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Reflections of an Outgoing President

by Lewis W. Bluemle, Jr., M.D.

After twelve enjoyable years as President of Thomas Jefferson University, I have announced my intention to retire in June 1990. I am pleased to report that the search for my successor is well under way.

The Search Committee, chaired by James W. Stratton, President of Stratton Management Company and Chairman-elect of Jefferson’s Board of Trustees, consists of eight additional Trustees, nine faculty members, and one student representative.

As I reflect now on my time at Jefferson, my first personal memory is of being invited to meet with a similar search committee. It seems like only yesterday but actually it was the last day of 1976 at a cross-country ski trail at Mount Batchelor, Oregon, when my old friend, James E. Clark, M.D. ’52, who was visiting with his daughter, Anne, surprised me with the question, would I be interested in being considered for the presidency of Thomas Jefferson University?

Within the next few seconds a series of thoughts went through my mind. Was I qualified? Probably I was, having spent the previous nine years in similar positions at two state medical universities. Was I ready for a change? Again, probably yes. Much as I loved Oregon, I had grown a bit weary of the struggles with state bureaucracies. Furthermore, my professional roots had been deeply imbedded in Philadelphia during my 20-year sojourn at the University of Pennsylvania (1946-48, 1950-68). Not until I heard Jim’s question did I admit to myself how nice it would be to return East.

Although spotty, my recollections of Jefferson were uncharacteristically warm for someone who had spent so much time on the west bank of the Schuylkill River. I had visited the great Dr. John H. Gibbon, Jr. in the early 1950’s while I was engaged in artificial kidney design. I was immensely impressed with the man and his ingenuity.

Will Kellow, Frank Sweeney, and I had fought some of the battles of the Philadelphia General Hospital together and we had become friends in the process. I also had fond memories of Dr. Theodore Tsaltas, a Jefferson professor of pathology, who had been one of my earliest patients with chronic renal failure. Ted had become a wise professional colleague in those early days of dialysis. He taught my other patients more than I ever could about diets, the care of arteriovenous shunts, and getting the most out of life despite the handicap of uremia.

Then there was Jim Clark, with whom I had traveled throughout Europe and Russia, a superb nephrologist and exemplary representative of the Jefferson faculty. Yes, I said to Jim, I could become interested in the presidency at Jefferson. The champagne we shared later on that New Year’s Eve seemed unusually effervescent.

My first visit with the Search Committee, however, proved sobering. Naturally I tried my best to be bright and eloquent. In retrospect, perhaps I simply talked too much. In any event, after a long afternoon with the Committee I was asked to wrap up the session by responding to a particularly difficult question, having to do with faculty tenure, as I remember. I delivered what I thought was an insightful, well-tempered, sensitive reply, albeit somewhat lengthy, at the end of which I noticed with alarm that one of the Trustee members of the Committee had gone to sleep. On the flight back to Portland that evening I consoled myself with the prospect of many more weekends on the beautiful ski trails of the Cascade Mountains.

Surprisingly, and to my delight, I was invited back to Jefferson for a second visit. This time I asked most of the questions and kept my own comments short. More important, the Search Committee got to know my wife, Dee. I’m not sure what effect spouses have on the outcome of executive searches generally, but certainly spouses who obviously enjoy their roles do their partners’ prospects no harm.

It was during this time that I got better acquainted with Frederic L. Ballard, the Chairman of the Search Committee, who would become Chairman of the Board upon the appointment of the new President. Fred’s devotion to Jefferson was matched only by his vision of the University’s full potential. Whatever reservations I may have had about Jefferson’s determination to move forward were dissolved by his encouraging words. One of the first lessons I learned from Fred Ballard, however, was that if you want to move forward, you had better figure out which direction "forward" is. Or, as he preferred to put it, "If you don’t know where you’re going, any road will take you there."

Thus was our University stimulated to develop the most comprehensive strategic plan in its 150-year history. The planning process took four long years to complete. Forty-seven people participated in this effort including Trustees, senior administrators, faculty (both full-time and volunteers), students, and house staff. Mr. Ballard chaired the effort and John D’Aprix, then Executive Associate to the President, served as staff.

While many of the plan’s 39 recommendations sounded rather platitudi-
nous, and others became obsolete by the time they were published in 1981, it is my belief that this initiative did more than any other to place the University in a favorable position for rapid progress throughout the remainder of the 1980's. The planning process itself proved to be as valuable as the conclusions reached. As the planners got to know each other well, each of us began to broaden his or her perspective of Jefferson through the other person's eyes.

Within a year after the plan's publication it became apparent that we would have to rethink the section dealing with health services. In that interval the federal government had announced its new intentions to contain costs and to stimulate "prudent buyer" approaches to health care through HMO's, DRG's, and other competitive substitutes for traditional cost reimbursement mechanisms. But by this time we had become rather skilled at strategic thinking and it was not difficult to extend the planning process into a more action-oriented "strategic agenda" addressing this vast array of new issues and challenges in health services.

But the central question had suddenly become: "Can an expensive institution like Jefferson University Hospital survive in this new competitive environment?" We argued long and hard about cutting costs in order to compete more effectively on price. Looking back now we can count many initiatives which did produce savings through more efficient management or the use of new technology, but by and large we decided to stake Jefferson's future principally on our ability to render the best care available anywhere.

We started thinking critically about what "the best care" meant. After much soul-searching we realized the answer lay beyond our own academic standards of quality care. It had to include customer satisfaction. That is, our patients, their families and referring physicians had to feel good about their experience with our hospital and its staff.

By 1984 we had a new top management team. Having successfully launched Jefferson in a new direction, Fred Ballard stepped down as Chairman of the Board. It was a time for action and fortunately a veteran, action-oriented trustee was available to succeed Fred. Edward C. Driscoll, first appointed to the Board in 1974, had served as an outstanding chairman of virtually every standing committee and was thus well prepared to lead the entire Board some ten years later.

Dr. Sweeney had accepted another position after 26 years of faithful service as faculty member and Executive Director of the Hospital. He was succeeded by Michael J. Bradley, who had previously served as finance officer for the Hospital and as University Vice President of Finance. Mike's strong background in financial management proved to be a solid foundation from which to address some of the tough issues in health services.

Dr. Joseph S. Gonnella became the new Dean of Jefferson Medical College, bringing to his new position great leadership skills and 17 years of experience as an associate dean, clinician, teacher, and researcher in medical education and patient care.

Robert A. Peterson was recruited from the University of Arizona where he was Vice President for Administration, to serve as Vice President for Administration and Finance at Thomas Jefferson University. Bob and I had worked together in Oregon where I developed great respect for his management talents and administrative integrity.

Several years before, Dr. Lawrence Abrams had been appointed Dean of the College of Allied Health Sciences, about which I will say more later. Dr. Jussi J. Saukkonen had also succeeded Dr. Robert C. Baldridge as Dean of the College of Graduate Studies. A University office of legal affairs had been created, headed by Stephanie W. Naidoff, Esq., who would later be promoted to senior officer rank with broader responsibilities.

Thus by the mid-1980's I found myself in the enviable position of leading one of the nation's strongest management teams in academic medicine. By this time the Board of Trustees had also been rejuvenated with 20 new members, many of whom have moved into positions of leadership on standing committees and all of whom have contributed to our University's welfare in one way or another.

Our other assets included a new state-of-the-art 404-bed hospital building opened in 1978, the Bodine Center for Cancer Treatment, and a new medical office building accommodating principal physicians' offices, a surgicenter, and a large mammography facility. Indeed we enjoyed one of the most attractive and utilitarian center city campuses in the United States. Best of all, there was apparent at Jefferson a "can do" spirit that said simultaneously, "we've come a long way," "we've a long way to go," and "we feel confident that we can get there."

The stage was thus set for rapid progress. In keeping with our strategic plan, we sought to improve the research enterprise. The centerpiece for this initiative became the Jefferson Institute of Molecular Medicine. We were fortunate in attracting as the Institute's founding director Darwin J. Prockop, M.D., Ph.D., whom I proudly count among my former students at Penn.

Emanuel Rubin, M.D., whose seminal research into cell injury caused by alcohol overlapped Dr. Willis Maddrey's interests in liver disease, was recruited along with many of his associates to head our Department of Pathology. Doctor Rubin and his colleague, Dr. John Farber, have recently published a new textbook of pathology which has become one of the most widely used in the country.

In a bold move, Dean Gonnella asked Richard H. Rothman, M.D., Ph.D., to assume the chair in Orthopaedic Surgery at Jefferson while still retaining the founding directorship of The Rothman Institute at the Pennsylvania Hospital. This venture, which has worked well to the benefit of both institutions, and to Philadelphia orthopaedics, proves that even hospitals which are not formally affiliated can cooperate effectively in the public interest when the leadership has the vision to bring them together.

Also among the relatively new department chairmen at Jefferson Medical College are David C. Levin, M.D., Professor of Radiology and Chairman of the Department; Jouni J. Uitto, M.D., Ph.D., Professor of Dermatology and Chairman of the Department, and Professor of Biochemistry and
Molecular Biology; O. Richard Depp, M.D., Professor of Obstetrics and Gynecology and Chairman of the Department; and Troy L. Thompson, M.D., Professor of Psychiatry and Human Behavior and Chairman of the Department. Each is a respected leader in his field.

Perhaps no appointments in academic medicine are more important than the chairs in medicine and surgery. We were indeed fortunate in having made excellent selections for these two posts some years earlier. Dr. Francis E. Rosato assumed the Samuel D. Gross professorship of surgery in 1978 and has served with distinction ever since. Dr. Willis C. Maddrey had accepted the Magee professorship in medicine in 1982. This department has flourished and the relationships between medicine and surgery have been more than cordial. The development of the first liver transplantation program in the Delaware Valley in 1984 is a reflection of their admirable cooperation.

Jefferson’s College of Allied Health Sciences, founded in 1969, has reached maturity under the able guidance of Dean Abrams. When I arrived in 1977 there were three independent nursing programs: the diploma program under the aegis of the School of Nursing started in 1891, the newly created baccalaureate program, and a modest program for practical nurses. Now there is one integrated Department of Nursing. The baccalaureate program is its mainstay with graduate programs having been introduced recently at the master’s level.

Over the past decade a number of academic health centers have discontinued their schools of allied health. Jefferson decided to make its own larger and stronger. I cannot claim that we foresaw the current shortage of nurses, medical technologists, and other allied health professionals, but in retrospect our decision was a wise one now that the shortage is here. Our enrollment has risen in recent years, against a national and regional trend downward. The majority of our able faculty now have doctoral degrees and a growing interest in research. Several of them, including Dean Abrams, hold leadership positions in national organizations. The College is preparing a comprehensive strategic plan which will go well beyond the University’s plan of 1981.

Pride is a word we must use carefully because it might be only a step short of complacency, but I am genuinely proud of the many good people who have moved Jefferson so far forward during my tenure as president. We have a superb critical mass of bright, productive faculty who have added immensely to the quality of life on campus.

We can all take pride in Jefferson’s excellence in health professional education. Jefferson Medical College, like the College of Allied Health Sciences, has had no difficulty in maintaining a large applicant pool (above 4,000 annually) for its 223 first-year places, despite a 38 percent decline in total applications nationally. The quality of our students is high by any measure, including a failure rate on National Board Examinations of roughly one-third the national average.

Jefferson has been on the leading edge of innovative education programs, such as Family Medicine (our department was one of the first), the Physician Shortage Program with Indiana University, and the Accelerated College-Medical School Program with Pennsylvania State University, started in 1962.

There was some concern when our strategic plan was developed that placing so much emphasis on research might have a subtractive effect on Jefferson’s teaching strengths. Just the opposite has occurred. As we might have expected, many of our best investigators are also our most stimulating teachers. On balance our total academic programs have never been stronger, thanks to a fortunate synergy between research and teaching interests. Postgraduate education has also benefitted from the influx of gifted clinicians. Through supervision by Jefferson Medical College, resident training programs now place greater emphasis on evaluation of technology, management of patient care resources, cost-benefit analysis, epidemiology, research design, and medical-legal-ethical issues.

Similar health policy themes also run through an innovative program being developed in collaboration with the University of Delaware. The resources of both institutions will be utilized to offer a highly integrated experience from college through postgraduate clinical training for a select number of exceptional students who show promise of becoming physician leaders of the 21st century in the growing field of health policy development. This will be a public service companion piece to our existing M.D.-Ph.D. programs, supported through either Gibbon or Dunglison Scholarships, to develop the next generation of physician-scientists.

In addition to academic growth we have also seen to the preservation of our institution’s heritage through such wonderful contributions as the Eakins Gallery and Dr. Fred Wagner’s Thomas Jefferson University: Tradition and Heritage, a fascinating 1104-page account of Jefferson’s first 165 years. The Bodine Fountain brings a cooling touch to Scott Plaza, and the statue of Thomas Jefferson which now graces the west atrium of Jefferson Alumni Hall may someday be moved to a more public setting.

Calder’s marvelous statue of Samuel D. Gross has been cleaned and coated against further corrosive damage from atmospheric pollutants. A little-known fact is that when this preservation work was done we replaced the missing blade in Doctor Gross’s scalpel, probably lost in the move from Washington to Philadelphia in 1979. I like to think of this symbolically as the restoration of Jefferson’s cutting edge.

Speaking of physical assets, Jefferson does not have a problem of deferred maintenance. While we were building new facilities we made sure the old ones were renovated or kept in good repair. The College-Curtis Building has, for example, been restored both inside and out without losing the charm of its 1920’s-style architecture. The Main-Thompson complex, largely remodeled throughout its upper stories in the 1980’s, is now undergoing a transformation of the floors below to accommodate our expanding trauma and emergency services.

It would be difficult to inventory all our blessings and accomplishments in this short article, but I must mention a few more. I am proud of tenure reforms achieved through consensus rather than
bloodshed, of marketing initiatives taken early and effectively but in good taste, of the Decade Fund Drive which far exceeded its goal of $65 million, of comprehensive systems improvements throughout our Corporate Services Division, of pension plans funded with twice the assets needed, of the most loyal and generous alumni I have ever known, of the healthy balance Jefferson has achieved between full-time and volunteer faculty, of our University’s commitment to improving the quality of life in Philadelphia, of our growing relationships which now include Geisinger, The Alfred I. du Pont Institute, and the Wistar Institute, of our dedicated Trustees who guide and govern so wisely, and finally, of the genial spirit of good will which pervades the University.

Numbers cannot tell the whole story of our University’s progress over the last dozen years, but the figures given in the table below are reliable indices of significant growth.

The Search Committee should have no difficulty in finding my successor. This presidency is widely recognized as among the most attractive in the country. Further, this is a good time for a change in leadership and I doubt the institution will skip a beat during the transition.

Jefferson has few internal problems except for insufficient space to accommodate a growth rate which has exceeded our expectations. To meet this need among our scientists a new 11-story facility will shortly be constructed on the vacant lot at Tenth and Locust Streets, just west of Wills Eye Hospital. This quarter-million square foot structure has been made possible by a major grant from the Connelly Foundation. Its top three floors will be leased initially to the Wistar Institute with which we hope to develop collaborative investigative and training initiatives.

Similarly our clinical facilities have become utilized to capacity. Hospital occupancy is frequently at 100 percent. To relieve this pressure we are exploring options to develop new patient care facilities, principally for ambulatory services, at the periphery of our campus, with an eye toward restoring all previously inactivated hospital beds to our full licensed capacity within Thomas Jefferson University Hospital.

As an aside, having just spelled out the full name of our major health care facility, I remember that on my arrival twelve years ago I thought the most important of those four words “Thomas Jefferson University Hospital” was “University.” Now I believe it is “Jefferson.”

Looking to the future, if challenge can be defined as half problem, half opportunity, I believe Jefferson’s greatest challenge in the 1990’s and beyond will be to maintain its premier position as a high quality, vibrant academic health center, while at the same time facing up to its traditional responsibilities for providing services to a growing number of indigent patients. Perhaps a multiltiered health care system will be the ultimate answer, one which focuses on very prudent use of effective technology in reasonably frugal settings. If so, I believe Jefferson’s corporate culture will be receptive to such explorations.

There will be much for the new president to do and there will be many able colleagues to rely on for help. I can think of no better wish for my successor than that he or she be as warmly accepted as head of the Jefferson family as I have been, and that at the end of the next president’s watch the retrospective view will be just as satisfying as mine.

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**THOMAS JEFFERSON UNIVERSITY**

**TRENDS IN RELEVANT STATISTICS**

**1976/77 COMPARED TO 1988/89**

[all dollars are reported in millions]

<table>
<thead>
<tr>
<th>OPERATING REVENUES</th>
<th>FISCAL YEAR 1976/77</th>
<th>FISCAL YEAR 1988/89</th>
<th>PERCENTAGE INCREASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Fees</td>
<td>$ 5.2</td>
<td>$ 21.8</td>
<td>392.2%</td>
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<tr>
<td>State Appropriations</td>
<td>6.2</td>
<td>9.5</td>
<td>53.2</td>
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<td>Grants and Contracts</td>
<td>15.8</td>
<td>34.2</td>
<td>116.5</td>
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<td>Investment Earnings</td>
<td>3.2</td>
<td>19.0</td>
<td>493.8</td>
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<tr>
<td>and Contributions</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hospital Operations</td>
<td>60.0</td>
<td>282.8</td>
<td>371.3</td>
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<tr>
<td>Non-Patient Operations</td>
<td>4.0</td>
<td>20.4</td>
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<tr>
<td>Professional Activities</td>
<td>5.6</td>
<td>52.6</td>
<td>839.3</td>
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<tr>
<td><strong>Total Operating Revenues</strong></td>
<td><strong>$ 100.0</strong></td>
<td><strong>$ 440.3</strong></td>
<td><strong>340.3%</strong></td>
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<th>ASSETS</th>
<th>FISCAL YEAR 1976/77</th>
<th>FISCAL YEAR 1988/89</th>
<th>PERCENTAGE INCREASE</th>
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<tr>
<td>Total Current Funds</td>
<td>$ 42.4</td>
<td>$ 145.0</td>
<td>242.0%</td>
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<td>Scholarship &amp; Loan Funds</td>
<td>8.6</td>
<td>16.5</td>
<td>91.9</td>
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<td>Total Investments At Market Value</td>
<td>41.2</td>
<td>180.6</td>
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<td>Market Value of Plant Fund Based on Its Insured Value</td>
<td>115.1</td>
<td>535.0</td>
<td>364.8</td>
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<tr>
<td><strong>Total Assets At Market Value</strong></td>
<td><strong>$ 207.3</strong></td>
<td><strong>$ 877.1</strong></td>
<td><strong>323.1%</strong></td>
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<table>
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<tr>
<th>RELEVANT STATISTICS</th>
<th>FISCAL YEAR 1976/77</th>
<th>FISCAL YEAR 1988/89</th>
<th>PERCENTAGE INCREASE</th>
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</thead>
<tbody>
<tr>
<td>Gross Square Footage of Physical Plant</td>
<td>2,585,000</td>
<td>3,229,500</td>
<td>25.0%</td>
</tr>
<tr>
<td>Hospital Patient Days</td>
<td>196,800</td>
<td>213,253</td>
<td>8.4</td>
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<tr>
<td>Number of Employees</td>
<td>4,950</td>
<td>7,103</td>
<td>46.5</td>
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<tr>
<td>Number of Full-Time Faculty [all colleges]</td>
<td>316</td>
<td>544</td>
<td>72.2</td>
</tr>
<tr>
<td>Number of House Staff</td>
<td>312</td>
<td>513</td>
<td>64.4</td>
</tr>
<tr>
<td>Number of Sponsored Projects in Progress At Year-End</td>
<td>271</td>
<td>743</td>
<td>174.2</td>
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The 165th Commencement of Jefferson Medical College and the College of Graduate Studies was held June 9 at the Academy of Music. Edward C. Driscoll, Chairman of the Board of Trustees of Thomas Jefferson University, delivered the Opening Proclamation. Jinho Lee, Class of ’89 led the National Anthem, followed by the Invocation by the Reverend Edward C. Bradley, S.J. of Thomas Jefferson University and the Convocation by President Lewis W. Bluele, Jr., M.D. Degrees of Doctor of Philosophy and of Master of Science were presented by Jussi J. Saukkonen, M.D., Dean of the College of Graduate Studies, and degrees of Doctor of Medicine by Joseph S. Gonnella, M.D., Senior Vice President and Dean of Jefferson Medical College. President Bluele conferred the honorary degree of Doctor of Laws upon William H. Gray III, and that of Doctor of Science upon Allan J. Erslev.

Dr. Erslev is Distinguished Professor of Medicine at Jefferson Medical College and former Director of the Cardeza Foundation for Hematologic Research. In 1987 he was named a Fellow of the American Association for the Advancement of Science. Dr. Erslev was the first to prove the existence of the growth factor erythropoietin, which promotes formation of red blood cells. Erythropoietin produced through genetic engineering is used to combat anemia caused by chronic kidney disease, thus eliminating the need for transfusions. The hormone is being tested at Jefferson and other institutions in treatment of anemias caused by other diseases or adverse reaction to medications. Dr. Erslev’s speech upon accepting his honorary degree is reprinted in this issue of the Alumni Bulletin.

William H. Gray III, recipient of the honorary degree of Doctor of Laws, is in his sixth term as Representative of Pennsylvania’s Second Congressional District. He serves on the Committee on Appropriations as a ranking member of the Subcommittee on Transportation and
President Bluemle (right) conferred the honorary degree of Doctor of Laws upon William H. Gray III.

Jaeho Lee, Class of '89 led the National Anthem.

Daria C. Yanez and daughters

a member of the Subcommittee on Foreign Operations. He sits on the Democratic Steering Policy Committee and on the National Economic Commission. Mr. Gray authored the bill to establish the African Development Foundation to provide U.S. aid to African villages, and the House version of the Anti-Apartheid Acts of 1985 and 1986, which limited American financial support for apartheid. In 1983 he authored the first of a series of set-aside provisions that required the U.S. Agency for International Development to include minority and women business owners, historically black colleges, and minority private agencies in development assistance programs.

In his graduation speech Mr. Gray discussed the shared challenge faced by the members of modern society. He used the metaphor, "We are all in a small boat in a stormy sea, and we owe each other a terrible loyalty." He stressed abandoning pretense and vanity, and seeing ourselves as one people. Loyalty to fellow citizens demands reaching out to victims of drugs and crime. Mr. Gray cited the example of a waiting room, saying, "That is where real humanity takes place."

Faculty awards presented at Class Day Exercises the preceding day included The Christian R. and Mary F. Lindback Award for Distinguished Teaching in Basic Sciences, given to Mark Randall Denison, M.D., Assistant Professor of Pediatrics and Instructor in Microbiology, and in Clinical Sciences, given to Peter Amadio, Jr., M.D. '58, Clinical Professor of Family Medicine and Clinical Assistant Professor of Medicine. Ronald P. Jensh, Ph.D., Professor of Anatomy and Associate Professor of Radiology, received the Burlington Northern Foundation Faculty Achievement Award for excellence in teaching and research productivity. The Blockley-Osler Award for Excellence in Teaching of Clinical Medicine, Given to a Faculty Member of a Jefferson Affiliated Hospital, was presented to David Rose, M.D., Instructor in Surgery at The Bryn Mawr Hospital. The Leon A. Peris Memorial Award to a member of the volunteer faculty for excellence in clinical teaching and superior patient care was bestowed on Warren P. Goldburgh, M.D. '52, Clinical Professor of Medicine. □
Constructing a Personal Three-Legged Stool

(speech given upon receiving the honorary degree of Doctor of Science)

by Allan J. Erslev, Bachelor of Medicine, University of Copenhagen

In 1945 the University of Copenhagen awarded me, after seven years of medical school, the title of "physician" and the degree of Bachelor of Medicine. Nevertheless, I have been called "Doc" ever since and have faked being a true doctor of medicine. You may understand my relief when Jefferson today made an honest man of me by giving me a real doctor title.

I am sure that your doctorates also come as a relief. No cramming and no examinations, at least for a while. However, I am also sure that the title comes as a proud acknowledgment of past performances and as an opening for future challenges. As for me, I am equally proud but the challenges are mostly in the past. Rather than telling you what to do with your challenges I would like to tell you how I muddled through with mine. In brief, the challenges have primarily been involved in keeping the proverbial three-legged stool in balance. As you must have been told, probably ad nauseam, we in the medical profession are precariously positioned on a stool suspended on three legs: patient care, teaching, and research. With the example and admonishments of President Bluemle there should be a fourth leg, that of participating in social and political health issues, but today I shall stick with the three.

I have always worked in medical centers, and patient care and teaching have been part of my life. For me, the care of patients has been a joy and a rewarding experience with performance and compassion nicely blended with satisfaction. Whatever has been good for my patients has also been good for me and my ego. Teaching has also been most rewarding, not only the teaching of medical students and house staff but also the teaching of patients. Educating patients as to the cause and manifestations of their disease, and getting their cooperation and participation in its treatment are major and often time-consuming teaching commitments. I always send a copy of my consultation report to the patient. After all it is his disease and he should know as much about it as the referring physician. Obviously the two legs, patient care and teaching, go hand in hand and have to be matched for the stool to be in balance.

Patient care and teaching also have to be matched with the third leg, that of research. Research clearly has been my consuming interest ever since medical school and I have had the good fortune to see a research observation be translated into a useful treatment of anemic patients. This observation was initiated and stimulated by caring for patients with anemia and also by loving mountains and mountain climbing. I had always been intrigued by how blood loss anemia was so easily rectified and why people living at high altitudes need an increased number of red cells. This curiosity led me to resurrect an old hypothesis suggesting that the low oxygen pressure in both anemic patients and in high altitude dwellers caused the production of a hormone capable of stimulating the rate of red cell production.

I proceeded to test this hypothesis by injecting blood plasma from anemic rabbits into normal rabbits. Because of the inherent stubbornness I did not give up when nothing happened but proceeded to give the rabbits more and more plasma until after infusing huge amounts they finally responded by making more red cells. I was elated but my associates were less than impressed and in my youthful impatience I felt I needed to convince them by doing the same study in a patient. This could be done in the old days before legitimate concerns as to human experimentation clamped down on such clinical trials. I surreptitiously collected small amounts of blood from severely anemic patients, pooled the plasma and gave it to a patient with aplastic anemia. Nothing happened until four weeks later when she came down with a rip-roaring serum hepatitis. She recovered completely and her aplastic anemia disappeared, and she lived for many happy years afterwards.

I became an instant hero, but the whole sequence made absolutely no sense to me. How could a hormone cure the underlying disease? After all, insulin does not cure diabetes. I never found out why she got cured but the events taught me the dangers and uselessness of experimenting on patients until basic studies in animals had been finished. I proceeded with less spectacular, better planned, and less dangerous research which eventually led to the isolation, purification, and mass production of this hormone. The use of it in clinical trials is now justified and so far has been most encouraging.

Of course the research leg is usually only punctuated by this kind of dramatic and lucky work. It mostly consists of laboriously testing hypotheses on the bench or in the animal house. It is a slow, often frustrating endeavor and it may be interrupted by long periods of barren and unproductive work. During such periods at least my spirits have been sustained by the knowledge that despite all I was earning an honest living by seeing patients and teaching students.

Actually seeing patients and teaching students are also research. Research involves questioning clinical findings and therapeutic responses, participating in local or nationwide protocols, doing literature search and analysis in preparation for lectures or seminars. As such research can be in balance and harmony with the clinical and teaching legs and provide us in the health professions with a unique lifetime satisfaction. I wish for all of you that you will reach such a balance and harmony in the years to come.

Good luck! ☺

Dr. Erslev is Distinguished Professor of Medicine at Jefferson Medical College, and served as Director of the Bardeen Foundation for Hematologic Research from 1963 to 1985.
165th Commencement
Madeline S. Wood-Wagemaker, Class of '89 received the Baldwin L. Keyes Prize in Psychiatry, the William Potter Memorial Prize in Clinical Medicine, the Alumni Prize, the J. Woodrow Savacool Prize in Medical Ethics, and the Janet M. Glasgow American Medical Women's Association Award.

Peter Amadio, Jr., '58, Clinical Professor of Family Medicine and Clinical Assistant Professor of Medicine, with daughter Patricia B. Amadio, Class of '89

Warren P. Goldburgh, '52, Clinical Professor of Medicine (center), recipient of the Leon A. Peris Memorial Award, with Mrs. Goldburgh and Joseph S. Gonnella, M.D., Senior Vice President and Dean

Nancy S. Czarnecki, '65, President of the Alumni Association, greets the Class of 1989, the newest members of the Alumni Association.

Dr. and Mrs. John Whitcomb, '54 with Winthrop F. Whitcomb, Class of '89

Dr. and Mrs. Kip W. Dolphin, Class of '89 with Dr. and Mrs. J. Murray Dolphin, '46

Deborah S. Wright, Madeline S. Wood-Wagemaker, and Kathleen M. Wolf, all of the Class of 1989

Jonathan C. Lowry, Class of '89 with the Rev. and Mrs. Robert L. Lowry

Amy Colcher, Class of '89 with Dr. and Mrs. Robert E. Colcher, '50

Dr. and Mrs. Leonard Vinnick, '60 with Deborah, Class of '89, Sarah, and Lynn

Harry A. Kahn, Class of '89 (second from left), with Dr. and Mrs. Murray Kahn, '48 and (right) Carla E. Goepp, M.D., Clinical Associate Professor of Medicine and Associate Dean of Student Affairs, Student Counseling, and Career Planning

Robert A. Kitei, Class of '89 and Milton N. Kitei, S'44
Alumni Weekend 1989 kicked off with the annual Jefferson Medical College Alumni Banquet on Friday, June 9. It was a smashing affair. That evening a tornado hit Society Hill, causing a garage to collapse just a few blocks away, but in the beautiful surroundings of the Sheraton Society Hill Hotel spirits were not dampened by these events. The harmonious Kauriga Orchestra was heard. Guest of honor was John J. Gartland, M.D. '44, recipient of the Alumni Achievement Award. Past Jefferson professors joined alumni over cocktails and hors d'oeuvres. Dinner was served by candlelight in the Grand Ballroom.

On Saturday, June 10, the first annual Women's Breakfast was a meaningful success. In addition to alumnae, about 30 women medical students and some women alumni spouses attended and added their perspectives. Barbara G. Frieman, M.D. '80, Instructor in Orthopaedic Surgery, chaired the Committee. Beverly Carlos Borlandoe, M.D. '72, Nancy S. Czarnecki, M.D. '65, President of the Alumni Association, Lori DePersia, M.D., and Marianne T. Ritchie, M.D. '80, Instructor in Medicine, spoke on ways to juggle career and family. Discussion stressed maintaining faith in one's ability to succeed, learning from and yet differing from role models, and needing to be personally satisfied by and comfortable with one's undertakings in order to be successful at them. Interest was so high that breakfast lasted almost an hour longer than had been scheduled. All women alumnae and women medical students are urged to attend the Women's Forum at Reunion Saturday 1990.

This year's Saturday continued with Reunion Class Clinic Presentations in the morning, and tours of our historic city of Philadelphia and Fairmount Park. The Dean's Luncheon featured Joseph S. Gonnella, M.D., Vice President and Dean of the Medical College. In the evening, classmates relived old times at the Reunion Class Parties. And Sunday's Send-Off Brunch in the Eakins Lounge was well-attended by alumni of all ages.
1989 Alumni Achievement Award

[presentation by John J. Dowling, M.D. '47 at the Alumni Banquet on Friday evening, June 9]

President Bluemle, Dean Gonnella, Madame President Czarnecki, Fellow Alumni, and Guests,

I am honored to have been asked to present, on behalf of the Alumni Association, the 1989 Alumni Achievement Award to my good friend and occasional tennis opponent, although neither of these attributes is the reason for the award.

Dr. John J. Gartland graduated from Jefferson Medical College in 1944. After postgraduate education in orthopaedic surgery, and a hitch in the U. S. Army, he returned to Jefferson where, happily, he has remained ever since.

While ascending the academic ladder here, Dr. Gartland became a member of the Board of Associate Editors of The Journal of Bone and Joint Surgery, the most widely respected publication in our field. Later he became a member of its Board of Trustees, and ultimately was named Chairman.

In 1970 Dr. Gartland was named The James Edwards Professor of Orthopaedic Surgery and Chairman of the Department at Jefferson Medical College. He advanced the Department from a sound, locally respected program to one of national prominence.

Dr. Gartland became a Fellow of the American Academy of Orthopaedic Surgeons in 1956. Because of his diligent and valuable work in the Academy, which has a basically educational purpose and is the largest organization for orthopaedic surgeons in the world, he was elected President in 1979. He continues to serve as chairman of several of the Academy’s most important committees.

Shortly after retiring as Chairman of the Department of Orthopaedic Surgery at Jefferson in 1987, Dr. Gartland became President of the Council of Medical Specialty Societies, the umbrella organization for specialty medicine. He was the first orthopaedist to hold that position. He also continued at Jefferson as Director of the Office of Departmental Review.

Dr. Gartland has served as visiting professor of orthopaedics at medical schools too numerous to mention. His research interests and bibliography over the past 47 years are extensive. He is most proud of his book Fundamentals of Orthopaedics, a nationally popular text for undergraduates now in its fourth edition; and is currently at work on a new book, Fundamentals of Medical Writing and Communicating, which derives from a course that he developed and has taught at Jefferson for the past three years.

It is not hard to understand why Dr. Gartland was chosen for the Alumni Achievement Award. An absolutely outstanding medical educator, he has brought national recognition to our alma mater. It is my great pleasure to present this award to an also all-around good guy.

Dr. and Mrs. Gartland

The Alumni Bulletin takes pride in claiming Dr. Gartland as a member of its Publication Committee. His spirited participation in determining the philosophy and planning the content of the Bulletin is a further example of his interest in the many facets of medical education, as well as his dedication to the development of his alma mater.

President of the Jefferson Medical College Alumni Association in 1974, and a frequent member of faculty search committees for Thomas Jefferson University, Dr. Gartland has been a contributor to the literature not only of professional medical journals, but also of publications which present the case for teaching and research to a less specifically defined audience.

Dr. Gartland continues his interest in accurate and lively communication with editorial contributions for Jefferson’s Center for Research in Medical Education and Health Care, while working on the fifth edition of his text, Fundamentals of Orthopaedics, and his new book, Fundamentals of Medical Writing and Communicating. He also serves as Chairman of the Coordinating Committee for Health Policy for the American Academy of Orthopaedic Surgeons, and is a member of the Task Force on Practice Policies for the Council of Medical Specialty Societies.
Reunion Class Parties

Members of the Class of January 1944 celebrated at the Cosmopolitan Club.

The Class of 1964 celebrated with a black tie dinner dance at the Downtown Club in the Public Ledger Building.

The Class of 1974 at the Hotel Atop the Bellevue
The 50th Reunion of the Class of 1939 was held at the Union League of Philadelphia.

Partners enjoyed the black tie evening.

R. Edward Steele, Hymen D. Stein, Henry H. Stroud, and Lewis F. Somers have been pals ever since they were seated together at the dissecting table in the Class of 1939.

Mrs. James B. Carty and Mrs. Joseph Medoff at the Class of 1939 reunion.
Members of the Class of September 1944 gathered at the Sheraton Society Hill Hotel for their 45th reunion.

The Philadelphia skyline frames members of the Class of 1984 at their cocktail buffet and dance on the roof of the Port of History Museum.

Dinner at Carpenters’ Hall brought together a large contingent from the Class of 1959 for their thirtieth reunion.
The Class of 1949 gathered for a dinner dance at the Union League of Philadelphia.

Members of the Class of 1934 met for dinner in the Eakins Lounge of Jefferson Alumni Hall.

Frederick B. Wagner, Jr., '41, The Grace Revere Osler Professor Emeritus of Surgery, and University Historian, was a guest of the Class of 1954 at their dinner dance at the Historical Society of Pennsylvania. He is pictured here with his own contribution to history, Thomas Jefferson University: Tradition and Heritage, just released.

Five members of the Class of 1927 met for luncheon at the Faculty Club. Left to right, Samuel M. Dodek, Peter E. Ringawa, William T. Hunt, Jr., Joshua N. Zimskind, and James E. Bowman.

The 60th reunion of the Class of 1929 was held at the Faculty Club in Jefferson Alumni Hall. Seated, left to right, are Alfred E. Troncelliti, Patrick S. Pasquariello, and Anthony F. DePalma. Standing are Francis P. McCauley, Paul O. Blake, and Howard E. Dieker.

The KeTones of Jefferson Medical College including Christopher S. Levey (left), Jeffrey S. Driben (second from right), and Donald H. Perlo (right), all of the Class of 1991, were joined by a fellow performer to provide the music for the 35th reunion at the Historical Society of Pennsylvania.
It was in 1938 when I was an instructor at the Phipps Institute of the University of Pennsylvania that I encountered a patient whose chest x-ray suggested mil-
iary tuberculosis but who was working with only moderate respiratory symp-
toms. After intensive sputum and skin test study I considered that we had established a diagnosis of candidiasis, and I presented the case at our weekly conference, only to have a visiting British physician interject that the patient obviously had sarcoidosis. I weak-
ly asked, "What is that?"

I should have known. A paper describ-
ing cases of this disease by Longcope and Pierson had appeared in the Bulletin of Hopkins Hospital in April 1937. Perhaps
we discounted that report because sim-
ilar cases were described in 1938 by the
greatest of American lung pathologists at
that time, Max Pinner, as "non-caseating
tuberculosis." And perhaps I should have learned of sarcoidosis as a medical
student because the first American case
report of systemic sarcoidosis was pub-
lished in the Archives of Internal Medi-
cine in 1929 by three of my Jefferson
teachers: Mitchell Bernstein, an intern-
ist, Frank Konzlemann, a pathologist,
and David Sidlick, a dermatologist.
The relationship of sarcoidosis and
tuberculosis was the major problem in
those years and when I got out of the
Army, I thought that study of the
response of sarcoidosis patients to BCG
vaccination might clarify the situation; I
secured one of the first Public Health Service grants for research. We found
that sarcoidosis patients failed to develop and maintain tuberculin reactivity nor-
manly and went on to demonstrate that they had impaired skin reactivity to
other antigens as well — while respond-
ing normally with circulating antibodies
after pertussis and typhoid immuniza-
tion. Subsequent investigation, particu-
larly the development of bronchoalveolar
lavage as a research tool, indicates that
the impaired cutaneous reactivity is lar-
gely the result of mobilization of
T-lymphocytes in the lungs. But we have
made no progress in determining wheth-
er the putative antigen is a replicating
one or an inert one, whether it is one
agent or many, and whether the lympho-
cyte and alveolar macrophage activation
is caused by an invasive agent or is a
miscalculation of the body defenses.

Progress in diagnosis of sarcoidosis has
been no more spectacular. Except for the
development of transbronchial biopsy,
which in clinical practice is less sensitive
than published reports indicate, and
growing appreciation of the diagnostic
assistance in atypical cases provided by
the distinctive patterns of gallium 67
uptake characteristic of sarcoidosis, there
have been no major advances in recent
decades.

In 1950 we were able to secure some of
the initial supplies of cortisone for trial
in sarcoidosis and reported on its dramat-
ic effects in three patients. A few
observers rejected this treatment, having
noted rebounds after stopping therapy
and having observed exacerbation of
tuberculosis. In 1954 we reported on use
of prednisone in 36 patients and con-
cluded that corticosteroids were safe and
effective.

Although the immediate effects of
prednisone were often dramatic, failures
were frequent and the long-term benefit
less obvious. The desirability for con-
trolled studies became evident in the
next decade but by that time it was so
established as standard treatment that
giving placebo therapy was difficult to
justify. We did carry out such a study,
reporting in 1969 that a three-month
course of corticosteroids did not alter the
outcome of the disease as assessed five
years later. This study did not convince
enthusiasts for prednisone therapy since
the dosage was moderate, the duration of
therapy brief, and the number of
patients small. Controlled studies with
larger doses for longer periods were sub-
sequently carried out in European,
Japanese, and American patients; none
of these by itself provided a definitive
answer, but what is impressive is that all
six studies came to a single conclusion:
no long-term advantage is demonstrable
as the result of corticosteroid therapy.

As a result, we have emphasized in
recent years that prednisone should be
used only for palliation of symptoms —
not for correction of radiographic or
laboratory changes. And currently I am
beginning to think that corticosteroid use
should be restricted even further. In a
recent study, my colleagues and I exam-
ined serum angiotensin converting
enzyme measurements as a guide to
treatment decisions in sarcoidosis. They
proved to have limited sensitivity and specificity. Having the clinical impression, however, that serial ACE levels were valuable for predicting or detecting relapse, we studied their value for this purpose. Again their usefulness proved to be limited, but what astonished us was the frequency, greater than 50 percent, with which relapse occurred in our patients after prolonged corticosteroid therapy was stopped.

A prospective study of relapse among 340 patients followed since 1985 has shown a relapse rate of 57 percent among 82 patients in whom a decision to try stopping therapy after one to five years appeared indicated. In contrast only six relapses occurred among patients not treated with prednisone, and three of these were postpartum exacerbations. The high frequency of relapse in treated patients reflects in part greater severity of disease in these patients, but that corticosteroid treatment causes relapse by interfering with mechanisms of repair is a growing concern.

I end five decades of study of sarcoidosis with the depressing conclusion that we have learned very little of its etiology and pathogenesis, and that our accomplishments in modifying the course of the disease are only marginally greater. I am no better able to explain the cause of their illness to patients in 1989 than in 1939 and I am able to predict its course with little greater accuracy.

Many years ago a frustrated investigator aptly used a phrase of Winston Churchill's to characterize sarcoidosis as "a riddle wrapped in a mystery inside an enigma." Fifty years ago I was confident that research would solve the puzzle in my lifetime. Now I am much older—but only a little wiser! □

Dr. Israel is Professor Emeritus of Medicine at Jefferson Medical College.

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My Infamous Patient, Rudolph Hess

by William C. Burry, M.D. '39, Col., U.S. Army Ret.

Jefferson Medical College graduates have served their country in the peacetime armed forces in the past, some are serving at present, and others will serve in the future.

Peacetime military service is not for everyone. It pays little compared with civilian medical practice. It has perquisites of financial security, less concern for malpractice suits, family travel, and the challenges of living in foreign countries. Opportunities for advanced medical study are available. And a welcome retirement check arrives each month. My wife and I agree we have had exciting experiences during nearly 50 years together. We have no regrets concerning our travels, occasional frustrations, discomforts, and worries when international incidents occurred involving areas where we were stationed.

While serving overseas, one may experience close association with persons not normally encountered in the United States.

Military medical practice offers physician and patient few alternative choices. Physicians treat all whether they be military dependents, or personnel in grades from private, seaman, or airman to general or admiral. Overseas military physicians may encounter dignitaries, they politicians, or stars of the entertainment or sports worlds. It was my honor to treat General Dwight D. Eisenhower following his Presidency, and to work together with the Secret Service in making emergency medical plans for former President Richard Nixon's visit to West Berlin, a haven for spies of all nations, with potential for assassination attempts. Among my personal mementos are letters from each acknowledging my personal services.

Occasionally ambassadors and their kin were treated by me, and sometimes dignitaries of international fame. My dinner partner on occasion was movie actress Marlene Dietrich. My wife and I chatted with Bob Hope and his entourage at a reception following the TV show "Behind the Iron Curtain." We feted the Harlem Globetrotters during their visit to West Berlin.

Most infamous of all patients I treated during my career was Rudolph Hess, Adolf Hitler's Deputy Reichminister. Hess was the only prisoner in Spandau Prison from 1966 until his suicide in 1986 at age 93. Spandau, built by French prisoners of war in 1871 during the Franco-Prussian War, was located in the British Sector of West Berlin. It had a capacity of 600 inmates. All except Hess had either been transferred, completed sentence, or died.

Hess was born in Alexandria, Egypt, in 1894, son of a German wholesale merchant. His full name was Walter Richard Rudolph Hess. He attended German school in Alexandria assisted by a private tutor. Although confirmed in Protestant
faith and taught to pray by his mother, he never attended church services, but admitted saying prayers "in private." At age 17 he attended business school in Switzerland and was programmed to be a third-generation businessman. In 1914, while serving as an apprentice in Germany, he broke away and enlisted in the First Bavarian Regiment. On the western front he sustained three minor wounds. Later he was commissioned a lieutenant in the German Air Corps and became proficient in flying.

At the end of World War I he abandoned his commercial career and entered Munich University. He studied history, economics, political science, and geopolitics, the effect of geographic position on a nation's politics; this altered his entire future life.

His favorite teacher was Professor Karl Haushofer, a man of unusual political theories and persuasive manner. He had been a German General in World War I. He peppered his lectures with references to the influence of astrology and the supernatural on Germany's history. He had a profound influence on his student Rudolph Hess.

Hess seasoned his university life by distributing anti-Semitic pamphlets, and brawling in beer halls with various armed bands he joined. In 1920, he attended a Nazi Party meeting and heard the fiery Hitler speak; Hess thereafter joined the Party. Hitler became acquainted with Hess through a paper Hess had written while in school, in which Hess outlined the characteristics the next leader of Germany should have. Hitler found they matched his own, and soon Hess became Hitler's secretary and bodyguard. Hitler and Hess were arrested during a beer hall putsch and ended up in prison for several months. During their imprisonment together, Hess is credited with writing the manuscript for Mein Kampf although Hitler was named author. Hitler could speak, but Hess could write. Here a team to guide Nazi Germany's future was created.

Following their release from prison, Hess became Adjutant of the Nazi Party. In 1933, Hitler named Hess his Deputy with power of attorney which Hess used for Nazi Party control of universities, schools, youth, labor organizations, and religious societies. In 1935, Hess put his name to the ominous anti-Jewish legislation which played so horrendous a part in implementation of Hitler's dictatorship.

Hess was soon admitted to Hitler's Secret Cabinet Council then planning foreign aggression. With the blessings of Hitler, Hess found time to marry Fräulein Ilse Prohl. Ten years later their only child, son Wolf-Ruidiger, was born.

During the war on the eastern front against Poland, and the collapse of France, concern arose about Russia, a current ally. If invaded by Germany, Russia might encourage a second front by neutral England. Conservative Prime Minister Neville Chamberlain had returned from a recent conference in Berlin and declared for all to hear "Peace in our time."

Through arrangements by Professor Karl Haushofer, Hess's favorite instructor, contact with British conservatives Chamberlain and the Duke of Hamilton in Scotland and others had been maintained. Hess decided to fly to Scotland with hope of obtaining an audience with the Queen, or with Sir Winston Churchill, and a guarantee of German peace with the West. No record was ever found indicating Hitler was aware of Hess's mission. When the mission failed, Hitler personally dictated a statement for German propaganda that Hess was mad.

Hess's third attempt was successful. Piloting his own unarmed ME 110, Hess flew across water at low altitude to avoid radar detection. He eluded two British Spitfires by entering clouds. He navigated to Lord Hamilton's estate near Glasgow, Scotland, jettisoned his aircraft, and in his first parachute jump, injured an ankle. He was apprehended by plowman David McLean who helped the limping Hess to his house. While Mrs. McLean offered the unarmed man in German uniform a cup of tea, McLean notified the British Home Guard who took Hess away. Hess, now POW, entered the British prison chain without seeing those he had been seeking. He ended up in the Tower of London until transferred to Nuremberg for the Allied War Crime Trials of 1945.

At the conclusion of the Trials he was found not guilty of war crimes, but
guilty of conspiracy and crimes against mankind. He was sentenced to life imprisonment. He and six others, whose sentences varied from 20 years to life, were flown in a British aircraft to West Berlin. All were imprisoned in Spandau Prison, which was administered by a Quadripartite Commission of Allies. British, French, Russian, and U.S. troops rotated monthly for administration, guarding, and medical care.

When assigned as Hospital Commander of the U.S. Army Hospital in West Berlin, 110 miles behind the Iron Curtain, in addition to other duties of Berlin Brigade Surgeon and Chief Health Officer, I assumed medical care of Prisoner Number Seven. Each fourth month the United States was responsible for operation of Spandau Prison. The Quadripartite medical committee met the last Friday of each month. It was chaired by the physician whose country was responsible for the month assigned. All Allied physicians attended each monthly meeting.

The Quadripartite agreement required that Number Seven be physically examined each week by the doctor in charge, and a monthly report rendered to the committee prior to relinquishing command. This was tedious as all reports had to be interpreted and typed into French, German, and Russian. Considering all the medical and psychiatric examinations of Hess in England, and prior to and during the Nuremberg Trials, and thereafter, Hess, during over 45 years of imprisonment, must have been one of the most medically and psychiatrically examined humans in the history of medicine. The British subjected him to truth serum and frequent psychiatric examinations during his imprisonment there. There was no consensus of the Allied psychiatrists. Some thought him to be a latent schizophrenic. Others thought him normal with ability to avoid certain incidents of his life by blocking them as effectively as vision by a venetian blind. Hess was somewhat neurotic. He had carried a number of innocuous medications on his flight to Scotland. In 1969, the week following the U.S. turnover command of Spandau to the U.S.S.R., a newly assigned Soviet doctor called me by telephone. He requested I come at once to examine Number Seven who was acting strangely.

In about 20 minutes I entered Hess’s prison cell and observed him on his back, knees drawn up clasped on his hands and moaning, "Ich schmerzen, Ich schmerzen" ("I’m in great pain"). Usually Hess greeted me as I entered his cell by standing erect, clicking his heels, Prussian style, and saying, "Good Morning, Herr Doktor." His English was perfect except when I brought my Commanding General for a visit the last Friday of our month. Then Hess understood and spoke only German; the American commandant interpreted for our General. According to his medical record while he was in virtual solitary confinement, Hess had occasionally complained of postprandial discomfort, and antacid medication was administered. At that time cimetidine had not yet come upon the scene. Hess’s diet varied with the four Allied monthly rotations. He lost weight on Soviet and British rations and gained on French and American food. He refused on several occasions a recommendation for an upper gastrointestinal barium study. We of the U.S. had the capability of performing such with portable equipment brought to Spandau, as we did for his dental care. He also refused to permit me to perform a rectal digital examination despite his history of nocturia. Moving him to the British Military Hospital for an upper GI series was impossible. The Soviets indicated they would veto any transfer to the British Hospital except in an emergency.

Palpating his board-like rigid abdomen, I advised my Russian colleague that Number Seven undoubtedly had a perforated peptic ulcer and must be hospitalized without delay. I told the Russian physician I would obtain clearance from the three Western Allies and arrange for the British to hospitalize Hess in accord with the Quadripartite agreement. My calls took about five minutes. It took my Soviet counterpart two hours to obtain clearance from Moscow. We placed Hess in a British military ambulance, but more delay was encountered when the Berliner Politzei escort refused to convey the ambulance because accompanying Soviet guards had live ammunition in their rifles. Clearance for disarming the guards had to be obtained from the Soviet headquarters in Potsdam, Germany. It was only a few minutes’ drive, five kilometers, to the British Military Hospital.

Hess was placed in the Hospital’s prison ward, a one-cell room with a barred door and windows. Hess was now under professional care of the British Military Hospital staff and the Royal Army Medical Corps. He was pale, emaciated, and dehydrated.

Initial erect Roentgenograms revealed air beneath the diaphragm and intestinal distension. Because of this frail geriatric patient’s condition, conservatism was selected over surgical intervention. British and Soviet senior medical consultants flown to Berlin for emergency consultation concurred. The U.S. and the French, having confidence in the British, sent no consultants until later as observers.

Intravenous glucose and saline with piggyback antibiotics were begun and a nasogastric tube in situ had suction alternated with continuous drip antacid solution. Because of his frail condition, confirmation of perforated peptic ulcer by upper gastrointestinal barium study was delayed. The week following admission, he developed cardiac arrest but was successfully resuscitated. When his condition stabilized, an upper GI study was completed. It confirmed a chronic duodenal ulcer complicated by perforation which had sealed itself. As a reward for his cooperation with the upper GI study he was given a jigger of brandy; he is reported to have said, "Good, the first since 1945." The nasogastric tube was still functioning.

Hess continued his convalescence. The British conservative treatment of this frail old man was successful. He was given a radio and a television in his cell; both were the first he had heard or seen since incarceration in Spandau in 1945. His hospital bed was adjustable and comfortable, compared with his prison cell cot. In order to assure continued care in prison, the Allies agreed to move Hess to a double cell, formerly the chapel, refurbished with a new coat of paint. The cell door was to remain open to permit Hess to walk to an adjoining cell.
where there was a toilet for his nocturia. He was to have control of his lone electric bulb. He was prescribed an ulcer diet instead of the standard military guard unit ration of each of the rotating Allies. He was permitted to keep his radio and television. A hospital bed replaced his former prison cot. He was returned to Spandau with all new regulations, including a daily exercise walk in the central open court of the rectangular prison. Here grass, trees, and birds could be observed.

My farewell to Prisoner Number Seven occurred during my final visit as the U.S. physician prior to my retirement. I introduced my replacement, an American medical colleague who also was a Russian linguist. We did not shake hands with Hess. Such was prohibited by Quadripartite agreement.

What transpired thereafter is documented in records. On August 17, 1987, Hess had left a note, later found, stating he intended taking his own life. He had tried unsuccessfully twice; first with a table knife, then with glass spicules from his own broken reading eyeglasses. This time he found an extension cord abandoned by a contract electrical worker. Hess garroted himself by winding the cord about his neck and wedging the cord ends into a window between the sash and the frame. He was found within a few moments by his warder. He was taken to the British Military Hospital by ambulance, where he was declared dead. An autopsy witnessed by the Allied doctors found death due to asphyxiation. His age was 93.

His remains were placed in a casket and flown by British military aircraft to Grafenwoehr, a military training area about 30 miles from Wunsiedel, a remote Bavarian village and the site of the Hess family burial plot. Prior to arrival of his hearse Nazi sympathizers rallied at the cemetery and unfurled swastika flags. All were arrested and put in jail for their demonstration. The burgomaster worried that the burial site might attract annual gatherings of Nazi sympathizers.

The Western Allies had tried regularly to have Hess either paroled or incarcerated in a prison housing others. The Soviets had always vetoed the recommendations and said he was a monument to Nazi atrocities against the Russian people on the Eastern front.

British authorities reported Spandau Prison would be demolished and the site used for British Army purposes. All remains of this antique dungeon-like prison will be destroyed. Only records, photographs, and memories will remain of the last member of the Hitler inner circle.

Dr. Burry retired from the United States Army as Colonel. He had served as Commander of the Hospital, Surgeon of the Berlin Brigade, and Health Officer for the American Sector of West Berlin. Following retirement Dr. Burry joined the staff of Pocono Medical Center.

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**Treatment of Early Breast Cancer**

*by Thomas F. Nealon, Jr., M.D. S’44*

A century ago cancer of the breast was not a common surgical disease. Patients who presented themselves for treatment had lesions in the advanced and really incurable stage. Operations consisted of ineffectual limited local excisions. In 1898 William Halsted reported in the *Annals of Surgery* on his radical mastectomy which removed all of the breast, the axillary contents, and the pectoral muscles. It is obvious that a radical mastectomy was necessary for any definitive attack on the cancers of the breast confronting surgeons at that time. This procedure reduced the local recurrence rate from 82 percent to six percent. When physicians saw the marked improvement, they began to refer earlier cases, some curable. The Halsted radical mastectomy became the treatment of choice for the next 85 years. In 1960, 83 percent of breast cancer operations performed in our hospital were radical mastectomies.

Auchincloss proposed the modified radical mastectomy in the 1960’s. This left the pectoralis major muscle in place, and allowed the removal of all of the breast. The operation was readily accepted. By 1975, the number of modified radical mastectomies equaled and then surpassed the number of radical mastectomies, though no study had yet shown that the lesser operation was as effective as the more radical one.

By 1980, the radical mastectomy was almost extinct at our hospital. At that same time, partial mastectomies such as lumpectomy and quadrantectomy came into vogue. These reduced the use of modified radical mastectomies so that partial mastectomies now make up 40 percent of the operations performed for cancer of the breast. The fine work of
In 1976 we began, here at Jefferson, to use high dose preoperative radiation and special sphincter preservation surgical techniques to manage rectal cancer. This rectal cancer management program was designed and initiated in an effort to combat two critical problems: the high incidence of tumor recurrence and the frequent need for a permanent colostomy that results in the loss of normal anal sphincter function. Approximately 180 patients have been treated with this bimodal approach, and analysis of the data on the first 125 patients has shown striking results. The number of five-year survivals has doubled and tumor recurrence has decreased appreciably. Just as important, anal sphincter function has been preserved even in patients whose tumors were located at the lowest level of the rectum — an accomplishment that surgical "wisdom" had previously deemed inappropriate.

Local recurrence rates following surgery for rectal cancer have been reported as being anywhere from 16 to 65 percent with 25 to 30 percent being the average. According to published reports, approximately 50 percent of surgically treated cancers require a permanent colostomy, and the survival rates from worldwide study groups remain at about 40 percent. In the Jefferson series of 125 patients, 70 percent of the cancers were unfavorable and 70 percent were in the distal third of the rectum, both high risk indicators. The five-year actuarial survival was 82 percent, the recurrence rate was 12.5 percent, and 90 percent of the patients maintained sphincter function. The Jefferson study represents the largest reported group of patients to be

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The Benefits of a Nontraditional Jefferson Treatment Program for Cancer: A 13-Year Experience

by Gerald Marks, M.D. '49

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treated with high dose preoperative radiation therapy and sphincter preservation surgery. It is also the largest series of patients with cancer of the distal third of the rectum to undergo successful sphincter preservation surgery. The rectal cancer management program was created in 1976 after a rectal cancer treated with high dose preoperative radiation therapy completely disappeared. This experience led me to design, in collaboration with Mohammed Mohiuddin, M.D., Director of the Clinical Division of Radiation Oncology, a treatment plan that uses high dose preoperative radiation therapy followed by sphincter preservation surgery for unfavorable cancers and low-lying rectal cancers. In actuality, the use of radiation for colorectal cancer began in the mid 1950's when Professor Simon Kramer arrived to head the Department of Radiation Therapy at the same time that the Cobalt-60 unit was installed. His discovery that nine of thirteen patients with perineal recurrence of rectal cancers responded to high dose radiation was one of the earliest indications that ionizing radiation had a beneficial effect upon colorectal cancer. Dr. Kramer's pioneering discovery required three decades to gain support.

A study was begun in 1976 to test the safety of surgery and anastomosis in irradiated intestine, to determine the ability of high dose radiation to prevent local recurrence, and to measure the ability to extend sphincter preservation to those who received high dose preoperative radiation. When this program began, there were only two reported instances of anastomosis being attempted after high dose preoperative radiation had been administered for rectal cancer. Inasmuch as I had already successfully reconstructed radiation-injured rectums in fifteen patients, I was convinced that anastomosis could be safely managed. Patients were selected for treatment on the basis of prospectively staged unfavorability of the cancer, or the low level at which the cancer was found — at six cm or lower. While cancers below the three cm level were at first treated with a combined abdominal perineal resection (permanent colostomy), the level at which we would subsequently attempt developed in 1960. Subsequently, operative procedures included the anterior resection, and an operation which I designed in 1984, the transanal abdominal transanal proctosigmoidectomy and coloanal anastomosis. The latter procedure was designed for the treatment of cancers at or below the 3 cm level.

In 1984, Sloan-Kettering Memorial Hospital published the results of their rectal cancer surgical management program in which they stratified cancers into levels within the rectum. The incidence of local recurrence was so great when sphincter preservation was attempted in the lower third of the rectum that they concluded, "pelvic recurrence rates are extraordinarily high when sphincter-saving operations are attempted in low rectal cancer especially in Duke's stage C disease. Such efforts are not appropriate in view of the extraordinary pelvic recurrence rates." In the face of this statement, we can make the following observations.

Among the 125 patients treated with radical curative surgery following high dose preoperative radiation therapy ranging from 4500 to 6000 Rads were 90 patients whose cancers resided at or below the six cm level (70 percent), and 70 percent of whom had unfavorable cancers. The overall local recurrence rate was 12.5 percent. Among those with favorable postradiation stage 0-A and B-1, 22 patients were observed for 24 months or longer and the local recurrence rate was zero percent. There was zero local recurrence among patients with cancers at and above the seven cm level regardless of the stage of their disease. The local recurrence rate for tumors at or below six cm was 17 percent, and at or below the three cm level there was a 14 percent recurrence. There was no mortality among the patients in our series. There were three anastomotic failures, two of which have been recreated. This data can be compared with the Memorial experience in which the overall local recurrence rate was 30 percent, the Strasbourg recurrence rate of 37.5 percent, and the Danish experience of 46 percent. All the patients in these reported series had permanent colostomies. The crude five-year survival of the first 33 patients was 85 percent, and the overall five-year actuarial survival was 82 percent. Survival for the favorable stage cancers (N=37) was 100 percent, for the unfavorable cancers (N=88) 77 percent. The 82 percent five-year actuarial survival for patients treated in our preoperative radiation therapy and radical surgery program contrasts with a 36 percent five-year actuarial survival for patients with the same stage of the disease treated with surgery alone during the same period at Jefferson.

The striking improvement in survival and control of local recurrence with the use of high dose preoperative radiation
and sphincter preservation techniques leads one to conclude that this nontraditional approach promises special benefits to the patient. We have shaken the tree of tradition in order to offer the hope of cure to those afflicted with a disease that signals a high risk of losing normal bowel function and suffering tumor recurrence. The absence of mortality and the reasonably low morbidity rate we have experienced, coupled with a marked decrease in the need for permanent colostomies over the past 13 years, fills us with pride in what we have accomplished and with hope that our methods can be applied by others.

Orthopaedic Consideration of the Afghan War

by Ronald J. Horvath, M.D. '64

The situation in Afghanistan today is the direct result of the Soviet invasion in December 1979, with its accompanying oppression, unbridled destruction, and blatant genocide. Due to indiscriminate use of land mines, high altitude bombing, napalm, and missiles, the agricultural production of Afghanistan has diminished to 20-25 percent of the prewar level. In rural areas, medical care is virtually nonexistent. Toy bombs are a real entity. Malnutrition is widespread. Combined with the prevalence of tuberculosis, malaria, and other infectious processes, morbidity and mortality may approach 80 percent.

The outcome has been the creation of the largest refugee problem in the twentieth century with over five million people displaced to Pakistan and Iran. Approximately one million people have died. Considering an original population of approximately sixteen million, almost 38 percent of the people have been affected by either displacement or death.

Through the auspices of Orthopaedics Overseas, I ventured to Peshawar, Pakistan in November 1985, for the first of four visits. Founded in 1958, Orthopaedics Overseas is an independent organization of American and Canadian orthopaedic surgeons who volunteer for short periods in developing countries. The goals of the program are the advancement of orthopaedic education and the administration of patient care in an effort to improve the quality of care in third world countries. The program in Peshawar, Pakistan was initiated in 1985, in an effort to assist the Afghan refugees and the mujahideen (freedom fighter) casualties.

Peshawar, capital of the North West Frontier Province, is a border city near the Khyber Pass. Primarily the site of numerous military complexes of strategic significance, it remains a frontier guard post. The economic strain of the addition of two million Afghan refugees to its original population of approximately 800,000 commits the city to continual poor sanitation, food shortages, dust, airspace violations, and cross-border sabotage. It is now a bastion of mujahideen activities. After the "culture shock" of the area, one's first impression is the desperate need for modern medicine.

The brunt of caring for the massive influx of Afghan refugees has fallen on the Pakistani government. The refugees reside in tented villages of approximately 5,000 people with several villages combined to form a camp. Mud huts too are available. There are 86 camps in the North West Frontier Province. The problems are obvious and critical: inadequate clean water and sanitation; poor vaccination programs; malnutrition; infectious disease, such as tuberculosis, parasites, and malaria; and the war injuries. The objectives are first, to train the Afghans; second, to immunize; third, to treat the victims. Funded by the Saudi and Kuwaiti Red Crescent and supported by the Afghan Surgical Hospital, a mobile unit, comprised of a physician, a dispenser, and a driver, administers care to the camps.

Dr. Horvath

The Afghan Surgical Hospital, a converted three story residence, is a 100-bed orthopaedic and surgical hospital. Beds are arranged in a ward-like setting with four to twenty beds in a room. Basic x-ray and laboratory facilities exist. Obviously, blood supplies are meager. Staffed by Afghan and Pakistani physicians who are eager to learn, the hospital offers quite adequate care. The clean but rather primitive operating room contains two tables in one operating room. No power tools exist, and anesthesia can be risky.

Because most of the thoracic and ab-
dominal cases succumb to the long trip from Afghanistan, orthopaedic cases predominate: simple fractures; unreduced dislocations; mal-unions and non-unions; nerve injuries; infection in the form of septic joints, tuberculosis, and especially osteomyelitis. Most injuries are high velocity bullet wounds. Since the only reliable transportation inside Afghanistan is provided by the mujahideen, the injuries take days to weeks to reach the border where scant field hospitals and mobile units are situated. Infection is inevitable.

Upon arrival at the hospital in Peshawar, wounds are irrigated, debrided, and left open followed by delayed closure if possible. Subsequent treatment includes rudimentary traction, plaster, or external fixation. Definitive surgical intervention follows adequate infection control. Because little or poor fracture care exists for weeks to months, mal-union and non-union are commonplace. Amputations are a frequent result. As in any war, long-term treatment of chronic orthopaedic conditions will remain a constant and perplexing problem. These horrendous disabilities require an enormous need for medical assistance on a humanitarian basis. Some of the severe cases are already being flown to the United States and other countries for surgical treatment. 

Although the Soviets have departed and civil war continues, the Afghans remain a hospitable, gentle, kind, and courageous people. With the uniting force of Islam, their intense desire for independence, and their fierce determination to return to their homeland, they will require considerable assistance to reestablish a now nonexistent health care system. Because of our economic accomplishments, each and every one of us must consider this humanitarian cause.

REFERENCES

Dr. Horvath is Director of Orthopaedic Surgery at Chestnut Hill Hospital.

Controversies and Directions in Diabetes Care
by Jay S. Skyler, M.D. '69

My interest in diabetes began in 1967 as a third-year medical student at Jefferson, working with Richard Field, who was leading a program involving pituitary ablation for the treatment of accelerating proliferative diabetic retinopathy. The patients were going blind. Pituitary ablation was a desperate measure that might halt or delay the progression of their disease. I was impressed with two things about the patients. First, so many were my own age. Second, their medical history invariably was that of disastrously poor diabetic control. The literature, even then, suggested that diabetic control was important in the evolution of diabetic complications in general and diabetic retinopathy in particular. And yet, this question was the subject of considerable debate. Nevertheless, it seemed to me as a naive young medical student, both that better control was essential and that something less desperate than pituitary ablation was needed in the treatment of diabetic retinopathy.

Fortunately, the collaborative national Diabetic Retinopathy Study (DRS) has demonstrated the effectiveness of laser photocoagulation therapy for diabetic retinopathy. Its results have forever changed the fate of diabetic patients in terms of the threat of blindness.

On the other hand, the diabetes community still wrestles with the question of glycemic control and risk of chronic complications of diabetes. We further struggle trying to devise strategies for attainment of glycemic control. At the same time, we seek newer therapies that might arrest the pathogenetic processes that initially lead to diabetes. And in each of these arenas, controversy abounds. In this discussion, I will try to place these controversies in perspective, while drawing personal conclusions about them, and providing my view of future directions in these areas.

GLYCEMIC CONTROL — WHY?
Is glycemic control important? Will it help reduce the risks of diabetic complications? If so, how meticulously does glycemia need to be controlled to reduce risk? When in the course of diabetes should meticulous control begin? What are the inherent risks of meticulous glycemic control? These critical questions are faced daily by patients with diabetes and the clinicians who care for them. Intuitively, many physicians advocate
meticulous glycemic control as an important strategy that should reduce the risk of complications. That is my personal intuition. These intuitions are supported by careful studies in experimental animals. In addition, virtually all putative mechanisms by which diabetic complications develop, are related to pathways arising as a consequence of the metabolic aberrations that characterize the diabetic state. Yet, for human beings, the case remains unproven.

There is indeed a relation between the duration and severity of the metabolic derangements that characterize the diabetic state, and the consequent development (frequency, severity, and rate of progression) of diabetic retinopathy, nephropathy, and neuropathy. Nevertheless, clinical studies of the relationship between diabetic control and diabetic complications have long been the focus of controversy. Much of the focus of controversy has been on the adequacy of experimental design. Ideally, studies should be controlled, prospective, randomized, and long-term in nature, with defined, clinically relevant, objectively quantified endpoints. Until recently, this has not been the case.

In the last few years, however, several small, prospective, randomized studies have been reported. They all suggest that meticulous control is beneficial. For example, there is lessening of microalbuminuria, decrease in progression from incipient to overt nephropathy, improvement in nerve function, and slowing of progression of background retinopathy. On the other hand, rapid imposition of meticulous control has resulted in apparent worsening of retinopathy. Although this proved to be transient worsening in the studies reported, there is no assurance that it would always be so.

Longer-term, larger studies are needed to clarify the issues. The Diabetes Control and Complications Trial (DCCT) is a multicenter, randomized, prospective, controlled clinical trial that plans to follow 1,400 subjects for a minimum of five years. The study is being conducted in an effort to provide firm evidence that would confirm or refute the hypothesis that careful glycemic control lessens risk of retinopathy. Neuropathy and nephropathy are being examined as well.

How early in the course of diabetes must meticulous glycemic control be instituted to avert complications? Several clinical studies suggest that retinopathy may be more related to glycemia early in the course of diabetes than later. The issue will be partly addressed by the DCCT in that it includes both a primary prevention group and a secondary prevention group. Concern on this question was raised by a recent study in dogs. In that study, careful glycemic control from the onset of diabetes averted histologic changes of retinopathy seen in poorly controlled dogs. However, in a third group of dogs poorly controlled at first, with subsequent careful control, the eye changes were similar to those found in dogs poorly controlled the entire period. This study suggests that the processes leading to diabetic complications may be initiated early in the course of diabetes, and may be self-perpetuating in spite of improving control. If correct, this implies that meticulous control must be achieved from the onset of disease to prevent complication.

The weight of evidence suggests that the genesis of diabetic complications is multifactorial: metabolic aberrations operating in individuals of differing genetic background and predisposition, influenced by other factors such as blood pressure. Thus, control of glycemia is but one factor in limiting risk of complications. It also will have variable effect, depending on inherent genetic risk and on influencing factors in any individual.

What conclusions can we draw concerning the importance of glucose control? First, there is a relationship between glycemic control and complications. Second, improvement of control may help lessen risk of complications. Third, we do not have the answers we need in order to make firm recommendations about degree of control necessary and how early it must be instituted. Fourth, we do not know how the costs (in terms of dollars, efforts, risk of hypoglycemia, other side effects) influence the equation. Fifth, we do not know whether any therapeutic modality currently available can achieve the degree of control which might be required. While we await answers to these questions, what do we do? My bias is that we should aim for the best control achievable in any given patient, while fervently striving to avoid hypoglycemia.

GLYCEMIC CONTROL — HOW?

Is meticulous glycemic control achievable? How is it best achieved? What are the risks of attempting to attain meticulous control?

One of the requisite elements of any system for attaining meticulous glycemic control is careful monitoring of ambient blood glucose. Currently, this is accomplished by intermittent patient self-monitoring of blood glucose (SMBG) using portable meters and strips. It has been shown that frequent monitoring (four or more times daily) may be needed for excellent glycemic control to be routinely attained in type 1 diabetes. Yet, it has also been shown that merely introducing SMBG alone does not improve glycemia. SMBG is but one element, albeit an important one, of the overall system of intensive insulin therapy needed to attain meticulous glycemic control.

Another critical element of such sys-
tems of intensive insulin therapy is physiologic insulin delivery, in which both basal and meal-related incremental insulin-linemia are replicated. To that end, a number of approaches have been used: multiple daily insulin injections (MDII), continuous subcutaneous insulin infusion (CSII), implanted insulin delivery systems, glucose-sensor controlled insulin infusion systems (GSCSIS), and islet replacement therapy (pancreas or islet transplantation).

A number of studies have shown that on a short-term basis (two to six months), equivalent degrees of "near normal" glucose control could be achieved with MDII or CSII. Yet glycemia was not normalized. The control was but "near normal." There are several possible explanations for not attaining normoglycemia. One is that the route of insulin delivery, subcutaneous, is not physiologic. However, normoglycemia has not been achieved even with implanted systems providing intraperitoneal or intravenous insulin delivery. Nevertheless, patients would prefer a system that is inconspicuous and does not interfere with lifestyle by limiting such activities as water sports or sexual intercourse. Thus implantable systems seem a direction of the future. The newest versions permit interrogation and remote programming by telemetry.

An alternative solution is glucose-sensor controlled insulin infusion systems. Existing commercial systems are large, thus only useful for short-term glycemic control. Miniaturized versions have undergone testing. The problem is that glucose sensors have an unpredictable drift that limits their useful lifespan to a few days. Nonetheless, technical advances are likely to solve this problem, and permit development of a miniaturized GSCII that will include an implanted or periodically replaced glucose sensor, coupled with an implantable insulin delivery system.

The pharmacokinetics of available insulin preparations have limited the ability to attain more perfect glycemic control. The problems are both in timing of insulin availability (i.e. the insulin profile), and in the reproducibility of insulin delivery. Ideally, rapid onset insulin should provide a brisk peak of activity that coincides with meal-related glucose excursions, and then rapidly dissipates. By contrast, long acting insulin should provide sustained constant basal insulinemia. The profiles of existing insulin preparations do not match these requirements. This has led to the development of insulin analogs, produced by genetic engineering, and designed specifically to achieve the desired action profiles.

Monomeric insulin analogs have a more rapid onset and a shorter duration of action than does commercial short acting regular insulin, which exists mostly in hexameric form. Long acting insulin analogs also have been developed. They have more reproducible absorption profiles than commercial intermediate and long acting insulins. Over the next several years, it is possible that such insulin analogs (both rapid acting and long acting) will replace currently available insulins in the marketplace.

A potential risk of any of these strategies aimed at meticulous glycemic control is the threat of hypoglycemia. Only a system that releases insulin in response to glucose, and appropriately ceases insulin delivery, can be expected to achieve normoglycemia without hypoglycemia. One hope for this is with a well-designed GSCII. Another is through islet replacement therapy. This has been attempted by whole and segmental pancreas transplantation. However, such transplantation has attendant risks of morbidity and mortality, requires accompanying immunosuppression to prevent graft rejection, and is limited by the supply of organs available for transplantation. Islet isolation and implantation, successful in small animals, offers hope of modification of the tissue to prevent rejection, and implantation procedures with minimal risk. Unfortunately, human islet implantation has been universally disappointing. Even if successful, the problem of tissue availability still would limit application. Protecting islets from rejection by encapsulation might permit use of animal islets for human implantation. However, such encapsulated islets have been destroyed by tissue reactions in animal models with spontaneous diabetes.

A potential approach to islet replacement therapy is the use of genetically engineered pseudo-"beta" cells, which have glucose-mediated insulin secretion. By gene transfer approaches, it is possible to program cells to synthesize and secrete insulin. The challenge is to develop a cell line that both responds to glucose and secretes insulin in a physiological manner. Ideally, such cells would also be designed to be nonimmunogenic and thus not rejected. This is science fiction today, but not beyond the realm of possibility in the future.

IMMUNE INTERVENTION IN TYPE I DIABETES

There is overwhelming evidence that development of type I diabetes is a consequence of immune mediated islet beta cell destruction. This has led to attempts at immune intervention designed to arrest the pathogenetic processes and to allow residual beta cells the opportunity to recover function. This therapeutic strategy has been the subject of controversy and criticism, in part engendered by the risks inherent in the use of currently available therapeutic agents. The greatest controversy has been over the threat of cyclosporine-induced nephrotoxicity. The concern is that patients are making a trade, being exposed to the risk of cyclosporine nephropathy while trying to avoid diabetic nephropathy. Yet, the results of the randomized, controlled studies completed to date suggest that immune intervention with either cyclosporine or a combination of azathioprine and glucocorticoids may result in some preservation of beta cell function, at least for the first year after diagnosis of type I diabetes and prompt institution of immunosuppressive therapy. In fact, the larger cyclosporine studies have found sufficient preservation of beta cell function to permit discontinuation of insulin therapy. Unfortunately, the clinical responses have been transient, usually ending after withdrawal of immunosuppression, and with many remissions ending during the second year in spite of continued immunosuppression. Thus, most investigators have been disappointed with the results obtained thus far. On the other hand, others assert that even some preservation of beta cell function
Hepatic Resection — The Jefferson Experience

by Anthony P. Furnary, M.D. '84

To identify factors that may influence the morbidity and mortality of hepatic resection, as well as to determine the significance of peri-operative diagnostic modalities, an ongoing retrospective study of all major hepatic resections done for care at Thomas Jefferson University Hospital since 1982 was initiated. Simple wedge resections of the liver (less than 10 cm in least dimensions) and resections in which gross disease was left behind at the time of surgery were excluded from the study. One hundred six cases of hepatic resection were identified, of which 62 fit the criteria for inclusion in the database.

The collected database consists of 48 variables per patient. These include demographics, symptomatology, risks, pre- and postoperative test results, intraoperative data, postoperative course, disease-free and overall survival, and timing of recurrences and deaths.

The patient population consists of 18 males and 44 females, with a mean age of 54.3 years and a range of 57 years from 27 through 84. The treated pathology was diffuse, and included 41 cases of malignancy. The majority of these were due to metastatic disease. The remaining 21 resections were performed for a variety of benign diseases of the liver ranging from focal nodular hyperplasia to hemangio.

Three patients in our series expired within 30 days of operation, for an overall mortality rate of five percent. One patient suffered a pulmonary embolus on the second postoperative day after resec-
tion of a hemangioma, while two others died on the 26th and 30th postoperative days secondary to aspiration-induced sepsis and hepato-renal failure, respectively.

Postoperative complications developed in 39 percent of all patients. It is of note that the patients undergoing resection of hemangiomas had an overall morbidity of only 13 percent. A 46 percent morbidity was associated with resection of a malignant lesion while benign lesions carried a morbidity of 24 percent.

When expressed in terms of the average number of complications per patient this difference in morbidity between benign and malignant disease is statistically significant, with a P value of 0.04. A further comparison of malignant and benign tumors revealed a highly significant difference in age at presentation, while other variables such as gender, estimated blood loss, operative length, transfusion requirements, liver function studies, and hospital stay remained relatively constant.

The sensitivity and specificity of the well-known and well-described tumor markers alpha fetoprotein and carcinoembryonic antigen, for hepatoma and metastatic colorectal cancer, was once again confirmed in our study.

In addition to these commonly known markers of malignancy, an increased preoperative LDH, despite a low sensitivity, was found to bear a statistically significant relationship to underlying malignant disease. When combined with the 100 percent specificity of this test an increase in preoperative LDH was found to have a high positive predictive value for malignancy. Elevated preoperative ALK-O, SGOT, and bilirubin were not found to be statistically significant indicators of malignancy.

Categorization of the database according to the lobe involved revealed that metastatic disease to the right lobe has a significantly higher propensity to occur in multiple masses as opposed to the left lobe in which it usually occurs as a single mass. Furthermore, the metastatic interval—defined as the time from diagnosis of the primary tumor to presentation of liver metastasis — was significantly shorter for metastatic lesions to the right lobe (1.8 years) than for those to the left lobe (4.5 years). Again these were found to be statistically significant differences with P values of 0.01 and 0.02 respectively.

The Storm-Longmire clamp, designed to compress the liver gently during resection and thus aid in hemostasis, had a significant impact on intraoperative blood loss and transfusion requirements during hepatic resection. Estimated blood loss was significantly reduced by almost 2000 cc per case with use of the clamp, and transfusions were reduced by a factor of two. These were accomplished with no significant increase in operative length or peri-operative morbidity.

The longitudinal effect of the Storm-Longmire clamp, introduced at Jefferson in 1984, on hepatic resection is evident from depictions of average yearly blood loss per case, annual transfusion requirement per case, and unaltered mean annual operative length.

Further analysis of morbidity in this series reveals a direct relationship between the average number of complications per case and the average intraoperative blood loss per case. Therefore, the clinical application of the aforementioned findings is of extreme importance.

In a multivariate analysis of segmentectomy versus lobectomy strikingly significant advantages of segmentectomy over lobectomy become evident. Operative time, intraoperative blood loss, transfusion requirements, length of hospital stay, and complication rate are all less for segmentectomy, while no statistically significant difference in disease-free or overall survival is apparent.

However, in a similar comparison of lobectomy and trisegmentectomy, despite a lower EBL and transfusion requirement with lobectomy, operative time, hospital stay, and morbidity rate were not significantly altered. Interestingly, a statistically significant advantage in both disease-free and overall survival is gained by trisegmentectomy.

Multivariate analysis of postoperative liver function tests revealed that peak postoperative SGOT is probably a direct function of intraoperative hepatocyte trauma. This is suggested by the highly significant increases in peak postoperative SGOT with use of the Storm-Longmire clamp versus nonuse, lobectomy versus segmentectomy, and resections of the right lobe versus the left lobe.

Additional analysis of peak liver enzyme values and the postoperative timing of their peak levels and return to normal levels produced a gnomogram of postoperative liver enzyme recovery. The fact that ALK-0 has a less steep slope and longer recovery time is probably related to its correlation with the onset of liver regeneration. LDH, SGOT, and bilirubin all peak and recover in an acute fashion.

The survival curves generated by this series agree with those from other studies. Survival of patients after benign lesions returns to the age-adjusted norms. Malignant disease in our series with a mean follow-up of only 29 months predicts a three year survival of 35 percent. In a comparison of length of survival after malignant liver disease versus age at resection an inverse relationship is encountered after 50 years of age. A similar curve with its peak at age 51 was generated for disease-free survival.

When malignant disease recurred post hepatic resection it did so in order of decreasing frequency to liver, lung, and bone. It is of note that 83 percent of recurrences, when they took place, did so within 15 months of hepatic resection. A weak upward trend was noted in the timing of recurrence as compared to age at resection.

In conclusion, several statistically
significant conclusions can be reached from this data:

1) morbidity of hepatic resection is directly related to intraoperative blood loss;

2) the Storm-Longmire clamp significantly decreases intraoperative blood loss and transfusion requirement;

3) postoperative SGOT is a function of intraoperative hepatocyte trauma; and

4) a postoperative liver enzyme recovery curve has been generated, to our knowledge for the first time.

With regard to malignant disease of the liver:

1) an increased preoperative LDH has a high positive predictive value for malignancy;

2) malignant disease presents at an older age and resection is more morbid than for benign disease;

3) the right lobe is more prone to earlier and multiple metastatic disease;

4) our multivariate data suggest that if only one segment is involved with malignancy segmentectomy is the procedure of choice; however, if more than one segment is involved, a more aggressive approach, including intraoperative U.S. and possible trisegmentectomy, if warranted, may be of long-term benefit to the patient;

5) both disease-free survival and survival decrease after age 51; and

6) 85 percent of recurrences after hepatic resection occur within 15 months of that resection.

Dr. Furnary is a Fellow in Thoracic Surgery at Allegheny General Hospital in Pittsburgh. This study was presented while he was Chief Resident in Surgery at Thomas Jefferson University Hospital.

Thomas Jefferson University Resolution

Whereas, Sheldon G. Gilgore, M.D. has served with distinction as an Alumni Trustee at Thomas Jefferson University since June 1983; and

Whereas, Dr. Gilgore will complete his service as Alumni Trustee in June 1989; and

Whereas, Dr. Gilgore served faithfully as a member of the Scientific and Academic Affairs Committee, offering his expertise and leadership in discharging the supervisory duties of the Board with respect to matters pertaining particularly to educational and research programs; and

Whereas, Dr. Gilgore has given generously of his time and talents as chairman of the Pharmacology Search Committee, thereby assuring the future strength of the University faculty; and

Whereas, Dr. Gilgore gave his steadfast support to the Jefferson Decade Fund campaign, both individually and through his influence in the corporate community; and

Whereas, Dr. Gilgore has been an ardent and steadfast supporter of Thomas Jefferson University, working to protect and uphold its tradition of excellence in medical education, research, and patient care;

Now, therefore, be it remembered that the Board of Trustees of Thomas Jefferson University hereby conveys its gratitude to Dr. Gilgore for his good counsel and the valued assistance he has rendered to this institution in his years of service.

Edward C. Driscoll
Chairman
Board of Trustees
June 5, 1989
Senior Portrait Gift Honors George C. Brainard, Ph.D.

Commencement festivities traditionally begin several weeks ahead of graduation day with the presentation of a portrait commissioned by the senior class to honor a member of the faculty whom they feel is an outstanding teacher.

This year’s presentation honored George C. Brainard, Ph.D., Associate Professor of Neurology and Assistant Professor of Pharmacology. On May 4, to the melodious organ playing of Frederick B. Wagner, Jr., ’41, The Grace Revere Osler Professor Emeritus of Surgery and University Historian, family and friends of Dr. Brainard filled McClellan Hall. They had traveled long distances to share the excitement of the senior class and University faculty and staff in citing this youthful teacher whose intellectual curiosity and enthusiasm have spurred others to look beyond their personal horizons.

Kathleen N. Palmer, Class of ’89, Portrait Committee Chairperson, opened the ceremony by recalling her class’s first meetings with Dr. Brainard in the spring of 1986, in their neuroscience course. She explained, “Dr. Brainard’s door was always open for questions or advice. His lectures served not only to increase our knowledge of neurology, but to expand our view of the world.” And she instanced the way he “brought neurology to life again” during the end of the year review. She noted that Dr. Brainard’s skill as a teacher had already been recognized in 1986 with the Christian R. and Mary F. Lindback Foundation Award for Distinguished Teaching at Jefferson Medical College. Dr. Brainard was also the guest of honor at the Medical College’s Black and Blue Ball in 1988, selected for “his dedication and commitment to improving medical education.”

Next to speak was William J. Lederer, Author Emeritus in Residence at Harvard University, who gave a biographical sketch of his friend of more than twenty years.

Dr. Lederer recalled numerous adventures at his Vermont farm and on college campuses with his “old friend and evil companion.” He spoke especially of Dr. Brainard’s refreshing enthusiasm for life, saying, “Whenever Bud learns something new, it is for him another miracle. And when he has witnessed it he has to duplicate and improve upon it. He’s a cheerful eccentric, because he listens to his intuition. He goes into his lab and Laine (his wife) doesn’t see him for weeks.” He added, “One of Bud’s great strengths is his ability to transfer optimism and good cheer and the feeling that each of us can do anything we want, simply by staying in harmony with the universe.” He closed by reemphasizing that Dr. Brainard “listens to his intuition and has the guts to follow it.”

The audience glimpsed Dr. Brainard’s approach to the world as they heard from Kathleen Palmer and from Dr. Lederer about his Hawaiian shirts, and from Robert J. Schwartzman, M.D., Professor of Neurology and Chairman of the Department, about his special walk. But it was clear from Dr. Schwartzman’s remarks that the whimsy belies a skillful ability, as Dr. Schwartzman put it, “to go from A to B” by means of an organizational process that has accomplished much. He added that Dr. Brainard “brings his own sense of organization to the medical students.”

Dr. Schwartzman recounted Dr. Brainard’s success in the pursuit of his interest in the effects of light on the nervous system, and predicted that Dr. Brainard might one day be involved in designing what light goes into the space shuttle.

When the portrait was unveiled, the audience saw that artist Frank H. Mason, N.A. had taken care to reproduce the slight, capricious smile that each of the speakers had referred to. At Dr. Brainard’s hand is a prism, suggest-
ing research on light, and perhaps also the unexpected bends of thought as ideas are turned by discovery.

Robert S. Blacklow, M.D., Senior Associate Dean, received the portrait for Jefferson Medical College, and Lewis W. Bluemle, Jr., President of Thomas Jefferson University, accepted the portrait on behalf of the Board of Trustees.

In response Dr. Brainard told the graduating class that the portrait is the "most significant thing ever given to me by a group of people." He thanked his wife, Laine, for her constant support, and expressed appreciation for President Bluemle's active social stance in leading the University, noting his support of organizations such as the anti-nuclear coalition, Physicians for Social Responsibility. Dr. Brainard expressed appreciation also for the freedom which Dr. Schwartzman, Chairman of the Department of Neurology, has provided in allowing him to pursue his personal interests in teaching, and in the laboratory.

Dr. Brainard explained that since he is young, he would describe some of the things he would like to accomplish, and some of the things he would like to see eventuate at Jefferson, rather than past achievements. He traced the significance of light in man's experience, from religious documents to the laboratory, describing it as an important and necessary part of human existence. He went on to say that there have been two significant landmarks in man's relationship to light beyond the spiritual. The first of these was the work of Sir Isaac Newton, who in 1660 paved the way for man to understand physical light in the world as an experimental entity. The second was the work of Edison and others who, in the nineteenth century, applied Newton's physical principles to develop artificial illumination: the electric light. This milestone, he said, "produced a technological and sociological revolution," providing indoor and outdoor illumination which "enhanced and changed human activity all across the modern world."

We are now, Dr. Brainard feels, engaged in a third major process of discovery "which will come from no single individual, but will come from a variety of laboratories." This discovery is that light in the environment profoundly affects humans and other animals biologically, in stimulating not merely the visual system but also the immune system, the hormonal system, the brain, and ultimately the behavior and consciousness of man. He explained that it is this belief which underlies his own laboratory experiments. He predicts that in the next twenty years we will see a change in all indoor illumination "which will enhance the well-being of all humans inhabiting the environment." We will "be able to use light strategically in ways never considered possible before."

Dr. Brainard then described his own ambitions in terms of two dreams: to see Jefferson Medical College recognized as a center of research on light nationally and internationally, and to see some extension of the space exploration program here. He and his associates are presently involved in experiments to determine the proper illumination for astronauts. Linking this work to the larger world, he alluded to the recent participation of astronaut James P. Bagian, '77, in a Discovery shuttle mission, noting that space flight allows mankind to see from a new perspective our fragile ecosystem. "If we don't take care of it, we are certainly going to lose it," he cautioned.

Dr. Brainard cited the symbol of darkness, the raven which, as he said, can be frightening. And he spoke especially of the darkness of ignorance and disinterest. Noting the inconsistency that we are in a situation of global starvation, yet have had the technology for decades to produce, preserve, and transport food all over the world, he also reminded us of the startling statistics of illiteracy in the United States. He urged everyone present to protect man's basic human freedoms for, if we do not, "ignorance can conquer us faster than guns can conquer us."

"We need to recognize the raven," Dr. Brainard said. "Mankind is stuck with a long absence of reason. We can illuminate the darkness, though we cannot eliminate it." Dr. Brainard closed by exhorting us to work to overcome the darkness, if not with light, then with a little bit of laughter.

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Alumni Rugby Game

The first annual Jefferson Alumni Rugby Game was held on Saturday, May 20. The game was a success, and fun was had by all. This year's student Rugby Team went into the game with a 5-2 record, the first winning season in five years. Nevertheless, the alumni team, led by Walt Prozialeck, Ph.D. '78, Neil Remington, '79, Bill Gallivan, '86, and Ed Magargree, '86, combined with a few seniors, thumped the current squad 34-4.

Next year's game is tentatively scheduled for the second Saturday in May, so plan ahead and keep that weekend free. Specifics will be sent to alumni on our mailing list in February or March. If you would like to be added to the alumni rugby list, contact Michael Angelis, Alumni Rugby Game Coordinator, 1811 Orlowitz Hall, 10th and Walnut Streets, Philadelphia, PA 19107, (215) 928-0573.

Athena Posters Available

The Alumni Office has free reproductions of Jefferson's authentic sculpture of the Classical goddess Athena/Minerva, protectress of medicine and the special deity of physicians, carved in approximately the first century A.D. The posters are unfolded versions of the front and back cover of the Winter 1989 Alumni Bulletin, in which the rediscovery of this antiquity was described. If you would like posters, please contact the Alumni Office at M-41 Jefferson Alumni Hall, 1020 Locust Street, Philadelphia, PA 19107, (215) 928-7750.
Gross Clinic
Exhibited in Baltimore

Thomas Jefferson University's celebrated painting, the Gross Clinic by Thomas Eakins, was on exhibition at the Walters Art Gallery in Baltimore from June 9 to July 30, 1989. The exhibition commemorated the centennial of the Gallery's distinguished neighbor, the Johns Hopkins Medical Institutions.

The theme was "Thomas Eakins: Image of the Surgeon." The portrait was hung next to the artist's Agnew Clinic, lent by the University of Pennsylvania School of Medicine. (Other works included small prints from several prominent ars medica collections.) By lending the paintings, Jefferson and Penn worked together to create an important moment in cultural history. Museum visitors had the rare privilege of leisurely comparing these heroic masterpieces which depict scenes of nineteenth-century American surgery. Two great medical men—one from Jefferson, one from Penn—were seen working, in Eakins's seminal portrayals, alongside each other. The lives of all who saw the exhibit were enriched, just as Dr. Gross and Dr. Agnew had enriched the lives of their patients and the study of surgery.

Twenty-five hundred invited guests attended the preview reception on June 8. The museum sponsored a special lecture on June 15 by the noted Eakins scholar, William I. Homer, the H. Rodney Sharp Professor of Art History at the University of Delaware. The two sponsoring institutions collaborated on producing a handsome poster and a catalogue.

The centennial exhibition was one of several important cultural events and programs planned by Johns Hopkins for their reunion week. There was also a vast array of special medical symposia and lectures by faculty, distinguished alumni, and other guest speakers. ☐
### Jefferson Relationships — Class of 1989

<table>
<thead>
<tr>
<th>Student</th>
<th>Relative</th>
<th>Relationship</th>
<th>Class</th>
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<tbody>
<tr>
<td>Amadio, Patricia B.</td>
<td>Peter Amadio, Jr., M.D.</td>
<td>father</td>
<td>1958</td>
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<td></td>
<td>Peter C. Amadio, M.D.</td>
<td>brother</td>
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<td>James Amadio, M.D.</td>
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<td>Gregory P. Borkowski, M.D.</td>
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<td>Anderson, David</td>
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<td>J. Murray Dolphin, M.D.</td>
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<td>Stefano Hickey, M.D.</td>
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Kodroff, Kurt S.  Michael Kodroff, M.D.  uncle  1967
Kolecki, Robert V.  Richard S. Kolecki, M.D.  father  1959
               Richard S. Kolecki, Jr., M.D.  brother  1988
 Kreider, Denise (Voloshin)  William M. Mirenna, M.D.  cousin  1975
Leh, David W.  Luther H. Kline, M.D.  grandfather  1926
Lizerman, Frances W.  Martin H. Lizerman, M.D.  father  1965
Marks, John H.  Gerald Marks, M.D.  father  1949
               Richard M. Marks, M.D.  brother  1988
               Barbara Hendershot Marks, R.N.  mother  1947
Martella, Arthur T.  Arthur Martella, Jr., M.D.  father  1963
May, Carl J.  Carl J. May, M.D.  father  1949
Meyer, Kathryn J.  Carl A. Meyer, Jr., M.D.  father  1960
Rodgers, John C.  Charles J. Rodgers, M.D.  father  1947
Rosen, Harel D.  Arye Rosen, M.S.  father  1977
Schlitt, Mark G.  Michael Schlitt, M.D.  brother  1987
Siegel, Christopher T.  Eric Siegel, M.D.  brother  1988
Sirotnak, Andrew P.  John J. Sirotnak, Jr., M.D.  father  1959
Somers, Debra Lynn  John J. Sirotnak, M.D.  brother  1988
               Robert G. Somers, M.D.  father  1958
               Myer Somers, M.D.  grandfather  1935
               Herbert J. Somers, M.D.  uncle  1959
               Lewis F. Somers, M.D.  great-uncle  1939
Somers, Debra Lynne  Herbert J. Somers, M.D.  father  1959
               Myer Somers, M.D.  grandfather  1935
               Robert G. Somers, M.D.  uncle  1958
               Lewis F. Somers, M.D.  great-uncle  1939
Sweterlitsch, Eric M.  Paul Sweterlitsch, M.D.  father  1961
               Louis H. Sweterlitsch, M.D.  grandfather  1927
               Louis H. Sweterlitsch, Jr., M.D.  uncle  1960
Tananis, Leonard J.  Leonard J. Tananis, M.D.  father  1954
               Anthony A. Tananis, M.D.  uncle  1943
Taraska, Gregory H.  John J. Taraska, M.D.  father  1963
Trachtenberg, Eric  Stanford B. Trachtenberg, M.D.  cousin  1964
Triolo, Joseph  Anthony J. Triolo, Ph.D.  father  1964
Triolo, Paul  Paul Triolo  brother  1990
               Anthony J. Triolo, Ph.D.  father  1964
               Joseph Triolo  brother  1990
Vinnick, Deborah M.  Leonard Vinnick, M.D.  father  1960
Wasserman, Andrew P.  Theodore W. Wasserman, M.D.  father  1961
Wayman, Bernard R.  B. Ralph Wayman, Jr., M.D.  father  1963
Weber, Robert C.  Mark E. Schadt, M.D.  cousin  1985
Whitcomb, Winthrop F.  John Whitcomb, M.D.  father  1954
Willard, Brian M.  Donald E. Willard, M.D.  father  1958
Yim, Robyn S.  Henry L. Yim, M.D.  father  1956
               Gregory Yim, M.D.  brother  1988
               Donald Yim, M.D.  cousin  1966
               Ernest Yim, M.D.  cousin  1974

Barbara Hendershot Marks, R.N. '47 and Gerald Marks, '49, Professor of Surgery and Director of the Division of Colorectal Surgery and of the Comprehensive Rectal Cancer Center, with John H. Marks, Class of '89

Dr. and Mrs. Charles J. Rodgers, '47 with John C. Rodgers, Class of '89

Dr. and Mrs. Robert G. Somers, '58 with Debra Lynn Somers, Class of '89

Debra Lynne Somers, Class of '89 (left) with Dr. and Mrs. Herbert J. Somers, '59
Lewis W. Bluemle, Jr., M.D., President of Thomas Jefferson University, accepts a check for the Fidelity Bank Student Loan Fund from Fidelity Bank representatives Denise L. McGregor, Vice President, Health Care Division (left), and Lori Beth Cowan, former Manager of the Bank’s Jefferson branch. The Fund was established in 1987 to assist Jefferson Medical College students with demonstrated financial need. Preference is given to students whose permanent family residences are in Pennsylvania, New Jersey, or Delaware.

Samuel Broder, M.D.
Addresses Hawaii Alumni

Samuel Broder, M.D., Director of the National Cancer Institute, Washington, D.C., gave three presentations to Hawaii alumni this past April under the sponsorship of the Robert T. Wong, M.D. Endowment. His topics included two lectures: "Anti-retroviral Therapy: Past, Present, Future," and "Principles in Clinical Trials in AIDS," given at the Queens Medical Center. The third address, an open lecture entitled "AIDS: Clinical Perspective," was held at the University of Hawaii. Afterwards, a reception was given by the Hawaii Chapter of the Jefferson Medical College Alumni Association.

1939

Blaine R. Garner, 309 Washington Av., Newtown, PA, was presented with the Pennsylvania Medical Society Award signifying 50 years in the practice of medicine at the annual dinner of the Bucks County Medical Society. Most of those 50 years have been spent in Newtown, in the same office that he and his late wife Marjorie, a nurse, first occupied in 1946.

1944

Stephen W. Bartoshesky, 830 Spruce St., Wilmington, DE, writes that his son, Louis Bartoshesky, M.D., is an Associate Professor of Pediatrics at Jefferson.
John A. Martin, 914 Oakwood Dr., S.W., Roanoke, VA, is "working hard on my golf handicap. Any classmates who happen to be nearby, call me. I need your help!"

Raymond A. McCormack, Jr., 125 Buckingham Av., Trenton, NJ, retired three years ago. He has been spending time in the Poconos, golfing and fishing. He has 16 grandchildren, "and more to come."

George W. Plonk, 902 Crescent Circle, Kings Mountain, NC, has been retired from general surgical practice since 1984. He has five children and 16 grandchildren. Two children have followed his footsteps in the medical profession. His son, George Webb Plonk, Jr., is a vascular surgeon at Bowman Gray Medical School, and a daughter, Peggy, is a nurse and nurse practitioner in Richmond, Virginia. His eldest daughter lives in Ambler, Pennsylvania.

1945 REUNION CLASS

James F. Norton, 471 Fillmore Av., East Aurora, NY, writes that he is still in active practice.

John C. Sanner, Oakford Glen, Box 20, RD 6, Clarks Summit, PA, recently retired from his position as Vice President for Medical Affairs at Community Medical Center in Scranton. He was the first physician-administrator in Northeast Pennsylvania. He began his career as a family practitioner, "when it was fun to practice medicine," and switched to medical administration, which he found he enjoyed immensely. Dr. Sanner plans to do a lot of golfing during his retirement, in addition to pursuing other hobbies such as photography and computers at Oakford Glen and in Florida.

1946

Oscar K. Lanich, Jr., 2131 Easley, Waterloo, IA, is retired. He and his wife, Ann, enjoy their three grandchildren. Tara is his daughter Deborah's child, and Jacob and Natalie are the children of his son, Stephen.

1947

Elmer H. Funk, Jr., 510 Millbrook Rd., Devon, PA, is completing his 29th year at Merck Sharp & Dohme Research Laboratories as Director of Clinical Research in the cardiovascular renal area. He enjoys his work that now focuses on renal dysfunction in diabetes. He plans to move to a residential community near Haverford College in the fall. Dr. Funk has been in contact with Edward Klopp who is doing work as a missionary doctor in Africa. Another classmate, Tom McChesney, is working in hand surgery in Chester County.

John J. Gaffney, 310 George St., Throop, PA, received the annual Continuing Medical Education Award at Mercy Hospital in Scranton. The yearly award is given to a member of the medical staff who has shown outstanding involvement in the physicians' education program.

1948

Robert J. Carabasi, 2910 El Capitan, Temple, TX, retired November 30, 1988 after 30 continuous years at Scott & White Clinic, plus three years of residency in internal medicine from 1950-53.

Andrew J. Cerne, One Upperwood, Herminie, PA, has been joined in his practice by four area physicians. They are known as Westmoreland Medical Associates. His own private practice has spanned 40 years in Herminie. Dr. Cerne is still a member of the emeritus staff at both Jeannette District Memorial and Westmoreland (Greensburg) hospitals, with which he was previously affiliated. He emphasizes that he is not retiring and says, "This profession has been very satisfying to me . . . I recommend it."

Chester F. Cullen, 27 Fernwood Rd., West Hartford, CT, enjoyed the graduation this year of his second son from Duke Medical School. His first son, Michael H. Cullen, graduated from Jefferson in 1983.

R. Alan Schofield, 1025 Briar Ln., Pottstown, PA, recently retired from his position as Chief of Pathology at Pottstown Memorial Medical Center. He was honored with an invitation to become a member of the New York Academy of Sciences in 1968 for his "sustained interest and creditable contributions toward the advancement of science."

Robert B. Wright, Rt. 12, Wesleyan Dr. N., Macon, GA, retired in August of 1987.

1950 REUNION CLASS


1951

Earl Kanter, 15 S. Brunswick Av., Margate City, NJ, has retired. He tells of a "great experience" as a volunteer on a Navajo-Cherokee reservation.

1952

Joseph H. Sloss, 7814 Seville Circle W., Bradenton, Fl, visited Louis Clerf, '12, in the Maria Manor Nursing Home in St. Petersburg. Dr. Clerf turned 100 years old in January. He says, "I always like to see a Jeff boy."

Albert H. Wilkinson, Jr., 3621 Ocean Dr. S., Jacksonville Beach, FL, continues to practice the surgery of infancy and childhood. He also serves as Medical Director of the Nemours Children's Clinic in Jacksonville, is Clinical Professor of Pediatric Surgery at the University of Florida College of Medicine, and, in addition, teaches at Mercer University School of Medicine.

1953

Norman Gladsden, 200 S.W. 21st Rd., Miami, FL, is semiretired. His practice is limited to medical hypnosis and he is the only medical doctor in Miami who practices solely hypnotherapy. "I love my semiretirement."

1954

Robert A. Hinrichs, Galatea Terrace, Corona-del-Mar, CA, is still active in his surgical practice. He has a son, Brad Hinrichs, who is currently a junior at Jefferson. His daughter, Karen, has received her Masters degree in Nursing from Louisiana State University and is now at Stanford University Hospital.

Christopher K. Hood, 1127 Crestbrook Dr., Charlotte, NC, has retired from obstetrics and plans to devote himself entirely to gynecology.


Donald L. Minter, 309 Hackett Rd., Goshen, IN, assisted in the medical program at the Utshubezi Mission Hospital in Zimbabwe early in 1989.

Richard B. Peoples, 1309 Crown Dr., Alameda, CA, reports that he was married on September 24, 1988 and is "Happy! Happy!!!"

Joseph C. Phifer, 201 S. Main St., Eureka, IL, retired in June 1982 for health reasons. His son William Phifer graduated from Jefferson in 1986 and is at the University of Florida in internal medicine.
1955 REUNION CLASS

Edwin D. Arsh, 3909 State Rd., Drexel Hill, PA, has been recertified for the third time as a Diplomate of the American Board of Family Practice.

1956

James P. Boland, 1939 Parkwood Rd., Charleston, WV, presented a paper entitled "Surgery, A Changing Discipline: Truma" on January 28 at the 22nd annual Mid-Winter Clinical Conference of the West Virginia State Medical Association. Dr. Boland is Professor and Chairman of the Department of Surgery at West Virginia University Health Sciences Center, Charleston Division. He is the author or coauthor of some 38 scientific articles, and has made surgical visits to Egypt, Haiti, Nigeria, Pakistan, the Soviet Union, and Taiwan, as well as to a Public Health Service Indian hospital in South Dakota.

1958

Richard E. Eshbach, 97th General Hospital, Box 4, APO New York, NY, writes that he will be stationed in Frankfurt, Germany until June 1991. His number is 069-685543. He invites friends to call, visit, or write. "We have lunch, or more!" He regrets that he missed many of his classmates at the 30th reunion.

1959

Peter J. Andrews, 195 East Main St., Wilkes-Barre, PA, was reelected Treasurer of the Board of Directors of Mercy Hospital in Wilkes-Barre for the 1989-90 term. Dr. Andrews, a native of Wilkes-Barre, specializes in both pediatrics and family practice.

Kenneth M. Blanc, 1404 Georgian Dr., Moorcrest, NJ, writes that he was elected to the Society of Surgeons of New Jersey in 1986. His son, Jonathan, is a senior at Moorcrest High School and is looking forward to college and a business career. His daughter, Karen, is a psychology major at Hahnemann University Hospital.

Walter S. Bloes, 9 Old Mill Rd., Jermyn, PA, has been appointed to the Mid Valley Associate Board of Directors by the Northeastern Bank of Pennsylvania. Dr. Bloes is an Adjunct Professor of Medicine at Hershey Medical School, Temple Medical School, and Kings College.

Trevor D. Glenn, 5072 N. Van Ness, Fresno, CA, has become a fellow of the American College of Psychiatrists. He continues as Professor of Psychiatry at the University of California, San Francisco and chaired the local committee planning Jefferson Medical College's meeting in Monterey in February 1989.

1960 REUNION CLASS

Neil R. Feins, 505 Jerusalem Rd., Cohasset, MA, has been promoted to Professor of Surgery and Pediatrics at Boston University School of Medicine.

Alfred J. Finn, Jr., 25 Hotchkiss Pl., Torrington, CT, was recently elected to the Board of Governors of Charlotte Hungerford Hospital in Torrington. He is a Diplomate in Family Practice.

Donald Hooper, 3737 Essen Ln., #10, Baton Rouge, LA, writes that he and his wife, Mary Ann, have just settled in Baton Rouge where he is Chairman of the Department of Anesthesiology at the Ochsner Clinic. They would be happy to see any of their friends who find themselves in the area, and would be glad to assist any students who are seeking internship or residency in and around Baton Rouge.

Harold J. Kob, 7 Dunbarton Rd., Cherry Hill, NJ, was appointed Chief of Medicine at Ancora Psychiatric Hospital in January 1989.

1961

E. Stephen Emanuel, 711 Elena Dr., Broomall, PA, writes that his wife, Beverly S. Emanuel, Ph.D., is now a full Professor of Pediatrics and Human Genetics. Their daughter, Julie, is a third-year medical student at the University of Pennsylvania while son Eric will begin his medical studies at Penn in 1989 and son Frank is currently a freshman in the undergraduate college.

1962

Robert J. Neviser, 14620 Seneca Dr., Germantown, MD, became Chairman of the Department of Orthopaedic Surgery at George Washington University School of Medicine in July 1987. He is also Director of the Hand and Upper Extremity Service and, as subspecialty, surgery of the hand and shoulder.

Jacob A. Orbock, 503 Knobview Dr., Winston-Salem, NC, has been elected to Fellowship in the American College of Cardiology.

1963

Bennett D. Aspel, 57 Union St., Marlboro, MA, has been elected President and Chief of Staff of Marlboro Hospital. Dr. Aspel is also Chief of Psychiatry and Addictions. He is certified by the American Board of Psychiatry and Neurology and has a teaching affiliation with the University of Massachusetts Medical Center.

John J. Taraska, 6520 N. Robinwood Dr., Peoria, IL, has been Acting Chairman of the Department of Pathology at the University of Illinois, Peoria, since October 1987.

1964

Henry I. Babitt, 3606 Philips Dr., Baltimore, MD, has become Chief of the Division of Cardiology at Homewood Hospital Center in Baltimore. He is also President of the Medical Staff there.

David M. Capuzzi, 222 Booth Ln., Haverford, PA, writes that he is Director of the Lipid Disorders Center at the Medical College of Pennsylvania, and also Professor of Medicine and Biochemistry there. An Adjunct Professor of Medicine and Biochemistry at Jefferson, Dr. Capuzzi practices and teaches in the area of endocrinology and metabolism, and is an Associate in Medicine at Lankenau Hospital.

Peter M. Fahney, 7118 Glenbrook Rd., Bethesda, MD, was awarded the Meritorious Service Award of the Council of the American College of Emergency Physicians at their annual meeting in September 1988. He is in his 21st year of practice in emergency medicine in Bethesda.

I. Basil Keller, 2202 S. Babcock St., Melbourne, FL, announces with a smile the he has "no new children this year."

1965 REUNION CLASS

Jon S. Adler, 124 Evans Dr., McMurray, PA, has been elected Chief of Staff at Washington Hospital. He is a member of the Family Practice Division there.

Bernard S. Casel, 313 N. Fredericksburg Av., Ventnor, NJ, enjoyed returning to Jefferson to take the CO2 Laser course given by the Otolaryngology Department.

Richard W. Cohen, 1620 Mulkey Rd., Austell, GA, is Vice President of the Medical Association of Georgia and a Delegate to the American Medical Association.
Philip Lipkin, 150 E. Maple Av., Moorestown, NJ, has opened a plastic surgery office facility in Marlton. Dr. Lipkin’s practice includes cosmetic and reconstructive surgery. He is Associate Chairman of the Department of Surgery at West Jersey Hospitals and Chief of Plastic Surgery at Memorial Hospital in Burlington County. He also serves on the attending staffs of the Graduate and Pennsylvania Hospitals in Philadelphia.

Harvey Slater, 1363 Shady Av., Pittsburgh, PA, serves as Director of the Burn/Therapy Center and Vice Chairman of the Department of Surgery at West Pennsylvania Hospital in Pittsburgh. His daughter Susan is completing her first year as a law student at Columbia University, and his twin sons, David and Adam, are freshmen at the University of Michigan and George Washington University, respectively.

Joseph W. Smiley, 604 Argyle Cir., Wynnewood, PA, passed the Board exam in Geriatric Medicine. He is also Board certified in Internal Medicine and Nephrology.

Donald H. Smith, 90 Sutton Pl., Easton, PA, has been elected the Pennsylvania delegate to the American Medical Association. Dr. Smith is a Past President of both the Easton Hospital medical staff and the Northampton County Medical Society. He is a Fellow of the American College of Surgeons.

J. Dennis Steen, 6226 E. Spring St., Suite 240, Long Beach, CA, reports that in 1981 he married a classmate from Manhasset High School who had been left a widow with three boys. He left a solo ophthalmology practice in Richmond, Kentucky, and started over again in Long Beach. He is “just trying to see eye to eye with everyone.”

Garry H. Wachtel, 7100 S.W. 7th St., Plantation, FL, writes that he and his wife are enjoying their 20th year in sunny Florida. Their daughter Marcia has graduated from the University of Miami and is now a first-year student at the Law School there.

1966

Joseph A.C. Girone, 705 Godshall Rd., Telford, PA, is now in his 17th year of group pediatric practice in Sellersville, PA. One of his partners is Ron Souder, ’73.

Burton Mass, 661 Hidden Pond Ln., Huntingdon Valley, PA, writes that his daughter has graduated from Cornell and will be entering Jefferson this September.

His son Larry will be a sophomore at Haverford College.

David C. Rising, 599 Diamond St., Sellersville, PA, has been elected President of the medical staff at Grand View Hospital in Sellersville.

1967

Campbell M. Davis, P.O. Box 250, Summertown, PA, has been appointed to the medical staff at Grand View Hospital.

Stanton I. Moldovan, 8838 Sandringham, Houston, TX, worked with his wife, Cheryl, in the Bush presidential campaign.

1968

Stephen R. Kozloff, 1936 15th Av., Greeley, CO, writes that he is presently serving as President of the Colorado State Board of Medical Examiners.

Robert D. Rockfield, 190 North Glen Ct., N.E., Atlanta, GA, is adding a fourth man to his orthopedic group. His three sons are all athletes, active in fencing, football, and soccer.

James B. Turchik, 19 Bradford Dr., Syracuse, NY, says that his daughter, Kirsten, age 18, is attending Drew University. Two other children, James Jason and Rebecca Lea, both 16, are skiers. “Jim and wife Evelyn are not!”

Harold A. Yocum, 3140 Alkire St., Golden, CO, has been a member of the National Health & Safety Committee of the Boy Scouts of America for several years. He will serve as the Chief Medical Officer of the National Scout Jamboree in Virginia, where he will direct a volunteer staff of 130 M.D.’s and 350 support personnel.

1969

David F. Henderson, 5 Meadow Ln., Bristol, VT, reports that he has been in a rural general medicine practice for 14 years. The oldest of his three children will be attending Villanova University in September.

Thomas J. McGlynn, Jr., 28 Crescent St., Hummelstown, PA, is coauthor of a paper entitled “Anorexia Nervosa in Adulthood” which appeared in the January 1989 issue of American Family Physician. Dr. McGlynn is Associate Professor of Medicine at the Milton S. Hershey Medical Center of the Pennsylvania State University College of Medicine.

1970 REUNION CLASS


Louis A. Freeman, 7450 N. Valentine, Fresno, CA, has opened the first overnight surgery center in California. He and his wife, Marge, still sail up and down the West Coast.

James W. Kendig, 35 Arlington Dr., Pittsford, NY, writes that he is an Associate Professor of Pediatrics in the Division of Neonatology at the University of Rochester School of Medicine.

Steven A. Klein, 33 Shepherd Ln., Roslyn Heights, NY, is Medical Director of Perinatal Services, a comprehensive ambulatory high-risk pregnancy care company. He is also President of the Long Island Perinatal Society and has joined the International Perinatal Doppler Society. The Kleins enjoyed having Peter D. Pizzitello, ’70 and his family as guests at son Barak’s Bar Mitzvah.

Parker M. Seymour, 1035 Lombard St., Philadelphia, PA, and his wife, Evelyn, are pleased to announce the birth, on October 17, 1988, of “our second son, Michael, who appears to be growing at an exponential rate. I am getting a home equity loan to feed son Peter (now three) and turning the proceeds over to the supermarket.”

Nathan O. Thomas, 349 Main St., Meyersdale, PA, continues in the private practice of family medicine and is “desperately” looking for a partner. He is also serving as Chief of Staff of Meyersdale Community Hospital and as a Director of the Meyersdale Manor Nursing Home. He and his wife, Kathy, have eight children, “seven girls and one lonely little boy!”

Howard D. Toff, 8631 W. Third St., Suite 425E, Los Angeles, CA, is Associate Medical Director of the Psychiatric Unit at Century City Hospital in Los Angeles.

1971

Francisco J. Garcia-Torres, 4402 Lyman Dr., Houston, TX, is Chief of the GI Section at the Kelsey Seybold Clinic in Houston. He has been presented with the “Outstanding Clinical Teacher” award by Baylor College of Medicine.

Gerald M. Klein, 6 Sunan Rd., Broomall, PA, assumed a new position as Chairman of the Department of Radiology at St. Agnes Medical Center in Philadelphia July 1, 1988. He finds the new position both interesting and challenging. On September 8, 1988 the family was enriched by the
birth of their third child, Lisa Nicole. "Sister Jessica and brother David are both thrilled."

Steven W. Klinman, 209 Cedar Rd., Elkins Park, PA, and his wife Gloria are proud to announce the birth of their second child, Charly Sarah, on March 25, 1989. Her sister, Alison Gail, was quite thrilled at her arrival. Dr. Klinman was granted Advanced Achievement in internal medicine in 1987, and became a subspecialist recently when he received his Added Qualifications in geriatric medicine. He continues to practice internal medicine and geriatrics in northeast Philadelphia.

Wilma C. Light, 515 Summit Av., Ligonier, PA, is President of the Westmoreland County Medical Society and Member-at-Large of the Pennsylvania Medical Society, Hospital Medical Staff Section, for 1989. She has been recertified in allergy and immunology.

James G. McBride, RD 4, Old Mill Rd., Bethlehem, PA, says that he and his wife Carol are doing well. His son Patrick has completed his freshman year at Bethlehem Catholic High School.

Howard S. Robin, 6525 Avenida Manana, La Jolla, CA, is President of the San Diego Unit of the American Cancer Society. He also became Chief of Staff-Elect of Sharp Cabrillo Hospital, and is the author of an illustrated Handbook of Drug Abuse: Recognition and Diagnosis, published by Yearbook in 1988.

James O. Van Bavel, 203 Henry Lee Lane, Yorktown, VA, and his wife, Susan, announce the birth of their second child, Sarah Elizabeth, on January 26, 1989.

1972

Martin J. Fliegelman, 5340 S. Kenton Ct., Englewood, CO, is Chief of Medicine at Mercy Hospital. He writes that "lung transplants are adding a little spice to my practice." They plan a trip to Israel this summer in celebration of their son’s Bar Mitzvah.

James L. Gardner, II, RD 1, Box 146-C, Ellwood, PA, a general surgeon, has been elected President of Jameson Memorial Hospital for a two-year term.

Bruce L. Gewertz, 5812 S. Harper, Chicago, IL, is Professor of Surgery at the University of Chicago. He continues to serve as Associate Editor of the Journal of Surgical Research and is on the editorial board of the Annals of Vascular Surgery. His research in intestinal reperfusion is supported by a grant from the American Heart Association.

Irwin J. Hollander, 1519 Fulton Dr., Maple Glen, PA, Pathologist and Laboratory Medical Director at Grand View Hospital, has been elected President of the Bucks County Medical Society. Dr. Hollander is also active in the American Medical Association, the Pennsylvania Medical Society, the American Society of Clinical Pathologists, and the Pennsylvania Association of Pathologists. He is an Adjunct Clinical Assistant Professor of Pathology at Jefferson, and is Medical Director of the medical laboratory technician associate degree program at Montgomery County Community College.

Arlen D. Meyers, University of Colorado School of Medicine, 4200 E. 9th Av., B210, Denver, CO, has been appointed UPI Medical Director for Managed Care Programs at the University. UPI is the faculty practice plan of the University of Colorado School of Medicine.

James W. Redka, 820 Louisa St., Williamsport, PA, writes that he has enjoyed his 10 years in family practice. He particularly appreciates the variety of problems that he is called upon to solve and the "terrific people" he is privileged to serve. His spare time is filled with raising his five children, and with service to his church.

Marshall A. Saltkin, P.O. Box 1276, Rancho Santa Fe, CA, writes that he has retired from private practice. He and his wife, along with their two children, Lauren, age eight, and Jordan, age four, moved to Hawaii in July 1989.

George M. Zlupka, Hope Ln., RD 5, Box 147, Altoona, PA, writes that his son George has been accepted at Jefferson. He will enter in September, after graduating from Harvard University in June.

1973

Barry A. Abraham, 1231 Boburn Dr., Narberth, PA, has opened a medical, skin, and surgery center at 6415 Bustleton Avenue in Philadelphia.

Roderick A. Appell, 37 Colony Rd., Greta, PA, has been elected to the Board of the American Uro-gynecologic Society.

Paul A. Bialas, 103 St. Clair St., Warren, PA, serves as Chief of Medicine and Internal Medicine at Warren General Hospital. He says that he is now searching for a general internist or oncologist to join his practice. "Any help appreciated." He and his wife, Debbie, are the parents of five children and have made their home in Warren for the last 12 years.

Eric W. Blomain, 1222 Marion St., Dunmore, PA, has been elected Secretary of the Moses Taylor Hospital medical staff. Dr. Blomain, a plastic and craniofacial surgeon, also serves on the medical records, emergency department and library, and medical education committees at the Hospital.

Mark S. Reuben, Box 393, RD 2, Birdboro, PA, writes that his practice, Reading Pediatrics, Inc., will grow to three associates. The new team will be working in a new complex in Wyomissing.

David Shore, 1679 George Washington Dr., Rockville, MD, is now Assistant Chief, Schizophrenia Research Branch at the National Institute of Mental Health. He is also Editor-in-Chief of Schizophrenia Bulletin. His second paper in the White House Cases series on psychosis and violence will appear shortly in the American Journal of Psychiatry, and he is working on another.

Frank M. Taylor, 3408 Moran Rd., Tampa, FL, writes that he is currently serving as President of the Florida West Coast Association of Pathologists.

1974

Ward G. Becker, 404 Fairview Dr., Kutztown, PA, practices geriatric medicine at The Lutheran House in Topton and Allentown, PA. He practices with former Jefferson classmate Raymond J. Hauser, '74, and Jefferson graduate, Carol A. Slompay, '82.

David A. Brent, 2766 Beechwood Blvd., Pittsburgh, PA, says that he is now the proud father of three children, Rebecca, six, Daniel, four and a half, and Elyssa, one. He is an Associate Professor of Child Psychiatry at Western Psychiatric Institute and Clinic, doing research on adolescents suicide which is funded by the National Institute of Mental Health.

James A. Kenning, 445 Hughes Rd., Gulph Mills, PA, has joined the medical staff of The Bryn Mawr Hospital as an assistant attending neurosurgeon. He holds staff appointments in neurological surgery at Temple University Hospital, St. Christopher’s Hospital for Children, and Paoli Memorial Hospital, and is board certified in neurosurgery.

Michael H. LeWitt, 1128 Cynwyd Dr., Berwyn, PA, has been named Medical Director of the Occupational Health Center at the Chester County Hospital in West
Chester. He will direct the administration of all clinical services.

Bruce P. Meinhard, 672-NCMC, 2201 Hempstead Tpke., East Meadow, NY, has been appointed Chairman of the Department of Orthopaedics at Nassau County Medical Center. He is also Associate Professor of Clinical Orthopaedics at SUNY at Stony Brook.

William I. Miller, Senior Medical Officer, USS Carl Vinson (CVN 70), FPO San Francisco, CA, writes that he greatly enjoyed the San Francisco Branch Dinner meeting and is looking forward to attending future alumni gatherings.

1975 REUNION CLASS

Steven L. Horowitz, 1825 Sylvan Ct., Flossmoor, IL, writes that his son David is now five and a half and daughter Jeanne, is 11. He and his partners have opened a nursing home directly attached to their medical center. They would be happy to hear from any friends. His wife, Sandra W. Horowitz, '76, is a neurologist on the staff at Loyola University, Chicago, IL.

James M. Jones, II, 4112 Paces Station Close, Atlanta, GA, has joined the Georgia Oncology Hematology Clinic in Atlanta as of July 1988. He practices and teaches at Crawford W. Long Hospital of Emory University.

Joseph J. Korey, Jr., 11 Scotland Dr., Reading, PA, writes that he is doing well in Reading. Linda (Smith) Korey, Diploma School of Nursing '71, recently obtained her Masters degree. "Daughters Karen, 13, and Laura, 12, are maturing too rapidly for their Ob-Gyn father."

Fred H. Miller, 2000 Shore Rd., Suite 102, Linwood, NJ, is still in solo practice. He writes that he has "two beautiful little girls: Rose, age six, and Michelle, age three."

William M. Mirenda, Jr., Rt. 1, Box 644A, Daleville, VA, writes that he and his family have moved to the country just outside of Roanoke, and they love it. His orthopaedics group has grown to ten doctors.

Paul J. Ruschak, 11 Saratoga Dr., McMurray, PA, writes that his wife, Joan, and daughters Alyssa, 10, and Ellyn, eight, all ran the 1986 Pittsburgh marathon in three hours and 56 minutes!

R. Ted Veve, 7922 Ewing Halsell, Suite 420, San Antonio, TX, writes that his daughter, Michelle, now nine years old, is taking riding lessons and his son, Daniel, six, is taking karate lessons. He saw classmate Richard Bennett last spring when Dr. Bennett was in San Antonio. Dr. Veve invites any of his classmates to call if they happen to be in the area. He'd love to see them.

1976

Francis A. Chervenak, 82 Park Pl., South Orange, NJ, is Director of Obstetric Ultrasound and Ethics and Associate Professor of Obstetrics and Gynecology at The New York Hospital-Cornell University Medical Center. He coauthored a paper entitled "A Practical Method of Analysis of the Physician's Ethical Obligations to the Fetus and Pregnant Woman in Obstetric Care" which appeared in the January 1989 issue of Resident & Staff Physician.

Halley S. Faust, 5 Timrod Ln., West Hartford, CT, is now the Medical Director for Aetna Life & Casualty, in the Group Health Life and Disability Division. His wife, Ruth Anne, and their two sons, Aaron and Joshua, all moved to West Hartford a year ago. Anyone visiting the area, please feel free to call and visit them.

Steven J. Glass, RD 2, Box 84A, Sewell, NJ, writes that he has formed Rainbow Healthcare Associates, "which provides mental health services in public and private settings as well as consultation in clinical leadership."

Scott M. Goldman, 26 Summit St., Philadelphia, PA, and his wife, Maryalice Cheney, M.D., announce the birth of Robert Harold Goldman, on April 24, 1988.

Sandra W. Horowitz, 1825 Sylvan Ct., Flossmoor, IL, is now a neurologist on the staff at Loyola University. She and her husband, Steven L. Horowitz, '75, are the parents of two children, Jeanne, who is 11, and David, five and a half.

Andrew J. Levin, 11 Windsor Dr., Voorhees, NJ, is practicing ophthalmology in South Philadelphia, and at Wills Eye Hospital. He and his wife, Lynne, have two children, a girl, age five, and a boy, age three.

James P. McCann, 1867 N. Wabash St., Wabash, IN, writes that in July 1988, Joanna joined their family. They built a new home and moved at the end of the year. Classmates are welcome!

Nadine P. Wenner, 30 Academy Dr., Longmeadow, MA, is practicing dermatology in Springfield and enjoys the children, Jeremy, 13, and Andrea, 10. She adds, "Playing lots of tennis."

1977

Francis X. Delone, Jr., 309 Crum Creek Ln., Newtown Square, PA, has been appointed Chairman of the Division of Hand Surgery at Crozer-Chester Medical Center. He was also made a Fellow of the American College of Surgeons in October 1988.

John A. Ferriss, 1598 Woodhaven Dr., Hummelstown, PA, and his wife, Mary, are both full-time faculty members at the College of Medicine of the Pennsylvania State University in Hershey. He says that their children "seem to like having a chocolate factory and amusement park in their town."

Jeffrey M. Koffler, 445 Courtland Ave., Stamford, CT, informs us that his wife, Diana, who attended the tenth reunion with him in June 1987, died January 17, 1988 of a cerebral malignancy. They remembered the reunion with pleasure and the time they were able to enjoy with friends. The children, Sophie, six, and Max, three, are doing well.

Donald J. Savage, 305 Huntsville Rd., Dallas, PA, opened new offices in Kingston, with Thomas G. Sharkey, '77, as his partner. During the summer of 1988, the Savages were enriched by baby number four.


1978

William G. Ellien, 31 Fox Run Dr., Mount Laurel, NJ, continues as Associate Director of Adult Psychiatry Services at Hampton Hospital. "It is great to be a part of this new hospital. Its strong neuropsychiatric orientation keeps us on the cutting edge of clinical advances." His wife, Gale, and their children, David, three and a half, and Susan, one, are doing very well.

Daniel F. Flynn, 74 Wilbur St., Waltham, MA, was activated from the Army Reserves in 1988 and served as medical officer in charge of Task Force III in a remote part of Honduras. He is now back at Massachusetts General Hospital "in the midst of the jungle of academic medicine" and enjoys being with his son, Connor.

Paul E. Pilgrim, 8555 Top of the World Circle, Salt Lake City, UT, writes, "I'm engaged to be married! High Desert Adventures enters its sixth year. Join me for adventure travel fun!"

JEFFERSON ALUMNI BULLETIN  SUMMER 1989  41
Neil H. Shusterman, 1419 Suffolk Ln.,
Penn Wynne, PA, is Director of Dialysis
Programs at the University of Pennsyl-
vania. He and his wife have three chil-
dren, Matthew, eight, Erica, six, and
Danielle, three.

David W. Stepansky, 1629 Weedon Rd.,
Wayne, PA, has become board certified as
a Diplomate in Geriatric Medicine. Dr.
Stepansky has been practicing general
internal medicine with PMA Medical
Specialists since 1981. He has offices in
Trappe and Pottstown and is on the
medical staff of Phoenixville Hospital.

Jill M. Sumfest, 3216 State St., Erie, PA,
had two daughters, Rebecca, five, and
Sara, three. She is moving her family to
Erie, PA in July to join a practice limited
to colon and rectal surgery.

1979

Victor K. Au, 1214 Vaughn Rd.,
Burlington, NC, was certified by the
American Board of Plastic Surgery in
December 1988.

Robert L. Bashore, 8546 Timber Briar,
San Antonio, TX, was recently certified by
the American Board of Plastic Surgery.

Anthony V. Coletta, 525 Prescott Rd.,
Merion, PA, is Associate Director of Surgi-
cal Residency at Thomas Jefferson Univer-
sity Hospital. He was named a Fellow of the
American College of Surgeons in
October 1988 and is Associate Attending
Surgeon at Bryn Mawr Hospital. The
Coletta family has three children, Maria,
Anthony, and Nicholas.

J. David Cunningham, 1011 Waltham
Rd., Berwyn, PA, is busy in a Main Line
otolaryngology practice. He enjoys teach-
ing Jefferson ENT residents at Lankenau
and Bryn Mawr Hospitals.

Jeannette C. Dunn, 2 Independence
Place, #408, Philadelphia, PA, has joined
Pennsylvania Hospital as an Associate
Pathologist. Dr. Dunn, whose particular
interest is microbiology, also serves as an
Assistant Professor at the University of
Pennsylvania School of Medicine.

Stuart A. Gardner, 222 W. Leasure Av.,
New Castle, PA, Vice Chairman, Depart-
ment of Surgery at Jameson Memorial
Hospital, was elected to a one-year term on
the Hospital Board by the medical/dental
staff. He is a board certified orthopaedic
surgeon.

Allen J. Gilson, 6695 Stoneridge Ct.,
Frederick, MD, and his wife, Mishel, have
a second son, Scott Michael, born

Robert L. Herman, 12649 Overbrook
Rd., Leawood, KS, has separated from the
United States Air Force after nine years of
active duty. He was awarded the Air Force
Commendation Medal for meritorious ser-
vice. He has joined the Rockhill Cardi-
ology Group at the Baptist Hospital in
Kansas City, in the private practice of clin-
cal cardiology.

Thomas J. Marshall, Jr, 7005 Lake Mead
Blvd., Arlington, TX, states that he
recently left the Navy to join Kaiser
Permanente as Head of the Department of
Surgery in Fort Worth.

Michael D. Overbeck, 20 E. 11th Av.,
Conshohocken, PA, is practicing general
medicine in Conshohocken. He and his
wife Barbara have a son, George, born

Robert M. Rose, RD 1, Box 178C,
Eleanor Dr., Spring City, PA, announces
the birth of a son, Christopher Hoffman,
on October 14, 1988. He joined sister
Shannon, who is two years old.

Sandra Willingham, 2251 Merchant-
ville Av., Pennsauken, NJ, recently
became board certified in internal medi-
cine and has joined a private practice in
Marlton.

1980 REUNION CLASS

Stephen T. Bell, 2018 Robindale Av.,
Lancaster, PA, and his wife Wendy proudly
announce the birth of their first child,
Timothy Michael, on October 31, 1988.
Dr. Bell has been practicing cardiology in
Lancaster since July 1987.

Bruce R. Dooley, 1493 S.E. 17th St.,
M.D. Medical Ctr., Ft. Lauderdale, FL,
recently celebrated the fourth anniversary
of the operation of the Medical Center.
They have logged over 60,000 patient vis-
its. He has also opened a Well Life Center
for Nutrition & Preventive Health Care
along with Marine Medical Corporation,
which will outfit sailing vessels and teach
medicine at sea. He invites colleagues to
"stop in, get warm, and say Hi!"

William F. Dunn, 3036 14th Av. N.W.,
Rochester, MN, assumed the position of
Senior Associate Consultant in Thoracic
Disease/Critical Care at the Mayo Clinic in
July of this year. He and his wife, Donna,
have three daughters.

John P. Erdman, 4388 Da Vinci Av.,
Jacksonville, FL, is a Lieutenant Com-
mander in the Navy. He and his wife,
Leslie, have a three-year-old son named
Christopher. Dr. Erdman has finished his
ENT residency and is now practicing in
Jacksonville.

Thomas D. Griffin, 217 E. Highland Av.,
Philadelphia, PA, has been board certified
by the College of American Dermatology
in dermatology and dermatological surgery.
He is associated with Dermatology Asso-
ciates of Graduate Hospital of the Univer-
sity of Pennsylvania. He and his wife,
Patricia, have three children.

Gary T. Loh, 236 Jefferson Av., Wheel-
ing, WV, and his wife, Janell, welcomed a
new addition to the family, Jem Ibanez, on
December 1, 1988.

Anne Connor Mack, 1326 Richards
Alley, Wilmington, DE, was married to
Michael Mack, Ph.D. in March 1988. She
is an attending physician at Magee Reha-
bilitation Hospital in Philadelphia.

Gene A. Marcelli, 32 Jefferson Av.,
Sharon, PA, and his wife, Cindy, announce
the birth of their second son, Nicholas, on

Raymond S. McLaughlin, 707 E. Balti-
more Pk., Suite D, Kennett Square, PA,
called to update information reported in
the Spring 1989 Alumni Bulletin. He
opened an office for the solo practice of
family medicine in Kennett Square in
October 1988, and is a member of the med-
cal staff of Southern Chester County
Medical Center in West Grove, PA. He has
also been appointed team physician for the
United States Cycling Federation.

Thaddeus S. Nowinski, 115 Cardinal
Way, North Wales, PA, has been appoint-
ted attending physician on the Associate
Medical Staff of Thomas Jefferson Univer-
sity Hospital. He is also Clinical Assistant
Professor of Ophthalmology at Jefferson
Medical College.

1981

Daniel T. Biles, 7 La Mancha Way,
Andover, MA, and his wife, Linda,
announce the birth of twin daughters,
Kaleigh and Erin, on September 19, 1988.
They join older brother, Michael, age 18
months. Dr. Biles and his family are doing
fine and they wish everyone well.

Donald A. Dilenno, 7501 Ulmerton Rd.,
#B-2, Largo, FL, has been named a
Diplomate of the American Board of
Emergency Medicine.

David J. Ellis, 112 Drakes Drum Dr.,
Bryn Mawr, PA, is in practice urology at
Delaware County Memorial Hospital in
Drexel Hill. He and his wife have two
children, Jordan, four years old, and Stephanie, who is one year old.

Christine D. Emery, 2 Independence Place, 8707, Philadelphia, PA, has been named Assistant Radiologist at Pennsylvania Hospital. She is also a Clinical Assistant Professor of Radiology at the University of Pennsylvania School of Medicine. Dr. Emery is a member of the American College of Radiology, the American Roentgen Ray Society, and the Radiological Society of North America.

David G. Hershberger, 124 Seminole St., Johnstown, PA, is still practicing emergency medicine at Lee Hospital in Johnstown. This year they welcome their third daughter, Ashley, to the family. She joins Jessica, eight, and Jennifer, five.

Robert R. Kester, 15 Second St., Elmont, NY, and his wife, Louise, announce the birth of their second son, Thomas Marshall, on November 7, 1987. Dr. Lester is currently the Chief Resident in Urology at Brookdale Hospital in Brooklyn, New York.

Samuel S. Laucks, II, 349 Hill-n-Dale Dr., York, PA, was appointed to the Department of General Surgery at Memorial Hospital. Dr. Laucks is certified by the American Board of Surgery and is a member of the College of Physicians of Philadelphia.

Kathryn E. Morris, 20 Woodfield Ln., Lawrenceville, NJ, has been appointed to the Medical Staff at St. Francis Medical Center. Dr. Morris is a Diplomat of the American Board of Internal Medicine.

Christopher J. Rosko, 2700 Al-Lin Circle, Birmingham, AL, received his certification from the American Board of Emergency Medicine in December 1988.

Paul C. Schroy, III, 52 Cottage St., Wellesley, MA, and his wife, Hope, are happy to announce the birth of their second child, Brian Louis, on October 8, 1988.

Richard M. Yelovich, 603 Milleson Ln., West Chester, PA, has joined the Department of Radiation Oncology of Phoenixville Hospital. He practices at the Exton Area Cancer Center in Exton, Pennsylvania.

Sophia Chan Young, 4310 Walnut St., Philadelphia, PA, is one of two staff physicians at the new $3 million Magnetic Resonance Imaging Center at Lawrenceville. The center’s diagnostic technology is available to all physicians. Dr. Young is a Diplomate of the American Board of Radiology and a senior member of the American Society of Neuroradiology.

1982

Vincent T. Armenti, 23 Dorchester Circle, Marlton, NJ, and his wife, Dawn, announce the birth of their second child, Kathleen Marie, on November 4, 1988. Dr. Armenti is currently a clinical transplant fellow at Jefferson.

Edward C. Blasko, 1401 Electric St., Dunmore, PA, recently joined Dr. Terence A. Cochran in the practice of general, vascular, and thoracic surgery.

Larry M. Gersten, 26185 Rio Grande Av., Laguna Hills, CA, has joined the Saddleback Valley Orthopaedic Medical Group in Laguna Hills, a four person practice. His first child, Amy Paige, was born on February 9, 1989.

Stanford D. Gittles, 2467 Oleander Circle, Jamison, PA, writes that he has finished his pulmonary fellowship at Johns Hopkins Hospital and has joined a pulmonary group practice in Bucks County.

Lawrence J. Rosenberg, 2000 INI, Philadelphia, PA, has joined the Division of Emergency Medicine at the Medical College of Pennsylvania. He and his wife, Mary, enjoy their two sons, Robert, four, and Kevin, who is one year old. They are still paddling on the Schuykill.

Joseph P. Walls, 10337 N. 62nd Av., Glendale, AZ, has recently been promoted to Major in the U.S. Air Force. He plans to be married this summer.

Mark L. Zwanger, 505 Lombard St., Philadelphia, PA, is Assistant Professor of Surgery in the Division of Emergency Medicine at Jefferson Medical College.

1983

Ellen K. Blair, 9153 Blarney Stone Dr., Springfield, VA, is serving the last of her obligated years to the U.S. Navy as a general internist.

Aaron D. Bleznak, 405 Edgewood Dr., Franklin, PA, reports that he started in general surgery practice at Franklin Medical Center in July 1988. He and his wife, Brenda, had a baby girl, Rebecca Ellen, on August 17, 1988. Son Joshua David is now three years old.

Matt L. Kirkland, III, 310 Penn Rd., Wynnewood, PA, has been named Assistant Surgeon at Pennsylvania Hospital. He also serves as Clinical Instructor at the University of Pennsylvania School of Medicine.

James H. Reid, III, 4416 Farm View Ct., Bethlehem, PA, was appointed Clinical Assistant in the Department of Surgery at Hahnemann University Hospital. He completed a surgical internship and residency in orthopaedic surgery at the Hospital of the University of Pennsylvania.

Frederick W. Rutherford, Jr., 2036 Beech St., Pittsburgh, PA, is in his first year of a gastroenterology-hepatology fellowship at the University of Pittsburgh. On October 15, 1988, he was married to Diana Morley of Pittsburgh.

Jeffrey J. Thatcher, 670 Lawn Av., Suite 3A, Sellersville, PA, an internist, has been appointed to the medical staff of Grand View Hospital in Sellersville. He is certified by the American Board of Internal Medicine.

Lauren E. Thornton, 279th Station Hospital, APO, NY, this summer will complete her three years in West Germany as a Captain with the U.S. Army. She hopes to spend next summer at Fort Campbell, Kentucky. She would like to take a course in tropical medicine at Walter Reed Institute of Research, with a view toward third world medical missions in the future.

1984

James A. Cook, 1517 Cotherstone Dr., Durham, NC, became the Attending Neonatologist at Geisinger Medical Center in Danville, Pennsylvania in July of this year.

J. Christopher Daniel, Box 7, Branch Medical Clinic, FPO San Francisco, CA, is still in the Philippines serving as a Navy flight surgeon. He expects to be there through 1991. "Despite previous reports, am not yet married."

Robert L. Davoli, 217 N. Shenandoah Dr., Latrobe, PA, is happily practicing family medicine in Derry, Pennsylvania.

Jay S. Duker, 427 Gaskill St., Philadelphia, PA, finished his residency at Wills Eye Hospital in June of 1988, after serving as Co-Chief Resident his senior year. He is
currently at Wills in a two-year fellowship in retina/vitreous surgery. He and his wife, Julie, who obtained her MBA at Wharton in 1987, have two sons: Jacob, born on January 1, 1987, and Benjamin, born May 11, 1988.

Paul M. Eberts, II, 65 Edgemont Ter., Huntington, WV, and his wife, Margaret M. Stroz, '84, announce the birth of a son, Paul Andrew, on August 8, 1988.

Gregory R. Gordon, 1355 Apple Blossom Dr., Yardley, PA, announces the birth of a daughter, Heather Michelle, on August 5, 1988. She weighed 10 pounds, 1 ounce! His son, Steven, is now three years old. Dr. Gordon's family practice group has moved near Oxford Valley Mall in Langhorne, Pennsylvania.

W. Frederie Harvey, 637 Cricklewood Dr., State College, PA, has joined Geisinger Medical Group - Moshannon Valley as an Associate in Internal Medicine. Prior to joining Geisinger Medical Group, Dr. Harvey was the Director of the Emergency Department of Philipsburg State General Hospital.

Michael Henrickson, Box 20, 5th General Hospital, APO New York, received certification in June 1988 by the American Board of Pediatrics.

Steven A. Katz, 1002 Stradford Av., Melrose, PA, is working in emergency medicine at Fitzgerald Mercy Hospital. Their son, Seth Robert, born in April 1988, is doing well; older brother Barry enjoys his company.

Paul M. Kiproff, 5813 Hobart St., Pittsburgh, PA, is presently doing a vascular/interventional radiology fellowship at Presbyterian University Hospital in Pittsburgh. Their two sons, Alex, almost three years old, and Andrew, six months old, are doing well.

Robert W. Meikle, 2713 Stagg Hill Rd., Manhattan, KS, reports from "the party capital of the western hemisphere" that he has become the Family Practice Clinic Chief at Fort Riley. He bought a red Corvette and has been Vice President of the local club for the past year. He has had seven major league rock 'n' roll parties, which resulted in nine visits from the police, three speaker blowouts, and two receiver meltdowns.

John W. Spurcock, 882 Deercrest Cir., Evans, GA, writes that he is Chairman of the Armed Forces District Junior Fellows of the American College of Obstetrics and Gynecology. He is a member of the staff, in the Obstetrics and Gynecology Department, of Dwight D. Eisenhower Army Medical Center, as well as Clinical Instructor of Obstetrics and Gynecology at the Medical College of Georgia.

Irwin H. Woflert, 313 Tearose Ln., Cherry Hill, NJ, writes that son Benjamin celebrated his fifth birthday in January, while Kaitlin, at one and one half years of age, is already a bigger ham than her brother.

Marijo A. Zelinka, 1220 Van Voorhis Rd., North Ridge Townhouse, J-6, Morgantown, WV, finished residency in internal medicine/pediatrics in 1987. She is now an Instructor of Pediatrics and a General Pediatrician at West Virginia University School of Medicine as well as being Assistant Director of the Apnea Evaluation Service there. In July 1989, she will be starting a fellowship in neonatology at St. Christopher's Hospital for Children in Philadelphia.

1985 REUNION CLASS

Kenneth J. Arnold, 331 Bryant Av., #1, Cincinnati, OH, announces his marriage to Lesley Mussio on April 15, 1989. He writes that he will be finishing his residency in emergency medicine this year. "Finally!"

Alan S. Baseeman, 501 Doylestown Rd., Lansdale, PA, has been appointed to the medical staff, in the Department of Family Practice, at Doylestown Hospital. Dr. Baseeman has recently opened a medical practice in the Montgomeryville area with Douglas C. Cline, M.D.

Steven J. Herring, 600 King Rd., West Chester, PA, has joined the medical staff of Brandywine Hospital and Trauma Center in the Department of Family Practice. Dr. Herring is certified by the American Board of Family Practice.

Gregg A. Sonsini, 4000 Gypsy Ln., Apt. 309, Philadelphia, PA, has been appointed to the Department of Pediatrics at Montgomery Hospital. Dr. Sonsini is a member of the American Academy of Pediatrics and the American Medical Association.

Brent J. Wagner, 357 Greenwood Av., Collegeville, PA, has received the Air Force Commendation Medal at Lackland Air Force Base in Texas. Dr. Wagner holds the rank of Captain in the Air Force and is currently a diagnostic radiology resident at Wilford Hall Medical Center.

1986

David R. Haas, 113 First St., Danville, PA, writes that he and his wife, Jean, still enjoy his ophthalmology residency at Geisinger. David wants us to know that he continues "to play basketball, as poorly as ever." David and Jean have a new addition to the family, Dana, a Dalmatian puppy.

Steven P. Lawrence, Apt. 720-I W. Bruns Av., F.A.M.C., Aurora, CO, is currently finishing an internal medicine residency in Denver. He is skiing every chance he gets. Dr. Lawrence says "Hello to all his friends from Phi Chi."

Craig C. Powell, 118 Ford Island, Honolulu, HI, writes that he has been to Laos twice in the past four months, providing medical assistance to villagers near military crash sites which were excavated to bring back MIA remains for identification.

Philip L. Prosapio, 1318 Stanford Av., St. Paul, MN, and his wife, Susy, proudly announce the birth of a daughter, Luci Katherine, on February 10, 1989. Luci was nine pounds, 4 ounces and "as alert and beautiful as any father could hope for."

Robert A. Solomon, HHD P.O. Box 251, APO, NY, is working for the United States Army in Heilbronn, West Germany. His wife, Rosa, and sons Diego, two, and Mario, three months, and dog Enzo enjoy living overseas. He "hopes to add a vowel to his name this year."

Jane A. Spitko, 1635 Ft. Washington Av., Maple Glen, PA, finished her residency at Chestnut Hill Hospital in June and has joined Barry Corson, '68 in the practice of family medicine in Blue Bell, PA. Her children, Amy and Cindy, ages nine and three respectively, are growing fast, and the family is fine.

1987

Michael Cohan, 540 W. Roscoe, #374, Chicago, IL, is enjoying his second year in internal medicine at Rush-Presbyterian-St. Luke’s Hospital in Chicago. He is now looking forward to a fellowship in infectious diseases.

John F. Wilson, 2464 Brentwood Rd., Union, NJ, writes that he and his wife, and John, four, Ritchie, two, and Caroline, born August 29, 1988, are doing well and are all settled in their first house.

1988

Thomas A. Londergan, 135 Woodland St., Apt. #11, Hartford, CT, is doing well in his first year of residency and is looking forward to going into urology. The big news is that he plans to get married on September 17, 1989 to Luanna Pierantozzi, a nurse from Jefferson!
Obituaries

William T. Palchanis, 1916
Died June 19, 1989 at the age of 94. Dr. Palchanis had served as President of the Tuberculosis Examining Board in the U.S. Army during World War I. He engaged in private practice in Columbus, OH from 1920 to 1947, then became Associate Director of the Ohio State University Student Health Service. Appointed in 1959 full Professor in the Department of Preventive Medicine at the Ohio State University College of Medicine, he retired in 1964 as Professor Emeritus. He was a Member-at-Large of the Board of Directors of the Ohio Tuberculosis Association. Dr. Palchanis is survived by his wife, Geraldine, and two daughters.

Raphael A. Lussier, 1935
Died December 9, 1988 at the age of 79. Dr. Lussier had been a family practitioner in Central Falls, RI.

Philip R. Wiest, 1935
Died June 11, 1988 at the age of 81. Dr. Wiest had been Chief of the Otolaryngology Department at Reading Hospital in Reading, PA. He also served as a Director of Richland National Bank from 1955 to 1980, and as Treasurer of Joseph O. Flatt and Co. He was a member of the President's Club at Jefferson. Dr. Wiest is survived by his wife, Carolyn, two daughters, and two sons.

Anthony P. DeNote, 1936
Died January 15, 1989 at the age of 75. Dr. DeNote was a resident of Palm Bay, FL. He had practiced ophthalmology. He is survived by his wife.

Roger J. Minner, 1937
Died July 15, 1989 at the age of 76. Dr. Minner had been a general practitioner in Allentown, PA. He taught gastroenterology at the Allentown Hospital School of Nursing from 1947 to 1954. Dr. Minner had served as a Director of Merchants Bancorp, Allentown, and of Farmer's Schnecksville Bank. He is survived by his wife, Helen, a daughter, and a son.

Paul H. Morton, 1938
Died May 23, 1989 at the age of 78. Dr. Morton had served as Chief of Staff at Coronado Hospital in Coronado, CA. A Diplomate of the American Board of Internal Medicine, a Fellow of the American College of Physicians, and a Director of the California Heart Association, he was a past president of the California Society of Internal Medicine and of the San Diego County Heart Association. In 1977 he served as Visiting Professor at Avicenna Hospital in Kabul, Afghanistan. He was a member of the Jefferson President's Club. Dr. Morton is survived by his wife, Lenore, a daughter, and two sons. One of these, John P. Morton, '74, continues to practice at a large primary care center that the father and son built in Nestor, CA.

Henry B. Fletcher, Jr., 1940
Died May 18, 1989 at the age of 76. Dr. Fletcher had practiced orthopaedic surgery at Rhode Island Hospital until his retirement in 1979. He had served as State Vice President of the Alumni Association for Rhode Island. He is survived by his wife, Margaret, a daughter, and a son.

Thomas S. Armstrong, Jr., 1941
Died April 15, 1989 at the age of 74. Dr. Armstrong had served on the orthopaedic surgical staff of Carlisle Hospital in Carlisle, PA for more than 40 years. He was a member of the President's Club at Jefferson. He is survived by his wife, Nell, and two sons.

Norris M. Beasley, 1941
Died May 14, 1989 at the age of 83. Dr. Beasley had practiced in Fort Lauderdale, FL for many years. He is survived by his wife, Lucille, and a daughter.

James H. Lockwood, 1941
Died October 30, 1988 at the age of 72. Dr. Lockwood had been Chief of Service and Director of Residency Training at the U.S. Naval Hospital in San Diego for three years, and in Philadelphia for six years. He had also served as Associate Professor of Dermatology at the skin cancer hospital section of the Department of Dermatology at Temple Medical Center. Dr. Lockwood retired from the Navy in 1962 and practiced in Lakeland, FL until 1987. He is survived by his wife, Sara Jane, and three sons.

John H. Shackleton, 1943
Died September 21, 1988 at the age of 69. Dr. Shackleton had practiced obstetrics and gynecology, and been affiliated with Delaware County Hospital. Later he moved to Jacksonville, FL.

Harry M. Muffy, 1953
Died May 12, 1989. Dr. Muffy had practiced obstetrics and gynecology in Denver, CO. He is survived by his wife.
W. Robert Jacobs, 1954
Died June 16, 1989 at the age of 61. A resident of Phillipsburg, NJ, Dr. Jacobs had served as President of the Warren Hospital Medical and Dental Staff, and Chairman of the Division of Family Practice. A Diplomate of the American Board of Family Practice, and a Past President of the Warren County Medical Society, Dr. Jacobs was on the faculty of the Robert Wood Johnson Medical School in New Brunswick, NJ and of the New England College of Medicine in Maine. He was a member of the President’s Club at Jefferson for many years. He is survived by his wife, Gwen, a son, and two daughters, one of whom is Jill Jacobs, ’85, who is married to Jeffrey M. Jacobs, ’85.

Alfred C. Elmer, 1955
Died May 21, 1989 at the age of 60. Dr. Elmer had practiced obstetrics and gynecology for many years in West Orange, NJ. In addition, he was a drummer and percussionist with the Elmer Family Band and performed on such major radio shows as the Fred Allen Show and the Major Bowes Amateur Hour. He was a member of the President’s Club at Jefferson. Dr. Elmer is survived by his wife, Christine, three daughters, and two sons.

Faculty

Romano H. DeMeio, Ph.D., Professor Emeritus of Biochemistry died May 1, 1989 at the age of 83. After receiving his doctorate in chemistry at the University of Buenos Aires, Dr. DeMeio had served on the faculty of the Medical School in Rosario, Argentina, and held concurrent positions as a Rockefeller Foundation Fellow at Harvard University and the University of Chicago from 1933 to 1935. He had appointments at Duke University and at Harvard before arriving at Jefferson Medical College in 1947, where he remained as Professor of Biochemistry until his retirement in 1971. Dr. DeMeio was an active researcher who made important contributions to the understanding of biological oxidations and the metabolism of sulfate. He was a member of the American Association for the Advancement of Science. Dr. DeMeio is survived by his wife, Vera, and a daughter.

Alumni Calendar

ALUMNI EXECUTIVE COMMITTEE MEETINGS
at 7:30 P.M. in Room 139, Jefferson Alumni Hall
Thursday, September 28, 1989
Thursday, October 26, 1989
Thursday, November 30, 1989
Thursday, January 25, 1990
Thursday, February 22, 1990 — Annual Business Meeting
Thursday, March 22, 1990
Thursday, April 26, 1990
Thursday, May 24, 1990

SPECIALTY MEETINGS
Tuesday, September 19, 1989 — American Academy of Family Physicians — Los Angeles
Tuesday, September 26, 1989 — American Academy of Otolaryngology — New Orleans
Sunday, October 15, 1989 — American Society of Anesthesiologists — New Orleans
Tuesday, October 17, 1989 — American College of Surgeons — Atlanta
Tuesday, November 28, 1989 — Radiological Society of North America — Chicago
Monday, December 4, 1989 — American Academy of Dermatology — San Francisco
Friday, February 9, 1990 — American Academy of Orthopaedic Surgeons — New Orleans
Friday, April 27, 1990 — American College of Physicians — Chicago
Monday, May 7, 1990 — American College of Obstetricians and Gynecologists — San Francisco
Tuesday, May 15, 1990 — American Psychiatric Association — New York
SPECIAL EVENTS

Wednesday, September 6, 1989
Jefferson Medical College Opening Exercises

Wednesday, October 4, 1989
Housel Lecture — Solis-Cohen Auditorium, Jefferson Alumni Hall

Friday, October 27, 1989
President’s Club Dinner — The Hotel Atop the Bellevue

Tuesday, November 21, 1989
Chapter Dinner in northern New Jersey — Saddle Brook Marriott Hotel, Saddle Brook, NJ

Wednesday, November 29, 1989
Chapter Dinner in Ohio — Neil’s Heritage House, Dayton, OH

Wednesday, December 6, 1989
Career Day for the Sophomore Class, sponsored by the Alumni Association

Thursday, January 25, 1990
Reception for Freshman Students — Eakins Lounge, Jefferson Alumni Hall

Thursday, February 22, 1990
Annual Business Meeting, Jefferson Medical College Alumni Association — The Rose Garden at the Hotel Atop the Bellevue

Friday, March 16, 1990
Sophomore Parents’ Day, sponsored by the Alumni Association

Thursday, June 7, 1990
Party for Seniors, sponsored by the Alumni Association — Port of History Museum

Friday, June 8, 1990
Alumni Banquet — The Hotel Atop the Bellevue

Saturday, June 9, 1990
Women’s Forum Breakfast
Reunion Clinic Presentations
Dean’s Luncheon
Tours
Reunion Parties

Sunday, June 10, 1990
Farewell Brunch

ALUMNI REUNION WEEKEND
June 8, 9, 10

Save the Dates!
Reunions 1989

Mrs. William V. Harrer (left), Dr. Joseph E. Czarnecki, Nancy S.
Czarnecki, '65, President of the Alumni Association, and William V.
Harrer, '62 at the Alumni Banquet

Lawrence J. Mellon, Jr. (right) led the festivities of
the Class of 1959.

John J. Kelly, '54 and Gilbert A. Martin, Jr., '54

William H. Gehron, Jr., J'44 with Andrew J. Ramsay, Ph.D.,
Sc.D., The Daniel Baugh Professor Emeritus of Anatomy

Arthur B. Van Gundy, J'44 and Gregory A. Van Gundy, '78