that has been accorded to Harvard’s New Pathway program. Since the early 1970’s, “we’ve been teaching courses similar to those taught in the New Pathway. Our Medicine and Society Series has been in place since at least 1974. I’d call it a matter of enlightened anticipation.

“Dean Gonnella, who was Associate Dean for Academic Affairs at that time, and various members of the Curriculum Committee observed the large societal issues that were just beginning to emerge. They believed that Jefferson Medical College students should be aware of these issues and prepared to talk about them. So they implemented the Medicine and Society series. The series resulted in small-group seminars during the first two years of the curriculum. Eventually the second year of small-group seminars was transformed into the Sophomore Seminar Series.

“In the early 70’s we were talking about the quality of care, but we weren’t talking about ways to afford it, who was going to pay for it, life-sustaining techniques, euthanasia and informed consent. These issues did not receive the attention they do in 1987. Litigation, the business end of medicine, the image of the physician — his attractiveness or credibility — these issues were not really talked about then.

Twenty years ago, we talked more about new therapies or exciting diagnoses or patient problems and much less about being sued and about what corporate network was going to pay how much.”

In addition to alerting students to such practical issues, Dr. Brucker believes the freshmen small groups and the sophmore seminars serve an even more fundamental purpose: these classes teach students — quite simply — what it feels like to be a doctor. He refers to this process as the “professionalization” of students. “When you come to medical school, you can very easily forget that you’re here to become a doctor. If you learn solely from textbooks and lectures, and you don’t see patients, you can get bogged down in the classroom.” For this reason, Jefferson has departed from the traditional model that dictates that no clinical work be done during the first two years. “We try to have students go to the Emergency Room, see babies delivered, and talk with physicians and patients. In this way students learn that what they’re studying, although very scientific, will be applied to medical practice,” Dr. Brucker explains. He provides a concrete example: “In studying biochemistry, students learn about sugar metabolism.” But in seeing patients, all this information suddenly falls into place and assumes a human dimension. “Students see that if a
"But should he have brought in the outside comparison with sulfa drugs?" wonders another student.
"Doesn't he need a thesis statement?" queries another.
"This is the value of colleague consultation," says Dr. Borenstein at the conclusion of this discussion, moving on to the second paper, a definition of "communication."
"Look at all the red ink on this. Oh, my God!" exclaims the author of the second paper when Dr. Borenstein hands it back.
"Your paper sounds like a scientific special on PBS," says a classmate.
"You picked a killer topic!" says another student.
"You think that's a killer topic! You ought to read Morowitz's The Entropy of Biology," Dr. Borenstein interjects.
"You need to back up some of your sweeping statements," suggests one student.
"Yes," Dr. Borenstein agrees. "For example, you say there are thousands of forms of communication. But are there? Exactly what forms are there?"
"The oral and the written word," responds one student.
"Body language," adds another.
"Sign language."
"Mass media."
"Music and art."
Students begin to philosophize about music and art as forms of communication, but Dr. Borenstein makes sure they don't digress too far.
"This isn't the place to get into a discussion of aesthetics and metaphysics," she cautions. "The point is that you need to back up your claims in a paper."
"I love to give free rein to my thought," confesses the author of the paper.
"Fine, but remember, don't be too wordy! We're after lean language here!" Dr. Borenstein responds.
Karen Glaser, who holds a Ph.D. in educational psychology, teaches "Physician Communication Skills." Although the title of her course resembles the title of the seminar cotought by Dr. Borenstein and Dr. Gartland, the subject matter of Dr. Glaser's course is, in fact, very different. While Drs. Gart-
land and Borenstein teach students how to write professional articles and how to present speeches to their future colleagues, Dr. Glaser teaches interpersonal communication skills. What, for example, are the principles that the prospective physician should bear in mind when taking a preliminary patient history?

“You need to be sensitive to the nuances of a patient’s physical position and to his mannerisms,” suggests one student.

“Yes. And be especially attuned to your patient’s last few comments — even ones he may make as he is leaving your office,” recommends Dr. Glaser. “These ‘doorknob comments’ are sometimes the most important ones.”

She distributes an article that demonstrates the importance of asking open-ended questions when taking a preliminary patient history. The article concludes that “early hypothesis testing in the form of closed-ended questioning by the physician not only interrupts the flow of information from the patient, but it also restricts the range of what the patient perceives of as an appropriate response . . . interns and internal medicine residents frequently, and perhaps unwittingly, inhibit or interrupt their patients’ initial expression of concerns.”

In encouraging students to spend more time talking with patients, Dr. Glaser’s aims are as practical as they are humane. She cites a study that demonstrates an inverse proportion between the amount of time physicians spend talking with patients and the amount of morphine these patients require to alleviate their pain.

And Dr. Glaser prepares her students to face certain economic aspects of the current health-care environment. “It used to be that students could count on setting up private practice in the suburbs,” she notes. “But now students need to be prepared to work in clinics in inner city or ethnic neighborhoods.”

In response to these new prospects, Dr. Glaser teaches her students about various folk remedies and “health-belief models” typical of different ethnic groups. In North Philadelphia, for example, some residents still believe in the efficacy of voodoo powders, while in Chinatown, residents may turn to different combinations of teas and herbs as remedies, claims Dr. Glaser.

Dr. Gartland’s sophomore seminar is explicitly designed to alert students to the universe in which they’re going to practice. In “The Changing Environment for Medicine,” he leads students to examine certain broad economic issues. Last winter, he took up such topics as the medical malpractice crisis, the implications of a physician manpower surplus, the economics of health-care delivery, the effect of economic changes on the poor, and for-profit hospital chains.

Dr. Gartland is particularly disturbed by the commercialization of medicine. He sees the physician becoming a tradesman rather than a professional. And he sees academic health centers paying increasing attention to marketing at the expense of the proper goals of such institutions: education, research and patient care. (See Dr. Gartland’s satire on medical marketing, p. 11).

Dr. Gartland’s primary goal in teaching this seminar is to make his students conversant in the social and economic issues that affect medical practice. Until they take his course, many of his students have never encountered terms such as DRG, Humana and contingency fee. “When my students leave school, I want them to be informed participants in the debate,” he states.

The topics covered in this year’s sophomore seminars range from substance abuse during pregnancy, to the psychosocial aspects of aging and from environmental toxicology to the administrative and legal aspects of overseeing hospital staff. The topics covered in the freshman small-group seminars are literally as diverse as the students enrolled in these classes, for freshmen design their own small-group classes. “It’s hard to decide what skills and training best harmonize in the education of the generalist,” confesses Dr. Brucker. “It’s hard to know how to make music in medicine.”
It has always been the editorial policy of JAB to call attention to special alumni, as well as to current events and developments on campus. In that spirit, we have assembled a potpourri of stories about alumni who have distinguished themselves in a variety of ways. Top billing goes to the most senior of these alumni, Royal "Bull" Durham '15, for his patience in waiting nearly 70 years to receive his certificate of lifetime membership in the Alumni Association. Also included in this alumni medley are two physicians who have distinguished themselves in non-medical arenas: satirist, John J. Gartland 'S44 and magazine editor, Warren A. Katz '61. JAB also wishes to honor James W. Fox IV '70, for his contributions to the field of plastic and reconstructive surgery. Last but not least, we've included a story about the husband-wife physician team, Dennis R. Witmer '79, and Diana Dickson-Witmer, who volunteered their medical expertise where it was desperately needed.

Ex Post Facto—On February 12 the front page of the Philadelphia Inquirer ran a story on Royal E. Durham '15, reporting that his Jefferson Medical College Alumni Association certificate and a Presidential Proclamation signed by the Assistant War Secretary promoting him to first lieutenant in the Army had just been delivered. Inexplicably, it took nearly 70 years for the tube-shaped package to arrive in Dr. Durham's hands. The faded blue postmark was dated July 3, 1917. In early February of this year, the package mysteriously showed up in the mailroom at Episcopal Hospital where Dr. Durham had served his residency in 1916 and 1917. Hospital Communications Director, Anthony Cirillo, performed some detective work to discover that there had been a Dr. Durham at the hospital some 70 years back, and that he was presently living at the Jersey shore. The package had been sent when the family doctor was a young officer binding the wounds of World War I infantrymen. The 92-year-old Dr. Durham, who never married, and his older sister, Virginia, presently reside in the Linwood Convalescent Home in Atlantic County, New Jersey. Of the two documents, Dr. Durham commented, "I'm very happy to get them. It's extraordinary to receive them after all these years. I haven't the slightest idea what happened to take so long." Neither does anyone else.
Combine the know-how of the New York City publishing industry with the expertise of prominent physicians and you come up with a magazine like AIMplus. The publication presents sound medical advice to arthritis patients in a sparkling format and an easy-to-read, upbeat style. "Reach out! Be positive!" Warren A. Katz '61 enjoins his readers in the editorial that opens the debut issue of the magazine. Sometimes arthritis patients feel as though "helplessness and hopelessness surround every moment," Dr. Katz, medical editor of the magazine, continues in the same opening editorial. "We have created AIMplus, the arthritis information magazine, in part to help you dispel those feelings of hopelessness," he informs his readers. Dr. Katz believes AIMplus serves to give arthritis sufferers hope by giving them a sense of control over their own lives.

He brings an impressive list of credentials to his new role as magazine editor. He is Chief of Rheumatology at Presbyterian-University of Pennsylvania Medical Center, a position formerly held at the Medical College of Pennsylvania. He is Clinical Professor of Medicine at the University of Pennsylvania Medical School, and a member of the staffs of Albert Einstein Medical Center, the Medical College of Pennsylvania, Moss Rehabilitation Hospital, Graduate Hospital and Presbyterian-University of Pennsylvania Hospital. He is Vice President of the Board of Trustees of Moss Rehabilitation Hospital and former Chairman of the Governor's Advisory Board on Arthritis.

How did Dr. Katz originally strike up his association with the magazine industry? The expression on his face as he replies is both impish and earnest. "Like most things in life, it was a matter of serendipity." He had been Chairman of the National Arthritis Foundation Public Education Committee, he explains. During his term in this office, the Arthritis Foundation developed a newspaper that "served its purpose but was rather lackluster." A little later, he wrote an arthritis newsletter for his own patients. Last year when a friend asked him to write an article for a woman's fitness magazine published by the Haymarket Group, Dr. Katz agreed, seizing the opportunity to mention his interest in starting up a magazine specifically for arthritis patients. "Michael Schneider, the publisher at Haymarket, approached me about being medical editor for a magazine devoted to the concerns of arthritis sufferers." And so the venture was launched.

The new magazine presents a wide range of feature articles and regular columns. The regular "Self-Help" section encourages patients to "adapt, adopt and adjust" by providing them with commonsense, everyday advice. "Attach straps to the refrigerator and cabinet doors and pull them open with forearms instead of hands," AIMplus advises. In the same section, AIMplus warns against portable dishwashers. The manual strength and dexterity needed to move them and hook them up just isn't worth the effort. But the magazine does go on to endorse a certain lightweight vacuum cleaner that minimizes the need for manipulating devices and for stooping.

AIMplus presents readers with an extensive range of arthritis therapies. Not only does the magazine make certain medical and dietary recommendations, but it even recommends humor as a form of therapy. "Norman Cousins, the former Saturday Review editor, says he cured his own degenerative spinal disease by watching massive doses of Laurel and Hardy, the Marx Brothers and Candid Camera." The author of the article on humor explains that laughter may counteract pain and inflammatory conditions such as arthritis and allergies by stimulating the brain to produce catecholamines.

These hormones, in turn, trigger the production of endorphins which serve as natural pain killers.

"Most patients are drug-oriented," observes Dr. Katz. "They don't realize that there're many other therapies for arthritis. And most physicians oblige their patients by giving them drugs and only drugs." In keeping with the AIMplus philosophy, Dr. Katz encourages patients to consider the whole range of therapies available to them: physical therapy, vocational rehabilitation, surgery — primarily arthroplasty such as total joint replacement — and therapy that addresses the psychological, social and sexual aspects of coping with the disease. Would Dr. Katz call himself a practitioner of holistic medicine? "Yes and no," he replies after a moment's thought. "Yes, if you mean a multidisciplinary approach within a medical framework. No, if you mean an anti-doctor mentality. And once
again, no, if you mean an approach to healing that involves diet and vitamins while totally excluding modern medicine."

In the inaugural issue of AIMplus, Dr. Katz authors a feature article on the therapeutic relationship between the physician and the arthritic patient. "Imagine the treatment of arthritis as a symphony. The physician is the conductor who brings into play all the other modalities of therapy . . . ." Dr. Katz carries this analogy through to the end of the article, concluding " . . . it is the symphony conductor, the maestro physician, who by coaxing, reassuring, listening and skillfully harmonizing all the components in the tradition of Stokowski, Bernstein and Ormandy, can render the patient comfortable so he or she can function like others in society."

Encouraging patients to live active lives despite their disease is the dominant note in AIMplus. Skimming through the magazine, the reader learns that many arthritis patients enjoy activities long thought to be the province of yuppies: arthritis sufferers invest in the stock market, play tennis, grow herbs, cook gourmet meals, frequent the latest museum exhibits and take glamorous overseas trips. "It’s a matter of attitude," writes the author of one inspirational article. "When you find yourself with a chronic illness you have to decide whether you’re going to do or not do. I decided to do."

This inspirational tone governs the choice of the magazine’s cover design. So far the covers of AIMplus have conveyed an image of well-being. The October cover features a misty waterfall striking moss-covered rocks. On the next issue’s cover is a farm surrounded by lush, rolling green hills. The magazine’s art directors have clearly chosen to avoid any images suggesting disease — or even images suggesting the expertise that might alleviate disease.

The potential audience for AIMplus is enormous. Thirty-eight million Americans suffer from arthritis, and some 40 percent of them require medical care. There are many myths about arthritis that AIMplus hopes to dispel. Among these myths is the notion that the disease only afflicts the elderly. But, explains Dr. Katz, although a great number of victims are older people, many children suffer from the disease as well. Given the vast number of potential readers, how is the magazine faring so far? “The response has been extremely successful,” says publisher Mike Schneider. “Of course, we hope this will be a successful enterprise,” says Dr. Katz. But he insists on adding a cautionary note: "AIMplus hopes to inform the public, not to take the place of expert medical advice." □ M.B.F.

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I went to my doctor requesting breast augmentation. But preliminary tests revealed breast cancer. When I was told I would lose my breast, I was devastated. I had visions of locking myself in the garage and starting the car. But Dr. Fox called that night, to explain the option of immediate breast reconstruction. He changed my entire outlook. I knew that when I woke up after surgery, I would not be deformed.

— Patient of Dr. Fox

During one typical week in his plastic surgical practice, James W. Fox IV, M.D. ’70, Assistant Professor of Surgery and Chief of Plastic Surgery at Jefferson, performs as many as 15 operations, ranging from breast reconstruction to the repair of bone and tissue injured during trauma.

Dr. Fox’s office is steeped in history. His partnership with J. Wallace Davis, M.D. ’42, Clinical Associate Professor of Surgery, represents the oldest plastic surgical practice in the nation, having been in continuous service since 1918.

Dr. Warren B. Davis ’10, father of J. Wallace Davis, was the first Chief of Plastic Surgery at Jefferson and one of the five founding fathers of the American Society of Plastic and Reconstructive Surgery and the first Editor of the American Journal of Plastic and Recon-
James W. Fox '70, Assistant Professor of Surgery and Chief of Plastic Surgery at Jefferson, in his Philadelphia office which he shares with J. Wallace Davis '42. Their partnership represents the oldest such practice in the country having been inaugurated in 1916 by Dr. Davis' father Warren B. Davis, '10 (portrait behind Dr. Fox.)
Murck Dog

A New but as yet Unidentified Life Form

by John J. Gartland, M.D.

It is fortunate that Flexner, Rappleye and other past notables in the history of graduate medical education in this country are not present to witness the curious changes in our health care delivery system, the base upon which the structure for graduate medical education rests. Along with high technology and communications, health care has become one of the latest frontiers in American entrepreneurship. Health care is now a commodity like pork bellies and soybean futures and some physicians and hospitals are busily positioning themselves for a piece of the action. Multi-institutional systems, investor-owned health corporations, joint ventures, and individual physician entrepreneurs are things of the present. Medicine is engaged in a critical struggle for professional survival with these forces and the potential for medical casualties is real.

The purpose of this communication is to sound a warning by reporting some preliminary findings that suggest yet another casualty-causing effect might soon be upon us.

Scattered reports from a few academic medical centers suggest that a new, but as yet unidentified, life form has been detected in the reporting institution's environment from time to time. It would appear that this new life form, if indeed that is what it is, can arise, survive, and flourish in only a very selective, competitive, and specialized environment; that of an academic medical center in which marketing efforts have slowly outstripped, gradually eroded, and ultimately overshadowed educational efforts. Further analysis of these preliminary reports seems to suggest the stage may be set for the emergence of this supposed mutant life form by institutional leaders who, in the context of the present health care environment, decide to move the institution forcibly into what is now popularly referred to as “market share.” Once this crucial decision has been made, the evolutionary change appears to be driven forward by such techniques as public advertising, public relations, and saturation exposure lumped together under a conscience-

Reprinted courtesy of Philadelphia Medicine
Out of Africa: Medicine in Zambia

by Mary Blitzer Field

It's nighttime. There's a tap at your window. Someone hands through a note written in broken English: "Doctor needed at hospital stop bleeding patient." You leave the cottage where you've been sleeping and walk across an abyss of blackness. You hear drums from a neighboring village. Dogs and cats howl. Bats screech. There are absolutely no outside lights. You have to just head toward the hospital. Two hundred yards can seem like a long way. Every time you put your foot down, you feel something scuttle away and hear it move across the grass.

The hospital is the only place that's lighted at night. There are no screens on the doors or windows so the bugs are solid on the fluorescent lights. When you walk under the lights, beetles drop on your white coat."

— a typical night at Macha Hospital, Zambia as described by Diana Dickson-Witmer

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dying rubric known as marketing.

In such a milieu, the classic three legged support structure upon which academic medical centers have rested for years, comfortable but not affluent, undergoes a curious Pinocchioian behavior. The service leg grows and grows until, one day, it is discovered, to the horror of some but to the delight of others, that the institution is no longer supported on three legs but one, with two short appendages present but providing no genuine support. Market strategists applaud the design of this new structure as optimal for today's marketplace. Since marketing is defined as the process of giving people what they want, it seems only fair to ask, in the context of that definition: suppose they want an education?

Questions relating to taxonomy and identity of this presumed life form are presently unanswered since no one has yet succeeded in reproducing the organism in tissue culture or obtained sufficient material to define form or structure. For purposes of continuing documentation of emerging data, the preliminary name assigned to this supposed mutant life form is Murck Dog. The taxonomic process selected to obtain this designation was relatively simple. The word "marketing" was superimposed on the word "education" and corresponding letters deleted. The remaining letters, when reassembled according to accepted taxonomic principles, spell Murck Dog.

There is very little in the scattered reports to date to assist medical educators in recognizing the presence of a Murck Dog in their home environments. The organism seems to have the innate ability to defy detection for long periods of time. Like the metamorphosis that changes caterpillars into butterflies or tadpoles into frogs, the suggestion has been advanced that Murck Dog genes might carry two sets of messages. If true, this state of affairs would presumably provide these evolving life forms an opportunity to survive and broaden their exploitation of the environment.

A single report exists claiming capture and examination of a small fragment of Murck Dog tissue. Instead of a double-helical structure, DNA was reported in a shape curiously resembling a dollar sign. When the DNA content was subjected to a Cox regression analysis, the outcome was not statistically significant. A better correlation was noted with Standard and Poor's 500 stock composite index. If this data can be confirmed, it might bear a relationship to a recent reported observation that hyperactivity in natural communities of these organisms causes a greenish glow in the surrounding atmosphere.

Medical educators and scientists continue to hope that sufficient Murck Dog tissue will be harvested in the future to allow the Center for Disease Control to establish a positive identification.

Once openly recognized, identified, and classified, it is expected that a successful countering strategy could be mounted. The purpose and goal of that strategy should be priority setting by concerned physician educators. □

Dennis R. Witmer '79, and his wife, Diana Dickson-Witmer who attended the University of Florida Medical School, are both general surgeons. The couple currently hold instructorships in surgery at Jefferson. Both are fine boned, effortlessly elegant blonds. The husband-wife team practices out of a Victorian house in Wilmington, Delaware.

The mission hospital in Zambia where they lived during the month of October, '86 was run by the Brethren of Christ Church. This small denomination resembles the Mennonites, Dennis tells me in my recent conversation with the Wittmers. "Theologically, they're conservative and fundamentalist. They believe in staying separate from the world although they're not as extreme as the Amish in this respect."

Both Diana and Dennis kept travel journals. In his, Dennis recorded his thoughts on the flight from Philadelphia to New York, the first leg of his two-and-a-half-day journey to Africa.
In response to the aerial view from his window, he "couldn't help thinking how much like the venous system streams, rivers and their tributaries appear." The farmland over which he passed appeared to be "inundated by hundreds of sprouting housing developments." He wondered just "how long we would continue to use up valuable farmland in this country for the purpose of single family dwellings."

In contrast to the American landscape, the aerial view from his window as he flew from Harare, Zimbabwe to Victoria Falls suggested death rather than waste. "This section of Africa certainly is unpopulated either by animals or by humans," he noted in his travel journal. "There were meandering treeless paths which I thought should have been rivers; however, there was no water in them except for occasional puddles." These pathways were indeed riverbeds, Dr. Witmer later learned. They were nearly void of water because it was dry season.

From Victoria Falls, he took a 275-kilometer truck ride into the heart of the African bush. "I think Zambia is missing a great opportunity to export a natural resource — namely dust," is the laconic journal entry he made during this final leg of his journey. "Dust and dirt are everywhere," his wife, Diana, concurred in her travel diary. (She joined Dennis in Zambia one week after he had arrived.) During dry season, she wrote, "A short walk anywhere leaves one coated in dust." The farmers burn the brush on their fields during the dry season and spread the ashes as fertilizer. Although the landscape is charred and dust hangs in the air, the Macha people laugh readily, Diana noted in her journal.

Given the black nationalist movement in Africa, how was the presence of a predominantly white mission received there? "On the whole, the people with whom we had intimate contact were people who'd been benefiting from the presence of the mission for generations — literally generations. The mission had been there since 1907," answers Dennis. "Native Zambians viewed the mission as a source of good things. When the native medicine doctor wasn't able to help, they'd come to the mission hospital."

Moreover, agree both Witmers, villages are so isolated and the social organization of the country is so decentralized that local inhabitants tend not to think about the grand scheme — to consider the nationalist movement or the general role of the government. The tribal organization is thousands of years old, explains Diana. Tribes consist of extended families living in mud huts. The typical member of a tribe doesn't have much contact with villages and cities except through his transistor radio. So a native's world view tends to be the view he sees out the door of his hut. "Even in the cities, there's no sense of what the government is doing because there isn't any visible presence of the government most of the time," says Diana.

She provides examples of just how isolated the mission hospital was: newspapers arrived infrequently, the phone in the hospital didn't work most of the time, and often the only way to communicate was to get in a truck and drive for an hour and a half to the nearest enclave "that was something like a village." Food supplies and mail arrived via truck just once a week.

And the living conditions at Macha Hospital were primitive when judged by Western standards. "Lizards ran freely over the cement floors of the wards," recalls Diana. She remembers entering the hospital on one night in particular to find an owl lying dead on the floor. She later learned that it had been flying around the wards before a patient killed it. "The first C-section that was done while we were at Macha was also attended by a large frog that hopped around the floor while the operation was in progress," she recalls.

What were the most common surgical procedures the Witmers performed? "Well, we weren't in Zambia as surgeons per se," Diana explains. "We were medical officers. We were 'everything doctors.' Every doctor there has to do everything because sometimes they're the only doctor available."

"We were in Zambia for one month," Dennis continues. "During that time we performed 125 minor operations and 75 major ones. And we operated only on Mondays, Wednesdays and Fridays — so we were busy!"

Often, Diana and Dennis were called upon to perform operations they had never done in the past. During one of
his first mornings at the hospital, for example, Dennis assisted in a C-section, a procedure he had only seen performed while still a student at JMC. That same morning, he noted in his diary, “I also saw a baby with meningomyelocele, paralyzed from the waist down with no bladder or bowel control. There is a thin covering over the meningomyeleosele and I suspect we will be forced to operate in order to prevent meningitis since no one is available to do the operation . . . more reading is required.”

Do the Witmers remember any other cases that seem especially noteworthy? A host of cases comes rushing to their minds. In every instance they describe, it is the Witmers’ sense of frustration that comes across: they had the knowledge and expertise to handle almost every case they encountered, but frequently they lacked the necessary medical resources and technology. “One sad case was a young boy who had congestive heart failure secondary to rheumatic heart disease,” recalls Dennis. “He had a booming murmur of mitral regurgitation and abdominal ascites and hepatomegaly. Unfortunately there was no one in the country or in the surrounding countries who could replace his mitral valve or do open heart surgery.”

“As a general rule, in Zambia children with heart valve disease are put on diuretics,” Diana explains. “Inevitably they die by age 11 or 12. In this country, they just have their heart valves replaced.”

She recalls the protocol for distinguishing between TB and lung cancer as especially representative of the primitive conditions in which she was working. “If a patient came to you with a productive cough you put him on the treatment for TB. If your patient didn’t get better then you knew he had cancer. It was heartbreaking when a patient would come to you after failed TB treatment asking, ‘What are you going to do now?’ There was nothing more we could do.”

And Diana remembers another case in which she was frustrated by the lack of medical resources at her disposal. She delivered a patient of twins. One was healthy, but the other was profoundly anemic — its hemoglobin was only four. She would have liked to have had a blood work-up performed — but there was no laboratory. In order to perform a transfusion, “we had to send for the baby’s relatives to try to find someone with a compatible blood type. While we were waiting, the baby died during the night.”

Again and again the Witmers return to a note of sadness or disappointment. But were there any cases they found especially gratifying? Without exception, “everyone who came to us with a fever, cough and backache had pneumonia,” replies Dennis. “We put them on penicillin for five days. Inevitably they’d recover. Penicillin is still a wonder drug in Zambia. The situation there is similar to the way it was here during the 1940’s. The bacteria there are still sensitive to penicillin.”

What are the prospects for improving health care in Zambia? Are the Witmers aware of any attempts to pump money into the country? “There is an inertial resistance to change in Zambia,” Dennis replies. “The problems David Livingstone encountered in the 1850’s are the same problems missionaries encounter in Zambia today. Zambians can’t seem to identify their own needs — or maybe they don’t see their needs as we see them.”

Diana picks up on Dennis’s last point. “Yes. You get down to the ethical question: Is it right to assume that what we think is better is necessarily better? Here at home we think about what we should do to get Zambia pulled up by its bootstraps. But then when you put this desire against your knowledge that their sense of well-being is much better than ours, the right course of action becomes unclear. Is a Western industrialized nation like ours necessarily better? When you look at infant mortality statistics for a country like Zambia,
then an industrialized way of life certainly seems better. But again when you consider the sense of well-being in Zambia, then tribal organization seems superior. The conflict reminds me of The Parable of the Tribes. [In this scholarly study, the theologian author, Andrew Bard Schmookler, contends that a Darwinian struggle for power accounts for the evolution of "civilization." But he goes on to question whether an ethos based upon power is a good one, and one to which we must necessarily submit ourselves.]

"I think government economics account for the lack of change in Zambia," states Dennis. "Most people there are subsistence farmers. Except for copper, the country has nothing to exchange with foreign countries and has a huge foreign debt. When I arrived in Zambia, the rate of exchange was seven Kwacha to the dollar. By the end of the month, the rate was 10.5 Kwachas per dollar. That's over a 30% rate of inflation per month. So that's what they're working against. And the government consumes the few resources they do have on their military budget."

"Right," agrees Diana. "They're pumping their resources into the perceived threat posed by the guerrillas from South Africa."

Both Witzmers believe that the best way to improve health conditions in Zambia would be through a massive public education campaign. "There isn't a germ theory of disease among these people," says Diana. "They account for disease by attributing it to spirits," explains Dennis. "If people learned to wash their faces regularly, they could avoid being blinded by trachoma," Diana continues, "and they could learn to avoid diarrhea by boiling their water." Returning to an earlier point, given the poor health conditions in Zambia, how would the Witzmers account for the sense of well-being they observed among the Zambians? "They have very clear-cut goals," responds Diana, "goals that aren't unreasonable for them to expect to achieve. For example, the women want to have babies. And most are able to have babies. When that goal is satisfied, they are happy."

"Men want lots of wives and children. And they want to have cows. It's easier for them to get wives and babies than it is for them to get cows. But very often, men can fulfill all these goals and then they feel very pleased with themselves, very successful."

"But what do I have to do here to feel like I've accomplished something? It's a very difficult question because here our goals are so nebulous. In this country it's easy to get into the syn-

How does the Witzmer's sense of cultural relativism or pluralism mesh with the missionary purpose of the hospital? Was it their intention to convert the Zambians to a specifically Christian way of life? "Let's make no mistake about it — the goal of the mission is in fact to convert," Dennis replies. "I'm involved with the church — Diana not as much." He is eager to provide information about the mission to alumni.

Both Witzmers hope to practice in other needy areas. They feel frustrated at the highly specialized nature of medical practice in this country. And they're disappointed by their sense that medicine is becoming big business here. "Practicing in Zambia where my skills were so obviously needed and appreciated made me feel like a genuine doctor — just like Marcus Welby," laughs Dennis. Although he jokes about it, the gratification he experienced is clearly very real. □
pediatric orthopaedics
Ever since he graduated from the Medical College in 1970, Peter D. Pizzutillo has been no stranger to Jefferson. Having completed his medical education at JMC, he went on to do both his internship and his residency at Thomas Jefferson University Hospital. Since 1970, he has progressed up the academic ranks, being promoted to Associate Professor of Orthopaedic Surgery in April, 1986. At the same time that he received this promotion, he was appointed Director of the Division of Pediatric Orthopaedics in the Department of Orthopaedics.

In the interview with JAB that follows, Dr. Pizzutillo discusses his interest in pediatric orthopaedics as well as his recent appointment as Director.

How did you initially become interested in the pediatric end of orthopaedics?
My interest in pediatric orthopaedics is the culmination of many events. After I completed my residency, I was drafted into the U.S. Air Force where I served as Chief of Orthopaedics for the United Kingdom. While serving in that capacity, I presided over 16 bases. We were the only orthopaedic center for that area. The population consisted primarily of young adults and the children of young families. My experience in the Air Force provided the perfect marriage of my two interests: pediatric orthopaedics and sports medicine.

It was obvious to me by the time I returned to this country that the majority of sports medicine clinics weren't evaluating children and adolescents as immature athletes. I attempted to define a more specific evaluation and treatment protocol for these immature athletes.

In 1979, I started a sports medicine clinic for children and adolescents at the DuPont Institute in Wilmington, Delaware. This experience provided me with a large exposure to both the able-bodied and the disabled immature athlete. I was actively involved with the National Athletic Wheelchair Association. The first junior national wheelchair championship was held at DuPont because of the work that our team had been involved with for a number of years. I served as a member of the staff at the Du Pont Institute until April '86 when I became Director of the Division of Pediatric Orthopaedics here at Jeff.

Are there any pediatric orthopaedic problems of special interest to you?
Sure... My main interest is in problems of the spine including scoliosis, spondylolysis, congenital problems of the cervical spine and deformities of the lower extremities. As indicated by my interest in pediatric sports medicine, I'm also particularly interested in the child's response to stress in training.

What do you hope to accomplish in your new role as Director of Jefferson's Division of Pediatric Orthopaedics?
My charge is to expand the scope of services provided by our division. The Department of Orthopaedic Surgery is in a tremendous phase of growth and expansion, and the Division of Pediatric Orthopaedics will mirror this growth. In addition to the more common problems encountered in the general population such as foot deformities, congenital dislocation of the hip and scoliosis, there are other problems we hope to treat.

We are developing specialized programs to address these problems. The first is our Pediatric Sports Medicine Program which caters specifically to this defined population. Not only are we concerned with the care of acute injuries in the pediatric patient, but we are also interested in the prevention of injury and in proper conditioning and training. Dr. Allen DeJong is a member of our Pediatric Department and is actively involved with me as well as with members of the Department of Rehabilitation in the planning of this center.

In response to the needs that I've seen in the community, two other programs have been evolving. One is a multidisciplinary cerebral palsy treatment group that is developing in combination with the staff at the Children's Rehabilitation Hospital (formerly Children's Heart Hospital). This group is unique for two reasons. First, we have a team of experts representing a variety of disciplines. In addition to my expertise in pediatric orthopaedics, the group draws upon the experience of physiatrists, neurologists, neurosurgeons and physical therapists. The other unique factor about our cerebral palsy group is that we work with patients throughout their lives. We start from infancy in the hospital nursery and see patients right into adulthood. I believe that the patient with cerebral palsy has a problem once he reaches adulthood since there is no one group that is particularly adept at caring for him.

The second program is actually in effect at this time and concerns care of
the short-statured patient, especially the achondroplastic dwarf. Dr. Bruce Northrup of the Department of Neurosurgery and I have been involved with the care of the complicated spinal problems that develop in the achondroplastic dwarf. Again our goal is to provide a high quality, comprehensive treatment program for this patient population in order to ensure safe treatment of potentially severely disabling problems.

Why is it necessary to have a sports medicine clinic specifically for children and adolescents?

There are several reasons. Pediatricians have told us time and time again that children are not just young adults. Orthopaedically, the skeletal system is immature; the proportion of cartilage in relation to bone is still fairly high. The growth plates are delicate structures that are susceptible to injury which may result in limb-length differences and limb deformities.

Prepubertal children do not respond to exercise in the same way as older adolescents and adults. Their cardiovascular systems are different and incapable of using oxygen in an efficient manner. This discrepancy places the child at a significant disadvantage in training.

Finally, there are many medical problems such as diabetes which, when managed properly, will allow the child or adolescent to participate fully in sports. It is our intent to address all of these problems, not merely orthopaedic concerns.

What can you tell me about your family?

My wife, Barbara, is a pediatric physical therapist who works at the Delaware Curative Workshop with infants who have motor problems. My daughter, Lara, age 17, is a high school senior who’s interested in engineering. My son, Peter, age 16, hopes to work in an area of biological research here at Jefferson this summer. Amy, age 14, is a high school freshman and is actively involved in gymnastics and cheerleading. And Julie, who’s just 20 months old, tells us all what to do.

college appointments

Rex B. Conn, M.D., has been appointed Professor of Pathology and Vice Chairman of the Department in the Medical College and Director of Clinical Laboratories at TJUH.

Before coming to Jefferson, Dr. Conn spent nine years as Professor of Pathology and Laboratory Medicine and Director of the Clinical Pathology Laboratories at Emory University School of Medicine and Emory University Hospital in Atlanta. He also was Professor of Pathology and Director of the Department of Laboratory Medicine at The Johns Hopkins University School of Medicine and The Johns Hopkins Hospital from 1968 to 1977. Prior to that time, he was Professor of Pathology and Director of Clinical Laboratories at West Virginia University and West Virginia University Medical Center.

Dr. Conn received his medical education at Yale University School of Medicine and earned a postgraduate degree in biochemistry at Oxford University in England. He also holds a master’s degree in anatomy from the University of Minnesota. He completed his internship in internal medicine and residency training in laboratory medicine and pathology at the University of Minnesota Hospitals.

Dr. Conn’s clinical and research activities have been primarily in the field of chemical pathology and the clinical diagnostic use of serum enzyme measurements. He has done extensive research on creatine kinase, an enzyme that confirms the presence of myocardial infarctions.

At Jefferson, Dr. Conn intends to strengthen an academically oriented clinical laboratory service. “Jefferson Medical College has an excellent national reputation, as well as a new Chairman of Pathology who is instituting developments in a number of different areas, and I look forward to working here,” said Dr. Conn.

Dr. Conn has served as a consultant to both industry and the government. He is currently a member of the Scientific Advisory Board of the Armed Forces Institute of Pathology and a member of the Pathology Advisory Committee of the Department of Medicine and Surgery of the Veterans Administration.

Author of more than 50 research articles and 18 book chapters and published lectures, Dr. Conn is also editor
Rodney B. Murray, Ph.D., has recently been appointed Head of the Office of Academic Computing. The Office of Academic Computing has been established as a University-wide resource to coordinate planning and implementation for academic computing for Jefferson Medical College, the College of Graduate Studies and the College of Allied Health Sciences as announced by the three Deans. In addition, this office will serve to integrate computer technology to Jefferson's tripartite mission of education, research and patient care. It will provide an expert/user liaison for all Thomas Jefferson University faculty and students with the Department of Information Systems and provide a single focus to these efforts at Jefferson.

The Office of Academic Computing will help educate faculty and students in computer matters, especially in developing the skills necessary to use the various types of technology available for academic computing in the education and research areas.

Scott Beadenkopf, currently Computer Learning Specialist in the Center for Research in Medical Education and Health Care, Jefferson Medical College, will join Dr. Murray as a member of the Office.

Dr. Murray is a graduate of Temple University, attended Drexel University where he took graduate studies in biomedical engineering and received his Ph.D. in pharmacology from Temple University in 1979. He has been a Lecturer in Pharmacology at Temple University and is currently an Adjunct Associate Professor of Biomedical Engineering at Drexel University. Prior to joining Jefferson he was Vice-President of Scientific Affairs at Biosearch, Inc. Dr. Murray is the author of several scientific publications in pharmacology and the use of microcomputers in research design, and is co-author of a textbook on the use of computer programs to do scientific calculations.

**trauma center**

On January 21, Thomas Jefferson University Hospital was accredited as a regional trauma center by the Pennsylvania Trauma Systems Foundation. "The Foundation's approval of Jefferson's credentials as a regional trauma center represents a vote of confidence in Jefferson's long history of caring for injured patients," states Michael J. Bradley, Vice President for Health Services and Executive Director of the Hospital. Jerome J. Vernick, M.D. '62, Clinical Professor of Surgery and Director of Jefferson's Trauma Center, comments, "We look forward to cooperating with other trauma centers and acute care hospitals in establishing a system for the transport and care of trauma patients in the Delaware Valley."

The care of a trauma victim requires a team approach. The team-leader, a traumatologist, must assess care of the various injuries and coordinate the multiple specialists that may be needed. For example, a single auto accident victim may require care by a general surgeon, an orthopaedic surgeon and a neurosurgeon, depending on the extent and type of injuries involved.

TJUH is one of five hospitals in Philadelphia to earn accreditation as a Level I Trauma Center. The other four are Albert Einstein Medical Center's Northern Division, Hahnemann University Hospital, Children's Hospital of Pennsylvania, Allegheny General Hospital, and Temple University Hospital.
Philadelphia and Frankford Hospital's Torresdale Division. To be accredited, trauma centers must meet certain requirements. They must demonstrate a well-integrated system of emergency medical services, high-quality hospital care for recovering patients and rehabilitative services.

In addition to meeting these general requirements, TJUH was required to have a helipad for emergency landings. And like Hahnemann, Children's and Einstein, Jefferson was required to demonstrate the ability to provide cardiac bypass and kidney dialysis, and to have a fully accredited surgical residency program, in-hospital trauma education, trauma research and a record of treating at least 600 major trauma patients per year.

The recent trend to accredit certain hospitals as regional trauma centers stems from a study conducted by the National Academy of Sciences that resulted in a pamphlet, Accidental Death and Disability: the Neglected Disease of Modern Man. This report, compiled in the mid-1960's, states that accidents are the leading cause of death in people under the age of 44. Ten years after the publication of this pamphlet, a committee appointed by the American College of Surgeons developed a set of standards for accrediting trauma centers. The document outlining these standards, Hospital Resources for the Care of the Injured Patient, has become the principal source of guidelines on the subject. In addition to defining the technical resources needed by trauma centers such as CT scanners and angiographic suites, the report requires that Level I Trauma Centers have ongoing programs in quality assurance, research and education.

Patients in Jefferson's Trauma Center will benefit from the Hospital's many special services. For example, TJUH is the site of the federally designated Regional Spinal Cord Injury Center of Delaware Valley. This center is one of only 13 such centers in the nation. Jefferson is also affiliated with Wills Eye Hospital at Ninth and Walnut Streets which has been designated as an ocular trauma center for treating emergency eye injuries.

**research day**

Jefferson's first Faculty Research Day took place on February 18 in Jefferson Alumni Hall. Also held in Alumni Hall on the same day was Jefferson's yearly Pharmaceutical Manufacturers' Demonstration Day. The two events were held in tandem "in order to maximize attendance at both events," states Steven Bell of the Office of Research Administration. The yearly Pharmaceutical Day has always been well-trafficked. Holding the two events together was not only a good way to draw off some of the people attending the regular Pharmaceutical Day to the newly created Research Day, but "it was also an effective way to let the pharmaceutical representatives learn about what research is going on at Jefferson," states Mr. Bell. "Much of the research done at Jefferson concerns drugs produced by these pharmaceutical companies," he explains. "So these companies tend to fund a great deal of research at Jefferson."

At Faculty Research Day, members of the faculty and of the house staff and research fellows presented their findings on typed pages. These pages were then blown up to poster size and tacked onto bulletin boards at eye level. Passersby in the cafeteria could stroll informally past the half-dozen-or-so rows of bulletin boards to discuss research day in Jefferson Alumni Hall's cafeteria had 128 participants including Steven R. Feikin '74 (hand on chin).
research with the various participating investigators. Among the 128 posters were several presented by Jefferson Medical College alumni. Peter D. Amadio, Jr. '58, Associate Professor of Family Medicine, presented his findings on the efficacy of Lisinopril. Steven R. Pekin '74, Associate Professor of Medicine, presented research on the effects of the protease inhibitor potato. Also among alumni researchers was Leonard J. Graziani '55, Professor of Pediatrics, who presented findings on several topics including a comprehensive neurophysiological evaluation of apnea of prematurity.

Associate Professor of Neurology, John Bertoni, M.D., Ph.D., believes Faculty Research Day was an excellent idea "because the event fostered collaboration among investigators." For example, Dr. Bertoni has been doing research on catecholamines with August Epple, Ph.D., Professor of Anatomy, and George C. Brainard, Ph.D., Assistant Professor of Neurology. As a result of Faculty Research Day, Dr. Bertoni and his group learned about related research being conducted in the Sleep Clinic. They hope to collaborate with the Sleep Clinic in order to use blood samples that will be drawn from patients by the sleep researchers.

Climaxing Faculty Research Day was the first Gibbon Lecture named in honor of John H. Gibbon, Jr. '27, who developed the heart-lung machine at Jefferson in the early 1950's. The 1987 Gibbon lecturer was Jeffrey Clark, M.D., senior investigator, Biological Response Modifiers Program of the National Institutes of Health. Dr. Clark discussed "Interferons — Clinical and Basic Research Applications." The turnout for Jefferson's first Faculty Research Day was "very good," states Mr. Bell. "We plan on holding the event again next year."

NIH grants

The College of Graduate Studies recently received two National Institutes of Health grants to support research in developmental biology. Robert L. Brent, M.D., Ph.D., the Louis and Bess Stein Professor of Pediatrics and Chairman of the Department, Professor of Radiology and Professor of Anatomy, is the principal investigator for one of the grants. Dr. Brent and his associates at the Stein Research Center are currently training postdoctoral fellows and conducting research on topics including the use of monoclonal antibodies, the effects of X-ray, microwave and ultrasound on the developing embryo, as well as embryonic nutrition and gene isolation. "The NIH grant recently awarded to Jefferson makes it the only university in the nation with two training grants for developmental biologists engaged in the study of teratology, and it elevates Jefferson's total NIH training grant funding for the study of birth defects to approximately $1,000,000 over a five-year period," says Dr. Brent.

E. Marshall Johnson, Ph.D., Professor of Anatomy, Chairman of the Department and Director of the Daniel Baugh Institute, is principal investigator in the other NIH grant. Within the program funded by this grant, faculty in the departments of anatomy, biochemistry, medicine, obstetrics and gynecology, pediatrics and pharmacology will train predoctoral and postdoctoral students to conduct research on the causes and mechanisms of specific birth defects. "Jefferson is unique as a graduate and postgraduate center of teratology," comments Dr. Johnson. "As a medical school, Jefferson is capable of training students in developmental biology who can then enter full-time professions of teaching and research as assistant professors or enter directly into industrial toxicology."

videodisc

Faculty of Jefferson Medical College will soon send as many as 5,000 slide transparencies away for transfer onto a new laser videodisc, Resources in Medical Education - II. The disc will include all of the Jefferson slide materials from the previous videodisc plus a great many new contributions, including some from other medical colleges. The videodisc will be used primarily as a source of images for computer-based learning programs. Computer programs and equipment are available at Jefferson to facilitate the authoring of interactive teaching programs using videodisc. Several programs have been written and are currently being used by students.

The "CAV" (continuous angular velocity) format to be used on this disc permits the storage of up to 30 minutes of moving images or 54,000 still frames. Since each frame of the disc can be retrieved individually and quickly, under computer control, the videodisc is an excellent way of providing TV quality images for computer instructional materials. Copies of the videodisc will be available at a reduced rate to contributors of materials for the disc. A free copy will be made available to each contributor of 500 or more slides.

computer system

Scott Library now boasts a miniMEDLINE system for computer searches. The service is free of charge and limited to Jeffersonians. As opposed to the computer services offered by some other libraries, searches on miniMEDLINE are performed by Scott Library patrons rather than by library staff. Reference librarian Nancy Calabretta emphasizes that using miniMEDLINE is good for doing clinical searches, but not for doing major scholarly research on a topic. "MiniMEDLINE can be a good first step, however."

Although miniMEDLINE is a user-friendly, menu-guided system, Mrs. Calabretta encourages users to approach library staff for help. "Everyone behind the Information Desk has been trained on miniMEDLINE. And often reference librarians know little tricks that will yield much more information than the inexperienced user might derive on his or her own."

The database contains 226 out of the 3200 journal titles stored in the full MEDLINE system at the National Library of Medicine. (By way of comparison, the printed Index Medicus contains 2,750 titles.) In order to choose the journals for the miniMEDLINE system, the librarians at Scott eliminated all foreign-language articles and all articles in journals not owned by Scott. In narrowing down the titles to the
final 226, an attempt was made to select those journals believed to be most prominent in the fields of medicine, nursing and the basic sciences. As it now stands, miniMEDLINE stores approximately 25% of the articles contained in the main MEDLINE system.

So far, the response to the new database has been enthusiastic. The system has been up since January 5. "Since that time," states Mrs. Calabretta, "we have given out over 400 access codes to users. MiniMEDLINE has taken off more quickly than any other service we've provided at Scott."

honors, et cetera

Michael J. Bradley, Vice President for Health Services and Executive Director of TJUH, has been elected to the Executive Committee of the Council of Teaching Hospitals of the Hospital Association of Pennsylvania.

William P. Bunnell, M.D., has been promoted to Professor of Orthopaedic Surgery. He is associated with the Alfred I. duPont Institute in Wilmington.

Clara A. Callahan, M.D., Clinical Assistant Professor of Pediatrics, has been appointed Assistant Dean for Student Affairs and will share student counseling with Carla E. Goepp, M.D., Associate Dean for Student Affairs. Dr. Callahan will have primary responsibility for the development of an effective counseling system and academic advisement program for the preclinical year students.

Frances C. Cardellach, M.D., has been appointed Visiting Professor of Pathology until June '87.

Jerome M. Cotler, M.D., '52, with Robert E. Booth, Jr., M.D., of Pennsylvania Hospital, has been named Vice Chairman of the Department of Orthopaedic Surgery at Jefferson.

Allan J. Erslev, M.D., The Distinguished Professor of Medicine, had an article published in the New England Journal of Medicine on January 8, 1987, titled "Erythropoietin Coming of Age." He also was named a Fellow of the American Association for the Advancement of Science last February.

Karen M. Glaser, Ph.D., Clinical Assistant Professor of Family Medicine, has been appointed to the Dean's Staff in the newly created position of Learning Skills Specialist. She will be involved in the development of programs designed specifically to help students deal with stress and those who wish or need to enhance study skills (see p. 2).

Joseph S. Gonnella, M.D., Dean and Vice President, spoke on "Can Clinical Performance Be Measured" at a meeting of the American Medical Peer Review Association Conference in Scottsdale, Arizona, and on "Severity: Leveling the Playing Field" at the McGraw Hill/Healthcare Information Center Conference in San Diego last winter. And at the Panamerican Federation Association of Medical Schools in Mexico City he spoke on "Effective Strategies for Research in Medical Education."

James M. Hunter, M.D., Lawrence H. Schneider, M.D., and Evelyn J. Mackin, L.P.T., have edited Tendon Surgery in the Hand, an authoritative source of up-to-date basic research and clinical management for orthopaedic, general and plastic surgeons and therapists. They are the three senior members of the Hand Rehabilitation Center at 901 Walnut Street in Philadelphia. Drs. Hunter and Schneider are Professors of Orthopaedic Surgery at Jefferson.

David K. Johnson, D.V.M., has been appointed Veterinarian at the University and Director of the Office of Animal Resources, effective December 1, 1986. Dr. Johnson will be Jefferson's first full-time Veterinarian and will be responsible for all aspects of the care of experimental animals in the University.

Dr. Johnson brings Jefferson his extensive experience in the field of laboratory animal care, having served for 13 years as the Chief of Veterinary Medicine and Surgery Section at the National Institutes of Health, U.S. Public Health Service. Most recently, he was manager of the Animal Health Services section at Wyeth Laboratories, Inc., in Radnor, Pennsylvania. Dr. Johnson received his D.V.M. cum laude, from Michigan State University in 1963, and his M.S. in Laboratory Animal Medicine from Texas A&M University in 1968.

Dr. Johnson serves on the Board of Directors of the American College of Laboratory Medicine and is President-elect of the American Society for Laboratory Animal Practitioners. He is also the immediate past President of the District of Columbia Academy of Veterinary Medicine. Dr. Johnson is a member of the American Veterinary Medical Association and the American Association of Laboratory Animal Science. He has published extensively in the fields of laboratory animal medicine, comparative pathology and the management of primates.

Dr. Johnson will work closely with the Committee on Animal Resources and Supporting Facilities as well as with the Animal Review Committee.

Joseph F. Rodgers, M.D., '57, Associate Dean for Affiliations and Residency Programs, spoke on "Quality Control of Medical School Programs in Affiliated Hospitals" at the meeting of the Northeastern Society for Academic Anesthesia Chairmen in February.

Sandor S. Shapiro, M.D., Professor of Medicine and Director of the Cardeza Foundation, has been elected to the Executive Committee of the American Society of Hematology. He will serve as one of three Counselors of the Society during his three-year term.

parents' day

This year's traditional Parents' Day ran without hitch, receiving top reviews from sophomores and parents alike. "My father [Stephen Cosin '62] enjoyed meeting the various faculty members who are teaching me this year," commented Jeffrey S. Cosin '89. "I'm impressed with how well-organized Parents' Day was. There were so many lectures and events to orchestrate."

This year's Parents' Day on Friday, March 20th, opened with the remarks of Herbert E. Cohn, M.D. '55, President of the Medical Staff at Thomas Jefferson University Hospital. Following his speech, parents rotated from room to room in Alumni Hall, attending four out of the eight faculty lectures
presented before the luncheon. In one of the faculty lectures, Robert L. Perkel, M.D., Assistant Professor of Family Medicine, discussed the home-visit program he administers out of the Department of Family Medicine. Under the auspices of this program, Dr. Perkel sends medical students and residents, along with an interdisciplinary team of specialists, to pay house calls on patients. The statistics that Dr. Perkel has gathered so far demonstrate that home-visit patients spend an average of almost two days fewer in the hospital each year than do patients who are seen in the doctor’s office. So, contrary to popular belief, argues Dr. Perkel, housecalls may prove to be cost-effective.

Dr. Perkel pointed out that the home-visit program allows him to interact with participating students in a more personal way than he would be able to do under the traditional 12-student rotation system. Dr. Perkel’s personal commitment both to his students and to his patients was clear as he spoke. Perhaps it is Dr. Perkel’s obvious earnestness that has inspired this year’s senior class to nominate him for the annual honorary portrait.

Nationally renowned geneticist, Laird G. Jackson, M.D., Professor of Medicine and Director of the Division of Genetics, presented a lecture on various activities within his Division, highlighting the Division’s chorion villus sampling program. This prenatal test can detect the various chromosomal abnormalities picked up by the more standard amniocentesis procedure. But unlike amniocentesis, which is usually not performed until the sixteenth week of gestation, chorion villus sampling can be performed at only eight or nine weeks. (See JAB, Spring 1985) He stated that Jefferson’s clinic has performed more CVS procedures than any other clinic or individual practitioner in the world.

John R. Shea, Jr., Ph.D., Associate Professor of Anatomy, presented a highly original and entertaining lecture on the history of seating. Not only did he approach the subject from his own perspective as an anatomist, but he also discussed the topic from the sociologist’s point of view. What, for example, do various seats and chairs represent in terms of social hierarchy? At the end of his lecture, he invited parents and sophomores to try out the various types of chairs he had assembled in the lecture room.

Also speaking at this year’s Parents’ Day were Ronald P. Jensh, Ph.D., Professor of Anatomy, Joseph F. Majdan, M.D., Assistant Professor of Medicine, Wolfgang H. Vogel, Ph.D., Professor of Pharmacology and Professor of Psychiatry and Human Behavior, Gerald J. Herbison, M.D., Professor of Rehabilitation Medicine and Director of Research, and Bruce E. Jarrell, M.D. ’73, Associate Professor of Surgery.

At the luncheon following the eight lectures, Joseph C. Flanagan, M.D. ’63, presided as Master of Ceremonies. Robert Poole III, M.D. ’53, President of the Alumni Association, offered his greetings. In his introductory
Well over 400 guests attended the luncheon following the morning sessions. The officers of the Alumni Association and members of the Dean's Staff filled the head table. President Robert Poole brings greetings. At right top: Dean Joseph Gonzella enjoys the address by Professor Wolfgang Vogel, speaker for the faculty as chosen by the sophomore class. At right: Merle Wood was selected to speak for his class of '89 as Dr. Poole responds to his humorous address.

In the sophomore speaker's remarks to parents and classmates, Merle Wood '89 was, if not wise and foolish, then, at least, both reverent and irreverent. "You've heard differing viewpoints on Jeff from professors and deans. You've heard about Jefferson's tradition and reputation as one of the top medical schools in the country. I won't differ here, but my job is to give you the medical student's opinion. The untold story. Just what exactly does your son or daughter experience and what do our task masters, excuse me, our professors put us through? . . .

Mr. Wood dwelled quite extensively on the topic of test-taking. "The typical medical student doesn't quite act the same before and after a test. Pre-test week can be summed up in one word — panic! For you parents who have never gone through this, it's hard to come up with a suitable analogy. Imagine starting your 1040 tax form at 11:30 p.m. on April 14. Stretching this time into a week pretty much sums it up.

The tone of the end of Mr. Wood's speech was far from irreverent. "It was the best of times, it was the worst of times. You parents have made these two years a little more tolerable for us by making us realize that you support us. We are glad that Jefferson pushed us. And we are glad that we picked Jefferson. But, most of all, we are glad that we have parents whose lifelong influence has made this possible."

The faculty speaker selected by the class of 1989 was an ace performer. "Good afternoon ladies and gentlemen," bellowed forth Wolfgang H. Vogel, in the most German of German accents. "Good afternoon, Professor Vogel," chimed back his students in lusty unison.

"You can see we run a tight ship here!" proclaimed Professor Vogel in a self-parody of his German regard for authority and efficiency.

Like the sophomore speaker, Professor Vogel concluded his talk by directly addressing the assembled parents. "Let me thank you the parents for coming to Parents' Day. Let me congratulate you on your children who study hard — or is it hardly — to learn all aspects of medicine. Will they ever master what has to be mastered? Of course, because the human brain is unsurpassed in its capacity and complexity, and yet, it is so simple as well. This fact is best demonstrated in the following definition: The human brain is a honey of a computer. It contains a couple of billion circuits. It occupies, only one cubic foot of space. It can operate on the energy derived from one single peanut or for up to three hours. But, best of all, it can be produced by unskilled labor."
1927

Samuel M. Dodek, 2930 Woodland Dr., Washington, D.C., has been honored by the Department of Obstetrics and Gynecology at the George Washington University School of Medicine by the establishment of the Samuel M. Dodek, M.D. Award. The recipient should best fulfill the qualities of academic and professional care excellence as exemplified by the career of Dr. Dodek. The first prize was awarded to Roy Hertz, M.D. on March 13.

1930

Leon L. Berns, 1335 W. Tabor Rd., Philadelphia, writes that he is still in active practice and is enjoying it immensely. The Bernses take frequent trips to Mexico, the Bahamas, California and Arizona. He is still active in the Department of Anatomy at Jefferson.

Fuller G. Sherman, Parkview Ci., Brunswick, Me., writes that when he retired from his practice in Woodbury, New Jersey, in 1962, he built a home in Boothbay Harbor, Maine, and later moved to Brunswick. He attends classes at nearby Bowdoin College, taking courses in Shakespeare, geology, astronomy and physics. Dr. Sherman also paints in both oils and watercolors and plays duplicate bridge. “I was 92 in August and get around to where I want to go. Needing work on a left knee joint, I looked around for a Jefferson orthopaedic surgeon, and had it done at the Maine Medical Hospital in Portland. Hope to get to Jefferson’s Commencement this June.”

1931

Edward Gipstein, 175 Parkway North, New London, Ct., has given up his last position at his hospital, as Director EKG Department, and plans to “travel, travel, travel. Have been all over the world, not many places left to visit.”

Jack M. Lesnow, 211 Lincoln Ave., Rockville Center, N.Y., reports that he still is traveling and gardening with some golf on the side.

Harry F. Suter, 49 West Main St., Penns Grove, N.J., writes “still working half time. The minutes appear to have only about 45 seconds lately.”

1932

Carl S. Lytle, 1529 S. W. 2nd Ave., Ocala, Fl., writes “still active. My patients show no sign of retiring me.”

August J. Podboy, 128 Scarborough Dr., York, Pa., is enjoying his retirement from his practice of ophthalmology and the time to read, listen to music and visit children and grandchildren.

J. Robert Vastine, 109 Salamanca Ct., Solana Beach, Ca., is working three to four half days a week at Oceanside and Escondido Community Clinics.

William B. West, Oneida Heights, Huntingdon, Pa., has retired as Medical Director of Consumers Life Insurance Company with offices in Camp Hill, Pennsylvania, and Charlotte, North Carolina.

1933

C. Perry Cleaver, 250 Main St., Cataswissa, Pa., writes “I would be doing fairly well if someone could figure out a treatment that would arrest the progress of muscular degeneration.”

1935

Edgar W. Kline, 600 Columbia Ave., Lansdale, Pa., retired in July of 1986 after 51 years of practice.

Richard A. Kredel, 1530 Santanella Tr., Corona del Mar, Ca., reports that “the best news from CDM is the acceptance of Brad Hinrichs, son of Bob Hinrichs ‘54, in next year’s class.”

1936

Oscar H. Cohen, 10835 Kelso Dr., Sun City, Az., who learned to play golf there in 1979, is regularly on the course with ideal weather conditions. He has been travelling extensively including trips to the South Pacific, Singapore, Bangkok, mainland China, Hawaii and Japan.

Gabriel E. DeCicco, 1028 Westport Dr., Youngstown, Oh., has forwarded to the Alumni Office archival material which includes the obituary notices for J. Chalmers DaCosta and Thomas McCrea and two signed color photos of J. Parsons Schaeffer and E. Quinn Thornton. “I am still busy with Meals on Wheels and several board memberships and as a not-so-green-thumb gardener.” He and classmate Barclay Brandimiller were honored by the Mahoning County Medical Society for 50 years in medicine.

Albert W. Freeman and John P. Manges were presented the 50 year service award of the Pennsylvania Medical Society by Dr. Freeman’s son, William A. ’64, who currently is President of the Franklin County Medical Society.

Alfred L. Hoffmaster, R.D. 1, Edinburg, Pa., has been elected to the Allegheny Hall of Fame.

1937

Daniel Wilner, 108 S. Sumner Ave., Margate, N.J., has resigned as Chief of Radiology at Burdette Tomlinson Memorial Hospital but is maintaining his offices in Northfield and Atlantic City.

1938

Joseph J. Kline, 1 Highgate Dr., Trenton, N.J., writes that Philip Shein, M.D., gave the first annual endowed lecture in cancer from the Rose Kline Memorial Fund.
1939

William C. Burry, Spruce Cabin Rd., Mountainhome, Pa., has been included in the new edition of Who's Who (in the East).

Vernon W. H. Campbell, 2400 6th Ave., San Diego, although retired, is still on the staff at the University of California, San Diego.

George Evashwick, 204 Roswell Ave., Long Beach, Ca., is working his way to complete recovery following a stroke in December of '85. He serves as Chairman of the Office of Continuing Medical Education for the International College of Surgeons.

C. Roger Kurtz, 15400 Bassett Ln., Silver Springs, Md., although retired, is still active with the Washington, D.C., Division of the American Cancer Society.

Norman J. Skversky, 1935 Gulf of Mexico Dr., Longboat Key, Fl., is working as a volunteer physician with his classmate Thomas A. Maguda at the Senior Friendship Center Medical Clinic in Sarasota.

1941

Vincent S. Palmisano, 63 Greensward, Cherry Hill, N.J., writes that he sold his practice in July of '86 and is now residing in a town house in Cherry Hill. “Living the life of a country squire and I find I like it.”

1942

Harry J. Knowles, W. Front St., Elmer, N.J., a general surgeon, has been serving on the staff of Elmer Community Hospital in Elmer, New Jersey, since 1950, has been a member of the Board of Trustees and currently is Vice President.

Robert H. McCarter, 14 Newton St., Weston, Ma., will serve as speaker for the class at the 45th reunion June 6.

Edward M. McNicholas, 1795 Skippack Pike, Blue Bell, Pa., has retired and is enjoying it. “Hope to make the 45th in June.”

1943

John E. Deardorff, Box 38, Boalsburg, Pa., retired in January of 1986.

1944

Bernard L. Braverman, 17900 Gulf Blvd., Redington Shores, Fl., has recently returned from a trip to China and Alaska. “Enjoying retirement.”

Raymond A. McCormack, Jr., 125 Buckingham Ave., Trenton, N.J., who has fully retired, is spending his time fishing and playing golf with much time at their place in the Poconos. He writes that his wife is well and that they were expecting 14th and 15th grandchildren in January.

Howard M. Oliver, Hurricane Rd., Keene, N.H., has retired after 36 years as pathologist at Cheshire Medical Center in Keene.

1944S

John J. Gartland, Director of the Office of Departmental Review at Jefferson, is the author of the medical textbook Fundamentals of Orthopaedics which was published in the fourth edition by the W.B. Saunders Company of Philadelphia. He wrote the first edition in 1965.

1945

William T. Lineberry, Jr., 1890 Edgecliff Dr., Fullerton, Ca., is semi-retired doing part-time work at several Industrial Clinics. His oldest daughter is an LVN in nursing school and his youngest daughter is chief photographer for the New Press in Ft. Myers, Florida.

James G. Marnie, 2683 Kuahine Dr., Honolulu, retired in May of 1986.

Victor N. Ruby, 101 S. Montgomery Ave., Atlantic City, has begun his 35th year as commentator on the “Sunday Concert Hall.” He also has a program titled “Your Doctor Speaks” which included two of his physician children in December.

Ralph J. Veenema, 76 Concord Ave., Glen Rock, N.J., retired on January 1 as Clinical Professor of Urology at Columbia University College of Physicians and Surgeons and as Attending Urologist at Columbia Presbyterian Medical Center.

1947

William B. Abrams, 220 Spruce Tree Rd., Radnor, Pa., Adjunct Professor of Medicine at Jefferson, has been elected to the Board of Directors of the American Federation for Ageing Research, Inc.

Edgar C. Hanks, 116 Pinehurst Ave., New York, is Consultant Emeritus at the Presbyterian Hospital in the Department of Anesthesiology and Professor Emeritus of Clinical Anesthesiology at the College of Physicians and Surgeons, Columbia University.


John J. Meehan, 2424 High Rd., Huntington Valley, Pa., Director of Cardiology at Holy Redeemer Hospital, is serving as President of the Philadelphia Academy of Cardiology.

Charles J. Rodgers, 1434 Keller Ave., Williamsport, Pa., writes that his eighth child, John, is a sophomore at Jefferson.

George F. Tibbens, 630 Palm St., Washington, Pa., is still practicing office ophthalmology and is working his 300-acre farm. “We plan to return for the big 40th.”

1948

James Kleckner, 6 Oakmont Dr., Los Angeles, writes that he has taken the “deep plunge and gave up his private practice in July. I think we have lived through the last of the golden age of medicine when a free and unfettered practice was a daily pleasure.” Dr. Kleckner plans to spend a third of each year at the King Khaled Eye Specialist Hospital in Riyadh, Saudi Arabia. He notes that the petro-dollars have permitted the establishment of one of the largest facilities in the world with a first-rate training program. Prior to arriving there after the first of the year, he and Mrs. Kleckner spent time in Crete “melting into the Greek countryside.” They plan to do extensive traveling in the future.

Francis R. Schwartz, 3718 Kingridge Dr., San Mateo, Ca., writes “classmate Bob Berger and I are growing older together in San Mateo but are both still at it.”

Edward Scull, Dasent’s Estate Gingerland, Nevis, West Indies, writes “enjoying life as a farmer, retirement is beautiful.”

Richard W. Skinner, 365 Fairville Rd., Chadds Ford, Pa., retired in October of
1986, from Anesthesia Associates in Wilmington. He writes that he and his wife are enjoying their new home, their grandchildren and hope to do more traveling.

**1949**

**Henry J. Teufcn, 2229, Vista del Campo, Santa Barbara, Ca.,** writes that the class of 1949 was well represented at the Jefferson dinner in Los Angeles in December with John Mills, Juan E. Veve, Rinar Z. Hart and self present.

**1950**

**David D. Lieberman, 3861 N. Custer Rd., Monroe, Mi.,** has been elected President of the Michigan Health Officers Association. Dr. Lieberman has served for the past 12 years as Director of Monroe County Health Department and Chief County Medical Examiner. He serves on numerous boards and committees addressing a diverse range of public health issues which qualified him for inclusion in Who's Who in America.

**1951**

**John W. Langley, 4960 Challen St., Riverside, Ca.,** retired from Southern California Permanente Medical Group in 1986 but is working part-time. The Langley's summer in Washington State.

**Herbert C. Mansmann, Jr.,** Professor of Pediatrics and Director of the Division of Allergy and Clinical Immunology, recently received the Lawrence F. Flick, M.D., Award in recognition of his contribution towards the goals of the American Lung Association through continuing support of an ongoing program of better respiratory health.

**1952**

**Jerome M. Cotler, 111 S. 11th St., Philadelphia, with Robert E. Booth, Jr.,** of Pennsylvania Hospital have been named Vice Chairman of the Department of Orthopaedic Surgery at Jefferson. In addition Dr. Cotler has been appointed the representative of the American Board of Orthopaedic Surgery to the Board of Directors of the Advisory Council for Orthopaedic Resident Education.

**Robert L. Evans, 1676 Wynre Brooke Dr., York, Pa.,** writes "hope Peggy and I can make the 35th reunion of our class. I didn't know I was old enough for a 35th."

Peter P. Potocki, 101 Westgate Dr., Wilmington, De., has retired from private practice but is working part-time in public health.

**1953**

**Harold Y. Allen, 731 Cumberland Ave., Chambersburg, Pa.,** is back at work 80% of the time and feeling fine following bypass surgery at Presbyterian Hospital in Pittsburgh last May.

**Lansing H. Bennett, 7502 Ambergate Pl., McLean, Va.,** is back from two years in Europe covering American facilities from Oslo to Malta. "Was working for State in the embassy in Dar es Salaam, Tanzania. I said I wanted to be on the East Coast this winter but I forgot to tell them which East Coast."

**Norman Gladsden, 200 S. W. 21st Rd., Miami,** has retired from his practice and is presently engaged in hypnotherapy for self improvement, medical problems, psychosomatic disorder, pre-operative preparation, stress management, obesity, etc.

**Daniel Hickey, Jr., 5026 Martin Dr., E. Petersburg, Pa.,** has retired from his Philadelphia family practice.

**Joseph W. Simpson, 11 Bugle Ln., Blue Bell, Pa.,** writes "enjoying retirement and looking on from the sidelines instead of being an active participant in the fray."

**1955**

**Guy L. Schless, 3926 Henry Ave., Philadelphia, has been reelected for a second term as national President of the Victorian Society of America with headquarters in Philadelphia.**

**1956**

**Joseph L. Bard, 600 Wayland Rd., Plymouth Meeting, Pa.,** writes "enjoyed our Reunion Dinner very much. Got a very warm feeling seeing so many classmates able to return. I agree that the class of '56 is special and is CLASS."

**James H. Corwin, 1506 Roberts Dr., Jacksonville Beach, Fl.,** has been named to the Board of Trustees at Jacksonville University. He also is the current President of the Board of Trustees of the Jacksonville Museum of Arts and Sciences. His wife, Nancy, writes "we just bought an airplane and I hope to get to Philadelphia more often. Jim is a longtime pilot and I am in flight training."

**John W. Holdcraft, 150 Rugby Pl., Woodbury, N.J.,** writes that his daughter Suzanne '83 is in family practice in Hopewell, New Jersey, and his wife, Grace, is President of the Medical Society of New Jersey State Auxiliary.

**Joseph A. McCadden, 613 Morris Ln., Wallingford, Pa.,** is the Corporate Medical Director of Scott Paper Company.

A Jefferson foursome of the class of '55 before teeing off. From left Samuel Lape, David Zenker, John Hoch and Harry Light.
The McCaldens have a daughter and a son and will celebrate their 35th wedding anniversary in May.

Ronald M. Mehned, 3616 Sagewood Ln., Modesto, Ca., has been named Chief of Psychiatric Services at Stanislaus County Department of Mental Health. He says, “I am doing wonderfully in California. Love my new wife, step-daughter, the people, climate, etc. Very best to the class of ’56 and drop in and see me anytime.”

Charles J. Stahl, P.O. Box 365, Dayton, Oh., has been named Chief of Staff at the Veterans Administration Medical Center and Assistant Dean for Veterans Affairs at Wright State University School of Medicine. Dr. Stahl retired in 1980 as Captain in the Medical Corps of the United States Navy having served for 25 years. He is a Diplomat of the American Board of Pathology in anatomic, clinical and forensic pathology and has served as Professor of Pathology at the Uniformed Services University, George Washington University and Georgetown University Schools of Medicine. In addition he is a Fellow of the College of American Pathologists and the American Academy of Forensic Sciences and serves as Associate Editor of the Journal of Forensic Sciences. Dr. Stahl is author of over 50 publications.

1957

Herbert Aaronson, 17 W. Horton Dr., Churchville, Pa., reports that his son, Gary, is a first year pulmonary Fellow at Hahnemann Hospital and his daughter, Debra, is a second-year student at the University of Pennsylvania Medical School.

Robert S. Brodstein, 3343 Baker Dr., Ogden, Ut., looks forward to the 30th reunion in June when his son, David, will be graduating from Jefferson.

Charles L. Knecht III, 3131 College Heights Blvd., Allentown, Pa., has been appointed a Trustee of the Good Shepherd Home and Rehabilitation Hospital in Allentown.

Ronald M. Match, 10 Medical Pl., Glen Cove, N.Y., presented a paper in Tokyo at the 3rd Congress of International Federation of Societies for Surgery of the Hand titled “Massive Neurofibromatosis of the Upper Extremity with Paralysis.” “Enjoyed traveling in Tokyo, Kyoto and Hong Kong.”

Bronson J. McNierney, 2281 N.E. 36th St., Lighthouse Point, Fl., an active internist and gastroenterologist there, writes that he is looking forward to the 30th in June. He adds that his daughter, Pam, is a second-year law student at Florida State in Tallahassee; Tamara is a senior at the University of North Carolina and will begin law school at the University of Miami in September ’87; and Marcie is a second-year student at Florida Southern College in Lakeland.

Fernand N. Parent, Jr., 68 Hillcrest Ave., Charleroi, Pa., reports that son Noel ’82 (Bronson McNierney’s godson) is Chief Resident in general surgery at Rhode Island General Hospital and will begin a two-year fellowship in vascular surgery in Tucson this summer. He and his wife, Kathy, have one son. The Parents’ second son, Mark, is in a cardiology fellowship in Medinas VA Hospital in California; Leslie will graduate in May from Duke University Medical School and probably will enter internal medicine; fourth child, Tom, is a second-year medical student at the University of Pittsburgh; and Aimee is a junior at St. Mary’s College at Notre Dame. “See you in June at the 30th.”

Marvin A. Sackner, 300 W. Rivoli Dr., Miami Beach, notes that his son, Jonathan, is a senior at Jefferson. Dr. Sackner is Director of Medical Services at Mount Sinai Medical Center but is looking forward to becoming more active in running a business he founded, Non-invasive Monitoring Systems, which manufactures and sells equipment based on innovative technology for monitoring breathing.

1958

Peter Amadio, Jr., 733 Spring Valley Rd., Doylestown, Pa., welcomed a new grandson in November. He joins brother, Tyler Nicholas, and other grandchildren, Peter Grant and Jamie Amadio.

Paul E. Berkebile, 106 Shannon Dr., Pittsburgh, has been named Vice President and Medical Director of the Western Pennsylvania Hospital there.

Richard E. Eshbach, 97th General Hospital, A.P.O., New York, is enjoying his role as Medical Director of the U.S. Army drug/alcohol in-patient facility in Frankfurt, Germany. “Looking forward to next reunion.”

Herbert G. Hopwood, 3539 North 36th St., Arlington, Va., was presented the Georgetown University Vicennial Medal for his years of dedicated service to the University at the Fall Faculty Convocation on campus.

1959

George Pappas, 3505 E. Long Rd., Littleton, Co., has rejoined the Department of Surgery as an Associate Professor at the University of Colorado Health Science Center. He is practicing at the Denver Children’s Hospital, the University Hospital and the Denver VA Hospital.

1960

David M. Leivy, 29 Crane Rd., Lloyd Harbor, N.Y., writes that “Nancy and I are delighted that our son, Sander, will be graduating from Jefferson this June and will be going on to a neurosurgery residency at the University of Vermont.” Their daughter, Susan, is married and living in Boston.

1961

Joseph J. Cirotti, 836 Tennis Ave., Ambler, Pa., has relocated his office for the practice of pediatrics and adolescent medicine to the Abington Memorial Health Center in Willow Grove. “Our fifth child has entered college and we are enjoying our two grandchildren.”

J. Jerome Cohen, 331 Autumn Rd., Lakewood, N.J., recently completed a term as Chief of Surgery and presently is President-elect of the medical staff at Kimball Medical Center there.

1962

Louis E. Levinson, Director of the Louisiana Fertility Services at 515 Westbank Expressway, Gretna, La., writes classmate William V. Harrer that he will be unable to make the 25th reunion because of time devoted to course work for an MBA at Tulane University. Dr. Levinson is President of the Medical Staff at Meadowcrest Hospital in suburban New Orleans.

Debhanom Muangman, 489 Rajithi Rd., Bangkok, Professor and Dean of the Faculty of Public Health at Mahidol University there, writes that Thailand now has the largest school of Public Health in Asia with an enrollment of 1,000 students. He is also serving as the Advisor to the Minister of Health and Minister of Education. “All possible thanks for a great education from Jef-
Jefferson Medical College.” Dr. Muangman adds that his son will attend the University of Hawaii with an interest in medicine. He would like to see a third generation at Jefferson. His father was class of 1926.

**Joseph Snyder.** 5 Oaklyn Ct., Potomac, Md., is serving as an alternate delegate to the AMA from Maryland. He notes that during a recent national meeting in New Orleans he “had a lovely time with classmate Lou Levinson and his wife, Phyllis.” The Snyders’ daughter, Lori, is a sophomore at Penn.

**1964**

**William A. Freeman,** P.O. Box 130, Shippensburg, Pa., as President of the Franklin County Medical Society, presented 50 year service awards to his father, Albert W. Freeman, and John P. Mange, both class of 1936 at Jefferson. “My Dad is still in active family practice and Dr. Manges practices radiology part time.” The Freemans’ son is a freshman at Jefferson.

Eli O. Meltzer, 6632 Sanders Ct., San Diego, has been promoted to Clinical Professor of Pediatrics at the University of California, San Diego, and is President of the California Society of Allergy- Clinical Immunology. He continues in private practice there.

**1965**

Edward R. Corcoran, 700 Starkey Rd., Largo, Fl., passed the forensic pathology boards last May.

**1966**

Robert D. Rich, 6109 Reid Dr., Gig Harbor, Wa., is serving as Chief of Staff and a member of the Board of Lakewood Hospital in Tacoma. “As per news bulletins of October 10 I got shot by an assailant and thus got a good sample of life as a patient. Now back to work.”

Arnold S. Rosenbaum, 44 Holly St., Providence, R.I., a Clinical Assistant Professor of Surgery at Brown University School of Medicine, is in a general vascular private practice there. The Rosenbaums have three daughters, the oldest, an honors graduate, is getting married.

**1967**

Robert M. Friedlander, Box 145, New London, N.H., will spend a month in

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Dr. Muangman in his official uniform with Royal Decorations “First Class Order of White Elephant.”

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Safed, Israel, on a radiology exchange program this April. “It’s a great time to leave New Hampshire.”

Anthony M. Padula, 8216 Seminole Ave., Philadelphia, is Chairman of the Department of Surgery at Roxborough Memorial Hospital and an Attending at Chestnut Hill Hospital. “Hope to see many of you at the reunion June 6.”

Barry A. Silver, 636 Sourwood Dr., Hatfield, Pa., served as President of the North Penn Hospital staff from 1984 to 1986 “and is now back concentrating on my practice.”

Stephen Slogoff, 7710 Flax Dr., Houston, has been promoted to Clinical Professor of Anesthesiology at the University of Texas Health Science Center at Houston. He also has been elected to a four-year term as Chairman of the American Society of Anesthesiologists/American Board of Anesthesiologist Joint Council on In-Training Examiners.

Scott C. Stein, 3001 N. E. 40th St., Ft. Lauderdale, Fl., writes “sorry to have to miss the 20th reunion but son, Sean, will be graduating from high school that day.”

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Steven A. Klein, 33 Shepherd Ln., Roslyn Heights, N.Y., continues as Director of Maternal Fetal Medicine at Winthrop University Hospital on Long Island. With new Chairman, Harold Schulman, he is involved in a Fellowship program in his field and in Doppler Flow studies on fetoplacental vasculature. “Personal congratulations to Pete Pizzutillo on his new appointment. Jeff is lucky to have him. Daniela, Barak, Alexa and Jordan make life interesting.”

Norman C. Loberant, Kibbutz Rosh Hanikra, Israel, writes “patiently awaiting visiting classmates. Northern Israel is beautiful in the spring.”

Parker M. Seymour, 1035 Lombard St., Philadelphia, is practicing full time emergency medicine at Chestnut Hill Hospital. “Wife, Evelyn, is busy keeping up with 14 month old son, Peter, who proves that perpetual motion is a reality as he systematically dismantles our home.”

Neil O. Thompson, 222 E. Madison Ave., Collingswood, N.J., has returned to the states following his lengthy commitment to Manorom Christian Hospital in Thailand. Prior to his return he toured China at the invitation of the Chinese Medical Association. Dr. Thompson presently is searching for a temporary job stateside, “Any suggestions?”

Richard W. Bagge, 3126 Bransford Rd., Augusta, Ga., was married in Chapel Hill, North Carolina, on April 19, 1986, to Nancy Louise Hoover.

Robert E. Chandler, 205 Sloan St., Roswell, Ga., and his wife, Donna, announce the birth of Evan Ellis on October 18.

Robert B. Falk, Jr., 1025 Marietta Ave., Lancaster, Pa., has been elected Chairman of the Department of Anesthesia at Lancaster General Hospital.

Francisco J. Garcia-Torres, 4402 Lyman Dr., Houston, has been named Director of Medical Education for the Kelsey Seybold Clinic Systems. “We are expecting our third child in April.”

Gerald M. Klein, 6 Sunan Rd., Broomall, Pa., is practicing angiography, interventional radiology and general diagnostic radiology at Albert Einstein
Marjorie A. Bowman, M.D. ’76, recently was appointed Professor and Chairman of the Department of Family and Community Medicine at Bowman Gray School of Medicine.

Dr. Bowman came to the medical school from Georgetown University School of Medicine where she was Director of the Division of Family Medicine in the Department of Community and Family Medicine. She also served three years as Assistant Dean for Continuing Medical Education.

In her new position, she will have responsibilities in teaching, patient care and research. Her primary research interests are health manpower issues related to female doctors and the mental health status of female doctors.

She is the author of the book *Stress and Women Physicians* and is on the editorial board of two medical journals, *The Female Patient* and *Medical Practice Management*. She also is Associate Medical Editor of the American Academy of Family Physicians’ Home Study Series.

A graduate of Pennsylvania State University, Dr. Bowman received her degree from Jefferson in 1976 and an M.P.A. degree from the University of Southern California’s Washington (D.C.) Public Affairs Center. She completed residency training in family medicine at Duke University Medical Center.

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Howard G. Hughes, 85 Overlook Dr., Danville, Pa., has been named President of the Geisinger Health Plan after serving as both Medical Director and Executive Director of GHP. Dr. Hughes also practices medicine in the emergency department there. He is a Fellow and past President of the Pennsylvania Chapter of the American College of Emergency Medicine and is a member of the American College of Physicians and the American College of Utilization Review Physicians.

Michael H. LeWitt, 1128 Cymry Dr., Berwyn, Pa., is President-elect of the Philadelphia Occupational Medical Association and is serving on the planning committee for the 1987 American Occupational Health Conference. He is board certified in emergency medicine.

John P. Lubicky, 8494 Woodbox Rd., Manlius, N.Y., is practicing pediatric orthopaedics and spine surgery. Anne Marie was born to the Lubickys on September 16.

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Fred H. Miller, 2000 Shore Rd., Linwood, N.J., has been elected President of the Medical Society of Atlantic County. Dr. Miller, an internist in Linwood and Ocean City, is on the staff of Shore Memorial Hospital. He also has served as an Executive Council Member of the New Jersey Society of Internal Medicine.

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Norman P. Levin, 541 Winding Wy., Merion, Pa., and his wife, Renee, announce the birth of their second child, Beth, on December 3. She joins brother Joel, 3. Dr. Levin is an Associate Pathologist at Episcopal Hospital.

Monica Morrow, 450 Clarkson Ave., Brooklyn, has been named Chief of Surgical Oncology at SUNY Downstate Medical Center and Kings County Hospital.

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Jefferson Alumni Bulletin Spring 1987
Ceremonial Organ

by Frederick B. Wagner, Jr., M.D.

The Organ in McClellan Hall should not be taken for granted. Jefferson is among the few medical schools that can enhance its convocations with the majestic music of the king of instruments. It was not always so. Well within 20 years of the author’s memory the opening exercises of the College were initiated by the unceremonious entry of the faculty into a noisy auditorium. During the mid-fifties the desirability of installing an organ was discussed with the President, Vice Admiral James J. Kauffman, who had a special interest in refurbishing McClellan Hall. The idea fell on sympathetic ears but ended there.

A tragic event occurred on November 9, 1956. Richard Woods Montgomery, an aviation electronics technician, 1st class, was one of a crew of ten on a Navy plane which disappeared at sea on a patrol flight from Bermuda. The 23-year-old son of Dr. and Mrs. Thaddeus L. Montgomery he enjoyed playing the organ at home. Dick had shared this hobby with his mother, Pauline, a Jefferson graduate nurse. Dr. Montgomery (Jefferson '20) was the well-known Chairman of the Department of Obstetrics and Gynecology. The family and friends donated a concert model Hammond organ in memory of Richard Montgomery.

The organ was dedicated at a concert held on Sunday afternoon, April 28, 1957. In the first half of the program the author performed Priere a Notre Dame by Boellmann and Bach’s Toccata and Fugue in D Minor, the later having been Richard’s favorite composition. In the second half, Mr. Leonard MacClain, a popular theater organist, demonstrated the versatility of the instrument with operetta tunes.

The supervision and maintenance of the organ was vested in the Dean’s Office through the Registrar. Usage was encouraged not only for various functions in the Hall but also for recreational playing by students with prior training. Mrs. Percival Foerderer, President of the Women’s Board and wife of the Trustees President, was an avid lover of organ music. For 17 consecutive years until her death in 1981 she would request the author to perform a private concert for her, starting three quarters of an hour before each Rehfuss Lecture. The custom spread to the portrait presentations and became routine at the opening exercises.

In 1974, in commemoration of Jefferson’s sesquicentennial, the Alumni Association commissioned Mr. Burle Marx to compose a Processional as a gift to the University, to be played on the entrance of the faculty at June graduations and September openings. On these occasions the National Anthem is sung and Elgar’s Pomp and Circumstance march accompanies the exit of the faculty.

Where are the pipes? A question often asked. The sound emanates from
speakers or tone cabinets behind grills to the right and left of the stage. The instrument is not a pipe organ of the conventional church or theater type, but generates its sound electrically. A unique method, found only in the Hammond organ, produces musical tones by means of an electromagnetic generator. A notched metal wheel, called a tone wheel, revolves at the end of a magnetized rod. The teeth, notched in the wheel set up variations in the magnetic field, inducing an electrical voltage, which is amplified and sounded as a fundamental musical tone. Each wheel, notched with different shaped teeth and of various sizes, turns at a constant rate of speed by means of a synchronous motor, thus producing a different pitch for each key on the console. The impulse travels from the tone generator to the speaker which converts it into sound. This organ never needs to be tuned and is not affected by temperature changes.

The reason for two complete key-boards or manuals is that the touch of an organ is different from that of a piano, in which the harder the key is hit the louder the tone produced. In order, then, for a melody to stand out from the accompaniment there must be another keyboard on which a contrasting stronger tone can be produced. If solid harmony with no outstanding melody is being played, both hands can be used on one manual. The large keyboard on the floor is for the low base tones. An organ tone sounds only as long as the key is actually held down. The instant the key is released the tone stops. If the left hand tries to play both base and harmony, there occurs a disturbing gap as the finger releases the bass note and leaps to its position in a chord farther up the keyboard. When the foot plays the base note, however, the left hand is free to play the harmony and the pedal note will join smoothly, since the foot can hold it as long as desired. Surprisingly, the feet are not difficult to train and the brain easily coordinates three staffs of notes. Modern technology has added transistors and computers to newer electronic models but cannot supplant the response to skilled hands.

1977

Leigh Baltuch, 684 Pinebrook Dr., Virginia Beach, is in a private psychiatric practice there. He and his wife, Linda, have a two year old son, Daniel. "Hope to see you all at the reunion."

Carl A. Barbee, P.O. Box 509, Hailey, Id., writes that he and his wife, Lynda, have a son, Michael Anthony, born in April of 1986. "Can't wait to make a Pat's cheesesteak run with some of the old Phi Alph boys following the reunion in June."

R. Anthony Carabasi, 818 Northwinds Dr., Bryn Mawr, Pa., has been promoted to Associate Professor of Surgery at Jefferson and has received a secondary appointment as Associate Professor of Radiology.

Leopoldo E. DeLuca, S. Kenyon Rd., Fort Dodge, la., and his wife, Judy, are expecting their second child in April of '87. "Looking forward to seeing everyone at the 10th reunion in June."

Margaret M. Dunn, 381 N. Fairfield Rd., Dayton, Oh., was initiated into the American College of Surgeons at the national meetings in New Orleans last October. She is serving as an Assistant Professor of Surgery at Wright State University.

Eric C. Jasheimer, 1610 Lorraine Rd., Reading, Pa., is practicing general and vascular surgery there. He and his wife, Marty, announce the birth of their second daughter, Amy Marie, last October.

Frank A. Klinger, 112 Birch Rd., Franklin, Pa., became a Fellow of the American College of Surgeons at the meetings in New Orleans last October.

Paul R. Weber, 3502 Via Campesina, Rancho Palos Verdes, Ca., and his wife, Barbara, had their third child, Paige Elizabeth, on December 18 joining brothers Matthew, 6, and Nicholas, 3. He is in a private ob/gyn practice in Long Beach.

1978

Robert B. Berger, 16 Copper Vail Ct., Princeton, N.J., writes "Buzz and Linda are happy to announce the addition of Carly Suzanne in September of '85. Melissa, 5, has been busy giving Carly Jefferson's colors."

Roger F. Crake, 737 E. Front St., Berwick, Pa., was inducted as a Fellow of the American College of Surgeons at the meetings in New Orleans in October.

Allan S. Davis, 231 N. Shippen St., Lancaster, Pa., has opened a solo practice for hematology/oncology in Lancaster.

George R. Kenner, Jr., 48 Haines Dr., Sewell, N.J., became a Fellow of the American College of Surgeons during the October meetings in New Orleans.

Brent R. Noyes, 24 Yellow Pine Ct., Wilmington, De., was inducted as a Fellow of the American Academy of Orthopaedic Surgeons during the national meetings in San Francisco in January.

Michael P. Russo, 321 Blue Ridge Dr., York, Pa., is a board certified member of the American College of Obstetricians and Gynecologists.

David W. Stepansky, 1980 Hemlock Rd., Norristown, Pa., and his wife, Debra, announce the birth of Ellen Rachel who joins two year old son, Adam. "My practice of internal medicine in Phoenixville, Trappe and Pottstown is going very well."

Fred Teichman, 108 James Rd., Lewistown, Pa., writes "when medicine gets me down I have an easy solution . . . think golf. Lynn and I are playing at the Bucknell Golf Club. Our only problem now is finding our balls in the snow."

Bernard L. Ullman, 843 19th St., Santa Monica, Ca., writes "married to Jaque Jones, a television news producer, in May of 1986. Enjoying marriage, neurologic practice and California."

Douglas B. Yingling, 1212 Turnpike Ave., Clearfield, Pa., was inducted into the American College of Surgeons at the meetings in New Orleans last October. He and his wife, Barbara, had a son, Eric Douglas, last March.

1979

Thomas M. DeWire, Sr., 1301 Avondale Ave., Richmond, Va., has opened a private practice of plastic and reconstructive surgery and hand and microsurgery in Richmond.

Robert J. Mitchell, 21616 76th Ave., Edmonds, Wa., completed his residency in obstetrics and gynecology at
Lankenau Hospital in Philadelphia, then entered practice at Saranac Lake in New York and recently has joined a five-man group in Edmonds.

Sandra F. Schnall, former of 1023 Cedar Grove, Wynnewood, Pa., has joined the faculty of Yale University School of Medicine in the Divisions of Hematology and Oncology.

1980

Joseph M. Devlin, 109 W. Jackson St., York, Pa., is in a solo practice of family medicine in York. "Baby number four, Elizabeth Michelle, arrived November 20, 1986."

David F. Podrasky, 1477 Revere Rd., Yardley, Pa., opened an office for a solo practice of ob/gyn January. Lauren Elizabeth was born last April.

Robert J. Snyder, 7 W. Pirna Ave., Allentown, Pa., announces the birth of a son, Nathan, on April 4, 1986.

1981

David G. Hershberger, 124 Seminole St., Johnstown, Pa., who is an emergency room physician there, will take his boards next fall.

David M. Mannino, 601 Greenfield Dr., Lexington, Ky., was appointed Chief of Medicine at the Federal Correctional Institution and Clinical Associate Professor of Medicine at the University of Kentucky. "Married Brenda Peters here on November 29."

James M. McWeeney, 502 West Ln., Lebanon, Oh., and his wife were expecting their third child in April. "It seems I had more free time during my internship."

Robert J. Mirabile, 5029 Lexington Ave., Pennington, N.J., will complete his general surgery residency at Cooper Hospital this year and will begin a plastic surgery residency in the fall at the University of Pennsylvania.

Christopher J. Rosko, 2700 Al-Lin Ci., Birmingham, Al., and his wife, Susan, had a daughter, Natasha Teresa, in August.

Joseph W. Schauer, III, 8 Lori Ln., Howell, N.J., writes "it was great to see everyone at our 5th reunion and to catch up with our lives. Congrats to Al Stiner and Tom McNally on their recent marriages. Alanna and I are expecting in May, maybe a Joseph IV?"

Paul C. Schroy, 330 Third Ave., New York, recently completed his fellowship in gastroenterology at Memorial Sloan-Kettering Cancer Center and currently is a Research Fellow in the Clinical Scholars Program there. He also has received a National Research Service Award from the National Cancer Institute. "More importantly Hope and I just celebrated Gregory Charles' first birthday."

1982

Michael F. Breslow, 1501 N. Campbell Ave., Tucson, Az., was married on December 14 at a ceremony on horseback to his bride, Laurie. They plan to enjoy the Arizona desert for several years.

Howard N. Kivell, 2600 Netherland Ave., Riverdale, N.Y., will finish his urology residency at Morristown Hospital and Medical Center in June of '88.

Charles B. Krespan, 116 Winding Hill Rd., Lancaster, Pa., began a private practice of ob/gyn in July of '86. He and his wife, Leisa, have a daughter, Carly Elizabeth, born in February of '86.

David B. Massey, 2205 New Garden Rd., Greensboro, N.C., completed a three year residency in family medicine at Cone Memorial Hospital, a teaching affiliate of the University of North Carolina, in 1985 and was certified by the American Board of Family Practice in October of '85. He and a partner opened an office in September of '86 in Greensboro.

William D. Paterson, 33 Tattersall Dr., Mantua, N.J., is an anesthesiologist at Underwood-Memorial Hospital in Woodberry. The Patersons have a four year old son and a daughter born in March.

Albert M. Signorella, Edgewater, Brantford, Ct., is Chief Resident in urology at Yale-New Haven Hospital and will join a group practice in New Bedford, Massachusetts, this summer. He plans to marry Joyce Brown in April.

Continuing the Jefferson tradition—Standing in front of a shelf in the special collections room of the Scott Library, which houses books written by faculty are (from left): Gordon F. Schwartz, M.D., Professor of Surgery, who co-authored "Breast Cancer—Diagnosis and Treatment;" Francis E. Rosato, M.D., The Samuel D. Gross Professor of Surgery and Chairman of the Department, who co-authored "Surgery of the Breast;" Bruce E. Jarrell, M.D., '73, Associate Professor of Surgery, who co-authored with R. Anthony Carabasi III, M.D., '77, "Surgery," a textbook which is one of the volumes of the National Medical Series for Independent Study; and Frederick B. Wagner, Jr., M.D. '41, who wrote "The Twilight Years of Lady Osler." Dr. Carabasi, Associate Professor of Surgery, will represent his class at the Clinic Program June 6.
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in pediatrics at Le Bonheur Children's Hospital and upon completion in June has accepted a fellowship in pediatric endocrinology at the University of Virginia.

Robert W. Meikle, 490 Pheasant Run Dr., Evans, Ga., "is looking forward to finishing my family medicine residency and wondering where the Army will send me next. I still haven't met that Georgia Peach yet."

Aldo J. Prosperi, R.D. 4, Latrobe, Pa., and his wife, Kathy (CAHS '82), had a son, Aldo William, on December 10.

Robert A. Ruffini, 107 Chatham Manor, Ardmore, Pa., will begin a fellowship in gastroenterology at Presbyterian Hospital in July.

Michael J. Stewart, 424 Oakdale, Chicago, writes "Chicago may be cold, but it is also a lot of fun. I will be finishing my internal medicine residency in June and in July will start a year as one of the Chief Residents at Northwestern. It should be a great year to decide exactly what the hell I'm going to be when I grow up. Hope all my classmates are doing well."

Mark G. Gillespy, 777 N.E. 62 St., Miami, is spending the year in a general surgery internship and will start orthopaedics next year at the University of Florida at Gainesville.

Dan D. Kessler, 1218 Walnut St., Philadelphia, who will complete his internship in internal medicine at Jefferson this June, will begin a residency in anesthesiology at Johns Hopkins University Hospital in July.

Robert S. Ream, 7295 Sarah Ave., Maplewood, Mo., writes "enjoying my schizophrenic life as a combined internal medicine and pediatric resident at St. Louis University Medical Center where I recently had the pleasure of working with Jesse Eisenman '84, a third year medical resident."

Staff

Joan E. Schott has been promoted from Assistant Director to Associate Director of the Annual Giving program. Mrs. Schott, who has been in the Alumni Office for 27 years, was named an Honorary member of the Association at the Alumni Banquet in 1985.
Obituaries

William F. Lucas, 1930
Died August 28, 1986, at the age of 82. Dr. Lucas, an internist, was a resident of Burlington, New Jersey.

Norman C. Rintz, 1931
Died September 19, 1986. Dr. Rintz, a psychiatrist, was a resident of Chevy Chase, Maryland.

Anthony S. Tornay, 1931
Died March 17, 1987, at the age of 80. Dr. Tornay was a neurologist/psychiatrist with offices in center city Philadelphia. An Emeritus Associate Professor of Neurology at the University of Pennsylvania School of Medicine he was associated with Episcopal, Graduate, Frankford, Friends and Northeastern Hospitals. He was a member of the Philadelphia College of Psychiatry and was active on the County Medical Society's Board of Censors. Surviving are his wife, Molly, a son, Anthony S. Tornay, Jr. '69, and a daughter.

Thomas J. Conahan, Jr., 1934
Died February 9, 1987. Dr. Conahan served as Chief of Radiology at both the Hazleton State General Hospital and St. Joseph Hospital. He served as President at St. Joseph in 1967 and as coordinator of the Utilization Review Program at HSCH. A Diplomate of the American Board of Radiology he was a member of the Radiological Society of North America and the American College of Radiology. He was active in local medical societies, was a past President of the Heart Fund and was a member of the Board of Directors of the American Cancer Society, Catholic Social Services, the Greater Hazleton Chamber of Commerce and the MMI Preparatory School of which he was a graduate. Surviving are his wife, Eugenia, two sons, one of whom is a physician, and a daughter.

Leonard W. Parkhurst, 1936
Died January 31, 1987, at the age of 84. Dr. Parkhurst was a specialist in allergies and internal medicine. A founder of the Benjamin Franklin Clinic at Pennsylvania Hospital he served as Medical Director there for 23 years. He also was a member of the staff of Pennsylvania and Delaware County Memorial Hospitals. Upon his retirement to Tallahassee, Florida, in 1971 he opened a practice there and maintained his office until his death. Surviving are his wife, Doris, a son and daughter.

Albert C. Kirk, 1935
Died in May, 1984. The family practitioner was a resident of Sanford, Florida.

J. Edward Lynch, 1935
Died February 14, 1987, at the age of 76. Dr. Lynch, Honorary Professor of Obstetrics and Gynecology at Jefferson, joined the faculty in 1949. He was Director of the Department at Misericordia Hospital and later was appointed Director of the Department at the Mercy Catholic Medical Center. He was a member of the College of Physicians of Philadelphia and the American College of Obstetricians and Gynecologists and served as President of the Obstetrical Society of Philadelphia in 1961. Surviving are two sons and two daughters.

Brinsfield F. King, 1913
Died February 14, 1987, at the age of 100. Dr. King, a general practitioner, was a resident of Baton Rouge, Louisiana. In early February the Alumni Association marked his 100th birthday with flowers, at a gathering of his friends and former nurses who graduated during the years Dr. King was superintendent at Baton Rouge General Hospital.

John W. Thompson, 1913
Died January 27, 1987. The retired physician was a resident of San Mateo, California.

Adolph Neupauer, 1921
Died February 14, 1987. The retired physician was a resident of York, Pennsylvania.

Albert G. Kinney, 1928
Died August 19, 1986, at the age of 82. Dr. Kinney, a resident of Sanford, Florida, was certified by the American Board of Otolaryngology.

Robert A. Houston, 1929
Died January 19, 1987. Dr. Houston was an internist who resided in Lebanon, Pennsylvania. He had been a Fellow in medicine at Massachusetts General Hospital. His wife, Willa, survives him.

James J. Ryan, 1934
Died October 27, 1986, at the age of 78. Dr. Ryan, formerly of Penn Valley, Pennsylvania, was a resident of Los Angeles at the time of his death. He practiced psychiatry in the Philadelphia area.

Glen S. Dickson, 1935
Died March 28, 1987. Dr. Dickson was an obstetrician gynecologist in Philadelphia. Surviving are his wife, Mardell, and two sons.

Leo M. Wachtel, 1938
Died February 25, 1987, at the age of 74. The family physician was a resident of Jacksonville, Florida, where he had been practicing since 1940. Dr. Wachtel was a past President of the Duval County Medical Society, the Florida Medical Society and the Florida Academy of General Practice. He was a Director and Treasurer of Blue Cross and Blue Shield of Florida. A founding member and Fellow of the American Academy of Family Practice he served as its Vice President in 1976. Dr. Wachtel also was a member of the Board of Governors of the Jacksonville Chamber of Commerce and a Trustee of the Bolles School. His wife, Helen, and two sons survive him.

Nathan L. Lippman, 1939
Died October 3, 1986, at the age of 72. Dr. Lippman was certified by the
American Board of Family Practice and was a resident of Ventnor, New Jersey.

John J. Gill, 1941
Died February 16, 1987, at the age of 71. Dr. Gill was a radiologist with the Valley Radiology Associates in Kingston, Pennsylvania, and served on the staff at Mercy Hospital in Wilkes-Barre. He was a Director of the Luzerne County Medical Society and was a member of the Pennsylvania Radiological Society and the American College of Radiology. A member of the Board of Directors of Marywood College he served as Vice President for Jefferson's Alumni Association for eastern Pennsylvania. Dr. Gill was the recipient of the Department of the Army Certificate of Appreciation for Patriotic Civilian Service. He was President of his class at Jefferson. Surviving are his wife, Molly, six sons, one of whom is Kevin J. Gill '80, and two daughters.

Charles M. Gruber, 1941
Died December 22, 1986, at the age of 71. Dr. Gruber served as a Clinical Research Physician with Eli Lilly Company in Indianapolis from 1953 till his retirement in 1985. He was a Diplomate of the American Board of Internal Medicine and a Fellow of the American College of Physicians and the American College of Clinical Pharmacology and Chemotherapy. He also was a member of the American Society of Pharmacology and Experimental Therapeutics, the Society of Experimental Biology and Medicine and the Central Society of Clinical Research. His father, Charles M. Gruber, was Professor of Pharmacology at Jefferson. In addition he is survived by his wife, Winifred, three daughters and two grandchildren.

Grover C. Powell, Jn., 1941
Died January 5, 1987, at the age of 72. Dr. Powell was a retired general surgeon. He moved to Sarasota, Florida, in 1982, from his practice in Waynesburg, Pennsylvania. A member of the American Society of Abdominal Surgery and a Fellow of the International Surgeons he was a past President of the Green County Medical Society. Surviving are his wife, Marie, two sons, one of whom is James R. Powell '82, and a daughter.

Thomas S. Knapp, 1945
Died March 10, 1986. Dr. Knapp, a psychiatrist, was a resident of South Charleston, West Virginia. He was a former superintendent of Spencer State Hospital and was on the staff of Highland Hospital in Charleston.

Paul E. Sieber, 1945
Died November 9, 1986. Dr. Sieber, a radiologist, was a resident of Columbia, South Carolina. His wife, Caroline, survives him.

George K. Reberdy, 1946
Died February 23, 1986, at the age of 65. Dr. Reberdy, a former physician with the Air Force, was a resident of Vero Beach, Florida. His wife, Jeanette, survives him.

Patrick J. Frank, 1948
Died October 24, 1986, at the age of 74. Dr. Frank was a general practitioner from Lebanon, Pennsylvania.

Irving B. Koretsky, 1954
Died February 1, 1987, at the age of 58. Dr. Koretsky, a member of the faculty at Tufts University School of Medicine, practiced pediatrics in Massachusetts. He was a staff member of Children's, Beth Israel, Winchester, Choate-Symphes, Waltham and Mount Auburn Hospitals. Dr. Koretsky was a member of the American Board of Pediatrics and the American Academy of Pediatrics. Surviving are his wife, Virginia, two sons and a daughter. His two brothers, the late Leo '33 and Sidney '46 are Jefferson graduates.

Rudolph W. Pavich, 1957
Died November 28, 1986. Dr. Pavich was a Fellow of the Industrial Medical Association and served as physician for Bethlehem Steel in both Indiana and Pennsylvania. Surviving are his widow and five children.

Leonard C. Baldauf, Jr., 1959
Died January 26, 1987, at the age of 58. Dr. Baldauf had been in general practice in Tucson, Arizona, since 1960. He served as physician for the University of Arizona football team, the Wildcats. He is survived by his four sons, one of whom, John, is a junior at Jefferson, and a brother, James A. Baldauf '59, of Anchorage, Alaska.

James E. Barefoot, 1963
Died December 1, 1986. Dr. Barefoot was a general practitioner in Windber, Pennsylvania, where he served as President of the Medical Staff and Chairman of the Department at Windber Hospital and Wheeling Clinic. His wife, Nancy, survives him.

Cynthia Altman Weinstein, 1977
Died February 4, 1987, at age 32, in an automobile accident in Montgomery County. Dr. Weinstein had recently accepted a position as Executive Director of Strategic Planning at Grand View Hospital in Sellersville, Pennsylvania. Prior to this she was Director of Worldwide Research and Development at SmithKline Laboratories. Actively engaged in research in clinical pharmacology she was a Fellow of the American College of Clinical Pharmacology. In addition Dr. Weinstein was active teaching at Jefferson in both the Departments of Pharmacology and Psychiatry as a Research Assistant Professor. Her husband, Dr. Mark Weinstein, two stepdaughters and her parents, Mr. and Mrs. Robert Weinstein, survive her.

Robert C. Grasberger, 1979
Died January 31, 1987, at the age of 33 of heart failure while playing basketball in New York. Dr. Grasberger, a vascular surgeon trained at Boston University where he was Chief Resident, was a magna cum laude graduate of Colby College and a nominee for a Rhodes Scholar. Surviving are his wife, Lynn, his parents, Mr. and Mrs. Robert C. Grasberger, a grandfather and three brothers.

Joseph Keiserman, Faculty
Died March 23, 1987 at the age of 78. Dr. Keiserman, Honorary Clinical Associate Professor of Medicine, had served on the Jefferson faculty from 1949 to 1974. Devoted to students and known for his teaching of physical diagnosis, he was appointed fulltime Director of the Emergency Department at TJUH in 1966, a department he helped to plan and design. He was a graduate of the University of Pennsylvania and its School of Medicine and was a Fellow of the American College of Cardiology, the American College of Physicians and the American College of Chest Physicians.
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